

## **The G8 Summit Communiqués on Health, 1975-2005**

John Kirton and Laura Sunderland  
G8 Research Group  
john.kirton@utoronto.ca  
November 2005

### **Introduction:**

In response to the Russian announcement that health will be a central issue-area at the 2006 St. Petersburg Summit, this document outlines the G8's treatment of health. This document is derived from the Leaders' Communiqués and other documents released at the annual G8 Summit since its inception in 1975 at Rambouillet, and it catalogues references to health up to and including the 2005 Gleneagles Summit. A list of terms that were included and excluded can be found in Appendix A.

### **The Health Issue Area Defined:**

Health is defined as the human condition of being sound in mind, body and spirit, and free from physical disease or pain. This definition becomes more complex when health is considered in terms of its effect on economics such as is the case with the heavy burden of HIV/AIDS in sub-Saharan Africa. The complexities of human health can also be seen in its influence on the politics of cross-border relations or the implications of bioterrorism, issues of particular concern to the G8.

Health on the G8 Summit agenda can be divided into two main categories: core health and health-related issues. Core health encompasses official collective statements made by the G8 pertaining to the human condition of health; the presence or absence of life, disease or pain; and the efforts made towards maintaining a healthy human condition. As such, core health considers a range of the health issue areas tackled by the G8, including infectious diseases (HIV/AIDS, malaria, tuberculosis, polio, etc.), medical research, the health care system, improved health as a function of development, health promotion, medicine and treatment, global collaboration and resource mobilization for health, the current global health organizations (WHO, UNAIDS, MDBs, etc.), as well as more recent agenda items such as bioterrorism. Health-related agenda items cover issues other than health that have a related effect on human health or health policies such as debt relief for the benefit of health systems in developing countries; Information and Communications Technology (ICT) to improve healthcare facilities; or environmental issues that affect human health.

### **The Health Catalogue:**

#### **1975 Rambouillet**

No references.

#### **1976 Puerto Rico**

No references.

### **1977 London**

No references.

### **1978 Bonn**

No references.

### **1979 Japan**

#### ***Communiqué:***

We will place more emphasis on cooperation with developing countries in overcoming **hunger and malnutrition**.

### **1980 Italy**

#### ***Communiqué:***

##### *RELATIONS WITH DEVELOPING COUNTRIES*

22. We are deeply conscious that extreme poverty and **chronic malnutrition** afflict hundreds of millions of people of developing countries.

### **1981 Montebello**

#### *Energy*

32. In most of our countries progress in constructing new nuclear facilities is slow. We intend in each of our countries to encourage greater public acceptance of nuclear energy, and respond to public concerns about safety, **health**, nuclear waste management and nonproliferation. We will further our efforts in the development of advanced technologies, particularly in spent fuel management.

### **1982 Versailles**

No references.

### **1983 Williamsburg**

#### ***Communiqué:***

10. We have agreed to strengthen cooperation in protection of the environment, in better use of natural resources, and in **health research**.

## 1984 London

### *Declaration on Democratic Values:*

5. We reaffirm our determination to **fight hunger** and poverty throughout the world.

## 1985 Bonn

### *Communiqué:*

#### *Relations with Developing Countries*

9. We are deeply concerned about the plight of African peoples who are suffering from **famine** and drought.

### *Political Declaration:*

We shall continue to seek to work with the developing countries, so as to help them to fight **hunger** and **disease**, to build free and prosperous societies, and to take their part in the community of nations committed to peace and freedom.

## 1986 Tokyo

### *Tokyo Declaration: Looking Forward to a Better Future:*

2. More than ever we have all to join our energies in the search for a safer and **healthier**, more civilized and prosperous, free and peaceful world. We believe that close partnership of Japan, North America and Europe will make a significant contribution toward this end.

4. We pledge ourselves afresh to fight against **hunger**, **disease** and poverty, so that developing nations can also play a full part in building a common, bright future.

## 1987 Venice

### *Communiqué:*

#### **Other Issues**

32. We welcome the initiative of the **Human Frontier Science Program (HFSP)** presented by Japan, which is aimed at promoting, through international cooperation, basic research on **biological functions**. We are grateful for the informal opportunities our scientists have had to take part in some of the discussions of the feasibility study undertaken by Japan. We note that this study will be continued, and we would be pleased to be kept informed about its progress.

34. We shall continue to review the **ethical implications of developments in the life sciences**. Following the conferences sponsored by Summit governments by Japan in 1984, by France in 1985, by the Federal Republic of Germany in 1986 and by Canada in 1987 we welcome the Italian Government's offer to host the next **bioethics** conference in Italy in April 1988.

***Chairman's Statement on AIDS:***

On the basis of the concern already shown in the past for **health problems** (London Chairman's oral statement on **cancer** and Bonn Chairman's oral statement on **drugs**), the Heads of State or Government and the representatives of the European Community affirm that **AIDS [acquired immune deficiency syndrome]** is one of the biggest potential **health problems** in the world. National efforts need to be intensified and made more effective by international cooperation and concerted campaigns to prevent **AIDS** from spreading further, and will have to ensure that the measures taken are in accordance with the principles of human rights. In this connection, they agree that:

-- International cooperation will not be improved by duplication of effort. Priority will have to be given to strengthening existing organizations by giving them full political support and by providing them with the necessary financial, personnel and administrative resources. The **World Health Organization (WHO)** is the best forum for drawing together international efforts on a worldwide level to combat **AIDS**, and all countries should be encouraged fully to cooperate with the **WHO** and support its special program of **AIDS-related** activities;

-- In the absence of a **vaccine or cure**, the best hope for the combat and prevention of **AIDS** rests on a strategy based on educating the public about the seriousness of the **AIDS epidemic**, the ways the **AIDS** virus is transmitted and the practical steps each person can take to avoid acquiring or spreading it. Appropriate opportunities should be used for exchanging information about national education campaigns and domestic policies. The Heads of State or Government and the representatives of the European Community welcome the proposal by the United Kingdom government to cosponsor, with the **WHO**, an international conference at ministerial level on public education about **AIDS**; and

-- Further cooperation should be promoted for basic and **clinical studies on prevention, treatment and the exchange of information** (as in the case of the EC program). The Heads of State or Government and the representatives of the European Community welcome and support joint action by researchers in the seven countries (as in the case of the joint program of French and American researchers, which is being enlarged, and similar programs) and all over the world for the **cure of the disease, clinical testing** on components of the **virus** and the development of a successful **vaccine**. The Heads of State or Government and the representatives of the European Community welcome the proposal by the president of the French Republic aiming at the creation of an **international committee on the ethical issues raised by AIDS**.

***Statement on Drugs:***

The Heads of State or Government have examined the **drug abuse problem**, which causes a **tragic loss of human life** and now affects people all over the world, especially the young and their families. They emphasize the importance of undertaking a strategy in support of national, regional and multilateral campaigns in order to overcome this problem. They intend to continue their fight against illegal production and distribution of drugs and to create all necessary conditions for more effective international cooperation. They will also work for the eradication of illegal cultivation of natural drugs and for its replacement with other types of production which will further the aims of social and economic development. The leaders welcome the agreements already reached on bilateral and multilateral bases, and look forward with confidence to a successful International Conference on Drug Abuse and Illicit Trafficking, which the United Nations is convening next week in Vienna.

### **1988 Toronto**

#### ***Communiqué:***

##### *Other Issues*

##### *Human Frontier Science Program*

1. We note the successful conclusion of Japan's feasibility study on the **Human Frontier Science Program** and are grateful for the opportunities our scientists were given to contribute to the study. We look forward to the Japanese Government's proposal for the implementation of the program in the near future.

##### *Bioethics*

2. We note that, as part of the continuing review of the ethical implications of developments in the **life sciences**, the Italian Government hosted the fifth conference on **bioethics** in April 1988, and we welcome the intention of the European Communities to host the sixth conference in the spring of 1989.

#### ***Political Declaration:***

##### *Narcotics*

16. The illegal **use of drugs** and the illicit trafficking in them poses grave risks to the peoples of Summit countries as well as the peoples of source and transit countries. There is an urgent need for improved international cooperation in all appropriate fora on programs to counter all facets of the illicit drug problem, in particular production, trafficking, and financing of the drug trade. The complexity of the problem requires additional international cooperation, in particular to trace, freeze, and confiscate the proceeds of drug traffickers, and to curb money laundering.

### **1989 Paris**

## ***Communiqué:***

### *Drug Issues*

52. The drug problem has reached devastating proportions. We stress the urgent need for decisive action, both on a national and an international basis. We urge all countries, especially those where drug production, trading and **consumption** are large, to join our efforts to counter drug production, to **reduce demand**, and to carry forward the fight against drug trafficking itself and the laundering of its proceeds.

53. Accordingly, we resolve to take the following measures within relevant fora:

-Give greater emphasis on [sic] bilateral and United Nations programs for the conversion of illicit cultivation in the producer countries. The United Nations Fund for Drug Abuse Control (UNFDAC), and other United Nations and multilateral organizations should be supported, strengthened and made more effective. These efforts could include particular support for the implementation of effective programs to stop drug cultivation and trading as well as developmental and technical assistance. -Support the efforts of producing countries who ask for assistance to counter illegal production or trafficking.

-Intensify the exchange of information on the **prevention of addiction, and rehabilitation of drug addicts**.

-Support the international conference planned for 1990 on **cocaine and drug demand reduction**.

### *International Cooperation against AIDS*

54. We take note of the creation of an **International Ethics Committee on AIDS** which met in Paris in May 1989, as decided at the Summit of Venice (June 1987). It assembled the Summit participants and the other members of the EC, together with the active participation of the **World Health Organization**.

55. We take note of the **representations** that we received from various Heads of State or Government and organizations and we will study them with interest.

## **1990 Houston**

## ***Communiqué:***

### *The Environment*

74. We note with satisfaction the successful launching of the **Human Frontier Science Program** and express our hope that it will make positive contributions to the advancement of basic **research in life science** for the benefit of all mankind.

## *Narcotics*

77. We support the declaration adopted at the ministerial meeting on drugs convened by the United Kingdom that drug **demand reduction** should be accorded the same importance in policy and action as the reduction of illicit supply. Developed countries should adopt stronger prevention efforts and assist demand reduction initiatives in other countries.

82. We should support an informal narcotics consultative arrangement with developed countries active in international narcotics control. Such a group could strengthen efforts to reduce supply and **demand**, and improve international cooperation.

83. We welcome the current review of **UN drug abuse control agencies** and urge that it result in a more efficient structure.

## ***Statement on Transnational Issues:***

### *Non-Proliferation*

We discussed the threat to international security posed by the proliferation of nuclear, chemical and **biological weapons**, and of ballistic missile weapons delivery systems.

With regard to chemical and **biological proliferation**, we commit ourselves to pursue efforts to prevent the diversion of chemical precursors at a national level, as well as in the relevant Western fora. We similarly commit ourselves to be vigilant about the danger of potential diversions in the field of **biological technologies**.

Similarly, as the 1991 **Review Conference on the Biological Weapons Convention** approaches, we call on all nations that have not become party to the Convention to do so and to participate in confidence-building measures designed to strengthen its effectiveness.

### **1991 London**

## ***Communiqué:***

### *Developing Countries*

38. Additional aid efforts are required, to enhance both the quantity and the quality of our support for priority development issues. These include alleviating poverty, **improving health**, education and training and enhancing the environmental quality of our aid.

39. We will provide humanitarian assistance to those parts of Africa facing severe **famine** and encourage the reform of United Nations structures in order to make this assistance more effective. We will also work to help the countries concerned remove the underlying

causes of **famine** and other emergencies, whether these are natural or provoked by civil strife.

#### *Environment*

53. We support the negotiation, under the auspices of UNEP, of an acceptable framework convention on biodiversity, if possible to be concluded next year. It should concentrate on protecting ecosystems, particularly in species-rich areas, without impeding positive developments in **biotechnology**.

#### *Narcotics*

82. We should support an informal narcotics consultative arrangement with developed countries active in international narcotics control. Such a group could strengthen efforts to reduce supply and **demand**, and improve international cooperation.

#### ***Political Declaration:***

4. We note that the urgent and overwhelming nature of the humanitarian problem in Iraq caused by violent oppression by the Government required exceptional action by the international community, following UNSCR [UN Security Council Resolution] 688. We urge the UN and its affiliated agencies to be ready to consider similar action in the future if the circumstances require it. The international community cannot stand idly by in cases where widespread human suffering from **famine**, war, oppression, refugee flows, **disease** or flood reaches urgent and overwhelming proportions.

14. In addition to its own domestic efforts, South Africa also needs the help of the international community, especially in those areas where the majority have long suffered deprivation: education, **health**, housing and social welfare. We will direct our aid for these purposes.

#### ***Declaration on Conventional Arms Transfers and NBC [Nuclear, Biological and Chemical] Non-Proliferation:***

1. At our meeting in Houston last year, we, the Heads of State and Government and the representatives of the European Community, underlined the threats to international security posed by the proliferation of nuclear, **biological** and chemical weapons and of associated missile delivery systems. The Gulf crisis has highlighted the dangers posed by the unchecked spread of **these weapons** and by excessive holdings of conventional weapons. The responsibility to prevent the reemergence of such dangers is to be shared by both arms suppliers and recipient countries as well as the international community as a whole. As is clear from the various initiatives which several of us have proposed jointly and individually, we are each determined to tackle, in appropriate fora, **these dangers** both in the Middle East and elsewhere.

#### *NonProliferation*



7. We are deeply concerned about the proliferation of nuclear, **biological** and chemical weapons and missile delivery systems. We are determined to combat this menace by strengthening and expanding the nonproliferation regimes.

8. Iraq must fully abide by Security Council Resolution 687, which sets out requirements for the destruction, removal or rendering harmless under international supervision of its nuclear, **biological** and chemical warfare and missile capabilities; as well as for verification and longterm monitoring to ensure that Iraq's capability for such weapon systems is not developed in the future. Consistent with the relevant UN resolutions, we will provide every assistance to the United Nations Special Commission and the International Atomic Energy Agency (IAEA) so that they can fully carry out their tasks.

11. We anticipate that the **Biological Weapons Review Conference** in September will succeed in strengthening implementation of the **convention's** existing provisions by reinforcing and extending its confidencebuilding measures and exploring the scope for effective verification measures. Each of us will encourage accession to the convention by other states and urge all parties strictly to fulfil their obligations under the convention. We each believe that a successful **Review Conference** leading to strengthened implementation of the **BWC**, would make an important contribution to preventing the **proliferation of biological weapons**.

13. We must also strengthen **controls on exports which could contribute to the proliferation of biological** and chemical weapons. We welcome the measures taken by members of the Australia Group and by other states on the control of exports of chemical weapons precursors and related equipment. We seek to achieve increasingly close convergence of practice between all exporting states. We urge all states to support these efforts.

14. Our aim is a total and effective ban on chemical and **biological weapons**. Use of such weapons is an outrage against humanity. In the event that a state uses **such weapons** each of us agrees to give immediate consideration to imposing severe measures against it both in the UN Security Council and elsewhere.

***Chairman's Statement:***

3. The second declaration addresses *conventional arms transfers and proliferation of chemical, nuclear, and biological weapons*. It brings together the various aspects of these important subjects, and charts a way forward, without claiming an exclusive role for any group or institution. The urgency of addressing our responsibilities has been brought home for us all by the Gulf War.

9. I have mentioned South Africa in the context of our political declaration. Elsewhere in *Africa* we are naturally immensely concerned with the threat of **famine** in several countries and you will find the economic communiqué tomorrow will reflect this.

The problems of *drug abuse* affect all countries, both rich and poor. Action was set in train by previous Summits. This time we have focused on *stepping up* the fight against money laundering and against the supply of chemicals which can be used to make illicit drugs. We want to strengthen the capacity of law enforcement agencies to target the illicit drug movements. We have asked the Customs Cooperation Council to report on this.

### **1992 Munich**

#### ***Communiqué:***

##### *Developing Countries*

21. We are deeply concerned about the unprecedented **drought** in southern Africa. Two thirds of the **Drought Appeal** target has been met. But much remains to be done. We call on all countries to assist.

### **1993 Tokyo**

#### ***Communiqué:***

##### *World Economy*

5. To enhance opportunities for employment and growth, it is essential to address structural issues which constitute obstacles to strong economic recovery and to longerterm growth potential. In this context, we endorse the report of our Finance Ministers focusing on a broad range of structural reforms, inter alia:

addressing the economic impact of **aging populations**;

controlling overall outlays on **health care**;

#### ***Political Declaration:***

We also call on those countries that have not done so to sign the Chemical Weapons Convention and to accede to the **Biological Weapons Convention**.

#### ***Finance Ministers' Report:***

14. The **aging of the population** is progressing rapidly in most of our countries. In order to deal with the rise in public expenditures, measures to control the increasing costs of **medical care**, public pensions and other welfare programs should be considered. In response to prospective declines over time in the proportion of the workingage population, labor market reforms may have to be considered to promote participation of older workers. In addition, in view of the possible decline in the savings rate in the future, efforts must be made to reduce fiscal deficits, to strengthen private savings, and to make more efficient use of those savings in productive investment.

15. The cost of **health care** has been increasing rapidly in our countries. In the absence of changes in policies, this trend is likely to continue because of a rise in the **proportion of the elderly**, the unique association in the **health care** industry of technological progress with higher rather than lower prices, and other factors. It is, therefore, necessary to better control overall outlays, for example, through "global budget systems" or, in some countries, direct control over fees. It is also necessary **to improve efficiency of the health care systems** by such measures as **reviewing the coverage of the medical insurance** and encouragement of **cost reducing competition in the provision of medical services**.

#### **1994 Naples**

No references.

#### **1995 Halifax**

No references.

#### **1996 Lyon**

### ***Communiqué:***

#### *Strengthening Economic and Monetary Cooperation*

17. In order to face the challenges of economic and fiscal impact of **aging populations**, we remain committed to ensuring sustainability of our social security system.

#### *IV. IMPLEMENTING A NEW GLOBAL PARTNERSHIP FOR DEVELOPMENT: AN AMBITION FOR THE 21ST CENTURY*

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.

35. We want the partnership to achieve concrete results. We emphasize the usefulness of indicators capable of measuring progress toward development objectives in specific countries in areas such as extreme poverty, **infant, child and maternal mortality**, and primary education. Other essential aspects of development must also be considered, including a number of non-measurable qualitative factors. We welcome the ongoing work of the OECD on this subject.

37. Within the framework of this new partnership, the priority must be to implement more effectively-targeted policies, with four complementary objectives :

- giving more explicit priority to sustainable development and the alleviation of poverty. This should mean adequate ODA funding of essential sectors such as **health** and education, basic infrastructures, clean water schemes, environmental conservation, micro-enterprises, agricultural research and small-scale agriculture, with for example the help of IFAD ;

#### *V. ENHANCING THE EFFECTIVENESS OF MULTILATERAL INSTITUTIONS FOR THE BENEFIT OF DEVELOPMENT*

41. The UN's priority areas are, notably: reduction of poverty, employment, housing, the provision of essential services, and especially those relating to **health** and education, the advancement of women and protection of children, and humanitarian assistance in general.

#### ***Chairman's Statement:***

##### *1. Global issues*

Protection of environment, nuclear safety and new types of **epidemics** are common challenges that must be properly handled.

##### *3. Non-proliferation, arms control and disarmament*

We reiterate the importance we attach to the entry into force of the Convention on Chemical Weapons. We will continue to work hard to implement the Convention on Prohibition of **Biological** and Toxin Weapons, including the establishment of an effective verification mechanism. We also expect the early entry into force of the Treaty on Open Skies, which represents an unprecedented confidence-building measure from Vancouver to Vladivostok.

##### *5. Environment*

People should be the focus of our policies. **Human health** is sometimes being jeopardized by the deterioration of the environment. Where there are threats of serious or irreversible damage, we endorse measures based on sound science and the precautionary principle.

##### *7. The "human frontier science program"*

We applaud the results of the "**Human Frontier Science Program**" since its launch in Venice in 1987, and we await with interest the outcome of the intergovernmental Conference on further progress on this subject in Autumn 1996.

## *8. Infectious diseases*

**Infectious diseases** such as **HIV/AIDS, malaria, cholera, ebola, and antibiotic resistant strains of tuberculosis and pneumonia** pose an unacceptable **threat to people** of all nations, disproportionately affecting the populations of the poorest nations. We endorse the creation and implementation of mechanisms to aid in the **prevention, detection, surveillance and response to the emergence and re-emergence of communicable diseases**. We reiterate our call for the extension of all forms of cooperation in the realms of **research, prevention, accessible and affordable health care services and diagnostics in the treatment and control of these diseases**.

We draw attention to the measures already undertaken in each of our countries to encourage the scientific community in its search for **remedies to these diseases**. We pledge to **pursue this effort** at the **national level**, while at the same time promoting **international cooperation** among **research teams** in this field.

Moreover, we will continue to extend various kinds of **assistance programs**, in particular for the benefit of the countries hardest hit by **HIV/AIDS** and other **infectious diseases**. We also encourage cooperation among those of us who jointly conduct cooperative projects with Africa, Southeast Asia, Latin America and the Caribbean by transferring our expertise in regard to **surveillance, prevention, research, diagnosis, and treatment of these diseases**. We will continue to work to ensure the **availability of safe and effective treatments** for these **all-too-often fatal diseases**.

We strongly support the efforts of the **World Health Organization (WHO)** to combat **emerging and re-emerging infectious diseases**, as well as the **joint United-Nations Program on AIDS (UNAIDS)** to coordinate international efforts to stem the global **HIV/AIDS epidemic**.

## *9. Drugs*

Drugs represent a serious threat for our younger generations' future, **our citizens' health** and the integrity of our societies.

### *Achievements*

#### *System Wide*

At the initiative of the Secretary-General and under the direction of the Coordinator of Development Activities, three inter-agency task forces were set up, to work in the framework of the Administrative Coordinating Committee (ACC). These task forces will deal with the following themes: 1) creation of an environment suited to sustainable development (steered by the World Bank); 2) growth of job creation (steered by the ILO); 3) **provision of basic social services** (steered by the UNFPA).

#### *Budgeting*

- **WHO**: its budget increase is modest (2,5 %), well below the demands of its Secretariat (14%).

#### Specialized Agencies

- **WHO**: the Executive Board decided to review the WHO mandate; related reforms (e.g. revision of the organizational chart, efficient human resources management) are planned.

### **1997 Denver**

#### ***Communiqué:***

##### *THE OPPORTUNITIES AND CHALLENGES OF AGING POPULATIONS*

6. Increased **life expectancy** and **improved health among our elderly** are two major achievements of this century. In the next century, these successes will present us with both opportunities and challenges, as **longer life expectancies** and **lower birth rates** significantly raise the proportion of seniors in our countries' populations. Prime Minister Hashimoto's "Initiative for a Caring World" has provided us the opportunity to focus on the implications of these developments.

7. We discussed the idea of "**active aging**" -- the desire and ability of many older people to continue work or other socially productive activities well into their later years, and agreed that old **stereotypes of seniors as dependent** should be abandoned. We considered new evidence suggesting that **disability rates** among seniors have declined in some countries while recognizing the wide variation in the **health** of older people. We discussed how our nations can promote **active aging** of our older citizens with due regard to their individual choices and circumstances, including removing disincentives to labor force participation and lowering barriers to flexible and part-time employment that exist in some countries. In addition, we discussed the transition from work to retirement, life-long learning and ways to encourage volunteerism and to support **family care-giving**.

8. We examined the differing implications of **population aging** for our nations' pension, **health and long-term care systems** in the next century. **Active aging** strategies can be a useful way to advance structural reforms in the areas of **health** and **social welfare**. Some of our countries face major challenges in sustaining their public pension systems and would benefit from early action to restore balance. Different ways were suggested to address this issue, including increasing the labor force participation of seniors and raising national savings rates. Investing in human capital, including maximizing opportunities for life-long learning, were mentioned as ways to facilitate the continued work preparedness of mature adults. Some countries will be more affected by the demands of **health care** financing for seniors. We concluded that efficient and effective management of this challenge should help us to meet the needs of an **aging society** without overburdening younger generations.

9. We agreed that it is important to learn from one another how our policies and programs can promote **active aging** and advance structural reforms to preserve and strengthen our pension, **health and long-term care systems**. Our governments will work together, within the OECD and with other international organizations, to promote **active aging** through **information exchanges and cross-national research**. We encourage collaborative **biomedical and behavioral research** to improve **active life expectancy** and **reduce disability**, and have directed our officials to identify gaps in our knowledge and explore developing comparable data in our nations to improve our capacity to address the challenges of **population aging** into the 21st Century.

#### *Freshwater*

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. To achieve these objectives, we have also agreed to promote bilateral and regional cooperation on freshwater concerns, and to enhance coordination of our efforts in this area.

#### *Children's Environmental Health*

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**.

#### *INFECTIOUS DISEASES*

31. **Infectious diseases**, including **drug-resistant tuberculosis, malaria, and HIV/AIDS** are responsible for a third of all deaths in the world. They pose significant challenges to the **health**, security and financial resources of the global community. In many parts of the world, **infectious diseases** and **deaths from infectious disease** have risen sharply in the last decade for a variety of reasons, including the **emergence of drug-resistant microbes** and the increased movement of people and products.

32. In the coming year, our governments will promote more effective coordination of international responses to outbreaks; promote development of a **global surveillance network**, building upon existing national and **regional surveillance systems**; and help to **build public health capacity to prevent, detect and control infectious diseases**

globally including efforts to explore the use of **regional stocks of essential vaccines, therapeutics, diagnostics and other materials**. Central to this work will be strengthening and linking existing activities in and among each of our countries, with developing countries, and in other fora, especially the **World Health Organization**. We support the efforts of the **WHO** and the recent **World Health Assembly resolutions regarding the quality of biological and pharmaceutical products**.

33. Preventing the **transmission of HIV infection** and the development of **AIDS** is an urgent **global public health** imperative. While other **prevention and treatment methods** must be pursued, in the long term the **development of safe, accessible, and effective vaccines against AIDS** holds the best chance of limiting, and eventually eliminating, the threat of this **disease**. We will work to provide the resources necessary to accelerate **AIDS vaccine research**, and together will enhance international scientific cooperation and collaboration. Cooperation among scientists and governments in the developed and developing world and international agencies will be critical. We call on other states to join us in this endeavor.

34. The **Joint United Nations Program on HIV/AIDS (UNAIDS)** must help expand the scale and quality of the response to **HIV/AIDS**. As a group and with others, we will work to assure that it has resources adequate to fulfill its mandate.

#### *ILLICIT DRUGS*

42. We are determined to intensify our efforts to combat the production, trafficking and **use of illicit drugs**, which represent a global threat to the safety of our citizens, and the well-being of our societies and institutions. Reaffirming the common responsibility of all concerned States, we recognize that a successful strategy to combat illicit drugs requires effective action against both the supply and the **demand** for such drugs. We stress the importance of **demand reduction**. Together with strict enforcement of drug-related laws, programs aimed at **treatment and rehabilitation, education and prevention** are of *major importance in our fight against drugs*.

#### *HUMAN CLONING*

47. We agree on the need for appropriate domestic measures and close international cooperation to **prohibit the use of somatic cell nuclear transfer to create a child**.

#### *AFRICA: PARTNERSHIP FOR DEVELOPMENT*

59. We will work with African countries to ensure adequate and well-targeted assistance for those countries which have the greatest need and carry out the necessary broad-based reforms. This assistance will include support for democratic governance, respect for human rights, sound public administration, efficient legal and judicial systems, infrastructure development, rural development, **food security**, environmental protection and human resource development, including **health** and education of their people. In this



regard, we will work to strengthen cooperation among concerned institutes to facilitate and coordinate capacity building efforts.

*NON-PROLIFERATION, ARMS CONTROL AND DISARMAMENT*

75. Recognizing that enhancing confidence in compliance would reinforce the **Biological and Toxin Weapons Convention**, we reaffirm our determination to complete as soon as possible through negotiation a legally-binding and effective verification mechanism.

*Middle East*

86. We call on all States to avoid cooperation with Iran that might contribute to efforts to acquire nuclear weapons capabilities, or to enhance chemical, **biological**, or missile capabilities in violation of international conventions or arrangements.

87. We confirm our determination to obtain full compliance with all UN Security Council resolutions related to Iraq and Libya. Only full compliance with these resolutions could result in the lifting of sanctions. We are pleased to note that the distribution of food and **medicine** under UNSCR 986 is providing some humanitarian relief to the Iraqi people.

***Foreign Minister's Progress Report:***

*Counter-terrorism*

-- To prevent terrorist access to **biological** and toxin weapons. the participants of the Fourth **Review Conference of the Bacteriological (Biological) and Toxin Weapons Convention (BTWC)**, at the urging of our governments, recognized the need to ensure, through the review and/or adoption of national measures, the effective fulfillment of their obligations under the Convention in order, inter alia, to exclude the use of biological and toxin weapons for terrorist or criminal activity

*UN Reform*

35. We anticipate the timely conclusion of the various working groups and the prompt implementation of responsive measures during the next UN biennium, 1998-99. Such action will ensure that the United Nations is fully able to meet the challenges of the new century as the premier international organization responsible for peace, security and the promotion of **human welfare** and sustainable development in all its aspects.

***Confronting Global Economic and Financial Challenges: Denver Summit Statement by Seven:***

3. To achieve this goal, we must:

- Implement policies to promote sustainable, non- inflationary growth; create jobs; restore sound public finances; and meet the **challenge of the aging of our populations**.

6. One of the most important challenges we face is responding to the economic, financial and social implications of the changing demographics in our **aging societies**. It could significantly affect our pension and **health care costs** and influence our public budgets; reduce public and private savings, and affect global flows of capital. We therefore pledge to undertake structural reforms that will address these issues. We have asked our Finance and Economic Ministers to examine, in coordination with other competent national authorities, the **economic and fiscal implications of aging**, including within the OECD and other relevant international organizations.

### **1998 Birmingham**

#### ***Communiqué:***

- to enhance mutual cooperation on **infectious and parasitic diseases** and support the **World Health Organisation's** efforts in those areas. We support the new initiative to 'Roll Back Malaria' to relieve the suffering experienced by hundreds of millions of people, and significantly reduce the **death rate** from **malaria** by 2010. We will also continue our efforts to reduce the global scourge of **AIDS** through **vaccine development, preventive programmes** and appropriate **therapy**, and by our continued support for **UNAIDS**. We welcome the French proposal for a '**Therapeutic Solidarity Initiative**' and other proposals for the prevention and treatment of **AIDS**, and request our experts to examine speedily the feasibility of their implementation.

#### ***Drugs and International Crime:***

6. There is a strong link between drugs and wider international and domestic crime. We welcome the forthcoming UNGASS on drugs. This should signal the international community's determination in favour of a comprehensive strategy to tackle all aspects of the drugs problem. For its part, the G8 is committed to partnership and shared responsibility in the international community to combat illicit drugs. This should include reinforced cooperation to curb illicit trafficking in drugs and chemical precursors, action to reduce demand in our countries, including through policies to **reduce drug dependency**, and support for a global approach to eradicating illicit crops. We welcome the UNDCP's global approach to eliminating or significantly reducing illicit drug production, where appropriate through effective alternative development programmes.

### **1999 Cologne**

#### ***Communiqué:***

23. We call on the International Financial Institutions (IFIs) to support and monitor the development of sound social policy and infrastructure in developing countries. We commend actions already being taken in this regard. We urge the International Monetary Fund (IMF) to give more attention to this issue in designing its economic programs and to give particular priority to core budgets such as **basic health**, education and training to the extent possible, even during periods of fiscal consolidation.

#### *X. Tackling Global Challenges*

39. In many countries, violent conflicts and civil wars continue to be an obstacle to making good use of the opportunities of globalization. Effective crisis prevention and management must address the root causes of these conflicts. These causes include the political manipulation of ethnic tensions, economic and social inequality, and extreme poverty as well as the absence of democracy, the rule of law and good political and economic governance. They are often exacerbated by human rights violations, environmental degradation, scarcity of resources, rapid population growth and the rapid **spread of diseases**.

41. We are concerned at the continuing global spread of **AIDS**. We reaffirm the need to continue efforts to combat **AIDS** at the national and international level through a combined strategy of **prevention, vaccine development and appropriate therapy**. We welcome and support the coordinating and catalytic role of **UNAIDS** in the fight against **AIDS**. We call on co-sponsors and other partners to cooperate in the formulation of clear goals, strategies and initiatives at both the global and regional level.

42. We also pledge to continue our national and international efforts in the fight against **infectious and parasitic diseases, such as malaria, polio and tuberculosis**, and their **drug-resistant forms**. In particular we will continue to support the endeavors of the **World Health Organization** and its initiatives "**Roll Back Malaria**" and "**Stop TB**". We call on governments to adopt these recommended strategies.

43. In light of the increasing importance of issues concerning **food safety** we invite the **OECD Working Group on Harmonization of Regulatory Oversight of Biotechnology and the OECD Task Force for the Safety of Novel Foods and Feeds** to undertake a study of the implications of **biotechnology** and other aspects of **food safety**. We invite OECD experts to discuss their findings with our personal representatives. We ask the latter to report to us by the next Summit on possible ways to improve our approach to these issues through international and other institutions, taking into account the reflections underway in other fora.

48. There has been real progress since the Birmingham Summit in tackling the "Millennium Bug". But there is still much to do. We will maintain vigorous programs of action to ensure our own Year 2000 readiness and to minimize the potential impact on our countries and on the world as a whole. We urge all other governments to do the same. In these efforts, high priority should be given to the key infrastructure sectors \* energy,

telecommunications, financial services, transport and **health** \* as well as to defense, the environment and public safety.

**G7 Statement:**

- The international community must work with governments and national authorities to foster investment in people through education, **health** and other basic social needs, which are the foundations for long-term development.

10. The Köln Debt Initiative should be built on an enhanced framework for poverty reduction, developed by the IFIs in consultation with other institutions and with civil society. This is critical to ensure that more resources are invested in **health**, including **AIDS prevention**, education and other social needs, which are essential for sustainable development.

**2000 Okinawa**

**Communiqué:**

*Development*

13. In particular, many developing countries, notably in Africa, are growing too slowly. The **HIV/AIDS** pandemic aggravates the situation.

19. We are committed to mobilising the instruments and resources of the international community to support and reinforce the efforts of these countries to combat and overcome these challenges, with particular priority on promoting equitable distribution of the benefits of growth through sound social policies, including regarding health and education. To this end, as we set out in detail below, we have agreed to:

Implement an ambitious plan on **infectious diseases**, notably **HIV/AIDS, malaria and tuberculosis (TB)**;

21. We also agree to give special attention to three issues - debt, **health**, and education, as a spur to growth.

*Health*

**26. Health** is key to prosperity. Good **health** contributes directly to economic growth whilst poor **health** drives poverty. **Infectious and parasitic diseases**, most notably **HIV/AIDS, TB and malaria**, as well as **childhood diseases and common infections**, threaten to reverse decades of development and to rob an entire generation of hope for a better future. Only through sustained action and coherent international co-operation to fully mobilise new and existing **medical**, technical and financial resources, can we strengthen health delivery systems and

- reach beyond traditional approaches to break the **vicious cycle of disease and poverty**.
27. We have committed substantial resources to fighting **infectious and parasitic diseases**. As a result, together with the international community, we have successfully arrived at the final stage of **polio and guinea worm eradication**, and have begun to control **onchocerciasis**.
28. But we must go much further and we believe that the conditions are right for a step change in international health outcomes. We have widespread agreement on what the priority **diseases** are and basic technologies to tackle much of the **health burden** are in place. In addition there is growing political leadership and recognition in the most afflicted countries that health is central to economic development. We particularly welcome the success of the recent **HIV/AIDS conference held in Durban** and the importance attached to tackling **HIV/AIDS** by African leaders, donors, international financial institutions and the private sector.
29. We therefore commit ourselves to working in strengthened partnership with governments, the **World Health Organisation (WHO)** and other international organisations, industry (notably **pharmaceutical companies**), academic institutions, NGOs and other relevant actors in civil society to deliver three critical UN targets:
- Reduce the number of **HIV/AIDS**-infected young people by 25% by 2010 (UN Secretary-General Report to the General Assembly on 27/3/2000);
  - Reduce **TB deaths and prevalence of the disease** by 50% by 2010 (WHO Stop TB Initiative);
  - Reduce the **burden of disease associated with malaria** by 50% by 2010 (WHO Roll Back Malaria).
30. In order to achieve this ambitious agenda our partnership must aim to cover:
- Mobilising additional resources ourselves, and calling on the MDBs to expand their own assistance to the maximum extent possible;
  - Giving priority to the development of **equitable and effective health systems, expanded immunisation, nutrition and micro-nutrients and the prevention and treatment of infectious diseases**;
  - Promoting political leadership through enhanced high-level dialogue designed to raise public awareness in the affected countries;
  - Committing to support innovative partnerships, including with the NGOs, the private sector and multilateral organisations;

- Working to make existing cost-effective interventions, including **key drugs, vaccines, treatments and preventive measures** more universally available and affordable in developing countries;
  - Addressing the complex issue of access to medicines in developing countries, and assessing obstacles being faced by developing countries in that regard;
  - Strengthening co-operation in the area of **basic research and development on new drugs, vaccines and other international public health goods.**
31. We note with encouragement new commitments in these areas. We strongly welcome the World Bank's commitment to triple International Development Association (IDA) financing for **HIV/AIDS, malaria, and TB**. We also welcome the announcements to expand assistance in this area made by bilateral donors.
32. In addition, we will convene a conference in the autumn this year in Japan to deliver agreement on a new strategy to harness our commitments. The conference should look to define the operations of this new partnership, the areas of priority and the timetable for action. Participation of developing country partners and other stakeholders will be essential. We will take stock of progress at the Genoa Summit next year and will also work with the UN to organise a conference in 2001 focusing on strategies to facilitate access to **AIDS treatment and care**.

#### *Crime and Drugs*

43. We reaffirm our concern at the increasing global threat posed by the trafficking and **use of illegal drugs**. We remain committed to **reducing demand** in our own countries, and to countering the threat from the production and trafficking of illicit drugs globally. We will work with other countries, the UN system and other groups to reduce both supply and **demand**. We will support regional initiatives to end narcotics production and trafficking. We urge universal implementation of the conclusions of the 1998 UN Special Session on countering the world drugs problem. We are also committed to strengthening international co-operation to:

#### *Ageing*

51. The progressive **ageing of our populations** compels us to rethink the conventional concept of a three-stage life cycle of education, employment and retirement. As the vitality of our societies increasingly depends on active participation by older people, we must foster economic and social conditions, including IT-related developments, that allow people of all ages to remain fully integrated into society, to enjoy freedom in deciding how to relate and contribute to society, and to find fulfilment in doing so. The concept of "**active ageing**", as articulated at the Denver Summit, remains our guiding principle in this endeavour.
52. The central challenge is to promote a culture that values the experience and knowledge that come with age. To this end, we will:

- Make further efforts to remove inappropriate disincentives for people below retirement age to stay in the labour market;
  - Counter age prejudice in employment;
  - Encourage life-long learning so that people can remain active through the accelerating transition toward an information society;
  - Pursue **healthy ageing policies** that permit a continued high quality of life;
  - Seek to increase relevant cross-national research, including comparable longitudinal surveys;
  - Engage with the private sector and civil society in promoting older people's participation in community and volunteer activities.
53. In pursuing these objectives we attach continued importance to international co-operation and policy dialogue, and encourage the OECD to continue its work in this area.
54. We look forward to the upcoming meeting of G8 Labour and Social Affairs Ministers in Italy in November.

### *Life Science*

#### *Biotechnology/Food Safety*

55. Maintenance of effective national **food safety systems** and public confidence in them assumes critical importance in public policy. We are committed to continued efforts to make systems responsive to the growing public awareness of **food safety** issues, the potential **risks associated with food**, the accelerating pace of developments in **biotechnology**, and the increasing cross-border movement of food and agricultural products.
56. The commitment to a science-based, rule-based approach remains a key principle underlying these endeavours. The on-going work in international fora to develop and refine such an approach needs to be accelerated. In particular, we attach strong importance to the work of the **CODEX Alimentarius Commission (CAC), the principal standard-setting body in food safety**, and encourage its **Ad Hoc Intergovernmental Task Force on Foods Derived from Biotechnology** to produce a substantial interim report before completion of its mandate in 2003. We also support the efforts of the CAC's Committee on General Principles to achieve greater global consensus on how precaution should be applied to **food safety** in circumstances where available scientific information is incomplete or contradictory.
57. Policy dialogue, engaging all stakeholders and including both developed and developing countries, must be intensified to advance **health protection**, facilitate

trade, ensure the sound development of **biotechnology**, and foster consumer confidence and public acceptance. The report by the **OECD Ad Hoc Group on Food Safety** and the work of the **Task Force for the Safety of Novel Foods and Feeds and the Working Group on Harmonisation of Regulatory Oversight of Biotechnology** represent a useful step in this direction. We welcome the further work agreed by OECD ministers. We note with approval that the OECD will continue to undertake analytical work and to play an effective role in international policy dialogue on **food safety**, maintaining its engagement with civil society and seeking to share its work in this area with countries outside the organisation's membership. Drawing on its comparative advantages, the work of the OECD will effectively complement the activities of other international organisations, in particular the Food and Agriculture Organisation (FAO) and **WHO**. We also encourage the **FAO and WHO** to organise periodic international meetings of **food safety regulators** to advance the process of science-based public consultations.

58. In pursuing this dialogue we will pay particular attention to the needs, opportunities and constraints in developing countries. We will work to strengthen our support for their capacity building to harness the potentials of **biotechnology**, and encourage research and development as well as data and information sharing in technologies, including those that address **global food security, health, nutritional** and environmental challenges and are adapted to specific conditions in these countries.
59. Open and transparent consultation with and involvement of all stakeholders, including representatives of civil society, supported by shared scientific understanding, is a key component of a **credible food and crop safety system**. We note the proposal to establish an independent international panel put forward at the recent OECD Edinburgh Conference. Building on the success of that Conference, we will explore, in consultation with international organisations and interested bodies including scientific academies, the way to integrate the best scientific knowledge available into the global process of consensus building on **biotechnology** and other aspects of **food and crop safety**.

## Human Genome

60. Advances in **life science** continuously improve our quality of life. Opening new **medical frontiers** points to unprecedented opportunities for the benefit of humankind and will have to be achieved taking account of principles of **bioethics**.
61. The announcement of the nearly complete **mapping of the human genome**, a momentous discovery in itself, constitutes a further dramatic and welcome step in this development.
62. We consider this mapping to be critically important for all humanity and call for the further rapid release of all raw fundamental data on **human DNA sequences** as such. We also emphasise the importance of pursuing the **post genome-sequence research** on the basis of multilateral collaboration.
63. We recognise the need for a balanced and equitable intellectual property protection for **gene-based inventions**, based wherever possible on common



practices and policies. We encourage further efforts in relevant international fora to achieve broad harmonisation of patenting policies of biotechnological inventions.

*Disarmament, Non-proliferation and Arms Control*

74. We commit ourselves to work with others to conclude the negotiations on the Verification Protocol to strengthen the **Biological Weapons Convention** as early as possible in 2001.

***Okinawa Charter on Global Information Society:***

15. In pursuit of these objectives, the dot force will look for ways to take concrete steps on the priorities identified below:
  - o encouraging more effective and greater utilisation of *IT* in development efforts encompassing such broad areas as poverty reduction, education, **public health**, and culture;

***G7 Statement:***

*Reform of the Multilateral Development Banks (MDBs)*

9. The core role of the MDBs should be accelerating poverty reduction in developing countries while improving the efficiency of assistance and avoiding competition with private financial flows. The MDBs should increase their resources devoted to core social investments such as **basic health** and education, **clean water and sanitation**. The Comprehensive Development Framework (CDF) and the Poverty Reduction Strategy Papers (PRSPs) should become the basis for programmes that have strong ownership by the recipient countries.
11. We look to the MDBs to play a leadership role in increasing the provision of global public goods, particularly for urgently needed measures against **infectious and parasitic diseases including HIV/AIDS**, as well as environmental degradation.

**2001 Genoa**

***Communiqué:***

9. Beyond debt relief, we focussed our discussion on three mutually reinforcing elements:
  - greater participation by developing countries in the global trading system
  - increased private investment
  - initiatives to promote **health**, education and **food security**.

15. At Okinawa last year, we pledged to make a quantum leap in the fight against **infectious diseases** and to break the **vicious cycle between disease and poverty**. To meet that commitment and to respond to the appeal of the UN General Assembly, we have launched with the UN Secretary-General a new **Global Fund to fight HIV/AIDS, malaria and tuberculosis**. We are determined to make the **Fund** operational before the end of the year. We have committed \$1.3 billion. The **Fund** will be a public-private partnership and we call on other countries, the private sector, foundations, and academic institutions to join with their own contributions - financially, in kind and through shared expertise. We welcome the further commitments already made amounting to some \$500 million.

16. The **Fund** will promote an integrated approach emphasising prevention in a continuum of **treatment and care**. It will operate according to principles of proven **scientific and medical effectiveness**, rapid resource transfer, low transaction costs, and light governance with a strong focus on outcomes. We hope that the existence of the Fund will promote improved co-ordination among donors and provide further incentives for **private sector research and development**. It will offer additional financing consistent with existing programmes, to be integrated into the **national health plans** of partner countries. The engagement of developing countries in the purpose and operation of the **Fund** will be crucial to ensure ownership and commitment to results. Local partners, including NGOs, and international agencies, will be instrumental in the successful operation of the **Fund**.

17. Strong **national health systems** will continue to play a key role in the delivery of effective **prevention, treatment and care and in improving access to essential health services and commodities** without discrimination. An effective response to **HIV/AIDS and other diseases** will require society-wide action beyond the **health sector**. We welcome the steps taken by the **pharmaceutical industry** to make **drugs** more affordable. In the context of the new **Global Fund**, we will work with the **pharmaceutical industry** and with **affected countries** to facilitate the broadest possible **provision of drugs in an affordable and medically effective manner**. We welcome ongoing discussion in the WTO on the use of relevant provisions in the Trade-Related **Intellectual Property Rights (TRIPs) agreement**. We recognise the appropriateness of affected countries using the flexibility afforded by that agreement to ensure that **drugs** are available to their citizens who need them, particularly those who are unable to afford **basic medical care**. At the same time, we reaffirm our commitment to strong and effective **intellectual property rights protection as a necessary incentive for research and development of life-saving drugs**.

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.

21. We shall target the most food-insecure regions, particularly Sub-Saharan Africa and South Asia, and continue to encourage South-South co-operation. We will support the crucial role international organisations and NGOs play in relief operations. We believe national poverty reduction and sectoral strategies should take due account of the **nutritional needs** of vulnerable groups, including new-borns and their mothers.

#### *Food safety*

30. Fully aware of the paramount importance of **food safety** to our peoples, we will continue to support a transparent, scientific and rules-based approach and will intensify our efforts to achieve greater global consensus on how precaution should be applied to **food safety** in circumstances where available scientific information is incomplete or contradictory. We value the ongoing dialogue between governments, scientists, consumers, regulators, and relevant stakeholders in civil society. This must be based on the principle of openness and transparency. We recognise our responsibility to promote a clear understanding by the public of **food safety** benefits and risks. We shall strive to provide consumers with relevant information on the **safety of food products**, based on independent scientific advice, sound risk analysis and the latest research developments. We believe an effective framework for risk management, consistent with the science, is a key component in maintaining consumer confidence and in fostering public acceptance.

31. We welcome the outcome of the recent **Bangkok conference on new biotechnology food and crops** and the ad hoc meeting of regulators from OECD countries and Russia. We encourage the relevant international organisations to follow up the conference, as appropriate, within their own respective mandates. Furthermore, we welcome the establishment of the joint **FAO / WHO Global Forum of Food Safety Regulators**. We also appreciate the work of the Inter-Academy Council in publicising balanced professional views on the science of **food safety**. All these meetings demonstrate our commitment to a process of dialogue aimed at strengthening public confidence in **food safety**.

#### *Employment*

32. In the firm belief that economic performance and social inclusion are mutually dependent, we commit to implement policies in line with the recommendations of the G8 Labour Ministers Conference held in Torino last year. We welcome the increased activity of older persons who represent, as stated in the G8 Turin Charter "Towards **Active Ageing**", a great reservoir of resources for our economies and our societies.

#### *Combating transnational organised crime and drugs*

34. Following up on the G8 ad hoc Meeting of Drug Experts held in Miyazaki last year and the recent London Conference on the global economy of illegal drugs, we will strengthen efforts to curb the trafficking and **use of illegal drugs**.

***Genoa Plan for Africa:***

We continue to support the consolidation of democracy, pluralism and electoral fairness in an increasing number of African countries. We encourage similar progress towards political openness where democratic principles and the rule of law are weak. We also stress the importance of working in partnership with African governments to improve access of African products to world markets, attract foreign direct investment and promote investment in key social sectors, in particular **health** and education. Implementing the HIPC Initiative will release resources for such expenditure.

We have decided today to forge a new partnership to address issues crucial to African development. We are committed to promoting this objective with our African partners and in multilateral fora - in the UN, the World Bank and the IMF, and in a new Round of WTO negotiations. Our partnership will support the key themes of the New African Initiative, including:

- Democracy and political governance
- Prevention and reduction of conflict
- Human development, by investing in **health** and education, and tackling **HIV/AIDS, TB and malaria, including through the Global AIDS and Health Fund**
- Information and communications technologies
- Economic and corporate governance
- Action against corruption
- Stimulating private investment in Africa
- Increasing trade within Africa and between Africa and the world
- **Combating hunger and increasing food security**

***G7 Statement:***

The Multilateral Development Banks (MDBs) have a central role to play in combating poverty by promoting productivity growth and supporting equitable and sustainable economic development, thus contributing to the achievement of the 2015 International Development Goals. To this end, we welcome and endorse our Finance Ministers' recommendations for reforming the MDBs and sharpening their focus on core social and human investments, in particular **health** and education.

We call on MDBs to provide support for global public goods, such as **fighting infectious diseases**, facilitating trade, fostering financial stability and protecting the environment. We support a meaningful replenishment of IDA and, in that context, we will explore the increased use of grants for priority social investments, such as education and **health**.

## *HIPC*

15. The Enhanced HIPC Initiative we launched in Cologne aims to increase growth, reduce poverty and provide a lasting exit from unsustainable debt, by reducing debt on the basis of strengthened policy reforms. We welcome the important progress that has been achieved in implementing the Initiative. At Okinawa nine countries had qualified for debt relief. Now, twenty-three countries (Benin, Bolivia, Burkina Faso, Cameroon, Chad, The Gambia, Guinea, Guinea Bissau, Guyana, Honduras, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nicaragua, Niger, Rwanda, Sao Tomé and Príncipe, Senegal, Tanzania, Uganda and Zambia) are benefiting from the Initiative, with an overall amount of debt relief of over \$53 billion, out of an initial stock of debt of \$74 billion. This will significantly reduce their debt service, thus freeing resources for social sector expenditure, in particular education and **health**.

## 2002 Kananaskis

### *Chair's Summary:*

We agreed on a set of six non-proliferation Principles aimed at preventing terrorists - or those who harbour them - from acquiring or developing nuclear, chemical, radiological and **biological weapons**; missiles; and related materials, equipment or technologies. We called on other countries to join us in implementing these Principles.

We underlined the devastating consequences for Africa's development of **diseases** such as **malaria, tuberculosis and HIV/AIDS**. In addition to our ongoing commitments to combat these **diseases**, we committed to provide sufficient resources to **eradicate polio** by 2005.

### *Statement by the G8 Leaders: G8 Global Partnership Against the Spread of Weapons and Materials of Mass Destruction:*

The attacks of September 11 demonstrated that terrorists are prepared to use any means to cause terror and inflict appalling casualties on innocent people. We commit ourselves to prevent terrorists, or those that harbour them, from acquiring or developing nuclear, chemical, radiological and **biological weapons**; missiles; and related materials, equipment and technology. We call on all countries to join us in adopting the set of non-proliferation principles we have announced today.

The G8 calls on all countries to join them in commitment to the following six principles to prevent terrorists or those that harbour them from acquiring or developing nuclear, chemical, radiological and **biological weapons**; missiles; and related materials, equipment and technology.

Adopt and strengthen efforts to manage and dispose of stocks of fissile materials designated as no longer required for defence purposes, eliminate all chemical weapons,

and minimize holdings of **dangerous biological pathogens and toxins**, based on the recognition that the threat of terrorist acquisition is reduced as the overall quantity of such items is reduced.

### ***G8 Africa Action Plan:***

3.4 Increasing the funding and improving the quality of support for trade-related technical assistance and capacity-building in Africa - including by:

- Supporting the establishment and expansion of trade-related technical assistance programmes in Africa;
- Assisting African producers in meeting product and **health standards in export markets**; and,

### *IV. Implementing Debt Relief*

4.1 Our aim is to assist countries through the Heavily Indebted Poor Countries (HIPC) Initiative to reduce poverty by enabling them to exit the HIPC process with a sustainable level of debt. The HIPC Initiative will reduce, by US\$19 billion (net present value terms), the debt of some 22 African countries that are following sound economic policies and good governance. Combined with traditional debt relief and additional bilateral debt forgiveness, this represents a reduction of some US\$30 billion - about two-thirds of their total debt burden - that will allow an important shift of resources towards education, **health** and other social and productive uses.

### *VI. Improving Health and Confronting HIV/AIDS*

The persistence of **diseases such as malaria and tuberculosis** has remained a severe obstacle to Africa's development. To this burden has been added the devastating personal and societal costs resulting from **AIDS**, the consequences of which stand to undermine all efforts to promote development in Africa. The result has been a dramatic **decrease in life expectancy** in Africa and a significant new burden on African **health systems** and economies. Substantial efforts are needed to confront the **health challenges** that Africa faces, including the need to enhance **immunization** efforts directed at **polio** and other **preventable diseases**. Therefore, recognizing that HIV/AIDS affects all aspects of Africa's future development and should therefore be a factor in all aspects of our support for Africa, we commit to:

6.1 Helping Africa combat the effects of **HIV/AIDS** - including by:

- Supporting programmes that help mothers and children infected or affected by **HIV/AIDS**, including **children orphaned by AIDS**;
- Supporting the strengthening of training facilities for the recruiting and training of **health professionals**;
- Supporting the development, adoption and implementation of gender-sensitive, multi-sectoral **HIV/AIDS programs for prevention, care, and treatment**;

- Supporting high level political engagement to **increase awareness and reduce the stigma associated with HIV/AIDS**;
- Supporting initiatives to improve technical capacity, including **disease surveillance**;
- Supporting efforts to develop strong partnerships with employers in increasing **HIV/AIDS awareness** and in providing support to victims and their families;
- Supporting efforts that integrate approaches that address both **HIV/AIDS and tuberculosis**; and,
- Helping to enhance the capacity of Africa to address the challenges that **HIV/AIDS** poses to peace and security in Africa.

6.2 Supporting African efforts to build **sustainable health systems** in order to deliver effective **disease interventions** - including by:

- Pressing ahead with current work with the international **pharmaceutical industry**, affected African countries and civil society to promote the availability of an **adequate supply of life-saving medicines** in an affordable and medically effective manner;
- Supporting African countries in helping to promote more effective, and cost-effective, **health interventions** to the most vulnerable sectors of society - including reducing **maternal and infant mortality and morbidity**;
- Continuing support for the **Global Fund to Fight AIDS, Tuberculosis and Malaria**, and working to ensure that the **Fund** continues to increase the effectiveness of its operations and learns from its experience;
- Supporting African efforts to increase Africa's access to the **Global Fund** and helping to enhance Africa's capacity to participate in and benefit from the **Fund**;
- Providing assistance to strengthen the capacity of the public sector to monitor the quality of **health services** offered by both public and private providers; and,
- Supporting and encouraging **the twinning of hospitals and other health organizations** between G8 and African countries.

6.3 Accelerating the elimination and mitigation in Africa of **polio, river blindness and other diseases or health deficiencies** - including by:

- Providing, on a fair and equitable basis, sufficient resources to eliminate **polio** by 2005; and,
- Supporting relevant public-private partnerships for the immunization of children and the elimination of **micro-nutrient deficiencies** in Africa.

6.4 Supporting **health research on diseases prevalent in Africa**, with a view to narrowing the **health research gap**, including by expanding **health research networks** to focus on **African health issues**, and by making more extensive use of researchers based in Africa.

7.1 Making support for African agriculture a higher international priority in line with the NEPAD's framework and priorities - including by:

- Working with African countries to improve the effectiveness and efficiency of ODA for agriculture, rural development and **food security** where there are coherent development strategies reflected in government budget priorities.

7.2 Working with African countries to reduce poverty through improved sustainable productivity and competitiveness - including by:

- Supporting the development and the responsible use of tried and tested new technology, including **biotechnology**, in a safe manner and adapted to the African context, to increase crop production while protecting the environment through decreased usage of fragile land, water and agricultural chemicals;
- Studying, sharing and facilitating the responsible use of **biotechnology** in addressing development needs;

7.3 Working to improve **food security** in Africa - including by:

- Working with African countries to integrate **food security** in poverty reduction efforts and promote a policy and institutional environment that enables poor people to derive better livelihoods from agriculture and rural development;
- Working with appropriate international organizations in responding to the dire **food shortages** in Southern Africa this year;
- Working with African countries to expand efforts to improve the quality and diversity of diets with **micro-nutrients** and by improving fortification technologies;
- Supporting African efforts to establish **food safety and quality control systems**, including helping countries develop legislation, enforcement procedures and appropriate institutional frameworks; and,

### *VIII. Improving Water Resource Management*

Water is essential to life. Its importance spans a wide range of critical uses - from human drinking water, to **sanitation**, to **food security** and agriculture, to economic activity, to protecting the natural environment. We have noted the importance of proper water resource management. We note also that water management is sometimes at the centre of threats to regional peace and security. We also appreciate the importance of good water management for achieving sustainable economic growth and development, and therefore we commit to:

8. Supporting African efforts to improve water resource development and management - including by:

- Supporting African efforts to promote the productive and environmentally sustainable development of water resources;
- Supporting efforts to **improve sanitation and access to potable water**;



- Mobilizing technical assistance to facilitate and accelerate the preparation of **potable water and sanitation projects** in both rural and urban areas, and to generate greater efficiency in these sectors; and,
- Supporting reforms in the water sector aimed at decentralization, cost-recovery and enhanced user participation.

### *A New Focus for Education for All:*

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.

The impact of **HIV/AIDS on education systems** must be addressed

The impact of **HIV/AIDS** on the teaching profession and the operations of schools must be acknowledged and addressed in national educational plans. In some of the most affected countries, the extra recruitment of teachers due to **HIV/AIDS** ranges from 20 to 60 percent. Technical assistance to help countries address the impacts of **HIV/AIDS** on the supply, demand, and quality of education, including the effect on teachers, can make an important contribution to these strategies.

A country's education system can perform a constructive role in equipping people to address-and ultimately reverse-the devastating **spread of this disease**. Teachers can play an important role in reinforcing the importance of **prevention**. In these circumstances, the proper training of teachers is essential.

### *Cooperative G8 Action on Transport Security:*

Work towards developing recommendations on minimum standards for the application of **biometrics** in procedures and documents by the spring of 2003, with a view to forwarding them to standards organizations.

### *DOT Force Report Card:*

Through the work of its implementation teams, the DOT Force has generated more than 20 major bilateral and multilateral initiatives, operating across a broad range of areas

crucial to balanced development — access, governance, entrepreneurship, **health** and education.

At the United Nations Millennium Summit in September 2000, world leaders set a series of targets for the reduction of poverty, known as the Millennium Development Goals. They pledged to eradicate extreme poverty and **hunger**; to achieve universal primary education; to promote gender equality and empower women; to **reduce child mortality and improve maternal health**; to combat **HIV/AIDS, malaria and other diseases**; to ensure environmental sustainability; and to develop a global partnership for development.

Community radio stations in Africa are providing vital information on weather disaster warnings, **health and nutrition, and HIV/AIDS prevention**.

Community access and improved network connectivity are the primary means of spreading the social and economic benefits of information technology. Concerted efforts are now under way in the areas of access for under-served areas, public access points, adaptation of cost-effective technologies and the development of national network information centres. Most projects specifically target Africa, including a Community Access Centres Network (ADEN) for French-speaking Africa; the Catalysing Access to ICTs in Africa project (CATIA); and a Telecentre Infomediary/HelpDesk project. Such initiatives provide the basis for ICT capacity building in support of education, **health** and culture at the community level.

*Through the generation of local content and the development of ICT tools to combat **HIV/AIDS and other communicable diseases***

Access to current and appropriate information, training and collaborative exchange are fundamental to reversing the downward **health trends** facing developing countries, particularly the **HIV/AIDS pandemic**. ICTs offer powerful tools to address and improve **health and fight against HIV/AIDS**. ICTs can offer innovative solutions, raise the visibility of issues, and enable knowledge development and information sharing across boundaries. However, the **health needs** of the beneficiaries and users must remain the focus of any solutions. Information needs must be clearly defined, and local context, content and language are essential components for creating valuable, trusted and useful information.

Twinning Promotion and Facilitation Through ICT is a project that uses ICTs to improve the communication of best practices with respect to **AIDS programming** and to facilitate partnerships between **AIDS** service organizations in Africa.

The CAR Project will implement Edu-Telecentres in Malawi, Kenya, Uganda and Zambia. Along with programs on **HIV/AIDS**, the CAR Project will provide programs to address women's empowerment, teacher training, distance learning and skills development.

The **Health InterNetwork** will strengthen **public health services** by providing public **health workers, researchers and policy makers**, access to high quality, relevant and timely information, through an Internet portal.

### 2003 Evian

#### *Chair's Summary:*

##### 1. Strengthening Growth World-Wide

As this contribution should rely more strongly on structural reforms and flexibility, we therefore reaffirm our commitment to:

- implement pension and **health care reforms**, as we face a common challenge of **ageing populations**;

##### 2. Enhancing Sustainable Development

We focused on the implementation of the internationally agreed Millennium and Johannesburg Development Goals in the following areas:

**Famine.** To alleviate the threat facing millions of people, especially in Africa, we committed to responding to the emergency food aid needs and agreed on ways to improve **famine prevention** mechanisms and long term **food security**.

**Water.** Following on from the Kyoto World Water Forum, we adopted an Action Plan to help meet the Millennium and Johannesburg goals of halving the number of people without access to **clean water and sanitation** by 2015.

**Health.** We agreed on measures to:

- strengthen the **Global Fund to Fight AIDS, Tuberculosis and Malaria**, and other bilateral and multilateral efforts, notably through our active participation in the donors' and supporters' conference to be hosted in Paris this July;
- improve access to **health care**, including to **drugs and treatments** at affordable prices, in poor countries;
- encourage **research on diseases** mostly affecting developing countries;
- mobilise the extra funding needed to eradicate **polio** by 2005;
- improve international co-operation against new epidemics such as **SARS**

#### *Water: A G8 Action Plan:*

Entire document relevant.

#### *Health: A G8 Action Plan:*

Entire document relevant.

***Action Against Famine Especially in Africa: A G8 Action Plan:***

Entire document relevant.

***Science and Technology for Sustainable Development: A G8 Action Plan:***

We recognise the need, as acknowledged in the World Summit on Sustainable Development (WSSD) Plan of Implementation, to support the development of cleaner, sustainable and more efficient technologies. Co-operative scientific research on transformational technologies offers potential to improve **public health** by cutting pollution and reduce greenhouse emissions to address the challenge of global climate change.

3. Agriculture and biodiversity

We will:

3.1 Promote the conservation and sustainable use of **genetic resources for food and agriculture**:

" support the **International Treaty of Plant Genetic Resources for Food and Agriculture** by concluding negotiations over a standard material transfer agreement that facilitates access to plant genetic resources for agricultural research and development and equitable sharing of benefits arising from their use;

" support efforts to ensure funding for **genetic resources** conservation in the framework of the priorities set up by the **Food and Agriculture Organisation Commission on Genetic Resources**;

3.3 Promote sustainable agricultural technologies and practices, including the safe use of **biotechnologies** among interested countries, that contribute to preventing famine, enhancing **nutrition**, improving productivity, conserving water and other natural resources, reducing the application of chemicals, improving **human health** and preserving biodiversity;

**2004 Sea Island**

***Chair's Summary:***

At Evian, we recognized the proliferation of weapons of mass destruction and their delivery systems, together with international terrorism, as the pre-eminent threat to international peace and security. Determined to prevent, contain, and roll back proliferation, we adopted a G-8 Action Plan on Nonproliferation to reinforce the global nonproliferation regime. This Action Plan enhances and expands ongoing efforts, such as the Proliferation Security Initiative, which now includes all G-8 members, and the G-8 Global Partnership Against the Spread of Weapons and Materials of Mass Destruction. The Action Plan addresses transfers of enrichment and reprocessing equipment and technologies, and takes steps to strengthen the International Atomic Energy Agency and to counter **bioterrorism**. The Action Plan calls on all states to implement the recently

passed U.N. Security Council Resolution 1540, and addresses the proliferation challenges in North Korea, Iran, and Libya.

The challenges faced by Africa, including armed conflict, **HIV/AIDS, famine**, and poverty, represent a compelling call for international cooperation to support the continent's efforts to achieve lasting progress. We met with the Presidents of Algeria, Ghana, Nigeria, Senegal, South Africa, and Uganda, and we committed to:

- \* Endorse and establish a **Global HIV Vaccine Enterprise** to accelerate **HIV vaccine development**. The United States will host later this year a meeting of all interested stakeholders in the **Enterprise**;
- \* Take all necessary steps to **eradicate polio** by 2005 and close the funding gap by our next Summit. We have already closed the funding gap for 2004;
- \* Launch a new initiative on **Ending the Cycle of Famine** in the Horn of Africa, Raising Agricultural Productivity, and Promoting Rural Development in **Food Insecure** Countries; and

***G8 Commitment to Help Stop Polio Forever:***

*Entire document is relevant.*

***G8 Action to Endorse and Establish a Global HIV Vaccine Enterprise:***

*Entire document is relevant.*

**2005 Gleneagles**

***Chair's Summary:***

The G8 in return agreed a comprehensive plan to support Africa's progress. This is set out in our separate statement today. We agreed:

- to boost investment in **health** and education, and to take action to combat **HIV/AIDS, malaria, TB and other killer diseases**

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

- deliver free **basic health care** and primary education for all
- provide as close as possible to universal access to treatment for **AIDS** by 2010

***Statement on the Final Day of the Summit:***

And above all today we say, in the presence of African leaders, we come here in solidarity with the continent of Africa. We have come here to announce a plan of action, in partnership with Africa. It isn't the end of poverty in Africa, but it is the hope that it can be ended. It isn't all everyone wanted, but it is progress, real and achievable progress, it is the definitive expression of our collective will to act in the face of death, and **disease**, and conflict that is preventable. The \$50 billion uplift in aid, the signal for a new deal on trade, the cancellation of the debts of the poorest nations, universal access to **Aids treatment**, the commitment to a new peace-keeping force for Africa, the commitment in return by Africa's leaders to democracy, and good governance, and the rule of law.

### ***Communiqué:***

#### *Climate Change, Energy and Sustainable Development*

Reducing pollution protects **public health** and ecosystems. This is particularly true in the developing world. There is a need to **improve air and water quality** in order to alleviate suffering from **respiratory disease**, reduce **public health costs and prolong lives**.

#### *Transforming the way we use energy*

2. Improvements to energy efficiency have benefits for economic growth and the environment, as well as co-benefits such as reducing greenhouse gas emissions, preventing pollution, alleviating poverty, improving security of energy supply, competitiveness and improving **health** and employment.

#### *Africa*

Better governance, stability and peace are necessary for the private sector to grow and create jobs; a growing private sector creates more revenue for investment in health and education; increased numbers of healthy, well-skilled people will improve capacity for governance.

#### *Investing in People*

Entire section is relevant.

#### *Promoting Growth*

(b) To provide resources and training to help African producers meet current and new health and safety standards for food exports and other products.

#### *Financing for Development*

24. Successful development requires sustained and consistent progress across the range of areas we have identified: strengthened peace and security, better governance, improved healthcare and education, enhanced growth, access to markets, and capacity to trade.

*Africa:*

More detailed, but same information as in the Communiqué.

**Appendix A:  
Inclusions and Exclusions**

**List of Subjects Included:**

**1979**

“malnutrition and hunger” (1979 Communiqué)

**1980**

“population problems” (1980 Communiqué)

“cope with population growth” (1980 Communiqué)

**1983**

“health research” (1983 Communiqué)

**1985**

“famine” (1985 Communiqué)

“disease” (1985 Political Declaration)

**1986**

“healthier” (1986 Tokyo Declaration)

**1987**

“Human Frontier Science Program (HFSP)” (1987 Communiqué)

“biological functions” (1987 Communiqué)

“ethical implications of developments in the life sciences” (1987 Communiqué)

“bioethics” (1987 Communiqué)

“drugs” (1987 Communiqué) as a health issue

“AIDS” (1987 Communiqué)

“World Health Organization (WHO)” (1987 Communiqué)

“vaccine or cure” (1987 Communiqué)

“clinical studies on prevention, treatment and the exchange of information” (1987 Communiqué)

“virus” (1987 Communiqué)

“epidemic” (1987 Communiqué)

“international committee on the ethical issues raised by AIDS” (1987 Communiqué)

“drug abuse problem” (1987 Statement on Drugs)

**1989**

“United Nations Fund for Drug Abuse Control (UNFDAC)” (1989 Communiqué)

“prevention of addiction, and rehabilitation of drug addicts” (1989 Communiqué)

“drug demand” (1989 Communiqué)

“representations [by the ethics committee on AIDS]” (1989 Communiqué)

### **1990**

“biological weapons / proliferation / technology” (1991 Statement on Transnational Issues)

“Review Conference on the Biological Weapons Convention”(1990 Statement on Transnational Issues)

### **1991**

“biotechnology” (1991 Communiqué)

### **1992**

“Drought Appeal” (1992 Communiqué)

### **1993**

“aging populations” (1993 Communiqué)

“health care” (1993 Communiqué)

“medical care” (1993 Finance Ministers’ Report)

“to improve efficiency of the health care systems” (1993 Finance Ministers’ Report)

“reviewing the coverage of the medical insurance” (1993 Finance Ministers’ Report)

“cost reducing competition in the provision of medical services” (1993 Finance Ministers’ Report)

### **1996**

“infectious disease” (1996 Chairman’s Statement)

“HIV/AIDS, malaria, cholera, ebola, and antibiotic resistant strains of tuberculosis and pneumonia” (1996 Chairman’s Statement)

“prevention, detection, surveillance and response to the emergence and re-emergence of communicable diseases” (1996 Chairman’s Statement)

“arch, prevention, accessible and affordable health care services and diagnostics in the treatment and control of these diseases” (1996 Chairman’s Statement)

“assistance programs” (1996 Chairman’s Statement)

“joint United-Nations Program on AIDS (UNAIDS)” (1996 Chairman’s Statement)

“provision of basic social services” (1996 Chairman’s Statement)

### **1997**

“long term care” (1997 Communiqué)

“life expectancy” (1997 Communiqué)

“birth rate” (1997 Communiqué)

“active aging” (1997 Communiqué)

“aging” (1997 Communiqué)

“stereotypes of seniors” (1997 Communiqué)

“disability rates” (1997 Communiqué)

“family care-giving” (1997 Communiqué)

“information exchanges and cross-national research” (1997 Communiqué)

“biomedical and behavioral research” (1997 Communiqué)

“water quality and sanitation” (1997 Communiqué)



“environmental hazards” (1997 Communiqué)  
“reduce children's exposure to lead, environmental tobacco smoke and other air pollutants” (1997 Communiqué)  
“drug-resistant tuberculosis, malaria, and HIV/AIDS” (1997 Communiqué)  
“emergence of drug-resistant microbes” (1997 Communiqué)  
“international responses to outbreaks” (1997 Communiqué)  
“global surveillance network” (1997 Communiqué)  
“regional surveillance systems” (1997 Communiqué)  
“regional stocks of essential vaccines, therapeutics, diagnostics and other materials” (1997 Communiqué)  
“World Health Assembly resolutions regarding the quality of biological and pharmaceutical products” (1997 Communiqué)  
“AIDS vaccine research” (1997 Communiqué)  
“prohibit the use of somatic cell nuclear transfer to create a child” (1997 Communiqué)  
“food security” (1997 Communiqué)  
“Review Conference of the Bacteriological (Biological) and Toxin Weapons Convention (BTWC)” (1997 Foreign Minister’s Progress Report)  
“human welfare” (1997 Foreign Minister’s Progress Report)  
“economic and fiscal implications of aging” (1997 Confronting Global Economic and Financial Challenges: Denver Summit Statement by Seven)

## **1998**

“Roll back Malaria” (1998 Communiqué)  
“death rate” (1998 Communiqué)  
“UNAIDS” (1998 Communiqué)  
“Therapeutic Solidarity Initiative” (1998 Communiqué)  
“reduce drug dependency” (1998 Drugs and International Crime)

## **1999**

“Stop TB” (1999 Communiqué)  
“food safety” (1999 Communiqué)  
“OECD Working Group on Harmonization of Regulatory Oversight of Biotechnology and the OECD Task Force for the Safety of Novel Foods and Feeds” (1999 Communiqué)

## **2000**

“childhood diseases and common infections” (2000 Communiqué)  
“vicious cycle of disease and poverty” (2000 Communiqué)  
“polio and guinea worm eradication” (2000 Communiqué)  
“onchocerciasis” (2000 Communiqué)  
“HIV/AIDS conference held in Durban” (2000 Communiqué)  
“equitable and effective health systems, expanded immunisation, nutrition and micro-nutrients and the prevention and treatment of infectious diseases” (2000 Communiqué)  
“basic research and development on new drugs, vaccines and other international public health goods” (2000 Communiqué)  
“CODEX Alimentarius Commission (CAC), the principal standard-setting body in food safety” (2000 Communiqué)

“Ad Hoc Intergovernmental Task Force on Foods Derived from Biotechnology” (2000 Communiqué)  
“OECD Ad Hoc Group on Food Safety” (2000 Communiqué)  
“Task Force for the Safety of Novel Foods and Feeds and the Working Group on Harmonisation of Regulatory Oversight of Biotechnology” (2000 Communiqué)  
“Food and Agriculture Organisation (FAO)” (2000 Communiqué)  
“life science” (2000 Communiqué)  
“medical frontiers” (2000 Communiqué)  
“mapping of the human genome” (2000 Communiqué)  
“human DNA sequences” (2000 Communiqué)  
“post genome-sequence research” (2000 Communiqué)  
“gene-based inventions” (2000 Communiqué)  
“harmonisation of patenting policies of biotechnological inventions” (2000 Communiqué)

## **2001**

“Global Fund to fight HIV/AIDS, malaria and tuberculosis” (2001 Communiqué)  
“Intellectual Property Rights (TRIPs) agreement” (2001 Communiqué)  
“intellectual property rights protection as a necessary incentive for research and development of life-saving drugs” (2001 Communiqué)  
“Bangkok conference on new biotechnology food and crops” (2001 Communiqué)  
“FAO / WHO Global Forum of Food Safety Regulators” (2001 Communiqué)

## **2002**

“dangerous biological pathogens and toxins” (2002 Communiqué)  
“health standards in export markets” (2002 Africa Action Plan)  
“children orphaned by AIDS” (2002 Africa Action Plan)  
“increase awareness and reduce the stigma associated with HIV/AIDS” (2002 Africa Action Plan)  
“disease surveillance” (2002 Africa Action Plan)  
“river blindness” (2002 Africa Action Plan)  
“micro-nutrient deficiencies” (2002 Africa Action Plan)  
“potable water” (2002 Africa Action Plan)  
“biometrics” (2002 Cooperative G8 Action on Transport Security)

## **2003**

“SARS” (2003 Chair’s Summary)  
“International Treaty of Plant Genetic Resources for Food and Agriculture” (2003 Science and Technology for Sustainable Development)  
“Food and Agriculture Organisation Commission on Genetic Resources” (2003 Science and Technology for Sustainable Development)

## **2004**

“bioterrorism” (2004 Chair’s Summary)  
“Global HIV Vaccine Enterprise” (2004 Chair’s Summary)

**List of Subjects Excluded:****1980**

“food problems” (1980 Communiqué)

**1981**

“food security” (1981 Communiqué)

**1988**

“drugs” (1988 Communiqué) as a criminal issue, as related to money laundering, illicit drug traffic, use as a criminal activity, etc.

**1991**

“biodiversity” (1991 Communiqué) when not directly related to human health issues

**1992**

“UN International Drug Control Programme” (1992 Chairman’s Statement) b/c refers to the control of the transfer of drugs, not controlling drug consumption

**1994**

“Environment as improving living standards” (1994 Communiqué) b/c no reference to health, could be from better use of resources, more \$\$, etc.

“biomass energy”