
From Heiligendamm to Hokkaido and Beyond

AIDS, the G8 Commitment to Universal Access and the G8 Process

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Summary

Representatives of civil society from the G8 countries and African nations met in Geneva, Switzerland, to lay the groundwork for a plan aimed at ensuring that AIDS continues as a fixture for future G8 summits. AIDS has been a regular item on the G8 agenda since it was first tabled in Venice 20 years ago, but in nearly every G8 summit since, AIDS has remained on the agenda because AIDS advocates and civil society have fought hard for its place on the annual summit agenda.

In 2008, the summit will return to Japan which was home to the 2000 Okinawa summit where major breakthroughs on AIDS were achieved. To ensure that the continuity of G8 progress in recent years is sustained, the WAC convened a planning session to: review and discuss the positioning of HIV in the evolving and changing international development environment, highlight the effect of these changes on opportunities for follow up to Heiligendamm G8 and develop a harmonised and coordinated response on follow up by the Civil G8 Group and its partners.

Key Findings

For the purposes of coherence and accountability AIDS must be prominently placed on the Hokkaido Toyako Summit agenda.

Central among previous G8 commitments on AIDS is the promise for Universal Access to Prevention, Treatment, Care and Support by 2010.

Despite a challenging policy environment and potentially flagging G8 member-state commitment, years of progress in responding to the global AIDS epidemic cannot be diverted or stalled thereby breaking promises that will result in the deaths of tens of millions of people.

To reach these findings planning session participants were briefed by Elhadj Amadou Sy, Director of Partnerships and External Relations, UNAIDS, and Christoph Benn, Director of the External Relations of The Global Fund and Marcel van Soest, Executive Director, WAC. Presentations were also made by Birte Rodenberg, Action against AIDS Germany and Masaki Inaba, Africa Japan Forum/Japan AIDS and Society Association, the leaders of CSO's in the host countries of the 2007 Heiligendamm and 2008 Hokkaido Summits respectively.

Following consideration and discussion of the presentations the participants commenced work on developing a draft plan of action. The draft plan includes a series of activities aimed at achieving a summit outcome built on the principles of ensuring G8 continuity and accountability on AIDS.

CSO representatives discussed two main advocacy goals for the Hokkaido Toyako summit:

To strengthen continuity and accountability by building on the G8's regular review to create a permanent mechanism on AIDS that annually reports on G8 progress on achieving previous agreements and informs the G8's future activities and commitments.¹

To seek fair share or fair share+ contributions by G8 member-states to fulfil the Heiligendamm commitment of providing \$60 billion² US for the purposes of Universal Access to prevention, treatment, care, support and health care system strengthening

The first position calls on member states to adopt a strategic approach to AIDS, based on the need for both coherence and accountability by creating a mechanism that mainstreams the agreed upon "regular review" in the G8 process. The second position calls on the G8 to pledge resources to fulfil a clearly stated G8 commitment reached at the Heiligendamm summit.

Complex Policy Environment

Participants considered the complex policy environment leading to the 2008 summit. An environment that grew more complicated with the release of UNAIDS "2007 AIDS epidemic update." Participants expressed frustration and concern that the Update could lead to confusion and fuel criticism that the severity of the AIDS epidemic has been overstated. The point was made however, that the numbers also indicate that the goal of reaching Universal Access is more attainable than before, making it all the more feasible that with an unwavering focus, proper plans and resources the goal may be achieved.

After sharing these concerns, efforts concentrated on reviewing changes in the policy environment that have been taking shape for some time:

- The dominant change centers around the resurgence of the decades old debate over whether a vertical or horizontal approach is most appropriate to meet global health challenges of the foreseeable future. Even though a concerted response to AIDS has given rise to renewed interest in other results driven health responses, it is more important

¹ **GROWTH AND RESPONSIBILITY IN AFRICA: 2007 Heiligendamm Summit**, 8 June, 2007, §59. "In view of the G8 countries contributions to achieving the health related international goals we agreed in St. Petersburg to review the progress in this regard, including our financial commitments, in fighting the three diseases HIV/AIDS, tuberculosis and malaria, regularly. We will undertake this monitoring exercise for the first time this year under the Presidency's guidance. The report will inform our activities and commitments and we affirm that we will continue this close monitoring process regularly."

² *Ibid.* §48. "We recognize that meeting this goal of universal access as well as realizing the Millennium Development Goals for fighting HIV/AIDS, malaria and tuberculosis on a sustainable basis and strengthening of health systems will require substantial resources. We will continue our efforts towards these goals to provide at least a projected US\$ 60 billion over the coming years, and invite other donors to contribute as well."

than ever that a balance is struck between new initiatives and the strategic response that has been carefully crafted to respond to AIDS.

- A second is the proliferation of mainly bi-, but also multilateral initiatives which have been characterized as steps towards achieving the Millennium Development Goals (MDGs) including UK's International Health Partnership, Germany's Providing for Health Initiative and Norway's Stoltenberg Initiative that will compete for resources to sustain the global response to AIDS in what is already is a difficult economic environment for some G8 member-states including Japan.
- A third factor is what was referred to as "AIDS fatigue" resulting from short public attention spans, steady signs of some progress, and announcements of significant increases in resources that though large still far short of addressing needs.
- A fourth factor are international processes such as the Paris Declaration on AID effectiveness and the UN High level Review process on the Monterrey consensus on Financing for Development that are raising serious concerns, particularly in the South as to whether evidenced-based AIDS and other health programmes will be sacrificed to seek "donor harmonization and AID effectiveness."
- A fifth factor are indications of a disturbing trend among some civil society organizations that have worked collaboratively AIDS advocates during past G8's and in other settings, but may begin to work at direct cross purposes in the run-up to the Hokkaido Toyako G8 Summit and possibly in other policy discussions. [n.b]

Ways Forward

The participants agreed that these and other factors necessitated the adoption of what was referred to as a "diagonal approach" to AIDS that finds balance with other global health challenges including MDGs 4, 5 & 6, the need to strengthen health systems, and to forward development assistance that leads to poverty alleviation.

The general tenor of the planning session was one of enthusiasm to work together to build a collective international response led by coalitions of organizations in each of the G8 member-states and civil society allies on the African continent.

Resources to support these efforts will be a challenge not only for African civil society organizations, but also for those in G8 member-states where funding international advocacy is not an established tradition or where civil society is weak. Some member-states have adopted budgetary policies prohibiting funding structures, personnel and other costs which directly impede the ability of civil society to engage in international advocacy.

The WAC will also support efforts to help Japanese civil society identify possible resources to staff a small host-country secretariat, will apply newly

installed communications systems including a G8 AIDS campaign website (www.g8aidscampaign.org) to increase information sharing and promote greater collaboration between campaigns in G8 member-states and their allies on the African continent.

2008 CivilG8 Campaign Strategic Framework

Mission: Since 2005, a group of civil society organizations have worked together to mainstream HIV/AIDS in the G8 process. What began as an effort of a few loosely collaborating organizations has grown into a coalition representing tens of millions members. Under the auspices of the World AIDS campaign, these organizations are united in their efforts to bring G8 accountability and continuity on previous and future commitments on AIDS. In 2008, the CivilG8 will pursue these goals in the run-up to TICAD and the Hokkaido-Toyako summit.

Goals: 1. Expanding North/South G8 campaign collaboration

Finding sustainable solutions to respond to AIDS must be based on the principle of partnership from program conception to program implementation. Ensuring that AIDS remains on the G8 agenda in 2008 and that it reaches viable outcomes will require an unprecedented degree of collaboration between AIDS campaigners in the North and South. The voices of civil society in the South must inform decision makers as never before.

2. Strengthening information sharing

AIDS campaigners recognize that an effective advocacy effort will require a flow of information between those most affected by AIDS and those seeking to influence Northern policy makers. It is through this exchange that support for informed policies and meaningful solutions will grow. WAC will provide tools to assist, but ultimately it is the commitment of all campaign partners that will determine whether this effort is sustained.

3. Maintaining perspective: Accountability and Continuity

As the flurry of initiatives proliferate and as pressures build to shift directions, CivilG8 campaigners will remain steadfast in maintaining their focus and perspective on what has brought the fight against AIDS this far. CivilG8 campaigners will continue to insist on evidence-based solutions, particularly if they involve dramatic shifts in strategies that can always be improved but have been proven to work. The CivilG8 will also work to instill continuity on AIDS in major policy leading bodies such as the G8³. Equally,

³ It is acknowledged that whether the G8's role as a leading policy making body is appropriate or not is the subject of reasonable debate. Indeed, some members of this coalition would question whether their decisions should have the end result of holding the fate of million in the balance.

campaigners will continue to hold policy makers accountable for keeping the promises they have already made.

4. Presenting the message

Though in respecting cultural norms and differences the message may appear in different ways and forms; the essence of the message is: "Keep your Promise: Universal Access by 2010."

5. Expanding dialogue with key policy makers and opinion leaders

Given the complexity of the policy climate in 2008 it is even more important that policy makers and opinion leaders and country-level mobilization are key priorities of the CivilG8 effort. Engaging the G8 process through Sherpa consultations, Ministerials, and meetings with member states is not enough. TICAD though important, cannot be counted upon as the sole conduit to send clear messages on the need for G8 continuity on AIDS. Increased effort should include but is not limited to:

Expanded dialogue with important regional bodies such as the African Union, the African Partnership Forum, and with Africa's prominent leaders, past and present.

Parliamentarians, committees, and caucus groups of all governments who have championed the global response to AIDS must bolster flagging commitment to ensure that the promise of Universal Access is honoured.

Increasing the appreciation of the linkages between AIDS and the attainment of other MDG goals and human rights issues in multiple international fora.

6. Implementing a Plan of Action

The WAC consultation initiated a process of taking immediate steps to begin preparations for the 2008 G8. It also began developing a broader plan of action to engage in activities to implement the goals set out above.

The plan of action is intended to serve as an organic document that will be modified as priorities and needs merit.

But it must be said that the lion-share of overseas development assistance is provided by the G8 member-states. Recognizing this reality is one of the reasons why the role of civil society in increasing the accountability of the G8 is so important.

Highlights of the Proceedings

Elhadj Amadou Sy, Director of Partnerships and External Relations, UNAIDS

In what was to become a persistent theme, Sy cautioned the participants about the false dichotomies between AIDS and health care system strengthening. He noted that neither has been or should be seen as necessarily in conflict with the other. Sy warned that scepticism around AIDS was growing, a phenomenon he characterized as “AIDS fatigue,” and that unchecked could make efforts to maintain steady progress and continue to meet substantial resource needs increasingly difficult.

The release of new and lower numbers will likely colour perceptions of the severity of the epidemic, but the fact remains they still show a daily infection rate in excess of 4,000 and 33 million people who are HIV+ begging the question “what is a human life worth?” It is also true that 6 countries account for the largest decline largely due to improvements in data collection and analysis. The epicentre of the epidemic remains unchanged with $\frac{3}{4}$ of AIDS deaths occurring in Sub-Saharan Africa. On the positive side, not all the changes are the result of changes in methodology; rather they are the signs of progress resulting from expanding the availability of treatment and behavioural change particularly among the young.

Sy reminded the participants that every gain in making progress in the global response to AIDS has been fought for and that even among progressive governments the struggle has been necessary. Consequently, AIDS advocates and the role of civil society is known and recognized by governments making their engagement in the G8 process all the more necessary.

He advised the participants of the importance of preserving continuity from G8 Presidency to G8 Presidency. Sy told the participants to anticipate that greater access to treatment and work with the African Union may not be given the same priority in Hokkaido. He urged that advocates not fall into compartmentalizing AIDS. For example, the epidemic has less apparent consequences for our ability to respond to climate change and more obvious linkages to gender and development issues—nevertheless all are areas where advocates can and must build alliances.

Christoph Benn, Director of the External Relations of The Global Fund

Christoph Benn noted the significance of the G8 to the Fund by pointing out that 80% of its financing comes from member-state countries. For the Heiligendamm summit, the Fund began preparations with the German government quite early to link replenishment with the summit.

Acknowledging that lobbying and advocacy was important, he also stressed the need to build linkages with “key players” including those who have access to the Prime Minister. The Fund worked on the Heiligendamm

communiqué, but the main focus was on the interaction with the German government was related to the Replenishment meeting.

Benn also stressed the importance of continuity between G8 Presidencies and noted that their work with the Japanese government is well underway.

In July 2007, Dr. Michel Kazatchkine, Executive Director of the Global Fund accompanied by Benn attended a seminar which focused in part on the G8 that was organized by the Friends of the Fund, Japan (FoFJ.) The FoFJ is very tied in with the Japanese sherpa and other key policy makers in the Japanese government. The administration of the FoFJ is based in the Japanese Center for International Exchange⁴ (JCIE) which also serves as the home of the "Takemi Study Group."

The study group, supported by the Gates Foundation, is feeding policy recommendations to key policy makers to shape the global health agendas of the G8 and the 4th session of Tokyo International Conference on African Development (TICAD), the later designated as the key venue to inform G8 action on global health and development in 2008.

The Fund is routinely supplying the study group with information but an item of special significance will be its published recommendations for finding middle ground—a diagonal approach—between vertical and horizontal approaches to global health responses.

It is anticipated that planning for the Summit agenda will be completed in time for announcement in Davos.

Benn announced that the Fund will also host a meeting that will be open to civil society prior to TICAD. The gathering will include an address by former Prime Minister Mori who will emphasize the need to carry the momentum forward.

He noted there is support in Japan for placing global health issues on the G8 agenda in part because it is an area where they can derive political success whereas summit breakthroughs on other issues such as climate change may prove more difficult. The Japanese are interested in leaving a legacy similar to Okinawa and also to be perceived as having preserved continuity in progress on infectious disease.

Japan's priorities are likely to concentrate on MDG 4, 5, & 6 with an emphasis on maternal and child health and health system strengthening (HSS). This emphasis is grounded in the perception that the MDGs will have more political traction than Universal Access.

⁴ For a history of the origins of the Takemi study group and information about the Japanese Center for International Exchange see: <http://www.jcie.org/annualreport/2004-06/annual2006.pdf>

Masaki Inaba, Program Director for Global Health, Africa Japan Forum

Masaki was optimistic about the prospects for “health and infectious disease issues” eventually becoming a more prominent part of the agendas for TICAD and the G8 Summit. Earlier this year, this was by no means clear.

What is indisputably clear is that the Japanese government facing a large national debt has no interest whatever of making financial pledges a feature of the Hokkaido summit.

The Japanese government views both TICAD and G8 agendas as inseparably linked in part to focus greater attention on TICAD which since 1993 has been most visible sign of Japan’s commitment to African development. Climate change and African development seemed poised to be the dominant two global issues before an effort based in 3 government ministries including the Ministries of Foreign Affairs, Finance and Health and Labour Welfare, key politicians and academics pressed to include global health in the context of African development as parts of the agendas of TICAD and the G8.

This effort was led by Professor Keizo Takemi, a former Vice Minister of Health, is referred to above as the “Takemi Study Group” with its nearly seamless links to the FoFJ and is managed by the JCIE.

The recommendations of this group will be placed in the context of “Human Security” the guiding principle of Japan’s international assistance programmes. Human security appreciates more fully that security and development are different sides of the same coin. Threats to global human security are multifaceted and often interrelated; economic security, food security, health security, environmental security, personal security, community security and political security.⁵ Human security is an important point of reference for Japan and one that Western advocates must come to appreciate and utilize.

In preparing for the summit, it is important to understand the particular challenges that confront civil society in Japan. These include:

- the traditional indifference Japanese policy makers have long held towards civil society;
- a general tendency—even greater today—of opinion leaders including the media and the public to look inward exhibiting little concern for global issues;
- a lack of experience and resources to support Japan’s civil society organizations engagement in global advocacy; and,
- language and other barriers to communication.

⁵ Sara Edson, **HUMAN SECURITY: AN EXTENDED AND ANNOTATED INTERNATIONAL BIBLIOGRAPHY**, CENTRE FOR HISTORY AND ECONOMICS, King’s College, University of Cambridge, United Kingdom, June 1, 2001 <http://www.humansecurity-chs.org/activities/meetings/first/bibliography.pdf>

Nevertheless Japan's civil society has established the 2008 G8 NGO Forum with 100 Japanese NGOs members. The Forum's Poverty and Development Unit, under which HIV/AIDS issues are housed, includes 30 NGOs, including GCAP Japan, Oxfam Japan, Results Japan and Africa Japan Forum. These groups share interests in:

- holding the G8 accountable for its previous pledges including UA and the MDGs;
- reversing the decline and increasing resources for ODA based on fair share contributions;
- supporting a diagonal approach to the 3 diseases, HSS and maternal and child health; and,
- new challenges such as MDR-TB and TB/HIV co-infection.

Japanese civil society believes that its government wants to have another "Okinawa" but this time on broader global health issues, not only infectious diseases.

There other indications that the distinct challenges posed by AIDS could be muted in the TICAD process where global health will be considered in the context of the MDGs, economic growth, peace consolidation, and environmental issues.

Adding to these concerns is that Africa's civil society voices are not being heard in a run-up to TICAD that has been marred by preparatory meetings in Eastern and Southern Africa, and North, West and Central Africa where African civil society organizations have not been invited to participate.

Though several possibilities remain to improve participation, these opportunities are very limited and unlikely to have a bearing on the TICAD meeting scheduled to take place on 28-30 May, 2008. It is unclear whether meetings of the EU-African Union, the African Union summit and the African Partnership Forum that are to be held in the interim will be able to serve as an alternative means to influence TICAD deliberations.

Japanese civil society also faces immediate practical needs to improve its ability to serve as a focal point for other global AIDS advocates. These include a need to staff a small English speaking secretariat and to improve communications links with counterparts in African and other G8 member states including greater use of internet communications.

Birte Rodenberg –Policy Advisor for the 2007 Heiligendamm and 2008 G8 summits, Action against Aids, Germany

Birte Rodenberg recounted the work of Action against AIDS, Germany, in the process leading up to the Heiligendamm Summit and the lessons learned from the experience.

Action against Aids Germany is a national Network of 120 NGOs & 280 grassroots groups, with 3 person staff, governed by a 4 persons Board and

16 members Campaign Council. Internationally it networks with the Ecumenical Advocacy Alliance, the WAC and the Global Fund.

As the summit preparations began the dominant policy makers included the German Chancellor, the Sherpa and the Finance Ministry. At this stage, the Ministry for Economic Cooperation and Development's influence over G8 policy was weak, but it was a strong ally interested in ensuring that momentum on HIV/AIDS was carried forward under the German G8 Presidency. Parliament had not yet engaged. Prior to the campaign, support for increasing ODA was sluggish and there was no support for innovative financing.

The campaign began with a very effective New Year's greeting card message that was sent together with and in cooperation with the German platform of GCAP and targeted mainly German parliamentarians. In February and March, this was followed by street theatre actions and publicity generating stunts to faxes to Ministers timed to coincide with meetings of the Finance and Development Ministers.

During this time the influence and outspokenness of the Minister for Economic Cooperation and Development began to grow and came to be an effective counterweight to the lack of interest exhibited by the German Sherpa and Finance Ministry.

This was undoubtedly assisted by Germany also holding the Presidency of the European Union. Under the EU Presidency Germany hosted the Bremen Conference on "Responsibility and Partnership – Together against HIV/AIDS," in March, 2007.

At the closing ceremony, together the Federal Minister of Health and current President of the EU Council of Health Ministers, Ulla Schmidt, the Federal Minister for Economic Co-operation and Development, Heidemarie Wieczorek-Zeul, and Annette Schavan, the Federal Minister of Education and Research, jointly declared their common goals in the fight against HIV/AIDS. The conference issued the Bremen Declaration on Responsibility and Partnership - Together against HIV/AIDS⁶ which committed the EU to joint action in fighting the pandemic.

In April, a second conference was held in Bonn that was organized by the German NGO Forum on Environment and Development and the German government in its capacity as G8 president. The conference proved to be an important lesson as the event was widely attended but a major part of the groups were concerned with environmental issues with little interest in HIV/AIDS, though it did prove possible to have one AIDS advocate attend the session with the G8 Sherpas.

In June, through working with WAC and the Civil G8, letters to Heads of State and petitions were presented to G8 leaders. Workshops were

⁶ For the Bremen Declaration text see: http://www.bmg.bund.de/cln_041/nn_1043648/EN/EU-Council-Presidency/Documents/bremen-declaration.param=.html

organized and well attended at the Alternative Summit held in Rostock, but “outside the fence” at the summit media work was challenging.

Action against AIDS saw these positive results in the summit declaration:

- as an increase in € 750 million in 2008 for poverty reduction
- an embrace of the innovative financing for AIDS, TB and malaria
- a commitment to replenish the Global Fund
- highlighting feminization of AIDS-pandemic
- a commitment to HSS through the Providing4Health Initiative
- a beginning on monitoring of implementation through the first ever report of a G8 Presidency on fulfilling G8 commitments on infectious disease.

The advancement at Heiligendamm of the central goal, “to get as close as possible” to universal access to prevention, treatment, care and support by 2010, as it was expressed in Gleneagles, was not as clear. In the 2007 Summit declaration, articles 48, 57 “efforts” and “scaling up” of efforts on the part of the G8 to reach or, as the case may be, implement universal access by 2010 are reinforced. At first glance it would appear that in comparison to Gleneagles 2005 this universal access goal was strengthened.

However, article 58 (p. 24) contains a very critical formulation which undermines the declaration on commitments.

As an important step to scaling up towards the goal of universal access to HIV/AIDS prevention, treatment, care and support *in Africa*, the G8 members, in support of national HIV/AIDS programs *globally*, individually and collectively over the next few years will aim to employ existing and additional programs to support life-saving anti-retroviral treatment through bilateral and multilateral efforts for approximately five million people (...)

Limiting the number of people to receive access to an additional five million people with a vague time bound commitment of “in the next few years” and geographically limiting the outcome to *Africa is the equivalent of a step back from the goal of universal access*.

One of the key lessons learned was the overwhelming demands placed on an organization that is acting as a host country NGO focal point for a G8 summit. In addition to fulfilling obligations to their own national organizations, global demands are now added to this burden that can be difficult to anticipate. In the future it will be necessary for future host NGOs to have adequate human resources to supply the capacity needed to meet the demands placed on them.

Other key lessons learned were the importance of early preparation and the identification and development of key contacts including those beyond the sherpas and often in the government ministries. Another was to

better appreciate that other NGOs will also be in competition for the attention of the same policy makers but with different issues.

The need for better networking, advocacy and media relations, with an accompanying appropriate division of labour within civil society networks is critical. All when practiced effectively lead to more inclusive participant and building new alliances. Another is the importance of earlier and more intense interaction with members of Parliament.⁷

In addressing the question of increasing the involvement of African CSO, Rodenberg urged participants to look to the *African Partnership Forum* (APF) as one possible avenue worthy of greater exploration. In April 2007, African partners presented 6 position papers at an APF forum in Johannesburg. Later the German World Bank Forum (WBF) and the eighth gathering of the Africa Partnership Forum (APF) took place in Berlin from 21 to 23 May. This was the 2nd of two events in 2007 linked to the Africa agenda of the German twin presidencies of the EU and G8.⁸

Rodenberg reminded participants of the need for to always be observant of the need for inclusive participation, namely, Greater Involvement of People Living with **HIV/AIDS (GIPA)** in Policy. How, she asked, in the coming next months can Aids advocates ensure that this longstanding principle is thoroughly observed in our work?

Reports from representatives of G8 member states

Canada – The current government is mainly focused inward on internal financial concerns. AIDS advocates are disappointed over Canada's failure to pledge at the Berlin Fund replenishment conference which is viewed as yet another sign that while the government claims to be on track overall ODA is in decline. A climate of fear also pervades CSOs inhibiting their ability to criticize government policies and thereby face the possibility of government reprisals.

Canadian Crossroads International (CCI) is a Canadian development organization working in areas of women's equality, HIV/AIDS and local economic development in Southern Africa, West Africa and Bolivia. CCI is a member of the Global Treatment Access Group (GTAG), a working group of international development, human rights, humanitarian and AIDS service organizations, trade unions and faith-based groups seeking to improve access to essential medicines and other aspects of HIV prevention and care, treatment and support for people living with HIV/AIDS in developing countries.

One or two member agency representatives (Oxfam Canada, Results) usually attend the G8 meetings and serve as media spokespersons, meetings with the G8 Sherpa are held as well as with relevant ministers and bureaucrats.

⁷ For an example of action directed at Parliamentarians and key Parliamentarians see: http://www.weltbevoelkerung.de/pdf/Berlin_G-8_Programme_External_Version_FINAL.pdf

⁸ See event summary and documents: http://www.bmz.de/en/press/pressmaterial/wbf_apf_berlin/index.html

There have been media and public mobilizations efforts around G8 meetings in Canada, but these are usually somewhat modest.

CCI has not finalized a G8 strategy but will be seeking to take advantage of opportunities for media and mobilization and will again likely have one or two members present. Its intention is to coordinate with Make Poverty History (GCAP) in the development of specific health related asks and in public mobilization messages and moments.

CCI will continue to seek its four point platform "Four Steps for Canada" that calls for:

- Pay our fair share of prevention and treatment in developing countries.
- Invest in the public health care systems of developing countries.
- Cancel the debts of developing countries to free up resources to fight AIDS and poverty.
- Follow through on commitments to make medicines affordable to developing countries.

France – The French government faces financial constraints contributing to a significant slip in ODA. Funding for AIDS, TB and Malaria has remained flat for the 3 diseases for several years.

Germany – Significant opportunities remain to support the efforts of the Minister of Economic Cooperation and Development to preserve a voice in favour of G8 continuity on HIV/AIDS. This opportunity should not be lost and should be reinforced by other members of the 2008 G8 campaign.

With the proliferation of bilateral and multi-lateral initiatives there is a strong need to monitor each process to ensure that support for these efforts does not come at the expense of UA. Also of importance is the need to monitor the progression of the Reviews of the Paris Declaration (09/2008, Accra) and Financing for Development (11/2008, Doha).

At present, Action against AIDS has not taken a final decision on the degree of its engagement during Japan's G8 Presidency. It is possible that efforts will continue in 2008 with a lower profile and at smaller scale due to financial and personnel constraints.

Italy – The Italian Network against AIDS is a network grouping 23 Italian and international NGOs (Italian chapters of international NGO families) working to fight HIV and AIDS in Southern countries. Founded in 2003 with the aim of sharing NGO experiences at Italian and Southern countries levels, it has increasingly been focusing its activities on monitoring the role of Italian Government and institutions in the fight against the pandemic, advocating for accountability towards national and international commitments with a specific though not unique focus on the Global Fund. A representative of the Network is in fact member of the Italian delegation to the Global Fund board meetings.

The Network appoints every two years – renewable for two more years – a Steering Committee of 5 members, in charge of elaborating a plan of action on identified objectives and of leading in the management of day to day activities and in representation of the whole Network.

The Network has been involved – initially through the Italian NGO Association (2006) and more consistently as a member of the Italian Gcap coalition (2007) – in the Russian and German G8 summits process. The Network is held as the “expert voice” on HIV (linked to health issues) of the Gcap network in Italy⁹.

In the 2007 German G8 process, the Network has closely followed the Italian G8 sherpa process led by the Italian Gcap, participating to all consultation meetings and elaborating the HIV section of the Gcap G8 policy platform. The sherpa process culminated with a meeting with Prime Minister Prodi ahead of the German summit.

In line with WAC coordinated activities, the Network has carried out advocacy initiatives (letter sending and one to one contacts) with the G8 sherpa team, with the Ministry of Foreign Affairs and the Ministry of Finance.

Russia – In 2007, the President of the Russian Federation approved the concept of Russia's Participation in International Development Assistance¹⁰. Russia intends to maintain the tendency (that has emerged over the last three years) to steadily increase its commitments relating to the financing of international development assistance programs. The amount of Russia's commitments for such assistance increased from about \$50 million in 2004 to \$215 in 2006, including commitments made under Russia's G8 chairmanship. In the next several years Russia plans to increase its participation in international development assistance up to \$400-500 million per year.

The second Eastern European and Central Asian AIDS Conference¹¹ (EECAAC) will be held in Moscow, Russia, May 3-5, 2008. "Accelerating Access to HIV Prevention, Treatment and Care for All" was adopted as the official theme of the conference. The conference will gather political and community leaders, scientists and other researchers, people living with HIV and representatives of civil society from across the region. The conference aims to advance the global commitment towards achievement of universal access to HIV prevention, treatment care and support by 2010.

UK – Civil society is carefully monitoring the progress of the government's International Health Partnership (IHP) initiative. It is not yet known whether

⁹ The Italian Gcap was set up in March 2005, initially there were 24 promoters, today 70 national and international associations are supporting the coalition (environmental, social, development cooperation, peace associations and movements, trade unions - 3 major Italian Unions CGIL, CISL, UIL). The Millennium Campaign is also supporting the coalition.

¹⁰ See: http://www1.minfin.ru/off_inf/concept_eng.pdf.

¹¹ See: <http://www.eecaac.org/en/about.phtml>.

IHP will result in shifting resources from UA. What is known is that IHP which is intended to result in more effective, coordinated and sustainable programmes will be tested in 7 countries: Burundi, Ethiopia, Kenya, Mozambique, Zambia and from Asia: Cambodia and Nepal.

US – AIDS advocates are pressing for \$30 billion to provide ½ of the G8's stated commitment of providing \$60 billion to fund the provision of UA and will encourage the US administration to call on other G8 member states to make a fair share contribution to fund the difference. Candidates for the Presidential election are being asked to sign a pledge for the US to contribute \$50 billion over the next 5 years to continue the PEPFAR programme without the restrictions that have received widespread criticism.

African participant perspectives

The participants from Africa represented broad networks with ties to organizations with a presence in numerous countries throughout the African continent. As such they presented regional perspectives on ways to increase collaboration between African civil society organizations and their northern counterparts. Organizations represented include: the 15% Now Campaign, HDN- Health and development Networks, Open Society Initiative for Southern Africa, Treatment Advocacy Literacy Campaign and the WAC's Southern African regional office.

First and foremost, the principle of partnership was emphasized as an essential ingredient in any meaningful attempt to forward development in Africa. There was concern that debates where Africa's future hangs in the balance could obscure the obvious need for both access to prevention and treatment and direly needed improvements in the continent's health care systems. As Africa remains the epicentre of the epidemic, a dramatic shift in strategy is seen as likely resulting in devastating consequences—there simply is no question that the commitment to treatment must be fulfilled.

Africa, as one participant remarked, is plagued by a lack of resources, personnel, infrastructure, and concerns over the quality of the drugs it receives all of which make it difficult to make forward progress but there can be no retreat.

The TICAD process is looked upon as good sign, but the inability of African civil society to participate in the process thus far calls into question whether African grass roots voices will be heard. It was also noted that much work will be necessary to persuade already overburdened NGOs to take up another task, so it will be important to demonstrate how taking part in the G8 process is an opportunity.

There was widespread recognition of the importance of adding a Southern perspective to the northern discussions that dominate the G8 process. But it was stressed that in order for African NGOs to effectively participate they must be a routine component of an ongoing information sharing process. This will require regular communication either by

conference calls or through internet communications to coordinate with their northern civil society counterparts.

Some African civil society organizations will have difficulty “getting their issues into the rooms” of governments who are otherwise indifferent to their concerns. It also will be necessary to assist some organizations by teaching them how they can best communicate information to governments and other international fora.

Other possible entry points to influence policy were explored including the African Union, the African Partnership Forum and the UN Special Envoy for Africa.

It was agreed that there was a need for both the southern and northern participants to consider at every available opportunity how their actions could reinforce the efforts of the other in the months leading up to the G8 summit.

Conclusion

The Civil G8 consultation convened by WAC was another important step in what has been a growing international collaboration of AIDS advocates who aim to bring continuity and accountability on AIDS to the G8 process. It was significant that this process got underway earlier than in previous years and included from the outset African civil society counterparts in planning for the upcoming G8.

But the gathering also had an intended purpose of identifying a series of concrete actions that the assembled organizations would undertake collectively. These are attached as Annex entitled “AIDS CIVIL G8 Action Plan 2007/8.” The Action plan is a living document that will be continually revised to take into account new opportunities and to build on those already identified.

The participants are mindful that there will be many challenges in the coming months. Not the least of which is to ensure that years of progress is not abandoned and that a “diagonal approach” to AIDS is taken that finds balance with other global health challenges.

Civil society organizations will also have to overcome resources challenges to ensure that their voice is heard, a challenge that can difficult to meet not only in the South, but also in the North.

Still it was clear that among the organizations assembled there was strong enthusiasm in beginning to work together to build a collective international response led by coalitions of organizations in each of the G8 member-states and civil society allies on the African continent.