

## **Leaders Summit on Global Infectious Disease: Toward an L20?**

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### **Conjectural Communiqué by**

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### **Summary**

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Global health deserves the attention of Heads of State, a fact which has been affirmed by the consistent attention given to the fight against infectious disease by the G8. A meeting of the Heads of State of the G20, however, could go further by offering an opportunity for donor and developing countries to make mutual commitments to issues of common concern. For each of the key challenges facing global public health, both the “North” and “South” will achieve more by using the occasion of a L20 summit to leverage specific commitments from the other party. A resulting L20 communiqué would be the following:

#### *1. Strengthening Technical Assistance*

*1.1 We welcome increased domestic, bilateral and multilateral aid to developing countries to fight infectious diseases, particularly AIDS, tuberculosis and malaria, and we encourage the necessary technical assistance to make effective use of these resources in quickly scaling up proven methods to fight these diseases.*

*1.2 We reaffirm our commitment to United Nations agencies including WHO and UNAIDS to provide technical assistance and call on them to support a new initiative whereby L20 members will organize and finance “Global Health Corps” to provide “South-South” regional technical support among developing countries.*

#### *2. Expanding human capacity*

*2.1 We note with great concern the need for greater human resources, especially in Africa, to achieve the development goals set out in the Millennium Summit. Halting the brain drain and increasing local capacity should be a priority of donor and developing countries, multilateral organizations and other partners.*

*2.2 We encourage high-income countries to take steps to reduce the recruitment of health professionals from poor countries and to increase aid for bilateral recipients to fund health professional salaries. We encourage developing countries to urgently build new training facilities for healthcare workers, to maximize existing capacity by adapting health systems to leverage workers with less formal training, and to provide salary supplements to health professionals working in rural environments.*

### *3. Ensuring access to medicines*

#### *3.1 We recognize the need to increase a*

## **Background**

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Leadership summits are appropriate and important occasions to advance the fight against disease. The G8 have increasingly prioritized global health over the past few years, using G8 Summits to affirm visible and senior political commitment to issues that need championing (as when the G8 set its site on AIDS, tuberculosis and malaria in Okinawa in 2000), to pledge resources (more than \$1 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria at Evian in 2003) and to commit to concrete policies or collaborative projects (the Global HIV Vaccine Enterprise in Sea Island in 2004). When the G8 last met, two of the 16 final documents focused exclusively on global health, and an additional five discussed global health as part of broader topics.

Though the G8's focus is critical, a leaders' summit of the G20 could go further. Donors have substantially increased development assistance for health in the past five years, and they are keen to see their resources leverage greater leadership, action and local investment by recipients. A L20 summit which focused on the challenges facing global health would allow key representatives of developing countries to meet this need, and in so doing advance their own interests by encouraging donors to provide greater resources on the basis of greater confidence and shared responsibility. However, a L20 communiqué is only relevant insofar as it expresses

management expertise to procurement support to assistance in data monitoring. Donors have been keen to fund TA, but thus far the focus of TA has been on bilateral and multilateral agencies which may or may not have expertise or capacity in all of these areas. While their contributions are essential, there is untapped potential for South-South cooperation.

Some countries are already making progress in this front. Brazil recently launched its International Center for Technical Cooperation on AIDS (which could serve as a model for a larger effort). Cuba has made available thousands of healthcare workers to travel to Africa to support AIDS training programs. Other countries like Thailand and Uganda, who have been successful in their AIDS programs, could also usefully share their expertise with regional neighbors struggling to replicate their success. As new programs make strides forward, documenting and disseminating what works will become ever more important. For example, the experience of Rwanda and Botswana offers lessons for AIDS treatment in Africa, as does the experience of private providers like Anglo American.

Regional leadership in this task could be facilitated by a L20 dialogue. For a nation like India which is looking to assert itself in the international arena – including making a bid for a permanent Security Council seat – a leadership role would be appealing. The South may also see an advantage if the dialogue encourages greater funding by the North. For donors, regional efforts to extend technical assistance will help make better use of existing investments. Also, South-South TA could also help to affirm the expansion of salubrious domestic policies (eliminating tariffs on public health products) which maximize the use of donor resources.

Therefore a L20 summit should encourage South-South TA, possibly through a concrete collaborative project that is funded by the North. A L20 summit could propose regional “global health corps” of governmental and nongovernmental healthcare workers and project managers, who would be available to work in other developing countries to share best practice. Regional leadership of the project would be by a L20 member, with the United Nations providing administrative support and the donors of the L20 providing the financing.

This proposal could be reflected by the following language in a L20 communiqué:

### *1. Strengthening Technical Assistance*

*1.1 We welcome increased domestic, bilateral and multilateral aid to developing countries to fight infectious diseases, particularly AIDS, tuberculosis and malaria, and we encourage the necessary technical assistance to make effective use of these resources in quickly scaling up proven methods to fight these diseases.*

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*by adapting health systems to leverage workers with less formal training, and to provide salary supplements to health professionals working in rural environments.*

### **Access to Medicines**

The international debate over the past five years about the impact of global trade rules on public health and access to medicines has been driven in large part by concerns about the price of antiretroviral therapy for AIDS treatment in developing countries. Duraboutneast five





turn of the century totaled only \$11 – \$4 in domestic spending by the government, \$5 in domestic out-of-pocket expenditure, and \$2 in donor support. The ratio of the recommended \$34 is \$15 domestic to \$19 of international aid. Overall, budgetary spending on health, it is recommended, must increase by an additional one percent of GDP in developing countries by 2007.

While G8 summits provide a setting to make new commitments to donor aid, occasions for developing countries to commit to increased domestic spending are less obvious. A L20 summit could offer such an opportunity, with actual commitments by leading developing countries which are members of the L20 and, importantly, leadership from them to ensure that other developing countries follow their example. A visible sign of increased spending by developing countries themselves will affirm the additionality of donor funds and will encourage high-income countries to give more. From these countries, it is likely that a L20 would provide an opportunity for continued political commitment to the goal of increased resources.

A communiqué could therefore read:

#### *4. Increasing financial resources*

*4.1 We recognize the need for increased resources to ensure the provision of basic health care to individuals around the world and to achieve agreed international health targets, including the 2001 Declaration of Commitment on HIV/AIDS. We further recognize the necessity of increasing both bilateral and multilateral aid as well as domestic budgetary spending in developing countries.*

*4.2 As regional leaders of developing countries, we commit to increased national*

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Melinda Gates Foundation, which has also made available unprecedented resources for vaccine research into other neglected diseases (rotavirus, pneumococcus and meningococcus to name but a few). Developing countries have also made strides forward by expanding their own research initiatives. For example, an International Vaccine Institute has been launched in South Korea to pool scientists for research relevant to neglected diseases in Asia. Thailand has been cited by the Wellcome trust as a leader in clinical research for malaria therapeutics.

Investment by pharmaceutical and biotechnology firms, however, remains limited due to the lack of a concrete financial incentive. This is despite previous statements