



Deauville Accountability Report

**G8 Commitments on Health and Food Security:
State of Delivery and Results**

DEAUVILLE ACCOUNTABILITY REPORT
G8 COMMITMENTS ON HEALTH AND FOOD SECURITY:
STATE OF DELIVERY AND RESULTS

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- Fact sheet on Food Security by country
- Fact sheet on Health and Health ODA's data breakdown by country

The appendices are available on CD-ROM and on the G20/G8 website:
www.g20-g8.com/g8/reportdeauville2011

Unless otherwise indicated, dollars amounts shown are in US dollars.

EXECUTIVE SUMMARY

Accountability process

➔ The G8 is on a renewed path of transparent follow-up of its commitments, and is obviously concerned with the quality of its aid and the outcomes of this aid.

Since 2006, G8 countries have acknowledged the importance of accounting for progress towards the commitments made by leaders. Each year thereafter, the G8 has made incremental improvements to improve transparency and demonstrate not only the degree to which each country has met its financial commitments, but also the results those commitments have generated. In 2009, at the L'Aquila G8 Summit leaders called for "a full and comprehensive accountability mechanism by 2010 to monitor progress and strengthen the effectiveness of our actions," which culminated in the 2010 Muskoka Accountability Report, the fullest account to date of G8 countries' progress in meeting their commitments and measuring impact.

G8 countries provide official development assistance (ODA) for a wide range of sectors and have made particularly significant contributions to enhancing global health and food security, while enhancing aid effectiveness. Under the French Presidency, the G8 has focused on those key commitments on health and food security and has attempted a twin-track approach to accountability: on the one hand a quantitative approach based mostly on transparent reporting of disbursements of official development assistance using data verified by different organizations including the Organisation for Economic Co-operation and Development (OECD), and, on the another hand, a qualitative approach based on the principles of aid effectiveness, measuring results and suggesting best practices.

The challenges ahead remain significant. This report offers the opportunity to capture important lessons about G8 collective work as it aligns with aid effectiveness principles. These basic findings underline the need to go further in health and food security, guided by the aid effectiveness framework.

Official Development Assistance

➔ During the 2005 G8 Gleneagles Summit, G8 Leaders and other donors announced a range of commitments on increasing Official Development Assistance. Each G8 country made specific commitments to increase ODA. Based on these commitments and commitments from other donors, the OECD estimated that it would increase ODA by \$50 billion by 2010, compared to 2004.

Since 2004, the G8 has accounted for nearly 70% of total ODA from all OECD-DAC donors¹ and its ODA contributions have increased by more than 54%. During this period, the G8 increased its ODA by \$31.2 billion while the global ODA from all OECD-DAC donors has increased by more than \$48 billion. Despite budgetary constraints, the G8 has maintained its fiscal efforts with an ODA increase of \$7.3 billion between 2009 and 2010. This increase represents 82% of the overall increase from DAC donors of \$8.9 billion between 2009 and 2010. While recognizing that not all our Gleneagles commitments were met and that a gap in financing for development remains, the G8 flags the sharp increase in ODA since 2004, as well as the results obtained and the progress accomplished in the way of delivering ODA.

The G8 members contribute to a wide range of sectors and have made a particular contribution

1. Russia is not a member of the OECD-DAC

to enhancing global health and food security, while making progress in accordance with the Aid Effectiveness principles. Yet the challenges ahead remain significant. Stakeholders have put in place an ongoing range of initiatives to address these challenges. These basic findings underline the need to go further in health and food security, guided by the aid effectiveness framework.

Health

➔ At a global level, health indicators draw a mixed picture. While there are positive results across the continents, the magnitude of the challenges and the inequities are considerable, as well as the unacceptable burden of death caused by major diseases. In order to foster the progress and to support a dynamic, the G8 has announced a range of commitments to support partner countries improving the health status of their population since 2005.

In line with commitment in Heiligendam in 2007, the report shows that the G8 has made significant progress towards achieving the pledge of mobilizing at least \$60 billion over the period 2008-2012. More than forty percent of this commitment was disbursed in 2008 and 2009.

Since the creation of the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) in 2002, the G8 has provided close to 80% of its resources. Actions supported by the GFATM have directly contributed limiting the spread of HIV AIDS, Tuberculosis, and Malaria. The G8 is actively involved in several public and private partnerships and innovative financing mechanisms. These tools are particularly appropriate for improving health in developing countries by providing new resources and powerful solutions. The G8 has developed partnerships with developing countries in order to support them in disease surveillance and early warning systems.

The G8 remains concerned about the health workforce coverage gap in developing countries, most specifically in Africa. In this regard, G8 members are also involved through multilateral and bilateral channels with developing countries, in order to scale-up and improve the health workforce. The G8 countries are involved in specific platforms such as the Global

Health Workforce Alliance in order to develop sustainable solutions.

According to the methodology agreed during the G8 Muskoka Summit in 2010, related to the Maternal, Newborn and Child Health (MNCH), an estimated \$4.1 billion was disbursed in 2008 towards achieving progress on MNCH. At the Muskoka Summit, the G8 launched the Muskoka Initiative on MNCH and committed to mobilizing an additional \$5 billion above the 2008 baseline by 2015 to reduce the number of maternal, new born and under-five child deaths in developing countries. In order to track this commitment and monitor its implementation, the G8 will work in coordination with a range of stakeholders involved in the Global Strategy for Women's and Children Health. The G8 acknowledges the recent Commission's recommendations and will work to support the WHO to contribute to implement them. The Partnership for the Maternal, New Born, and Child Health (PMNCH) will be one of the core partners to facilitate this process. The G8 has already begun to implement the commitments.

The G8 also made several commitments to fight against specific diseases: neglected tropical diseases (NTDs), HIV/AIDS, polio, malaria, tuberculosis, and measles. Collective action including G8's support has led to substantial results. The G8 strives to ensure its efforts are carried out in a manner consistent with aid effectiveness principles.

Food security

➔ Since the G8 L'Aquila Summit in 2009, food security is at the cornerstone of the G8's development concern. Indeed, nearly one billion people are suffering from hunger worldwide, following the 2007/2008 peak of food prices which has forced vulnerable people into alarming situations. In order to tackle this issue, G8 countries and other partners launched the L'Aquila Initiative and have together pledged to mobilize more than \$20 billion over three years, and to address the food insecurity challenge in a sustainable manner. The report presents an updated table on how far these pledges have been delivered, and highlights some of the concrete examples of projects and programmes funded by the G8. Analysis of this preliminary data shows that around half of the AFSI pledges are formally in the process of being implemented

or have been already disbursed since the L'Aquila Summit.

Beyond financial commitments, the G8 firmly supports the Rome Principles which advocate a common approach to improving food security: investing in country-owned plans, fostering strategic coordination at national, regional and global level, striving for a comprehensive approach, ensuring a strong role for the multilateral system and ensuring a sustained and substantial commitment to invest in agriculture, food security and nutrition. Addressing the root causes of food insecurity is a mid-term and long-term challenge that necessitates improving donor coordination, and supporting national and regional-led processes. The G8 is firmly engaged on this path and is also involved at a global level in modernizing and reforming the multilateral architecture for agriculture, food security and nutrition.

In addition, the G8 supports innovation and research, including through the Consultative Group on International Agricultural Research (CGIAR), in order to tackle the challenge of the necessary agricultural productivity increase. The G8 also supports smallholder farmers including through engagement with private sector.

the Paris Declaration, expanded in the Accra Agenda for Action, the conclusion of this report emphasizes the importance of mutual accountability and of results which are closely related in that developing and developed countries jointly are sharing joint responsibility for the development process.

Conclusion

→ Developing and developed countries are mutually accountable for development though the primary responsibility lies with developing countries themselves. The G8 has significantly contributed to development by mobilizing ODA, launching powerful initiatives, and playing a catalytic role with a range of other stakeholders. This report demonstrates credible action to improve transparency and accountability. It also provides detailed information on the implementation of commitments related to health, including those for the Muskoka Initiative for Maternal, Newborn, and Child Health and the L'Aquila Food Security Initiative.

A range of initiatives are making progress toward addressing the significant challenges of food security and health in developing countries. G8 countries must continue reporting on their progress. The G8 expresses the need to go further within the aid effectiveness framework. Among the principles of Aid Effectiveness of

INTRODUCTION

G8 accountability process

➔ Since the 2006 Summit in St Petersburg when Leaders for the first time committed to a regular monitoring of G8 action to fight three major diseases, the G8 has been making efforts to increase the transparency and effectiveness of aid including through accountability reports on health developed under the Presidency of Germany in 2007, Japan in 2008, and Italy in 2009. At the L'Aquila G8 Summit in 2009, Heads of State and Government called for “*a full and comprehensive accountability mechanism by 2010 to monitor progress and strengthen the effectiveness of our actions*”.

This accountability process aimed to ensure an accurate follow-up of G8 commitments and to report on their delivery. Since then, Senior Experts from every G8 country worked jointly within the Accountability Working Group (AWG) to produce the first G8 accountability report at the Muskoka Summit (June 2010) under the Canadian Presidency.

The landmark 2010 Muskoka Accountability Report – “*Assessing Action and results against development related commitments²*” – has fleshed out a new dynamic of transparency that was inspired by G8 leaders. It has highlighted the catalysing role played by the G8 as one of the major donors of Official Development Assistance (ODA) on nine development pillars: Aid and Aid Effectiveness, Economic Development, Health, Water and Sanitation, Food Security, Education, Governance, Peace and Security, Environment and Energy.

G8 leaders welcomed the 2010 report, and called for a second in 2011, with specific focus on health and food security. Two flagship initiatives, namely the L'Aquila Food Security Initiative (AFSI) and the Muskoka Initiative on Maternal, Newborn and Child Health (MNCH), have tackled these issues in the past two years.

The AWG draws on the expertise and methodology of the OECD as it examines countries' ODA commitments. In drafting the report, the G8 Accountability Working Group has proceeded as follows:

step 1: referencing the main commitments made by the G8;

step 2: measuring how far the G8 has fulfilled the commitments to date and identifying the main delivery channels (with independent and institutional sources – OECD, GFATM, etc.);

step 3: identifying results on the ground;

step 4: formulating recommendations in order to strengthen the effectiveness of the G8's actions.

Overall context

➔ Over the past decades, G8 countries have played a strong catalytic role in mobilizing both resources and attention to development challenges, including through major commitments for both food security and global health. The scope of these commitments proves that the G8 is very supportive and actively involved in the achievement of the Millennium Development Goals (MDGs) and sustainable development. The MDG Summit (September 2010) concluded that it still possible to achieve the MDGs by 2015, through collaborative efforts by all partners, sustained investment, and targeted interventions. Global issues such as the preservation of biodiversity, mitigation of and adaptation to the climate change, security demography and migration issues, are also enormous common challenges for all countries.

The G8 firmly supports the Monterrey Consensus which since its adoption has become the major reference point for international development cooperation. The Monterrey Consensus is the outcome of the 2002 Monterrey Conference,

2. http://www.canadainternational.gc.ca/g8/about-apropos/accountability-index-responsabilites.aspx?lang=eng&menu_id=92

the United Nations International Conference on Financing for Development in Monterrey, Mexico. It was adopted by Heads of State and Government on 22 March, 2002. The document embraces six areas of Financing for Development:

- mobilizing domestic financial resources for development;
- mobilizing international resources for development: foreign direct investment and other private flows;
- international Trade as an engine for development;
- increasing international financial and technical cooperation for development;
- external debt;
- addressing systemic issues: enhancing the coherence and consistency of the international monetary, financial and trading systems in support of development.

Along with other policies and sources of innovation and finance, ODA has an important role to play in supporting partner countries' efforts to tackle the development challenges.

Recently, the development landscape (trends, actors, tools) has changed dramatically. The increasing resources for financing development and an increasing number of actors, particularly in health, offered an opportunity to expand efforts but also to make sustainable progress and ensure the effectiveness of our actions.

Since 2008, the world has faced a major economic crisis, the scale of which has not been seen since the 1930s. The economic downturn has hurt every part of the globe, including developing countries. During this period, the G8 countries have struggled to maintain their ODA commitments and are constantly striving to avert a deepening crisis in the developing world. In fact, G8 countries' total ODA was 27% more in 2010 than in 2007.

Beyond making commitments, the G8 also has contributed to a new dynamic in which ODA is one of many tools that support development and the development of ambitious programmes and initiatives. To guide G8 collective actions going forward, internationally agreed frameworks for aid effectiveness were developed and endorsed

in 2005 and in 2008, namely the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action³.

Principles of Paris Declaration on Aid Effectiveness

Ownership: developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.

Alignment: donor countries align behind these objectives and use local systems.

Harmonisation: donor countries coordinate, simplify procedures, share information and divide labour to avoid duplication and increase complementarity.

Results: developing countries and donors shift focus to development results and results get measured.

Mutual accountability: donors and partners are accountable for development results

The G8 welcomes the opportunity presented by the upcoming Fourth High Level Forum on Aid Effectiveness in Busan (HLF4) for a political dialogue on aid effectiveness and a renewed commitment to action. HLF4 will further allow all parties to focus on the importance of aid as a catalyst for development, and to pay greater attention to development results.

Aid and aid effectiveness are an integral part of any consensus on development, especially given the catalytic role of aid in the broader development landscape. This year, the G8, as a group, has been able to advance development by being accountable for its commitments, and showing a true commitment to results.

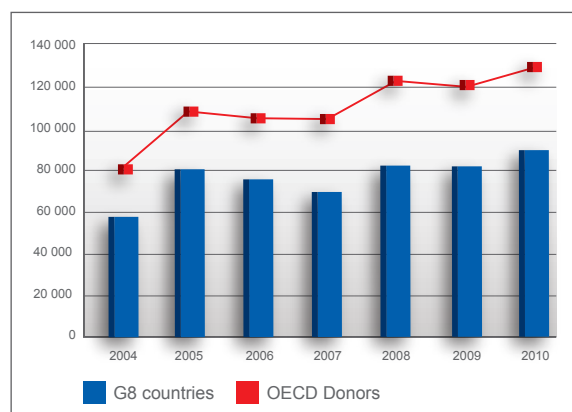
Taking into account the magnitude of the remaining challenges in the developing countries, it is crucial to scale up efforts to improve aid effectiveness and to achieve better results and a greater impact for developing countries. The G8 supports the continuing search for more efficient methods and increased benefits on the ground. Taking into account the new global environment, the conclusions have to be drawn from a wider range of approaches, best practices and diversified experiences to adapt our processes for the sake of a greater and more long-term impact on aid.

3. http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html

ODA and the G8

According to the latest data provided by OECD, the G8's ODA represents around 70% of global ODA among OECD donors.

ODA disbursements in current dollars



Source: OECD database.

The targets and commitments set out by the G8, as well as a collective approach, have allowed great successes, notably an increase of \$48.9 billion of ODA from all OECD-DAC Donors since 2004 in current dollars, and more particularly an increase of \$31 billion provided by the G8. This trend represents a 61% increase in OECD-DAC Donors' ODA, and a 54% increase in G8 countries' ODA.

Official Development Assistance disbursement (in millions of current dollars)

Country	2004	2010	Change compared to 2004 data		In percentage of the GNI	
			Percentage change	In absolute number	2004	2010
Canada	2,599	5,132	97%	2,533	0.27	0.33
France	8,473	12,916	52%	4,443	0.41	0.5
Germany	7,534	12,723	69%	5,189	0.28	0.38
Italy	2,462	3,111	26%	649	0.15	0.15
Japan	8,922	11,045	24%	2,123	0.19	0.2
United Kingdom	7,905	13,763	74%	5,858	0.36	0.56
United States	19,705	30,154	53%	10,449	0.17	0.21
Russia	100	472	372%	372	0.015	0.05
TOTAL G8	57,700	89,316	54%	31,244	0.22	0.28
TOTAL DAC Donors	79,854	128,728	61%	48,874	0.25	0.32
European Union Institutions	8,704	12,986	49%	4,282		

NB: figures for 2010 are preliminary data.

Source: OECD.

This increase in the ODA volume was also followed by an increase measured in percentage of the gross national income which went up from 0.25 to 0.32 for the DAC donors. For the G8, this ratio increased by 27% between 2004 and 2010 from 0.22 to 0.28.

Despite these substantial increases, there remains a \$1.27 billion shortfall (in current dollars) with the commitments made in Gleneagles (2005) to increase the global ODA towards developing countries, based on the OECD projection of a \$50 billion increase. Despite this shortfall, donors have made considerable progress; as the final gap represents only around 2% in current dollars of the \$50 billion. In constant dollars, the OECD estimates that there is a shortfall of \$19 billion from all donors, and on that basis, donor countries are approximately three-fifths of the way to meeting the original OECD estimate.

At the Gleneagles Summit, it was estimated that commitments from all donors would lead to \$25 billion increase in ODA to Africa between 2004 and 2010. The DAC donors' ODA allocated to Africa has increased by 56% from \$29.5 billion in 2004 to \$46 billion (in current dollars, estimated) in 2010, thus the estimated gap is \$8.5 billion, meaning that the target was two-thirds achieved. The OECD DAC estimates the gap to be approximately 14.5 billion in constant 2004 dollars. Nevertheless, the bilateral ODA share from the G8 countries allocated to Africa remains considerable.

Share of bilateral ODA allocated to Africa - 2010

Canada	37.50%
France	53.82%
Germany	25.72%
Italy	54.59%
Japan	25.64%
United Kingdom	38.21%
United States	29.91%
Russia	15.83%
EU Institutions	42.88%
TOTAL DAC	31.97%

Source: OECD, excluding Russia

Bilateral ODA allocated to Africa (in millions of current dollars)

Donor	2004	2010
Canada	632	1,446
France	3,728	4,156
Germany	1,400	2,061
Italy	393	510
Japan	838	1,877
United Kingdom	2,449	3,388
United States	4,186	7,814
EU Institutions	3,587	5,467
DAC Countries, Total	19,362	29,255

Source: OECD, excluding Russia.

Food security and health challenges in the developing world

➔ Food Security and Health both represent key challenges for the low income countries in terms of human development, and also for promoting human dignity and human security. At the individual level, a lack of access to health care services and to sufficient quantity and quality of food is a major constraint and has negative consequences for people throughout their lives: low standard of living, slim chances of achieving education and professional training, low economic and social opportunities.

At a macro level, a worsened situation on health and food security prevents developing countries from ensuring national welfare and acting within a globalized world. The G8 supports developing partner countries in addressing these challenges, and aims more specifically at focusing on countries which are the most off track as regards the MDGs.

Initiative to tackle food security issues

➔ A sharp increase in food and agricultural prices specifically the food price spike of 2007/2008 and the current increase, is forcing many people into an alarming situation characterized by more vulnerability and poverty.

Determined to tackle the issue of sustainable agriculture development from the short, medium and long term perspective, the G8 leaders, under the Italian G8 Presidency, gathered at L'Aquila in 2009 to launch an important initiative against food insecurity: the L'Aquila Food Security Initiative (AFSI)⁴. More than \$20 billion have been pledged for the 2009-2012 period by the G8 and AFSI partners to improve food security and nutrition in the developing world. The signatories of the AFSI have already implemented a significant number of these pledges on the ground. While the AFSI partners have made some progress in implementing their pledges, they must pursue their efforts in order to meet their commitments by 2012.

Beyond a significant financial commitment, the AFSI group has kept food security high on the international agenda, and made specific commitments related to policy and governance that show a common integrated and comprehensive approach to improving food security.

Initiative to improve maternal, newborn, and child health (MNCH)

➔ In 2010, while Canada hosted the G8 Summit, Heads of State and Governments launched the Muskoka initiative⁵ to improve MNCH. The G8 and its partners took action to address the specific and unacceptable challenge of maternal and child mortality in developing countries, prior to the High Level Plenary Meeting on MDGs⁶ took place in September 2010. Following this initiative, the UN Secretary General launched, during the MDG Summit, a global strategy on children's and women's health⁷, in which the G8 was actively involved.

Contents of the report

➔ This report, focusing on health and food security, sets out the commitments on those areas, and analyzes the extent to which they have been delivered. It underlines some of the success stories and best practices in terms of aid effectiveness that are known in both sectors. The report also identifies the remaining challenges, demonstrates the catalytic effect of the G8 and underlines the importance of a qualitative approach based on results.

4. http://www.g8italia2009.it/static/G8_Allegato/LAquila_Joint_Statement_on_Global_Food_Security%5B1%5D,0.pdf

5. <http://www.canadainternational.gc.ca/g8/summit-sommet/2010/muskoka-declaration-muskoka.aspx?lang=eng>

6. <http://www.un.org/en/mdg/summit2010/>

7. <http://www.everywomaneverychild.org/>

HEALTH SECTION

In recent years, the G8 has dramatically increased its attention to health issues, as a key element of its support to developing countries, including to Africa. G8 commitments have been of a political and financial nature and have played a key role in the dramatic increase in resources available for health in developing countries.

During this same period, investments in health have also increased from domestic resources as well as from international actors outside the G8, whether public or private (non G8-donors partners, foundations, NGOs, faith-based organizations, private sector, etc.).

The G8 remains fully committed to supporting initiatives which contribute to substantial results. Beyond the financial engagement that remains crucial, the G8 should actively commit to these initiatives to help them evolve in a changing landscape.

Linking with the commitments on aid effectiveness stated in Paris and Accra, various processes to improve coordination and harmonization of health aid have been launched; OECD/DAC Working Party on Aid Effectiveness, Task Team on Health as a Tracer Sector (TT-HATS), Harmonization for Health in Africa initiative (HHA) supported by H4+ (Unicef, WHO, UNFPA, the World Bank and UNAIDS).

The International Health Partnership (IHP+) was launched in London in September 2007, and can be considered to be a revitalization of the Sector Wide Approaches (SWAPs) in the health sector. IHP+ is a group of partners who share a common interest in improving health services and health outcomes by putting the Paris Principles on Aid Effectiveness and the Accra Agenda for Action into practice. By now, 50 members have signed the Global Compact:

25 developing countries, 13 donor countries and 12 international organizations.

Building on its active involvement in bilateral and multilateral processes, the G8 is playing a leading role in accelerating the move towards more efficient aid for health at country level.

The G8 aims to avoid engaging in a specific, additional layer of coordination/harmonization at global or country level, but instead contributes to the existing mechanisms according to their respective expectations.

Building on the expertise that each of the G8 countries has developed at country level, in order to make the most efficient use of its resources, and also those of international organizations and other actors, the decision to allocate aid is based as far as possible on countries needs. Furthermore the G8 is looking forward to better developing pooled cooperation (networks of experts and advisers, support for centres of excellence in Africa).

The G8 also promotes, together with its partners, the concept of “shared and mutual accountability” when evaluating the impact of health programmes it supports, directly or indirectly, in countries. Domestic accountability on decisions and implementation of programmes should be mirrored by donors, accountability in providing technical and/or financial resources.

Key findings

In the last three decades, life expectancy worldwide has increased by 10% from 62.5 years in 1980 to 68.9 in 2008⁸. In low income countries it has increased by almost 16% from 49.2 years in 1980 to 57 years in 2008. Despite these positive results, significant inequalities remain between and within developing countries. Africa remains

8. Source World Bank: <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>

furthest behind with a slight increase of life expectancy from 48 to 52 years. In the countries most affected by the HIV/AIDS pandemic, life expectancy has sometimes even decreased.

Key commitments

Major commitments have been made by the G8 countries over the last decade. They can be listed as follows:

1. Health financing and strengthening health systems including human resources for health

- Mobilize \$60 billion to fight infectious diseases and strengthen health systems over the period 2008-2010
- Mobilize support for the Global Fund to fight AIDS, Tuberculosis and Malaria
- Reinforce public-private partnerships and Advance Purchase Commitments
- Support the most vulnerable countries in disease surveillance and early warning systems
- Support health workforce coverage

2. Maternal and child health

- Scale-up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning.
- Muskoka Initiative on maternal, new born and child health

3. Fighting neglected diseases

- Increase the G8's efforts in the fight against other preventable diseases, particularly by increasing the volume and quality of medical research on neglected diseases in developing countries.

4. HIV/AIDS

- Counter any form of stigma, discrimination, and human rights violations and promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS
- Develop and implement a package for HIV prevention, treatment, and care

5. Polio

- Support the eradication of polio

6. Malaria

- Work with African countries to scale up action against malaria
- Expand access to long-lasting insecticide-treated nets

7. Tuberculosis

- Support the Global Plan to Stop TB 2006-2015

8. Measles

- Work towards a steady decrease in the number of measles related deaths

1. Health financing and strengthening health systems

Mobilize \$60 billion to fight infectious diseases and strengthen health systems over the period 2008-2010

G8's actions

During 2008 and 2009, around \$24.7 billion dollars⁹ were disbursed by G8 countries to improve health in developing countries¹⁰.

9. According to the methodology provided by the OECD (see appendix in CD-Rom)

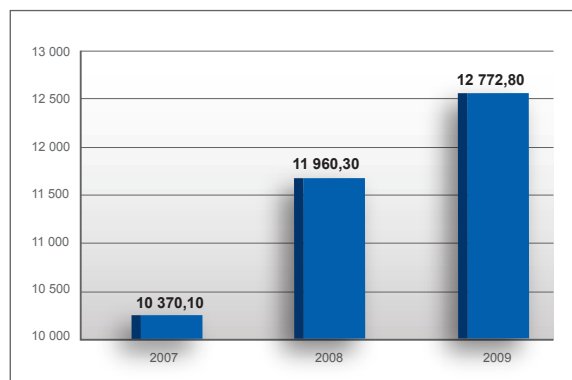
10. Health ODA's data for the year 2007 do not count for the Heiligendam Commitment, but serve to show the increase in the resources mobilized in the health sector since this date.

G8 Health ODA 2007-2009 – Disbursements (in millions of dollars)

Country	2007	2008	2009	TOTAL 2007-2009
Canada	510.5	630.4	614.6	1,755.5
France	684.7	1,046.3	859.6	2,590.6
Germany	758	948.8	956.5	2,663.3
Italy	641.2	552.3	304.2	1,497.7
Japan	759.7	847.2	802.2	2,409.1
United Kingdom	1,682	1,372.2	1,589.7	4,643.9
United States	5,229.8	6,452.8	7,516.9	19,199.5
Russia	104.2	110.3	129.1	343.6
TOTAL	10,370.10	11,960.30	12,772.80	35,103.20
European Institutions	748.8	868.9	851.4	2,469.1

Source OECD and G8 members.

G8 Health ODA 2007-2009 – Disbursements (in millions of dollars)



Source OECD and G8 members.

According to the OECD methodology, Health ODA comprises

1. Bilateral support: aid to health, aid to basic health, aid to population policies/programmes and reproductive health.

2. Multilateral support: contribution to multilateral agencies, programmes and funds in the Health Sector (for instance: Global Fund, WHO (ODA part) and WHO core voluntary contribution account, GAVI Alliance, UNAIDS, UNFPA), contribution to other multilateral institutions (attributed percentage for health): UN System (UNICEF, UNDP), World Bank Group (IDA), Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund), Other multilateral institutions.

3. Innovative financing mechanisms for health (flows reported as ODA): IFFIm, MC, Debt2Health.

Delivery channels

The G8's commitments have been delivered through four main channels:

- **multilateral channel:** the magnitude and the urgency of specific challenges on health in developing countries is a global issue. A coordinated multilateral approach on the largest possible scale is therefore essential;
- **bilateral channel:** G8 countries are assisting partner countries in strengthening their health systems, setting up health programmes and supporting health policies through the bilateral channel. This support also aims to create or strengthen synergies with their multilateral engagements in close partnership with the developing countries;
- **development of public-private partnerships (PPP) and promotion of innovative financing mechanisms;**
- **improvement of research, networking, coordination and dissemination of best practices.**

The largest part of these resources has been used to support the following four major health areas:

- strengthening national health systems by supporting national health plans and the major pillars of health systems (governance, information systems, infrastructures, human resources, social health protection, and access to medicines...);
- reproductive, maternal, newborn and child health;
- fight against the major diseases HIV/AIDS, malaria, and tuberculosis;
- research, services and care on neglected tropical diseases.

Integrated and comprehensive approach

These four areas are closely interlinked so a comprehensive and integrated approach is needed to improve health issues in the developing world in a sustainable way. Supporting this approach also means acting on non-health-related determinants that fall outside the mandates of Health Ministries.

In this regard, support for nutrition and food security, education, gender, economic development, access to safe water and sanitation is essential to contribute to improving health issues.

Best practices stocktaking

Best practices, highlighted from G8 countries' experience but also from networking and partnerships, can be summarized as follows and should be reinforced by G8 members and also by country partners in the years ahead:

➔ **Strengthening national health systems**

Supporting countries to improve the development, the performance and the efficiency of their health financing systems involves: increasing and strengthening human resources for health (ensuring that health workers have the necessary security and retribution, contributing to a fair demographic distribution by promoting retention while ensuring freedom of movement); access to quality drugs and skilled attention and care; and improving developing risk protection mechanisms through health financing. Strengthening local governance is essential to consolidate and ensure that interventions are secure, efficient and sustainable.

Italy – In Mozambique, a priority country for Italian Cooperation, support has been provided for more than 30 years, increasingly since the immediate post-conflict, especially in the health sector. Currently, the 3 year Bilateral Agreement aims at investing €30 million in health. Focus is progressively shifting from programmes to a Sector-wide Approach (SWAp), since Italy has joined the international Health Partners Group. This “common basket” for budget support to the Ministry of Health is the most advanced procedure currently available in Mozambique and is a very strong example of aligned and harmonized financing, fully in line with the Paris Declaration and Accra Agenda for Action. In order to strengthen the human resources for health, Italy is also funding specific training courses (€7 million), in compliance with the National Plan for HRH.

➔ **Health service coverage**

Countries should strive for improvements in reproductive health services and care, the support of effective provision and the increased coverage to populations of a sustainable, equitable and affordable basic package of essential health services. Aid must be distributed fairly to ensure that health systems are accessible to all and are free of charge at the point of use for pregnant women and children under 5 years old in those countries that wish to implement it.

France – In Mauritania, since 2002, the obstetrical lump sum allows women to benefit from a €17 insurance covering all costs related to pregnancy. Based on the principle of risk pooling, the obstetrical lump sum ensures the quality of care and sustainability of the intervention. In areas where it has already been established, which represent 40% of the target population, the obstetrical lump sum has helped to reduce maternal mortality by half. The project has also improved (i) the affordability of care, (ii) the availability of the health workforce and drugs, (iii) health statistics. Faced with the success of the obstetrical lump sum in pilot areas where it was set via French cooperation (€2.1 million since 2002), the Ministry of Health has decided to implement this successful project as a public health policy, in order to cover 80% of expected births by 2015.

➔ **Partnership**

Strengthen multi-stakeholder partnership in the medium-term based on confidence, transparency, and shared responsibility.

➔ **Aid effectiveness**

- Be consistent with principles of the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action¹¹ and the International Health Partnership.
- Support a single country-led national health strategy.

- Improve the way international agencies, donors and developing countries work together to develop and implement national health plans.
- Move from a large number of fragmented health-care projects to a smaller number of bigger, more coordinated schemes and programme-centred approaches.
- Promote better coherence of internal and external policies and better global governance through UN agencies, particularly the World Health Organization.

The **International Health Partnership (IHP+)** provides an important opportunity to accelerate the move towards more effective aid for countries' levels of health building on the active involvement of G8 countries in bilateral and multilateral processes. IHP+ is supported by the following G8 countries: Canada, France, Germany, Italy, the United Kingdom and the European Union Institutions together with a total of 50 members. Launched in September 2007, the IHP+ seeks to better harmonize donor funding commitments, and improve the way international agencies, donors and developing countries work together to develop and implement national health plans through Joint Assessments of National Strategies (JANS). Today the IHP+ process attracts the active involvement of more than 25 developing countries, 13 donors countries, and 12 international organizations and coalitions.

<http://www.internationalhealthpartnership.net/en/home>

➔ **Public-private partnership and innovative mechanisms**

Public-private partnership and innovative mechanisms (International Financial Facility for Immunization (IFFIm), Advance Market Commitments (AMC), Levy on Air Ticket, Debt2Health, etc.) provide additional health resources for developing countries.

11. http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html

Innovative Medicines Initiative (IMI), a pre-competitive research platform between the **European Union Institutions** and the pharmaceutical industry association (EFPIA) is supported via an EU budget commitment of €1 billion (2008-2017). IMI is Europe's largest public-private initiative for speeding up the development of better and safer medicines for patients by supporting collaborative research projects and building networks of industry and academia. Precompetitive research platforms like IMI are expected to considerably improve the efficiency of research and development. Advances achieved by precompetitive research platforms will be useful for developing a range of medical products in that particular medical area. The current call for proposals addresses TB treatments

<http://www.imi.europa.eu/>

➔ **Targeted interventions**

Implement actions where there has been a lack of success to bridge the gap of MDGs leading up to the 2015 deadline.

Scale-up and enlarge the scope of the interventions when programmes and experimental policies are successful while always avoiding the "one size fits all" approach.

Japan has been supporting Tanzania since 2001 to create enabling environments for decentralized health services, by strengthening capacities of Regional Health Management Teams (RHMTs) to effectively translate national policies into local practices at district level. It is enhancing supervision mechanisms to facilitate sound provision of health services, as well as improving reporting mechanisms. The model interventions were originally piloted in one region and have now been scaled up to serve all 21 regions in mainland Tanzania.

➔ **Research and new information and communication technology (NICT)**

Supporting innovation, research, and the use of NICT could be useful to diminish transaction

costs, specifically in remote areas while allowing a large dissemination of best practices.

Results

The G8 has made significant progress towards achieving the commitment of mobilizing \$60 billion over the period 2008-2012.

Mobilizing domestic resources in this area is important to ensure the medium-term effectiveness of health policy and the increase in life expectancy. Developing countries have made several commitments to improving health issues. For instance, African countries have committed to allocating 15% of their budgetary spending to the health sector (Abuja AU Summit in 2001¹²). Alongside the domestic resource mobilization, the G8 ODA should play a catalytic role by working with partners to contribute to improving the governance of the health sector and the effectiveness of domestic spending on health.

Mobilize support for the Global Fund to fight AIDS, Tuberculosis and Malaria

Key findings

Over the last decades, major pandemics have spread across the world with dramatic consequences both for the developing and developed world. Nearly 5 million deaths, every year, are related to AIDS, tuberculosis, and malaria. Most of these deaths occur in the developing world and affect women and children.

These three diseases seriously handicap the growth of the developing countries. The tragic human consequences of these diseases also cause a bottleneck of aid efficiency in other sectors as they represent constraints on human development and on a fair and sustainable economic growth.

12. www.un.org/ga/aids/pdf/abuja_declaration.pdf

G8 actions

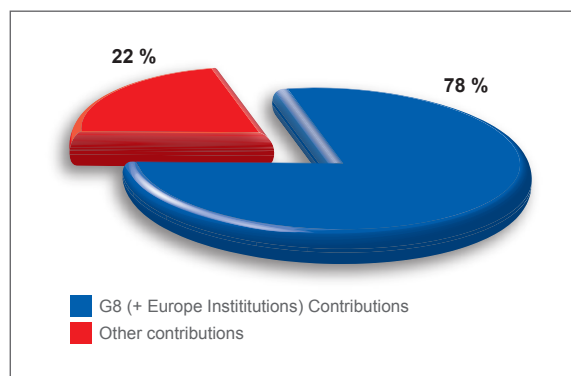
The Global Fund to Fight Aids, Tuberculosis, and Malaria (GFATM) was mainly set up through the support of the G8. Since the GFATM was set up in 2002, after its establishment was proposed at the Kyushu-Okinawa Summit in 2000, the G8 has contributed over 78% of the overall Global Fund's resources. The G8's contribution to the Global Fund has increased by more than fourfold since 2003 (source GFATM www.theglobalfund.org).

G8's disbursement to the Global Fund 2002/2010 (in current dollars)

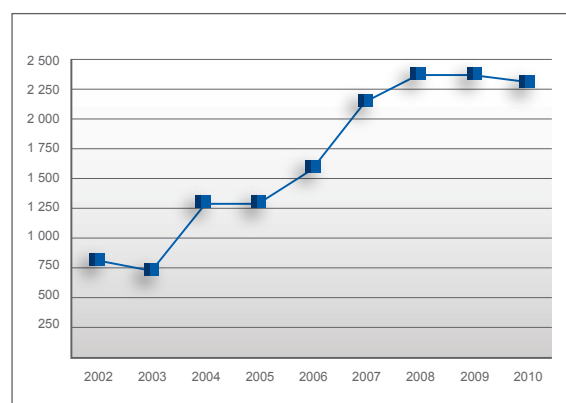
Country	2001-2010
Canada	843,809,308
European Union Institutions	1,204,218,118
France	2,412,499,551
Germany	1,252,512,538
Italy	1,008,260,873
Japan	1,287,478,868
Russia	256,999,996
United Kingdom	1,377,368,624
United States	5,130,190,263
TOTAL G8 + EC	14,773,338,139
TOTAL RESOURCES	18,834,387,872
Percentage of overall resources	78.44%

Source: GFATM and G8 members.

G8's contributions as a proportion of overall Global Fund Resources



G8's contributions to the Global Fund 2002-2010 (in millions of current dollars)



Global Fund's results

The GFATM promotes partnership between donor and recipient countries, the business sector, private foundations, civil society and affected groups. Since its establishment in 2002, resources mobilized by the Global Fund have led to concrete results and approaches for fighting these three diseases.

HIV/AIDS: 3 million people are receiving antiretroviral treatment, 150 million HIV counselling and testing sessions were conducted, 5 million basic care and support services were provided to orphans and vulnerable children and 1 million HIV-positive pregnant women have received PMTCT treatment (prevention from mother to child transmissions).

Tuberculosis: 7.7 million new cases of infectious tuberculosis were detected and treated, 48% of the 2009 estimated international targets for detection of TB cases and treatment using DOTS were contributed by Global Fund supported programmes.

Malaria: 160 million bed nets were distributed to protect families from transmission; 142.4 million malaria drug treatments were delivered.

(source GFATM - www.theglobalfund.org)

Results

The G8 has demonstrated a very high level of commitment through increased support for the Global Fund, which has made unprecedented progress in the fight against the three diseases.

The 3rd Global Fund replenishment mobilized increased resources compared to the last replenishment period. Indeed, \$11.7 billion was pledged for the period 2011-2013, compared to \$9.7 billion for the previous period. The challenge now lies in transforming of these pledges into effective contributions so that the Global Fund can continue to be an effective and efficient instrument of collective mobilization. These additional commitments could lead to further substantial results in the fight against these three diseases and help to play a catalytic role in moving forward towards a more coordinated and integrated approach within national strategies.

The G8 will support the Global Fund to accompany and strengthen its reform efforts including the enhancement of fiduciary control in order to ensure that the resources will be used in a more effective and accountable manner.

Reinforce public-private partnerships and Advance Purchase Commitments
to encourage the development of vaccines, microbicides, and drugs for AIDS, malaria, tuberculosis, and other neglected diseases

Key findings

Public-private partnerships (PPP) and innovative financing mechanisms represent two types of specific responses which are particularly suited to today's global health challenges. They can provide additional resources to health, propose relevant solutions, and help to bring together powerful actors.

G8 actions

In this regard, several G8 countries have set up and implemented different types of PPPs and/or financing innovative mechanisms. Several successful examples in this area demonstrate that concrete steps and substantial results are yet to be implemented and that major improvements are expected.

➔ G8 and GAVI Alliance

GAVI is an innovative PPP that brings together the major stakeholders (donors, countries, international organizations, Academia, manufactures) to accelerate the introduction of new and underused vaccines in developing

G8's contributions to GAVI (in thousands of dollars)

Country	Direct Funding 2000-2010	IFFIm payments (2007-2010)	AMC payments to date	Total contributions
Canada	148,728		125,100	273,828
France	18,659	190,511		209,170
Germany	22,066			22,066
Italy		115,290*	158,190	273,480
Russia			16,000	16,000
United Kingdom	137,445	151,862	22,200	311,507
United States	646,725			646,725
European Union Institutions	57,869			57,869
Total	1,031,492	457,663	321,500	1,810,645

*This figure includes 2006 contributions.

Source: GAVI.

countries to have a dramatic impact on MDG4. The cost of new vaccines is being shared with developing countries through co-financing, which is a commendable demonstration of their strong commitment to child health through immunization, the most cost-effective health intervention. The G8 has supported GAVI since its creation until 2010 by providing more than \$1 billion to GAVI through direct contributions. Furthermore, through innovative funding and direct donations the total G8 contributions to GAVI up to 2010 amounted to \$1.81 billion. Commitments and contributions from G8 donors to GAVI, including through innovative financing mechanisms such as the IFFIm and the MC, represent approximately four-fifths of all commitments and contributions to GAVI in this period.

<http://www.gavialliance.org/>

→ **Advance Market Commitments**

G8 members (Italy, Canada, Russia and the United Kingdom) drove the success of the pilot Advance Market Commitment (AMC) for the pneumococcal vaccine, launched together with Norway and the Bill and Melinda Gates Foundation in Rome in February 2007: G8 countries pledged 93.2% of the \$1.5 billion and have disbursed \$321.5 million to the World Bank since 2009 (93.4% of AMC disbursements).

The aim of the pneumococcal AMC is to stimulate the development and the manufacture of affordable pneumococcal vaccines for developing countries. The AMC predictable price enables companies to sign long term supply commitments and step up manufacturing capability to fulfil them, while allowing developing country governments to budget and plan for immunization programmes, knowing that vaccines will be available in sufficient quantity at an affordable cost. The success of the AMC has been demonstrated at the end of 2010 when the first introduction of the vaccines took place in several developing countries (Nicaragua, Kenya, Yemen...); only a few years after the vaccines were available in industrialized countries. Without this market-shaping incentive, the children of Africa and the developing countries were at risk of being deprived of this life-saving vaccine for many years.

<http://www.vaccineamc.org/about.html>

→ **IFFIm**

The International Finance Facility for Immunisation (IFFIm) is an innovative financing mechanism combining frontloading, predictability and financing which was key to doubling the resources of the GAVI Alliance.

The outcomes of GAVI's impact were made possible by the launch of the IFFIm (France, the United Kingdom and Italy within the G8 together with a number of other donors), in 2006, enabling large amounts of money to be raised. The IFFIm raises finance by issuing bonds in the capital markets and thus converts the long-term government pledges into immediately available cash resources. The long-term government pledges are used to repay the IFFIm bonds. This constitutes a predictable support for developing countries' national health and immunization plans.

To date, the G8 donors have made approximately four-fifths of all contributions to the IFFIm. From November 2006 to the beginning of the 2011, IFFIm has leveraged donations worth \$576 million from the G8 and other donors to raise \$3.4 billion on the world's capital markets in seven major offerings to both retail and institutional investors, and save million of lives.

<http://www.iff-immunisation.org/>

→ **The air ticket levy**

Since 2006, seven countries (France, Chile, Madagascar, Mali, Niger, Mauritius, South Korea) have decided to implement a solidarity air tax levy whose revenues are dedicated to fighting against AIDS, malaria and tuberculosis through the UNITAID initiative. Norway allocates part of its tax on CO₂ emissions from aviation fuel to UNITAID. Around \$900 million has been raised and given to UNITAID between 2006 and 2010 through this innovative mechanism while \$400 million has been raised through budgetary contributions. Since UNITAID implementation, the United Kingdom contribution represents 21% of overall funding, and France's contribution represents 60%. UNITAID is able to commit to long-term projects that can impact the market for health commodities because its funds primarily come from sustainable and predictable sources like the "air tax". UNITAID's model is based on long-term funding commitments and the purchase of high volumes of medicines and diagnostics. This helps stimulate increased

production, which creates economies of scale that drive prices down. In turn, this means that UNITAID and its partners can provide more medicines and treatments with the same budget.

➔ **Debt2Health**

Debt2Health is a partnership between creditors and grant recipient countries in which the Global Fund facilitates a three-party agreement. Under this agreement, creditors forgo repayment of a portion of their claims on the condition that the beneficiary country invests a pre-agreed counterpart amount in health through Global Fund-approved programmes.

Germany was the first creditor to join Debt2Health. The first three-party Debt2Health Agreement was signed between Germany, Indonesia and the Global Fund for the conversion of \$72.6 million, which will be used for urgent and lifesaving investments in HIV-services and public health interventions in Indonesia.

Since 2000, **Italy** is supporting Public Private Partnership in Health (PPPH) in Eastern Africa, in line with the Guidelines of the Italian Cooperation, which promotes the leadership of the public health system, and considers the partnership with the private sector a key strategy to improve accessibility, efficiency and equity in health. In Uganda, in 2009, in line with the principle of Universal Access to health and complying with the new National Health Policy, Italy supported the design of a plan to strengthen the health services, public and private, of the Karamoja region, in collaboration with UNICEF and private providers, international and local. In Uganda, within the first year of activity 1,346 duty posts were reached, 30,124 immunizations carried out, about 5,000 mothers had their first ANC visit and more than 4,000 were enrolled in PMTCT schemes.

The European and Developing Countries Clinical Trials Partnership (EDCTP) is a partnership between the **European Union Institutions, 14 EU Member States, Switzerland and Norway, and 47 sub-Saharan African countries**, which aims to develop new clinical interventions to fight HIV/AIDS, malaria and tuberculosis and create and sustain such capacity in sub-Saharan Africa. It has an overall budget of around €400 million (2003-2015). The EDCTP has been used as an example of partnership by other initiatives taken by the G8 in Africa, such as the Medical Education Partnership Initiative, a substantive initiative to support a network of 30 research institutions in Sub-Saharan Africa, to include health and education ministries, launched by the US government as part of follow-up to the outcomes of the G8 Summits at L'Aquila and Muskoka.

<http://www.edctp.org>

The Canadian HIV Vaccine Initiative (CHVI)

Canada's contribution to the Global HIV Vaccine Enterprise is a five-year collaborative initiative between the Government of Canada and the Bill & Melinda Gates Foundation. This represents a significant Canadian contribution to global efforts to develop a safe, effective, affordable and globally accessible HIV vaccine. Between 2007 and 2017, Canada will invest up to C\$111 million in the CHVI. Since its inception in 2007, a total of C\$51 million has been pledged to support domestic and international research; improve collaboration among researchers in Canada and around the world and enhance capacity for vaccine trials, policy development and community engagement. Canada's vaccine research community is generating new knowledge, building research capacity and training the next generation of vaccine researchers.

<http://www.chvi-icvv.gc.ca/index-eng.html>
<http://www.hivvaccineenterprise.org>

Russia supports the global efforts to develop effective and affordable vaccines against HIV including a contribution to the Global HIV Vaccine Enterprise through intensifying research in this area. In 2007-2010 Russia invested \$38 million in HIV vaccine research and the coordination of this work with partner institutions in CIS region. As a result several candidate vaccines were developed and are now in the different phases of pre-clinical and clinical trials. The information about research results is widely shared with the international community including through cooperation with the Global HIV vaccine enterprise. To enable future research capacities in the region Russia focuses on exchange of information among scientific entities in the region of Eastern Europe and Central Asia and on the enrolment of young scientists in international research programmes.

→ **Results**

The G8 has launched many successful examples of innovative mechanisms such as IFFim, MC, Air Ticket Levy, and Debt2Health. The several examples listed above show that numerous public-private partnerships are also implemented by a large number of the G8 countries.

Support the most vulnerable countries in disease surveillance and early warning systems, including enhancement of diagnostic capacity and virus research

Key finding

Global health issues, emergent illnesses and their negative externalities do not recognize state borders. It appears particularly relevant to support countries in disease surveillance and early warning systems, including enhancement of diagnostic capacities and virus research. Developing countries are important actors in the chain to stop the spread of certain diseases.

To prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade, 194 countries across the globe have agreed to implement the International Health Regulations (2005) (IHR). This binding instrument of international law entered into force on 15 June 2007. The IHR require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings.

G8 actions

The G8 is particularly concerned with this issue and is firmly dedicated to assisting countries in strengthening their national surveillance and response systems, in order to better detect, assess and notify events and respond to public health risks and emergencies of international concern.

In terms of disease surveillance and early warning systems, the implementation of the International Health Regulation is crucial. The WHO's office in Lyon (in France) plays a major role in this regard. The mission of the Office is to assist countries in strengthening their national surveillance and response systems to better detect, assess and notify events and to respond to public health risks and emergencies of international concern under the HRI. **France** has allocated €2.6 million to international health security and the IHR.

Also, France focuses its support on five sub-regions through the development of surveillance institutes in Central Africa, in South-East Asia in the French West Indies and in the Mediterranean region. These institutes and networks contribute to surveillance and detection mechanisms for emerging diseases in close collaboration with national entities.

The **German** government, in solidarity with the international community, has made an overall contribution of approx. \$39.46 million to support pandemic influenza preparedness in low-income countries. Out of this total, approx. \$23.14 million was directly provided to the WHO in December 2009 to support the WHO H1N1 Global Response Plan and to support the WHO Vaccine Deployment to developing countries. The remaining amount of approx. \$16.32 million was allocated to bilateral support measures. The German Pandemic Preparedness Initiative, launched in September 2009 and responsible for administering the bilateral contribution, supports the strengthening of core capacities for the implementation of the International Health Regulations (IHR) and pandemic preparedness, including disease surveillance and early warning systems. Based on a demand-driven application approach, the initiative supports relevant actors in partner countries. So far 29 proposals from 17 countries have been approved for funding and are at different stages of implementation (as at 31 March 2011).

In 2006-2009 in response to the threat of pandemic influenza the **Russian Federation** contributed \$45.8 million to a comprehensive programme aimed at capacity building of surveillance systems in the CIS region enabling partner countries to counter the threat of emerging diseases. More than 40 laboratory facilities in seven CIS countries were fitted with modern equipment and diagnostic tools, and 200 specialists were trained in diagnostics and the surveillance of influenza. As a result of these efforts, partner countries implemented Action Plans to strengthen influenza surveillance and response systems. Russia has considerably contributed to the CIS regional capacity of diagnostic and virus research. Positive outcomes of the programme were clearly visible during the H1N1 pandemic in 2009 showing the enhanced capacities of partner countries to reduce the impact of the disease on their populations. In close collaboration with the WHO. Russia is also putting forward efforts to assist the CIS and African countries in implementing IHR.

Support health workforce coverage towards the WHO threshold of 2.3 health workers per 1,000 people, initially in partnership with the African countries where the G8 is currently engaged and which are experiencing a critical shortage of health workers

Key findings

Access to health infrastructure and to essential drugs is key in addressing health challenges but only if the health system can produce the appropriate diagnostic and quality health care services. This capacity to operate diagnostics and services obviously depends on the health workforce coverage which remains particularly low and uneven between and within developing countries.

The world is faced with a chronic shortage, over 50 countries face critical health workforce shortages – an estimated 4.2 million health workers are needed to bridge the gap, with 1.5 million needed in Africa alone. To be addressed, this shortfall requires an increase in the quantity of health professionals but also an improvement in the quality, performance and management of overall Human Resources in Health including incentives to better retain the health workforce.

G8 actions

Convinced by the need to address this issue, the G8 committed to increasing the health coverage, including in partnership with African countries by pursuing a twin track approach, consisting of a quantitative improvement and also the provision of a high level of professional training. The G8 works worldwide with partners at country level to advocate and catalyze actions to resolve the Human Resources for Health (HRH) crisis and to support the achievement of the health related Millennium Development Goals and Health for All.

Global Health Work Force Alliance

The Global Health Workforce Alliance (The Alliance) was created in 2006 as a common platform for action to address the health human resources crisis. The Alliance is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solutions. The alliance is supported by France, Japan, the United States, the United Kingdom, Canada, Germany, and the European Union Institutions. The Second Global Forum on Human Resources for Health, convened by the Global Health Workforce Alliance, has recommended the need for mutual accountability taking into consideration that international support must be fully additional, aligned to countries needs, predictable, long term, and flexible, and must allow for investment in training, equitable deployment, and ongoing and effective retention of health personnel along the continuum of care.

<http://www.who.int/workforcealliance/en/>

Japan has been working with Ghana since 2006 in scaling-up the Community-based Health Planning and Service (CHPS) in the Upper West Region. CHPS is a service delivery strategy adopted by the government as priority especially in the areas where access to healthcare services is limited. Japan has so far trained 265 community health officers to cater for the rural population. Management capability of the local health administration at regional and district level was also strengthened and contributing to an increase in essential health service coverage in the region.

United Kingdom – Over the last five years, supported by the UK and other donors, more than 34,000 health workers have been trained and deployed across Ethiopia's population of around 80 million people. These workers, who are mostly women, are delivering a package of basic services to their communities including family planning, immunization, nutrition and malaria prevention and treatment. The latest data from the Ethiopian Ministry of Health suggests that in the last five years the proportion of women seeking antenatal care has increased from 50% to 71%, the proportion seeking postnatal care has more than doubled (from 16% to 36%) and the contraceptive acceptance rate has increased from 37% to 62%.

Since 2008, as an integral component of its policy for health development, **Italy** has been supporting the development of PPP in the Health sector in key countries of East Africa (Mozambique, Ethiopia, Uganda, Congo, Sudan and Kenya), with particular emphasis on the development of health manpower. The main strategic focus is on mid-level health professionals, such as mid-wives and nurses, who notably provide key MDG-related services. Attention has also been given to the promotion of retention mechanisms of health personnel to address the issue of brain drain.

G8 results

The G8 has been active in strengthening developing countries health systems and funding the training courses of medical and paramedical personnel and it supported the consensus resolution that adopted the Code of Practice agreed at the WHO.

2. Maternal health and child health and Muskoka Initiative

Scale-up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated \$1.5 billion

Key findings

➔ Child health

The last two decades have witnessed substantial progress in reducing child mortality. Since 1990, the mortality rate for children under age five in developing countries has dropped by 28 per cent—from 100 deaths per 1,000 live births to 72 in 2008¹³. At a global level, the total number of under-five deaths has dropped from 12.5 million in 1990 to 8.8 million in 2008, representing a sharp decline of 30%. This means 10,000 children lives have been saved per day compared to 1990. However, progress has been geographically uneven and significantly lower in sub-Saharan Africa where the infant mortality rate has declined by 22 per cent since 1990.

➔ Maternal health

The proportion of women in developing countries who received skilled assistance during delivery has increased from 53 per cent in 1990 to 63 per cent in 2008. Progress has been made in all regions, but was especially significant in Northern Africa and South-Eastern Asia, with increases up to 74 per cent and 63 per cent, respectively. Southern Asia has also progressed. However, equitable coverage remains inadequate, especially in sub-Saharan Africa. Less than half the women giving birth in these regions are attended by skilled health personnel. Discrimination against women, their lack of legal certainty and gender disparities strongly contributes to the structural causes that have a negative impact on women's and girls' level of education and health.

G8 actions

Maternal, newborn, and child health represent a strong commitment for G8 countries. The G8 has made significant contributions to improve Maternal, Newborn and Child Health (MNCH). These improvements have been made to partner countries through support programmes and various funds that have an impact on maternal and child health (Global Fund, GAVI, UNITAID, etc.). Other stakeholders like the WHO, United Nations agencies, mandated to operate on this issue (UNFPA, UNICEF,) are also supported by the G8. It is estimated that in 2008 the G8 members contributed \$4.1 billion in international development assistance to achieving progress on maternal and child health.

Best practices and lessons learned

- **Provide a comprehensive “Continuum of Care for MNCH”** through improvements in the quality of and access to health services: creating a pool of health service providers for antenatal care, increasing the number of childbirths attended by skilled health personnel, improving nutrition, improving and upgrading health facilities, enhancing partnerships among the health administration, health care providers and communities and the introduction and promotion of MCH handbooks.

Japan launched the MNCH assistance model “EMBRACE” (Ensure Mothers and Babies Regular Access to Care) at the MDGs Summit in September 2010. EMBRACE is an effective package of preventive and clinical interventions for maternal and newborn survival at both community and facility levels. It aims to create linkages between communities and facilities by introducing innovative strategies, and to scale up high impact maternal and child health interventions to ensure a continuum of care from pre-pregnancy to after childbirth. This model stresses the importance of enhanced partnerships among all stakeholders and of a broad-based approach encompassing various measures such as better infrastructure, safe water and sanitation, and other social development.

13. Source: *Millennium Development Goals Report 2010* - www.un.org/fr/millenniumgoals/pdf/report2010.pdf

- **Focus on facility and community levels**, on scaling up women-friendly hospitals and youth-friendly services, and on demand-side financing.

Germany – In Kenya many poor women do not have access to adequate health services. That is why most children are born at home and only 42 per cent of all births take place with the assistance of medical staff. Targeted measures such as the introduction of subsidized health vouchers give women from poor population groups easier access to high-quality health services by public and private providers. More than 60,000 women in need have already benefited from the vouchers and have safely delivered their children under medical supervision.

- **Promote a better linkage between HIV/AIDS care and general reproductive health care.** Promote actions towards the reduction of mother-to-child transmission of HIV/AIDS and appropriate sustained treatment for pregnant women. **Provide technical support for the development of national strategies** on sexual and reproductive health and rights.
- **Promote gender equality in projects:** helping women and girls to call in and exercise their rights in this area, while contributing to ensuring women's and girls' sexual and reproductive health.
- **Support vaccination programmes to be systematically included in Essential Vaccinations Plans.** Prevention of infectious diseases (hepatitis B, measles, rotavirus, pneumococcal infections and polio among others) is also crucial.

GAVI results

Thanks to contributions and commitments from G8 donors to GAVI, including through innovative financing mechanisms such as IFFIm and the MC, GAVI has already been able to immunize 288 million children and avert more than 5 million premature deaths in 72 developing countries. Routine immunization coverage in low-income countries has risen from 66% to 79% during this period in most countries.

Vaccination programmes are an important intervention to reduce child mortality. Indeed, diarrhoea and pneumonia are the two leading causes of child mortality in low-income countries (together accounting for 36% of deaths of children under 5 years of age, i.e. MDG4). Immunization is one of public health's "best-buy's" and is known to have positive economic, social and demographic impacts.

GAVI-supported vaccines can also contribute to diminish cancer. Hepatitis B (hep B) is a viral infection that causes over 80% of the estimated 610,000 deaths each year due to liver cancer. GAVI has prevented more than 3 million premature deaths thanks to prevention of hepatitis B. Between 2000 and the end of 2010, GAVI and its partners immunised a projected 266.6 million additional children against hepatitis B.

http://www.gavialliance.org/performance/global_results/index.php

- **Implement targeted preventive measures** for mothers and children so that problems such as malnutrition or delayed child development can

be recognized at an early stage, prevented or/ and treated.

Since the beginning of the civil war in Somalia, the strengthening of the health system of the country, with a particular focus on mother and child health emergency services, has been a priority of the **Italian Cooperation**. This commitment has mobilized investments of over €10 million, in the last 5 years. Through these funds, Italy has ensured the functioning of 12 hospitals in Central and North Somalia which cover almost 2 million people. In addition, Italy has been addressing, through UNICEF, the nutritional needs of children by supporting the delivery of a complete package of nutrition services, including management of acute malnutrition. In the last year, over 30,000 children under 5 were visited and about 6,400 admitted; 4,000 deliveries were attended, of which 50% were complicated, with a mortality of less than 1%. 8,000 severely malnourished children (20% of the total needs) were treated and optimal feeding with care practices and micronutrients was introduced to 10,900 mother-child pairs.

In order to reduce child mortality, **Canada** has long been a leading donor in micronutrients in developing countries; as such, Canada has provided over \$324 million to support to the Micronutrient Initiative, UNICEF and Helen Keller International since 2005. Canada's support for the Micronutrient Initiative allowed Senegal's vitamin A supplementation programme to reach 1.8 million children with two doses of vitamin A in 2009 (the required dosage to fully protect children under five against vitamin A deficiency). In 2009, coverage was estimated at 95% for both rounds, using Child Survival Days as the delivery mechanism. This is a considerable increase from 2007 when full coverage was only 83%. The high levels of vitamin A coverage is expected to reduce the all-cause child mortality by up to 23%.

- **Information campaigns** to improve the health of newborns (reduce the risk of preterm births and low birth weight – when mothers suffer from illness during pregnancy or are forced to do harsh work), family planning and HIV prevention.
- **Skilled human resources** at community level are key to addressing both child and mother mortality.
- **Advisory services:** influence traditional beliefs and practices such as female genital mutilation (FGM). Food taboos and codes of behavior that are detrimental to children's health are also addressed when parents consult advice centers.
- **Cross sectoral approaches to address mother's and children's health, including education, water and sanitation, hygiene, good governance, etc.** For example **Education:** increase the length of education with access to secondary level, particularly to girls can help delay early marriages and therefore reduce maternal mortality. Furthermore, it is a proven fact that educated mothers contribute to healthier children which is a key strategy to reduce child morbidity and mortality.

Muskoka Initiative on Maternal, New Born, and Child Health¹⁴

At the 2010 Muskoka Summit, the G8 committed to mobilizing an additional \$5 billion by 2015 to improve maternal, newborn and child health by launching the Muskoka Initiative. The Governments of the Netherlands, New Zealand, Norway, the Republic of Korea, Spain and Switzerland, the Bill and Melinda Gates and UN Foundations joined the Muskoka Initiative with an additional funding of \$2.3 billion to be disbursed over the same period. It is estimated that this support will assist developing countries to prevent 1.3 million deaths of children under five years of age; prevent 64,000 maternal deaths; and enable access to modern methods of family planning for an additional 12 million couples.

As referred to in the G8 Muskoka Declaration, G8 countries anticipate that, over the period 2010-2015, subject to our respective budgetary processes, the Muskoka Initiative will mobilize significantly more than \$10 billion.

The Muskoka Initiative will not only make a significant contribution to improving maternal, newborn and child health, it also marks a step forward for accountability and transparency. As the Muskoka Initiative committed to raising additional funds, the G8 worked to benchmark existing spending relevant to MNCH through the development of a baseline methodology with the assistance of the OECD and the WHO.

This G8 initiative also contributes to the United Nations Secretary General's Global Strategy for Women's and Children's Health¹⁵. The Muskoka initiative is considered to be an example of leadership, catalysing additional donor commitments for the Global Strategy. In order to track G8 commitments, to the Muskoka Initiative and monitor its implementation, the G8 will work in coordination with stakeholders involved in the Global Strategy for Women's and Children's Health, including the Commission on Information and Accountability for Women's and Children's Health. The G8 acknowledges the Commission's recent recommendations and will work to support the WHO to contribute to implement them. The Partnership for Maternal, New Born, and Child Health (PMNCH) will be one of the core partners to facilitate this process.

In the implementation of their commitments relevant to the Muskoka Initiative and Global Strategy, the G8 members recognize the need to reduce inequity both within and between countries through targeted outreach to the poorest. Reports by UNICEF demonstrate that an equity focused approach may lead to the achievement of highest gains per incremental investment in increased coverage of proven interventions.

The table below outlines individual commitment in an attempt to add detail and clarity to national commitments.

14. http://canadainternational.gc.ca/g8/summit-sommet/2010/mnch_isne.aspx?lang=eng

15. http://www.un.org/sg/hf/Global_StrategyEN.pdf

Donor	Financial commitment	Time-Frame	Scope
Canada	C\$1.1 billion	2010-11 to 2014-15	Focus will be on three inter-related paths: strengthening health systems, reducing the burden of illness and improving nutrition.
France	€500 million	2011-2015	Forecast per year: €25 million through UN Agencies (including WHO, FNUAP, UNICEF, UNWomen), €50 million through French Development Agency, €60 million (i.e €27 million according to Muskoka Methodology) through the Global Fund - Support Family Planning. - Strengthening Health Systems through health financing (risk pooling, skilled human resources, and access to medication and immunisation. - Support other sectors (water, and sanitation).
Germany	€400 million	2011-2015	Focus on sexual and reproductive health and rights, maternal health, voluntary family planning.
Italy	\$75 million	2011-2015	Health system, nutrition, control of infectious diseases, advisory services on traditional practices.
Japan	JPY50 billion - (approx US\$500 million)	2011-2015	Japan will focus on addressing bottlenecks in the strengthening of health systems, and based on a programme approach, it will deliver a more effective package of preventive and clinical interventions for maternal and newborn survival at both community and facility levels, create linkages between those communities and facilities by introducing innovative strategies, and scale up high-impact child health interventions.
Russia	\$75 million	2011-2015	Through bilateral and multilateral channels focusing efforts on evidence-based measures that address major causes of the maternal and child mortality, such as HIV/AIDS, malaria, polio and other infections, low immunization coverage of children, poor sanitation. Technical support of partner countries and address shortage of qualified midwives and poor access to obstetric care facilities.
United Kingdom	£2.1 billion - (approx \$3,4 billion)	2010-2015	It is anticipated that UK aid will save the lives of at least 50,000 women in pregnancy and childbirth, a quarter of a million newborn babies and enable 10 million couples to access modern methods of family planning over the next five years (2011-15).
			Within this total, the UK commitment is to spend a total of £588 million on MNCH in 2010 (an additional £196 million over the 2008 baseline of £392 million). £294 million above the baseline in 2011 and £392 million above (i.e a doubling) from 2012-2015. Preliminary data for 2010 suggest that the commitment for 2010 is likely to have been met. Definitive figures will be published as soon as available.
United States	\$1.346 billion	Fiscal Year 2010 and 2011	Programming directly related to MCH, consisting of base maternal and child health programs, malaria (allocated at 89 per cent of total), and family planning.
			The United States will revise its Muskoka commitment once the final FY 2011 appropriations for MCH and malaria are established. As made clear at the time of the Muskoka Summit, the US commitment of \$1.346 billion over the 2008 baseline represents the amount the US is planning to provide in 2010 and 2011 for programming directly related to MCH, consisting of base maternal and child health programmes, malaria (allocated at 89 per cent of total), and family planning that is above the 2008 baseline funding for these programmes, and is subject to Congressional appropriation. Congress ultimately appropriated approximately \$700 million less for all global health programmes than the President's FY 2011 budget requested, and the specific allocations for maternal and child health and malaria are still being determined.
European Union Institutions	\$70 million	2010-2013	MDG 4 and 5.

Country partners (at this stage)	Multilateral partner (at this stage)
Afghanistan, Bangladesh, Ethiopia, Haiti, Mali, Malawi, Mozambique, Nigeria, Sudan, Tanzania.	Micronutrient Initiative H4 (UNICEF, WHO, UNFPA, and the World Bank), GAVI Global Fund
Sub-Saharan Africa with a strong focus on the 14 priority countries of the French ODA: Benin, Burkina Faso, Comoros, Chad, Democratic Republic of the Congo, Ghana, Guinea, Madagascar, Mali, Mauritania, Niger, Central African Republic, Senegal, Togo, + Afghanistan and Haiti.	GAVI, GFATM, UN Women, UNFPA, UNICEF, WHO, GWAH
Scaling-up of existing programmes and activities in partner countries.	GAVI, GFATM, IPPF, UNFPA, etc.
Priority countries 2011-2013: Niger, Sudan, Kenya, Ethiopia, Somalia, Eritrea, Mozambique, Iraq, Bolivia, Ecuador, Afghanistan, Vietnam, Myanmar. Special attention to post-conflict and fragile States.	Possible partners: Global Fund, UNICEF, WHO, UNFPA and GAVI
Bangladesh, Ghana, Senegal and other countries.	UNICEF, etc.
Strong focus on the CIS countries in Central Asia, and countries in Sub-Saharan Africa, including Ethiopia, Zambia, Mozambique, Angola, Kenya, Namibia.	GFATM, WHO, GPEI, World Bank, UNAIDS, UNICEF
Nigeria, Democratic Republic of Congo, Ethiopia, Kenya, Somalia, South Africa, Malawi, Zimbabwe, Ghana, Zambia, Sierra Leone, Tanzania, Sudan, Uganda, Mozambique, Rwanda, Liberia, India (focus on poorest states), Pakistan, Bangladesh, Nepal, Burma, Cambodia (non-exclusive list).	UNFPA, WHO, UNICEF, UN Women, the World Bank, the EC, the GAVI Alliance GFATM
US programmes to improve maternal, newborn and child health are implemented as part of the Global Health Initiative and are being implemented everywhere US global health dollars are at work. An intensified effort will be launched in a subset of GHI countries that provide significant opportunities for impact, evaluation, and partnership with governments. Eight "GHI Plus" countries have already been designated: Bangladesh, Ethiopia, Guatemala, Kenya, Mali, Malawi, Nepal, and Rwanda.	UNFPA, WHO and its regional offices, UNICEF, the World Bank, the GAVI Alliance
African, Caribbean, and Pacific Countries.	GAVI, GFATM

3. Fighting infectious diseases

Increase the G8's efforts in the fight against other preventable diseases, particularly by increasing the volume and quality of medical research on neglected diseases in developing countries

Key findings

Neglected diseases are responsible for high morbidity and mortality each year in low-income countries. Due to the lack of vaccines and of safe, effective and affordable treatments, there is an urgent need to reinforce the existing therapeutic arsenal against these diseases.

According to the World Health Organization (WHO), neglected diseases are hidden diseases as they affect almost exclusively extremely poor populations living in remote areas beyond the reach of the health service. Neglected diseases are causing severe and permanent disabilities and deformities affecting approximately 1 billion people in the world, yielding more than 20 million Disability Adjusted Life Years (56.6 million according to the Lancet's revised estimates) and important socio-economic losses. Urgent pragmatic and efficient measures are needed both at international and national levels. Care and treatment are not affordable for poor people.

G8 actions

Neglected tropical diseases (NTDs) are generally addressed in the context of health systems support, and not as stand-alone issues. The G8 supports efforts to develop new treatments and to make them more affordable. The growing attention given to other diseases should not over shadow the suffering that neglected diseases are causing to millions of people, many of whom can afford, at best, archaic drugs, some of which are toxic, ineffective or difficult to administer.

Drugs for Neglected Diseases initiative (DNDi) is a collaborative, patients' needs-driven, non-profit drug research and development (R&D) organization that is developing new treatments for malaria, visceral leishmaniasis, sleeping sickness, and Chagas disease. DNDi bridges the existing R&D gaps in essential drugs for these diseases by initiating and coordinating drug R&D projects in collaboration with the international research community, the public sector, the pharmaceutical industry, and other relevant partners. **France, the UK, Germany and the European Union Institutions** support the DNDi. As an example, recent trials have shown that short course combination treatments for Visceral Leishmaniasis (also known as Kala-azar) are effective and safe and can decrease the duration of therapy. This encourages adherence and therefore reduces the emergence of drug resistant parasites.

<http://www.dndi.org>

Since 2006 **the United States Government** has provided \$1.5 billion to fight neglected but preventable diseases. The United States, through USAID's NTD Programme, has created significant public-private partnerships with pharmaceutical companies to support mass drug distribution to fight NTDs around the world. In its 1st year of implementation, the Programme distributed more than 36 million treatments to more than 14 million people. Building on the success and lessons learned in the 1st year, approximately 57 million treatments were delivered to more than 27 million people in the 2nd year of the Programme. To date, the Programme has delivered over 387 million treatments to approximately 169 million people. Current programmes focus on Burkina Faso, Cameroon, Democratic Republic of Congo, Ghana, Mali, Niger, Uganda, Sierra Leone, Southern Sudan, Tanzania, Togo, Haiti, Bangladesh, and Nepal.

In 2009, **Russia** allocated \$21 million for 2009-2012 to intensify research in the area of neglected tropical diseases, including assistance to partner countries in Africa and Central Asia in building their capacities in surveillance, diagnosis and prevention of NTDs, including leishmaniasis, shistosomiasis, blinding trachoma, etc. As a result new means of diagnosis and prevention of NTDs were developed, test-kits and laboratory equipment were procured for the most affected countries. In 2010; bilateral MoCs in the area of fighting NTDs were signed with the Ministries of Health of Kyrgyzstan, and Tajikistan, and needs assessment of the national health systems to fight NTDs were conducted in Kyrgyzstan, Tajikistan and Ethiopia. Around, 40 health specialists from Kyrgyzstan and Tajikistan were trained in Russia on laboratory diagnosis and monitoring of NTDs. More than 100 health specialists from partner countries will be trained in the next 2 years.

The European Union Institutions have financed research on neglected infectious diseases in close partnership with scientists from developing countries with €94 million in the period 2005-2010. For example, the DENCO project (2005-2009, €2.5 million) considerably improved management of dengue fever, which is one of the developing world's fastest growing infectious diseases. As there is currently no specific treatment for dengue, case management relies solely on careful supportive clinical care, making the method of case classification critical for identifying patients with a high risk for severe disease. Through a multi-centre study in seven countries in South-East Asia and Latin America the project managed to help the WHO develop an empirically based revised classification system based on clinical disease severity that will also help to improve reporting, surveillance and early detection of outbreaks of this emerging disease.

4. HIV/AIDS

Counter any form of stigma, discrimination, and human rights violations and promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS

Develop and implement a package for HIV prevention, treatment, and care, with the aim of as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010

Key findings

An estimated 2.6 million people became newly infected with HIV in 2008, and fewer than the 3.1 million people were infected in 1999. In 2009, 1.8 million people died from AIDS related illnesses, nearly one fifth less than the 2.1 million people who died in 2004¹⁶. At least 56 countries have either stabilized or achieved significant declines in their rates of new HIV infections. The spread of the AIDS epidemic has been slowed and the world is beginning to reverse the spread of HIV. New HIV infections have fallen by nearly 20% in the last 10 years. AIDS-related deaths have dropped by nearly 20% in the last five years and the total number of people living with HIV is stabilizing. The increasing contribution of HIV to maternal mortality in high-burden countries requires accessible, targeted, gender-sensitive prevention and treatment, especially for girls and women. Despite this significant progress, the efforts to achieve better and stronger results remain essential.

G8 actions

Allocated resources for this disease are impressive and prove HIV/AIDS constitutes a high-level priority for the G8.

16. Source 2010 UNAIDS Report on the global AIDS epidemic - http://www.unaids.org/documents/20101123_PR_GlobalReport_en.pdf

G8's contributions to the GF allocated to AIDS

Year	In current dollars
2003	382,216,180
2004	732,498,201
2005	693,218,064
2006	821,576,940
2007	1,321,442,728
2008	1,393,511,041
2009	1,108,191,327
2010	1,189,148,283
Total	7,641,802,765

Source: GFATM.

Despite its substantial efforts, the G8 recognizes that this target to achieve as close as possible to universal access has not been achieved. Human loss due to this pandemic remains high and many people do not have access to treatment and care services. Nevertheless, the G8 was and remains directly involved and determined to promote and guarantee the rights of people living with HIV/AIDS.

Best practices and lessons learned

- Provide support to **HIV prevention, treatment and care** through strengthening health systems, bilateral budget support and targeted contributions to the GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria).
- **Technical expertise** should be provided in addition to financial support. Financial support for actions and activities developed by **non-governmental partners is also necessary.**
- Strengthening the **developing countries' civil society and promoting human rights are crucial to the fight against infectious diseases.** Actively promote and guarantee free movement and residence of people living with HIV/AIDS. Multi-disciplinary approach and various research projects on vaccines, access to care and treatment, prevention.
- To strengthen the fight against HIV/AIDS the G8 will support the fight against all kind of discrimination against vulnerable populations and condemn the criminalization of homosexuality;
- **HIV prevention** is a cross-cutting theme and HIV which should be implemented in an

integrated manner, linking to measures that promote sexual and reproductive health rights whilst strengthening health care systems to ensure safe blood transfusions. Gender inequalities, especially among adolescents and young girls, must be taken into account in the planning, implementation and evaluation of measures to fight HIV. Beyond the measures for preventing mother to child transmission, particular attention should be focused on adolescents in high burden countries as well as appropriate and sustained treatment for pregnant women.

- **Mitigate the social consequences** of AIDS which must be alleviated through the support of poor households, AIDS orphans and vulnerable children.
- Provide support for procurement of AIDS drugs to strengthen health systems. Largely provide condoms and other contraceptives, and promote safe sexual behaviours.
- **Reinforce awareness** to prevent opportunistic infection and disseminate voluntary counselling and testing services. Raise awareness on prevention, care and support for infected persons and patients. Support social marketing - set up a network in order to share best practices in streamlining HIV control into all development policies, with technical support from UNAIDS.

Russia leads efforts on fighting HIV/AIDS in Eastern Europe and Central Asia, including assistance to the CIS countries in the field of HIV prevention and surveillance. In 2006, 2008 and 2009 the Russian Federation in partnership with UNAIDS and the GFATM organized and hosted the biggest regional forum – Eastern Europe and Central Asia AIDS Conference (EECAAC) aimed at raising awareness on prevention, care and support for infected persons. The Russian Government was a major donor of EECAAC. As a part of policy development and international partnership building Russia chairs the CIS council on HIV/AIDS. Two consequent 5-years joint programmes to fight HIV/AIDS in the CIS countries were developed under the Russian leadership and approved by the heads the CIS countries' governments (2002-2006 and 2009-2013).

Work with producers to reduce manufacturing costs and increase the quality of key HIV drugs. In this regard, UNITAID has led to positive results with a better coverage of ARV treatment access. In 2010 UNITAID launched a patent pool foundation to allow generic companies to make lower cost versions of widely patented new medicines by creating a common space for patent holders to license their technology in exchange for royalties. This will spur competition and further bring down the price of vital new and effective medicines, giving hope to millions of patients. This initiative is supported by France and the United Kingdom, to facilitate the production of affordable generic medicines that are well adapted for use in resource-poor settings.

Confronted by the particularly difficult situation in Southern Africa, and building on significant European resources dedicated to the fight against HIV, the **EU Delegations** to ten Southern African countries (Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) have since 2006 operated a network including a regional technical support function to share ideas and best practices as well as to develop a collective approach. This simple but innovative and bottom-up intervention has greatly improved the capacity and willingness of EU delegations to streamline HIV activities in their relations with high-prevalence countries.

France developed a network of regional health advisors, and placed experts within inter-country teams of the WHO, whose role is to monitor the design and implementation of national policies to fight HIV/AIDS. The ESTHER network (hospital partnerships) participates in these efforts by developing support for health facilities in developing countries, especially in West and Central Africa and Southeast Asia. France is involved in active advocacy for the reduction of mother-to-child transmission of HIV/AIDS (financial and technical support to UNAIDS, Born HIV Free campaign launched by the First Lady, support for the launch of the Mother/Baby Pack by UNAIDS/UNICEF).

As part of the Global Health Initiative, the United States Government has maintained its historic commitment to prevention, care, and treatment through the US President's Emergency Plan for AIDS Relief (PEPFAR-www.pepfar.gov). In 2010, PEPFAR provided:

- direct support for life-saving antiretroviral treatment for more than 3.2 million people worldwide;
- support for antiretroviral prophylaxis to prevent mother-to-child HIV transmission for more than 600,000 HIV-positive pregnant women, allowing more than 114,000 infants to be born HIV-free;
- 11 million people with care, including nearly 3.8 million orphans and vulnerable children.

The USG continues to work towards the goals of treating more than 4 million people, preventing more than 12 million new HIV infections, and caring for more than 12 million people, including 5 million orphans and vulnerable children.

5. Polio

Support the polio eradication initiative for the post eradication period of 2006-2008, through continuing or increasing our own contributions to the \$829 millions ODA target and mobilizing the support of others

Key findings

The number of endemic countries has decreased from over 125 in 1988 to just four – Afghanistan, India, Nigeria and Pakistan. The number of polio cases worldwide has decreased by more than 99%, from 350,000 in 1988 to fewer than 2,000 cases in 2009. Nevertheless, some developing countries are facing polio outbreaks. The challenge of eradicating polio has not yet been completed.

G8 actions

Since the launch of the Global Polio Eradication Initiative (GPEI) in 1988, \$9 billion has been

invested. Of this 9 billion, more than \$4 billion was directly provided by G8 members, representing more than 45% of total resources. Other multilateral organizations, supported by the G8, also contribute to GPEI.

G8 results

The G8's funding among that of other donors has directly contributed to the 99% sharp decrease of the polio prevalence rate. These positive results should not hide the fact that polio keep killing and is going to spread all once again.

Over the 2006-2008 period, the G8's contributions to the GPEI were more than \$930 million, meaning that the commitment to mobilize toward the \$829 ODA target was achieved.

Global Polio Eradication Initiative (in millions of current dollars)

Country	2006	2007	2008	2009	2010	2006-2010
USA	132.4	133.05	133.5	133.2	133.8	665.95
UK	59.74	57.46	42.76	42.27	25.08	227.31
Japan	14.09	20.32	21.12	21.44	39.03	116
Germany	14.74	24.89	73.67	155.06	26.26	294.62
Canada	42.45	9.07	32.56	29.27	29.18	142.53
European Union Institutions	28.18	37.27	8.22	0.9	1.05	75.62
France	12.8			2.65		15.45
Italy	5.85		11.95	2.09	1.35	21.24
Russian Federation	3	3	8.94	5.06	2	22
Total G8	313.25	285.06	332.72	391.94	257.75	1,580.72
Total Donors	680.1	679.36	824.36	880.3	897.05	3,961.17
G8's share of overall resources	46.06%	41.96%	40.36%	44.52%	28.73%	39.91%

Source: GPEI web site - www.polioeradication.org

Over the past two years the **United Kingdom** has provided funding to help GPEI vaccinate more than 400 million children using more than 1.2 billion doses of vaccine, improve the training of staff to carry out the vaccinations, and develop approaches to overcome the challenges faced in reaching children in the last polio-infected areas of the world.

In addition to the support channelled through the GPEI, **the European Union Institutions** have been supporting polio eradication activities in Nigeria directly with €85 million (2004 to 2010). An additional amount of €15 million is programmed for polio eradication in Nigeria for 2011-2013. The European Union Institutions view integrated immunization plus specific interventions in the target countries as essential for eradication. They are therefore supporting Nigeria bilaterally to the tune of 15 million (2011-2013) and most partner countries through budget support for strengthened health services provision. Nigeria continues to record record-low levels of both WPV1 and WPV3 transmission, with a 95% decrease in cases in 2010 compared to 2009 (21 cases, compared to 388 cases in 2009).

Since 2000, **Canada** has invested more than C\$330 million to fight polio and has contributed to the vaccination of millions of children around the globe. Canada is committed to supporting polio eradication efforts in Afghanistan. Currently, Canada is the largest single donor to this objective. With Canadian support, progress to date includes: ongoing vaccination of over 7 million children under-5 across the country; localization of the poliovirus in the South; an improved surveillance and detection system with ongoing cross-border collaboration with Pakistan; and a strengthened network of volunteers established for polio and other health services. In December 2009, Afghanistan became the first country in the world to use a new, more effective bivalent polio vaccine, which tackles two strains at once.

Besides direct financial contribution to the GPEI (\$33 million since 2002), **Russia's** funding to date has included significant support to immunization efforts in the CIS region, including through building laboratory capacities, assisting outbreak analysis and response, training and methodological support, and conducting research in the area of enteroviruses surveillance. The Russian Institute of Poliomyelitis and Viral Encephalitis serves as a WHO regional polio reference laboratory for the CIS countries. In response to the 2010 polio outbreak in Central Asia, the Russian Government has allocated an additional \$5 million for 2011-2012 to provide bilateral assistance in implementing national polio eradication programmes in the CIS countries including through technical assistance, training, OPV procurement and enhancing of laboratory capacity.

6. Malaria

Work with African countries to scale up action against malaria, in order to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015, and reduce the strain on African economies

Expand access to long-lasting insecticide-treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders, by the end of 2010

Key findings

The number of cases of malaria rose from 233 million in 2000 to 244 million in 2005, but decreased to 225 million in 2009¹⁷. The number

17. Source – World Malaria Report : http://www.who.int/malaria/world_malaria_report_2010/en/index.html

of deaths due to malaria is estimated to have decreased from 985,000 in 2000 to 781,000 in 2009. The largest absolute decreases in deaths were observed in Africa. Disbursements reached their highest ever levels in 2009, at \$1.5 billion. The increased financing has resulted in tremendous progress in increasing access to insecticide-treated mosquito nets (ITNs) over the past 3 years.

By the end of 2010, approximately 289 million ITNs will have been delivered to sub-Saharan Africa, enough to cover 76% of the 765 million persons at risk of malaria. It is estimated that 42% of households in Africa owned at least one ITN in mid-2010 and that 35% of children slept under an ITN.

G8's actions

The G8 has contributed to the increasing access to insecticide-treated mosquito nets (ITNs) in the past 3 years through its contributions to the Global Fund. The Global Fund has distributed 163 million insecticide-treated nets (*source: GFATM*).

G8's contributions disbursed by the GF allocated to malaria

Year	In current dollars
2003	156,261,630
2004	275,125,194
2005	390,289,265
2006	483,276,398
2007	432,524,188
2008	544,201,580
2009	870,349,078
2010	694,705,037
TOTAL	3,846,732,369

Source: GFATM.

Actions supported by the G8 have significantly reduced the incidence and mortality rates of malaria, especially among children in several endemic African countries. The G8 countries are also involved at a bilateral level and have also implemented different programmes aimed at providing care and prevention services, drugs and research on this disease.

Germany – Measures implemented by the Global Environmental Facility and funded by Germany, among others, play a key role in fighting malaria. Alternatives to the insecticide dichlorodiphenyltrichloro-ethane (DDT) have been developed in cooperation with the WHO. Initiatives to replace DDT with alternative anti-malaria methods are being implemented in Africa, the southern Caucasus and the Middle East. Germany contributes to malaria control through the GFATM and the “European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis”. German bilateral support is not solely focused on malaria - it is an integral part of efforts to strengthen health systems.

In Kenya, **the United Kingdom** support includes purchase and distribution of 15 million bednets and 5 million re-treatment kits, the roll out of combination treatment for malaria and a communication programme. These interventions have contributed to the reduction of under 5 mortality by an estimated 44% in high risk malaria districts. In Nigeria, the UK is supporting the delivery of Nigeria’s National Malaria Control Programme with a £50 million contribution (2008-2013). In Kano and Anambra states, where the UK distributed nets, household insecticide treated net ownership increased from less than 10% to 70%.

As part of the Global Health Initiative, the **United States Government** – through the President’s Malaria Initiative (PMI) – seeks to reduce the burden of malaria by 50% for 450 million people representing 70% of the at-risk population in Africa. In all six PMI countries with paired nationwide household surveys (Ghana, Kenya, Rwanda, Senegal, Tanzania, Zimbabwe), substantial reductions in all-cause mortality in children under 5 years of age have been documented; these reductions range from 19 to 36%. This represents the cumulative effect of malaria funding by PMI, USG prior to PMI, national governments, and other donors. While a variety of factors may be influencing the decline in under-5 mortality rates, there is strong and growing evidence that malaria prevention and treatment efforts are playing a major role in these reductions.

<http://www.fightingmalaria.gov/countries/index.html>

Russia co-financed IDA operations under the World Bank “Malaria Booster Program” on malaria in Zambia and Mozambique in the amount of \$15 million in 2008-2010. The funds had a major impact on the malaria problem, especially in Zambia, through the procurement of approximately 300,000 LLINs and the scale-up of the insecticide residual spraying campaign. Joint investments have clearly contributed to the fact that malaria is no longer the leading cause of young child deaths in Zambia. As a result of the joint efforts 70% of children under the age of five are now sleeping under bed nets (base-line in 2006 was 24%), 70% of pregnant women are receiving intermittent preventive treatment for malaria as part of routine antenatal care (base-line in 2006 was 59%). As a co-financer of IDA, the Russian Federation supported progress made on health outcomes in Zambia: the annual number of malaria deaths decreased by at least 50%, and under-five and infant mortality decreased by 29% and 26% respectively.

7. Tuberculosis

Support the Global Plan to Stop TB 2006-2015

Key findings

An estimated 1.7 million people died from TB in 2009. The highest numbers of deaths were in Africa. Each person with active TB disease will infect on average between 10 and 15 people every year. The problem of multi-drug-resistant tuberculosis is an increasing challenge in the current management of this disease¹⁸.

G8 actions

Develop a series of TB countermeasures, such as the prevention of infection, early detection, diagnosis and continuous treatment; support targeted interventions in countries where the state of proliferation is severe, such as those that the WHO has designated as priority TB countries; improve DOTS (Directly Observed Treatment Short-course) management capacities from central to community level, and strengthen laboratories capacities.

Based on the Global Plan to Stop Tuberculosis 2006-2015¹⁹, Japan supports the implementation and promotion of a series of TB countermeasures, such as the prevention of infection, early detection, and diagnosis and continuous treatment. This is targeted at countries where the state of proliferation is severe, such as those that the WHO has designated as priority TB countries. In July 2008, five public and private entities collaborated in working to address TB countermeasures in developing countries by making use of the experience and technologies that Japan had accumulated through its national TB programme.

In support of the Global Plan to Stop TB, Canada has committed over \$150 million towards tuberculosis diagnosis and treatment activities for the 2010-2015 period. This support includes programmes such as the TB REACH Programme, which focuses on interventions to improve case detection in hard-to-reach or marginalized populations; supporting the WHO StopTB Department to improve tuberculosis control, diagnosis, and TB/

18. Source WHO : <http://www.who.int/mediacentre/factsheets/fs104/en/>

19. <http://www.stoptb.org/global/plan/>

HIV in several countries; and supporting the Global TB Drug Facility to improve access to life-saving TB drugs, diagnosis, and related capacity building activities.

G8's contributions disbursed by the GF allocated to tuberculosis

Year	In current dollars
2002	417,905,311
2003	191,383,284
2004	262,741,977
2005	188,670,747
2006	470,329,170
2007	366,841,367
2008	385,343,678
2009	346,928,538
2010	396,172,010
TOTAL	2,630,144,071

Source: GFATM.

United Kingdom – In India the UK government has committed £51.2 million over six years (2005-2011) to support the Government's Revised National TB Control Programme. This support buys half the country's first line drugs ensuring that there has never been a stockout. UK support to India's national TB programme is helping to prevent an estimated 180,000 deaths a year – that is around 500 lives saved in India every day.

France – The International Union against Tuberculosis and Lung Disease (IUATLD), French international NGO present in 80 countries, is a centre of technical excellence recognized internationally in the field of tuberculosis. Implemented by the IUATLD, AFD's support aims to improve the effectiveness of the fight against tuberculosis in five African countries (Benin, Burkina Faso, Côte d'Ivoire, Democratic Republic of Congo and Togo), through capacity building and technical management of national programmes and the consolidation of a network of experts. The project capacity building complements and enhances the efficiency of funding from the Global Fund to Fight against AIDS, Tuberculosis and Malaria.

<http://www.theunion.org>

Fighting Tuberculosis is a long standing priority of **Italy's** development policy. In the last ten years Italy has contributed €19 million, through the WHO, to control this disease in sub-Saharan Africa and Asia (Afghanistan), focusing on training and capacity building. Besides the multilateral aspects, programmes have also been funded through the bilateral channel, including South Africa and Tanzania. Previously, there has been a focus on the integration of TB-HIV services in the health system of the Eastern Cape Province. In Tanzania the programme has focused on increasing diagnosis capacity by upgrading laboratories and introducing the technique of bacterial growth.

8. Measles

Work towards a steady decrease in the number of measles related deaths, progress in halting the spread of measles, and its eventual elimination

Key findings

Between 2000 and 2008, the combination of improved routine immunization coverage and

the provision of a second-dose opportunity led to a 78% reduction in measles deaths globally—from an estimated 733,000 deaths in 2000 to 164,000 in 2008²⁰.

Funding for measles-control activities has recently declined, and many priority countries are confronting funding gaps for immunization campaigns. Projections show that without supplementary immunization activities in these countries, mortality will quickly rebound, resulting in approximately 1.7 million measles-related deaths between 2010 and 2013.

G8 actions

The G8 provides support to measles control by strengthening health systems, budget support, and through targeted contributions to GAVI and bilateral interventions.

Japan has constructed a manufacturing facility for measles vaccines through the grant aid scheme in Vietnam. It has built capacities to produce vaccines domestically through the technical cooperation project between 2006 and 2010. The facility is now producing 7,500,000 doses annually in compliance with the WHO standard to meet the domestic demand.

The **United States Government** is the largest funder of the Measles Initiative and since 2001 more than 950 million children have been vaccinated against measles. Measles vaccination campaigns supported by the Measles Initiative were conducted in 26 countries in 2010, reaching 188 million children, and are often used as a platform to deliver integrated services including other vaccinations (i.e. polio, rubella, yellow fever), the distribution of long-lasting insecticide-treated bednets for malaria prevention, de-worming medication, doses of vitamin A, and combined measles-rubella vaccines. Strengthening the capacity of laboratories for virus detection is essential for improving surveillance globally and domestically to rapidly detect importation events. By the end of 2010, 151 countries were reporting monthly surveillance data.

<http://www.measlesinitiative.org/>

Canada continues to support measles vaccination and prevention through its support for the strengthening of routine immunization systems. Between 1998 and 2010, Canada committed C\$178 million to strengthen routine immunization efforts through the Canadian International Immunization Initiative (CIII). Through the immunization efforts of CIII amongst others, nearly 700 million children were vaccinated against measles between 2000 and 2008, which has prevented an estimated 4.3 million measles deaths worldwide. In turn, these efforts have contributed to the global reduction of measles deaths. In addition, Canada has provided over C\$17.5 million (2005-2009) to a UNICEF measles and malaria project in Ethiopia, which helped to provide over 11 million children under the age of five with measles vaccinations and to purchase over 9 million doses of measles vaccine.

<http://cii.cpha.ca/en/default.aspx>

G8 results

Concrete success stories highlighted above show that examples implemented by G8 countries lead to substantial decreases in incidence of measles.

20. Source WHO - http://www.who.int/mediacentre/news/releases/2009/measles_mdg_20091203/en/index.html

FOOD SECURITY SECTION

Introduction

Key findings

As referred in the “L’Aquila Joint Statement on Global Food Security”²¹, adopted at the G8 Summit in L’Aquila on 10 July 2009, the combined effect of longstanding under-investment in agriculture and food security, historically high and volatile food prices, and the economic and financial crisis have contributed to increased hunger and poverty in developing countries. Today, according to the Food and Agriculture Organization, nearly 1 billion people in the world suffer from chronic hunger and malnutrition.

The steady increase in global demand and the current increase and high volatility of agricultural food prices have a serious impact on the ability of poor countries, especially low income food deficit countries, to ensure food security for their populations. Supply-side factors (investment lags, export controls, weather-related shortages) also negatively impact the ability of developing countries to ensure food security.

Natural disasters (floods, droughts, storms, and earthquakes) as well as other kinds of exceptional situations (conflicts, post-conflict situations, political instability, and population displacement) cause a substantial decrease in agricultural production and expected food supply, leading to an increased food prices, and consequently at the end of the chain, to deprivation for the most vulnerable people.

Despite some improvements at the global level, food insecurity remains a major challenge, particularly in low income countries. Progress has been uneven and too slow. However, some

geographical areas, like South-East Asia, have witnessed positive results in food security.

At a global level, the proportion of people suffering from hunger diminished from 20% to 16% between 1990 and 2008. Yet, absolute numbers have increased by 10% since 1990-1992. The proportion of under-weight children under 5 years old in the developing world decreased from 31% to 26% between 1990 and 2008²².

The solutions to end hunger must be found in the immediate time frame, while recognizing the sustainable benefits of medium and long term investments. To tackle food security, the G8 supports a comprehensive approach, including the value chain approach, to foster sustainable agricultural production and productivity as it is estimated that global population increases will require a 70% increase in food production by 2050²³.

In addition, effective food security actions in sustainable agricultural development must be coupled with adaptation and mitigation measures in relation to climate change, sustainable management of water, land, soil and other natural resources, including the protection of biodiversity.

Food security is a global issue for which both developed and developing countries have shared responsibilities. For example, reducing post-harvest losses, discards and waste is a shared responsibility of all countries.

Although the challenges are considerable, the G8 is convinced that sustained efforts by all partners will lead to positive food security results. Improvements in agricultural productivity have

21. http://www.g8italia2009.it/static/G8_Allegato/LAquila_Joint_Statement_on_Global_Food_Security%5B1%5D,0.pdf

22. Source MDG report 210 : www.un.org/fr/millenniumgoals/pdf/report2010.pdf

23. Source FAO - How to Feed the World in 2050 – High Level Expert Forum. 12-13 October 2009 <http://www.fao.org/wsfs/forum2050/wsfs-background-documents/issues-briefs/en/>

to be complemented with a multi-sectoral and multilevel approach to rural development to increase access to food.

G8's approach

To address global food security, the G8 heads of State and Government, gathered during the 2009 G8 Summit in L'Aquila together with 19 other countries and 15 international bodies²⁴ approved the L'Aquila Joint Statement on Global Food Security, and launched the L'Aquila Food Security Initiative (AFSI). AFSI is an open and inclusive process. The Statement asserted five key principles that were subsequently adopted at the Rome World Food Summit in November 2009. Now, known, as the Rome Principles, these principles constitute the foundation for collective, global action on agricultural development and food security.

AFSI commitments provide a structured response for the global challenges posed by food security, on the basis of agreed principles, later incorporated in the World Summit on Food Security held in Rome on November 16th–18th 2009.

To reverse the decline in agricultural investment observed in recent years, and to respond to the impacts of the 2008 food crisis. AFSI partners

committed in L'Aquila to mobilize more than \$20 billion over a three-year period for a sustainable agricultural development. The G8's pledge represents more than 85% of the total pledge by AFSI partners.

AFSI partners committed to improving their coordination and alignment with country-led and regional agriculture and rural development programmes in order to strengthen the effectiveness of food security interventions on the ground.

To improve strategic coordination and governance at all levels, AFSI partners committed to actively supporting ongoing reforms in the FAO Committee on World Food Security (CFS) and the Consultative Group for International Agricultural Research (CGIAR), and also to advance to the Global Partnership for Agriculture, Food Security and Nutrition.

In addition to a strong financial commitment, AFSI partners committed to reducing hunger and poverty by changing the way they do business and adopting a range of commitments related to policy and governance aligned with well-developed country investments plans based on partnership with food insecure countries, supporting innovation and modernizing multilateral capabilities with the aim of ensuring an efficient response from multilateral institutions on global food security. The

5 principles of the World Food Summit

Principle 1: invest in country-owned plans, aimed at channelling resources to well designed and results-based programmes and partnerships.

Principle 2: foster strategic coordination at national, regional and global level to improve governance, promote better allocation of resources, avoid duplication of efforts and identify response-gaps.

Principle 3: strive for a comprehensive twin-track approach to food security that consists of: 1) direct action to immediately tackle hunger for the most vulnerable and 2) medium and long-term sustainable agricultural, food security, nutrition and rural development programmes to eliminate the root causes of hunger and poverty, including through the progressive realization of the right to adequate food.

Principle 4: ensure a strong role for the multilateral system by sustained improvements in efficiency, responsiveness, coordination and effectiveness of multilateral institutions.

Principle 5: ensure sustained and substantial commitment by all partners to investment in agriculture and food security and nutrition, with provision of necessary resources in a timely and reliable fashion, aimed at multi-year plans and programmes.

http://www.fao.org/fileadmin/templates/wsfs/Summit/Docs/Final_Declaration/WSFS09_Declaration.pdf

24. Others non-G8 AFSI members are: Algeria, Angola, Australia, Brazil, Denmark, Egypt, Ethiopia, India, Indonesia, Presidency of the African Union, Mexico, Netherlands, Nigeria, People's Republic of China, Republic of Korea, Senegal, Spain, South Africa, Turkey, Commission of the African Union, FAO, IEA, IFAD, ILO, IMF, OECD, the Secretary General's UN High Level Task Force on the Global Food Security Crisis, WFP, the World Bank, WTO, the Alliance for a Green Revolution in Africa (AGRA), Bioversity/Consultative Group on International Agricultural Research (CGIAR), Global Donor Platform for Rural Development, Global Forum on Agricultural Research (GFAR).

G8 is supportive of a comprehensive approach, tackling all relevant determinants for food security.

AFSI partners also renewed their commitment to leveraging the benefits of the multilateral system, with the aim of ensuring an effective response from multilateral institutions on global food security. This common understanding on pathways to eradicate hunger was endorsed at the 2009 World Summit on Food Security.

In the light of the wide range of non-financial commitments taken by AFSI members, to illustrate the comprehensive approach and the promotion of a strong multilateral response on food security, this report also focuses on (i) **support to smallholder farmers**, including through **public-private partnerships**, as well as on (ii) **innovation and research**.

1. Reversing the decline in investment

According to *Measuring Aid in Agriculture*, an OECD publication, since the mid 1980s, the share of aid to agriculture in DAC members' aid programmes has declined even more sharply: from 17% in the late 1980s to 6% in recent years²⁵. Over the period 2003-08, aid flows to agriculture primarily targeted sub-Saharan Africa (31%) and South and Central Asia (22%). Least developed countries and other low income countries received more than half of total aid to agriculture. Recent trends indicate an upward trend: over the period 2003-08, bilateral aid to agriculture increased at an average annual rate of 13% in real terms.

European Union Institutions – In December 2010, following its Mid-term Review, the Food Security Thematic Programme (FSTP) was updated and a new Multiannual Indicative Programme for 2011-2013 was adopted with an overall budget of €750 million. Over the next three years, the FSTP will focus on three main priorities: (i) research, technology transfer and innovation to enhance food security; (ii) strengthened governance approaches for food security; and (iii) addressing food security for the poor and vulnerable in fragile situations.

http://ec.europa.eu/europeaid/how/finance/dci/food_en.htm

In the Muskoka 2010 Accountability Report *Assessing action and results against development-related commitments*²⁶, the G8 and other AFSI donors provided indicative details of their pledges (period, multilateral or bilateral distribution channel, sector), to ensure a thorough transparent presentation of plans to implement the financial commitments made in L'Aquila.

Based on this first work, the G8 now provides for the first time a detailed report on the implementation of commitments and disbursements of AFSI pledges. Tracking of disbursement and allocation of AFSI financial pledges was performed in partnership with the OECD which has undertaken to use a consistent, robust and accurate reporting system on AFSI financial commitments, based on AFSI members self-reported data.

United Kingdom – \$1.7 billion pledge by the UK to support food security and agriculture. An example of good targeting of this funding is support of £20 million over 4 years (2007/11) for the increase in agricultural production and the development of Malawi's fertilizer, seed and maize markets. In 2010/11 over 2 million people have already been provided with high yielding maize and legume seeds through this support.

AFSI pledging countries—including all G8 countries—have different pledge periods. Some committed for 2009-2011, others for 2010-2012.

25. Source : OECD publication - *Measuring Aid to Agriculture* - <http://www.oecd.org/dataoecd/54/38/44116307.pdf>

26. http://www.canadainternational.gc.ca/g8/about-apropos/accountability-index-responsabilites.aspx?lang=eng&menu_id=92

Some used calendar years; others relied on specific fiscal years with a lag compared to calendar years. The scope, as well as the components of the pledges also vary among donors. This makes the process of tracking disbursements and the comparison between countries challenging.

Substantial efforts have been made to provide data on disbursements, implementation of commitments and allocation to date. AFSI donors, including G8 members, are making some progress in fulfilling AFSI financial pledges.

Though progress has been uneven, the G8 expects that the totality of the pledges will be disbursed or allocated at the end of the AFSI period. Based on the reporting provided by AFSI pledging countries, around half of the pledges are formally in the process of being disbursed or have already been disbursed for specific purposes, since the L'Aquila Summit. Twenty-two percent of this amount was already disbursed, while an additional 26% is firmly on track to be disbursed.

The implementation of the pledges made by AFSI group members, along with recipient countries own investments, will contribute to reversing the decline in investment in agriculture for the AFSI pledge period.

Italy – \$27.85 million were mobilized by the Italian Cooperation in favour of the National Solidarity Programme to reinforce the capacity of Afghan communities to identify, plan, manage and monitor their own development projects. The living conditions of rural communities in 7 Afghan provinces were improved and the local government structure consolidated. 900,000 beneficiaries of 879 rural communities received financial and technical assistance through the implementation of 1,188 micro-projects on infrastructural interventions in sectors such as water supply and sanitation, transport, irrigation, power generation, maintenance, education, rural development and livelihood.

AFSI partners remain committed to disbursing their commitment in full by the end of their respective pledging periods. Fulfilment of this commitment by AFSI group members will significantly contribute to increase investment in agriculture for the AFSI pledge period.

Japan has contributed to the Coalition for African Rice Development (CARD), aiming at doubling rice production in African countries over ten years by 2018, and aligning with the CAADP process. Since the CARD initiative was launched, 14 countries have developed their own National Rice Development Strategies (NRDS). Japan has implemented 31 projects in total (29 technical cooperation, 1 grant aid, 1 loan assistance) in regard to CARD.

<http://www.riceforafrica.org>

It is worth noting that the support to agriculture, agro-industry, forestry and fisheries is the DAC sector where most of the financial pledges have been committed or disbursed. The G8 is happy to report that sustainable agricultural development, especially for food production, is indeed a priority for AFSI partners.

The Global Agriculture and Food Security Programme (GAFSP) is an inclusive and results-based multilateral mechanism designed to provide long term financing to low-income countries that have demonstrated a national commitment to agricultural development. In less than a year, the fund has attracted nearly \$1 billion in commitments and allocated \$337 million to 8 countries to support the national agriculture investment plans in Bangladesh, Ethiopia, Haiti, Mongolia, Niger, Rwanda, Sierra Leone and Togo. As of 30 September 2010, **Canada** and the **United States** have provided respectively \$230 million and \$66.6 million to the GAFSP, which represents more than 65% of overall GAFSP contributions.

The fund fully reflects the Paris Declaration and Rome Principles by pooling and aligning donor resources behind country-owned food security plans. Recipient countries and contributing members have an equal voice in the GAFSP's Steering Committee, while civil society also fully participates in Steering Committee discussions. Further contributing to the GAFSP's efforts to achieve strong accountability and transparency, the GAFSP has developed a strong results framework that is committed to rigorously tracking outcomes through in-depth impact evaluations.

<http://www.gafspfund.org>

In any event, an exhaustive and accurate assessment of AFSI will only be possible at the end of pledge period, after 2012.

France – The Office du Niger is one of the few places in Mali where economic opportunities lead to poverty reduction and the promotion of fair and sustainable growth. Traditional partners of the Office du Niger (Netherlands, France, Germany, USA, Canada, World Bank, European Union Institutions, BOAD, AfDB, UEMOA), have linked their support and interventions to consolidate the institutional changes in the Office. Since 2005, the French Development Agency (AFD) has financed a total of €25 million with the aim of increasing agricultural production in the area, thanks to the setting up of public water infrastructure. Annual production of paddy reached 600 to 700,000 tonnes, 50% of national production in Mali. Since 1980, the cultivated areas increased by 80% and yield by 200%.

<http://www.afd.fr/jahia/Jahia/home/Qui-Sommes-Nous/Filiales-et-reseau/reseau/pid/1105>

Convinced that follow-up of commitments is crucial but not limited to financial accountability; the AFSI – in which the G8 plays a leadership role in driving forward the process – has also taken initiatives to go beyond a quantitative approach based only on the implementation of budget commitments. To give more value for money, the G8 supports a results-based approach.

Promoting a more comprehensive approach to food security assistance, **Russia** launched the Social Feeding Programme in the Eurasia Region to strengthen and adapt the national policy of social feeding (schools, hospitals, etc.) to the current situation and to ensure quality of nutrition. It aims to mitigate the impact of the economic and social crisis on vulnerable households by ensuring nutrition and improving the access to education, health care, etc. Currently implemented in cooperation with the WFP, the pilot project in Armenia provides nutritionally balanced meals for 50,000 primary schoolchildren in the most vulnerable and food-insecure districts and supports the development of a sustainable and affordable national school feeding policy and programme embedded in national priorities and budgets. Russia is determined to launch Social Feeding Programmes in Kyrgyzstan and Tadjikistan starting in 2011-2012.

AFSI partners are working on “Management for Development Results” in the field of food security, in order to improve effectiveness and efficiency on the delivery on the L’Aquila commitment. The AFSI should continuously be used to provoke creative ideas in order to improve food security. A working group was initiated by Germany and tasked with developing a proposal that outlines a process to allow the AFSI group to pursue two key objectives: collective-results oriented reporting on its members’ and partners countries achievement (based on both financial, and non-financial efforts), and promoting the principles and methodologies of results-based management and aid effectiveness more broadly. This will form the basis of ongoing work to be done by the AFSI in 2012.

At L’Aquila, **Germany** committed a total of \$3 billion to rural development, agriculture and food security between 2010 and 2012. About 90% of this investment will be channelled through bilateral cooperation programmes with partner countries in Africa, Asia and Latin America. In 2010, a legally binding commitment of about \$300 million (\$911 million in total) has been made to five African countries: Congo (DR), Cameroon, Uganda, Kenya and Benin. To put food security on a sustainable basis, a broad-based rural development is of paramount importance. Germany builds its cooperation programmes in rural development on four cornerstones: strengthening of rural economy and agriculture; sustainable management of natural resources; provision of social services and technical infrastructure; and improvement of the political and legal framework.

Implementation of Commitments and Disbursements (in millions of dollars)

Country Commitments = C ¹ Disbursements = D ²	Period of reference	ODA Pledge		Period covered	Indicative Breakdown by Channel/Sector										Total									
		Total	Additional		Multilateral Channel		Bilateral Channel						with the main purpose of improving food security											
					Voluntary Core	Earmarked and Trust Funds	Agriculture, Agro- Industries, Forestry, Fishing (311, 312, 313)	Nutrition (12240)	Development food aid/ food security assistance (520)	Transport & storage (210)	Safety nets (i.e. social welfare services) (16010)	Rural development (43040)	Other (specify)											
Australia	C	Fiscal 2009/10 to 2012/13	360	360	FY2010/11	20		10																42
	D				FY2009/10	8		4																31
Canada	D	Fiscal 2008/2009 to 2010/11	1,034	526	FY 2008-2009 to 2010-2011	160	285	474																919
European Union Institution	C	2010-2012	3,800	742	2010	25		805																2,020
France	C	2009-2011	2,161	365	2009-10	28	14	839																1,337
	D				2009	14	14	387.51																606.23
Germany	C	2010-2012	3,000	1,000	2010	95		228.4																919.6
Italy	D	2009-2012	428	180	2009-2010	121.7	39.8	65.9																349.1
Japan	C	2010-2012	3,000	600	2010			530																1,000
Netherlands	C	2009-2011	2,000	139	2010	271	37	290																1,501
	D				2009-2010	32	158	3																238
Russia	D	2009-2011	330	139	2009-2010	20	133	1																199
Spain	D	2009-2011	696	696	2009-2010		641																	641
Sweden	D	2010-2012	522	14	2010	60																		60
United Kingdom	D	Fiscal 2009/10-2011/12	1,718	312	FY 2009-10	117.9	74.2	181.4																509
United States	C	Fiscal 10/2009-09/2012	3,500	1,751	FY 2010		66.6	1,304.7																1,385
	D				FY 2010		66.6	6.8																73.4

1. A commitment is made by a government or official agency, backed by the appropriation or availability of the necessary funds, to provide resources of a specified amount under specified financial terms and conditions and for specified purposes for the benefit of a recipient country or a multilateral agency.

2. A disbursement takes place when the funds are actually spent against a committed budget amount. For further guidance the OECD DAC glossary defines a disbursement as: The release of funds to or the purchase of goods or services for a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost of the donor.

Australia: Australia's reportable figure against the L'Aquila pledge amount is 17% of total Australian expenditure on food security and rural development in calendar 2009 (AU\$197 million) and 15% of the total in calendar 2010 (AU\$333 million). Pledge figures are collected and reported under the Australian budget system by financial year (from July to June). Note in particular that Australia's contribution to the GAFSP is over and above its L'Aquila commitment. We are advised that it is not reportable on this table as not part of the original pledge.

Due to exchange rate movement, the USD value of Australia 2010 expenditure is under reported (calculations are based on exchange rates at the time of the pledge). The AUD increased in value by 17% from the 2009 USD exchange rate of 1.28 to an actual 2010 average of 1.09.

'Other' is primarily AusAID departmental expenditure required to deliver the Food Security through Rural Development Budget Measure (i.e. the L'Aquila pledge amount)

Australia's L'Aquila pledge commitments are budgeted as follows (converted to US\$, using 2009 rates) 2009-10: 30 million; 2010-2011: 41 million; 2011-2012: 113 million. The conclusion is that Australia is tracking against its pledge and its planning.

Canada: Canada's L'Aquila pledge is focussed on disbursements for Agricultural Development for the period covered by fiscal year 2008-09 to 2010-11. Canada's pledge figures are reported on a fiscal year basis, which runs from April to March. The figures presented in the table include only partial disbursement amounts for fiscal year 2010-11, as at the time the table was prepared, the 2010-11 fiscal year was not yet complete.

France

France's international development assistance for food security is primarily delivered through:

- the French Agency for Development (AFD) for implementation of bilateral aid;
- the French research centres (CIRAD, INRA and IRD) for research related activities;
- the Ministries of Agriculture, Finance and Foreign and European Affairs for support to international organizations and multilateral development banks.

The French Food Security Strategy is articulated around the implementation of the three pillars of the Global Partnership for Agriculture, Food Security and Nutrition launched in 2008:

- the voluntary core' funding integrates these following contributions: World Organization for Animal Health, International Fund for Agricultural Development, High Level Task Force on Food Security, CGRAI;
- the trust fund' support includes these following contributions: FAO, CAADP and, PAM;
- the figure is the 'Other (specify) with the main purpose to improve "food security" row comprising:
 - CRS Code 14020, CRS Code 24040 CRS Code 23040, CRS Code 24030,
 - Technical Assistance, Specific support to NGO's.

Germany: data on bilateral aid channels is on a commitments basis (except for development food aid). The 'other' category includes social services and rural infrastructure, rural business and finance, resource management and governance.

Italy

- 1 Total figures reported in this table include 2010 data, which is preliminary. Collection of information from Italian institutions other than the Ministry of Foreign Affairs and the Ministry of Economy is still under way.
- 2 The voluntary core figures related to the multilateral channel take into consideration the Italian contributions to the WFP, IFAD, FAO, CGIAR, CIHEAM, CIHEAM-IAM, UNICEF (pro quota of the voluntary contribution allocated for food security activities).
- 3 Contributions to bilateral sector «Transport & Storage (210)» include only those AFSI related while figures reported under «Other» sector are only for 2009 (2010 not yet available) both commitments and disbursements. «Other» sector figures include 30% of the overall financial resources in the sector of water (140) and environment (410) and 50% of the overall contributions in favour of demining activities.

Japan: the pledge covers the period 2010 - 2012. Data is based on commitments. The 2010 data is provisional.

Sweden: total includes bilateral disbursements of \$88 million, where the sectoral breakdown is not yet available. Data does not cover, e.g. approximately \$30 million emergency assistance (not counted in the L'Aquila pledge), e.g. via the WFP.

United Kingdom: the ‘additional’ amount specified in the pledge was an estimate of projected spend, above a baseline figure. Multilateral spend figures are provisional and based on % spend on Food Security and Agriculture through key multilaterals. The “Voluntary Core” figure includes World Bank, ArDF, AsDF, FAO, IFAD, CGIAR, and UN Agencies. The “Earmarked” figure includes contributions to the EC.

United States

- 1 L’Aquila Pledge levels are subject to US Congressional authorization and appropriations. Due to US Congressional appropriations cycle-FY2010 funds in support of the L’Aquila Pledge did not become available until mid- 2010.
- 2 All data reflects Fiscal Year 2010 resources (as of 18 February 2011) in support of the USG L’Aquila Pledge. Programmes included in these totals will directly impact the goals, objectives and indicators of the Feed the Future. These funds are a subset of overall USG official development assistance in agriculture that is reported through the routine OECD/DAC processes.
- 3 During FY2010 27 countries/regions presented country investment plans (CIPs) for external review, with a majority of these countries submitting funding proposals to the Global Agriculture and Food Security Program (GAFSP). The USG is responding to this opportunity with focused investments that support a limited number of CIPs. While each CIP’s timetable for design, implementation and funding schedule will vary, USG disbursements will increase rapidly as activities reach implementation stage.
- 4 Although nutrition is an integral part of our Feed the Future strategy, and commitments totalled \$66.8 million in FY 2010, we are not counting these funds toward our L’Aquila Pledge per previous submissions.
- 5 The US provides significant resources for both emergency and non-emergency food aid; including \$769 million in the DAC category of development food aid in FY 2010; however these programmes are not included in our L’Aquila Pledge.

Russia: Russian Pledges covers the period of 2009-2011. Russian support through earmarked trust funds and programmes included WFP, World Bank (Food Price Crisis, Rapid Response, ICDO, Russia’s voluntary core includes FAO, CGIAR). Bilateral aid includes agricultural policy and administration management mostly goes through the Eurasian for Food Security.

2. Supporting regional and country-led plans in support of responsible agricultural development and food security

As defined in the Paris Declaration, the G8 supports the different principles of aid effectiveness. The Aid Effectiveness Principles are particularly challenging to apply in the context of food security, yet they constitute a cornerstone of the L’Aquila Food Security Initiative. These principles are key to addressing the G8 concerns to avoid creating any overlapping or counter-productive measures while supporting food security.

G8 members have made progress in aligning existing and new programs with recipient country agriculture and food security development plans. This country level coordination contributes to the Aid Effectiveness Principles.

For example, several G8 members including the US, Canada, Japan, France and the European Union Institutions have pledged to support Ethiopia’s Policy Investment Framework (PIF) - its food security investment plan. Under Ethiopia’s leadership of the Rural Economic Development and Food Security working group, and fully aligned with the PIF, donors have an appropriate division of labour that illustrates the Rome Principles. This strategic coordination, G8 members aligning new and existing programmes with country-led plans, is happening in many countries including Bangladesh, Haiti, Ghana and Rwanda.

The G8 supports country - and region-led initiatives to improve food security, more particularly

through the Comprehensive Africa Agriculture Development Programme (CAADP²⁷) and its four main pillars: Sustainable Land and Water Management, Market Access, Food Supply and Hunger, and 'Agricultural Research'. The CAADP is the agricultural programme of the New Partnership for Africa's Development (NEPAD), within the institutional framework of the African Union.

The G8 supports the CAADP, through the Multi-Donor Trust Fund (MDTF), African agricultural institutions at the national, regional, and continental levels are being strengthened to lead, plan, and implement agricultural development and investment programmes through access to: technical guidance, policy and financial support. In addition, the G8 members advance the CAADP through their support of the Strategic Analysis and Knowledge Support System (SAKSS). The SAKSS has compiled, analyzed, and disseminated data, information and tools to help inform the design, implementation, monitoring, and evaluation of CAADP compacts and investment plans.

Since 2008, **Italy** has been funding, through the FAO, the "Food Security through Commercialization of Agriculture (FSCA)" programme in West Africa (Guinea Bissau, Guinea, Gambia, Liberia, Mali, Senegal, and Sierra Leone), with a budget of \$21.3 million. Canada has contributed C\$3 million to support this programme in Senegal. It has been designed in the framework of NEPAD process and CAADP mid-term investment plans.

The programme aims to foster the competitiveness and the modernization of agriculture. In 2011, the main results of the first tripartite review in Senegal and Guinea Bissau highlighted were: the starting up of adding value activities and marketing opportunities, the strengthened productive and managerial roles of farmers' organizations including women organizations, and the involvement of local authorities to create a conducive environment, while supporting partnerships between public and private sectors.

The United Kingdom supports the implementation of the Comprehensive Africa Agriculture Development Programme (CAADP) of the New Partnership for Africa's Development (NEPAD) through a £10 million grant to a multidonor trust fund with the World Bank.

Germany cooperates with the African Union and the NEPAD Secretariat to strengthen the agricultural sector at the continental, regional and national level through specific capacity development measures and networking for better knowledge management between countries including the Regional Economic Communities. An expected specific outcome of Germany's cooperation at this level is the capacity development for result-based management for informed decision making in agricultural and rural development aiming at food security.

The CAADP focuses on improving food security, nutrition, and increasing incomes in Africa's largely farming based economies. Overall, the CAADP's goal is to eliminate hunger and reduce poverty through agriculture. The CAADP aims to help African countries reach a higher path of economic growth through agriculture-led development. It aims to do this by raising agricultural productivity by at least 6% per year and increasing public investment in agriculture to 10% of national budgets per year. The CAADP consists of bringing together different key players - at the continental, regional and national levels—to improve co-ordination, to share knowledge, successes and failures, to encourage one another, and to promote joint and separate efforts to achieve the CAADP goals.

To date, 30 countries have engaged in the CAADP processes, 24 Country Compacts have been signed 19 Country Investment Plans developed and 13 Business Meetings held. Regionally, the Economic Community of West African States (ECOWAS) has a compact and investment plan developed, while the Common Market for Eastern and Southern Africa (COMESA) and the Southern African Development Community (SADC) are currently drafting compacts. The Economic Community of Central African States (ECCAS) will launch its regional compact development process this year.

27. <http://www.nepad-caadp.net/>

At the continental and sub-regional level, **Canada** concentrates most of its support under CAADP's pillar IV, Agricultural Research, with contributions to the Forum for Agricultural Research in Africa (FARA), the Association for Strengthening Agricultural Research in Eastern and Central Africa (ASARECA) and the West and Central African Council for Agricultural Research and Development (WECARD). At the country-level, Canada brings technical assistance and financial support for the implementation of national investment plans in African countries where it focuses a significant part of its assistance on agriculture and food security.

The G8 strongly supports this type of Africa-led initiative. For this reason, the AFSI group held a meeting in Africa (3-5 December in Addis-Ababa, Ethiopia). The AFSI group plans to hold a second meeting in Africa during the 3rd quarter of 2011. Additionally, G8 members under the auspices of the CAADP Task Team, have agreed to the following work streams for 2011:

- improving the quality of national and regional investment plans and programme development;
- promoting and expanding private sector and non-state actor engagement;
- strengthening the capacity of African organizations; and;
- strengthening the systems for monitoring, evaluation, and mutual accountability.

This work stream will feed into AFSI meetings in 2011 and 2012.

At regional level, the **European Union Institutions** supports the development and implementation of food security policies and strategies and the work of the key organisations and platforms involved. In Africa, these latter include organizations involved in the **Comprehensive Africa Agriculture Development Programme** (CAADP) such as the African Union Commission (AUC), the New Partnership for Africa's Development (NEPAD), the Planning and Coordination Agency (NPCA), the various Regional Economic Communities and thematic organizations such as the Forum for Agricultural Research in Africa (FARA). The European Commission also supports the strengthening of farmers' organizations and their participation in CAADP processes.

Japan – The first APEC Ministerial Meeting on Food Security was held in October 2010 in Niigata, Japan, under the chairmanship of the Minister of Agriculture, Forestry and Fisheries of Japan. The ministers agreed that APEC economies would collectively pursue the shared goals of (1) sustainable development of the agricultural sector, and (2) facilitation of investment, trade and markets, which includes, in particular, the support for responsible agricultural investment. Ministers also endorsed an APEC Action Plan on Food Security, which identifies specific activities to be implemented by APEC economies to strengthen regional food security²⁸.

A mapping exercise was launched with the SUN (Scale-Up Nutrition) platform in order to improve coordination among donors funding programmes in the area of nutrition and increase alignment with the countries and regions facing a heavy nutrition burden. The SUN process is supported by a range of stakeholders including the USA, the UK, Canada, the EU Institutions, France and Japan. Within the framework of the SUN movement, donors also agreed to strengthen their coordination and harmonization in support of country-led efforts to tackle undernutrition. A matrix of outcomes has been developed to monitor progress.

28. http://www.apec.org/en/Groups/Other-Groups/~link.aspx?_id=9105CAEECE704E28BAFFB2CFA9E657DD&_z=z.

At the September 2010 MDG Summit, **US Secretary of State Clinton** and then-Irish Foreign Minister Micheál Martin launched the 1,000 Days Advocacy Initiative to draw international attention to the 1,000 day window of opportunity for nutrition from pregnancy through to age 2. During this time, adequate nutrition has the greatest impact on saving lives, and on a child's cognitive and physical development. Endorsed by more than a dozen ministers and heads of organizations, this initiative also challenges nations to improve their people's nutritional status within one thousand days – i.e. between the September 2010 MDG Summit and June 2013. It also supports the SUN Movement that focuses attention, aligns and increases resources, and builds partnerships to reduce maternal and child undernutrition worldwide. By building support and resources at the global level and through efforts involving governments, donors, civil society, and other stakeholders, both SUN and 1,000 Days increase nutrition planning and implementation at the country level.

The US partnered with Germany, UK, and other CAADP partners to support NEPAD in organizing a series of regional workshops that focus on common investment areas. The first workshops, held in East and West Africa in October and November 2010, focused on value chains approaches and included representation from government, donors, civil society and the private sector. A series of follow-on workshops are being designed to focus on chronic vulnerability and nutrition and climate change and natural resource management. The aim of these workshops is to translate commitments into action and bring an evidence-based approach to programme design.

3. Supporting strategic coordination on food security, including through reform of the international agriculture, food security, and nutrition architecture

At the global level, the G8 has promoted food security governance by supporting the reform of the Committee on World Food Security²⁹, so that it can serve as a forum to reinforce coordination and enhance coherence of policies on food security. The CFS will become the central body for the Global Partnership for Agriculture, Food Security and Nutrition.

The CFS and its governing bodies constitute an important political platform for the discussion of and overall guidance on strategies, guidelines and policy action on food security including through the analysis of best practices. The reforms of 2009 were designed to redefine the CFS vision and role - to focus on the key challenges of eradicating hunger. A fundamental role of the Committee is to promote coordination and policy coherence at all levels. In 2010, the CFS hosted its first session since undergoing reform, and members noted its progress on becoming a more relevant body that is responsive to the membership and includes participation on an equitable basis of all the three Rome-based agencies [Food and Agriculture Organization (FAO), International Fund for Agricultural Development (IFAD), World Food Programme (WFP)].

AFSI partners played a key role in the identification of priority issues for future work in the CFS and other international fora. Given the importance of land tenure and international investment in agriculture for food security and nutrition, the CFS is paying particular attention to these aspects by launching consultations and work pilot process on these principles, working with the FAO, World Bank and other agencies. Food price volatility and ways to curb this phenomenon are of immediate concern. In the CFS, it is one of the current topics being addressed by the High Level Panel of Experts

29. <http://www.fao.org/cfs/en/>

(HLPE) which was created in October 2010 as an essential element of the reform of the CFS, and as the scientific and knowledge-based partner in the Global Partnership for Agriculture, Food Security and Nutrition.

The purpose of the HLPE is to improve the robustness, continuity and cohesion of policy making by providing the CFS with independent and comprehensive advice. The HLPE aims to: (i) analyze the current state of food security and nutrition and its underlying causes, (ii) provide the latest scientific and knowledge-based analysis and advice on specific policy-relevant issues; and (iii) identify emerging issues, and help members prioritize actions in key areas.

G8 members promote a stronger role for the UN Standing Committee on Nutrition (SCN), a forum for collaboration with UN agencies (WFP, UNICEF, WHO and FAO), bilateral partners and civil society. To strengthen inter-agency coordination, the Standing Committee on Nutrition (SCN) was invited to be part of the CFS Advisory Group. The Food Aid Committee³⁰ (FAC) also launched in December 2010 is an important reform of the Food Aid Convention that should be allowed to make a meaningful contribution to the international community in the fight against hunger and malnutrition.

model designed to improve its delivery of research results in a rapidly changing external environment: a more results-oriented research agenda, strengthened partnerships, clearer accountability across the CGIAR, streamlined governance and programmes. The aim is to achieve greater impact of research through collective action across CGIAR Centres and with external partners leading to better donor harmonization, focus and prioritization through a new Global Donor Fund.

CGIAR reform has led to a global consortium now based in Montpellier (France). This consortium is in charge of a portfolio of global research programmes, the CRPs (CGIAR Research Programmes) defined through an inclusive approach and led by the 15 research centres of the CGIAR.

Investment in the CGIAR and its network of research centres will support their objectives to reduce poverty and hunger, improve human health and nutrition, and enhance ecosystem resilience through high-quality international agricultural research, partnership and leadership. Return on these kinds of investments may help to improve the yield of arable lands, and implement solutions addressing climate change consequences. For every \$1 invested in the CGIAR research, \$9 worth of additional food is produced in developing countries, where it is needed most³².

4. Specific commitments made in L'Aquila

4.1 Research and Innovation

The G8 is involved in the field of research and innovation, and in supporting the reform of the multilateral research system. Support to innovation and agricultural research for development represents crucial milestones in order to address new and complex challenges to sustainable agricultural development.

In December 2009, the CGIAR's (Consultative Group on International Agricultural Research³¹) funders and the CGIAR's stakeholders, including the G8 members, adopted a new institutional

30. <http://www.foodaidconvention.org/en/index/aboutthefac.aspx>

31. <http://www.cgiar.org/>

32. Source: R. E. Evenson and D. Gollin (eds), *Crop Variety Improvement and its Effect on Productivity – The Impact of Agricultural Research*, CABI Publishing, UK.

Funding to the CGIAR Research (in millions of current dollars)

Country	2005	2006	2007	2008	2009	2005-2009
United States	54.8	60.7	59.5	58	78.9	311.9
United Kingdom	44.2	44.1	44.6	45.4	41.6	219.9
France	5	7.1	4.2	8.1	5.3	29.7
Italy	7.5	4.8	6.6	7.6	6.3	32.8
Germany	15.4	15.3	15.7	19.3	23.8	89.5
Japan	10.9	9.1	8.9	12.3	16.1	57.3
European Union Institutions	30.6	6.6	62.4	32.6	40.7	172.9
Canada	30.31	26.99	31.1	34.1	42.4	164.9
TOTAL G8	198.71	174.69	233	217.4	255.1	1,078.9
TOTAL contributions	450	426	495	531	606	2,508

Source 2009 CGIAR Full Financial Report.

The CGIAR's funders include developing and developed countries, but also foundations, international and regional organizations. Between 2006 and 2009, the G8's members' contribution represented more than **\$1 billion**.

At a practical level, the CGIAR supports activities developed by its 15 research Centers, in close collaboration with hundreds of partner organizations, including national and regional research institutes, civil society organizations, academia, and the private sector.

Thanks to the CGIAR's collaborative research, new crop varieties, knowledge and other research products resulting are made, as a global public good, widely available to individuals and organizations working for sustainable agricultural development and poverty reduction throughout the world. The CGIAR also contributes to solve the problems such as micronutrient deficiencies, water scarcity, and climate change.

Germany has continuously supported the 15 international agricultural research centres of the Consultative Group on International Agricultural Research (CGIAR) since their inception in the early 1970s. Germany in particular gave political and financial support to the CGIAR reform process started in December 2007, aimed at involving new partners and improving the uptake of research results in the agricultural system.

Russia jointly with the CGIAR and the World Bank is undertaking a Russian Agricultural Development Aid Cooperation initiative aimed at improving food security in the Eurasian region and globally, to enhance environmental sustainability of agricultural production, in particular in response to climate change and food price volatility. This new initiative is implementing through support collaborative research programmes focused on the Central Asia region by contributing to the CGIAR Fund and Establishment of the Eurasian Center for Food Security (ECFS). Contribution to the CGIAR equals \$15 million for the period of 2010-2014 for the Collaborative Research & Capacity Building Programme for the Development of Sustainable and Resilient Agricultural Production Systems in Central Asia under the Conditions of a Changing Climate.

It is estimated that without public investment in international agricultural research through the CGIAR, global agricultural production would be 4-5% lower, the developing countries would produce 7-8% less food, global food and feed grain prices would be 18-21% higher, and 13-15 million more children would be malnourished³³.

CGIAR impacts

As a result of crop improvement research within and beyond the CGIAR 65% of the total area planted to the world's 10 most important crops is sown to improved varieties. The estimated rates of return on the CGIAR's investment in all crop improvement research range from 39% in Latin America to more than 100% in Asia and in the Middle East and North Africa.

Every two years, the CGIAR launches a Global Conference on Agricultural Research for Development (GCARD) which aims to provide a forum to engage stakeholders so that the CGAIR can avail itself of CGARD recommendations,

including the identification of opportunities for partnership and demand driven research for development. The first GCARD was held in March 2010 in Montpellier (France). This first global Conference contributed to defining the first set of CGIAR Research Programmes.

Currently, the GFAR (Global Forum on Agricultural Research) is working with the CGIAR to coordinate this meeting. The GFAR is a facilitating platform for agricultural research for development (ARD) in the world and involves a wide range of stakeholders (including farmers' organizations and civil society organizations), in enabling discussion to define a global agenda for ARD.

The next GCARD will be held in 2012. Intense preliminary discussions have been held within and amongst a wide range of stakeholders during the G8, the G20 and the *ad hoc* AFSI follow up process, in order to prepare for this forthcoming event, which will be crucial for new global initiatives

In Uganda, **Japan** has provided facilities and equipment including agricultural machinery to the National Crops Resources Research Institute. The institute serves as the research and training centre for development of New Rice for Africa (NERICA) through the Project for Construction of Rice Research and Training Center. It is expected that Japan's support could improve the quality of rice cultivation research and training, help foster human resources, promote rice cultivation in Uganda, and ultimately contribute to improving rice productivity.

In 2010 the **United States** launched a new strategy for investment in agricultural research that emphasizes a new paradigm of sustainable intensification to catalyze agriculture-led economic growth. The strategy will be guided by three themes: advancing the productivity frontier, transforming production systems, and enhancing food safety and nutrition. In implementing the research strategy the US will link with national priorities, build human and institutional capacities, strengthen partnerships with US and non-US universities, the private sector and national and international research institutions, and ensure accountability.

33. *The impacts of CGIAR research: A review of recent evidence*. Food Policy, Volume 35, Issue 5, October 2010, Pages 391-402, Mitch Renkow and Derek Byerlee.

4.2 Support smallholder farmers, including through engagement with the private sector

Most of the poor and hungry in the world live in rural areas where agriculture – including crops, livestock, fisheries and forestry – form the main economic activity. Small-scale farming is dominant: about 85% of farmers in developing countries produce on less than 2 hectares of land. Mixed crop/livestock smallholding systems produce about half of the world's food.

Donors, recipient countries and international specialized organizations in this sector need to ensure broad participation of smallholder farmers, especially women, in the design and implementation of country investments plans.

In 2009, the Rural Development Programme (RDP) in Keita Region (Niger), which received **Italian** funding of more than €100 million, over a period of more than 20 years, was completed. The Programme objectives were: (i) the promotion of economic growth in rural areas through the strengthening of commercialization capacity of small farms; (ii) to fight against the desertification; and (iii) to reduce rural poverty by providing rural infrastructures. The RDP rehabilitated 36,000 hectares of land, 20 million of trees were planted, 313 km of rural road constructed, 708 wells and 40 dams built, 329 farmers' associations "groupements" created with an active membership of 13,600 people. Some 400,000 indirect beneficiaries were also interested by the intervention.

Therefore, sustainable small-scale local food production and community development is a strong pillar of the G8 assistance to improve food security. Small-scale agriculture has the ability to enhance the incomes and resilience of rural producers, make food available for consumers, and maintain or enhance environmental quality.

Working with several partners through civil society, bilateral and multilateral channels, **Canada** has achieved significant results in food security through sustainable agricultural development. In Afghanistan, Canada is helping 30,000 families to increase their income through horticulture and livestock, and reducing reliance on opium production. In Ethiopia, Canada has supported the introduction of new agriculture techniques and assisted farmers to gain higher agricultural yields, higher prices for crops sold in markets and to establish linkages with local markets. Canadian funding has led to over 4 million households accessing improved seeds (in 2009 and 2010), with 58% of these women farmers.

The G8's support should prioritize approaches that are sustainable and ecologically efficient, respecting the diverse functions of agriculture. This means inter alia optimizing agricultural inputs, integrating pest management systems, building capacity for technology transfer and dissemination and improving infrastructure, soil and water management and stress resistant crop varieties. For this approach to be successful, production needs to be seen in a value chain context, with adequate access to financing, processing and markets, where small and medium-sized enterprises and rural micro-finance can play a key role.

In Punjab Province in Pakistan, **Japan** has jointly implemented the support for capacity building to strengthen the organization of farmers and development of infrastructures such as irrigation facilities. It is expected that Japan's concrete support will increase the efficiency of water use, improve agricultural productivity, and raise the income of small-scale farmers.

Initiatives that reduce post-harvest losses enhance storage capacity and address food safety and animal health concerns should also be promoted. Ensuring that smallholder's farmers have strong tenure and access to land and water resources will help to ensure the sustainability of these approaches.

The Russian Food Price Crisis Rapid Response TF with a contribution of \$15 million in 2008-2010 was established by **Russia** and the World Bank with the main purpose of reducing the negative impact of high and more volatile food prices on the lives of the poor, supporting governments in the design of sustainable agricultural and food security policies, including local and regional capacity building, and supporting broad-based growth in productivity and market participation in agriculture to ensure sustainable food supply response in the Eurasia region. Currently implemented in Tajikistan 94,000 households benefited from increasing domestic food production and reducing livestock losses, 4,000 households in the remote areas received potato seeds and fertilizer and 65 community production groups have been established.

The African Agriculture Fund (AAF), Africa's foremost private equity fund focused solely on food production throughout the continent, first closed at \$151 million. **The French Development Agency** provides \$40 million. Its priority investments will be in food production, distribution and agri-services in sub-Saharan Africa. The fund seeks to buy majority and significant minority interests in potential portfolio companies and will promote an SME fund. A technical assistance facility, amounting to approximately \$14 million, will finance studies and capacity building for small firms and outgrower/smallholder schemes.

http://www.afd.fr/jahia/webdav/site/afd/shared/ELEMENTS_COMMUNS/AFD/Communiqués/Announcement%20Final%20-%20AAF%20First%20close.pdf

Public-private partnerships can play an important role in boosting agricultural productivity. Strengthening public private partnerships is crucial for bringing out all stakeholders involved in this field. Private stakeholders could provide additional resources, skills and innovations. They should contribute to filling the gap in the development assistance, and providing synergies and leverage and catalyst effects beyond public interventions.

Recognizing that collaboration increases productivity by bringing in additional capabilities and resources and by combining those resources in creative ways, the **United States** actively forms alliances with a variety of partners. In 2010, over 150 public-private partnerships formed as a result of United States Government assistance. The US also works with farmer and producer organizations at the local level to improve their capacity to deliver technical services and improve market access for their members. An example of efforts initiated previously includes work done to improve the seed market access in West Africa. USAID/West Africa provided assistance to SEEDPAC, the Ghana Agricultural Inputs Dealers Association, the Seed Association of Nigeria, local associations in the Maradi region of Niger, and the Seed Trade Association of Mali. US assistance ranged from making financial contributions to organizing and participating in workshops. The project facilitated links between West African seed companies and producer groups and multinational seed companies.

The **United Kingdom** is supporting the Africa Enterprise Challenge Fund (AECF), which offers grants on a competitive basis to private sector companies to support new and innovative business models in Africa. The AECF provides match funding for agribusiness to develop innovative products and services that increase rural incomes. Since its starts in 2008 the fund has developed to total around \$100 million. The UK has committed over \$60 million to the AECF. Others donors contributing to the AECF include the Australian Government Aid Programme (AusAid), the International Fund for Agricultural Development (IFAD), and the Netherlands Ministry of Foreign Affairs.

<http://www.aecfafrica.org>

CONCLUSIONS & RECOMMENDATIONS

Review of last year's recommendations

→ The 2010 G8 accountability report outlined two major recommendations: (i) set of recommendations in the announcement of the pledges, and (ii) pursue the dynamic of accountability. The G8 is complying with these recommendations. The Deauville accountability report constitutes a good step in the evolving accountability process.

■ (i) The “*Muskoka report: Assessing action and results against development-related commitments*” lead to a number of conclusions aimed at improving the ability to track, monitor, and report on progress in implementing G8 commitments. These include, but are not limited to:

- clear, defined objectives;
- time bound with a clear start and end date;
- where financial, a defined base year,
- results oriented, based on outcomes identified by the G8;
- indicators for measuring progress including output targets, where appropriate;
- differentiation where appropriate between funds previously committed and incremental money that is beyond existing on-going commitments, and;
- details of how and when the G8 will report on its commitment.

Paragraphs 10-11-12 of the Muskoka Declaration launching the Muskoka Initiative comply with almost all of these recommendations.

G8 Muskoka Declaration Recovery and New Beginnings

Muskoka, Canada, 25-26 June 2010

10 *To this end, the G8 undertake to mobilize as of today \$5.0 billion of additional funding for disbursement over the next five years. Support from the G8 is catalytic. We make our commitments with the objective of generating a greater collective effort by bilateral and multilateral donors, developing countries and other stakeholders to accelerate progress on MDGs 4 and 5. We therefore welcome the decisions by other governments and foundations to join the Muskoka Initiative.*

The Governments of the Netherlands, New Zealand, Norway, Republic of Korea, Spain and Switzerland, subject to their respective budgetary processes, and the Bill and Melinda Gates and UN Foundations have now or have recently committed to additional funding of \$2.3 billion to be disbursed over the same period

11 *We fully anticipate that, over the period 2010-2015, subject to our respective budgetary processes, the Muskoka Initiative will mobilize significantly greater than \$10 billion.*

12 *As a consequence of the commitments made today towards the Muskoka Initiative, this support, according to World Health Organization and World Bank estimates, will assist developing countries to: i) prevent 1.3 million deaths of children under five years of age; ii) prevent 64,000 maternal deaths; and iii) enable access to modern methods of family planning by an additional 12 million couples. These results will be achieved cumulatively between 2010-2015. We will track progress on delivering commitments through our accountability reporting, which, in 2011, will focus on health and food security. In line with the principle of mutual accountability, we expect these joint commitments will encourage developing countries to intensify their own efforts with regard to maternal and child health, leading to the saving of many more millions of lives of women, newborn and young children*

Furthermore, the G8 welcomes the DAC recommendations on good pledging practices. The following proposals were presented during the DAC Senior Level Meeting which took place on the 6-7 April 2011 in Paris.

OECD recommendations on good pledging practices

Conscious of the need to ensure that donor aid pledges are credible, achievable, and properly monitored, DAC members will strive to observe, to the largest extent possible, the following principles in their future pledging practice in respect of financial undertakings towards developing countries.

1. Clarity. Pledges should specify all parameters relevant to assessing their achievement. These include, but are not limited to, the date or period covered, the source and terms of finance, and the baseline against which to assess any claims additional to existing flows or existing commitments.

2. Comparability. Global pledges by the donor community should be an actual sum of individual donor pledges, and these pledges should as far as possible be compatible in their terms, dates, baselines, and units of measurement.

3. Realism. Pledges should be made for periods and amounts over which those pledging have an appropriate degree of control and authority. The pledges should be reasonable and achievable in the donor's budgetary and economic circumstances.

4. Measurability. Pledges should be made on the basis of existing measures of aid and other resource flows wherever possible. If the data necessary for monitoring a pledge are not already available, then monitoring responsibilities should be specifically assigned.

5. Accountability and transparency. Pledges should respond in a timely and efficient fashion to priority needs identified by aid beneficiaries, and donors should provide information sufficient to allow beneficiaries and third parties to track performance.

- Last year's report called for fostering the accountability dynamic notably with other relevant organisations such as the OECD in order to improve transparency and the follow-up of past commitments. The Muskoka Report concluded that to fully implement "the L'Aquila Accountability Commitment and the mandate set by leaders, namely to develop a comprehensive accountability mechanism, more work is required".

Alongside the review of the commitments made before the Muskoka Summit in June 2010, this report includes details of the "Muskoka Initiative" commitments for each G8 country. As far as food security is concerned, this report provides intermediary data of the L'Aquila Food Security Initiative.

Key findings

➔ The report has provided a review of the G8's commitments since 2005, focusing on health and food security. The dynamic of accountability from L'Aquila, through Muskoka, to Deauville, shows the progress made by the G8 in terms of compliance and transparency with its commitments.

This report shows that the ODA of the G8 has played a key role as a catalyst among a whole set of tools and partnerships, specifically in the health and food security sectors. The G8 provides around 70% of official development assistance (ODA) among OECD donors. G8 members have made significant efforts in delivering aid, including in the health and food security sectors since the adoption of the Paris Declaration and of the Accra Agenda for Action.

The G8 pledges represent more than 85% of the total AFSI pledge. Around half of the total amount pledged was disbursed or is formally in the process of being implemented. Also, the G8 is well prepared to deliver on commitments to the Muskoka Initiative in an efficient manner with a range of partner's countries and international organizations.

Development, however, depends on much more than financial aid. First, it requires the leadership of the state and local authorities, and engagement of all development actors, including private sector and civil society organizations in the developing countries. Second, it is a complex process of economic, social and political development. The main responsibility for development lies with developing countries themselves and depends upon the quality of the policies they adopt.

Recommendations for fostering the accountability process

➔ In the spirit of this report which highlights some success stories and best practices, the G8 suggests a move forward towards a qualitative approach based on the impact of aid and results. The review of the financial commitment appears essential but no sufficient.

The G8 reiterates its support for existing initiatives, frameworks or institutions aimed at improving aid effectiveness. In this regard, the G8 welcomes the effort of the International Health Partnership (IHP+), and other such initiatives in the health sector. The G8 recalls its determination to foster the Rome Principles while implementing its financial L'Aquila commitments and will continue to improve the transparency of these commitments in 2012. Additionally, G8 members will continue to support CAADP through bilateral engagement as well as with the CAADP Task Team and its work in 2011.

The G8 reaffirms its adherence to the Aid Effectiveness Principles as stated in the Paris Declaration and amplified in the Accra Agenda for Action. Among these principles and guidelines, the G8 intends to put emphasis on mutual accountability and on results for development.

Ownership: developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.

Alignment: donor countries align behind these objectives and use local systems.

Harmonization: donor countries coordinate, simplify procedures, share information and divide labour to avoid duplication and increase complementarity.

Results: developing countries and donors shift focus to development results and results are measured.

Mutual accountability: donors and partners are accountable for development results.

In the perspective of the Fourth High Level Forum on Aid Effectiveness to be held in Busan, South Korea later this year, the G8 welcomes the progress made in aid delivery since the endorsement of the Rome and Paris Declarations and the Accra Agenda for Action. The G8 calls for a review of the Aid Effectiveness Agenda in Busan which should reflect the shift towards broader issues of development outcomes and aid impacts.

Mutual accountability and a results-oriented approach are closely linked. Aid effectiveness and achieving development results constitute common

concerns and responsibilities for both recipient and donor countries. A better definition of mutual responsibility, focused on development results. As donors and partners are both accountable for development results this will help to advance our collective effort to shift the focus to development results and their measures.

There is room for the G8 and partners to improve mutual accountability and a result-oriented approach. The improvement on both principles should offer opportunities to progress in aid and development effectiveness. In this regard, the “parallel ongoing process” on accountability alongside the African Union Partners and the “Deauville Accountability Report” are positive steps. The G8 and African countries should strive to move forward towards mutual accountability by reinforcing the dialogue on their respective accountability outcomes and by defining a common understanding of objectives and approaches on jointly agreed topics.

Specific recommendations:

- within their development policy and interventions, the G8 Accountability Working Group recommends that the G8 countries should continue to strengthen their monitoring and evaluation and to ensure that the findings guide policy, programme planning and investment decisions. The G8 Accountability Working Group recommends improving transparency of its aid information, particularly by making progress on publishing information on allocations, expenditure and results;
- the G8 Accountability Working Group recommends relevant international institutions and initiatives to build common sets and/or understanding of performance criteria for multilateral assistance, as well as recommendations to reduce the fragmentation of multilateral aid;
- the G8 Accountability Working Group recommends that relevant actors prepare a mapping of vertical funds and multilateral donors in the health sector and recommendations to streamline the aid architecture in this area, in collaboration with the WHO and existing initiatives to increase effectiveness in the health sector;
- the G8 Accountability Working Group recommends that relevant institutions to intensify together with interested pilot recipient countries, evaluations of the impact of international aid. The importance of aid as a leverage for other development finance will also be examined in the context of policy coherence.

ACRONYMS

AFSI	L'Aquila Food Security Initiative
AMC	Advance Market Commitments
AU	African Union
AWG	Accountability Working Group
CAADP	Comprehensive Agricultural African Development Programme
CFS	Committee on Food Security
CGIAR	Consultative Group on International Agricultural Research
DAC	Development Assistance Committee (OECD)
DOTS	Directly Observed Treatment Short
FAO	Food and Agricultural Organisation of the United Nations
GAVI	Global Alliance for Vaccines and Immunization
GCARD	Global Conferences on Agricultural Research for Development
GFATM	Global Fund to fight Aids, Tuberculosis and Malaria
GPEI	Global Polio Eradication Initiative
HLPE	High Level Panel Experts on Food Security and Nutrition
IDA	International Development Association
IFFIm	International Financial Facility for Immunization
IHP+	International Health Partnership
ITNs	Insecticide Treated Mosquito Nets
MDGs	Millennium Development Goals
MNCH	Maternal New Born and Child Health
NEPAD	New Partnership for Africa's Development
NTD	Neglected Tropical Disease
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
PPP	Public-Private Partnership
TB	Tuberculosis
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations of International Children's Emergency Fund
USD	United States Dollar
WHO	World Health Organization

