Global Health
Universal, Accountable and Country Led

The InterAction G8/G20 NGO Coordination Group applauds the G8’s decision in 2009 to improve accountability on its global health commitments and to build on the revised “Toyako Framework for Action on Global Health.” To leverage President Obama’s Global Health Initiative and galvanize international action by the time of the September 2010 UN MDG Summit we encourage the United States and other G8/G20 leaders in Canada to take the steps enumerated below. Such actions should be reinforced by continued G8-civil society dialogue, and periodic meetings of G8/G20 Health/Development Ministers.

Recommendations
InterAction’s G8/G20 NGO Coordination Group urges the U.S. government to take a strong leadership role at the June 2010 G8 Muskoka Summit and G20 Toronto Summit. We request that the following recommendations be included in the respective communiqués.

1. Prioritize Maternal, Newborn and Child Health Needs (MNCH) and Ensure the Necessary International Investment to Achieve Millennium Development Goals 4* and 5** — The G8, under U.S. leadership, must commit to finalize a global MNCH consensus and to fund fully its share of resources for strategies and programs to accelerate reduction of MNCH mortality and morbidity in developing countries. This will require at least a doubling of donor investment and exploration of global funding mechanisms focused on MNCH.

2. Honor Commitments to Achieve Millennium Development Goal 6 — G8 leaders must fulfill their commitments to achieve universal access to HIV prevention, treatment, and care through robust bilateral programs. They need to help make up the $5 billion shortfall in the Global Fund (GFATM) referenced in the 2007 G8 communiqué. The U.S. must pay its fair share and leverage this to ensure G8 nations close the Global Fund gap and meet commitments on AIDS, TB, Malaria and Neglected Tropical Diseases (NTDs) more broadly. G8 countries must also work collaboratively with international coordinating bodies for these diseases.

3. Ensure G8 Support for the Health MDGs isGuided by the Paris Declaration Aid Effectiveness Principles and is Integrated with Responses to other Global Challenges—Efforts to achieve the MDGs must be country-led, strengthen whole health systems to ensure sustainable and measurable outcomes, and be integrated with responses to other global challenges such as hunger/nutrition, water and sanitation, and climate change.

4. The G20 Must Commit in an Accountable Way to Provide its Fair Share of Support for Achievement of MDGs 4, 5 and 6 —Given its significant share of global resources, the G20 should exercise greater responsibility for achievement of the health MDGs. The U.S. and other G8 nations should lead the rest of G20 countries to add health and other development priorities to its Pittsburgh Summit framework for strong, balanced and sustainable growth and adopt accountability mechanisms for such commitments.
Background

As the global economy begins to recover, it is more important than ever to assist the world’s most vulnerable people through investment in cost-effective, evidence-based, and targeted health interventions. We urge the United States to expand its strong leadership on global health and press both G8 partners to honor their commitments and G20 leaders to exercise their responsibilities to improve the health of the global poor.

1. Prioritize Maternal, Newborn and Child Health (PMNCH) Needs and Ensure the Necessary International Investment to MDGs 4 and 5:

There is broad agreement on the package of interventions required to save children’s lives, and on the need to ensure equitable access to basic health services. In addition, there is a growing consensus about the interventions required to save the lives of mothers and newborns during pregnancy and childbirth, also within the context of building strong health systems.

Leaders at the Italian G8 Summit made clear commitments to the centrality of maternal health, including “sexual and reproductive health and voluntary family planning,” newborn health and child health to overall progress on the MDGs. They supported “building a global consensus on maternal, newborn and child health as a way to accelerate progress on the MDGs.” To help galvanize focused action by the time of the September 2010 UN MDG Summit, G8 leaders should operationalize these historical commitments through quantitative financial and/or outcome (e.g. coverage increase or mortality reductions) commitments and development of a clear action plan to achieve MDGs 4 and 5.

MDGs 4 and 5 remain those least likely to be met by 2015. Bold, focused and coordinated action is urgently needed to scale up proven, cost-effective interventions that focus on a continuum of care across the life cycle. These include community case management; emergency obstetric, skilled care at birth, and newborn care; insecticide-treated bed nets and vaccines; and family planning. The lack of such action means failure to accelerate progress in saving the lives of of almost 10 million children annually. No low-income country with a credible, costed implementation plan should fail through lack of donor resources.

To meet MDGs 4 and 5 G8 governments, multilateral organizations, and other donors should at least double investment in maternal, newborn and child health. This is necessary to close the estimated funding gap of an additional $10-$13 billion per year required from all sources. The G8 should utilize traditional foreign aid channels to increase funds including for the Global Alliance for Vaccines and Immunization (GAVI). They should also implement innovative health financing mechanisms proposed in the 2009 High Level Task Force report, creating incentives for private sector engagement and devising more efficient multilateral mechanisms for MDGs 4 and 5.

2. Honor Commitments to Achieve Millennium Development Goal 6 and Fulfill Global Fund Needs:

2010 is also a critical year in the response to HIV/AIDS, TB, malaria and NTDs that will put the G8’s overall accountability on health to the test. Revitalizing their 2007 commitment to provide at least $60 billion by 2012 to fight infectious diseases and strengthen health systems, G8 Summit leaders must also announce a time and resource-bound plan to achieve universal access to HIV prevention, treatment, care and support. The global economic crisis has underscored progress on HIV/AIDS is fragile with an estimated 11 million people in need of antiretroviral therapy unable to receive it. Robust bilateral and multilateral investment thus remains essential.

The Third Global Fund Replenishment takes place at a time when the Fund faces shortages of around $5 billion, prompting cuts to grants at the country level. While investment has increased, donors overall have not met their 2007 commitments to this unique and effective multilateral mechanism. The US must lead here as well in the 2010 replenishment by committing the US fair-share of one-third of the total need in fiscal year 2011.

The G8 also has an historic opportunity to build on recent progress and end malaria’s grip on Africa. G8 countries must maintain their investments in fighting malaria and endorse the Global Malaria Action Plan (GMAP), a strategy for preventing, controlling and eliminating malaria. The GMAP should be promoted and fully implemented to ensure universal coverage. Increased investment in research and development is also needed to ensure the development of better tools and their deployment through in-country and global mechanisms.

The G8 should fulfill its funding and other commitments to the G8-backed Global Plan to Stop TB 2006-2015. The initiative has cured 32 million people and saved up to 8 million lives to date. This plan faces large funding gaps related to MDR-TB management scale-up and research. It also has gaps in the development of critical diagnostics, drugs, vaccines, and new TB tools.

3. Ensure G8 Support for the Health MDGs is Guided by Paris Declaration Aid Effectiveness Principles and is Integrated with Responses to other Global Challenges:

Building on the 2009 Summit, the President’s Global Health Initiative, and the Paris Declaration Principles G8 leaders should promote country led health MDGs. They need to strengthen national health systems to ensure sustainable outcomes, have strong accountability parameters, and integrate with responses to other global challenges. For example, the G8 should back the “Three Ones” principles for
all health assistance and set specific ambitious benchmarks to bolster developing country health systems. They need to include the recruitment, training and deployment of an additional 4.2 million health workers needed to meet the health-related MDGs. Progress on the 2009 G8 proposal for interdisciplinary centers of health innovation in sub-Saharan Africa can contribute to this work.

To maximize G8 initiatives the health MDGs should be well coordinated with actions addressing hunger and nutrition, water and sanitation, and climate change mitigation and adaption strategies. Accelerated action to tackle child and maternal malnutrition, for example, will promote progress on MDGs 4 and 5. At the same time, investment in achieving the various MDGs should be new and additive.

4. The G20 Must Commit in an Accountable Way to Provide its Fair Share of Support for Achievement of MDGs 4, 5 and 6:

The G20 countries, given their significant share of global resources and the interrelationship of global challenges, should exercise greater responsibility for the MDGs consistent with their potential and their recent reaffirmation of MDG commitments. The U.S. and G8 countries should press the G20 to include health and other development priorities in their Pittsburgh Summit “Framework for Strong, Sustainable and Balanced Growth” and adopt accountability mechanisms for such commitments. Without strong G20 leadership on the health MDGs, reflecting concrete actions and investments complementing continuing G8 contributions, global economic growth will not be balanced and the support committed by the G20 for the world’s most vulnerable citizens will be undermined. To underscore such leadership, G20 leaders should commit to meetings of G20 Development and Health Ministers following the September 2010 UN Summit to operationalize G20 commitments.

Multiple organizations contributed to one or more of the recommendations in this policy statement. The statement is not designed to be a consensus position and has not been explicitly endorsed by the contributing organizations, the InterAction Board, or its 193 member organizations.

Endnotes

1 MDG 4, Reduce child mortality: Reduce by two thirds the mortality rate among children under five years old.

2 MDG 5, Improve maternal health: Reduce by three quarters the maternal mortality ratio and achieve universal access to reproductive health.

3 MDG 6, Combat HIV/AIDS, malaria and other diseases: Halt and begin to reverse the spread of HIV/AIDS.