

## **Fight Against Infectious Disease**

**St. Petersburg, July 16, 2006**

1. A vigorous response to the threat of infectious diseases, the leading cause of death worldwide, is essential to global development and to the well-being of the world's population. Major diseases such as HIV/AIDS, tuberculosis, malaria, and measles continue to exact a heavy toll on economies and societies around the world, particularly in developing countries, impeding achievement of Millennium Development Goals (MDGs). For a large number of these diseases there are still no effective drugs, vaccines or other treatment available for the majority of the population in less developed countries. The situation is especially acute in least developed countries, particularly in Africa where governments and their people face limited access to prevention and essential healthcare information, inadequate capacity of healthcare systems, the shortage and significant outflow of qualified health workers, resource constraints, and often inadequate nutrition, clean water, and sanitation. Compounding these challenges, the recent emergence of highly pathogenic avian influenza, with the accompanying possibility of a human pandemic, demands our immediate attention. Effective, coordinated and comprehensive action is necessary to combat all infectious diseases.

2. To address these challenges, we, the G8 Leaders, are determined to achieve tangible progress in the following areas:

improved international cooperation on the surveillance and monitoring of infectious diseases, including better coordination between the animal and human health communities, building laboratory capacities, and full transparency by all nations in sharing, on a timely basis, virus samples in accordance with national and international regulations and conventions, and other relevant information about the outbreaks of diseases;

intensification of scientific research and exchanges in the area of infectious diseases, with a special attention given to involving scientists from developing countries in international scientific research programs;

support for efforts by the relevant international organizations to respond effectively to outbreaks of avian influenza and to help the global community prepare for a possible human influenza pandemic, including timely implementation of the commitments made at the January 2006 Beijing International Pledging Conference on Avian and Pandemic Influenza;

fulfillment of prior G8 commitments on the major infectious diseases, in particular by mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria; continuing to pursue as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010; supporting the Global Plan to Stop TB; providing resources in cooperation with African countries to scale up action against malaria; continuing to expand the Global HIV Vaccine Enterprise; and continuing our support for the Global Polio Eradication Initiative so that the planet can be declared polio-free within the next few years;

improved access to prevention and treatment of diseases for those in need, through assistance programs focused on strengthening the capacity of health systems and the training, deployment, and retention of qualified health workers; and through innovative clinical research programs, private-public partnerships, and other innovative mechanisms;

support for efforts by work with relevant international organizations to mitigate the health consequences of emergencies, including natural and man-made disasters, including through better coordination and capacity building.

## Strengthening the Global Network for Surveillance and Monitoring of Infectious Diseases

3. Effective monitoring of infectious diseases, which includes timely reporting, sharing of samples in accordance with national and international regulations, conventions and the exchange of reliable data on outbreaks with the aim of leaving no populated area uncovered, are an essential part of preventing and fighting epidemics. New infectious diseases, along with new strains of already known pathogens, can be expected to emerge periodically. Recent outbreaks of highly pathogenic avian influenza (H5N1) highlight the need for improved international cooperation in detecting such diseases and mounting an effective response. In this regard, we support immediate implementation of the provisions of the revised International Health Regulations considered relevant to the risk posed by avian and pandemic influenza. We will comply with the provisions, including those related to rapid and transparent notification, and to provision of essential information.

4. We will continue to support existing global networks working under World Health Organization (WHO) auspices, such as the Global Outbreak Alert and Response Network (GOARN). We also call upon the international community to take such measures as are necessary to further strengthen global surveillance mechanisms by:

enhancing information exchange and encouraging national governments to provide timely and reliable information in an open and transparent manner;

helping developing countries improve the capacity of their national systems for the surveillance and monitoring of infectious diseases, by providing technical assistance and training experts;

building preparedness for future emerging infectious diseases, including through future-oriented scientific and clinical research projects.

5. Improved cooperation between relevant organizations and experts working in the area of human and animal health at both the national and international levels will aid detection, identification and timely responses to zoonotic infections. In particular, we urge the WHO, the World Organization for Animal Health (OIE) and the United Nations Food and Agriculture Organization (FAO) to continue to work together on a strategic and sustainable basis, on initiatives such as the Global Early Warning System (GLEWS). We will also seek to improve global and regional cooperation among experts to combat illegal wildlife trafficking, which is contributing to the spread of zoonotic diseases.

6. An accelerated and more broad-based program of scientific and clinical research will be of central importance in our battle against infectious diseases. In this effort, we will aim to increase scientific cooperation with developing countries, encourage partnerships between experts and laboratories of developing and developed countries, and increase the scientific potential in countries of all income levels. We encourage organizations that fund scientific research to expand the participation of experts from developing countries wherever possible, and to overcome barriers that may inappropriately limit such participation. By expanding ties with developing countries institutions for the application of research findings in those countries, we can help prepare the current and future generations of scientists in developing countries to function and excel in a global environment. Such programs should include training in designing and managing ethical clinical trials.

## Fighting Highly Pathogenic Avian Influenza and Increasing Global Preparedness for a Human Pandemic

7. The threat of an influenza pandemic has already affected economies and raised concerns globally. Serious outbreaks of highly pathogenic avian influenza have been registered in many regions and continue to spread rapidly. It is possible that the H5N1 virus, or another one like it, could transmit from human-to-human. This underscores the need to be adequately prepared and equipped, including to ensure societal and business continuity.

8. We also recognize the importance of strong coordination between human and animal health services. Improved readiness to fight animal outbreaks is important. We recognize a need to strengthen animal health services and laboratories, encourage better monitoring of the wild animal population, enhance virus detection and research, improve inspection and support outbreak containment plans through the teaching of good farming practices.

9. We recognize the need to employ the quickest possible initial response from the outset of any human pandemic influenza. In this regard, we encourage rapid progress by the WHO to prepare a Protocol for Rapid Response and Containment.

10. We recognize and appreciate the leading roles of the WHO, FAO, and OIE in the global response to highly pathogenic avian influenza, and in helping countries prepare for a potential human pandemic. We will continue to provide full support for their efforts, and for those of the international financial institutions such as the World Bank, the Asian Development Bank, and the International Monetary Fund. In this regard, we welcome the initiative launched by the FAO and OIE to develop a more effective platform for the global emergency response to animal outbreaks of the avian influenza virus, including through the establishment of a Global Crisis Management Center for Highly Pathogenic Avian Influenza, and the use of international rapid response and assessment teams under OIE/FAO auspices. We call upon potential donors to support this initiative.

11. A robust and comprehensive program of assistance to vulnerable affected countries, particularly those in the developing world, is an essential part of our global response to avian and pandemic influenza. At the International Pledging Conference on Avian and Human Influenza, held in Beijing in January 2006, the international donor community rose to the occasion with generous commitments. We call upon all donors to honor their commitments, and to do so in a timely fashion.

12. At the Beijing Conference, we also emphasized the need for effective coordination of efforts to combat avian influenza and the risk of human influenza pandemics at the national, regional and international levels. In this regard, we encourage and support the continued work of the UN, the World Bank, and the International Partnership for Avian and Pandemic Influenza. We pledge to coordinate our international investments to fight the spread and impact of the disease. We welcome the progress achieved by the June 6-7, 2006 Partnership meeting in Vienna.

13. In addition to ongoing initiatives, we will support such efforts through the following actions:

working with the WHO, FAO, and other UN agencies to update global avian influenza and pandemic influenza control strategies and preparedness plans; establish standard operating procedures and logistical arrangements, using existing technical networks; and to encourage robust arrangements for the quickest possible reporting;

supporting efforts to increase worldwide production capacity for, and stockpiling of, antivirals;

working with pharmaceutical companies to examine options for increasing production capacities for vaccines, and encouraging development of next generation influenza vaccines;

supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research, by helping them to develop their national plans, build relevant infrastructure, train experts, strengthen veterinary services and laboratories and mitigate the socio-economic impact of control measures;

raising awareness among populations, and enhancing public education programs in all countries at risk;

exchanging timely information and samples, in accordance with national and international regulations and conventions, related to the occurrence of avian influenza in our countries on a timely basis with the international community, and developing and using best practices for influenza preparedness, surveillance and control;

using reference and national laboratories for the timely detection of avian influenza, and encouraging the establishment of additional laboratories in epidemic-prone regions. In this regard, we welcome the Russian proposal to establish the WHO Collaborating Centre on Influenza for Eurasia and Central Asia, subject to meeting all applicable WHO and other international standards, to enhance international capacity to counter the spread of the viruses in the region.

Recognizing the need for increased consultation and coordination in a quick response to an outbreak, we agree to increased coordination of preparedness, prevention, response, and containment activities among nations.

#### Combating HIV/AIDS, Tuberculosis and Malaria

14. HIV/AIDS, tuberculosis (TB) and malaria cause millions of preventable deaths each year and undermine socio-economic development in many parts of the world, especially in Africa. We pledge our continued support to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the WHO, the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund), the World Bank and other organizations, initiatives and partnerships actively working to fight these diseases.

15. Confronting the HIV/AIDS epidemic has been one of our top priorities for many years. We addressed this issue at the Kyushu-Okinawa Summit in 2000 and at the 2001 Genoa Summit, when we endorsed the establishment of the Global Fund, and with the adoption of the Declaration of Commitment to Fight HIV/AIDS by the United Nations General Assembly later in 2001. We have made progress since then, but combating this disease will continue to be one of our top priorities. We remain committed to halting and reversing the spread of HIV/AIDS, as called for in the United Nations Millennium Development Goals (MDGs), and to the objectives outlined in the Gleneagles Summit Communiqué, and the call in the United Nations General Assembly Political Declaration on HIV/AIDS of June 2006 for scaling up significantly towards the goal of universal access to comprehensive prevention programs, treatment, care and support by 2010.

16. We welcome the focus by the Africa Partnership Forum on HIV/AIDS this year, as well as the first Conference on HIV/AIDS in Eastern Europe and Central Asia in May 2006 in Moscow and we look forward to the XVI International AIDS Conference in Toronto in August 2006, where the world community will address the theme 'Time to Deliver.'

17. In our response to HIV/AIDS, we will adhere to the following principles:

further promotion of a comprehensive and well-balanced approach to tackling HIV/AIDS, which includes prevention, treatment and care;

continued involvement of all relevant partners, including civil society, the private sector and people living with HIV/AIDS, in the activities to tackle the HIV/AIDS pandemic and to reduce stigma and discrimination against people with this disease;

scale up support to address the rising rates of HIV infection among young people, particularly young girls and women;

supporting the continued implementation of comprehensive, evidence-based strategies of prevention, and the development of new and innovative methods of prevention, such as microbicides, and vaccines against the diseases that increase the risk of HIV transmission;

facilitating access to prevention, treatment and care for the most vulnerable segments of the population;

building the capacity of health care systems in poor countries through recruitment, training and deployment of public and private health workers; and raising public awareness of the existing threat in all countries affected.

18. The Global Fund is an important instrument in the battle against HIV/AIDS. We will work with other donors and stakeholders in the effort to secure funds needed for the 2006-2007 replenishment period and call upon all concerned to participate actively in the development of a four-year strategy, aimed at building a solid foundation for the activities of the Fund in the years ahead.

The G8 members will work with governments and technical agencies to support the preparation of high quality, timely proposals for Global Fund AIDS, Tuberculosis and Malaria grants.

19. The impact of HIV/AIDS, TB, and malaria has been particularly severe in Africa, where these three deadly diseases exist side-by-side with a plethora of other deadly, endemic infections. Efforts by African nations to deal with these problems, strengthen their public and private healthcare systems and reduce the likelihood of epidemics on the continent require continued meaningful and concerted support from the international community. We reaffirm our partnership with African nations and with the African Union, and will continue to work with them to deliver on the goals of the New Partnership for Africa's Development (NEPAD), to improve health systems overall and to fight infectious diseases.

20. We remain committed to our Sea Island Summit initiative on creation of a Global HIV Vaccine Enterprise, and reaffirm our determination to bring it to fruition. We are convinced that there is a need to enhance the scientific and technical capacities in this area at the global, regional and national levels. In this regard, we welcome the Russian proposal to establish a regional coordination mechanism to promote HIV vaccine development in the countries of Eastern Europe and Central Asia, and call for this initiative to be carefully coordinated with the Global HIV Vaccine Enterprise. We also welcome coordination of activities and the cooperation between the Global HIV Vaccine Enterprise and other global initiatives and North/South partnerships active in this field, such as the European and Developing countries Clinical Trials Partnership (EDCTP) on clinical trials in Africa.

21. One-third of the world's population is exposed to the risk of contracting TB, which claims about two million lives each year. In certain regions, it affects more people today than it did twenty years ago. We reaffirm the commitment we made at the Genoa Summit in 2001 to halt the spread of this disease. We will also support the Global Plan to Stop TB, 2006-2015, which aims to cut TB deaths in half by the year 2015 compared to 1990 levels, saving some 14 million lives over ten years, and call upon all donors and stakeholders to contribute to its effective implementation.

22. We note with concern the rate of HIV/AIDS and tuberculosis co-infection and seek to promote unified coordination for activities in this regard.

23. Annually, more than 300 million people throughout the world contract malaria. Over one million die of malaria each year. Children who live in Sub-Saharan Africa account for at least 80% of those deaths. African countries suffer economic losses from malaria estimated at 12 billion dollars annually. The tragedy is that malaria is both preventable and treatable with proven, cost-effective interventions.

24. The fight against malaria can save hundreds of thousands of lives, and bring new hope to countries that have been devastated by this terrible disease. To address this urgent situation, we:

reaffirm our commitment to work with African countries to scale up malaria control interventions, reduce the burden of the disease, and eventually defeat malaria on the continent and meet the Abuja target of halving the burden of malaria by 2010

agree to strengthen malaria control activities and programs in African countries with the objective of achieving significant public health impact;

will collaborate with governments, private sector companies and non-governmental organizations in public-private partnerships to expand malaria interventions and programs;

support the development of new, safe, and effective drugs, creation of a vaccine, and promotion of the widest possible availability of prevention and treatment to people in need;

welcome efforts in the framework of the "Roll Back Malaria Partnership" and support activities of public and private entities to save children from the disease.

25. Finally, we commit ourselves to a regular review of our work in the field of tackling these three pandemics.

#### Polio Eradication

26. Since the launch of the Global Polio Eradication Initiative (GPEI) in 1988, we have made considerable progress. Presently, polio is endemic in a very small number of countries. There are sound reasons to believe that as a result of unprecedented measures taken by the international community, the world is now at the threshold of eradicating this disease.

27. We urgently call for mobilization of financial support and will continue to work collectively and with bilateral and multilateral donors to close the funding gap for 2007-2008, and will continue to work with others towards securing the resources necessary to finish the program and declare our planet polio-free in the near future.

28. The existing polio monitoring network is a valuable resource. We will work with other donors and stakeholders to maintain this network after polio has been eradicated, with a view to supporting other public health objectives, in particular those related to disease monitoring.

#### Measles and Other Preventable Diseases

29. Measles remains a major cause of child mortality among the vaccine-preventable diseases. We will continue our support for the Measles Initiative launched in 2001 and will work towards a steady decrease in the number of measles-related deaths, progress in halting the spread of measles in regions and countries, and its eventual elimination.

30. We will assist the Global Measles Partnership and encourage the WHO to continue to implement its plans on measles prevention and elimination, as mandated by the World Health Assembly in 2004, and to propose measures donors and national governments should take to reach and maintain a high level of immunity to measles.

31. We must also increase our efforts in the fight against other preventable diseases, including pneumonia, diarrhea and neglected diseases such as leishmaniasis, Chagas disease and onchocerciasis, particularly by increasing the volume and quality of medical research on neglected diseases in developing countries.

#### Access to Prevention, Treatment and Care

32. Improved access to means of prevention and treatment and care in many countries is essential to curbing infectious diseases, notably HIV/AIDS, TB and malaria and to reducing their negative impact on development. We raised this issue in Evian in 2003. In this respect, we note the possibility of WTO Members to use the flexibilities in the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as well as the compulsory licensing solution of 30 August, 2003 to enable developing countries without manufacturing capacity in the pharmaceutical sector to import medicines they need. We note that despite certain achievements, many countries still cannot get access to safe, effective and affordable medicines for those in need.

33. The limited capacity of health systems is a major barrier to coming as close as possible to universal access to treatment for those who need it by 2010 and has an impact on other related health outcomes such as maternal mortality and mother-to-child transmission of HIV/AIDS, hindering comprehensive, effective, evidence-based prevention, and providing care. In this regard, we agree to continue to support efforts by developing country partners, particularly in Africa, to ensure that initiatives to reduce the burden of disease are built on sustainable health

systems. We will also continue to emphasize the training, deployment and retention of health workers in our health sector assistance programs. In this regard, we take note of the creation of the Global Health Workforce Alliance, and encourage further work by the WHO and other donor organizations in this area.

34. We call for a wider use of strategies and tools that promote investment in the research, development and production of vaccines, microbicides and drugs for HIV, tuberculosis, malaria and other diseases, and that assist in scaling up access to these means of prevention and treatment through innovative clinical research programs, private-public partnerships and other innovative mechanisms. In this regard, we take note of the steps taken on voluntary innovating financing mechanisms and other funding initiatives, the details of which are set out in the annex.

In order to stimulate active involvement of the pharmaceutical industry, we are committed to strengthening cooperation with regulatory authorities in developing countries and to working with them on identifying appropriate standards and pathways for swift regulatory approval of new prevention and treatment methods.

35. We call for wider recognition of the rapidly increasing problem of antimicrobial drug resistance that has already rendered a growing number of infectious diseases harder and more costly to treat with available drugs. We encourage increased mobilization of efforts to address this problem of global dimensions.

36. Access to health care in developing countries could be significantly enhanced through a wider range of financing options including health insurance programs. We encourage stepped-up discussion at the international level on practical approaches to the expansion of public, private and community-based health insurance coverage in developing countries, learning from the successes achieved by both developed and developing countries in this regard. We invite the OECD and appropriate organizations to work on this issue. We welcome France's offer to host a high level meeting on this issue by the end of 2006.

37. Finally, we encourage governments around the world to consider eliminating import tariffs and non-tariff barriers on medicines and medical devices, where appropriate, as a measure to reduce further the cost of healthcare for the poor, and expand their access to effective treatments.

#### Health Consequences of Natural and Man-Made Disasters

38. Natural disasters alone can result in tens of thousands of deaths and adversely affect the lives of millions of people. Over the last 25 years, natural disasters have caused over US \$100 billion worth of material damage. The tsunami that hit dozens of countries in South-East Asia, South Asia and East Africa in 2004, the hurricane seasons that ravaged the United States coastal areas, Mexico, Central American and Caribbean states in 2004 and 2005, the October 2005 earthquake in South Asia, and the May 2006 earthquake in Indonesia were terrible ordeals for the people affected by them.

39. We focused on the issue of disaster risk reduction at Gleneagles and outlined the need for a series of practical measures, in particular through strengthened early-warning systems, as well as improved coordination and prompt humanitarian relief efforts.

40. We reaffirm the importance of the coordinating role played by the UN in the area of humanitarian emergency response through its Office for the Coordination of Humanitarian Affairs (OCHA) and seek to further enhance the effectiveness of United Nations entities in tracking and coordinating assistance to the affected countries.

41. We welcome the decisions on health actions in crises and disasters taken at the 2005 UN World Conference on Disaster Reduction in Hyogo, Japan and at the 58th World Health Assembly.

42. Given the potential for the breakdown of public health services as a result of natural and man-made disasters, we support actions aimed at improving the preparedness and capacity of healthcare systems to meet health challenges posed by emergencies, especially in developing countries.

43. In this regard, we welcome the resolution of the 59th World Health Assembly on Emergency Preparedness and Response and, in particular, its emphasis on the need to ensure that WHO, within its mandate, is able to respond to emergencies and crises; to implement measures to enhance WHO participation in the overall humanitarian response through existing mechanisms, as well as a global database of authoritative technical health references aiming to facilitate health sector response to emergencies and crises; to establish and maintain a tracking service that will monitor and assess mortality rates in emergencies in collaboration with relevant organizations of the United Nations system and other partners; to take part in UN-wide mechanisms for logistics and supply management that would assure immediate mobilization of vital supplies in emergencies and crises.

44. We commit to strengthen existing networks aimed at mitigating health consequences of natural and man-made disasters, including through effective use of rapid response teams, where appropriate, and helping disaster-prone developing countries build their own capacities in this area.

#### Annex

##### Canada

Canada will contribute C\$450 million between 2006-2016 to support country-led efforts to strengthen health systems and improve health outcomes in Africa.

Canada is ready to contribute C\$100 million to support an Advance Market Commitments pilot project to develop a vaccine for pneumococcal disease.

Canada will contribute C\$250 million in 2006 to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to support 2006-07 activities. Canada has committed C\$800 million to support efforts to fight HIV/AIDS since 2000. Other recent Canadian initiatives include C\$160 million for the Global Alliance for Vaccines and Immunization (GAVI), C\$62 million to the International AIDS Vaccine Initiative and C\$5 million to the African AIDS Vaccine Programme. Canada has also committed C\$15 million to the International Partnership for Microbicides.

Canada will contribute C\$57 million to support the international response to avian influenza, and to prepare for potential future pandemics.

In 2006, Canada will contribute C\$45 million to the Global Polio Eradication Initiative.

##### European Commission

Since the Creation of the Global Fund in 2001 the EC will have contributed €522 million by the end of 2006, with €90 million allocated in 2006 alone.

In 2002-2006, the EC will have spent €420 million on research targeted at the three main communicable diseases - HIV/AIDS, malaria and tuberculosis a four-fold increase in comparison to the previous four-year period.

The European Commission pledged €100 million at the Beijing Conference in January 2006 to confront avian influenza and prepare for a possible human pandemic, with additional €111 million pledged by the EU Member States. €20 million of European Commission's pledge is targeted to support of scientific research projects, with a further €80 million devoted to assistance projects.

As regards polio eradication, the European Commission has provided €61 million to finance supplementary immunization activities in countries with endemic transmission - Nigeria, Niger and Somalia. In Nigeria this support was provided on top of already existing support of €118 million for immunization and polio eradication. Additional funding of €15 million to support eradication activities needed in Ethiopia.

#### France

France will spend €1,4 billion for the period 2006-2008 for multilateral actions related to the fight against emerging and transmissible diseases.

Regarding innovative financing, France has launched an air ticket solidarity contribution, which so far 17 countries expressed their intention to endorse. At least 90 percent of the proceeds of this contribution (estimated to around €200 million a year), which is effective from 1 July, will finance an international drug purchase facility-UNITAID, aimed at ensuring an uninterrupted supply of pre-qualified products at reduced price for beneficiary countries. The IDPF-UNITAID will be launched at the time of the UN General Assembly in mid-September. France also contributes to the pilot International Finance Facility for Immunization (IFFIm), with the first bond issuance expected to take place in 2006 in order to finance GAVI. With a commitment of \$2 billion over 20 years, France will be the second contributor to this initiative.

France will make an increased contribution to the Global Fund (€225 million in 2006 and €300 million in 2007) and will therefore be its second contributor.

For the period 2006-2007, France will spend €290 million through its bilateral ODA for the achievement of health-related MDGs and for the strengthening of health systems in developing countries.

#### Germany

Germany is actively engaged in prevention and control of infectious diseases in developing countries.

The German government annually spends €300 million on prevention and control of HIV/AIDS, malaria and tuberculosis and health system development. Germany ranks fifth in the international bilateral donor community on combating polio and has committed €39 million of new bilateral funds.

For efforts to fight Avian Influenza, Germany has committed approximately €40 million for bilateral programs in Asia and Africa, for vaccine development and for support for a global crises-reaction-mechanism.

With €800 million is the largest door for bilateral water projects which is a very important pillar in fighting infectious diseases.

Germany is also promoting research into treatments that are of special interest to developing countries.

#### Italy

Italy has put forward a market-based mechanism to foster research and development of new vaccines against infectious diseases that mostly hit poor countries: Advance Market Commitment (AMC). Together with GAVI and the World Bank, a pilot project has been developed that can be launched in 2006.

Italy is also actively participating in the financing of several multilateral/ bilateral initiatives fighting Malaria, Polio, Tuberculosis, Avian flu and other infectious diseases.

Italy will provide 600million USD to the IFFIm over 20 years and contribute 460 million euros to Global Fund in the period 2004-2007.

These specific contributions are made following a more general approach of substantial support for the strengthening of national health systems and of monitoring and prevention capabilities in developing countries.

#### Japan

Japan launched the 'Health and Development' Initiative in June 2005 aiming to provide up to US\$ 5 billion over five years from 2005 to 2009 to combat infectious diseases and other threats to health in the developing countries, out of which more than US\$ 620 million has been disbursed during the fiscal year 2005.

In June 2005, Japan pledged to contribute US\$ 500 million to the Global Fund in the coming years, and contributed US\$ 130 million to the Fund in March 2006 as the first step to fulfill this commitment.

To combat avian and human pandemic influenza, Japan pledged US\$ 155 million on the occasion of the International Pledging Conference on Avian and Human Pandemic Influenza held in January 2006 in Beijing, and has disbursed the full amount.

#### Russia

Russia and the World Bank agreed to collaborate in developing debt-for-development swap for channelling \$ 250 million freed-up from debt service to high priority development actions in Sub-Saharan Africa. In some of these HIPC eligible countries, the World Bank is developing important projects and programs in support of country strategies to fight infectious diseases. Russia will join forces with the World Bank in the fight against malaria in Sub-Saharan Africa, and will support the World Bank-led malaria booster program that aims to achieve tangible results by 2010. Besides that Russia and the World Bank agreed to expand their cooperation in Central Asia to meet the challenge of infectious diseases.

In 2005, Russia has doubled up to \$40 million its pledge to the Global Fund. Russia also intends to reimburse to the Global Fund till 2010 near US\$270 million, which were distributed to fund projects in Russian Federation.

Russia has committed to contribute US\$18 million to the Global Polio Eradication Initiative.

Russia has pledged near \$45 million for efforts to prepare for, detect, and rapidly respond to outbreaks of highly pathogenic avian influenza.

Russia welcomes progress made on Advance Market Commitments (AMC) on vaccines and looks forward to a successful launch of the AMC pilot project.

#### United Kingdom

The UK is committed to the achievement of the objectives set at Gleneagles, including universal access to drugs against HIV/AIDS by 2010. The UK is committed to spend €1.5 billion on HIV/AIDS from 2005/06 to 2007/08 and will contribute €360 million to the Global Fund between 2002 and 2008. The UK also supports innovative financing mechanisms: it will provide €1.4 billion over 20 years to the IFFIm to tackle preventable diseases, and has announced that it is prepared to make a long-term financial contribution to the IDPF-UNITAID. The UK is prepared to make a long-term financial contribution to pilot AMC. It supports the launch of a Pneumococcus AMC by the end of 2006 and believes that a Malaria AMC should be explored. The UK also funds seven product development public private partnerships, which carry out research into new drugs, vaccines and microbicides for tackling communicable diseases. The UK is providing €60 million between 2006 and 2008 towards the cost of eradicating polio.

#### United States

The United States will provide \$15 billion over 5 years to support international HIV/AIDS programs; will contribute \$90 million in fiscal year 2006 to bilateral tuberculosis programs in

over 35 countries; will increase funding for malaria prevention and treatment by more than \$1,2 billion over 5 years; has provided nearly 25 percent of Global Polio Eradication Initiative funding; has pledged \$362 million for countries to prepare for, detect, and rapidly respond to outbreaks of highly pathogenic avian influenza; has contributed over \$1.5 billion over the past 5 years to save the lives of children under age 5 for support for childhood vaccinations and treatment for pneumonia and diarrhea; has awarded nearly \$1 billion in grants to U.S.-based research institutions that collaborate directly with counterparts in developing countries to investigate, develop, and test novel approaches to prevention, control, and treatment of infectious diseases; and takes note of the technical work by the World Bank and GAVI on AMC for vaccines, and supports additional work towards a successful launch of an AMC pilot project by the end of the year.

Source: <http://en.g8russia.ru/docs/10.html>