

＜資料 2＞G8 保健専門家会合に向けた市民社会からの提案（英語のみ）

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## The Common Framework for Action in Global Health: Input from the Global Health Committee

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The recommendation was written by World Vision Japan and JOICFP (1), Research Institute of Tuberculosis/Japan Anti-Tuberculosis Association/Results Japan (2A), Africa Japan Forum (2B, C), OXFAM Japan (3), IAVI (4A, B, C).

### 1. On the Goal-specific Approach

#### 1) MDG 4 and 5: Maternal, Newborn and Child Health (MNCH) and Reproductive Health

The G8 and other donor countries should:

- A. Provide focused support to strengthen the capacity of health services in rural areas by increasing the number of community health workers, midwives and other health personnel and strengthening health infrastructure.
- B. Support the concept of “continuum of care” proposed by Partnership of MNCH.
- C. Integrate and scale up effectively MNCH and RH with interventions for infectious disease, such as HIV/AIDS, Malaria and TB:
  - reaffirm the 2007 G8 commitment on prevention of mother-to-child transmission (pMTCT), pediatric treatment, and orphans and vulnerable children (OVCs)
  - Training of midwives with skills on pMTCT
  - Utilize the exiting delivery channel of the HIV/AIDS program in community & reinforce home based care to provide essential health services.
- D. Give more attention and support the midwife-centered approach in order achieve strengthen MNCH package programs. The advantages of midwife-approach include:
  - Midwives function as a “hinge” of bottom-up approach and top-to-down approach
  - Less costly than training medical doctors
  - More likely to stay at their community than nurses (role and function of midwife are limited)
  - By placing midwife (usually women) in the community, women in the community have easier and

better access to MNCH service

The Government of Japan is encouraged to:

- Review 60 years of experience to promote MCH/FP in Japan and make full use of lessons learnt to HSS (e.g. prioritization of programme and community health workers and village volunteers)
- Consider the high prevalence of HIV/AIDS in Africa, in applying Japanese experience. Make special attention to OVCs, children who has no mother

## **2) MDG 6: HIV/AIDS, Tuberculosis and Malaria**

### A. Tuberculosis

International collaboration efforts are key to success of the TB control within the integrated public health strategies. It is important to be reminded that Health System Strengthening and community empowerment within normative community DOTS approaches are reckoned as priority objectives under the STOP TB partnership at global level.

i) G8 and other donor countries prospective contribution for TB control

- Commit to the target of halving TB prevalence and mortality as well as TB/HIV co-infection and drug resistant TB in line with the 'Stop TB Partnership Global Plan to Stop TB' and 'Global MDR-TB and XDR-TB Response Plan 2007-2008'.
- Sustain strong commitment to reduce TB and HIV burden in Asia and African countries through TB and HIV control programs.
- Strengthen health system through improving TB and HIV/AIDS control programs, integrated into primary health care services.
- Empower patients and the communities to fight against TB, HIV and other infectious diseases.

ii) Japan's prospective contribution for TB control

By drawing upon the outstanding outcomes of TB control programmes that proved drastic reduction of TB burden in Japan, it would be recommended that the government of Japan to express its willingness to achieve a clear objective within global TB control efforts with launch of "STOP TB Japan Initiative" which aims to save 10% global TB deaths (160,000 lives a year) as well as benefiting world's TB patients (9 million per year).

The areas of activities may be expanded as follows:

- International TB and HIV/AIDS symposium to call on high level political dialogue and review the progress towards the goal and share future strategies to reduce these high mortality-diseases.
- TB control projects with an integrated approach incorporating HIV/AIDS programme, community participation and capacity building, IGA, MCH (PMTCT), food and nutrition.
- Capacity building of community health workers and voluntary care givers and sustained active participation of people to the while project cycle.
- Operational research to identify problems and solutions and to promote human resources development.
- Strengthened laboratory facilities and training of staff to diagnose TB/HIV and MDR/XDR-TB effectively.
- TB prevalence surveys to measure burden of disease and accurately monitor its trend.
- Development of new drugs for effective diagnosis and treatment of TB including MDR/XDR-TB and safe treatment for PLWHA receiving HAART.
- Bilateral assistance under the current schemes e.g. JICA grant projects or technical assistance

by TB trained experts.

## B. HIV/AIDS

- 1) The G8 and other donor countries should reaffirm the G8 commitment at the Saint-Petersburg Summit in 2006 to achieve universal access to HIV/AIDS treatment, prevention, care and support by 2010, and immediately create a plan to achieve the 60 billion USD pledge made at the Heiligendamm Summit in 2007.
- 2) The G8 and other donor countries should recognize the importance of Integrated approach and
  - Develop and scale up integrated programs of HIV/AIDS and income generating activities, micro-finance and farming to improve quality of life of PLWHA
  - Develop and scale up integrated programs of management of TB/HIV co-infection, including strengthening linkage of VCT and TB detection
  - Develop and scale up integrated programs of maternal care, VCT, care of OVC, recognizing that maternal care services are also the entry point of prevention, care and treatment of HIV/AIDS, TB and Malaria for women and children
  - Develop integrated programs of HIV/AIDS and gender, in recognition that gender equity and abolishment of harmful customs for women's health and property rights are essential for HIV/AIDS prevention, access to care and treatment
- 3) On care, support and treatment, the G8 and other donor countries should:
  - Ensure predictable funding and capacity development of community health workers and community-based organizations, and strengthen the capacity of local health authorities to manage care/ support work on HIV/AIDS
  - Integrate care and support for HIV/AIDS with care for other chronic diseases in the home-based care at the grass-roots level
  - Strengthen capacity and supply of community level health facilities, and referral systems
  - Expand access to treatment at the health centers at the grass-root level in the countries of generalized epidemic, by supporting the capacity building of local health workers
  - Expand access to second-line ARV and make every effort to reduce its price to affordable and accessible level in low-income countries
  - support the capacity development of community organizations working with and for PLWHA to improve adherence to treatment and strengthen the efforts of improve treatment literacy
- 4) On prevention, the G8 and other donor countries should
  - Support expansion of existing prevention programs such as condom education and procurement, Information, Education and Communication (IEC) and Behavior Change Communication (BCC) programs
  - Support those programs that promote gender equity and teach negotiation skills.
  - Pay special attentions to prevention in the communities of vulnerable groups in the countries of concentrated epidemic, including harm reduction programs.
  - Pay special attentions to mobility and HIV/AIDS with respect of human rights of migrants, especially their rights of travel and residency
  - Further invest in development of new preventive technologies, such as vaccines and microbicides.
- 5) The Government of Japan is encouraged to:

- Reaffirm its commitment to HIV/AIDS treatment, and expand its programs to include support for improving treatment literacy in community-based groups, technical assistance to monitor drug resistance level, and provide necessary infrastructure and supplies for treatment.
- Increase support for JOCVs for AIDS with more strategic and integrated plans to linkage community work on HIV/AIDS, income generating activities and rural development.

### C. Malaria

#### 1) On prevention, the G8 and donor governments should:

- Expand support to provide long-lasting insecticide treated nets (LLITN) and other preventive tools
- Integrate malaria prevention as one of the components of climate change adaptation program, in recognition of the threat of malaria in humanitarian situation caused by natural disasters such as flood and drought

#### 2) On treatment, the G8 and donor governments should:

- Expand access to Artemisinin combination therapy (ACT) by improving procurement and supply of ACT
- Expand access to rapid test kits for malaria detection in order to provide appropriate and effective malaria treatment
- Develop infrastructures for transportation and better communication, such as mobile phone network in rural areas to ensure urgent treatment of malaria in rural setting.

## **2. On the Comprehensive Approach, including Health System Strengthening (HSS)**

### **1) The overarching principles:**

- Global health is a critical issue on the global development agenda.
- Strengthening of public health system is at the heart of equitable achievement of health-related MDGs.
- Vertical, disease-specific measures and horizontal, cross-cutting measures should be effectively integrated.
- No new or separate health administration or organization is to be created to implement vertical programmes.
- The G8 governments should increase the overall international funding available, rather than simply reallocating the already committed resources, by fulfilling the Gleneagles commitments on aid and debt, and announcing a timetable towards achieving the UN target of 0.7% GNI.
- The G8 governments will further harmonise and coordinate aid among donors and overcome the burdens on developing country governments associated with reporting obligations and procedures, in ways that respect the spirits of the Paris Declaration on Aid Effectiveness.
- The G8 is committed to supporting, in a coordinated, long-term and predictable manner, one national health sector plan, formulated, prioritised and budgeted by the national government itself in effective consultation with relevant civil society organisations and community representatives.
- In order that the national plan is truly owned nationally and not driven by donors, and that it is delivered as planned, the G8 shall also support the policy advocacy work of competent civil society organizations so that they can effectively engage with the formulation and implementation of the policies at the community, municipal as well as the national levels.

### **2) Some specific measures to establish and strengthen a comprehensive health system in developing countries include:**

#### A) Expanding the scale and improving the quality of public health system

- The training, recruitment and retention of the 4.25 million missing health workers (doctors, nurses, midwives, medicals, and community health workers) which needs to be invested in through long-term and predictable budgetary support as well as increased mobilisation of domestic resources. This includes: Creating a favourable environment for women providers to stay and work in rural areas.
- Appropriately integrating in this human resource strategy the workers/providers being trained and secured through disease-specific measures such as DOTS for Tuberculosis and home-based care workers for HIV/AIDS.
- Mitigating some of the international “pull” factors of brain-drain by regulating the domestic health sector recruitment practices in the G8 countries.

B) Ensuring universal access for the poor, particularly women, by making it affordable (which means making it free of charge at the point of use in low-income countries)

C) The need to strengthen and expand the relevant supplies and logistics (e.g., drug procurement for HIV/AIDS and malaria treatment), some of which should continue to be supported by disease-specific initiatives/funds, such as the Global Fund.

D) In order to ensure sufficient and timely flow of essential medicines, developing country governments need to be guaranteed the right to use the flexibilities contained in the WTO’s TRIPs agreement and the G8 must stop the pursuit of stricter control on intellectual property rights in their bilateral and regional trade agreements with developing countries.

E) Addressing the specific needs of different geographic settings (urban and rural) and different demographic groups.

F) Putting appropriate infrastructure and referral systems in place.

G) Placing due emphasis on education and prevention.

H) The degree to which national plans target women whose conditions as users and providers must be improved.

I) Management experts (planning, implementation, monitoring/evaluation, coordination, etc) are to be involved for HSS.

J) Effective HSS has to be done hand in hand with technological innovation. (Introduction of IT into health administration including surveillance, information dissemination and prevention of outbreak of newly infectious diseases).

K) The G8 shall advise international financial institutions not to impose policy conditionalities that continue to hinder developing countries’ efforts to achieve MDGs.

L) The G8 governments should fully support WHO’s “Treat, Train, Retain” to strengthen national health systems.

#### 3) The Japanese government is encouraged to:

- Introduce sector-based aid budgeting so that Japan’s contribution to health system strengthening becomes clear, and the downsides of single-year budgeting of aid are eliminated.
- Start and expand support for the recruitment of local health workers, in addition to training existing personnel.
- Assess the impact on the countries’ health sector budget by the repayment of past yen-loans, and cancel or reduce the debts that undermine the efforts to achieve the MDGs.
- Exercise its influence on the policies of international financial institutions against imposition of policy conditionalities such as the privatisation of the health sector.

### 3. On Strengthening Research and Development (R&D) in Global Health

The overarching principles:

- Investment in R&D for better tools to fight diseases of poverty, such as vaccines, new drugs and diagnostics, are critical in reaching the health-related MDGs

G8 and other donor countries should:

- Help to build R&D capacity in developing countries by investing in training and health infrastructure;
- Provide more incentives for domestic researchers and industry to foster innovation for better tools to fight diseases of poverty;
- Promote productive research partnerships among G8 countries as well as with developing countries;
- Fully participate in existing mechanisms such as Advance Market Commitments (AMCs) and others, which are designed to promote R&D for global health;
- Increase its support product development public-private partnerships (PDPs) working in the areas of drugs, vaccines, diagnostics and other tools to fight the diseases of poverty.

The Government of Japan is encouraged to:

- Create a mechanism/vehicle to bridge Japanese innovation and R&D and global R&D efforts in global health: such inter-ministerial mechanism would provide more funding for basic and applied R&D for diseases of poverty; create a more enabling policy environment for R&D (de-regulation without compromising safety); and foster global partnerships with developing countries and other industrialized countries;
- Specific examples of Japanese support can include on-going R&D efforts in TB and HIV/AIDS, to which Japanese scientists are already making contribution: Anti-TB Drugs, New Diagnostics Drugs, and HIV/AIDS vaccine.
- Participate in future AMC or other innovative funding mechanisms to foster R&D for global health.

**Appendix: Conceptual Map: Health System, MNCH and Infectious Diseases**

