

THE WHITE HOUSE
WASHINGTON

May 8, 2003

Dear Maurice

To focus more crisply on the key actions G-8 Leaders should endorse, we propose the attached alternative health paper. We have included many of the ideas in the French draft, reflecting the constructive conversation the Foreign Affairs Sous Sherpas had in Paris last month. Also, for reference, we have attached red-line changes to the French draft.

At Evian, the G-8 should show our global leadership on health and development. We need to emphasise actions to establish and encourage public-private partnerships to improve health care in the developing world, a notion on which we have consensus. We must take steps to increase investment in health systems, set measurable targets, and recognize the common responsibilities of donors and recipients.

The United States appreciates the French proposal to host a meeting in Paris this July, in collaboration with the Global Fund, to discuss strategies for increasing commitments to our fight against HIV, tuberculosis and malaria. However, senior officials from **the United States are prepared to participate in the conference only if it goes beyond the Global Fund to discuss multilateral and bilateral efforts** to strengthen the health care systems of developing countries and includes all partners, such as OECD governments, civil society, philanthropic foundations and the private sector.

The French text on access to medicines is too limited and we propose a broader message focusing on improving health care, of which drugs and drug prices are one component. We should agree to work with other stakeholders already engaged in public-private partnerships in a small number of developing countries; tackles human capacity and infrastructure development issues that have limited previous efforts; encourage reductions in tariffs and taxes on medicines and other goods, such as insecticide treated bednets; and take steps to avoid product diversion and price referencing; all in the context of health systems strengthening. This requires working to make sure that people change their behavior that health systems provide a doorway at local levels to treatment and care that works, and that the market bring together the demand for medicines and other health services with supplies. In many cases, the problem is not availability of medicines, it is that people do not have a way of getting what is on offer and using it effectively.

We agree that market environments should encourage enhanced research into diseases that affect mostly developing countries and we believe that intellectual property rights (IPR) are part of the long-term solution. Our proposal notes that IPR provides the incentive for innovation of new medicines, including vaccines, and that private enterprises are the principal entities bringing innovative health technologies to market.

We should also work with developing countries to increase their contribution to research and development, including creating a climate of incentives and developing the necessary regulatory systems to support ethical and safe clinical trials.

Finally, if Leaders release text on Severe Acute Respiratory Syndrome, it should demonstrate the importance of international co-operation on health, pooled research efforts, and collaboration with private industry and academia.

I am copying our Sherpa colleagues on this letter.

Sincerely

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ACTION PLAN ON HEALTH

INTRODUCTION

Global health crises call for close international co-operation on policies and methods. We reaffirm our commitment to achieving the development goals set out in the Millennium Summit and at the World Summit on Sustainable Development. We will work in partnership with developing countries, the private sector, multilateral organisations and NGOs to help achieve these health goals. Multilateral and **bilateral** ODA as well as private efforts from companies and NGOs should match and complement existing efforts to improve health outcomes.

1. FIGHTING HIV/AIDS, TUBERCULOSIS AND MALARIA

1.1 We express our continued concern at the increase in the global **HIV/AIDS** pandemic. **We welcome the increased bilateral commitments for HIV/AIDS**, whilst recognising that significant additional funds are required. **G8 members commit**, with recipient countries, **to fulfil our shared obligations as contained in the Declaration of Commitment on HIV/AIDS for the 2001 UNGASS**.

1.2 We reiterate our commitment to fight against AIDS as well as Tuberculosis and Malaria as agreed in Okinawa, through further actions in such areas as institutional building, public-private partnerships, human resource development, research activities and promotion of public health at the community level. We will strengthen our efforts in this fight, both **bilaterally** and multilaterally.

1.3 We reaffirm our support for the Global Fund to fight AIDS, Tuberculosis, and Malaria.

1.4 **We welcome** and support **the proposal to host**, in collaboration with the Global Fund, **an international donors' and supporters' conference** bringing together governments, international organisations, NGOs and members of the private sector active in this field **in Paris this July**. The purpose will be **to develop strategies for mobilising resources** in order to secure sustainable long term financing for the Fund and other complementary efforts; and to achieve cost effective results-targeted management of the Global Fund.

1.5 We call upon those that have not yet done so to consider increasing their support to the Global Fund as well as to other multilateral and **bilateral** efforts to combat these infectious diseases.

2. STRENGTHENING HEALTH SYSTEMS

2.1 We emphasise the importance of strengthening health systems as a framework for increasing access of the neediest populations of developing countries to health care, drugs and treatments. We call upon these countries to develop and prioritise their own health strategies. Multilateral and **bilateral** development assistance, as well as private sector efforts from companies and NGOs, are essential to improving these health systems. Adequate support and financing of health care are needed to increase the number and retention of health care

personnel, advance the rational use of medicine, and strengthen drug distribution systems. These efforts are essential to improving access and quality of health care in poor countries.

2.2 We will encourage and support where appropriate the use of information and communication technologies for medical treatment.

3. ACCESS TO MEDICINES

3.1 Building on strengthened health systems, in partnership with others, including public/private partnerships, we will work to develop an integrated approach that will facilitate the availability and take-up of discounted medicines for the poorest in a manner that is fair, efficient and sustainable. We recognise the complexity of increasing access to medicines in developing countries which, among other factors, depends on affordable prices. We welcome pharmaceutical companies' voluntary long term commitments to providing essential medicines at substantially discounted prices to developing countries and strongly encourage further efforts, including through supply competition. We will also work with developing countries to encourage greater uptake of such offers of free and discounted drugs, as are now being made. We support and encourage developing countries to contribute to the goal of affordable medicines by reducing their tariffs and fees on discounted products.

3.2 We will take the steps necessary to prevent the diversion of those medicines away from the countries or regions for which they were intended. We call on recipient governments to do the same and we undertake to provide technical support to assist them to do so. We will not use the preferential prices offered to the developing world as benchmarks for pharmaceutical products on our own markets.

3.3 [To address the practical problems faced by developing countries with no or insufficient manufacturing capacities, we note that, pending a WTO solution, many of us have instituted moratoria on challenging the provision to such countries, under compulsory licence, of life-saving drugs for aids, tuberculosis, malaria and other infectious epidemics of comparable gravity and scale. We direct our ministers and officials, working urgently with WTO partners, to establish a multilateral solution in the WTO to address the problems faced by these countries, rebuilding the confidence of all parties, before the Cancun ministerial.]

4. FIGHTING DISEASES MOSTLY AFFECTING DEVELOPING COUNTRIES

We will encourage research into diseases affecting mostly developing countries

4.1 In order to expand the development of effective, safe and affordable drugs for diseases affecting mostly developing countries ("neglected diseases"), we are committed to seeking ways to support world-wide the development of research on health technologies for prevention (including vaccines), control, treatment and cure for these diseases. In particular we will:

- work with developing countries to increase their own ability to contribute to research and development on these diseases, including to create incentives and the necessary regulatory systems to support ethical and safe clinical trials.
- encourage research into these diseases, in our countries too, including by providing appropriate incentives.
- continue to support work already underway in the non-governmental sector.

We will encourage relevant international organisations to keep the situation under active review.

5. ERADICATING POLIO

We will work to fully eradicate this disease

5.1 Efforts to eradicate polio have made good progress. But a limited number of countries still register cases.

5.2 In keeping with our pledge at Kananaskis to provide, on a fair and equitable basis, sufficient resources to eradicate polio by 2005, we have pledged an additional x and remain committed to playing our full part to ensure that the remaining funding gap is closed.

6. CONFRONTING THE THREAT OF SARS

We will work together and with others to contain this disease

6.1 The spread of SARS demonstrates the importance of global collaboration, including global disease surveillance, laboratory, diagnostic and research efforts; and prevention, care, and treatment.

6.2 Strengthening international co-operation is key to containing, treating and eventually eradicating this disease. The measures that we take at national levels to effectively handle SARS will benefit from working together.

6.3 We will continue to work closely with the World Health Organisation, to undertake research and investigation at a high level and to develop appropriate means of international co-operation.
