

## **Parliamentary Appeal to G8 Heads of State and Governments**

Berlin, 31 May 2007

We Parliamentarians from African, Asia, European and G-8 countries in Berlin on 30 and 31 May 2007 for the **“G8 Parliamentarians Conference on the Economic Rewards of Investing in HIV/AIDS Prevention and Health”** commit ourselves to provide the political leadership on a national, European and international level to fight the pandemic and improve the wellbeing of the millions of people we represent through improved access to health, and to hold ourselves accountable to our commitments in a transparent and responsible manner.

We recall the international commitment to achieve universal access to reproductive health by 2015 as set out in the Programme of Action from the International Conference on Population and Development and as a target under Millennium Development Goal 5.

We recognise that Africa's development cannot be achieved without taking into account that:

- ◇ The ongoing increase of the HIV-infections lowers a country's economic growth rates.
- ◇ Sexual and reproductive health problems account for one third of the total health burden among women and are a leading driver of poverty. The HIV/AIDS pandemic is increasingly young and female.
- ◇ Poverty, malnutrition, malaria, TB and other infectious diseases, lack of clean water and sanitation are additional burdens to the HIV infection. Focusing on only one of these threats would not be sufficient.
- ◇ The future of a country lies in its people, particularly women and young people. There will be no future when they become victims of HIV/AIDS or poverty
- ◇ Caring for those infected and affected by AIDS – including orphans - is a heavy burden, which continues to fall mainly to women. Older women, women heading households and grandmothers in particular deserve our respect and need our support.
- ◇ Many poor countries do not have the resources to care for the health needs of their own people. Many richer countries are not living up to their commitments even though they have the resources to do so. Ensuring that aid is efficiently, effectively and transparently utilised is the responsibility of both donor and recipient countries.

Germany's Presidency of the G8 in 2007 presents a unique opportunity for Chancellor Merkel and other G8 Heads of State and Governments to work together to make significant and long-term improvements in the lives, health and well-being of millions of the World's poorest and most vulnerable by making the right decisions at the right time.

We Parliamentarians from African, Asian, European and G8 countries therefore appeal to G8 Heads of State and Governments to:

### **1. Strive for ownership: Country-driven Strategies**

- 1.1. by providing support for the implementation of national, regional and international policies and plans including the African Union's plans, the policy framework on SRH, the Maputo Plan of Action and the Abuja Declaration on AIDS, TB and Malaria.

- 1.2. by guaranteeing and strengthening parliamentary involvement in the formulation of state budgets, with particular attention to health budgets, including budget support for development planning instruments such as Poverty Reduction Strategy Papers and Country Strategy Papers in cooperation with donor Governments and donor representatives;
- 1.3. by strengthening NGO involvement in these same processes by providing civil society representatives formal opportunities to participate in these processes at an early stage.

## **2. Invest in long-term solutions: Health Infrastructure**

- 2.1. by enhancing multilateral and bilateral partnerships in health with national health strategies aiming to improve and strengthen substantially health systems, for example by supporting the "Providing for Health Initiative" which the German Presidency has presented;
- 2.2. by ensuring budgetary means which are freed by debt cancellation are then reinvested into the social sector, among them by building up the health infrastructure and strengthening primary health care systems rather than emphasising disease-specific investment;
- 2.3. by scaling up the training of the 1.5 million health workers which are estimated to be needed in Africa alone, ensuring and implementing regulations that prevent "brain drain", ensuring fair compensation for developing countries for skilled workers that leave, and helping developing countries to improve the motivation and incentives for health workers to remain in developing countries.

## **3. Stand for our principles: Human Rights**

- 3.1. by ensuring that all people regardless of age, sex, religion, sexual orientation or economic status have access to the information, materials and services they need to lead healthy lives, prevent disease and plan their families.
- 3.2. by fighting discrimination, stigmatization and isolation, especially of people living with HIV/AIDS and those at particular risk of infection (women, young people, people who inject drugs and their partners, men who have sex with men, migrants, children, people in prisons, sex workers);
- 3.3. by providing the information, services and supplies required to end the needless deaths of more than 500.000 women every year due to pregnancy and childbirth, and the additional suffering of millions of others, in particular women who suffer a debilitating obstetric fistula, a condition which has been eradicated in wealthy western and industrialised countries for over a century;
- 3.4. by ensuring all programmes and policies are based on a fundamental respect for human rights and evidence-based approaches;
- 3.5. by highlighting the positive role that churches, faith based organisations and religious communities can and do play

## **4. Value everyone equally: Empower women**

- 4.1. by prioritising women and girls in development policies and programmes. This means providing access to education, economic opportunities, resources, decision-making authority, comprehensive health information and services, including sexual and reproductive health – as recognised in the new target for universal access to reproductive health services by 2015 under MDG 5;
- 4.2. by fighting the cultural obstacles to women's advancement, and ensuring the equal participation of women in political, economic and social spheres and enforcing laws against sexual violence, FGM and child marriage;

- 4.3. by recognising that women's ability to exercise their freedom of choice in relation to their sexual and reproductive health is limited and would be helped by providing female initiated methods of prevention, such as female condoms and microbicides, would not only empower women, but benefit women themselves, their families and society as a whole;
- 4.4. by continuing to highlight the critical role that men play in safeguarding their own health and that of their partners and families through policies and programmes designed to meet their needs for information, services and support and to reinforce models of masculinity which empower women;
- 4.5. by actively addressing the fact that in many countries the face of HIV/AIDS remains feminine. One of the single greatest risk factors for HIV/AIDS for many young women across Africa, Asia and elsewhere is marriage.

### **5. Invest in the future: Young People**

- 5.1. by scaling-up programmes, policies and services for the largest generation of young people the world has ever seen, and who will soon be entering their reproductive years;
- 5.2. by critically analysing youth and health programmes to ensure that they are reaching the most vulnerable and high-risk groups of young people and addressing the distinctive needs of girls who are at risk of forced sexual relations and child marriage;
- 5.3. by equipping young people for responsible adulthood by promoting evidence-based comprehensive sexuality education, counselling and services on safer sex, male and female condom use, and promoting sexual safety and health security;
- 5.4. by aggressively improving girls' access to and continuation of education at all levels.

### **6. See the whole problem: Population Strategies**

- 6.1. by publicly recognising that the MDGs cannot be reached without addressing population growth and that in many developing countries population growth levels are currently outpacing economic growth rates and governments' ability to meet the basic needs of their people;
- 6.2. by earmarking 10% of official development assistance to population and sexual and reproductive health and rights programmes;
- 6.3. by appreciating that over 70% of new HIV infections are as a result of heterosexual sexual activity. It is therefore critical to ensure a strong linkage between HIV/AIDS policies and programmes, and sexual and reproductive health and rights and family planning programmes, to improve access to health care and services, including preventing mother-to-child transmission and to step up efforts to achieve the Millennium Development Goals by adopting a multi-sectoral approach and by fostering community involvement and participation;
- 6.4. by encouraging the development and use of innovative and sustainable funding mechanisms, and repositioning sexual and reproductive health in all funding mechanisms and institutions related to HIV/AIDS;
- 6.5. by ensuring the harmonisation of international efforts, including the work of international agencies.

### **7 Invest in concrete measures: Health Supplies**

- 7.1 by acting on the proven solutions such as contraception and meeting the global need for sexual and reproductive health supplies which would save the lives of an additional 1.5

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- million women and children per year, through sustained and multi-annual funding commitments;
- 7.2 by overcoming the insecurity of distribution channels which contributes to high prices of antiretroviral drugs and thus poses an obstacle to universal access to HIV/AIDS treatment;
- 7.3 by ensuring an adequate and permanent stock of therapies for HIV/AIDS, malaria, TB and other diseases in hospitals and clinics and other service delivery points in order to avoid deaths caused by preventable and curable diseases, and fighting together those diseases where interactions are particularly deleterious to maternal and infant health.

## **8 Provide new chances: Need-driven Technologies**

- 8.1 by pursuing better tools for health promotion, prevention, access to testing, diagnosis and treatment (in particular concerning paediatric drugs, prevention of and treatment for co-infections such as hepatitis C and multi-drug resistant tuberculosis).
- 8.2 by continuing to support investment in the research and development (R&D) of new medicines, microbicides and vaccines (for example for AIDS and malaria), as well as on the most effective ways to achieve behavioural change, including through funding for Public Private Partnerships and by promoting policies that encourage innovation
- 8.3 by publicly funding need-driven R&D in order to procure easy access to modern drugs in poorer countries and seriously promoting the establishment of international regulations to open new ways of conducting R&D and safeguard the access to essential drugs, potable water and adequate nutrition for people in need.

We Parliamentarians from African, Asian, European and G-8 countries gathered in Berlin on 30 and 31 May 2007 for the **"G8 Parliamentarians Conference on the Economic Rewards of Investing in HIV/AIDS Prevention and Health"** express our sincere gratitude to the hosts and organisers of the Conference, namely DSW's Parliamentary Advisory Committee, the European Parliamentary Forum on Population and Development and to DSW.

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