



We, the undersigned welcome the British government's recent reaffirmation of its commitment to achieve universal access to HIV prevention, treatment, care and support. The announcement is an important recognition that achieving universal access must be a central element of any global health agenda. **We** call on all G8 member-states to follow suit by contributing to a clear transparent strategy that dedicates resources to meeting specific spending targets to reach the universal access goal.

The failure of the G8 member-states to follow-on the historic Gleneagles commitment to achieve universal access by 2010 by adopting and pursuing a clear evidence-informed strategy supported by firm resource commitments is a reminder that any global health agenda will likewise fail unless it is supported by leadership commitment, strategic purpose and solid resource commitments.

Working for universal access has contributed to the acceptance of the need for a broader global health agenda and some progress towards reaching Millennium Development Goals 4, 5, and 6. Though the gains that have been made are insufficient, it is clear that properly resourced, the steps necessary to achieve universal access to HIV prevention, treatment, care and support *have always* had the potential for providing clear outcomes and the progress in reaching those outcomes *has always* had the potential of producing evidence-based results.

Even with insufficient resources, work to achieve universal access has made important contributions to strengthening health systems and in smaller degrees to integrating disease-specific programmes, improving reproductive health and beginning to address the shortage of health care workers. By any measure the progress is falling short of the needs, so the challenge now is to expand work on these critical health needs that are known to both contribute to MDGs 4, 5, and 6 and fill gaps and overcome barriers such as the global health workforce crisis to achieving universal access

We are mindful of the need incorporate additional elements in the response to achieve universal access. **We** are fearful that such an ambitious effort will reverse rather than contribute to progress unless it is supported by a clear leadership commitment, guided by strategy and backed with predictable resources. **We** are hopeful that a mechanism is established that will underscore the G8's leadership commitment and be tasked with developing a clear strategy, a plan for providing predictable resources and serve as a means to hold member-states accountable for their commitments.

As evidence of the G8's good faith and willingness to take on new commitments, We call on leaders at the 2008 Hokkaido-Toyako summit to fulfil those it has pledged previously:

1. Ensure universal access remains on the G8 agenda

We agree with Prime Minister Yasuo Fukuda's recent statement that, "HIV/AIDS is poised to inflict an even heavier toll than even the plague in the Middle Ages, becoming the most damaging infectious disease in human history."¹ Until the G8's signature goal of universal access is reached and Millennium Development Goal 6 has been realised, **We** firmly believe that AIDS must remain a part of the G8 agenda.

2. Publish firm plans and timetables to deliver existing commitments

We are simply demanding that the G8 provide firm plans and timetables to show 'who will pay how much, when,' for the key commitments made, particularly those made at the G8 summit in 2007. Key commitments from the 2007 G8 summit included:

1. Providing \$6bn for AIDS, TB, malaria and strengthening health systems over the coming years.
2. Ensuring the Global Fund for AIDS, TB and Malaria can distribute \$6-8bn per year by 2010.
3. Contributing significantly to the \$1.5bn needed to achieve universal access to prevention of mother-to-child transmission (PMTCT) services by 2010.
4. Contributing significantly to the \$1.8bn needed to achieve universal access to paediatric HIV treatment by 2010.
5. Contributing significantly to the \$1.5bn for maternal and child health care and voluntary family planning.
6. Providing support for countries to produce, import and export affordable generic medicines.

3. Establish a high level G8 AIDS Mechanism to review progress and inform G8 strategy and commitments on HIV and AIDS.

Any mechanism established by the G8 on global health must include a component that is dedicated to AIDS. **We** call on the G8 to establish a high level AIDS mechanism dedicated to providing strategic guidance and building on the first review of progress on G8 infectious disease commitments issued by the German Presidency in 2007. The G8's signature commitment on universal access to HIV prevention, treatment, care and support by 2010 has faltered for lack of a G8 strategy.

We call on G8 member states to designate focal points to assist the G8 AIDS mechanism in developing a common plan of action. It should continue the G8's practice of drawing upon UNAIDS, WHO and relevant UN agencies for technical expertise in planning, coordination, implementation, and monitoring and evaluation of efforts to respond to AIDS.

Until a mechanism is established, **We** call on the government of Japan to follow the example of the German Presidency in issuing a review of G8 actions on AIDS, TB and malaria as was called for in the St. Petersburg and Heiligendamm summits.

Like the 2000 Kyushu-Okinawa summit, this year's G8 summit will leave a legacy. The question is whether this summit's legacy will be one of action appropriate to the challenges of our times or just another meeting filled with more promises postponed. **We** call on the G8 to honour the AIDS commitments that have already been made.

¹ Opening Remarks by H.E. Mr. Yasuo Fukuda, Prime Minister of Japan on the Occasion of "From Okinawa to Toyako: Dealing with Communicable Diseases as Global Human Security Threats," May 23, 2008