

G8 Conclusions on Children, 1975-2009

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Summary of Conclusions on Children in G8 Summit Documents

Year	# of Words	% of Total Words	# of Paragraphs	% of Total Paragraphs	# of Documents	% of Total Documents	# of Dedicated Documents
1975	0	0	0	0	0	0	0
1976	0	0	0	0	0	0	0
1977	61	2.2	1	0	1	50	0
1978	0	0	0	0	0	0	0
1979	0	0	0	0	0	0	0
1980	0	0	0	0	0	0	0
1981	0	0	0	0	0	0	0
1982	0	0	0	0	0	0	0
1983	0	0	0	0	0	0	0
1984	0	0	0	0	0	0	0
1985	0	0	0	0	0	0	0
1986	0	0	0	0	0	0	0
1987	0	0	0	0	0	0	0
1988	0	0	0	0	0	0	0
1989	0	0	0	0	0	0	0
1990	0	0	0	0	0	0	0
1991	0	0	0	0	0	0	0
1992	0	0	0	0	0	0	0
1993	0	0	0	0	0	0	0
1994	0	0	0	0	0	0	0
1995	60	0.83	1	0.74	1	33.3	0
1996	341	2.2	4	1.7	2	50	0
1997	347	2.7	3	2.1	1	20	0
1998	183	3	2	3.1	1	25	0
1999	77	0.77	1	1.1	1	33.3	0
2000	271	2	3	2	1	20	0
2001	441	7	3	4	1	14.2	0
2002	561	4.7	5	3.4	2	25	0
2003	0	0	0	0	0	0	0
2004	223	0.6	2	0.59	2	9.5	0
2005	532	2.4	5	2.3	2	10	0
2006	806	2.6	7	2.8	2	11.7	0
2007	1,325	5	8	2.8	2	16.6	0
2008	451	2.7	4	2.2	1	9	0
2009	1,405	0.6	9	2.7	4	30	0
Total	7084	39.3	58	31.5	24	357.6	0
Average	202.4	1.1	1.6	0.9	0.68	10.2	0

Notes:

Data are drawn from all official English-language documents released by the G8 leaders as a group. Charts are excluded.

"# of Words" is the number of child-related subjects for the year specified, excluding document titles and references. Words are calculated by paragraph because the paragraph is the unit of analysis.

"% of Total Words" refers to the total number of words in all documents for the year specified.

"# of Paragraphs" is the number of paragraphs containing references to children for the year specified. Each point is recorded as a separate paragraph.

"% of Total Paragraphs" refers to the total number of paragraphs in all documents for the year specified.

"# of Documents" is the number of documents that contain child-related subjects and excludes dedicated documents.

"% of Total Documents" refers to the total number of documents for the year specified.

"# of Dedicated Documents" is the number of documents for the year speaks that contain a child-related subject in the title.

Introduction

This report catalogues all conclusions in official G8 documents related to the issue area of children. It refers to all official statements and annexes released by the leaders, as a group, at each annual G8 summit from 1975 to 2009. Official documents include the communiqués (i.e., the main document released by the leaders on the final day of each summit), the chair's summaries and the political declarations and statements.

The issue area of children has grown increasingly important in G8 discussions and in the G8's support of the Millennium Development Goals.

Definition of Issue Area

There are five main areas that concern children on the G8 agenda: child survival and development, basic education and gender equality, HIV/AIDS and children, child protection, and policy advocacy and partnerships.

Search Terms

The following keywords were used for this report:
child, children, family, infant, the young, vulnerable sections of the population, young people, youth.

Conclusions on Children in G8 Summit Documents

1975 Rambouillet, France

No references.

1976 San Juan, Puerto Rico, United States

No references.

1977 London, United Kingdom

Declaration: Downing Street Summit Conference

...Our most urgent task is to create more jobs while continuing to reduce inflation. Inflation does not reduce unemployment. On the contrary, it is one of its major causes. We are particularly concerned about the problem of unemployment among young people. We have agreed that there will be an exchange of experience and ideas on providing the young with job opportunities.

1978 Bonn, Germany

No references.

1979 Tokyo, Japan

No references.

1980 Venice, Italy

No references.

1981 Montebello, Canada

No references.

1982 Versailles, France

No references.

1983 Williamsburg, United States

No references.

1984 London II, United Kingdom

No references.

1985 Bonn II, Germany

No references.

1986 Tokyo II, Japan

No references.

1987 Venice II, Italy

No references.

1988 Toronto, Canada

No references.

1989 Paris, France

No references.

1990 Houston, United States

No references.

1991 London III, United Kingdom

No references.

1992 Munich, Germany

No references.

1993 Tokyo III, Japan

No references.

1994 Naples, Italy

No references.

1995 Halifax, Canada*Communiqué*

9. We are also committed to ensuring protection for our aging populations and those in need in our societies. To this end, some of our countries must take measures to ensure the sustainability of our public pension programmes and systems of social support. Similar attention is required in some of our countries to ensuring the availability of private sector pension funds.

1996 Lyon, France*Economic Communiqué: Making a Success of Globalization for the Benefit of All*

33. We need therefore to define a new global partnership between developing countries, developed countries and multilateral institutions. This will involve a fresh look at development policies including development aid, its content and the bilateral and multilateral instruments through which it is provided.

34. This new partnership should set its sights on enabling all developing countries, whatever their stage of development, to share and participate in the benefits of globalization. To that end, it should take the achievement of sustainable development as its fundamental objective. Goals should include the reduction of poverty and social inequities, the respect of internationally recognized labour standards, protection of children, a strengthened civil society, protection of the environment, improved health and education.

Political Declaration: Chairman's Statement

2. Human rights, democratic processes and humanitarian emergencies

With that in mind, we commit ourselves to ensuring that this understanding continues to guide our policies. We also reaffirm our support for the High Commissioner for Human Rights as coordinator of human rights within the United Nations system and commend his contribution in the fields of early warning, conflict prevention and peacebuilding. We will take care to ensure that women as well as men benefit fully and equally from the recognition of human rights and fundamental freedoms, which were reiterated on the occasion of the Beijing Conference, and that the rights of children be respected.

...We are increasingly concerned with the proliferation of conventional weapons and the thousands of resulting deaths and injuries, especially to civilians and particularly children. We welcome the outcome of the Review Conference on the 1980 Conventional Weapons Convention. We are pleased that this first Review Conference reached consensus on a new laser weapons protocol as well as a strengthened protocol on mines, booby-traps and other devices. We call upon all States to spare no effort in securing a global ban on the scourge represented by the proliferation and the indiscriminate use of anti-personnel landmines and welcome the moratoria and bans already adopted by a number of countries on the production, use and export of these weapons, unilateral reductions in stockpiles as well as initiatives to address this urgent problem.

1997 Denver, United States

Communiqué

21. Many people throughout the world do not have access to safe water. Increased human, industrial and agricultural wastes can diminish water quality, with adverse effects for ecosystems and human health and safety, particularly for children. The Special Session of the UN General Assembly should encourage the CSD to develop a practical plan of action to address freshwater-related issues, including promotion of efficient water use, improvement of water quality and sanitation, technological development and capacity building, public awareness and institutional improvements...

25. Protecting the health of our children is a shared fundamental value. Children throughout the world face significant threats to their health from an array of environmental hazards, and we recognize particular vulnerabilities of children to environmental threats. Our governments will explicitly incorporate children into environmental risk assessments and standard setting and together will work to strengthen information exchange, provide for microbiologically safe drinking water, and reduce children's exposure to lead, environmental tobacco smoke and other air pollutants.

70. Recognizing that strengthening democracy is essential to strengthening peace and human rights, and looking to the 50th anniversary of the Universal Declaration of Human Rights in 1998, we will work together in the coming year to build on our governments' most effective democratic development, peacebuilding and human rights programs. Our efforts will focus on promoting good governance and the rule of law, strengthening civil society, expanding women's political participation, and boosting business and labor support for democracy, particularly in young democracies and societies in conflict. The protection of the most underrepresented or vulnerable is critical to broaden participation in the democratic process and prevent societal conflict. We will work to ensure adoption and ratification of international instruments designed to provide protection to these groups, in particular the speedy adoption of an International Labor Organization Convention on the eradication of intolerable forms of child labor. We will work

through multilateral and regional organizations, particularly with the Development Assistance Committee of the OECD as well as in partnership with nongovernmental organizations and young democracies. We also will consider common efforts to promote democracy where it is not now established.

1998 Birmingham, United Kingdom

Communiqué

6. ... We commit ourselves to a real and effective partnership in support of these countries' efforts to reform, to develop, and to reach the internationally agreed goals for economic and social development, as set out in the OECD's 21st Century Strategy. We shall therefore work with them to achieve at least primary education for children everywhere, and to reduce drastically child and maternal mortality and the proportion of the world's population living in extreme poverty.

21. We have therefore agreed a number of further actions to tackle this threat more effectively:...

- We are deeply concerned by all forms of trafficking of human beings including the smuggling of migrants. We agreed to joint action to combat trafficking in women and children, including efforts to prevent such crimes, protect victims and prosecute the traffickers. We commit ourselves to develop a multidisciplinary and comprehensive strategy, including principles and an action plan for future cooperation amongst ourselves and with third countries, including countries of origin, transit and destination, to tackle this problem. We consider the future comprehensive UN organised crime convention an important instrument for this purpose.

1999 Köln, Germany

Communiqué

25. We commit ourselves to promote effective implementation of the International Labor Organization's (ILO) Declaration On Fundamental Principles and Rights at Work and its Follow-up. We also welcome the adoption of the ILO Convention on the Elimination of the Worst Forms of Child Labor. We further intend to step up work with developing countries to improve their capacity to meet their obligations. We support the strengthening of the ILO's capacity to assist countries in implementing core labor standards.

2000 Okinawa, Japan

Communiqué

33. Every child deserves a good education. But in some developing countries access to education is limited, particular for females and the socially vulnerable. Basic education not only has intrinsic value, but is also key to addressing a wide range of problems faced by developing countries. Without accelerated progress in this area, poverty reduction will not be achieved and inequalities between countries and within societies will widen. Building on the Cologne Education Charter, we therefore support the Dakar Framework for Action as well as the recommendations of the recently concluded follow-up to the Fourth World Conference on Women, and welcome the efforts of developing countries to implement strong national action plans. We reaffirm our commitment that no government seriously committed to achieving education for all will be thwarted in this achievement by lack of resources.

64. We must all work to preserve a clean and sound environment for our children and grandchildren. We welcome the results of the G8 Environment Ministers' Meeting in Otsu. We also welcome the conclusion of the Cartagena Protocol on Biosafety, and encourage the parties concerned to work for its early entry into force.

73. We underline the importance of the work done by our Foreign Ministers on conflict prevention since their special meeting in December 1999 in Berlin and the Conclusions of their July 2000 meeting in Miyazaki. We commit ourselves to work for their implementation particularly with respect to economic development and conflict prevention, children in conflict, and international civilian police. We express special concern that the proceeds from the illicit trade in diamonds have contributed to aggravating armed conflict and humanitarian crises, particularly in Africa....

2001 Genoa, Italy

Communiqué

18. Education is a central building block for growth and employment. We reaffirm our commitment to help countries meet the Dakar Framework for Action goal of universal primary education by 2015. We agree on the need to improve the effectiveness of our development assistance in support of locally-owned strategies. Education - in particular, universal primary education and equal access to education at all levels for girls - must be given high priority both in national poverty reduction strategies and in our development programmes. Resources made available through the HIPC Initiative can contribute to these objectives. We will help foster assessment systems to measure progress, identify best practices and ensure accountability for results. We will also focus on teacher training. Building on the work of the G8 Digital Opportunities Task Force (dot.force), we will work to expand the use of information and communications technology (ICT) to train teachers in best practices and strengthen education strategies. We especially encourage the private sector to examine new opportunities for investment in infrastructure, ICT and learning materials. We encourage MDBs to sharpen their focus on education and concentrate their future work on countries with sound strategies but lacking sufficient resources and to report next year to the G8. We support UNESCO in its key role for universal education. We will also work with the International Labour Organisation (ILO) to support efforts to fight child labour and we will develop incentives to increase school enrolment.

20. As the November 2001 "World Food Summit: Five Years Later" approaches, food security remains elusive. Over 800 million people remain seriously malnourished, including at least 250 million children. So a central objective of our poverty reduction strategy remains access to adequate food supplies and rural development. Support to agriculture is a crucial instrument of ODA. We shall endeavour to develop capacity in poor countries, integrating programmes into national strategies and increasing training in agricultural science. Every effort should be undertaken to enhance agricultural productivity. Among other things, the introduction of tried and tested new technology, including biotechnology, in a safe manner and adapted to local conditions has significant potential to substantially increase crop yields in developing countries, while using fewer pesticides and less water than conventional methods. We are committed to study, share and facilitate the responsible use of biotechnology in addressing development needs.

33. We reaffirm our commitment to combat transnational organised crime. To this end, we strongly endorse the outcome of the G8 Justice and Interior Ministers Conference held in Milano this year. We encourage further progress in the field of judicial co-operation and law

enforcement, and in fighting corruption, cyber-crime, online child pornography, as well as trafficking in human beings.

2002 Kananaskis, Canada

Chair's Summary

- We adopted a series of recommendations to assist developing countries to achieve universal primary education for all children and equal access to education for girls. We agreed to increase significantly our bilateral assistance for countries that have demonstrated a strong and credible policy and financial commitment to these goals.

A New Focus on Education for All

...The world community gathered in Dakar, Senegal, in April 2000 to take stock of progress made in achieving Education for All (EFA), a major challenge tackled a decade earlier in Jomtien. It reached a consensus to pursue six comprehensive goals:

- improving early childhood care and education;
- ensuring by 2015 that all children have access to, and complete, free and compulsory primary education of good quality;
- ensuring equitable access to life skills programs;
- achieving a 50 percent increase in adult literacy by 2015;
- eliminating gender disparities in primary and secondary education by 2005; and
- improving all aspects of the quality of education.

... More than 100 million children worldwide are out of school, and 60 percent of these are girls. One in four children does not complete five years of basic education. Nearly one billion adults are illiterate. Almost all of these people live in developing countries. HIV/AIDS and violent conflicts compound the problem.

- Measures for disadvantaged children should be included in national education plans:
 - AIDS-affected children: There are now more than 13 million AIDS orphans; this number is projected to reach 35 million by 2010. The unique circumstances of AIDS orphans will require creative-often unique-solutions. Community groups can play an important role.
 - Working children: Some 300 million boys and girls are estimated to be working. For some working children, non-formal education is one means to provide them with access to learning. Stronger efforts must be made to eliminate the worst forms of child labour and to mainstream working children into formal schools. We applaud the efforts of the International Labour Organization in this regard.
 - Children with special needs: Education must be inclusive; children with special needs should not be excluded from the formal system. Currently in developing countries, fewer than 2 percent of children with disabilities participate in the formal education system.
 - Children affected by conflict: Special efforts need to be made to address the circumstances of children in wartorn societies and post-conflict situations, including the reintegration of child soldiers.
 - Children in rural areas: Equity and broad-based development goals require that attention be paid to the provision of primary education in rural areas, even if costs are relatively high.
- Improving quality is essential
 - The focus of national education plans must be on results. Children need to complete school, not simply be enrolled in the early grades. Better teaching methods, improved curricula, and

reasonable class sizes are critical to reducing high dropout and repetition rates. In many countries, this will only be affordable if teachers' salaries, in relation to the economy, are brought more in line with the levels prevailing in those countries on track to achieve UPE.

A centerpiece of the action plan is a proposal to fast-track countries that demonstrate strong political commitment to education and have effective systems for managing public expenditures. This is an important initiative to advance EFA, which puts into action the Monterrey Consensus. Our response should ensure that no child is left behind.

2003 Evian, France

No references.

2004 Sea Island, United States

G8 Commitment to Help Stop Polio Fever

1. In 1988, the world's health ministers unanimously committed to eradicating polio. The G8 countries took up this challenge and together with partners from public and private sectors have raised over \$3.3 billion to fund polio immunization campaigns around the world. Already, millions of children have been spared the crippling effects of polio, and if the World Health Organization-led global Polio Eradication Initiative (PEI) succeeds, polio will be eradicated globally by 2005. Only one other major disease — smallpox — has been eliminated.

Ending the Cycle of Famine in the Horn of Africa, Raising Agricultural Productivity and Promoting Rural Development in Food Insecure Countries

We welcome the high priority Africans place on increasing agricultural productivity as evidenced by the recent, successful Africa 2020 Conference in Uganda. Raising agricultural productivity and promoting broad-based rural development are two of the long-term keys to reducing the threat of malnutrition and child mortality, increasing incomes, and stimulating overall economic growth in food insecure countries. These challenges are multifaceted, requiring reforms of domestic agricultural, social, economic, and development policies with the full participation of civil society. They demand integrating food and nutrition insecure countries into the world economy, decentralizing decision making, expanding access to credit, empowering women, harnessing the power of science and technology, unleashing the power of markets, and improving rural economic and social infrastructure.

2005 Gleneagles, United Kingdom

Chair's Summary

...The G8 and African leaders agreed that if implemented these measures and the others set out in our comprehensive plan could:

- double the size of Africa's economy and trade by 2015
- deliver increased domestic and foreign investment
- lift tens of millions of people out of poverty every year
- save millions of lives a year
- get all children into primary school
- deliver free basic health care and primary education for all
- provide as close as possible to universal access to treatment for AIDS by 2010
- generate employment and other opportunities for young people

- bring about an end to conflict in Africa.

Africa

In order to ensure delivery, we agreed to strengthen the African Partners Forum and that it should establish a Joint Action Plan.

(e) Call on African countries to implement the African Charter on Human and People's Rights and its protocols in order to encourage respect for the rights of ethnic minorities, women and children.

17. The core aims for education and health are stated in the UN Millennium Declaration. We support our African partners' commitment to ensure that by 2015 all children have access to and complete free and compulsory primary education of good quality, and have access to basic health care (free wherever countries choose to provide this) to reduce mortality among those most at risk from dying from preventable causes, particularly women and children; and so that the spread of HIV, malaria and other killer diseases is halted and reversed and people have access to safe water and sanitation.

d) With the aim of an AIDS-free generation in Africa, significantly reducing HIV infections and working with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010. Limited health systems capacity is a major constraint to achieving this and we will work with our partners in Africa to address this, including supporting the establishment of reliable and accountable supply chain management and reporting systems. We will also work with them to ensure that all children left orphaned or vulnerable by AIDS or other pandemics are given proper support. We will work to meet the financing needs for HIV/AIDS, including through the replenishment this year of the Global Fund to fight AIDS, TB and Malaria; and actively working with local stakeholders to implement the '3 Ones' principles in all countries.

(g) Working with African countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies from this preventable and treatable disease. By contributing to the additional \$1.5bn a year needed annually to help ensure access to anti-malaria insecticide-treated mosquito nets, adequate and sustainable supplies of Combination Therapies including Artemisin, presumptive treatment for pregnant women and babies, household residual spraying and the capacity in African health services to effectively use them, we can reduce the burden of malaria as a major killer of children in sub-Saharan Africa.

2006 St. Petersburg, Russia

Fight Against Infectious Disease

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.

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.

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.

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.

Education for Innovative Societies in the 21st Century

16. We place a high policy priority on the importance of early childhood education to give young children a strong start and to strengthen social equity. We will also foster greater and more equitable participation in adult learning beyond secondary and tertiary education.

28. We welcome the resolve of the 2005 World Summit to promote the Dakar Framework for Action (Education for All) adopted at the World Education Forum in 2000 as an integral part of renewed international development efforts. We reaffirm our commitment to the EFA agenda and

welcome UNESCO's efforts to finalize a Global Action Plan to achieve the EFA goals and provide a framework for coordinated and complementary action by multilateral aid agencies in support of country-level implementation. Particular attention needs to be given to the poorest countries, including in Africa, where more than forty million children, 60 % of whom are girls, are currently excluded from the school system. We call upon UNESCO and the additional convening agencies of the Dakar Framework (UNDP, UNFPA, UNICEF and the World Bank) to support harmonization and alignment with national priorities, plans and targets and to utilize each organization's unique capacities to eliminate duplication of effort and increase efficiency.

2007 Heiligendamm, Germany

Chair's Summary

Improving health systems, fighting HIV/AIDS, TB, and Malaria: We recognized that the access to quality health services remains a critical challenge in many African countries. We therefore agreed to assist our partner countries in developing and strengthening health systems to help them work toward the availability of appropriate health services for all, including poor and vulnerable groups such as women and children. Enhancing this process, the G8 will elaborate on sustainable and equitable financing of health systems through linking national financing strategies with coordinated international support. The G8 and their African partners also agreed to address the different causes of the lack of human resource capacity within the health sector.

Growth and Responsibility in Africa Declaration

38. The G8 reiterate their commitment to "Education for All" for sustainable development in Africa. As part of this commitment, in 2002 the major donors launched the Fast Track Initiative (FTI) to guide and accelerate the delivery of universal primary education in the world's poorest countries. This approach focuses on sustainable multi-year education plans, measurable results, fiduciary controls, and coordinated donor funding, and as such enjoys the G8's full support. The G8 will continue to work with partners and other donors to meet shortfalls in all FTI endorsed countries, estimated by the FTI Secretariat at around US\$ 500 million for 2007. We will work together with other donors and recipient governments towards helping to fund long-term plans provided by countries to ensure every child gets to school, with attention to low income countries and fragile states furthest away from the 2015 target of universal primary completion. We will especially focus on high quality education and capacity development. This initiative helps bring rigor to programming as it is based upon a strong commitment by host governments and a sound combination of bilaterally and multilaterally funded programmes.

46. At the Gleneagles and St. Petersburg Summits, the G8 countries made substantial commitments to a vigorous response to the threat of infectious diseases - fulfillment of which is essential to development and the well-being of the world's population. Worldwide, HIV/AIDS, tuberculosis, and malaria claim more than six million lives every year, and the threat of these and other infectious diseases is particularly acute in Africa. About 63% of all people in the world infected with HIV live in Africa. 72% of Africans who need ARV-treatment are still being left behind. Of particular concern are also the continuously rising HIV/Aids infections of women and girls. Every year, malaria kills nearly one million people around the world. Around 90% of these deaths occur in Africa, mostly in young children. Additionally, tuberculosis kills 5000 people every day, mostly young adults in their most productive years. Diseases, often preventable and treatable, hold back many Africans from leading healthy and productive lives. In a number of African countries, average life expectancy is falling dramatically as a result of the AIDS pandemic. Apart from human suffering, these diseases, and HIV/AIDS in particular, are also

causing massive impacts on the economic and social development of the individual countries concerned.

48. The G8 countries will scale up their efforts to contributing towards the goal of universal access to comprehensive HIV/AIDS prevention programs, treatment and care and support by 2010 for all, and to developing and strengthening health systems so that health care, especially primary health care, can be provided on a sustainable and equitable basis in order to reduce illness and mortality, with particular attention paid to the needs of those most vulnerable to infection, including adolescent girls, women and children. 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. These contributions will supplement efforts by African governments. We recognize their political commitment to pursue poverty reduction strategies that include strategies to foster access to health care.

50. Recognizing the growing feminization of the AIDS epidemic, the G8 in cooperation with partner governments support a gender-sensitive response by the GFATM, with the goal of ensuring that greater attention and appropriate resources are allocated by the Fund to HIV/AIDS prevention, treatment, and care that addresses the needs of women and girls. Coverage of prevention of mother to child transmission programs (PMTCT) currently stands at only 11%. In the overall context of scaling up towards the goal of universal access and strengthening of health systems we will contribute substantially with other donors to work towards the goal of providing universal coverage of PMTCT programs by 2010. The cost to reach this target, as estimated by UNICEF, is US\$ 1,5 billion. The G8 together with other donors will work towards meeting the needed resources for paediatric treatments in the context of universal access, at a cost of US\$ 1,8 billion till 2010, estimated by UNICEF. We will also scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US\$ 1,5 billion.

53. The G8 will take concrete steps to work toward improving the link between HIV/AIDS activities and sexual and reproductive health and voluntary family planning programs, to improve access to health care, including preventing mother-to-child transmission, and to achieve the Millennium Development Goals by adopting a multisectoral approach and by fostering community involvement and participation. 54. We are committed to working toward further integration of efforts against TB and HIV/AIDS and the integration of DOTS-treatment and other comprehensive approaches necessary to control TB in our programs and activities in order to alleviate the burden of the co-pandemic. The G8 will make utmost efforts in cooperation with international organizations and partners to eradicate polio and will also work with others to close urgent funding shortfalls.

55. Malaria is one of the leading causes of death in children in Africa. But malaria can be prevented if additional efforts are made. As a priority, the G8 are committed to expand significantly their efforts to contributing to meet the Millennium Development Goal of having halted and begun to reverse the scourge of malaria. To this effect, we will work with African governments and donors to strengthen the effectiveness of their malaria control programs in Africa along the three main intervention lines of artemisinin combination therapy, effective case management, effective, tailored vector control strategies and bednets. We recognize the significant role and contribution of the Global Fund and other bilateral, multilateral and private partners of the international community, such as the World Bank Malaria Booster Program and the U.S. President's Malaria Initiative, which provide substantive funding towards reaching this

goal. G8 members, in support of national malaria control programs, using existing and additional funds, will individually and collectively over the next few years work to enable the 30 highest malaria prevalence countries in Africa (contributing to at least 80 percent of the global malaria deaths) reach at least 85 percent coverage of the most vulnerable groups with effective prevention and treatment measures and achieve a 50 percent reduction in malaria related deaths. To accelerate implementation of the financial commitments we have undertaken at Gleneagles, we will work to reach this goal by mobilizing the private sector and its expertise and resources, enhancing public awareness, encouraging public-private partnerships, and urging non-G8 countries to do the same.

58. As an important step to scaling up towards the goal of universal access to HIV/AIDS prevention, treatment, care and support in Africa, 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, to prevent twenty-four million new infections, and to care for twenty-four million people, including ten million orphans and vulnerable children.

2008 Hokkaido-Toyako, Japan

Development and Africa

46. In view of sustainability we aim at ensuring that disease-specific and health systems approaches are mutually reinforcing and contribute to achieving all of the health MDGs, and will focus on the following:

(a) We emphasize the importance of comprehensive approaches to address the strengthening of health systems including social health protection, the improvement of maternal, newborn and child health, the scaling-up of programs to counter infectious diseases and access to essential medicines, vaccines and appropriate health-related products. We reiterate our support to our African partners' commitment to ensure that by 2015 all children have access to basic health care (free wherever countries choose to provide this). We underline the need for partner countries to work toward sustainable and equitable financing of health systems. We also welcome the efforts of the Providing for Health Initiative as well as the International Health Partnership and the Catalytic Initiative. We reiterate our commitment to continue efforts, to work towards the goals of providing at least a projected US\$ 60 billion over 5 years, to fight infectious diseases and strengthen health. Some countries will provide additional resources for health systems including water.

(c) We note that in some developing countries, achieving the MDGs on child mortality and maternal health is seriously off-track, and therefore, in country-led plans, the continuum of prevention and care, including nutrition should include a greater focus on maternal, new born and child health. Reproductive health should be made widely accessible. The G8 will take concrete steps to work toward improving the link between HIV/AIDS activities and sexual and reproductive health and voluntary family planning programs, to improve access to health care, including preventing mother-to-child transmission, and to achieve the MDGs by adopting a multisectoral approach and by fostering community involvement and participation.

48. Strengthening the capacity of individuals, organizations, institutions and societies is the key to sustainable development and growth, therefore education in developing countries should be reinforced at all levels. Accordingly, we attach importance to life-long learning and a holistic approach to the education system, namely, continuing to prioritize universal completion of quality

primary education by boys and girls, while responding to the need for striking a good balance between primary and post-primary education in relation with national constraints and economic needs. We are committed to addressing the issues of shortage, retention and management of teachers in Africa as well as improving learning outcomes. We will work further to improve access to and the quality of education through capacity development of teachers as well as community involvement. Teacher training should be intensified emphasizing the development of needed competencies and skills. Since school health and school feeding could improve both school enrolment and children's wellbeing, we will promote synergies with other development sectors.

2009 L'Aquila, Italy

Responsible Leadership for a Sustainable Future

120. Since the Okinawa and Genoa Summits, with the launching of the Global Fund to Fight AIDS, Tuberculosis and Malaria, we have played a critical role in supporting progress towards health-related MDGs. We have made progress towards universal access to HIV/AIDS prevention, treatment, care and support; Malaria; Tuberculosis; Polio and child mortality rates. Despite these efforts, progress towards health-related MDGs, especially for child mortality and maternal health is still off-track particularly in Sub-Saharan Africa. In addition, the health situation is further aggravated by the burden of non-communicable diseases.

121. In the current global financial crisis we reaffirm our commitment to address the health needs of the most vulnerable, especially women and children. In this regard, we encourage the WHO, World Bank and other partners to monitor the impact of the crisis on health and advise on actions to be taken at country and global level. In order to advance the goal of universal access to health services, especially primary health care, it is essential to strengthen health systems through health workforce improvements, encompassing both health professionals and community health workers, information and health financing systems including social health protection, paying particular attention to the most vulnerable. We reaffirm our commitment to address the scarcity of health workers in developing countries, especially in Africa and we note the 2008 Kampala Declaration and the Agenda for Global Actions launched by the Global Health Workforce Alliance. We encourage the WHO to develop by 2010 the Code of Practice on the International Recruitment of Health Personnel. We will also begin to address substantial gaps in knowledge about how to manage, organize and deliver health care in Sub-Saharan Africa through a variety of strategies, including by developing networks of researchers and by working with our African partners to establish a consortium of interdisciplinary centres of health innovation. As an enabling first step in developing the consortium, we will convene a planning meeting in late 2009 with African partners to establish a roadmap. We will work with partner countries and international institutions to promote well-functioning information systems. We also encourage multilateral institutions — including WHO, World Bank, GFATM, GAVI, UNITAID and UN Organizations — to continue to support health system strengthening. We encourage them to further improve coordination with plans and processes in partner countries and international health partnerships.

122. We promote a comprehensive and integrated approach to the achievement of the health-related MDGs, also maximizing synergies between global health initiatives and health systems. We will accelerate progress on combating child mortality, including through intensifying support for immunization and micronutrient supplementation, and on maternal health, including through sexual and reproductive health care and services and voluntary family planning. We warmly support building a global consensus on maternal, newborn and child health as a way to accelerate progress on the Millennium Development Goals for both maternal and child health, through (i) political and community leadership and engagement; (ii) a quality package of evidence-based

interventions through effective health systems; (iii) the removal of barriers to access for all women and children, free at the point of use where countries chose to provide it; (iv) skilled health workers; (v) accountability for results. We encourage the work of the WHO, WB, UNICEF and UNFPA are doing to renew international efforts on maternal and child health. We will implement further efforts towards universal access to HIV/AIDS prevention, treatment, care and support by 2010, with particular focus on prevention and integration of services for HIV/TB. We will combine this with actions to: combat TB and Malaria; address the spread of Neglected Tropical Diseases and work towards completing the task of polio eradication; improve monitoring of emerging infectious diseases. In this regard, we stress the importance of addressing gender inequality. We commend the strong African leadership in addressing health challenges and welcome the launch of the African Leaders Malaria Alliance on the occasion of the 64th UNGA in September 2009.

127. We remain committed to the goals of Education for All (EFA) and we welcome the progress made so far, but we recognize that decisive action is still needed. We reaffirm that no country seriously committed to EFA will be thwarted in the achievement of this goal by lack of resources. We continue to paying special attention to countries affected by conflict or crises, girls, children in rural areas, children with disabilities, working children and those living or affected by HIV/AIDS. In this perspective, governments should enhance the quality of education also through the recruitment, training, retention and better management of qualified teachers. We welcome major global campaigns to promote support for education, through international events, such as the FIFA World Cup in 2010. We welcome the creation of an international Task Force on “Teachers for EFA”, aiming to address the “teacher gap”.

Chair's Summary of the G8-Africa Session at the G8 L'Aquila Summit

3. The G8 and African partners agreed on the importance of continuing to reinforce their partnership, based on mutual accountability and respect, for the common good. In this spirit, they examined the issues on the agenda of their meeting, which are of particular relevance to Africa because of the current international context. Leaders:

- Agreed that the economic and financial crisis is hitting hardest the poorest and risk jeopardising progress made in the health, the eradication of hunger and poverty. Leaders underscored the need to act swiftly to restore growth and implement adequate measures to protect the most vulnerable. G8 countries reiterated their commitments, including those made in Gleneagles and more recently at the G20 London Summit, to support African efforts towards promoting development good governance and achieving the Millennium Development Goals.

L'Aquila Joint Statement on Global Food Security: L'Aquila Food Security Initiative (AFSI)

6. Access to adequate and affordable nutritious food is a critical aspect of food security. Emergency assistance will remain an important means through which national authorities, supported by WFP and other specialized Agencies, Funds and Programmes, together with non-governmental organizations, can provide help to people facing acute hunger. Delivering food, cash and vouchers through effective emergency assistance as well as through national safety-nets and nutrition schemes, such as food and cash for work, unconditional cash transfer programs, school feeding and mother-and-child nutrition programs, is an imperative goal. In the long-term, government led, cash based social protection systems and targeted nutrition interventions are needed to support the poorest and excluded populations. We call upon all nations to support these aims by providing sufficient, more predictable and flexible resources. We also call upon all countries to remove food export restrictions or extraordinary taxes, especially for food purchased for humanitarian purposes, and to consult and notify in advance before imposing any new restriction. The feasibility, effectiveness and administrative modalities of a system of

stockholding in dealing with humanitarian food emergencies or as a means to limit price volatility need to be further explored. We call upon the relevant International Institutions to provide us with evidence allowing us to make responsible strategic choices on this specific issue.

Chair's Summary

Climate Change

Leaders discussed the role of innovative technologies and climate financing, with a view to sustain mitigation efforts also in developing countries. They highlighted adaptation needs of developing countries in terms of resources, capacity building and policy support, particularly for the poor and most vulnerable.

Development in Africa

Leaders focussed their discussion on the effects of the crisis on the most vulnerable. They decided to act resolutely to implement decisions to eradicate poverty and hunger. Acknowledging that the crisis is jeopardising progress towards the MDGs, they asked for an international assessment in 2010 on what is needed to achieve these Goals. They reiterated their commitment to promote global health and expressed their solidarity for all vulnerable people and countries in the face of the global H1N1 threat and the importance of supporting developing countries with respect to anti-viral medicines, vaccines, and other preventive measures.

They decided to implement a set of measures to help the most vulnerable to withstand the crisis: fulfil their ODA commitments, including on aid for trade; keep markets open to re-launch economic growth to the benefit of the poor; enhance transparency and competition among intermediaries to halve transaction cost of migrants' remittances; strengthen partnership with Africa to improve access to water and sanitation; support innovative financing instruments for health; put agriculture and food security at the top of the agenda, by increasing multilateral financing to support comprehensive country strategies and improving coordination of existing mechanisms.