



CAMP DAVID ACCOUNTABILITY REPORT
ACTIONS, APPROACH AND RESULTS

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Executive Summary

Since 1975, the Group of Eight (G-8) has met to discuss and take decisive action on pressing global challenges. As world leaders committed to achieving results and to the ideals of transparency and accountability, the G-8 introduced an annual accountability report to mark the group's progress in implementing agreed-upon actions and commitments.

Among the challenges to which the G-8 has increasingly turned is global economic development: as an expression of shared humanity and in recognition of the growing interconnectedness of the world economy and in the contribution of low- and middle-income countries to global economic well-being. The Millennium Development Goals (MDGs) introduced clear targets for the world and encouraged global action, and yet the global food price crisis of 2007-2008 and the subsequent economic crisis have demonstrated how fragile development progress can be and how vulnerable poor people the world over are to economic shocks.

Launched at the G-8 Summit in 2009, the L'Aquila Food Security Initiative (AFSI) represents a shared commitment to act with the scale and urgency needed to help low-income countries reverse the growing vulnerability of food and agricultural systems and achieve international targets to halve hunger and poverty. While global in scope, much of the L'Aquila effort has focused on supporting African countries in their efforts to strengthen smallholder farmer capacity and build food systems that are more resilient to shocks.

With 2012 marking the end of the three-year financial pledge period under AFSI, this accountability report will focus on the performance and action of the G-8 in three key areas related to the initiative: food security, agricultural markets and trade, and nutrition. Because of longstanding G-8 commitments to improving global health and the importance of health to nutrition outcomes—particularly for mothers and infants—the report also includes a section on G-8 performance and actions related to health.

WHAT'S NEW?

The Camp David Accountability Report builds upon the recommendations of the Muskoka and Deauville Accountability Reports, and adds two tools: first, a self-reported scorecard intended to catalogue indicators of progress in a specific focus area; and second, in-depth reporting tables to give a fuller picture of G-8 members' agricultural development and food security activities in a set of developing countries, and how well G-8 activities are aligned with the plans and priorities of each of these countries. This report represents an evolution toward reporting not only what the G-8 is doing in financial terms, but how the G-8 is approaching this work using aid-effectiveness principles to increase its impact.

HOW IS THE G-8 DOING?

In spite of the constrained global fiscal environment, the G-8 is resolute in its commitment to meet global challenges. The G-8 is generally on track in realizing the commitments its leaders have made to food security and health and in increasing the broader effectiveness of development assistance. Although growth in assistance volumes has slowed with the global economic downturn, G-8 members have already largely met individual targets for increased aid volumes to African countries. Last, improved impact-evaluation capacities are beginning to track results on the ground, including for women and smallholder producers. Improved impact evaluation will help the G-8 and its partners assess and improve upon their efforts.

AGRICULTURE AND FOOD SECURITY

As part of the L'Aquila Food Security Initiative (AFSI), leaders are committed to increasing assistance for agriculture and food security and to taking a comprehensive approach characterized by support for country ownership, effective coordination, the increased use of multilateral institutions as appropriate, and accountability. While nearly one-third of the more than \$22 billion pledged at L'Aquila was "new" money, G-8 members are working to adopt the L'Aquila approach across all of their agriculture and food security assistance.

The G-8 is making strong progress toward fulfilling its financial pledges under the L'Aquila Initiative. All G-8 members have either fully committed their L'Aquila financial pledges or are on track to commit them by the end of 2012. Nearly half of the G-8 members have made rapid progress in disbursing their financial commitments and have fully disbursed their pledges. However, despite the substantial increases in public-sector funding from the G-8, other AFSI donors, multilateral development institutions and developing countries themselves, national agriculture investment plans are still underfunded by about half. While in some cases public financing could more directly support the investment needs identified in national agriculture investment plans, in almost every case the private-sector elements of these national plans are disproportionately underfunded. This suggests the urgent need to actively attract private investment to the priorities identified in national agriculture investment plans.

Overall, the G-8 has made fair progress toward adopting the L'Aquila approach in its agriculture and food security assistance. The G-8 has made good progress against indicators for supporting country ownership, investments in science and technology, promoting food and agricultural trade and multilateral engagement, and has made fair progress against indicators for building local capacity and using a comprehensive approach. The G-8 needs to do better at targeting women as part of its approach.

FOOD COMMODITY MARKETS & TRADE

The G-8 actively supports the strengthening of food commodity markets and trade because well-functioning markets create opportunities for smallholders to raise and diversify their income and contribute to lower and more stable food prices. Investing in sound markets is essential to self-sustaining private-sector activity in the agriculture and food sectors, and increasingly the G-8 is helping to strengthen these markets as part of a comprehensive approach.

Through efforts to improve agriculture data and support for processes that have led to voluntary guidelines on land tenure and principles for responsible agriculture investment, the G-8 and its partners are creating better conditions for private investment in agriculture, strength-

ened markets and increased trade. The G-8 is also proving to be an important champion for public-private partnership and helping developing countries mobilize the private sector.

NUTRITION

Global awareness of the importance of nutrition and its impact on children and development has grown much in recent years, and with it, the urgent need to act. In response, the G-8 is elevating the role and importance of nutrition through leadership, advocacy and action, and is increasingly mainstreaming nutrition as an integral part of assistance for agriculture and food security. G-8 members have played a pivotal role in the launch of nutrition initiatives—such as the Scaling Up Nutrition movement—at global and national levels, and are investing in a comprehensive set of actions and tools to meet nutrition needs in partner countries. From 2009 to 2011, the G-8 reports that financing for nutrition-specific activities increased by 48 percent, to reach \$439 million in 2011. For the same period, the G-8 reported that financing for nutrition-sensitive activities rose by 46 percent, to reach \$2.45 billion in 2011. These gains are significant, as is the leadership and action of the G-8 to increase awareness, support and momentum for improved nutrition outcomes. Still, much more needs to be done to help developing countries meet the MDGs related to nutrition.

HEALTH

Through its leadership and ongoing assistance, the G-8 continues to have an enormous positive impact on improving health and health systems in developing countries. G-8 members are making steady progress in aligning health programming with partner-country plans and priorities and, guided by aid-effectiveness principles, are working with partner countries toward shared results and mutual accountability. Central to these efforts has been the role of the G-8 in mobilizing multilateral actors including the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), greater partnership with partner governments as well as the private sector, civil society and other donors, and an increasing focus on coordination across disease-specific efforts. These efforts are essential to transitioning to more sustainable approaches

to health-service delivery for meeting global health challenges. The world now has an opportunity to eradicate a number of diseases and improve the lives of millions of people by continuing to support this approach.

The G-8 is well on track to meet its commitments to provide at least \$60 billion to fight infectious diseases and improve health systems by 2012, to provide at least \$5 billion in additional financing for maternal, newborn and child health, and to mobilize resources for the Global Fund. In meeting these and other health commitments, the G-8 has catalyzed global action and is seeing these initiatives deliver: innovative financing mechanisms supported by the G-8 have raised more than \$3.6 billion since 2006 to help with immunization; the Global Fund has committed more than \$22.6 billion in 150 countries, providing AIDS treatment to more than 3.3 million people, tuberculosis treatment to more than 8.6 million and has distributed more than 230 million bed nets to prevent malaria; and, in the 11 years since the Measles initiative was established, more than 1 billion children in over 80 countries have been vaccinated against measles through the Initiative, averting an estimated 9.6 million measles deaths.

OFFICIAL DEVELOPMENT ASSISTANCE VOLUMES

At the 2005 Gleneagles G-8 Summit, leaders made national commitments to increase international assistance. These commitments varied in size, ambition and target dates. Overall, progress toward these commitments is mixed: G-8 members have largely met commitments to double aid to Africa, but not all have been able to meet their individual international assistance targets, including official development assistance (ODA) targets for some G-8 members. While G-8 members have substantially increased ODA in recent years, more ambitious ODA targets set by five G-8 members to deliver development assistance at 0.7 percent of gross national income have seen mixed progress.

In 2011, global ODA volumes reached \$133.5 billion, but decreased in real terms for the first time in more than a decade. As part of this decline, total G-8 ODA fell in real terms by almost 1 percent from 2010. Looking forward, the G-8 reaffirms its commitment to the world's poorest

and most vulnerable people. ODA makes a vital contribution to poverty alleviation and to achieving the MDGs and, with limited ODA growth on the horizon, aid effectiveness and the use of aid-effectiveness principles will play a more prominent role in realizing greater development impact in the near term.

AID EFFECTIVENESS

Through the high-level forums on aid effectiveness, the international community has agreed on a core set of effectiveness principles that include country ownership, results-orientation, inclusive development partnerships and transparency and accountability. The G-8 has endorsed these principles and definitively incorporated them into commitments such as the AFSI and the Muskoka Initiative on Maternal, Newborn and Child Health.

While fully implementing these principles will take time, the G-8 and the development community are moving in this direction. The support for country-owned processes and plans will be critical. The G-8 has made substantial progress in building public-private partnerships in the health sector, and is working with development-partner countries to do the same in agriculture, nutrition and food security. The G-8 has also made substantial progress toward untying aid. Some G-8 members have either fully untied their aid or have a clear plan for untying additional aid, and most G-8 members have surpassed the Organization for Economic Cooperation and Development's Development Assistance Committee (OECD-DAC) overall weighted average of 86 percent untied aid.

- (i) In this report, unless otherwise noted, reporting is by calendar year using financial disbursement in current U.S. currency.
- (ii) In this report, the phrase G-8 "members" is used to indicate the eight G-8 countries and the European Union. In some instances, commitments are made by G-8 countries only, and are reported accordingly.

A SNAPSHOT OF G-8 PROGRESS AGAINST KEY COMMITMENTS

AGRICULTURE AND FOOD SECURITY

Mobilize \$22 billion from G-8 and other donors for sustainable agricultural development

AFSI donors have committed 99 percent and disbursed 58 percent of their \$22 billion AFSI pledge. All G-8 members and nearly all AFSI donors are on track to fully commit their financial pledges by the end of 2012.

Action characterized by a comprehensive approach that uses, inter alia, a country-led approach and multilateral institutions.

Nearly all G-8 members self-score as aligning 90 percent or more of their programs with “country-owned plans.”

Most G-8 members self-score as increasing financing or budget for short- and medium- to long-term food security needs by more than 25 percent.

Nearly all G-8 members self-score as using three or more multilateral mechanisms in delivering on AFSI pledges.

HEALTH

Provide a minimum of an additional \$5 billion for maternal, newborn and child health over five years.

The G-8 is on track to meet its commitment based on self-reported annual targets over baseline budgets and progress against those targets to date.

Provide at least \$60 billion to fight infectious diseases and improve health systems by 2012

The G-8 appears to be on track to meet this commitment, with cumulative 2008-2010 bilateral health ODA disbursements exceeding \$37 billion.

Mobilize support for the Global Fund to Fight AIDS, Tuberculosis and Malaria

From 2002 to 2011, G-8 contributions, including from the European Union, totaled over \$17 billion, representing 78 percent of all contributions to the Global Fund.

Support the Global Polio Eradication Initiative

From 2006 to 2011, G-8 contributions, including from the European Union, totaled nearly \$2 billion.

INTERNATIONAL ASSISTANCE

Increase G-8 ODA

From 2004 to 2011, G-8 ODA disbursements increased to about \$31 billion per annum (preliminary, current dollars); G-8 ODA accounts for 69 percent of ODA from all bilateral OECD-DAC donors.

For 2011, G-8 ODA was \$92.1 billion.

Gleneagles National Commitments to increase international assistance. Commitments varied in size, scope and target dates.

Some G-8 members have met or surpassed their individual targets. Others continue to make progress toward their 2010 targets while reconfirming their commitments to meet their 2015 goals.

G-8 ODA to Africa

G-8 members have met their individual targets. From 2004 to 2010, annual G-8 ODA to Africa has expanded by \$11.7 billion, or 53 percent.

Chapter 1: Food Security

After nearly four decades of steady decline in real agricultural commodity prices, the cost of food began to rise in 2006, increased steadily in 2007, and shot up so sharply in 2008 that by mid-year, the prices of some commodities—including staples such as wheat, rice and maize—were more than double their 2002 price. This precipitous rise in food prices drove the number of people suffering from chronic food insecurity to over 1 billion for the first time in history¹ and provoked political and social unrest in many countries.

Responding to these circumstances, G-8 leaders and other partners² at the 2009 L'Aquila Summit agreed to “act with the scale and urgency needed to achieve sustainable global food security” and to “partner with vulnerable countries and regions to help them develop and implement their own food security strategies and, together, substantially increase sustained commitments of financial and technical assistance to invest in those strategies.”

Financial pledges made by the G-8 at L'Aquila leveraged funds from non-G-8 countries, so that donors ultimately agreed to mobilize more than \$22 billion over a period of three years, “focused on sustainable agricultural development,” and including over \$6.8 billion in “new” money.³ Recognizing the need for short- and long-term food security interventions, L'Aquila partners also agreed to maintain a strong commitment to ensuring adequate emergency food aid assistance. As part of the 2010 Muskoka Accountability Report, G-8 members estimated that about half of the L'Aquila pledge would likely go to agriculture, and the other half to sectors contributing to agriculture and food security.⁴

Commitments made at L'Aquila importantly extend beyond financial pledges. Under the L'Aquila Joint Statement on Global Food Security,⁵ signatories agreed to take a comprehensive approach toward meeting the challenge of global food insecurity, coordinate more effectively, support

L'AQUILA FOOD SECURITY INITIATIVE

“We therefore agree to act with the scale and urgency needed to achieve sustainable global food security. To this end, we will partner with vulnerable countries and regions to help them develop and implement their own food security strategies, and, together, substantially increase sustained commitments of financial and technical assistance to invest in those strategies. Our action will be characterized by a comprehensive approach to food security, effective coordination, and support for country-owned processes as well as by the use of multilateral institutions whenever appropriate. Delivering on our commitments in a timely and reliable manner, mutual accountability and a sound policy environment are key to this effort.”

country-owned processes and plans, better engage multilateral institutions, deliver on sustained commitments and be mutually accountable. These principles, unanimously endorsed as the Rome Principles for Sustainable Global Food Security at the World Summit on Food Security in 2009⁶, renewed commitments to use aid-effectiveness principles and represent a fundamental shift in the way that donor and partner countries should approach agricultural development. Partners in the L'Aquila Food Security Initiative (AFSI)—including AFSI donors, partner countries, international organizations and others²—have met semi-annually since 2009 to track progress toward meeting their financial pledges and toward their commitment to an approach based on the AFSI/Rome Principles.

Building upon the work of the 2010 Muskoka Accountability Report (MAR) and the 2011 Deauville Accountability Report (DAR), this chapter assesses the collective effort of the G-8 and other AFSI donors toward committing and disbursing AFSI pledges, and toward using an approach based upon the AFSI/Rome Principles. Complementing this assessment are two new tools: (1) In-depth tables, completed by AFSI donors, that disaggregate each donor's financial data by partner country and sector, including examples of programs in-country, metrics used to measure results, progress to date and narrative examples of how AFSI donors are implementing the AFSI/Rome Principles; and (2) A G-8 Food and Nutrition Security Scorecard, which provides a framework to assess G-8 progress against the AFSI/Rome Principles based on a set of key indicators. The scorecard uses self-reporting to assess progress. This chapter also includes preliminary reports on AFSI efforts in tracking spending on agricultural research for development (AR4D) and in managing for development results (MfDR).

G-8 FOOD AND NUTRITION SECURITY SCORECARD

L'Aquila Principle: Country-owned Development

Goal Statement: G-8 countries align behind country-owned food security strategies and investment plans (including regional and national strategies and plans in Africa, Latin America, the Caribbean and Asia)

1	Name of Indicator	Definition	Unit	Data Source	Countries									
	Percent of donor country-level financing aligned with country-owned strategies and investment plans.	Red: less than 50% aligned; Yellow: more than 50% aligned; Green: more than 90% aligned. Definition: Country-level financing supports investment priorities as articulated in the partner country's food security national strategy or investment plan.	red yellow green	self-reporting	Can	EU	Fra	Ger ¹	Ita ²	Jap	Rus ³	UK ⁴	USA ⁵	

Goal Statement: G-8 countries contribute to development of local capacity to sustain improvements in food security

2	Name of Indicator	Definition	Unit	Data Source	Countries									
	Tracking of number of local associations, firms, civil society organizations or local government entities applying new agriculture and food security-related best practices and technologies.	Red: no reporting of entities; Yellow: reporting non-dissaggregated data; Green: reporting of disaggregated data. Definition: Tracking of number of entities that applied new technologies or management practices in areas including productivity practices, post-harvest practices, management, member services, marketing, quality control, food safety, etc. Data disaggregated by type of entity: producer organizations, private businesses, civil society organizations and local (sub-national) government entities.	red yellow green	self-reporting	Can	EU	Fra	Ger ⁶	Ita	Jap	Rus ⁷	UK	USA ⁸	

L'Aquila Principle: Strategic Coordination

Goal Statement: G-8 countries coordinate food security programming, financing and implementation in partner countries

3	Name of Indicator	Definition	Unit	Data Source	Countries									
	Proportion of partner-country food security-related processes (such as the Agriculture Sector Working Group) in which G-8 country participates.	Red: engaged in host country processes in less than 50% of countries receiving food security assistance; Yellow: engaged in host country processes in 50-90% of countries receiving food security assistance; Green: engaged in host country processes in more than 90% of countries receiving food security assistance.	red yellow green	self-reporting	Can	EU	Fra	Ger ⁹	Ita	Jap	Rus ¹⁰	UK ¹¹	USA ¹²	

L'Aquila Principle: Comprehensive Approach

Goal Statement: G-8 countries' food security programming consists of comprehensive twin-track approach of short-term with medium/long-term objectives

4	Name of Indicator	Definition	Unit	Data Source	Countries									
	Percentage increase in financing or budget levels for immediate/short-term food security needs (i.e. food aid and social protection) and medium/long-term food security development needs (i.e. agriculture productivity, value chain improvements, infrastructure, nutrition services).	Red: financing or budget levels for both short- and long-term food security needs are significantly reduced (more than 25% change); Yellow: financing or budget levels for short- and long-term food security needs are maintained (+ or - 10% variance); Green: financing or budget levels for short- or long-term are significantly increased (more than 25% change). Baseline = levels in year prior to donor's L'Aquila pledge period.	red yellow green	self-reporting	Can	EU	Fra	Ger ¹³	Ita ¹⁴	Jap	Rus ¹⁵	UK ¹⁶	USA ¹⁷	

Goal Statement: G-8 country removes food export restrictions or extraordinary taxes, especially for food purchased for humanitarian purposes

5	Name of Indicator	Definition	Unit	Data Source	Countries									
	Export restrictions or extraordinary taxes removed (since L'Aquila)	Red: no changes to export restrictions or extraordinary taxes; Yellow: some export restrictions have been removed and others are under negotiations; Green: all export restrictions and extraordinary taxes, especially for food purchased for humanitarian purposes, have been removed or did not exist.	red yellow green	self-reporting	Can	EU	Fra	Ger ¹⁸	Ita ¹⁹	Jap	Rus ²⁰	UK	USA ²¹	

G-8 FOOD AND NUTRITION SECURITY SCORECARD

L'Aquila Principle: Comprehensive Approach

Goal Statement: G-8 country research investments generate sustainable and accessible solutions to improve nutrition and increase agricultural productivity for smallholder farmers

6	Name of Indicator	Definition	Unit	Data Source	Countries								
	New public-private and public-public research partnerships formed to increase number of agriculture and nutrition innovations under development.	Red: no partnerships formed; Yellow: fewer than 5 partnerships formed; Green: more than 5 partnerships formed.	red yellow green	self-reporting	Can	EU	Fra	Ger ²³	Ita ²³	Jap	Rus ²⁴	UK	USA ²⁵

Goal Statement: G-8 countries' food security programs promote participation of farmers, especially smallholders and women

7	Name of Indicator	Definition	Unit	Data Source	Countries								
	Country programs include specific gender objectives and sex-disaggregated indicators.	Red: donor has gender-related objectives in less than 80% of partner countries; Yellow: gender objectives in at least 80% of partner countries; Green: gender objectives and sex-disaggregated indicators in at least 80% of partner countries.	red yellow green	self-reporting	Can	EU	Fra	Ger ²⁶	Ita ²⁷	Jap	Rus ²⁸	UK ²⁹	USA ³⁰

L'Aquila Principle: Engage Multilaterally

Goal Statement: G-8 countries leverage multilateral mechanisms and institutions to support Country Investment Plans (CIPs)

8	Name of Indicator	Definition	Unit	Data Source	Countries								
	Number of multilateral mechanisms (including GASFP), financing institutions or earmarked trust funds receiving financing to support implementation of partner countries' food security strategies and investment plans.	Red: did not contribute to multilateral mechanisms, financing institutions or earmarked funds; Yellow: contributed to at least 2 multilateral mechanisms, financing institutions or earmarked funds; Green: contributed to at least 3 multilateral mechanisms, financing institutions or earmarked funds. (Note: GAFSP private sector and public sector windows count as separate mechanisms.).	red yellow green	self-reporting	Can	EU	Fra	Ger ³¹	Ita	Jap	Rus ³²	UK	USA ³³

9	Name of Indicator	Definition	Unit	Data Source	Countries								
	Through governing bodies and other meetings, ensure multilateral organizations (such as FAO, IFAD, WFP, etc.) and CFS initiatives align with Rome Principles and support country-owned food security strategies and investment plans.	Red: no engagement with multilateral organizations or CFS; Yellow: engagement with multilateral organizations and CFS; Green: serve in leadership roles that shape policies of multilateral organizations or CFS.	red yellow green	self-reporting	Can	EU	Fra	Ger ³⁴	Ita	Jap	Rus ³⁵	UK	USA ³⁶

L'Aquila Principle: Accountability and Transparency

Goal Statement: G-8 countries meet pledge targets & report performance results

10	Name of Indicator	Definition	Unit	Data Source	Countries								
	a. Percentage of L'Aquila financial pledge committed	Red: less than 50% pledge met; Yellow: more than 50% pledge met; Green: 100% pledge met.	red yellow green	AFSI (OECD-DAC)	Can	EU	Fra	Ger	Ita	Jap	Rus	UK	USA
	b. Percentage of L'Aquila financial pledge disbursed pro rata (based on months elapsed in pledge period)	Red: less than 20% pledge disbursed pro rata; Yellow: 20% to 60% pledge disbursed pro rata; Green: more than 60% pledge disbursed pro rata.			Can	EU ³⁷	Fra	Ger	Ita	Jap	Rus	UK	USA

INDICATOR 1

- ¹ Green, as 19 out of 21 German country programs (equals 90.5%) are fully aligned with country-owned strategies and investment plans.
- ² Italy's data used for scoring is bilateral and still preliminary for 2011.
- ³ Russia finances projects and programs aligned with country or regional strategies.
- ⁴ UK aggregate score was 76%, which was based on a weighted average of 9 country scores. While alignment in many countries was considered to be 100%, in some countries, such as Zimbabwe, Mozambique and Bangladesh, alignment was lower and/or difficult to calculate in percentage terms.
- ⁵ USA scores green, as 95% of Feed the Future Strategic Reviews and Multi-year Strategies demonstrated alignment with country-owned strategies and investment plans (19/20 countries).

INDICATOR 2

- ⁶ Yellow as the majority of Germany's programs involved in technology transfer are not yet reporting disaggregated data.
- ⁷ Russia receives aggregated data on agriculture and food security, related best practices and technologies via MFA channels and channels of assistance delivery.
- ⁸ USA scores green, as data is required to be disaggregated by all agencies who apply this indicator and report into FTF monitoring system.

INDICATOR 3

- ⁹ Green, as in 19 out of 21 countries (equals 90.5%) Germany actively participates in (or leads) sector working groups and where applicable in joint sector reviews.
- ¹⁰ Russia participates in food security-related processes in CIS countries and most other countries receiving food security assistance.
- ¹¹ 75% of selected U.K. country offices are actively engaged in identified host country processes. In a small number of countries the UK does not engage actively in Food Security/Agriculture processes due to the focus of the UK program. In Pakistan, for example, the program funded under the AFSI pledge focuses on emergency response, with its own national coordination processes.
- ¹² USA scores green, as 95% of FTF coordinators in FTF focus countries participate in regular coordination meetings of agriculture sector working groups and other alignment activities (19/20 countries).

INDICATOR 4

- ¹³ Baseline year for Germany is 2009 (short-term €53.25 million, medium- and long-term €566.4 million). The average increase of the medium- and long-term food security programs compared to 2009 was 31% (2010: €658.2 million, preliminary data 2011 €810.5 million, preliminary data for 2012 €757.5 million).
- ¹⁴ Italy's data used for scoring is bilateral, and still preliminary for 2011. Two baselines were defined: short-term (OECD-DAC codes 16010 - Safety nets, and 520 - Developmental food aid/Food security assistance) and long-term (remaining AFSI codes) to score total funding changes. The scoring provided indicates the change in the total funding.
- ¹⁵ In 2009-2011 Russia has substantial increases in food security-related assistance compared to 2008 in response to food price crisis and launch of AFSI.
- ¹⁶ U.K. score based on using OECD-DAC emergency aid sector codes (72010, 72040 and 72050) for "short-term" and all AFSI permitted codes used for UK AFSI pledge to calculate "long-term" spending. UK baseline year is 08/09.
- ¹⁷ USA score based on using FY 2009 as base year, combining MCC and USAID agriculture spending, compared to FY 2010 MCC and USAID agriculture spending is a 48% increase.

INDICATOR 5

- ¹⁸ Export restrictions and extraordinary taxes are non-existent in Germany.
- ¹⁹ Italy, at the time of the AFSI commitments, had no such restrictions.
- ²⁰ Since 2000, Russia has adopted a list of products from LDCs which allows nearly 100% for duty and quota free access for LDCs. Russia did not apply export restrictions or extraordinary taxes for bilateral humanitarian food aid. In 2010 export restrictions and extraordinary taxes were removed for multilateral humanitarian food aid.
- ²¹ USA is green, as export restrictions or extraordinary taxes on food purchased for humanitarian purposes do not exist.

INDICATOR 6

- ²² Green, as Germany has more than 5 partnerships formed to increase number of agriculture and nutrition innovations under development. Examples include the partnership between African partner countries and the Federal Ministry of Education and Research (BMBF) for two science centres ("Southern African Science Service Centre for Climate Change and Adaptive Land Management" (SASSCAL) and "West African Science Service Center on Climate Change and Adapted Land Use" (WASCAL)), the partnership between the International Potato Research Center (CIP) and Kali+Salz GmbH, the partnership between the International Center for Tropical Agriculture (CIAT) and Dr. Pieper GmbH, the partnership between the International Institute for Tropical Agriculture (IITA) and BioAnalyt GmbH and the partnership between DEG Facility and Intersnack Group GmbH & Co. KG.

²³ Italy's data used for scoring is bilateral, and still preliminary for 2011.

²⁴ Russia formed partnerships for nutrition policy and agriculture research based on Russian assistance for food security-related issues.

²⁵ USA is green, as more than 5 partnerships with US universities, private foundations, CGIAR and African NARS since 2010.

INDICATOR 7

- ²⁶ Green, as German programs in 18 out of 21 countries (equals 85.7%) have gender objectives as well as indicators and sex disaggregated data.
- ²⁷ Scoring limited to the definition provided, which does not account for cases where Italy's programs have sex-disaggregated indicators but no specific gender objectives. With a more comprehensive definition, scoring would be different.
- ²⁸ Russian assistance mainly includes delivery of development food aid and agricultural input based on country's needs and distributed according to the decisions of the recipient country to the most vulnerable citizens without sex-disaggregation..
- ²⁹ UK has gender objectives in 82% (9/11) of selected country programs, but gender objectives and sex-disaggregated indicators only in 54% (6/11) programs.
- ³⁰ USA scores green, as 80% of FTF countries reported sex-disaggregated data into FTFMS for the 2011 performance reporting period (16/20 countries).

INDICATOR 8

- ³¹ Germany is financing IFAD as well as earmarked FAO trust funds for country programs.
- ³² Russia contributes to a wide range of multilateral mechanisms including through FAO, CGIAR, World Bank, UNCCD, WFP, ICDO.
- ³³ USA scores green, as more than 5 multilateral mechanisms receive funds including GASFP, IFAD, FAO, WFP, World Bank and others.

INDICATOR 9

- ³⁴ Germany is actively engaged in all Rome-based institutions for the Development Effectiveness Agenda. Besides the active involvement in the different fora we also finance the ongoing FAO reform process or the CFS participation of civil society representatives of developing countries, for example.
- ³⁵ Through governing bodies and other meetings, Russia engaged with WFP, FAO and World Bank to ensure initiatives align with Rome Principles and support country-owned food security strategies and investment plans.
- ³⁶ USA scores green, as demonstrated by our active engagement and leadership roles held in multilateral organizations and CFS.

INDICATOR 10

- ³⁷ The European Union does not report on AFSI disbursements to the OECD-DAC. The European Union disburses according to schedules agreed upon with partner governments. While its AFSI pledge was in terms of commitments, E.U. disbursements made over the AFSI pledging period exceed \$1.4 billion (€1 billion) and contribute to the LAquila targets.

FINANCIAL PLEDGES

AFSI Financial Pledges

Funds Committed

Funds pledged by the G-8 and others at L'Aquila have helped to reverse the decades-long decline in spending on global agricultural development. All G-8 members, and almost all AFSI donors, are on track to fully commit funds toward their financial pledges by the end of 2012.⁷ As shown in the AFSI Pledge Tracking Table, 10 of 13 AFSI donors have committed the full amount of their AFSI pledges (representing over 99 percent of the total pledge).

MAR Recommendation:
"Ongoing monitoring of financial disbursements/allocations of the L'Aquila financial commitment will remain an important part of [the AFSI] process." (pg. 44)

Funds Disbursed

Since AFSI was launched, civil society and non-governmental organizations have suggested that funds *disbursed* by AFSI donors—not funds committed—is the better measure of whether or not donors are meeting their financial pledges. All AFSI members are making progress on disbursing their AFSI commitments, and AFSI donors have so far collectively disbursed 58 percent of the total AFSI pledge.⁸ Four of 13 AFSI donors (Canada, Italy, The Netherlands and the United Kingdom) have fully disbursed their pledges. While Japan has financially committed all of its \$3 billion pledge and the United States has committed more than \$2.8 billion of its \$3.5 billion pledge, Japan has so far only reported \$326 million⁹ in disbursements and the United States has so far only reported \$790 million in disbursements against these financial commitments.

The varying speed of disbursement by G-8 members reflects differences in institutional approaches to program financing. Differences in institutional approaches can slow disbursements, but they allow G-8 members to tailor support to individual national agriculture priorities and plans, and to support critical non-governmental partners, ranging from local civil society organizations and communities, to the private sector, to international

institutions, to government ministries—each important in their own right for achieving sustainable food security outcomes. Additionally, in following through on their AFSI pledges, G-8 members are investing in a broad set of countries, each with their own diverse circumstances and readiness in putting forward a technically-sound and comprehensive national agriculture and food security investment plan, developed through an inclusive, multi-stakeholder process. These differing circumstances and states of readiness have also, in some cases, resulted in slower disbursements.

G-8 reporting of financial commitments and disbursements toward AFSI pledges has continued to improve, with almost all G-8 members reporting disbursement levels this year.¹⁰

CAADP¹¹ and Other National Agriculture and Food Security Plans

In addition to the financial pledges made under the initiative, AFSI donors have also agreed to align their assistance behind the Comprehensive Africa Agriculture Development Program (CAADP) and other regional and national comprehensive agriculture-investment plans and priorities that have undergone stringent technical reviews.

Based on a January 2012 informal assessment of 30 publicly-available national food security strategies and agriculture-investment plans worldwide that have undergone technical reviews, the average financing gap for these plans is about 51 percent, with government contributions accounting for 26 percent and development-partner contributions for 23 percent of this total. Within this set of national plans, the financing gap for African plans is about 50 percent, with national government contributions accounting for 29 percent and development-partner contributions for 21 percent. For most plans, the level of detail for costs and budget requirements was fairly good. However, publicly-available information on financing commitments for plans was limited and generally lacked detail. The resource gaps for CAADP and similar national agriculture-investment plans suggest that considerably more needs to be done to mobilize public and private resources to fully finance these plans.

COUNTRY INVESTMENT PLAN FINANCING SUMMARY—GLOBAL

Vetted National Agriculture and Food security Plans	USD (millions) GLOBAL	% of cost GLOBAL
Cost of Plans	\$ 54,305.23	100%
Government Known Contribution	\$ 14,070.21	26%
Dev't Partner Known Contribution	\$ 12,464.99	23%
Other Contribution	\$ 340.77	1%
Financing Gap	\$ 27,429.27	51%

COUNTRY INVESTMENT PLAN FINANCING SUMMARY—AFRICA

Vetted National Agriculture and Food security Plans	USD (millions) AFRICA	% of cost AFRICA
Cost of Plans	\$ 39,065.31	100%
Government Known Contribution	\$ 11,069.47	29%
Dev't Partner Known Contribution	\$ 8,656.04	21%
Other Contribution	\$ 44.25	0%
Financing Gap	\$ 19,295.56	50%

Under the Maputo Declaration on Agriculture and Food Security, African Union member states agreed not only to launch CAADP and thereby create national agriculture and food security plans, but to increase public investment in agriculture to a minimum of 10 percent of their national budgets and to achieve a growth rate of their national agricultural sectors of at least 6 percent. Progress toward meeting these targets varies country-to-country. By 2010, African countries, on average, were spending 6.5 percent of their national budgets on agriculture and had achieved a 6.7 percent agricultural growth rate.¹² G-8 members have long been supporters and advocates for CAADP. AFSI and the support of G-8 members has helped to propel CAADP and similar national agriculture-planning processes in a number of countries.

toward increasing accountability and the transparency of G-8 commitments. The in-depth tables identify many of the partner countries in which AFSI donors are investing and provide details about the amount of AFSI assistance, programs implemented, intended objectives, systems for managing investments and programs and reporting results, progress to date and evidence that investments and programs support commitments to the AFSI/Rome Principles.

While G-8 countries are still in the process of collecting results data for their programs on the ground, this accountability report summarizes preliminary findings on where and how donors are meeting their pledges. Future accountability reports can draw from more complete moni-

TRACKING COMMITMENTS TO THE AFSI/ROME PRINCIPLES: NEW TOOLS*In-depth Tables*¹³

This year, AFSI donors are extending reporting beyond what was reported in 2010 and 2011, to include country-level information on each donor's AFSI investments in agricultural development, food security and nutrition. AFSI donors¹⁴ have reported on investments in a subset of developing countries that represent a substantial portion of each donor's investments in food security.¹⁵ This information, presented in in-depth tables, can inform coordination efforts, helping to more fully describe the financing and programmatic landscape in partner countries and across sectors. AFSI donors believe that making these tables publicly-available is a helpful step

MAR Recommendation:

"Beyond the tracking of financial commitments, G-8 countries should continue to focus on supporting efforts to map broader food security activities." (pg. 45)

DAR Recommendation:

"The G-8 AWG recommends improving transparency of its aid information, particularly by making progress on publishing information on allocations, expenditure and results." (pg. 56)

AGRICULTURE RESEARCH FOR DEVELOPMENT (AR4D)

Continued innovation is needed to increase agricultural productivity, improve nutritional outcomes and achieve global food security. Innovation is driven, above all, by investments in research and development and by the dissemination of technology. Numerous studies have demonstrated the effectiveness of agricultural research investments. A meta-analysis of these studies showed that agricultural research investments yield a 40 percent rate of return,¹⁶ higher than any other development investment.

“Investment in and access to education, research, science and technologies should be substantially strengthened at the national, regional and international level.”

–L’Aquila Joint Statement on Global Food Security, 2009

At its meeting in February 2012, the AFSI group agreed that greater transparency for spending on agricultural research for development (AR4D) would improve the ability to monitor progress on the L’Aquila commitment and contribute to aid effectiveness, including the alignment of AR4D investments with priorities identified in national agriculture plans. AFSI formed a working group charged with providing up-to-date information on AR4D investments as a component of the overall L’Aquila financial pledges for the period 2009-2011.

The working group collected data on funding disbursements for agricultural research covered by OECD-DAC CRS code 31182¹⁷ for the years 2009-2011, which allows for a comparable accounting across donors. These data do not reflect the total investment in AR4D by the reporting donors, since many report investments in AR4D under other OECD-DAC CRS codes. Although incomplete, in aggregate the data do suggest an upward trend in funding over the three-year period. The following suggested actions could further improve the transparency of AR4D investments:

- Greater clarity and consensus on OECD-DAC definitions and country reporting guidelines for agricultural research, policy support, extension and education (OECD-DAC CRS codes 31182, 31180, 31166 and 31181) would improve the ability of donors to report and assess how and where resources are being invested using existing reporting systems. These issues could be discussed in the DAC Working Party on Statistics.
- Comprehensive assessments of agricultural science and technology investments by developing countries are critical to ensure donor investments complement existing systems and support the national food security priorities of developing countries. This can be accomplished most effectively through strengthening support to the Agricultural Science and Technology Indicators (ASTI) initiative and supporting efforts by the Global Forum on Agricultural Research (GFAR) to foster dialogue with agricultural research partners at the Global Conference on Agricultural Research for Development (GCARD).
- The agricultural research working group of the GCARD can facilitate an information exchange on donor agricultural research priority-setting processes and a dialogue on approaches for examining aid effectiveness. Continued engagement among donors and other stakeholders is critical to ensure the complementarity of investments and sharing of best practices and lessons learned.
- Investments in AR4D must be strategically allocated to ensure the greatest benefit from these resources—whether financial, in-kind or technical—to CAADP and other similar regional and national plans. Acknowledging the significance of the Consultative Group on International Agricultural Research (CGIAR) investments in AR4D, and the strong donor support for the CGIAR, the CGIAR system should be fully engaged in ongoing discussions of the prioritization, transparency and accountability of AR4D investments.

toring and evaluation data—for example, in-depth tables and the AFSI Managing for Development Results exercise—to assess donors’ individual and collective achievements, in partnership with developing countries.

AFSI/Rome principle, with scores against key indicators graded on a green-yellow-red scale, representing “good progress,” “fair progress” or “in need of improvement.”

G-8 FOOD AND NUTRITION SECURITY SCORECARD

While the in-depth tables provide a deeper look at what AFSI partners are doing at the country level, the G-8 Food and Nutrition Security Scorecard provides an overview of G-8 progress toward committing to the AFSI/Rome Principles. The scorecard is self-scored and assesses the status of G-8 actions against goals associated with each

DAR Recommendation:

“The G-8 AWG recommends relevant international institutions and initiatives to build common sets and/or understanding of performance criteria for multilateral assistance . . .” (pg. 56)

MANAGING FOR DEVELOPMENT RESULTS (MFDR) AND RESULTS REPORTING

The Paris, Accra and Busan High-Level Fora on Aid Effectiveness have urged the utilization of an MfDR model in development agendas: a management strategy that focuses on using performance information to improve decision-making, utilizing practical tools for strategic planning, risk management, progress monitoring and outcome evaluation. MfDR also encompasses a range of principles, including country ownership, alignment of donors and accountability for development results, which are all supported by AFSI. At the September 2011 AFSI meeting in Dakar, Senegal, AFSI members agreed to “collectively demonstrate, by means of examples in some partner countries on a voluntary basis, that the provided resources are managed for results and that the fulfillment of financial and non-financial commitments leads to actual results on the ground.” In February 2012, the MfDR Working Group reported agreement on a framework for initial data collection, including agreement on a set of common indicators to track progress among pilot country populations in agriculture-sector performance and poverty and nutritional status.

In its *AFSI MfDR Early Harvest Report: The Case of Ghana*, the AFSI MfDR Working Group, chaired by Germany, finds an upward trend in ODA and government spending in Ghana between 2002 and 2010, with the ODA share for agriculture and food security also increasing for this period. Donor alignment with Ghanaian agriculture and food security priorities is evidenced by the fact that more than 85 percent of aid is reflected in the budget of the Ghanaian Ministry of Food and Agriculture (MOFA)¹⁸, exceeding the targets set in the Paris Declaration on Aid Effectiveness.¹⁹ However, Ghana’s Medium-Term Agriculture-Sector Investment Plan (METASIP) is funded at only 34 percent. Ghana has met the MDG of halving the proportion of people living in poverty, and agricultural production levels have increased at an average rate of 3.5 percent between 1990 and 2000, which exceeds African and global averages. It is too early to assess to what degree these gains are at least partially attributable to AFSI.

Stronger implementation of the AFSI/Rome Principles could help overcome remaining challenges like weak interagency coordination, rising consumer food prices concomitant with declining producer food prices (excepting major export commodities like cocoa) and weak links between the METASIP results framework and budget. The AFSI MfDR Working Group will produce a final report at the end of 2012 that will include case studies from Bangladesh, Ghana, Rwanda and Senegal.

DAR Recommendation: “. . . G-8 countries should continue to strengthen their monitoring and evaluation and to ensure that the findings guide policy, program planning and investment decisions.” (pg. 56)

“. . . relevant institutions [should] intensify, together with interested pilot recipient countries, evaluations of the impact of international aid.” (pg. 56)

TRACKING COMMITMENTS TO THE AFSI/ROME PRINCIPLES

The AFSI in-depth tables and G-8 Food and Nutrition Security Scorecard allow for greater transparency into the progress measured by AFSI donors against their commitment to the AFSI/Rome Principles.

Country-owned Development

The in-depth tables suggest that G-8 and other AFSI donors are making progress toward their commitment to support country-owned plans, in that they are aligning their bilateral funding and programs with partner countries' own national plans. On the scorecard, all AFSI donors except the United Kingdom have self-scored themselves "green" on this commitment.²⁰

Despite increased financing for agriculture from national budgets and development partners, and ongoing efforts to align official development assistance with country-owned plans, national agriculture and food security plans are underfunded. For national agriculture and food security plans to be fully-funded and implemented, not only must developing countries and development partners continue efforts to align public investments against these plans, but they must do a great deal more to encourage public-private partnership and private-sector investment around the outlined development priorities.

By some definitions, "country-owned" characterizes plans that incorporate input from stakeholders other than partner governments and donors, such as the private sector, civil society and non-governmental organizations, farmer cooperatives and other citizens groups. Indeed, if agricultural development is to be sustainable and successful, program planning and implementation must extend beyond government institutions to include these stakeholders. The G-8 Food and Nutrition Security Scorecard therefore includes an assessment of how G-8 assistance "contribute(s) to development of local capacity to sustain improvements in food security." This goal is tracked by the number of local associations, firms, civil society organizations or local government entities applying new agriculture and food security-related best practices and technologies. As a group, the G-8 has self-scored next-to-lowest against this indicator. All G-8 countries except Japan and the United States (both "green") have self-scored

"yellow," meaning that the donors collect data against the indicator but do not disaggregate these data by type of organization.

Strategic Coordination

The in-depth tables and the scorecard suggest that the G-8 and other AFSI donors are making progress in coordinating their investments and programs in partner countries. In addition to meeting with AFSI partners and various working groups throughout the year, almost all AFSI donors are participating in country-led, donor-coordination working groups. However, without an agreed means for measuring impact, it is difficult to determine how increased donor participation in these working groups at the country level is enhancing the impact of programs under national agriculture plans.

The in-depth tables reveal the large number and geographic diversity of countries benefiting from AFSI investments. AFSI donor investments reported in the in-depth tables are spread across 42 partner countries. Going forward, it is important to ensure that coordination continues to be strengthened around support of national agriculture and food security plans in countries where multiple donors are active, with due consideration to leveraging regional progress through actions in neighboring countries.

Comprehensive Approach

The in-depth tables and scorecard suggest that donors are taking a more comprehensive approach to improving food security by providing funding that complements direct investments in agricultural development and nutrition, and that meets short- and long-term food security needs. One indicator for a comprehensive approach on the scorecard asks whether G-8 members are taking a "twin-track" approach of addressing short-term needs, while simultaneously funding medium- and longer-term development. Most G-8 members have self-scored "green," indicating that they have increased assistance for short-term food security needs and longer-term development over pre-AFSI levels by more than 25 percent.

The commitment to a comprehensive approach also calls for research investment that generates sustainable and accessible solutions for smallholder farmers, especially

women. According to self-reporting in the scorecard, almost all G-8 members have formed research partnerships to benefit smallholder farmers and nearly all have objectives related to women in at least four of five partner countries. However, the G-8 self-scores lowest on the scorecard for promoting the participation of farmers, especially smallholders and women. Only Canada, Germany and the United States self-score “green,” suggesting that the majority of G-8 members could do better at collecting sex-disaggregated data and, in some cases, integrating gender objectives into their work.

The information available in the AFSI in-depth tables allows the opportunity to explore whether the collective approach of AFSI partners in any one partner country meets the AFSI/Rome Principles of alignment with country plans, strategic coordination and adoption of comprehensive approaches. Vietnam and Mozambique represent two of many examples where G-8 investments are working together across a range of sectors and are aligned with priorities outlined in national agriculture and food security plans.

G-8 Action: Country Examples from the In-depth Reporting Tables

- In Vietnam, France is upgrading and modernizing the management of the Bac Hung Hai irrigation and drainage system; Canada is investing in irrigation, as well as agricultural extension services, small-scale infrastructure to increase household dairy, rice and cattle production, and climate change resilience; and Japan is using a value-chain approach to improve irrigation management, transport infrastructure and the post-harvest production and marketing of agricultural products.
- In Mozambique, the United Kingdom invests in land rights and the sustainable and equitable use of resources and in the Beira Agricultural Growth Corridor;²¹ Japan funds the improvement of transport infrastructure and research capacity for the Nacala Corridor,²² and implements agricultural development projects there under the Japan-Brazil-Mozambique Triangular Cooperation on the Tropical Savanna Agricultural Development Program, aiming to promote sustainable agricultural and rural development; Canada has provided support to the

Ministry of Agriculture and other partners in the agriculture and rural development sector, and has worked to improve agricultural production through the dissemination of new technologies, improved market linkages, rehabilitation of irrigation schemes, strengthened farmers associations and improved land management; Italy promotes commercial agro-livestock and local economic development in Manica and Sofala provinces by increasing income-generating opportunities for farmers’ families, and associations of producers, manufacturers and traders, improving the sustainable management of natural resources and strengthening the planning capacities of local authorities; and the United States concentrates investments in improved agricultural productivity (oilseeds, pulses, cashews and fruit) and nutrition.

Engaging Multilateral Institutions

The AFSI in-depth tables suggest that AFSI partners are more likely to co-finance projects with development finance institutions like the World Bank than they are to co-implement programs with operational and technical agencies like the World Food Program (WFP) and the Food and Agriculture Organization (FAO). This is not to say that the work of these technical and operational agencies is unsupported. On the contrary, G-8 members contribute to and coordinate with the work of these technical and operational agencies, and are acting to improve upon their long-standing cooperation. For example, the European Union has signed a statement of intent with the three Rome-based agencies (WFP, FAO and the International Fund for Agricultural Development (IFAD)), aiming to improve coordination with them and to continue to capitalize on their technical expertise and their presence in some of the world’s most challenging environments. The scorecard underscores this point, with G-8 members all reporting efforts to advance the AFSI/Rome Principles and country ownership through a number of multilateral institutions and to finance multilateral mechanisms that support national food security plans.

PARTNER COUNTRY EXAMPLE: ETHIOPIA

G-8 countries actively collaborate in support of key national agriculture and food security programs in Ethiopia. The United States and Canada support Ethiopia's Agriculture Growth Program (AGP) through investments designed to spur agricultural growth, strengthen linkages of smallholder producers to markets, build institutional capacity and improve nutrition and health care services. The United Kingdom is currently developing a new strategy of assistance to Ethiopia and, as part of this strategy, is exploring ways to support the AGP through parallel systems. Germany, Canada and France provide support to Ethiopia's Sustainable Land Management Program to reduce land degradation in the highland regions, improve agricultural productivity and increase the resilience of rural populations against the effects of climate change. The European Union also supports programs in livestock and agricultural marketing, and implements a range of livelihood-support projects in drought-prone areas through the European Union Food Facility. Japan recently initiated a program aimed at strengthening the resilience of pastoralists. G-8 investments are complementary, covering geographically-diverse regions and representing a comprehensive set of actions intended to reduce vulnerability and promote agricultural productivity for smallholder farmers and pastoralists.

G-8 members actively participate in relevant donor working groups to help coordinate their work with the Ethiopian Government and local stakeholders. From 2009 to 2011, the Rural Economic Development and Food Security Working Group was co-chaired by Canada and the European Union; together with other partners—including Italy, which channeled funds through the FAO specifically for this purpose—the working group supported the CAADP process in Ethiopia. This resulted in the development and revision of an Agriculture Sector Policy and Investment Framework, as well as reviews of the flagship programs of Ethiopia: the Productive Safety Net Program (PSNP), the Sustainable Land Management Program (SLMP) and the Agricultural Growth Program (AGP).

To better align assistance behind national and regional resilience-investment priorities, the African Union, the Intergovernmental Authority on Development (IGAD), Italy (Chair of the IGAD Partners Forum), the United States, the European Union, Germany, Japan and other partners participated in the Joint IGAD Ministerial and High Level Development Partners Meeting on Drought Resilience in the Horn of Africa in April 2012. There, participating governments and institutions agreed to form the Global Partnership Alliance for Drought Resilience and Growth and an associated Regional Development Partners Group to mobilize and align resources behind a common framework for action to strengthen resilience in the Horn of Africa and to coordinate their efforts within IGAD's Regional Platform.

The United States, the United Kingdom, Canada and the European Union, in collaboration with other donors, also support the Food Security Program (FSP), which is an integral part of the Country Investment Plan. The FSP offers six months of public works employment opportunity to over 7 million chronically food-insecure people in rural areas of six regions. The FSP also provides these farm families with access to agricultural extension services, with improved inputs and markets being developed in key value chains including honey, livestock and cereal crops. The FSP productively invests the labor of these 7 million people and contributes to agricultural productivity and growth. For example, the FSP public works build check dams and water-harvesting structures, farm-to-market roads and bridges and address underlying causes through activities such as watershed rehabilitation. The farmers in the communities are then able to produce more with the extension advice and inputs that they access through the program.

G-8 support is helping to improve food security and resilience in Ethiopia. In mid-2011 to early 2012, the Horn of Africa experienced its worst drought in 60 years; yet, the scale of the humanitarian disaster, while tragic, was not the worst the region had experienced in 60 years. Government-led efforts with donor support to improve the resilience of smallholder subsistence farmers and pastoralists in the Horn of Africa improved the food security status of millions of people who were better able to cope with the effects of the drought and, as a result, did not need emergency assistance during the acute phase of the drought. While we cannot yet credit specific G-8 efforts with specific outcomes in the Horn of Africa, the new data offered in the in-depth tables help illuminate the types of programs receiving G-8 investment in countries like Ethiopia that contribute to drought preparedness and resilience.

Accountability and Transparency

The G-8 has improved transparency around its commitments through the introduction of an annual accountability report at Muskoka. The evolution of the report to include the AFSI in-depth tables and the G-8 Food and Nutrition Security Scorecard, and the efforts of the AFSI MfDR, are indication of the commitment of the G-8 to greater transparency and accountability. The AFSI in-depth tables show that AFSI donors are developing indicators to measure and report on progress at the country level (data on these indicators are still being collected), which will be a welcome complement to the evolving set of assessment tools used for the accountability report. Among G-8 members, the European Union uses its Results Oriented Monitoring System to annually review a significant number of E.U.-funded projects, with reviews made available to project stakeholders. So far, only the United States has developed a publicly-available results framework that links indicators with specific objectives and goals.

FINDINGS

- The G-8 is making good progress toward meeting its financial pledges to food security. All G-8 members have either fully committed their L'Aquila-pledged funds or are on track to commit them by the end of 2012. For AFSI G-8 donors in the aggregate, only about 1 percent of the AFSI pledges are uncommitted, while 25 percent of the pledge period remains. Nearly 58 percent of the AFSI funds are disbursed.
- Developing countries are “owning” their agriculture and food security plans, in that, on average, these governments are providing the largest resource share to financing these plans. According to informal data collected, developing-country governments are providing, on average, 26 percent of the financing resources for plans. The average financing share attributed to donors is 23 percent globally.
- Despite significant increases in public-sector funding for agriculture and food security made by developing countries, the G-8 and AFSI partners and multilateral development institutions, reporting suggests that national agriculture and food security plans are underfunded by about half.
- Private-sector-appropriate elements of national agriculture and food security plans remain disproportionately underfunded, suggesting the urgent need to attract private investment to the priorities identified in these plans.
- Overall, the G-8 has made fair progress toward adopting the AFSI/Rome Principles. The G-8 has made good progress toward supporting country ownership, investments in science and technology, promoting food and agricultural trade and multilateral engagement; and has made fair progress toward developing indicators for building local capacity and using a comprehensive approach. The G-8 acknowledges the need to better target women as part of its approach.

Endnotes

- ¹ In 2010, this number dropped slightly to 925 million, due partly to some stabilization in food prices (SOFI 2010) <http://www.fao.org/docrep/013/i1683e/i1683e.pdf>. Due to an ongoing revision of the methods it uses to calculate numbers of food-insecure and malnourished individuals, the Food and Agriculture Organization did not report a number for 2011.
- ² Non-G-8 AFSI signatories include (pledge donors underlined): Algeria, Angola, Australia, Brazil, Denmark, Egypt, Ethiopia, India, Indonesia, Libya (Presidency of the AU), Mexico, The Netherlands, Nigeria, China, Republic of Korea, Senegal, Spain, South Africa, Turkey, AU Commission, FAO, IEA, IFAD, ILO, IMF, OECD, UNHCT, WFP, World Bank, WTO, AGRA, CGIAR, Global Donor Platform for Rural Development and GFAR.
- ³ Additional to previously-planned expenditures and representing spending plans above the baseline.
- ⁴ As part of the Muskoka Accountability Report, G-8 members estimated that just over half of the total G-8 pledge would go to agriculture, with the other half going to agriculture- and food security-related activities, including transport and storage (22 percent), development food aid (8 percent), rural development (4 percent), nutrition (3 percent), safety nets (2 percent) and other activities (8 percent). G-8 members also estimated that assistance would go to multilateral institutions through voluntary core contributions, trust funds and earmarks (10 percent).
- ⁵ http://www.g8italia2009.it/static/G8_Allegato/LAquila_Joint_Statement_on_Global_Food_Security%5B1%5D,0.pdf.
- ⁶ <ftp://ftp.fao.org/docrep/fao/Meeting/018/k6050e.pdf>.
- ⁷ The United States is on track to committing the remaining 23 percent of its pledge by the end of FY 2012.

- ⁸ Looking exclusively at G-8 AFSI donors, the G-8 has disbursed 49 percent of its total \$15.2 billion pledge; the European Union has not reported its disbursements and thus was not included in either the disbursement or total G-8 pledge calculation.
- ⁹ This amount only includes Japan's disbursements for 2010.
- ¹⁰ The European Union disburses according to schedules agreed upon with partner governments. While its AFSI pledge was in terms of commitments, E. U. disbursements made over the AFSI pledging period are significant and contribute to the L'Aquila goals.
- ¹¹ Under the auspices of the Comprehensive Africa Agriculture Development Program (CAADP) of the New Partnership for Africa's Development (NEPAD) and the African Union (AU), 30 countries have completed their CAADP consultation processes and have signed compacts with the main stakeholder groups. Of these countries, 23 have developed detailed Country Investment Plans and conducted preliminary costing and financing analyses. The Country Investment Plans are designed with the objective of spurring significant agriculture sector growth (CAADP goal of 6 percent annual growth) to benefit smallholder farmers and reducing rural poverty across the continent, with a particular focus on women. These plans will be financed by target allocations of 10 percent of national budgets to agriculture, in addition to contributions from donors, the private sector and, in some cases, non-governmental organizations.
- ¹² <http://www.resakss.org/>.
- ¹³ The in-depth tables are available with the online version of the Camp David Accountability Report.
- ¹⁴ In-depth tables were submitted by Canada, the European Union, France, Germany, Italy, Japan, Spain, Sweden, the United Kingdom and the United States. Russia, Australia and The Netherlands did not submit in-depth tables.
- ¹⁵ The number of partner countries on which donors reported in-depth information was determined by the donor government itself, i.e., the term "significant" was donor-defined. Partner-country investments reported in in-depth tables account for 40 percent of the total pledge for the countries that provided tables; multilateral and other aligned investments are also reported in the tables (under "Other").
- ¹⁶ Alston, J., C. Chan-Kang, M. Marra, P. Pardey, T. Wyatt, A Meta-Analysis of Rates of Return to Agricultural R&D: Ex Pede Herculem? IFPRI Research Report 113, Washington, DC, 2000.
- ¹⁷ OECD-DAC CRS code 31182 (Agricultural Research) is defined as: plant breeding, physiology, genetic resources, ecology, taxonomy, disease control, agricultural bio-technology; including livestock research (animal health, breeding and genetics, nutrition, physiology).
- ¹⁸ One of the Paris Declaration (PD) targets for alignment is that at least 85 percent of aid flows are aligned on national priorities.
- This indicator was calculated as the ratio of: agricultural budget support disbursed by donors to agricultural aid allocations for Ghana's Ministry of Food and Agriculture as specified in the national budget for the same years. The ratios were found to exceed the 85 percent PD target, indicating that agricultural aid is well aligned with priorities of Ghana's Ministry of Food and Agriculture.
- ¹⁹ <http://www.oecd.org/dataoecd/11/41/34428351.pdf>.
- ²⁰ U.K. programs in South Sudan and Zimbabwe from 2009 to 2011 were not directly connected to country-owned food security strategies as such national strategy did not yet exist. In Nigeria the Department for International Development (DFID) program is currently developing a new agricultural program which will be aligned with the Federal Ministry of Agriculture and Rural Development's Agricultural Transformation Agenda (ATA). The United Kingdom also invests in non-African country-owned plans outside of the CAADP system.
- ²¹ The BAGC is an innovative public-private partnership launched in early 2010 that aims to create new rural jobs and raise smallholder farm incomes through coordinated investment in agribusinesses and smallholder outgrower schemes. It is supported by the Government of Mozambique, the Alliance for a Green Revolution in Africa (AGRA), the United Kingdom, the Norwegian Government, the World Economic Forum, the Hewlett Foundation, the NEPAD Business Foundation and Yara International. BAGC will use donor resources to leverage large volumes of socially- and environmentally-responsible private investment to the agriculture sector, which will reduce poverty, achieve value for money and ensure long-term sustainability.
- ²² The objectives of the Nacala Road Corridor Project, which falls within the Southern African Development Community's (SADC) priority projects in the NEPAD-STAP program, are to (i) provide Malawi, Zambia and the interior of Mozambique with road transport linkage to the port of Nacala and improve transport services through reduction in transport and delay costs at border crossings; (ii) improve sustainability of investments by controlling axle loads; and (iii) improve the accessibility of the communities in the zone of influence to markets and social services and contribute to the reduction of poverty.

TRACKING THE LAQUILA FOOD SECURITY INITIATIVE PLEDGE AND RELATED FUNDING

TABLE 2: COMMITMENTS AND DISBURSEMENTS (MILLION USD)

AFSI Donor	Period of Pledge	ODA Pledge		Breakdown by Channel/Sector										TOTAL (AFSI Pledge + Additional Funding) ⁽⁶⁾	
		Total ⁽¹⁾	Additional ⁽²⁾	Multilateral Channel					Bilateral Channel						TOTAL (toward Donor-Defined AFSI Pledge) ⁽⁵⁾
				Voluntary Core	Earmarked and Trust Funds	Agriculture, Agro-Industries, Forestry, Fishing (311, 32161, 312, 313)	Nutrition (12240)	Development Food Aid/Food Security Assistance (520)	Transport & Storage (210)	Safety Nets (i.e. social welfare services) (16010)	Rural Development (43040)	Other (specify)			
with the main purpose of improving food security															
Australia	FY 2009/10 - 2012/13	360	360	C ⁽³⁾	237.6	0.0	490.4	12.3	46.4	388.7	137.1	43.8	360.0	1547.3	
Canada	FY 2008/09 - 2010/11	1,037	526	D ⁽⁴⁾	149.7	235.9	1037.2 + 68	295.5	99.7	14.1	1.5	20.6	169.0	1356.3	
European Union	2010-2012	3,800	742	C	120.0	120.0	655.2 + 68	295.5	99.7	14.1	1.5	20.6	1040.8	1540.2	
France	2009 - 2011	2,161	365	C	42.1	14.1	1379.8	6.1	204.4	83.6		177.7	2116.6	2116.6	
Germany	2010-2012	3,000	1,000	D	42.1	14.1	755.3	4.0	188.6			10.2	1084.9	1084.9	
Italy	2009-2011	428	180	C	251.2		694.2	1.7	54.0	19.5		322.7	3100.1	3100.1	
Japan	2010-2012	3,000	600	D	201.4		587.9	1.2	176.0	76.6		333.4	1536.1	1536.1	
Netherlands	2009-2011	2,000	139	C	193.1	85.6	112.8	0.9	41.7	78.3		18.8	581.1	581.1	
Russia	2009-2011	330	139	D	189.8	93.0	92.6	1.2	41.8	7.5		21.7	517.4	517.4	
Spain	2009-2011	696	696	C			868.0			2118.0			3137.0	N/A ⁽⁷⁾	
Sweden	2010-2012	522	14	D			304.0			22.0			326.0	N/A	
United Kingdom	FY 2009/10 - 2011/12	1,718	312	C	346.0	49.1	400.3	11.0	68.3	33.9		149.9	2168.2	N/A	
United States	FY 2010 - 2012	3,500	1,751	D	31.2	146.5	69.2	32.0	45.4	2.7		3.0	330.0	N/A	
TOTAL PLEDGE		22,240	6,824		31.2	146.5	366.6	20.0	45.4	2.7		3.0	285.4	N/A	
						398	102	5.3	5.1		22		532.4	N/A	
							188.0						331.0	N/A	
									221.5	55.4		263.9	1874.3	2139.3	
									1565.0	683.8		51.8	2840.6	4840.6	
									1565.0	9.1		11.4	789.6	2666.1	

Figures in **bold** contribute to TOTAL (toward Donor-Defined AFSI Pledge). Figures in *italics* together with figures in **bold** contribute to TOTAL (AFSI Pledge + Additional Funding).

- (1) USD values of non-USD denominated pledges calculated at the 2009 annual average exchange rates against the USD.
- (2) Appropriations for food security, additional to previously planned expenditures and representing spending plans above the baseline.
- (3) C: A commitment is made by a government or official agency, backed by the appropriation or availability of the necessary funds, to provide resources of a specified amount under specified financial terms and conditions and for specified purposes for the benefit of a recipient country or multilateral agency.
- (4) D: A disbursement takes place when the funds are actually spent against a committed budget amount. For further guidance, the OECD-DAC glossary defines a disbursement as: the release of funds to or the purchase of goods or services for a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost of the donor.
- (5) AFSI donor governments defined pledges to include and exclude particular categories of funding, for reasons unique to each government. Inputs to this total are listed in **bold**.
- (6) The LAquila pledge is only a part of overall donor financial support for food security. This column, using the same categories as for tracking the pledge, sets out total ODA (Commitments and/or disbursements) in support of food security for the same period as covered by the pledge. Inputs to this total include those listed in **bold** plus those listed in *italics*.
- (7) "N/A" indicates that a donor's information for the "Total (AFSI Pledge + Additional Funding)" column is not available at this time.

Notes, By Donor:

AUSTRALIA:

- Australia's pledge (including GAFSP funding) is totally in addition to its ongoing and baseline funding for food security. It represents a minimum increase over existing commitments.
- In assessing both commitments and expenditures made under the pledge, Australia does not include a number of actions such as direct food aid, e.g., WFP core funding of \$140 million, which it classifies as humanitarian aid rather than food security.
- The pledge, although for four years, is ongoing in that has been given effect as an ongoing Budget measure and will not finish at the end of the pledge period. This means the extra funding stays in effect at the 2012/13 level (indexed for inflation) unless withdrawn by an Act of Parliament.
- The pledge is back-loaded and considerable expenditure is expected in the remainder of 2012 and 2013.

CANADA:

- Canada's AFSI pledge is specific to agricultural development (DAC 031100 Series) and does not include investments in development or emergency food aid or nutrition.
- Canadian investments in the multilateral channel include IFAD, CGIAR and the World Bank GASFP.
- Canada's pledge covers fiscal years 2008/9 to 2010/11; latest data as of April 13, 2012.
- Total (AFSI pledge + additional funding) Canadian support for food security therefore includes its AFSI pledge as well as other spending beyond agriculture sector code 311.

EUROPEAN UNION:

- Expenditure on water and sanitation (\$304 million) are not included to remain in line with earlier methodology, although relevant for food security.
- Of the €1 billion committed to the E.U. Food Facility for 2009-11, €450 million was disbursed in 2009.

FRANCE:

- The French Food Security Strategy is articulated around the implementation of the three pillars of the Global Partnership for Agriculture, Food Security and Nutrition, launched in 2008.
- Voluntary Core funding includes IFAD, FAO, OIE (World Organisation on Animal Health), World Bank, CGIAR, WFP. Agriculture pledges are essentially via AfD and development food aid via programmed food assistance. Other activities supported by the pledge include specific support to research activities, NGOs and technical assistance.

GERMANY:

- About one-third of the total German pledge (of \$3 billion) is additional to previously planned commitments.
- The pledge refers to commitments, not disbursements. These commitments are made and will be made in bilateral and multilateral agreements. In some cases these commitments will lead to respective disbursements in the same year, in other cases to disbursements in years following the year of the commitment.
- Multilateral Channel and Development Food Aid: disbursements in 2010, 2011 and 2012 respectively.
- Bilateral Channel (except for Development Food Aid): firm commitments to development partners in 2010, 2011 and 2012 resulting in disbursements in subsequent years.
- Disbursements in the period covered are partly attributed to pledges prior to L'Aquila.
- The "other" category mainly includes social services and rural infrastructure, rural business and finance, resource management and governance.

- Disbursements in rural development programs (other than CRS 43040) are predominantly not yet included for the whole period covered.
- The data of 2011 and 2012 is still preliminary.

ITALY:

- 2011 data are provisional. Collection of data from institutions other than the Ministry of Foreign Affairs is still ongoing.
- Multilateral voluntary core support includes FAO, IFAD, CGIAR, WFP, CIHEAM, IAO, UNCCD. Contributions in favor of specific initiatives in the fields of nutrition, food aid and social welfare services, implemented by UNICEF, WHO, UNDP or other international institutions are not included.
- Demining activities not imputed in Earmarked and TF.
- Contributions to bilateral sector "Transportation & Storage (210)" include only those that are AFSI-related, while figures reported under the 'Other' sector include 30% of the overall financial resources in the sectors of water (140) and environment (410) and 50% of overall contributions in favor of demining activities.

JAPAN:

- Japan's pledge is for the total amount of at least US\$ 3 billion for "agriculture (311)" and "transportation and storage (210)". Breakdowns are indicative only. 2011 data are provisional.
- Bilateral spending on other areas relating to food security include Forestry (312), Fishing (313), Nutrition (12240), etc. and are not included in the pledge.
- The pledge refers to commitments, not disbursements. These commitments are made and will be made in bilateral agreements.
- It is not possible to say how much of this money is "new" (additional) under Japan's budgetary system.
- The Total (AFSI pledge + additional funding) of Japan's commitments and disbursements will be available later this year.

NETHERLANDS:

- The Netherlands' pledge represents a firm commitment to maintain a high level of spending, both as a percentage of annual ODA (around 10%) as well as in absolute amounts. As certain projects and programmes are phased out, new ones are phased in to maintain this high level of commitment, notwithstanding prevailing budget pressures.
- The large amount in the "other" category reflects a number of large programmes which are categorised in the DAC/CRS system in sectors outside those used in these tracking tables (e.g., school feeding programs are reported in the Education category). Netherlands' support for food security thus incorporates other activities outside the specified CRS codes, e.g. macro support, support through NGOs, special programs to support the private sector and a variety of bilateral arrangements managed by embassies.
- The Total (AFSI pledge + additional funding) of the Netherlands' commitments and disbursements will be available later this year.

RUSSIA:

- In accordance with Russian legislation and procedures, only that part of the pledge related to 2009 could be announced at L'Aquila, amounting to \$191 million. In the meantime, information on the total pledge, of \$330 million over the period 2009-2011, is now available.
- Russia's support through earmarked trust funds and programs include WFP, World Bank (Food Price Crisis, Rapid Response), ICDO. Russia's voluntary core includes FAO, CGIAR. Bilateral aid includes Agricultural inputs, Livestock/veterinary service, Food Aid/Food Security Development, Agricultural policy and administration management.

SPAIN:

- The Spanish pledge reflects only the specific announcement made by Prime Minister in L'Aquila, completely additional to previous €1 billion pledged in the HLM of Food Security for All, held in Madrid, January 2009.
- The total commitment of Spain to food security and nutrition was endorsed in its 2009-2012 Development Master Plan, and is intended to represent a share of at least 10% of ODA by 2012. This means an estimated €2.2 billion for the total period and €1.7 billion for 2009-2011.
- Earmarked include contributions to World Bank Global Agriculture and Food Security Program.
- The Total (AFSI pledge + additional funding) of Spain's commitments and disbursements is not available at this time.

SWEDEN:

- Funds to both multilateral and bilateral channels cover agriculture, safety nets and rural development more broadly.
- The Total (AFSI pledge + additional funding) of Sweden's commitments and disbursements is not available at this time.

UNITED KINGDOM:

- Total disbursements include provisional bilateral disbursements for 2011/12 as of March 6, 2012, which was before the end of the 2011/12 fiscal year. Multilateral disbursements for 2011/12 are not included, as these are not yet available. Final figures for total disbursements in 2011/12 will be available in 2013.
- Multilateral disbursement figures for 2010/11 are provisional, as these are drawn from projected allocations of each multilateral agency to relevant AFSI codes, based on actual allocations in 2009/10 and uplifted by extra funding provided to each agency in 2010/11.
- "Voluntary core" includes World Bank, African Development Bank, Asia Development Bank, FAO, IFAD, CGIAR and U.N. agencies. "Earmarked" is spent through the European Commission.
- The U.K. total (AFSI pledge + additional funding) includes disbursements against DAC Code 12240 Nutrition, 31210 Forestry Policy Admin and 31220 Forestry Development, which were not included in the U.K. pledge.

UNITED STATES:

- U.S. FY 2010-12 corresponds to October 2009 through September 2012. L'Aquila pledge levels are subject to U.S. Congressional authorization and appropriations. Due to U.S. Congressional appropriations cycles, FY 2010 funds in support of the L'Aquila pledge did not become available until mid-2010 and FY 2011 funds did not become available until September 2011. The allocations of FY 2012 funds are pending but are expected to be released to USAID in June 2012.
- All data reflects FY 2010 and FY 2011 resources (as of May 8, 2012) in support of the U.S. Government's L'Aquila pledge. Programs included in these totals will directly impact the goals, objectives and indicators of the U.S. government's global hunger and food security initiative, Feed the Future. These funds are a subset of overall U.S. Government official development assistance in agriculture that is reported through the routine OECD-DAC processes.
- Although nutrition is an integral part of our Feed the Future strategy, and commitments totaled \$93.5 million in FY 2010 and an additional \$81.7 million in FY 2011, the United States does not count these funds toward its L'Aquila pledge.
- The United States provides significant resources for both emergency and non-emergency food aid, including \$684 million in the DAC category of development food aid in FY 2010 and an additional \$881 million in FY 2011. However, the United States does not count these funds toward its L'Aquila pledge.
- Funding level reflects an estimate of voluntary core contributions over FY 2010 - FY 2011, as defined in the Muskoka report ("voluntary contributions to multilateral institutions that have a main focus on food security"). It includes U.S. food security, agriculture and nutrition-related voluntary contributions to core budgets and relevant programs of FAO, IFAD, and UNICEF; it does not include assessed contributions, funding to emergency programs, nor multilateral institution funding that is already captured in the Bilateral Channel. The United States provides significant resources to multilateral organizations under the "Voluntary Core" category, although the United States does not count these funds toward the U.S. L'Aquila pledge.
- Total (AFSI pledge + additional funding) sums all funding toward global food security programs that directly impacts the goals and objectives of Feed the Future, including both funding that is counted toward the U.S. L'Aquila pledge and funding not counted toward the U.S. L'Aquila pledge (i.e., voluntary core, nutrition, and development food aid/food security assistance).

Chapter 2: Markets and Trade

Responding to the 2007-2008 global food price crisis, the 2008 G-8 Summit in Hokkaido-Toyako called for a range of collective actions to increase global food security. Underlying these actions was a recognition that a well-functioning agricultural and food market and trade system is essential for global food security. In the area of trade and markets, the summit called for the urgent and successful conclusion of an ambitious, comprehensive and balanced Doha Round, the removal of food export trade restrictions and the development of open and efficient agricultural and food markets.

Over the following year, a G-8 food security experts group elaborated on these commitments, reporting back to the G-8 with amplified recommendations and findings. In addition to reiterating the messages of Hokkaido-Toyako, the experts group noted the importance of rejecting protectionism, encouraging the development of integrated agricultural markets, supporting a rules-based system for international agricultural trade, making significant improvements in women's and smallholder farmers' access to markets, and continuing G-8 support to strengthen the capacity of developing countries to participate in and implement international trade agreements.

L'AQUILA MARKET & TRADE COMMITMENTS

- National and regional strategies that promote the participation of farmers—especially smallholders and women—in community, domestic, regional and international markets.
- The commitment to open markets and the rejection of protectionism.
- The monitoring and analysis of factors potentially affecting commodity price volatility.
- The reduction of agricultural trade distortions and restraint in imposing new barriers to trade and investment, or in imposing WTO-inconsistent measures, to stimulate exports.

HOKKAIDO-TOYAKO MARKET & TRADE COMMITMENTS

- The urgent and successful conclusion of an ambitious, comprehensive and balanced Doha Round.
- The removal of export restrictions and the introduction at the WTO of stricter disciplines to curb such policies, particularly as they hinder humanitarian purchases of food commodities.
- The development of open and efficient agricultural and food markets and the monitoring of the functioning of such markets by relevant agencies.

Well-functioning commodity markets and trade create opportunities for smallholders to raise and diversify their incomes, and contribute to lower and more stable food prices. Investing in sound markets is essential to self-sustaining private-sector activity in the agriculture and food sectors.

The 2009 L'Aquila Summit reinforced the commitment of the G-8 to strengthening food and agricultural markets and trade by identifying increased and open agricultural trade flows and efficient markets as part of its comprehensive approach to supporting agriculture and global food security. Leaders at the summit

also repeated the call for an ambitious, comprehensive and balanced conclusion to the Doha Development Round.

Linking trade and markets to the L'Aquila Summit's definitive pledge to substantially increase investment in agriculture, leaders committed to supporting national and regional agricultural strategies that increase farmers' access to markets, support open food and agricultural markets, monitor and analyze factors affecting commodity price volatility and reduce agricultural trade distortions.

In addition, leaders at the L'Aquila Summit linked these commitments in trade and market development to further commitments to improve access to information, promote enabling business environments and increase investment in rural infrastructure.

COLLECTIVE ACTIONS

Since the Hokkaido-Toyako and L'Aquila Summits, a number of significant collective initiatives have been undertaken to promote food security through market development and open trade. In many cases, these initiatives have been launched through the support of the G-20 or the United Nations, but their endorsement by the G-8, coupled with \$22 billion in public investment in agriculture and rural development through the L'Aquila Food Security Initiative (AFSI), is helping to ensure their successful contributions to global food security and nutrition.

The Agricultural Market Information System (AMIS), launched in Rome in September 2011, provides a platform for sharing agricultural data and improving its quality, reliability, accuracy, timeliness and comparability, particularly regarding the production, consumption and stock levels of wheat, rice, maize and soybeans. Housed at the Food and Agriculture Organization (FAO) in Rome, AMIS combines data from the G-20 and at least seven other major agricultural producing and consuming countries. This pooled information will promote greater market efficiency and mitigate future commodity price volatility.

The 2011 Cannes G-20 Summit took a first step toward meeting the collective commitments of both the G-8 and G-20 to end the use of restrictions and extraordinary taxes on the export of food. At Cannes, the G-20 agreed that food purchased for non-commercial humanitarian

COLLECTIVE ACTIONS FOR MARKETS & TRADE

- Sharing agricultural data on production, consumption and stocks through AMIS.
- Commitment to end export restrictions and extraordinary taxes on humanitarian food aid.
- Support for the Voluntary Guidelines on Responsible Governance of Tenure of Land, Fisheries and Forests.
- Support for the consultation process of the Principles of Responsible Agricultural Investment.

purposes by the World Food Program (WFP) would not be subject to export restrictions or extraordinary taxes. Self-reporting from the Food and Nutrition Security Scorecard shows that all G-8 members have either eliminated restrictions and extraordinary taxes for humanitarian food aid, or that they were never introduced. While the G-20 commitment represents a positive development that will ease constraints on humanitarian food deliveries, it leaves the preponderance of global food trade subject to the harmful effects of food export restrictions. Efforts will therefore need to continue in the G-8 to press for the elimination of such policies.

The expected endorsement in May 2012 of the Voluntary Guidelines on the Responsible Governance of the Tenure of Land, Fisheries and Forests in the Context of National Food Security, conducted through the United

Nations Committee on World Food Security, represents another important collective action that holds promise for improved markets for food production. Inadequate land tenure law has been a fundamental impediment to development and agricultural investment by small- and large-scale producers in many countries. Adoption and implementation of the Voluntary Guidelines by these countries can lead to their emergence as more efficient and productive food producers, and can thus contribute to global food security.

Drafted by a set of international organizations at the request of the G-8, and complementary to the Voluntary Guidelines, the Principles of Responsible Agricultural Investment (PRAI), derived from the 2009 G-8 Summit and endorsed by the G-8 and the G-20, is a further mechanism to encourage agricultural investment, serving as a guide for responsible practices by both governments and investors to ensure sustainable agricultural practices and development models that promote the interests of local people, including women and smallholder farmers. G-8 members and other parties remain engaged in a process leading to a broad-based outcome on responsible agricultural investment based on PRAI in the Committee on World Food Security, supporting parallel, ongoing related work by international organizations.

BILATERAL ACTIONS

Through bilateral and regional cooperation programs, G-8 members have advanced a number of initiatives to foster trade and strengthen market development. These include programs that facilitate access to broader national and international markets for smallholder farmers and rural entrepreneurs, especially women; programs that work with national governments to improve policies and enable environments to support agricultural trade and investment; programs that increase the access of agricultural producers and rural entrepreneurs to finance for trade; and programs that promote the development of regional markets. Many of these programs are implemented in cooperation with other donors—including public-private partnerships—and all aim to align with priorities established by the benefiting countries. Despite increasing bilateral assistance to strengthening local, national and regional markets and trade, we have not seen

the influx of private-sector investment needed to result in rapid growth in markets and trade.

G-8 Action: Examples of Market Access for Smallholder Farmers and Rural Entrepreneurs

- Canada's Agriculture Sector Supply Chains project in Mali increases women's access to markets through increased production and marketing capacity of women's groups working in agriculture supply chains. With the aim of bringing an additional 21,000 tons of agricultural goods to market, the project has facilitated investment in women-owned businesses and increased financial returns for women-owned cooperatives. Canada's Market-Based Solutions for Improved Livelihoods project in Ethiopia aims to increase the incomes of 6,500 households engaged in rice production using a value-chain approach. The project aims to increase competitiveness through capacity-building and the strengthening of linkages among key actors including input suppliers, farmers, processors and marketers. In Senegal, Canada's Agricultural Market Development Program improves distribution systems and infrastructure and builds the capacity of export-oriented organizations.
- Since 2002, the European Union has enabled small cotton producers in Mali to compete in global markets by supporting niche production and marketing of organic "Fair Trade Mali Cotton." The initiative has helped producers organize in cooperatives with a special focus on empowering women—who constitute 30 percent of the cotton farmers—and has helped establish a local body, the Mouvement Biologique Malien (MOBIOM), to ensure production standards and strengthen member cooperatives' access to national and international markets.
- Germany, in cooperation with the Bill and Melinda Gates Foundation and private enterprises, supports the Competitive African Cotton Initiative and the marketing of the "Cotton made in Africa" label. Through this program, 325,000 cotton smallholder farmers and their families in Benin, Burkina Faso, Ivory Coast, Malawi, Mozambique and Zambia have increased their income from cotton by 30 to 40 percent. Similarly, in cooperation with the Bill and Melinda Gates Foundation and private enterprises,

Germany supports the African Cashew Initiative in Benin, Burkina Faso, Ivory Coast, Ghana and Mozambique. The initiative has trained 204,000 farmers who benefit from better market access through a direct link with processors and exporters. Improved market information, better quality and higher production under the program have led to an average annual income increase of \$70 per farmer, and the development of local processing has created 2,700 jobs, 75 percent of which are held by women.

- Japan's Small Holder Horticulture Empowerment Project in Kenya, whose scaled-up second phase is being implemented, helps small-scale farmers increase their income by changing their priorities from "producing first and marketing second" to "making efforts to produce marketable and better-quality crops." The project addresses women's role in farming and farm management and encourages a changed relationship between men and women within the household from "one farm manager and one farm laborer" to an "equal farm management partner." As a result of the project, the average income of 2,500 household farmers (122 farmer groups) has doubled. Japan also supports the Coalition for African Rice Development (CARD), aimed at doubling rice production in African countries over 10 years by 2018. CARD functions as the platform for the collective action of all stakeholders, including donors, research institutions, non-governmental organizations and private institutions. The CARD initiative has demonstrated the importance of recognizing the relative advantage of each stakeholder and the coordination to maximize investment impact, rather than rigidly defining limited approaches or assistance schemes.
- In cooperation with non-G-8 donors, The United Kingdom funds the Making Markets Work for the Poor (M4P) program, which improves access to markets for the world's poorest people, facilitating economic growth, wealth creation and income generation through private-sector development. Focusing on the development of producer-to-consumer systems, M4P has applications in Bangladesh, Nigeria and elsewhere. In sub-Saharan Africa, the United Kingdom's Food Retail Industry Challenge Fund helps producers of fruits and vegetables gain direct access to European markets. The fund connects African growers with global retailers in partnerships that remove blockages to market access and informs European shoppers that their purchases benefit poor farmers. The program is active in 11 sub-Saharan countries, in product chains including coffee, tea, a chocolate drink, fresh produce, berries, juice and smoothies, flowers, tilapia and vanilla.
- Italy's Agricultural Value Chains in Oromia project is increasing the productivity and quality of two traditional products in Ethiopia—durum wheat and wild coffee—and improving opportunities for private investment. The project introduced new cropping and post-harvest practices, and is building the marketing capacity of key stakeholders, research, extension and regulatory institutions, and farmers' organizations. The project is establishing new business links between farmers' associations and the pasta industry, helping meet demand from local pasta makers. Twenty-seven cooperatives and five farmers' unions—10,000 farmers in all—benefit and contribute to economic growth and development through the project. In 2011, fourteen of the participating cooperatives produced about 9,000 quintals of high-protein wheat, and the production target in 2016 is a half-million quintals. The Oromia Regional Agricultural Research Institute provides technical support to stakeholders and fast assessment of grain quality, and promotes new seed-certification schemes.
- A key pillar of the U.S. Feed the Future Initiative is increasing market access for smallholder farmers. Through this initiative, the United States has increased the value of incremental sales collected at the farm level in 2011 by over \$81.6 million; the value of commodities exported as a result of U.S. assistance through this initiative is nearly \$650 million. A specific example of these programs is Ethiopian meat exports. USAID programs designed to increase the productivity and competitiveness of the dairy sector have helped to increase Ethiopian meat and live-animal exports by 72 percent, and milk production and sales among USAID-assisted producers increased by \$1.2 million between 2010 and 2011.

G-8 Action: Examples of Fostering Enabling Environments for Agricultural Trade and Investment

- Germany's Private-Sector Development Program in Kenya and Market-Oriented Agriculture Program in Ghana both focus on enabling small- and medium-sized agricultural producers and food processors to better integrate into national and international markets. In addition to working with producers and private-sector associations, the programs include cooperation with governments to improve political, legal, administrative and infrastructural frameworks to foster agricultural investment.
- Through the U.S. Feed the Future initiative, the United States is working with countries to identify and address policy bottlenecks to agricultural production, trade and investment. As a way to promote trade in West Africa, USAID has been supporting efforts to reduce bribes at border crossings. In 2011, this work contributed to a reduction in bribes along trade corridors between Ghana, Burkina Faso and Benin, including reductions of 70 percent on the Techiman-Kantchari maize corridor, 40 percent on the Kantchari-Accra onion corridor and 15 percent on the Fada N'gourma-Parakou livestock corridor.

G-8 Action: Examples of Trade Finance

- Launched in 2011, Germany's Africa Agriculture Trade and Investment Fund provides investment finance for agricultural value chains, including support for trade development. The fund provides risk capital tailored to the conditions of the particular value chain supported, while aiming to achieve development impacts of poverty reduction, job creation and increases in productivity, production and quality.
- Renewed in 2009 at a level of €30 million for three years, France's Trade Capacity Building Program supports, inter alia, the export of Guinean potatoes, natural latex (hevea) production in Africa and South Asia and cotton in Francophone Africa.

G-8 Action: Examples of Regional Market Development

- Both Japan and the United States are working with the ASEAN Integrated Food Security Framework and the Strategic Plan of Action on Food Security in the ASEAN region to foster public participation in regional trade-policy reform, support the harmonization of policies to improve trade efficiencies and strengthen food security information systems, information sharing and transparency.
- In partnership with other donors, the United Kingdom supports the Africa Free Trade Initiative to promote trade and regional integration across Africa. One of the flagship programs under this initiative, TradeMark East Africa, works with national governments, the private sector and civil society in the five member states of the East African Community (Burundi, Kenya, Rwanda, Tanzania and Uganda) to boost the regional produce trade by streamlining red tape and developing essential infrastructure projects.
- Through its Feed the Future initiative, the United States funds regional programs in East Africa, West Africa, Southern Africa, Central America and Asia that strengthen regional market integration. Examples of U.S. efforts include: supporting the East African Community (EAC) and the Common Market for Eastern and Southern Africa (COMESA) to improve the policy and regulatory environment for intraregional trade, resulting in the harmonization of regional standards for 24 staple foods; piloting a regional platform (the Revenue Authorities Digital Data Exchange) that allows customs data to flow seamlessly between EAC member states at five key border posts; in West Africa, U.S. regional trade assistance has increased the value and volume of regional exports of maize and ruminant livestock by almost 20 percent over four years and has increased trade in supported value chains by 37 percent over the baseline, largely due to the contribution of trade in livestock, which had a total trade of over \$254 million in 2011.

FINDINGS

- G-8 members are actively investing in improved market access for smallholder farmers and rural entrepreneurs, and in increased regional trade. These investments are having a significant positive impact on production and trade volumes in partner countries.
- Through support for voluntary guidelines on land tenure and principles for responsible agriculture investment, the G-8 and its partners are creating better conditions for private investment in agriculture, strengthened markets and increased trade.
- Through efforts to improve agriculture data through AMIS and support for the work of multilateral and other institutions, the G-8 is contributing to the monitoring and analysis of factors potentially affecting commodity-price volatility.
- The G-8 is proving a useful champion for public-private partnerships and helping developing countries mobilize the private sector, including helping to foster a strong agribusiness investment climate that will benefit smallholder farmers.
- The G-8 has followed through on its commitment to end export restrictions and extraordinary taxes on humanitarian food aid, having either eliminated them or never introduced them in the first place.

Chapter 3: Nutrition

Chronic undernutrition leaves children vulnerable to both infectious and chronic disease, impairs cognitive function and physical growth, reduces lifetime earning potential, increases lifetime healthcare costs and leaves communities less resilient. Undernutrition reduces human capital and capacity, and undermines development investments in health, education and economic growth. Long-term solutions to undernutrition come from comprehensive and cross-sectoral interventions that address the underlying determinants of nutritional status, including poverty, agriculture, health care, maternal and child-care practices, girls' education, gender equity and effective policy formation and implementation.

Undernutrition contributes to 2.6 million child deaths a year, over a third of all deaths of children under 5 and more than any other disease. A child suffering from undernutrition is highly susceptible to other illnesses, like diarrhea and pneumonia and, ultimately, is more likely to die early. The consequences of undernutrition extend beyond health: a child who is undernourished in early life suffers irreversible cognitive damage that impairs his or her ability to learn and work. Adults affected by undernutrition in early life earn on average almost 20 percent less than their adequately-nourished peers. Undernutrition can also cost countries up to 2-3 percent of their annual GDP. The direct cost of child undernutrition is between \$20 billion and \$30 billion per year—but ending undernutrition globally would cost only half of this¹.

There has been some progress made to address this global issue. The prevalence of underweight children in the developing world has declined from 29 percent in 1990 to 18 percent in 2010;² and the prevalence of chronic undernutrition, i.e. stunting, declined from 40 percent to 27 percent for the same time period. There are now 171 million children who are chronically undernourished, down from 253 million in 1990.³ Global figures for progress toward reducing undernutrition, however, mask disparities and needs across countries and regions. For example, Asia has made substantial progress in reducing undernutrition, and countries like Cambodia and Bangladesh have achieved some of the fastest annual reductions in chronic undernutrition in the world over the last two decades, but one in three Asian children is still chronically undernourished. In Africa, the rate of decline for undernutrition has been much slower, declining by a total of only 2 percent in 20 years. Two in five African children are chronically undernourished, and today there are 15 million more chronically undernourished children in Africa than there were in 1990.⁴

L'AQUILA FOOD SECURITY INITIATIVE

There is urgent need for decisive action to free humankind from hunger and poverty. Food security, nutrition and sustainable agriculture must remain a priority issue on the political agenda, to be addressed through a cross-cutting and inclusive approach, involving all relevant stakeholders, at global, regional and national levels.

A CALL TO ACTION

Global awareness of the importance of nutrition and its impact on children and development has grown much in recent years, and with growing awareness has come the urgent need to act. In response, the G-8 is elevating the role and importance of nutrition through leadership, advocacy and action, and is increasingly mainstreaming nutrition-sensitivity as an integral part of assistance for agriculture and food security. G-8 members have played a pivotal role in the launch of nutrition initiatives—like the Scaling Up Nutrition (SUN) Movement—at global and national levels, and are investing in a comprehensive set of actions and tools to meet nutrition needs in partner countries.

While leaders at the G-8 L'Aquila Summit did not make specific financial pledges to nutrition, they did call for nutrition—along with food security and sustainable agriculture—to remain a priority and be addressed through a cross-cutting and inclusive approach. The G-8 pledged that increases to investment in agriculture would not come at the expense of humanitarian assistance, which often responds to acute undernutrition.

Since the L'Aquila Summit, G-8 members have played an important role on the global stage by elevating attention to nutrition as a key pillar of food security, and supporting country-led efforts to strengthen nutrition as part of national development plans. While more needs to be done to address chronic undernutrition, the scope of nutrition-specific and nutrition-sensitive programs supported by G-8 members is broad, and ongoing efforts to integrate nutrition outcomes into health, agriculture and social protection suggest that G-8 members are approaching nutrition as a cross-cutting issue. This is important because while a nutritious diet is critical to reducing undernutrition, improving access to health care, water and sanitation, and ensuring proper child-care practices are equally as important to nutrition outcomes. In countries like Brazil and Thailand, dramatic reductions in undernutrition in the 1990s were attributable in large part to successful coordination between the agriculture, social-protection, health and education sectors.⁵

Applying this experience, developing countries are increasingly adopting a more comprehensive approach to nutrition, and G-8 members have helped support this important shift, both by increasing financial support

THE SCALING UP NUTRITION MOVEMENT

The Scaling Up Nutrition (SUN) Movement was launched in September 2010 as a call to action and a means to increase program alignment with the goal of reducing global hunger and undernutrition. Heads of State from 27 countries with high undernutrition burdens have joined the movement, committing to scaling up nutrition with the help of SUN partners. These 27 countries are home to 53 million children under the age of 5 who are affected by chronic undernutrition, representing nearly a quarter of all chronically undernourished children in the world today.

Partners in the movement are increasing resource commitments to SUN countries, and better aligning their support with national plans using best practices that are proven to be effective. Partners are also helping countries implement their nutrition-sensitive development strategies. The net impact of this effort will be seen in the increased intellectual, physical and social progress of children and their future contributions to economic development.

Under the United Nations (UN) Secretary-General's oversight, stewardship of the SUN Movement will fall to a Lead Group whose role is to provide strategic oversight, ensure coherent action by stakeholders, improve resource mobilization and establish collective accountability. The foundation for action is the SUN Country Network, made up of SUN partner-country focal points. SUN Country Networks are responsible for ensuring that national efforts engage all relevant line ministries and stakeholders, and for coordinating external support. SUN Country Networks also identify common needs and emerging issues, and promote best practices.

Four additional networks represent the interests of the development partners, civil society organizations, United Nations system bodies and private-sector groups supporting the SUN Movement. Stakeholder groups from G-8 and G-20 countries—including governments, civil society, business and research institutions—are participating across these four SUN networks.

for country-led nutrition plans, and through improved coordination efforts, in particular through the SUN Movement. And, since the L'Aquila Summit, G-8 members have substantially increased support for nutrition, and have integrated nutrition outcomes into food security, health, social protection and humanitarian assistance. In 2011, G-8 members reported \$459.8 million going to nutrition-specific programs and \$2.4 billion going to nutrition-sensitive programs,⁶ which represents roughly a 45 percent increase in nutrition-specific and nutrition-sensitive spending between 2009 and 2011.

ACTING IN PARTNERSHIP

Civil society organizations have galvanized support for nutrition in countries and at a global level. In some developing countries, grassroots civil society partnerships have grown out of a mutual need to advocate for nutrition on the national policy agenda. G-8 members have supported these civil society partners as key players in the national and global nutrition community, including through the SUN Movement. More than 100 civil society organizations working in 11 SUN countries have developed a multi-year action plan for supporting national action on nutrition and for strengthening accountability.

As part of its commitment to the L'Aquila Food Security Initiative (AFSI), the United States, together with Ireland and many international partners, launched "1,000 Days" in September 2010 to focus international attention on nutrition during the 1,000-day window of opportunity from pregnancy to a child's second birthday. The 1,000 Days partnership includes over 70 civil society organizations that prioritize and program to improve nutrition for pregnant women and infants worldwide, and these organizations are a vibrant cornerstone of the initiative.

THE L'AQUILA/ROME PRINCIPLES AND NUTRITION

At the L'Aquila Summit, leaders agreed to a set of five principles that would characterize their urgent action on food security: a comprehensive approach, effective coordination, support for country-owned processes and plans, the increased use of multilateral institutions as appropriate, and accountability.

TANZANIA: LEADING BY EXAMPLE

In Tanzania, more than a third of children under 5 are chronically undernourished. Lack of dietary diversity contributes to the burden of nutrition-related disease, and anemia is a major public health problem. To better address these challenges, in June 2011, Tanzania's prime minister convened a high-level meeting with civil society and development partners to outline his vision for scaling up nutrition, in which Tanzania announced six steps to tackle undernutrition.

1. Establish a Tanzanian-led High-Level National Nutrition Steering Committee with partners.
2. Complete a national nutrition-strategy implementation plan.
3. Integrate nutrition into Tanzania's Agriculture and Food security Investment Plan.
4. Establish a national budget line for nutrition effective FY 2012-2013.
5. Immediately establish nutrition focal persons at the district level.
6. Roll out national standards for micronutrient fortification of basic food staples set in 2010.

Support for Country-Owned Processes and Plans

Countries like Peru and Tanzania are demonstrating that with high-level leadership, effective policies and coordinated action among all development partners, it is possible to substantially accelerate progress toward eliminating undernutrition. G-8 members are supporting the efforts of countries like Peru and Tanzania through the SUN Movement and other country-led approaches—which seek to align the work of stakeholders and mobilize resources for a country's national nutrition plans and priorities—but also through capacity-building in developing countries to meet nutrition challenges.

Countries such as Burkina Faso, Mali, Nepal, Peru, Senegal and Zambia have increasingly prioritized investments in nutrition as part of their national plans. As a consequence, funding for nutrition-specific programs is rising with increased resourcing from both national budgets and development partners.

In 2011, the total funding for nutrition in Zambia nearly doubled compared with the previous year. Likewise, investments in Nepal's National Nutrition and Food Security Plan increased in 2010 and 2011, receiving \$46.5 million from the Global Agriculture and Food Security Program (GAFSP) and \$46 million from the United States. In Burkina Faso, annual funding for nutrition interventions increased from less than \$5 million in 2006 to more than \$25 million in 2010, largely through increased contributions from the European Union, UNICEF and WFP, but also with the help of other G-8 members. The trend in spending in Burkina Faso is similar to other countries, and reflects a prioritization of prevention of chronic undernutrition, balanced with treatment of acute malnutrition.

G-8 Action: Examples of Capacity-Building

- Canada supports the Micronutrient Initiative (MI) through a contribution of CA\$150 million (2009-2014) and an additional CA\$75 million (2011-2015) as part of the Muskoka Initiative. The MI delivers micronutrient programming in 22 countries and assists 77 countries to procure essential minerals and vitamins. A cornerstone of the MI approach is to work closely with recipient governments so that MI programs and efforts align with national priorities. MI is supporting governments to integrate micronutrient interventions within existing services, rather than creating donor-dependent national campaigns for vertical-style delivery of micronutrient interventions that will ultimately be unsustainable. To build capacity directly, MI is funding nutrition-specific positions within relevant government departments that, in certain countries, have been budgeted into the departments and funded by the governments themselves. MI is also working with local institutions—including academia, non-governmental organizations and parastatal organizations—in its programming, particularly in the areas of monitoring and evaluation, to support the expansion of local nutrition expertise.
- Working with WFP, Russia is promoting the establishment of a WFP Centre of Excellence against Hunger in 2012-2013, as a center for developing the capacity of national governments in the Eurasian region in the areas of school feeding, nutrition and food security.
- The United Kingdom has launched Transform Nutrition, an \$8.5 million research program to help identify the best ways of tackling and scaling up nutrition-sensitive programs. The United Kingdom-supported Leveraging Agriculture and Nutrition in South Asia research program will generate evidence on the linkages between agriculture policies, investments and nutrition outcomes.
- In Bangladesh, the United States provides technical support to help the government mainstream nutrition into health-sector programs. Building on the success of a USAID program that resulted in a 30 percent reduction in chronic child undernutrition in five years, the United States is scaling up a package of interventions in Bangladesh that includes household food production and social and behavioral change.

A Comprehensive Approach

Increasingly, G-8 members are taking a multisectoral approach to nutrition in the countries where they are active. These are complementary and reinforcing actions needed in health; agriculture; education; water, sanitation and hygiene (WASH); social protection and other sectors to help children receive and benefit from nutritious foods and nutritional supplements.

G-8 Action: Examples of a Multisectoral and Cross-Cutting Approach

- In Ethiopia, Canadian support for food security and nutrition includes training community health workers to provide comprehensive nutrition services. This support is expected to result in improved detection and treatment rates among malnourished under-5 children, as well as increased coverage of exclusive breastfeeding promotion and provision of deworming tablets. In Malawi, Canadian support for food security and nutrition promotes improved nutritional practices among vulnerable households and provides increased access to and utilization of community-based nutrition treatment and prevention services focused on the reduction of child stunting and child anemia. It targets pregnant and lactating women and children under 5.

PERU: THE IMPORTANCE OF LEADING BY EXAMPLE

In 2007, Peru began to target results-based national budgets toward alleviating poverty and achieving its Millennium Development Goals (MDGs). Inspired by evidence from the Lancet Series on Maternal and Child Undernutrition in 2008, Peru's leadership brought together civil society and development partners to plan and implement a multisectoral approach to end hunger and malnutrition. The approach centered on reducing chronic undernutrition during the 1,000-day vulnerable period for women and children—from conception to 24 months of age—and allocated subnational program budgets according to the prevalence of chronic undernutrition in each area.

From 2006 to 2011, Peru increased national spending toward this initiative and worked with development partners to align their assistance behind Peru's national plan. Partners include: Japan, Germany, the European Union, the United States, the United Nations (PAHO, PMA, UNICEF, FAO, UNODC), the World Bank and IDB. As a result of Peru's prioritization of nutrition and with support from G-8 members and other institutions, Peru is on track to meet its nutrition target under the MDGs.

- In Guatemala, the European Union is using budget-support measures to invest in the country's Strategic Plan for Food Security and Nutrition. To tackle the country's high rates of chronic undernutrition, the strategy identifies actions in agriculture, health, education, markets and the strengthening of institutional capacities.
- Italy is supporting the PLIACEM program in Mauritania to improve food security and fight malnutrition. This program is implemented in collaboration with the food security commissioner and the Ministry of Social Affairs, through an integrated and multisectoral approach and the involvement of civil society.
- In Nepal, Japan has been supporting improvement of the nutritional status of children by integrating nutrition, health and education. Japan helped schools in two districts to improve nutritional status by introducing new guidelines for health and sanitation and revised teaching materials. Upon successful implementation of this assistance, the dissemination of best practices created by these interventions is expected to be applied to other school districts in order to help scale up the impact of the project.
- Russia provides support to Armenia through a joint project with WFP aimed at the distribution of nutritionally-balanced meals to 50,000 primary-school children in the most vulnerable and food-insecure regions, and support for the design of a sustainable and affordable national school feeding policy and program to be embedded in national priorities and budgets. Russia is closely engaging with the Ministry of Education in identifying gaps and assisting the Government of Armenia to take over the project in 2013.
- In Uganda, U.S. nutrition programs will reach 450,000 children with services to prevent chronic undernutrition and child mortality. These programs include community- and facility-based prevention and treatment, targeted nutrition service delivery, food fortification and leveraging a multisectoral approach to strengthen the enabling environment for improved nutrition. And, in Nepal, U.S. nutrition programs will decrease mortality and chronic undernutrition for 393,000 young children, and will improve nutrition for their mothers through household food production and clean water supply and sanitation, changing food consumption and hygiene-related behaviors, and integrating reproductive-health and maternal- and child-health activities.
- Also in Uganda, Germany supports a program that aims at achieving sustainable food and nutrition security while introducing approaches to peaceful conflict management. The food and nutrition component follows a two-pronged approach of boosting and diversifying food production on the one hand, and support for nutrition advisory services, the promotion of safe food processing and the promotion of general and personal hygiene on the other.

Strategic Coordination

Consistent with AFSI, G-8 members have encouraged broad stakeholder engagement, both at the country level, in support of country-led efforts, and at the global level to harmonize policies and approaches. Further, G-8 members have initiated and helped to strengthen coordination at each of these levels to help align the actions of governments, civil society, the private sector and development partners.

A number of G-8 members participate in the SUN Movement, which has helped to improve coordination in support of nutrition in 27 SUN Partner Countries. The SUN Movement brings together government line ministries, civil society groups, the private sector, United Nations System bodies and development partners through country-level networks and four partner networks. Stakeholder groups from G-8 countries participate across all four SUN-partner networks.

G-8 Action: Examples of Improved Coordination and Harmonization

- The European Union and its member states have recently revised the overall framework for development policy, which stresses the importance of countries taking responsibility for their own development outcomes and the key role of the private sector. The European Union has also developed a common policy on food security, which guides the programming of E.U. food security assistance. The Reference Document on Addressing Undernutrition in External Assistance provides guidance on incorporating nutrition objectives into relevant sectors through the various funding modalities used by the European Union—whether in development cooperation or in humanitarian response. The reference document is also intended to support ongoing efforts to join up the approaches and priorities of the European Union's aid institutions across its member states.
- France has developed a strategic guideline called “Developing Countries and Nutrition” in the framework of its cooperation to commit resources, experts and players to the global objective of

ensuring the nutrition security and nutritional balance of vulnerable populations by placing issues relating to malnutrition at the core of development priorities. The implementation of this guideline is ensured by a monitoring committee led by the Ministry of Foreign and European Affairs, which includes representatives from the Ministries of Health, Agriculture and Development.

Multilateral Engagement

The United Nations and Multilateral Development Banks have been much-valued partners for the G-8 in catalyzing meaningful action to improve nutrition, and in harmonizing the efforts of development partners and other stakeholders. These institutions have the reach, relationships, leadership and experience that governments need to help take programs the last mile.

G-8 Action: Examples of Multilateral Engagement

- Canada supports the REACH initiative, a coordination mechanism between UNICEF, WFP, WHO and FAO that assists governments to build national capacity to effectively scale up direct nutrition and nutrition-sensitive interventions. This program is currently supporting the governments of Bangladesh, Ghana, Mali, Mozambique, Nepal, Rwanda, Tanzania and Uganda.
- France supports UNICEF in reinforcing information systems, breastfeeding, vitamin A supplementation and treatment of acute and severe malnutrition in West Africa.
- Germany supports nutrition-specific interventions through WFP. Several mother-child health and nutrition programs as well as supplementary feeding programs are supported in Yemen, Kenya, Bangladesh and other countries. In Bangladesh, Germany supports the cooperation of WFP and the International Food Policy Research Institute (IFPRI) that aims to create evidence on the impact of social transfers on household food consumption, nutritional status and income.

- Through the World Bank Rapid Social Response and the Russian Food Price Crisis Rapid Response, Russia contributes to the reduction of the negative impact of high and more volatile food prices on the lives of the poor, supporting governments in the design of sustainable agriculture and food security policies, establishing safety nets and supporting broad-based growth in productivity and market participation in agriculture. These efforts ensure sustainable food-supply response and nutrition security in the Eurasia region and worldwide, mainly for the most vulnerable.

Accountability and Transparency

Since the launch of the SUN Movement, many countries and development partners have adopted a new paradigm of accountability for nutrition that involves both nutrition-specific and nutrition-sensitive interventions. Nutrition-specific interventions aim to improve nutritional status, and are based on evidence for impact from the 2008 Lancet Series on Maternal and Child Undernutrition. Nutrition-specific interventions are accessible to all mothers and infants and their households, targeting the 1,000 days from pregnancy to a child's second birthday. During this window, adequate nutrition has the greatest impact

NUTRITION-SPECIFIC INTERVENTIONS

(Figures exclude emergency nutrition programs or untied UN funding, and are presented in USD millions)

	Activities Funded	2009	2011	%Change
Canada	Nutrition-specific activities reported to the OECD-DAC.	109.7	203	+85%
European Union	Nutrition-specific projects focused on supporting behavioral change for improved nutrition practices, strengthening nutrition services, improving nutrition policies and coordination, and research on nutrition.	87.36	60.4	-31%
France	AFD assistance to improve nutrition for nursing mothers and young children and improve access to sanitation and hygiene.	0.49	2.84	+480%
	Improved global governance for nutrition through the SUN Trust Fund.	0.37	0.51	+38%
Germany	Strategic Alliance for the Fortification of Oil and Other Staple Foods to reduce vitamin A deficiency. Five-year program in five countries.	0.77	0.77	0%
Japan	Japan International Cooperation Agency (JICA)'s multisectoral approach to strengthening local and national policy development, and integrating nutrition, education and health as necessary. In 2011, technical and JICA-NGO partnership assistance went to 11 countries.	4.3	5.4	+26%
	Nutrition-specific activities through Japan Social Development Fund (JSDF) and through the SUN Trust Fund (Japan established the SUN Trust Fund in 2009 with a \$2 million contribution).	6.9	7.9	+14%
Russia	Regular budget contribution for food aid through WFP to Armenia, Afghanistan, Guinea, Zimbabwe, Yemen, Kenya, Kirgizia, the Democratic People's Republic of Korea, Tajikistan and Ethiopia.	11	20	+89%
United Kingdom ⁷	Basic nutrition activities reported to the OECD-DAC. (2011 figures are provisional).	20.4	48	+135%
United States	Nutrition-specific activities focused on preventing and treating undernutrition through social and behavior change communication, access to more nutritious foods, quality nutrition services and strengthening local and national nutrition capacity. In 2011, over 85 percent of funds went to 17 country-led multisector plans.	55	90	+64%
TOTAL—NUTRITION-SPECIFIC		\$296.3	\$438.8	+48.1%

NUTRITION-SENSITIVE INTERVENTIONS⁸

(Figures exclude emergency nutrition programs or untied UN funding, and are presented in USD millions)

	Activities Funded	2009	2011	%Change
European Union	Multi-annual development programs addressing nutrition through interventions aimed at fostering availability and access to food, improving health and sanitation and strengthening capacity.	117.25	118.06	+1%
Germany	Assistance for recovery and rehabilitation programs following economic shock, disaster and conflict, including food and cash transfers, asset and infrastructure rehabilitation, basic health, WASH and limited nutrition-specific activities. (Does not include WFP).	123	172	+40%
	Smallholder-focused civil society programs to improve nutrition and sustainable agriculture in 28 countries.	8.5	25.2	+196%
	Technical and financial assistance to countries for expanding their social-protection programs. (Does not include social-protection components of larger programs).	27.7	42.1	+52%
	Assistance for sustainable agriculture and fisheries development through governments and private-sector partners. Includes: productivity; sustainable land and water management; financing; science, technology, and dissemination; and building agribusiness and market capacity. Activities are aligned with national agriculture and nutrition plans.	298	430	+44%
Russia	Bilaterally Russia assists countries in providing food aid, veterinary service and agricultural inputs (in 2011 Kyrgyzstan, Nicaragua, Mongolia, Democratic People's Republic of Korea).	0	21	
	World Bank Rapid Social Response Trust Fund established in response to global crisis, aimed at the promotion of social-protection measures such as social safety nets and maintenance of access to basic health and nutrition, inter alia, for poor and vulnerable groups.	0	15	
	School Feeding Program in Armenia, in conjunction with WFP, provides nutritionally-balanced meals for 50,000 primary-school children in the most vulnerable and food-insecure districts and supports the development of a sustainable and affordable national school feeding policy and program to be embedded in national priorities and budgets.	0	3	
United Kingdom	Individual projects can be located by searching for nutrition in DFID's online project database. Projects which use the nutrition code are excluded. Entire project spending for each project is included regardless of the input sector code used. All humanitarian programs are excluded. Data for 2008-2009 are already published in the SUN Progress report. Data for 2011-2012 are provisional as the fiscal year has only just completed.	69	193	+180%
	Nutrition Research. Where there are some nutrition indicators in the programs, 20 percent spending on nutrition is assumed; where there are significant design elements relating to nutrition, 40 percent nutrition-related spending is assumed; and where it is clear that the whole program is nutrition-focused, 100 percent is assumed to be nutrition-related. This method is in accordance with figures published in the SUN Progress report of September 2011. Projects that use the nutrition code are excluded.	9.6	32.3	+236%
United States	Multi-year Development Programs, using food aid to target the underlying causes of hunger and malnutrition, including interventions in health and nutrition, agriculture and water and sanitation in 20 chronically food-insecure countries.	378	426	+13%

NUTRITION-SENSITIVE INTERVENTIONS⁸

(Figures exclude emergency nutrition programs or untied UN funding, and are presented in USD millions)

Activities Funded		2009	2011	%Change
United States	Assistance for sustainable agriculture development through governments and civil society. Includes: food, investment and resource policy; agriculture market standards and regulations, research and technology dissemination; sustainable land and water management; finance; building agribusiness, market and trade capacity; emerging agricultural threats; agricultural safety nets; rural and agricultural finance; agribusiness and producer organizations; markets and trade capacity; emerging agricultural threats; and livelihood services. Activities are aligned with national agriculture and nutrition plans in more than 20 countries.	639	968	+51%
TOTAL—NUTRITION-SENSITIVE		\$1,670	\$2,446	+46.5%

on developing a child's lifetime cognitive and physical capacity. Nutrition-sensitive development promotes adequate nutrition as the goal of national development policies and programs in agriculture, social protection, health and education.

Using this paradigm to account for G-8 contributions, self-reported spending on nutrition-specific interventions by G-8 members has increased by 48 percent since 2009, from \$296 million to \$439 million in 2011. Spending on nutrition-sensitive development programs has increased by 46 percent, from \$1.67 billion in 2009 to \$2.45 billion in 2011.

RESEARCH TO IMPROVE THE NUTRITIONAL VALUE OF FOOD

G-8 members are supporting research that will improve the nutritional value of the food supply and of food aid. In countries or localities where diet diversity is limited, improving the nutritional value of food by adding micronutrients are an important means for ensuring that children receive the nutrients they need to be healthy. This effort can be especially important in the context of emergencies, where diets can be more limited or nutrients more difficult to retain because of disease.

G-8 Action: Examples of Improving Nutritional Value

- Canada, the United Kingdom and the United States are supporting HarvestPlus, which will release high-yield, micronutrient-rich crop varieties in Africa and Asia by 2013.

- The European Union is investing in Improved Nutrition through Staple Foods in Africa (INSTAPA), focusing on the improvement of staple-based foods for young children to prevent micronutrient deficiencies and to improve cognitive development.
- In Kenya, Germany supports the development of value chains for new sweet potato varieties that are more resistant to drier climates and have a higher nutritional value in terms of carbohydrates and vitamin A. Sweet potatoes play an important role in subsistence, food security and famine relief, and Germany promotes sweet potatoes in school feeding programs through the Ministry of Education and Health.
- In collaboration with Tufts University, the United States is developing special fortified, blended foods,

THE GLOBAL ALLIANCE FOR IMPROVED NUTRITION

The Global Alliance for Improved Nutrition (GAIN) is a civil society organization that develops nutrition-specific public-private partnerships and is supported by a number of G-8 members. To increase the nutrition sensitivity of agricultural projects, GAIN has developed an agriculture value chain assessment tool to identify opportunities for public-private partnerships across agricultural value chains to improve nutritional outcomes, especially in women and children before age 2. Completed assessments of specific agricultural value chains in Bangladesh, Kenya, and Mozambique—including staple crops, horticulture, and dairy—are assisting donors and project planners to identify the most cost-effective, high-impact value chain improvements to address undernutrition.

and the means for targeting these special foods in emergencies, as part of a two-year effort to review the quality of food aid products and programming. These new products and delivery mechanisms will target women, children and infants.

PARTNERING WITH THE PRIVATE SECTOR TO SCALE UP NUTRITION

Private-sector investment and functioning markets are crucial for improving food and nutrition security. From small- and medium-sized enterprises to multinational companies, businesses are important sources of innovation that can overcome development obstacles that stymie the public sector. Whether through product development, quality assurance, marketing or supply-chain management, the private sector can offer solutions and opportunities to accelerate efforts to scale up development programs. To promote these types of opportunities, G-8 members working through the SUN Movement are collaborating with private-sector partners to develop a toolkit to help civil society, governments, non-governmental organizations and others to better engage local businesses to scale up nutrition.

G-8 members are working closely with private companies to help make more nutritious foods available to poor consumers. One example of this approach is social marketing. In Uganda, G-8 members, non-governmental organizations and government stakeholders enlisted the private sector to identify methods for addressing micronutrient deficiencies. Encouraged by a supportive policy environment and the opportunity to increase market share, the private sector partnered with the government and development partners to develop and market fortified foods. Social marketing undertaken by the government and non-governmental organizations has led to increased public preference for fortified foods produced by private-sector partners, leading to the emergence of a sustainable, competitive environment for privately-produced, nutrient-fortified foods. Because of this public-private partnership in Uganda, vitamin A-fortified oil now reaches over 80 percent of the population there.

ENTERPRISE ETHIOPEA

The United States, WFP and PepsiCo have partnered in Ethiopia to develop Enterprise EthioPEA, aimed at improving both nutrition and the marketplace in Ethiopia by enhancing agricultural productivity, increasing local production of nutritious food commodities and addressing undernutrition in children. The partnership will work with local smallholder farmers to increase chickpea production for both domestic and export markets, while also working with local private companies to create a nutritious supplemental food that can be used to treat acute malnutrition. The nutritious supplement produced will then be distributed to affected children through local and regional programs.

G-8 Action: Examples of Public-Private Partnerships

- To scale up the treatment of diarrhea—one of the leading killers of children under 5—Canada has launched the Zinc Alliance for Child Health, an innovative public-private partnership between CIDA, the Micronutrient Initiative and Teck Resources Limited, designed to scale up the delivery of zinc and oral-rehydration-solution treatment programs to help save children's lives from diarrheal disease.
- In partnership with Nutritset, France supports the local production of the ready-for-use therapeutic food Plumpy'Nut, increasing access to therapeutic foods for vulnerable populations and strengthening the agro-industrial sector of project countries.
- With the objective of increasing access to fortified foods, Germany is supporting the Strategic Alliance for the Fortification of Oil and Other Staple Foods (SAFO), a development partnership with BASF to increase the availability of affordable vitamin A-fortified staple foods for low-income households.
- Through JICA, Japan supports feasibility studies conducted by private companies in Bangladesh, Ghana and India. A feasibility study in Ghana provides the basis for a full-scale project aimed at developing and delivering nutritional supplements for traditional complementary foods, in cooperation with local university and non-governmental organizations.

- The United Kingdom has a partnership with the GAIN, which brings together the private and public sectors to tackle undernutrition to help reach 60 million people with fortified foods.

FINDINGS

- G-8 members are playing a key role in strengthening coordination and mobilizing resources for nutrition, both through the SUN Movement and with initiatives like “1,000 days,” and through their support for the efforts of the United Nations family and other institutions.
- Although the G-8 has not made a financial pledge for nutrition, G-8 financial support for nutrition-specific and nutrition-sensitive programs has increased by roughly 46 percent over the past two years. This increase is welcome, and importantly complemented by G-8 assistance to other sectors, including health, water and sanitation, education, agriculture and social safety nets.
- G-8 members are investing considerable effort into improving coordination, including by introducing common frameworks for action and through global and country-level cross-sectoral engagement. There appear to be good lessons applicable to other sectors receiving G-8 support for public-private partnerships in the area of nutrition, and partnerships with civil society.
- The G-8 has committed to aid-effectiveness principles and an approach characterized by country ownership, strategic coordination, the use of multilateral institutions where appropriate and transparency and accountability. G-8 support for the SUN Movement and other initiatives are a good example of this approach. Other examples are the broad stakeholder engagement seen in G-8 members’ nutrition programs, and increases in financial support for technically-sound national nutrition plans.
- Low self-reported scores for the use of gender-sensitive indicators in country programs suggests that the G-8, as a whole, could do more to account for gender in program design and outcomes, which is particularly important for improving nutrition outcomes among children. This is not to say that G-8 members are not focusing on or investing in women through their programs, only that better accounting for gender in program monitoring and evaluation could help to improve nutrition outcomes.

Endnotes

- ¹ World Food Program, *Ending Child Hunger and Undernutrition Initiative: Global Framework for Action*, Summary Note, 2006; and World Bank, *Scaling up Nutrition: What will it cost?*, 2010.
- ² World Health Organization
- ³ *A Life Free from Hunger*, Save the Children U.K., 2012
- ⁴ *A Life Free from Hunger*, Save the Children U.K., 2012
- ⁵ Monteiro et al, 2010, *Narrowing socio-economic inequality in child stunting: the Brazilian experience, 1974-2007*. Bulletin of the World Health Organization 88:305-311, and Acosta MA, 2011, *Analyzing Success in the Fight Against Malnutrition*. IDS Working Paper Vol. 2011 No367.
- ⁶ Figures for nutrition-specific and nutrition-sensitive spending do include untied UN funding. Figure for nutrition-specific funding does not include emergency nutrition programs.
- ⁷ All figures for U.K. programming in both tables are reported for the fiscal year starting in April.
- ⁸ The international donor community currently does not have an agreed-upon methodology for reporting nutrition spending, particularly when it comes to the area of nutrition-sensitive interventions. A process is currently underway through the SUN Movement to develop a standardized methodology to include spending on nutrition-sensitive interventions.

Chapter 4: Global Health

Investing in global health remains a top G-8 priority, despite the backdrop of constrained economies. By investing in healthy communities, the G-8, along with its partners, are saving lives, strengthening families, communities and countries, and preventing billions of dollars in lost productivity every year. Improving global health not only saves lives and stimulates economic growth, but also supports educational attainment, enables civic participation and alleviates poverty. Leaders at the 2010 Deauville G-8 Summit committed to “shared and mutual responsibility” under which donors and partners work together toward country-led health goals with a focus on aid-effectiveness principles, and remain committed to leading improvements in global health.

G-8 health commitments supplement and reinforce international health-related development goals, such as Millennium Development Goals (MDGs) 4, 5 and 6. Health issues have been on the agenda of every G-8 meeting since 1996, and the G-8 continues to work toward its health commitments and key targets associated with HIV/AIDS, malaria and maternal, newborn and child health. The G-8 has also committed to fighting the spread of other diseases, including polio, measles, tuberculosis (TB) and neglected tropical diseases (NTDs).

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), which was called for by the G-8, marks its 10th anniversary in 2012 and has much to celebrate. With the G-8 supplying 78 percent of its funds thus far, the Global Fund has provided HIV/AIDS treatment to 3.3 million people, TB treatment to 8.6 million people and has funded the distribution of 230 million insecticide-treated bed nets to prevent malaria. Recent management and structural reforms will usher the Global Fund into a decade of even greater progress in the fight against HIV/AIDS, TB and malaria.

The Muskoka Initiative for Maternal, Newborn and Child Health was launched in 2010. Through the initiative and ongoing efforts, G-8 members and their partners have made significant commitments toward improving the health of women, newborns and children in developing countries, and are contributing to developing countries’ efforts to reduce maternal and child mortality rates through strengthened health systems, including the training of frontline health workers and the delivery of life-saving interventions along the continuum of care from pre-pregnancy to childhood. The work of the G-8 complements the United Nations’ Every Woman Every Child¹ global movement and its Global Strategy for Women’s and Children’s Health.

In the 11 years since the Measles Initiative was established, more than 1 billion children in over 80 countries have been vaccinated against measles through the initiative, averting an estimated 9.6 million measles deaths.² Improvements in TB rates also showcase the effectiveness of focused initiatives, with an 80 percent decline in incidence from 1990 to 2010, through G-8 contributions and broader global efforts.

G-8 HEALTH ODA 2007-2010—DISBURSEMENTS (USD MILLIONS)

Country	2007	2008	2009	2010	TOTAL
Canada	510.5	630.4	613.2	448.9	2,203.0
France	684.7	1,046.3	1,017.2	1,066.8	3,815.0
Germany	758.0	948.8	956.5	977.5	3,640.8
Italy	641.2	552.3	309.6	234.4	1,737.5
Japan	678.8	762.1	784.8	880.4	3,106.1
Russia	104.2	110.3	129.1	81.1	424.7
United Kingdom	1,682.0	1,372.2	1,589.7	2,024.5	6,668.4
United States	5,229.8	5,451.0	7,574.7	7,618.7	25,874.2
TOTAL	10,289.2	10,873.4	12,974.8	13,332.3	47,469.7
European Union	748.8	868.9	851.4	694.0 ³	3,163.0

Source: OECD-DAC

The G-8 has made very good progress in addressing major health needs in the many countries its assistance reaches. This chapter outlines the G-8's contributions to global health and the impact of some of these investments.

SHARED AND MUTUAL RESPONSIBILITY

Global health is a shared responsibility that cannot be met by one nation alone. The G-8 promotes the concept of "shared and mutual responsibility" in the health programs it supports. Developing and developed countries are mutually accountable and responsible for improving global health, but the primary responsibility lies with the developing countries themselves. The G-8 is contributing to health and development goals by mobilizing official development assistance (ODA), launching initiatives and playing a catalytic role with a range of other stakeholders.

G-8 Action: Examples of G-8 Approaches that Support Shared and Mutual Responsibility

- In 2011, Canada, together with the United Republic of Tanzania, co-chaired the United Nations Commission on Information and Accountability for

Women's and Children's Health. The commission has since proposed a framework for global reporting, oversight and accountability on women's and children's health. Through 10 recommendations presented in its report, *Keeping Promises, Measuring Results*, the commission has created a system to track whether donations for women's and children's health are made on time, resources are spent wisely and transparently and desired results are achieved. Countries such as Canada, the United Kingdom and Norway are supporting the World Health Organization (WHO) in the implementation of the commission's recommendations in 74 targeted countries.

- The European Union supports developing countries in their efforts to improve the health of their citizens—particularly women and children—and to confront major and neglected diseases. To achieve these goals, the European Union strengthens health systems in

developing countries to provide equitable access to comprehensive health services, and invests in areas outside of health systems that impact health outcomes. The 27 E.U. member states endorsed this strategy in the 2010 Council Conclusion. The European Union adds value to health-system support in developing countries through its strong in-country presence and range of aid instruments. The European Union's preferred framework for providing support is the International Health Partnership (IHP+), which assesses comprehensive national health plans through the Joint Assessment of National Strategies (JANS) procedure, and funds one national health budget and one monitoring process. The European Union's assistance is meant to complement and not substitute the partner country's own efforts to mobilize domestic revenues for health.

- France supports developing countries in improving the health of citizens—particularly vulnerable populations—and confronting major epidemics, including HIV/AIDS, malaria, TB and NTDs. France strengthens health systems in developing countries to promote equitable access to comprehensive health services, and invests in sectors outside of health systems that have a strong impact on health outcomes, including nutrition, water and sanitation and gender equity. France supports health-system strengthening to ensure that the health workforce, access to medicines, infrastructure, the financing of universal health protection and decentralized management can effectively deliver basic, equitable and quality healthcare. France supports the development of policy-oriented human resources to formulate and implement country-led national health plans. France, as one of the founding members of the IHP+, established in 2007, advocates and promotes the full implementation of comprehensive national health plans assessed through the JANS procedure, along with the European Union, Germany, Norway and the United Kingdom.
- In 2007, Germany and France initiated the Providing for Health Initiative (P4H) on social protection in case of illness. The German Government has emphasized mutual accountability in its approach, and jointly monitors progress in a solid and efficient way.

IMPROVING E.U. COORDINATION

In 2010, the European Union published its global strategy entitled "The E.U. Role in Global Health." The strategy outlines how the European Union will join the UN and WHO in moving from a large number of fragmented health projects to a smaller number of bigger, more coordinated schemes.

Germany bases its general cooperation strategy on national policies, objectives and indicators. German engagement entails dialogue on sector policies, support to design and implement sector policies and funding for implementation. Additional priorities of German cooperation include: support to staff development plans, adapting frameworks and deploying experts on a temporary basis; strengthening the management, administrative and planning capacity of personnel in health systems; involving the public in decision-making on health and social policy; and decentralizing and creating subsidiary structures, (e.g., shifting tasks and responsibilities from the central level to provinces and municipalities). As a member of the European ESTHER Alliance, Germany contributes to health-system strengthening by developing the capacity of universities and hospitals through a twinning approach.

- Since 2006, the Russian Federation has been providing technical and methodological support for disease-surveillance systems in the Commonwealth of Independent States (CIS) region. Russia is supporting regional and national efforts to improve preparedness and response for pandemic influenza, polio, HIV/AIDS, NTDs and other infectious diseases. In October 2011, the Russian Federation, in partnership with UNAIDS and the World Bank, convened the first High-Level International Forum dedicated to achieving MDG 6 in Eastern Europe and Central Asia. More than 1,000 governmental and civil society representatives from 50 donor and partner countries and relevant international organizations attended the forum. Aid effectiveness and mutual responsibility for achieving MDG 6 in the region were key themes for discussion, and the forum adopted the "Achieving MDG 6 in Eastern Europe and Central Asia: Action Plan to

Enhance Development Cooperation.” By providing technical support and training for laboratory diagnosis, disease surveillance and containment of outbreaks through leading Russian research institutions, Russia has made a significant contribution to improved surveillance in the region.

- Many of the United Kingdom’s planned results are set out in the U.K. aid report “Changing Lives, Delivering Results.” The United Kingdom supports targeted, cost-effective interventions and seeks to ensure that these interventions support the longer-term development of a health service fit to meet the needs of the population and adapt to demographic changes and shifts in the burden of disease over time. The United Kingdom measures success in terms of specific results and outcomes for people—such as reduced burden of disease, improved child survival and better maternal health—approaching the achievement of these outcomes through a combination of targeted and systems-based interventions. The United Kingdom maximizes the impact of resources to support poorer countries, where appropriate, in order to move more rapidly toward universal health coverage.
- The United States dedicates substantial funding and other resources to global health and deploys a model that maximizes the sustainable health impact of every U.S. dollar invested. The U.S. Global Health Initiative (GHI) directs foreign assistance in health using a set of seven core principles: increase impact through strategic coordination and integration for patients and for those involved in providing or paying for services; support country ownership and invest in country-led plans; build sustainability through health-system strengthening; strengthen and leverage key multilateral organizations, global health partnerships and private-sector engagement; implement a woman, girl, and gender-equity approach both to improve health outcomes for women and to recognize that women are central to the health of families and communities; improve metrics, monitoring and evaluation; and promote research and innovation to identify what works. The United States will continue to lead and work with the global community to help build healthier, stronger, more self-sufficient nations in the developing world. GHI programs aim for

ambitious outcomes, are targeted toward countries with the highest needs, and are demonstrating a commitment to achieve sustainable health impacts and leverage other programs and platforms. In more than 40 GHI countries, the United States is working with partner governments and in-country stakeholders to strengthen health systems and strategies.

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

January 2012 marked the 10 year anniversary of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). Since its creation in 2002 after it was called for by the G-8, the Global Fund has become the main financing facility for programs to fight AIDS, TB and malaria worldwide, and has approved \$22.6 billion in funding for more than 1,000 programs in 150 countries. The Global Fund acts as a force multiplier, allowing G-8 contributions to reach more people with quality services; leverage contributions from other donors; expand the geographic reach of its investment; and promote shared responsibility among donors and implementers for financing countries’ responses to the three diseases.

The Global Fund also serves to engage non-traditional donors, including private foundations and the private sector. To date, programs supported by the Global Fund have provided AIDS treatment for 3.3 million people, TB treatment for 8.6 million people and 230 million insecticide-treated bed nets for the prevention of malaria. Since

G-8 CONTRIBUTIONS TO THE GLOBAL FUND 2002-2011 (USD MILLIONS)

Country	2002-2011
Canada	1,020.3
European Union	1,351.3
France	2,872.7
Germany	1,525.6
Italy	1,008.3
Japan	1,402.1
Russia	277.0
United Kingdom	1,477.4
United States	6,079.9
TOTAL G-8 + E.U.	17,014.6
TOAL RESOURCES	21,689.5
Percentage of overall resources	78.4%

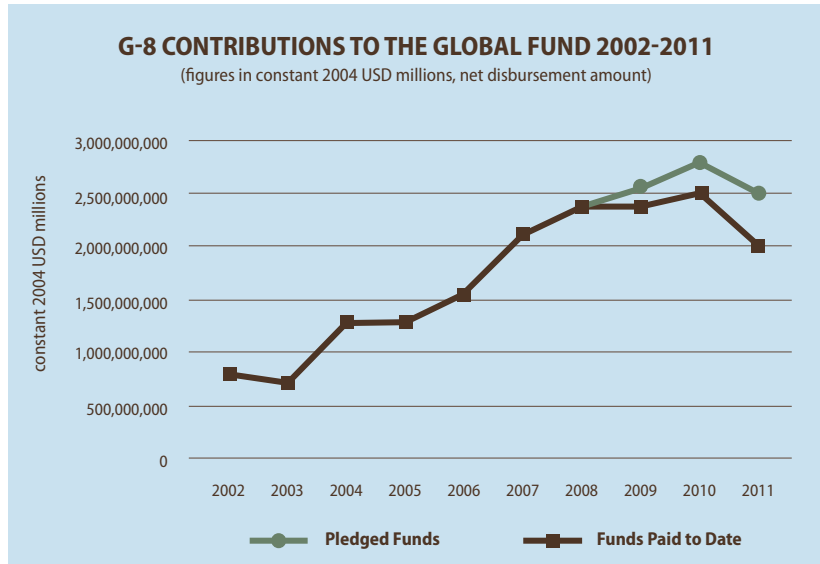
Source: the Global Fund to Fight AIDS, Tuberculosis and Malaria

its creation, the G-8 has provided more than 78 percent of the overall Global Fund resources.

G-8 contributions to the Global Fund have increased dramatically over the past 10 years, albeit with a slight decrease in pledged funding for 2011. From 2002 to 2008, G-8 members disbursed 100 percent of funds pledged. Government appropriation processes have delayed the disbursement of some pledges in recent years, and several countries still have further planned contributions. Almost all G-8 members have pledged additional funding for 2012. The 2012 G-8 Foreign Ministers meeting in Washington encouraged all donors to meet their pledges and invited new donors to join G-8 efforts to support the fund, reaffirming the importance of the Global Fund as a multilateral model that is saving lives.

The Global Fund is building countries' capacity to lead and effectively manage national health systems in a way that systematically includes stakeholders in national funding and policy decisions. The Global Fund supports programs that are developed from national plans and that reflect national health priorities, and disburses funds based on program performance and delivering on agreed-upon program targets.

The Global Fund adopted a Consolidated Transformation Plan (CTP) in November 2011, and a new 2012-2016 strategy will lead to greater country ownership and program impact. With strong endorsement from G-8 members, the Global Fund Board approved the Global Fund's strategy, which will end rounds-based funding and adopt a more iterative proposal-development process with greater focus on high-impact interventions. The transition to the new model is already underway, and will improve the Fund's business model, operations and the impact of programs on the ground. New counterpart financing requirements will help ensure that recipient countries contribute a significant and growing share of resources to their national disease responses, making these responses more sustainable in the long term.



HEALTH SYSTEM STRENGTHENING, PANDEMIC PREPAREDNESS AND PUBLIC-PRIVATE PARTNERSHIPS

Introduced as a commitment at the 2007 Heiligendamm Summit and reinforced in 2008 and 2009, health-system strengthening is a fundamental step toward establishing sustainable national responses to global health challenges. This commitment is part of the G-8's \$60 billion financial pledge to fight infectious diseases and improve health systems. Related to the pledge to strengthen health systems, at the 2006 St. Petersburg Summit the G-8 also committed to building disease-surveillance and early-warning capacity in the most vulnerable countries. A number of G-8 members have developed global health policies and initiatives in support of the G-8 commitment to strengthening systems and building early-warning and disease-surveillance capacity.

Although disbursements for half of G-8 members fell from 2008 to 2009, the G-8 appears to be on track to meeting its 2007 Heiligendamm commitment to provide a total of \$60 billion between 2008 and 2012 to fight infectious diseases and strengthen health systems.

Public-private partnerships can be useful for introducing and scaling up health resources, and providing additional

THE GAVI ALLIANCE

The GAVI Alliance was launched in 2000 to save children's lives and protect people's health by increasing access to immunization in the world's poorest countries.

By bringing all of the principal actors in the immunization sector into one decision-making body, the GAVI Alliance has brought a unified focus to the urgent task of closing three critical gaps in the provision of vaccines: children receiving immunizations and the 23.2 million children worldwide with no access to vaccines; introduction of a new vaccine in rich countries and the average 10-15 years required for the same vaccine to reach low-income countries; and the need for new vaccines in developing countries and the lack of research and funds to provide them.

G-8 partners are increasing investments in public-private financing mechanisms such as the GAVI Alliance, with Japan joining and contributing for the first time in 2011. Total G-8 contributions to the GAVI Alliance in 2011 reached \$564.4 million, representing nearly 50 percent of all GAVI Alliance contributions from public and private sources.

capacity to national health systems. The G-8 supports a number of public-private partnerships that are helping to deliver vaccines, services and solutions.

Improving Health Workforce Coverage

Workforce coverage is a key element to strengthening health systems. At the 2008 Hokkaido-Toyako Summit, the G-8 committed to working toward the goal of increasing health workforce coverage, and helping countries to achieve the WHO threshold of 2.3 health workers per 1,000 people in recognition of acute health workforce shortages in developing countries. G-8 members have acted to meet this commitment, both through support for programs that promote health workforce retention in developing countries and in considering how domestic policies can contribute to this effort.

G-8 Action: Examples of Improving the Health Workforce

- The European Union has adopted a European Program for Action to tackle the shortage of health workers in developing countries (2007-2013), that includes a clear set of actions at country, regional and global levels. In addition, the European Union is addressing migration and brain drain in the area of health through internal E.U. policies. A consultation paper on the E.U. health workforce with a section on the impact of E.U. internal health-sector policy on developing countries has been adopted. Forty million euros have been programmed from 2007 to 2013 to support specific activities in this field. Specific support to WHO activities in Africa is ongoing (€6 million), and includes improving countries' capacity to develop their knowledge (observatories) and capacities in human resources for health management, and the launch of an open call for proposals for non-state actors (€13 million). A program linking human resources for health and maternal health was funded in 2010 with €8 million.
- Through the groundbreaking trans-African Medical Education Partnership Initiative (MEPI), the United

JAPAN DELIVERS ON TICAD IV

At the Fourth Tokyo International Conference on African Development (TICAD IV) in 2008, Japan committed to supporting the training and retention of health and medical workers in Africa. Japan has already met the targets for improving 1,000 hospitals and health centers and training 100,000 health and medical workers, with 3,935 hospitals and health centers supported and 203,671 health and medical workers receiving training.

As set out in its new global health policy, Japan will support the development of policy-oriented human resources in order for partner countries to formulate and implement evidence-based, country-led national health plans based on the best and most adequate information. Japan will also help establish a network for health-systems research and human-resource development, particularly in sub-Saharan Africa, with the aim of promoting implementation research for effective and efficient health interventions and integrating the research results into evidence-based policymaking.

States supports building a stronger medical workforce and increasing rates of retention in sub-Saharan Africa. MEPI supports a network of 30 institutions, providing community-based medical education, developing rural teaching sites, partnering with regional institutions, expanding the role of research training and experiences in medical education, establishing career pathways for physicians and scientists and removing divisions between HIV and non-HIV care.

Pandemic Preparedness

Disease pandemics are a shared global challenge that can overwhelm national health systems, and well-functioning health systems are a foundation for pandemic preparedness. The G-8 is acting on its commitment to build early-warning and disease-surveillance systems, helping developing countries with research, training, surveillance and response.

G-8 Action: Examples of Building Pandemic Preparedness

- In partnership with the international community, the German Government has contributed \$39.5 million to support pandemic-influenza preparedness in low-income countries including \$23.1 million provided to WHO in December 2009 to support the WHO H1N1 Global Response Plan and WHO Vaccine Deployment to developing countries. The remaining amount of \$16.3 million was allocated for bilateral support measures. The German Pandemic Preparedness Initiative, launched in September 2009, supports strengthening core capacities for the implementation of the International Health Regulations (IHR) and pandemic preparedness, including disease-surveillance and early-warning systems. The initiative supports relevant actors in partner countries using a demand-driven approach. As of January 2012, 41 proposals from 21 countries had been approved for funding and were at various stages of implementation. The German Pandemic Preparedness Initiative will phase out in 2013.
- In 2011, U.S. health experts worked with local health staff to rapidly respond to 320 disease outbreaks and public-health emergencies in 39 countries, involving

diseases ranging from cholera to influenza to dengue. The United States also provided approximately \$30 million in 2011 in training and research resources to support disease surveillance and response in vulnerable countries. Training was provided to local health staff to teach skills such as field epidemiology and outbreak investigation; designing guidelines, surveillance norms, thresholds for action and implementation strategies for integrated disease surveillance and response; and integrating information systems to improve data exchange.

Public-Private Partnerships

Public-Private Partnerships (PPPs) are a key pillar of the G-8's work in health, helping to introduce and rapidly scale up health innovation and solutions. At a domestic level, PPPs between governments and the non-state sector are complex but potentially effective, and are being

HARNESSING NON-STATE ACTORS FOR HEALTH

The United Kingdom's Department for International Development (DFID) is the current chair of Harnessing Non-State Actors for Better Health for the Poor (HANSHEP), a group of development agencies and countries working to improve the performance of the non-state sector in delivering better healthcare to the poor. Its members include AusAID, the Bill & Melinda Gates Foundation, the International Finance Corporation (IFC), KfW on behalf of the German Federal Ministry for Economic Cooperation and Development, the Rockefeller Foundation, USAID, the World Bank and the Government of Rwanda. HANSHEP funds research for more effective models of non-state delivery and public-private collaboration, and also provides resources to support the piloting and scaling of successful models. In this way, it seeks to better harness non-state actors to provide more accessible, higher quality, more affordable and better-value healthcare for the poor.

HANSHEP currently provides support for the Center for Health Markets Innovation, a knowledge bank of innovative delivery and financing programs that organizes health markets; the Mining Health Initiative, which explores the potential to mobilize the mining industry in low-income countries to extend and/or facilitate the delivery of quality and affordable healthcare for poor people; and a pilot Health PPP Advisory Facility that helps governments develop and implement PPPs for better health for the poor.

used extensively in India and other countries to deliver health services. But while PPPs can be very effective, recent PPP assessments highlight the need for active performance monitoring, sound contract management and basic cost and quality monitoring. To ensure that target populations are well-served in PPP arrangements, public health systems need to have sufficient capacity to design and manage these partnerships. G-8 members have been important champions for PPPs and are working through HANSHEP and other initiatives to increase the capacity of health systems to develop and manage PPPs.

G-8 Action: Examples of Public-Private Partnerships

- The European Union has been supporting PPPs for product development, with a special focus on Africa. From 2006 to 2009, the European Union contributed €3 million to the International AIDS Vaccine Initiative (IAVI) and €4.2 million to the International Partnership for Microbicides. The European Union also supported the development of malaria vaccines and their multicenter trials with €7 million.
- Public Private Partnership in Health (PPPH) is one of the pillars of Italian action to strengthen health systems in East Africa, and is based on the principles of equity, effectiveness and universal access. Uganda is one of PPPH's success stories. The Uganda private health sector plays a major role in health –service provision. Private not-for-profit religious and lay organizations, private clinics and professionals (private health providers) and traditional complementary medical practitioners (TCMP) also play an active role. The program is providing this sector with better coordination and technical assistance to facilitate its integration into the Uganda public health system. One important outcome of the program is the strengthening of PPPs, which has been established in the context of the national health plan and implemented at the level of all nine districts for all operational phases of the health sector (planning, budget, monitoring and evaluation). The Government of Uganda has approved the first national policy on PPPH, which will give international donors the opportunity to support the non-profit private health sector and improve access to health services in Uganda. Italy has led this process, and together with bilateral and multilateral partners, and

IFFIM AND AMC: GAME-CHANGING GLOBAL IMMUNIZATION SPEARHEADED BY THE G-8

The United Kingdom, France and Italy are pioneering innovative financing mechanisms like the International Finance Facility for Immunization (IFFIm), implemented by the World Bank and the GAVI Alliance.³ Launched in November 2006, IFFIm had raised more than \$3.6 billion by September 2011, of which \$1.77 billion was issued in the Japanese retail market. It is estimated that over 30,000 Japanese investors have purchased IFFIm Vaccine bonds. IFFIm is a catalytic success story, and one that is constantly attracting new members.

In pledging \$1.4 billion out of \$1.5 billion toward the effort, Italy, the United Kingdom, Canada and Russia have also spearheaded Advance Market Commitments (AMCs) for vaccines aimed at encouraging the development and production of affordable vaccines tailored to the needs of developing countries. The overarching goal is to prevent an estimated 7 million childhood deaths by 2030 via the GAVI Alliance. The first AMC produced was the pneumococcal vaccine.

Sixteen countries (Benin, Burundi, Cameroon, the Central African Republic, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Guyana, Honduras, Kenya, Madagascar, Mali, Malawi, Nicaragua and Yemen) have already introduced the pneumococcal vaccine through GAVI. This will allow more than 3 million children to be vaccinated against pneumococcal disease by the end of 2011.

with the support of local governments and faith-based organizations, mobilized about \$45 million in investments over the past 10 years.

- The Mobile Alliance for Maternal Action (MAMA) harnesses the power of mobile technology to engage and empower expecting and new mothers to make healthy decisions and access health services. The United States and Johnson & Johnson led the formation of this PPP, which also includes the United Nations Foundation, mHealth Alliance and BabyCenter. MAMA is working in an initial set of three countries (Bangladesh, India and South Africa) to help coordinate and increase the impact of existing mobile health programs, provide resources and technical assistance to promising new business models and build the evidence base for the effective application of mobile technology to improve maternal health.

MATERNAL, NEWBORN AND CHILD HEALTH (MNCH)

The number of children under 5 years of age dying each year declined from more than 12 million in 1990 to 7.6 million in 2010. Around 12,000 more children's lives are saved each day in 2012 compared to 1990.⁵ However, overall progress on the MDGs related to maternal and child health has continued to lag. Maternal deaths have also considerably decreased, from 543,000 in 1990 to an estimated 287,000 in 2010, but the rate of decline is just over half that needed to achieve the 2015 MDG target to reduce maternal mortality.

To catalyze greater global action and overcome lagging progress relative to other MDGs, the G-8 Muskoka Initiative was launched in 2010, with significant commitments toward improving the health of women, newborns and children. Reinforcing the direction of the MDGs, the Muskoka Initiative commits its members to supporting significant MNCH progress in developing countries facing high burdens of maternal and under-5 child mortality. Using the principle of country ownership, G-8 members

are acting across the spectrum of maternal, newborn and child health needs, including strengthening health systems and supporting frontline health workers in the developing world to deliver life-saving health services for women and children. In support of broader and complementary global efforts, G-8 members are also actively supporting the U.N. Secretary-General's Every Woman Every Child movement and its Global Strategy for Women's and Children's Health in their work.

G-8 Action: Examples of Maternal, Newborn and Child Health

- With the joint support of the European Union, the United States and the World Bank, as well as funding from Canada and others, Afghanistan is expanding coverage of basic health services in all 34 provinces and ensuring that a greater proportion of the rural population receives the Basic Package of Health Services (BPHS) developed by the Afghan Ministry of Public Health. Delivered by local and international non-governmental organizations and in certain provinces through the ministry's own service system, BPHS comprises proven, cost-effective, evidence-based, preventive health interventions. It prioritizes such services as antenatal care, delivery care, postpartum care, family planning, newborn care, expanded immunization services, integrated management of childhood illnesses and nutrition.
- The German Federal Ministry of Economic Cooperation and Development launched an initiative called "Rights-Based Family Planning" and "Maternal Health" in 2011, which seeks to improve knowledge and acceptance of modern family-planning methods, expand access to modern family-planning methods and services and increase the number of births attended by health professionals. The initiative will double the ministry's annual bilateral funding for reproductive health and family planning from about €45 million in 2008 to at least €90 million annually moving forward. In addition, the initiative will provide a more strategic focus for German efforts in reproductive health, including an emphasis on broadening the use of contraceptives and health-system strengthening. In 2011, official bilateral commitments to partner governments alone had reached €93 million.

PREVENTION OF MOTHER-TO-CHILD HIV TRANSMISSION

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program has been the global leader in the effort to prevent mother-to-child transmission of HIV, preventing 200,000 infant infections in 2011 alone. Building on lessons learned, over the next two years, the United States will expand its programs to reach more than 1.5 million HIV-positive pregnant women with antiretroviral drugs to prevent them from passing the virus to their children. PEPFAR is working with UNAIDS on the prevention of mother-to-child transmission of HIV, with a focus on the countries with the greatest incidence. PEPFAR and UNAIDS co-chair the Global Steering Group that is responsible for implementing the Global Plan Toward the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive. Launched in June 2011, the Global Plan is an unprecedented effort to leverage and coordinate the contributions of various partners, including the private sector, to virtually eliminate mother-to-child transmission of HIV. Under U.S. and U.N. leadership, the Global Plan is focused on the 22 priority countries that account for 90 percent of new pediatric HIV infections globally.

MATERNAL AND CHILD HEALTH IN HAITI

Through its ongoing and additional support under the Muskoka Initiative, Canada committed CA\$50 million to support four new MNCH initiatives in Haiti in 2011. The following initiatives will improve Haiti's health services and increase access to life-saving healthcare for mothers and children: an innovative Pan American Health Organization (PAHO) project that will provide free, basic health services to 3 million people including women, newborns and children under 5; the reconstruction of Haiti's National School of Midwifery, an update of the national midwifery curriculum and the construction of maternity clinics; the addition of a 30-bed maternity ward, a 35-bed pediatric ward and a waiting room for pregnant women in the new Gonaives hospital; and the rehabilitation of infrastructure and equipment and staff training at nine maternity clinics and seven community health centers through the Center for International Cooperation in Health and Development.

- In selected communities of Sudan, South Sudan, Uganda, Kenya and Democratic Republic of Congo, Italian Cooperation has promoted a pilot program at the primary level for nurses to use portable ultrasound machines in antenatal care services. According to field evaluation, this approach has increased the number of pregnant women attending antenatal care, and has reduced maternal mortality by early referrals of at-risk pregnancies. This strategy has proven to be a good example of "task shifting" for nurses in rural areas, by making a specialist diagnostic tool available in the absence of specialized personnel.
- Japan's bilateral assistance for MNCH aims to build and strengthen the systems that provide a comprehensive continuum of care for MNCH through improvements in the quality of and access to health services. To achieve this, Japan provides various assistance including: creating a pool of health service providers for antenatal care; increasing the number of attended childbirths by enhancing

partnerships among the health administration, health-care providers and communities; and introducing and promoting MNCH handbooks. Japan's Safe Motherhood Promotion Project in Bangladesh, which began in 2006, improves the health of mothers, pregnant women and newborns through strengthening community health-management capacities and by improving facility-based health services in collaboration with national and local governments. As a result, the pilot district of Narsingdi witnessed an increase in the proportion of women who accessed emergency obstetric care when experiencing complications during pregnancies and deliveries from 17.8 percent in 2006 to 57.4 percent in 2010.

- The first Russian contributions to the Muskoka Initiative were organized under the WHO framework for public health collaboration through two projects: Strengthening Human Resources Capacity for the Control and Elimination of Malaria and Improving the Quality of Pediatric Care in First-level Referral Hospitals in Selected Countries of Central Asia and Africa. Russia's contribution to the Muskoka Initiative also includes technical assistance and training undertaken by Russian medical institutions. Russia's health assistance targets building human-resource

2010-2011 DISBURSEMENT UPDATES FOR MUSKOKA COMMITMENTS⁶

Donor	Muskoka MNCH Financial Commitment by 2015	Muskoka MNCH Disbursement Update (2010 and 2011)
Canada	CA\$1.1 Billion	CA\$368 million (\$357.2 million)
France	€500 million	€169 million (\$223.8 million)
Germany	€400 million	€41 million (2010) ⁷ (\$55.6 million)
Italy	\$75 million	0
Japan	JPY 50 billion (\$500 million)	\$35 million
Russia	\$75 million	\$22.5 million
United Kingdom	£2.1 billion (\$3.4 billion)	£744 million (\$1.15 million)
United States	\$980 million ⁸	\$980 million ⁹
European Union	\$70 million (€50 million)	€15 million (\$19.9 million)

Source: Self-reporting

capacity and expanding health infrastructure and knowledge. As an example, in 2011, the Russian Federation organized international meetings and training workshops for 300 specialists from CIS and Africa partner countries at the Research Institute for Midwifery, Gynecology and Perinatology. Russia's MNCH workshop series will continue in 2012-2014.

- The U.S. Maternal and Child Health Integrated Program (MCHIP) is a flagship MNCH program launched in 2008, which focuses on reducing maternal, neonatal and child mortality and accelerating progress toward achieving MDGs 4 and 5. Working in 30 priority countries that account for more than 70 percent of the world's MNCH deaths, MCHIP addresses barriers to accessing and using focused, evidence-based interventions along the MNCH continuum of care from pre-pregnancy to age 5, and by linking communities, first-level facilities and hospitals. To encourage innovation for MNCH, in 2011 the United States led the creation of "Saving Lives at Birth: A Grand Challenge for Development," a unique partnership with the Governments of Norway and Canada, the Bill & Melinda Gates Foundation and the World Bank to support innovative interventions to reduce maternal and neonatal mortality. The partnership aims to raise \$50 million over five years to support activities that introduce new technologies, service-delivery models and ways to stimulate demand for health-care services at the time of birth. In 2011, the partnership attracted 600 applicants from around the world and awarded 24 innovators. In February 2012, the partnership launched its second global call for innovative solutions along with a new partner, the United Kingdom.

HIV/AIDS

The number of new HIV infections has fallen from a peak of 3.5 million in 1996 to 2.7 million in 2010. Deaths from AIDS-related illnesses also dropped from 2.2 million in 2004 to 1.8 million in 2010. By the end of 2011, more than 6.6 million people in low- and middle-income countries were on treatment, more than a 16-fold increase from the 400,000 on treatment in 2003. While significant gains have been made in the fight against HIV/AIDS, it is still one of the major global health burdens and the G-8 has

PEPFAR AND INNOVATION

The United States has maintained its historic commitment to prevention, care and treatment through PEPFAR. In 2011, the United States established the goal of creating an AIDS-free generation. Creating an AIDS-free generation will mean ensuring that virtually no children are born with HIV, that these children are at a far lower risk of becoming infected as they grow into teenagers and adults, and that if they do acquire HIV, they will have access to treatment that helps prevent them from developing AIDS and passing the virus to others. In 2011, PEPFAR bilateral programs supported antiretroviral (ARV) treatment for more than 3.9 million people, and HIV testing and counseling for more than 40 million people, including more than 25 million women. In addition, 660,000 pregnant HIV-positive women received antiretroviral prophylaxis to prevent mother-to-child HIV transmission, leading to an estimated 200,000 HIV-free births.

U.S.-supported research has shown that ARV treatment for people living with HIV greatly reduces the risk of sexual transmission to other people, demonstrating that treatment also acts as a form of prevention to slow the epidemic. Integrating these types of scientific breakthroughs and innovations in order to boost efficiency positioned the United States to dramatically increase PEPFAR's goal for treatment—from support for 4 million people to support for 6 million people by the end of 2013. Through PEPFAR, the United States has driven down the cost of ARV treatment through innovative regulatory and business-model approaches to expand use of generic medicines, improved availability and use of economic and financial data, a highly-efficient new supply chain mechanism and reliance on land and sea freight rather than air. The cost to PEPFAR fell from \$1,100 per patient per year in 2004 to approximately \$335 in 2011. PEPFAR is also making major investments in Voluntary Male Medical Circumcision (VMMC) as prevention, and has committed to supporting more than 4.7 million VMMCs over the next two years. In addition, PEPFAR is leading efforts with UNAIDS to virtually eliminate mother-to-child transmission. By 2015, this Global Plan aims to reduce new-child infections by 90 percent and AIDS-related maternal deaths by 50 percent. To help reach this goal, PEPFAR will support treatment for more than 1.5 million pregnant women living with HIV by 2013.

stressed that the path to an AIDS-free generation will require concerted efforts from all stakeholders. The epidemic continues to spread, but new infections dropped by 21 percent from 1997 to 2010. This progress and new

scientific advances have created a unique opportunity for major strides toward an AIDS-free generation.

The G-8 continues to lead the fight against the spread of HIV/AIDS and has seen real progress in the number of new cases of HIV/AIDS, the number of people receiving ARV treatment, the cost of treating HIV/AIDS and advances in research that affect the prevention and treatment of HIV/AIDS. Two key commitments guide the G-8's work around HIV/AIDS: in 2006, at the G-8 Summit in St. Petersburg, the G-8 pledged to develop and implement a package for HIV prevention, treatment and care, with the aim of near-universal access to HIV/AIDS treatment for all who need it by 2010; and in 2009, in L'Aquila, the G-8 pledged to counter stigma, discrimination and human rights violations associated with HIV/AIDS.

G-8 Action: Examples for HIV/AIDS

- Canada is supporting the Program for Appropriate Technology in Health (PATH) to enhance HIV prevention programs with CA\$20 million from 2009 to 2013. The program aims at averting HIV infections among high-risk populations. Through its work on the Legal Empowerment of Women Initiative (CA\$3 million, FY 2010-2013), Canada has supported the UN Women for the Fund for Women's Property and Inheritance Rights in the Context of HIV/AIDS, which has provided small grants to 20 grassroots and community-based organizations in sub-Saharan Africa to strengthen women's property and inheritance rights as a critical strategy for addressing women's vulnerability to HIV/AIDS.
- In the field of harm reduction, German Development Cooperation supports Nepal in expanding high-quality national opioid-substitution programs. This decreases high-risk behavior and the number of persons dropping out of treatment. Infections associated with intravenous drug use—such as HIV, TB and hepatitis—are receiving treatment and are in decline.

COUNTERING STIGMA AND DISCRIMINATION

The G-8 has also focused its policy initiatives on countering any form of stigma, discrimination and human rights violations as a result of HIV/AIDS. The United Kingdom's position paper on HIV in the developing world, "Toward Zero Infections," published in May 2011, confirms the United Kingdom's commitment and sets a priority to significantly reduce stigma and discrimination. France is actively supporting non-governmental organizations and community-based organizations, including organizations of stigmatized and discriminated persons, both at the country level and through global and regional networks. Support for human rights-based responses is a main tenet in Germany's HIV/AIDS approach. The United States' PEPFAR program works to oppose stigma and discrimination by ensuring access to its programs for all affected populations.

- Since 2006, Japan has supported Zambia's national response to HIV/AIDS, from policy-making to community-based provision of services. Japan's multisectoral and multi-level assistance is building clinical and diagnostic capacities among rural health workers to ensure quality of services. Japan assisted the Ministry of Health to provide mobile ARV services that enable the provision of ARV at rural health centers, and demonstrated that quality ARV services can be implemented with the limited human

G-8 BILATERAL DISBURSEMENTS TO HIV/AIDS (USD MILLIONS)

Country	2006	2007	2008	2009	2010
Canada	55.1	79.4	45.3	47.1	39.5
European Union	44.2	65.0	44.4	29.9	39.9
France	2.5	2.7	3.5	19.5	34.0
Germany	47.6	93.7	91.6	126.7	110.7
Italy	2.4	6.0	9.5	12.4	5.1
Japan	2.2	10.2	11.7	15.5	16.2
Russia			14.2	14.6	5.6
United Kingdom	262.2	383.5	300.6	347.2	299.5
United States	2,096.2	2,627.2	3,677.9	4,208.9	4,437.7
Total G-8 (+E.U.)	2,512.4	3,267.7	4,198.7	4,821.8	4,988.2

Source: OECD-DAC

and financial resources available in rural Zambia. The service model developed from this project was adopted in national guidelines and is being scaled up. Japan has also supported projects aimed at transforming the lives of the people most vulnerable to HIV. Former refugees in Rwanda, mothers in Palestinian Territories, construction workers in Thailand and Laos and women living with HIV in Cameroon are some of the marginalized communities targeted through these programs.

- The United Kingdom will contribute to reducing HIV infections among women by at least an estimated 500,000 in eight or more sub-Saharan African countries by 2015 through scaling up prevention services, including TB prevention, strengthening reproductive health services, empowering women and better resource allocation. The United Kingdom is also working in at least six countries to reduce HIV infection among the most at-risk populations through activities that improve access to prevention services—such as needle exchange and condoms—which help maintain prevalence below 1 percent in the general population.

MALARIA

In 2004, there were an estimated 350 to 500 million clinical cases of malaria and over 1 million resulting deaths worldwide, with 80 percent of those deaths in Africa. At the 2005 G8-Neagles Summit, the G-8 committed to work with African countries to scale up action against malaria to reach 85 percent of the vulnerable populations with key interventions that would save 600,000 children's lives by 2015. The G-8 reiterated this commitment at the 2006 St. Petersburg Summit, and at the 2008 Hokkaido-Toyako Summit committed to expanding access to long-lasting, insecticide-treated nets, with a goal of providing 100 million nets by the end of 2010.

BREAKING THE MALARIA CYCLE

Breaking the Cycle: Saving Lives and Protecting the Future, the United Kingdom's Framework for Results for Malaria in the developing world (MFfR), aims to develop strategies to: reach more people, more effectively; integrate malaria control with other health services; strengthen underlying health systems; and ensure that interventions and delivery strategies are appropriate to make best use of resources. The United Kingdom will invest up to £500 million each year by 2014-2015 to support this goal, where results can be delivered and value for money demonstrated.

Since 2005, the G-8 has helped the world make remarkable progress against malaria. The malaria burden is tragic for its toll in human lives and economic growth, and the progress since 2005 represents hundreds of thousands of lives saved each year. Continued G-8 investments in malaria prevention and treatment will fuel continued progress against this preventable disease. Still, much remains to be done. In 2010, 216 million people became infected with the disease, and 655,000 died. Ninety percent of malaria deaths occur in sub-Saharan Africa, and 85 percent of the fatalities are children under 5 years old.

G-8 BILATERAL DISBURSEMENTS TO MALARIA PREVENTION AND CONTROL (USD MILLIONS)

Country	2006	2007	2008	2009	2010
Canada	7.93	0.07	15.97	19.62	20.24
European Union		1.10	7.58	1.37	2.16
France			0.15	0.55	4.59
Germany		0.01	0.38	0.65	1.20
Italy	0.49		0.11	0.44	0.16
Japan	1.66	12.36	30.34	18.82	6.34
Russia		5.00	9.00	5.00	0
United Kingdom		34.51	34.04	65.98	140.55
United States		27.20	215.25	314.84	394.25
Total G-8 (+E.U.)	10.1	80.3	312.8	427.3	569.5

Source: OECD-DAC

The G-8 provides support to bilateral programs and global malaria initiatives such as the Global Fund and the Roll Back Malaria Partnership to monitor, treat and prevent malaria worldwide. This effort importantly includes strengthening surveillance for anti-malarial drug resistance and monitoring anti-malarial drug quality. G-8 members and partners are working to develop new anti-malarial medications and vaccines, build capacity to improve access to treatment and explore ways to help control the spread of resistance to malaria drugs.

G-8 Action: Examples for Malaria

- Since 2007, Canada has provided about CA\$95 million to deliver integrated community packages to treat the three leading causes of under-5 mortality: malaria, pneumonia and diarrhea. These programs strengthen national health systems by supporting the training and supervision of community health workers. To date, over 11,000 community health workers have been trained in 12 African countries, allowing treatment of over 840,000 cases of malaria, pneumonia and diarrhea.
- Since 2008, Russia's support for malaria prevention has developed core malaria-training modules and has organized seven training courses in Africa and the Middle East. Over 160 health professionals have been trained. Russian support has also allowed the WHO to provide technical support to several country-level training activities, leading to the training of 220 malaria experts. In 2011-2014 Russia will continue to strengthen human-resource capacity for malaria control and elimination in malaria-endemic countries. In collaboration with GMP/WHO, Russia will launch a \$4.5 million joint project aimed at capacity-building in malaria control and elimination in CIS and Africa. As a result, 45 health workers from African countries and 150 health workers from CIS countries will be trained.
- In Sierra Leone, the United Kingdom contributed 1 million long-lasting insecticidal nets (LLINs), enabling Sierra Leone to achieve universal bed-net coverage for the first time in December 2010. The United Kingdom also supported free health care for pregnant and nursing women and children under 5 years,

which resulted in a tripling of the number of under-5 consultations from 1 million to 3 million in the first year, 1 million of which were treated for malaria. Over the next four years, the United Kingdom will provide focused support targeting the prevention and treatment of malaria in pregnant women and young children, leading to a further 867,000 children sleeping under LLINs and 230,000 women receiving malaria-preventative treatment during pregnancy.

- The U.S. Presidential Malaria Initiative seeks to reduce the burden of malaria by 50 percent for 450 million people, representing 70 percent of the at-risk population in Africa. The United States supports four proven, highly-effective malaria prevention and treatment measures including indoor residual spraying with insecticides, insecticide-treated bed-net procurement and distribution, intermittent preventive treatment of malaria in pregnancy, and treatment with artemisinin-based combination therapy. Substantial reductions in all-cause mortality in children under age 5 have been documented in all 11 focus countries (Angola, Ghana, Kenya, Madagascar, Malawi, Mali, Rwanda, Senegal, Tanzania, Uganda and Zambia); these reductions range from 16 to 50 percent and represent the cumulative effect of malaria funding by donors and national governments. There is strong and growing evidence that malaria prevention and treatment efforts are playing a major role in these child mortality reductions.

NEGLECTED DISEASES

At the St. Petersburg G-8 Summit in 2006, leaders pledged to increase efforts to "fight against other preventable diseases, including pneumonia, diarrhea and neglected diseases such as leishmaniasis, Chagas disease and onchocerciasis, particularly by increasing the volume and quality of medical research on neglected diseases in developing countries." G-8 members have contributed greatly to the fight against these diseases, but with more than 1 billion people, including 500 million children, still suffering from neglected tropical diseases (NTDs), there is still a long way to go.

G-8 Action: Examples for Neglected Diseases

- In 2011, Germany provided €5 million to Product Development Partnerships (PDPs) through the Federal Ministry of Education and Research. PDPs receiving funding through the program include the European Vaccine Initiative, the Drugs for Neglected Diseases Initiative and the Foundation for Innovative New Diagnostics. Germany also supports the WHO Special Program for Research and Training in Tropical Diseases with an annual contribution of €750,000.
- In Tanzania, Italy has helped to construct a Level 3 Bio-Safe Laboratory for the diagnosing and isolating of highly-infectious diseases, in particular haemorrhagic fever viruses. The Ifakara Tanzanian Research Centre and the Italian National Institute for Infectious Diseases have developed joint research projects and created a laboratory that will work as part of the Global Laboratories Network in Africa to monitor the distribution and incidence of viral hemorrhagic fever (VHF) in East Africa.
- Russia allocated \$21 million for the period 2009-2012 to intensify research in the area of NTDs, including assistance to partner countries in African and Central Asia to build their capacities in surveillance, diagnosis and prevention of NTDs. As a result, they have developed new means for diagnosing and preventing NTDs. The programs have also been granting test kits and laboratory equipment to partner countries since 2009.
- In 2011, the United Kingdom pledged to provide an additional £195 million over four years to target Guinea worm, lymphatic filariasis, river blindness and schistosomiasis, as well as to develop integrated country approaches and new programs for blinding trachoma and visceral leishmaniasis research. These programs are intended to protect more than 140 million people from infections that deform, disable, blind and kill, and to eradicate Guinea worm. If successful, Guinea worm will be the second human disease to be eradicated.
- The U.S. NTD program fights seven major diseases: lymphatic filariasis, schistosomiasis, trachoma, onchocerciasis and three soil-transmitted helminthes (hookworm, roundworm and whipworm). Since the

NTD program began in 2006, drugs valued at over \$3.1 billion have been donated to the program, representing one of the largest U.S. PPPs. To date, the NTD program has helped to deliver approximately 532 million NTD treatments through integrated programs, reaching over 232 million people. In December 2011, the United States announced the launch of the National Center for Advancing Translational Sciences (NCATS). The Therapeutics for Rare and Neglected Disease Initiative under NCATS stimulates drug discovery and development through research collaboration between academic scientists, non-profit organizations and pharmaceutical and biotechnology companies working on rare and neglected illnesses. Current NCATS projects include therapeutics for Sickle Cell Disease, schistosomiasis and cryptococcal meningitis.

TUBERCULOSIS (TB)

In 2010, 8.8 million people developed active TB and 1.4 million died from the disease; more than 95 percent of these deaths were in low- and middle-income countries. In 2010, 60 percent of new cases were in Asia, but sub-Saharan Africa reported the highest incidence with more than 270 cases per 100,000 people.¹⁰ Multi-drug resistant TB (MDR-TB) remains a major challenge and is present in the majority of the countries surveyed.

Between 1990 and 2010, the TB death rate fell by 40 percent worldwide. Since 1995, 46 million people have been successfully treated for TB and as many as 6.8 million lives saved through the implementation of the Stop TB Strategy and its directly-observed treatment, short-course (DOTS) component.

The G-8 has committed to halt the spread of TB, and is meeting this commitment largely through support for the Stop TB Partnership and the Global Fund. While more than 88 percent of the funding available for program implementation is provided through host-country domestic resources, the Global Fund is by far the largest external resource for fighting TB, and provided 82 percent of international TB funding in 2012. G-8 members have supported the implementation of national TB program plans, developed quality DOTS services, scaled up MDR-TB prevention and treatment services, strengthened overall

laboratory and diagnostic services and facilities, invested in targeted research areas and expanded coverage for TB/HIV interventions.

G-8 Action: Examples for Tuberculosis

- Canada contributes directly to strengthening TB-control systems to ensure that under-serviced areas have access to TB treatment, care and support. Canada focuses its support where it is most needed, in high-TB-burden and high-prevalence countries, on people who have limited access to services and on proven cost-effective interventions. As a member of the Board of the Stop TB Partnership, Canada works to ensure that its approach is consistent with the efforts of the Global Plan to Stop TB 2011-2015, which includes a CA\$120 million contribution to TB REACH. TB REACH is a grants-based mechanism managed by the Stop TB Partnership to address urgent needs, gaps and bottlenecks in TB control in collaboration with national TB control programs. To date, TB REACH has implemented 75 projects in 36 countries. These projects have detected as many as 140,000 additional TB cases, which could save 70,000 lives and prevent 1.4 million new TB infections. Through Canadian support to TB REACH in Siskone district, South Africa, the project aims to increase access to TB case finding and treatment, and is working to expand the quality

of and access to public sector services including TB control, and increase the speed with which new TB drugs get registered.

- In 2010, Japan provided a grant of up to JPY 2.643 billion (approximately \$28 million) to construct and equip a new hospital for infectious diseases at the Afghanistan National Tuberculosis Control Program in Kabul.
- The United Kingdom supports India's national TB program, which is helping to avert an estimated 180,000 deaths a year. The United Kingdom is also supporting the PATHS2 project in Nigeria, which improves the training of health workers, establishes TB DOTS centers and increases the supply of basic equipment and consumables to rural health facilities in Nigeria.

POLIO

The world has made enormous strides in the fight to eradicate polio. Global incidence of polio has decreased by more than 99 percent since 1988, when the Global Polio Eradication Initiative (GPEI) was launched. Since then, the number of wild poliovirus cases has dropped from more than 350,000 annual cases to only 650 cases in 2011.¹³ As of January 2012, India recorded a full year without a polio infection and has been removed from the list

of endemic polio countries, leaving only Afghanistan, Pakistan and Nigeria that still need to break transmission of the virus. The G-8 continues to support the fight against polio through donations to the GPEI.

GPEI has developed the Global Polio Emergency Action Plan 2012-13, which focuses on Nigeria, Pakistan and Afghanistan, and is intended to intensify implementation of existing strategies and to introduce new tactics and innovations as a prerequisite to achieving polio eradication. The Emergency Action Plan is under-funded by approximately \$1 billion.

G-8 BILATERAL DISBURSEMENTS TO TUBERCULOSIS¹¹ (USD MILLIONS)

Country	2006	2007	2008	2009	2010
Canada		1.26	8.39	21.39	34.05
European Union			3.49		1.44
France		0.08		2.15	2.02
Germany		4.96	7.22	7.77	6.05
Italy	0.1	5.86	2.19	0.05	0.49
Japan		3.55	3.91	5.59	7.34
United Kingdom		15.51	6.31	28.66	33.06
United States		8.07	60.1	97.9	154.9
Total G-8 (+E.U.)	0.1	39.3	91.6	163.5	239.4

Source: OECD-DAC¹²

G-8 Action: Examples for Polio

- From 2004 to 2010, the European Union directly supported polio-eradication activities in Nigeria with a total of €85 million. The European Union is continuing polio-eradication activities in Nigeria with an additional €15 million for 2011-2013.
- In August 2011, Japan provided Pakistan with a loan of approximately 5 billion yen (\$65 million) for its national polio-immunization campaigns. The loan is underpinned by an innovative financing approach called “Loan Conversion” for health. Using this approach, the Bill & Melinda Gates Foundation will repay the credit to the Japanese International Cooperation Agency (JICA) on behalf of the Pakistani Government if the project is successfully implemented. This is the first cooperation of its kind to mobilize funding from a private foundation through a Japanese ODA loan.
- Russia provides bilateral assistance to CIS countries to help them fight polio and maintain polio-free status. In 2011-2012, Russia will provide 9.3 million doses of polio vaccine to Armenia, Belarus, Kyrgyzstan and Uzbekistan, along with 14 units of laboratory equipment for polio diagnosis and 340 units of cold-chain equipment for vaccine supplies.

- U.S. efforts include support for the Stop Transmission of Polio (STOP) program, which has trained and deployed more than 1,600 public health professionals to 63 countries to improve disease surveillance, improve data quality and analysis, increase social mobilization, and plan, implement and evaluate immunization campaigns. In 2012, the United States announced that it would scale up polio eradication efforts, including enhanced support for countries most threatened by pervasive or recurrent polio outbreaks and the activation of its Emergency Operations Center as part of an intensified strategy to stop the spread of poliovirus and eradicate polio.

MEASLES

The G-8 continues to support the work of the Measles Initiative, which strengthens routine immunization systems, implements mass vaccination campaigns, supports diagnostic laboratories, enhances disease-surveillance systems and conducts outbreak response. More than 1 billion children in over 80 countries have been vaccinated against measles as a result of the initiative. Between 2000 and 2010, an estimated 9.6 million measles deaths were averted through vaccination, and global mortality attributed to measles declined by 74 percent. Since 2000, efforts to reduce measles-related deaths have substantially contributed to progress toward reaching MDG 4.

In 2011, measles vaccination campaigns supported by the Measles Initiative were undertaken in 28 countries and reached 146 million children. Measles vaccination campaigns are also often used to deliver integrated health services—including polio, rubella and yellow fever vaccinations—and to distribute long-lasting, insecticide-treated bed nets to prevent malaria, de-worming medication and vitamin A doses.

G-8 CONTRIBUTIONS TO THE GLOBAL POLIO ERADICATION INITIATIVE (USD MILLIONS)

Country	2006	2007	2008	2009	2010	2011
United States	132.4	133.1	133.5	133.2	133.8	133.5
United Kingdom	59.7	56.9	42.7	37.3	24.7	106.4
Japan	14.1	20.3	21.1	21.4	39.0	93.2
Germany ¹⁴	13.8	28.8	81.5	136.5	25.4	2.5
Canada	42.5	9.1	32.6	29.3	29.2	24.1 ¹⁵
European Union	28.2	37.3	8.2	0.9	1.1	23.2
Italy	1.4	11.0	11.8	2.1	1.4	0.6
France	12.8			2.7		
Russia	3.0	3.0	8.9	5.1	2.0	2.0
Total G-8 (+E.U.)	307.9	299.5	340.3	368.5	256.6	385.5

Source: Global Polio Eradication Initiative (GPEI)

Through the Measles Initiative, the G-8 is also strengthening the virus-detection capacity of laboratories, which is essential for improving global surveillance and more quickly identifying and responding to importation events. By the end of 2011, 185 countries were reporting monthly surveillance data. As part of its ongoing work, the Measles Initiative recently developed the Global Measles-Rubella Strategic Framework for 2012-2020 to help countries eliminate measles, rubella and congenital rubella syndrome. The partnership is now officially the Measles and Rubella Initiative and will aim to prevent the 112,000 annual cases of congenital rubella syndrome among newborns worldwide, the leading infectious cause of congenital birth defects.

G-8 Action: Measles

- Canada continues to support measles vaccination and prevention by strengthening routine immunization services. Between 1998 and 2011, Canada provided over CA\$175 million to strengthen routine immunization efforts in vulnerable countries through the Canadian International Immunization Initiative.
 - Japan has constructed a measles-vaccine manufacturing facility in Vietnam, building Vietnam's domestic capacity to produce vaccines through a technical cooperation project from 2006 to 2010. Each year, the facility is producing 7.5 million WHO-compliant vaccine doses to meet domestic demand.
 - The United States remains committed to fighting measles, and provides financial and technical assistance to its partners in the Measles Initiative, including nearly \$35 million in 2011. U.S. support focuses on strengthening routine immunization systems, implementing mass vaccination campaigns, supporting diagnostic laboratories, enhancing disease surveillance systems and conducting outbreak response.
- ## **FINDINGS**
- G-8 political and financial support to health-financing mechanisms such as the Global Fund to Fight, AIDS, Tuberculosis and Malaria plays a key role in catalyzing action by others, and in coordinating a comprehensive approach to global health challenges. Total G-8 contributions to the Global Fund from 2002 to 2011 exceeded \$17 billion, comprising 78 percent of all contributions to the fund. G-8 support will remain critical to the important work of the Global Fund in coming years, and especially to efforts to execute critical reforms and meet and accelerate pledges to the fund.
 - The G-8 is on track to meet its commitment to provide at least \$60 billion to fight infectious diseases and improve health systems by 2012. Between 2008 and 2010, the G-8 provided \$37.2 billion for this purpose. The gains seen against HIV/AIDS, malaria, TB and polio, as well as gains in maternal and child health, can be attributed in part to the G-8's strong leadership in global health.
 - The G-8 plays a central role in leveraging and mobilizing partnerships with the private sector, other donors and stakeholders, as well as with partner governments. Although the global health architecture is complex, G-8 members continue to look for and undertake means for improving coordination and harmonization.
 - Guided by aid-effectiveness principles, G-8 members are making steady progress in aligning health programming with partner-country plans and priorities, and continue to work toward results produced together with all partners in the spirit of shared accountability.
 - Innovative financing mechanisms have played an important role in developing effective medicines and vaccines. For example, the GAVI Alliance has pioneered innovative financing mechanisms such as Advance Market Commitment (AMC) and the International Finance Facility for Immunization (IFFIm). Launched in November 2006, IFFIm raised more than \$3.6 billion as of September 2011.

- G-8 support of the GPEI has helped reduce the incidence of polio by 99 percent since 1988. Continued political and financial support is vital to achieving complete eradication and a world free of polio.

Endnotes

- ¹ www.everywomaneverychild.org
- ² *Assessment of the 2010 global measles mortality reduction goal: Results from a model of surveillance data*, by Emily Simons, Matthew Ferrari, John Fricks, Kathleen Wannemuehler, Abhijeet Anand, Anthony Burton, Peter Strebel, published in *The Lancet* online April 24, 2012 DOI:10.1016/S0140-6736(12)60638-2.
- ³ <http://www.gavialliance.org/support/nvs/pneumococcal>
- ⁴ Self-reported as €524.0 million (\$694.0 million). The European Union reports €524.0 million for 2010 based on established practice to take into account 10 percent of GBS in the G-8 report for health disbursement. OECD-DAC reports \$549.9 million for 2010.
- ⁵ <http://www.unicef.org/>
- ⁶ Please refer to Annex 3 for disbursement details.
- ⁷ The German Muskoka commitment refers to 2011 until 2015. 2011 disbursement data is not available yet. However, Germany disbursed €343.6 million in 2010, which is €41 million above the 2008 baseline. While this does not reflect Germany's Muskoka pledge, it does represent Germany's strong commitment to improving MNCH outcomes.
- ⁸ The United States has revised its Muskoka commitment based on congressional appropriations for MNCH and malaria.
- ⁹ Funding levels represent budget authority for MNCH, not disbursements.
- ¹⁰ <http://www.who.int/mediacentre/factsheets/fs104/en/>
- ¹¹ Russia supports halting the spread of TB through the Global Fund.
- ¹² Detailed tracking for TB control at the OECD-DAC began in 2007. The CRS purpose code for tracking financial flows for TB control was introduced by the OECD-DAC in 2007. Following the introduction of a new CRS purpose code, it can take up to three years to achieve optimal quality data.
- ¹³ <http://www.polioeradication.org/>
- ¹⁴ The 2009 contribution from Germany includes €52 million (\$82.01 million) to the Government of India (combination loan/grant), which the Government is using to strengthen cold-chain and information systems. GPEI included this amount in Germany's total contribution to the initiative, but is not included in the total contributions line for G-8 members. Germany will fulfill its commitment to allocate €100 million from 2009-2013 for GPEI, and allocate the remaining €26 million to partner countries in 2012 and 2013.
- ¹⁵ Preliminary figure based on the 2011 average exchange rate.

Chapter 5: Conclusion

The Camp David Accountability Report is, in its own right, a reflection of the ongoing commitment of the G-8 to aid-effectiveness principles and improving upon results. In its third year, the annual G-8 Accountability Report continues to evolve as a means for capturing the progress that G-8 members have made toward their commitments, and for communicating the results of these efforts.

This year, the report includes two additional tools: first, a self-reporting scorecard intended to catalog indicators of progress in specific focus areas tied to the Rome Principles; and second, in-depth reporting tables that show a fuller picture of G-8 members' agricultural-development and food security activities in a set of developing countries, and how well G-8 activities are aligned with the plans and priorities of each of these countries. This year's report presents not only what the G-8 is doing in financial terms, but how the G-8 is approaching this work using aid-effectiveness principles.

AGRICULTURE AND FOOD SECURITY

L'Aquila Food Security Initiative (AFSI) partners are making good progress toward meeting their \$22 billion financial pledge under the initiative. All G-8 members have fully committed their L'Aquila-pledged funds, or are on track to fully committing them by the end of 2012. Financial disbursements have come slower, and while some G-8 members have completely disbursed their individual pledges, collectively the G-8 has only disbursed about 55 percent of its total financial pledge so far. In some cases, disbursements have been slower in order to account for evolving country investment plans; in other cases, it reflects differences in fiscal and appropriations cycles or the different institutional approaches among G-8 development agencies.

Overall, the G-8 has made fair progress toward the non-financial commitments of AFSI, which are embodied by the Rome Principles. Using the scorecard, the G-8 has made good progress in supporting country ownership, investments in science and technology, promoting food and agricultural trade and multilateral engagement. Taken as a group, the G-8 has been moderately successful in using a comprehensive approach and in building local agricultural capacity. And, while some G-8 members have done a good job of explicitly targeting women through their assistance, on the whole the G-8 could improve the extent to which programs target women.

An important characteristic of the G-8's approach under AFSI is support for country-owned plans and priorities. Despite the significant increases in public-sector funding for agriculture and food security made by the G-8, AFSI partners, multilateral development institutions and developing countries themselves, reporting suggests that national agriculture investment plans are underfunded by about half. Although limited, informal data suggest that on average, developing-country governments are providing about 26 percent of the financing for these plans; development partners are providing about 23 percent of the financing requirement; and about 1 percent comes from other sources. The average share provided by governments in sub-Saharan Africa appears to be slightly higher at 29 percent. Largely absent from this financing picture is the private sector.

Although public-sector financing is a key input for these national agriculture-investment plans, private-sector financing is also an important element, but one that appears to be seriously underfunded. To narrow the substantial investment gap for national agriculture-investment plans, much more can be done to encourage domestic and foreign private investment around the priorities outlined in these plans.

FOOD COMMODITY MARKETS & TRADE

The ability of smallholders, in particular women farmers, to engage in trade by bringing products to market is critical to increasing household income. On a larger scale, the development of vibrant, efficient agricultural markets at local, regional and national levels is key to domestic food security and economic growth.

Sound markets are essential to self-sustaining private-sector activity in the agriculture and food sectors. The G-8 actively supports the strengthening of food-commodity markets and trade because the functions of properly regulated competitive markets contribute to private-sector activity and achieving development priorities. The important role of markets and trade in agricultural growth suggests the need for more effective partnerships between governments, development partners and the private sector to encourage private-sector activity that can contribute to scaling up food security initiatives.

G-8 investments in strengthening market access and trade for smallholder farmers and rural entrepreneurs are having a significant positive impact on production and trade volumes. The G-8 is also proving a useful champion for public-private partnerships, and helping developing countries mobilize the private sector, including helping to foster a strong agri-business investment climate that can benefit smallholder and other farmers. Through efforts to improve agriculture data and supporting voluntary guidelines on land tenure and principles for responsible agriculture investment, the G-8 and its partners are creating better conditions for private investment in agriculture, strengthened markets and increased trade.

Separate from their contributions to developing food-commodity markets and trade, all G-8 members have either eliminated restrictions and extraordinary taxes for humanitarian food aid as part of their G-20 commitments, or never introduced them.

NUTRITION

Chronic undernutrition among children in the world comes at a very high cost, in lives lost and unrealized future productivity. Globally, much progress has been made toward reducing chronic undernutrition, but these broad gains mask slow and uneven progress in some developing countries, particularly in those in sub-Saharan Africa. For example, on average chronic malnutrition has only decreased by 2 percent over the last 20 years in sub-Saharan Africa. Since the AFSI, the G-8 has begun to elevate the role and importance of nutrition in its work through leadership, advocacy and action.

G-8 members have played a pivotal role in the launch of nutrition initiatives at global and national levels. And, while the G-8 needs to do more to build nutrition outcomes into its activities, G-8 members are investing in a comprehensive set of actions and tools to meet nutrition needs in partner countries. The G-8 is also reaching out to civil society and the private sector to help find solutions to chronic undernutrition, which is an underlying cause of one in three child deaths in developing countries. Both civil society and the private sector represent key partners for taking nutrition innovation to scale and, in partnership with governments, creating sustainable markets that deliver more nutritious foods, community-driven approaches that result in better nutrition practices, and together, improved nutrition outcomes.

To help accelerate progress toward improved nutrition, in addition to voice and advocacy, G-8 members have been increasing assistance to nutrition programs. From 2009 to 2011, the G-8 reported that financing for nutrition-specific activities increased by 48 percent, to reach \$439 million. For the same period, the G-8 reported that financing for nutrition-sensitive activities rose by 46 percent, to reach over \$2.4 billion.

HEALTH

Through its leadership and ongoing assistance, the G-8 continues to have an enormous positive impact on improving health and health systems in developing countries. G-8 members are making steady progress in aligning health programming with partner-country plans and priorities and, guided by aid-effectiveness principles, are working with partner countries and others for shared results and mutual accountability. The foundation of this effort, and the means for achieving sustainable and functioning health services, is strengthening countries' health systems.

The G-8 has amplified its effort through greater partnership with partner governments as well as the private sector, civil society and other donors, and through an increasing focus on coordination across disease-specific efforts. In doing so, G-8 members have seen real results, from comprehensive and coordinated political and financial support, to health financing mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Through the creation of such mechanisms, the G-8 has played a key role in catalyzing action from others and leveraging global health funding from a range of donors. The G-8 has continued to provide support for the Global Fund at a critical junction in the Fund's history, as the Fund has developed and implemented an ambitious reform agenda to improve oversight, accountability and effectiveness in using its resources to combat the three epidemics.

The G-8 is well on track to meet its commitment to provide at least \$60 billion to fight infectious diseases and improve health systems by 2012, to provide at least \$5 billion in additional financing for maternal, newborn and child health, and to mobilize resources for the Global Fund. In meeting these and other health commitments, the G-8 has catalyzed global action and is seeing these initiatives deliver: innovative financing mechanisms supported by the G-8 have raised more than \$3.6 billion since 2006 to help with immunization; the Global Fund has committed more than \$22.6 billion in 150 countries, providing AIDS treatment to more than 3.3 million people, tuberculosis treatment to more than 8.6 million people, and more than 230 million bednets to prevent malaria; in the 11 years since the Measles Initiative was

established, more than 1 billion children in over 80 countries have been vaccinated; and G-8 support of the Global Polio Eradication Initiative has helped reduce the incidence of polio by 99 percent since 1988.

RECOMMENDATIONS

1. As part of its commitment to accountability, the G-8 Accountability Working Group (AWG) should continue to report on the progress of the G-8 in meeting its financial and non-financial commitments, with a greater focus on reporting results, including through AFSI's Managing for Development Results (MfDR) work stream.
2. The G-8 AWG should consider improved approaches to tracking real progress against the Rome Principles, building on this year's Food and Nutrition Security Scorecard, the In-depth Reporting Tables and progress made by the MfDR Working Group, perhaps including, for example, input from a set of recipient countries to supplement G-8 self-reporting.
3. Accounting for gender is key to improved nutrition outcomes, and progress in targeting women in agricultural trade and promoting women's participation and empowerment in agricultural value chains are generally needed to accelerate progress in food security. G-8 countries and other development partners can do more to promote gender equality as a foundation for food security, nutrition and sustainable agriculture, and to improve the evidence base for work in this area. The G-8 AWG should continue to strengthen the means for assessing how projects and approaches are contributing to improved outcomes for women and smallholder farmers.
4. Available data that measure the spectrum of policy, infrastructure and market inputs that contribute to increasing agricultural productivity and food security for smallholder farmers is limited and makes it more difficult to measure and adjust the impact of assistance on food security. The G-8 should consider encouraging appropriate institutions to examine the feasibility of developing a publicly available agricultural index or indices to help evaluate progress toward agriculture and food security objectives; such an index would help countries identify and address those areas which currently hamper private-sector investment. It is nevertheless hoped that international investors, in particular, will not shy away from investing in countries, even when the business climate may need improvement.

Annex I: ODA Volumes & Aid Effectiveness

Official Development Assistance (ODA), as defined by the Organization for Economic Cooperation and Development's (OECD's) Development Assistance Committee (DAC), is the flow of financial resources from donor governments to developing countries, intended to help achieve development outcomes, such as reducing poverty or supporting sustainable growth. For over a decade, the G-8 has played a prominent role in mobilizing ODA from donor countries and focusing greater attention on major development challenges. During that same time frame, the international development community has achieved consensus on a series of development goals and aid-effectiveness principles.

The Millennium Development Goals (MDGs), established following the adoption of the United Nations Millennium Declaration (2000), focused the world's attention on eight development goals that the international community committed to achieve by 2015. Meanwhile, the United Nations Monterrey Consensus on Financing for Development (2002) gave the world a basis for discussing how to finance the achievement of the MDGs.

The Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008) established and helped to refine the aid-effectiveness agenda, which aims to improve the delivery and management of ODA to maximize development results. The OECD-DAC's aid-effectiveness mandate culminated in the 4th High-Level Forum on Aid Effectiveness (HLF4) held in Busan, Republic of Korea, in 2011. The discussions at Busan recognized the multiplicity of new players involved in global development, and resulted in an agreement to establish, by June 2012, a new, more inclusive Global Partnership for Effective Development Cooperation and a public commitment from all parties—traditional donors, emerging economies, developing countries, multilateral organizations, civil society organizations and the private sector—to support a development agenda based on common goals and shared principles. There was also broad recognition that while ODA is only part of the solution, it plays a catalytic and indispensable role in international development.

G-8 ODA COMMITMENTS

Increasing Official Development Assistance

At the 2005 G-8 Summit held at Gleneagles, Scotland, G-8 leaders announced a series of commitments to increase international assistance, including ODA. Each G-8 member made a specific national commitment to significantly increase its international assistance, with a special emphasis on assistance to sub-Saharan Africa. The G-8 was joined by other aid donors who had likewise made commitments to increase ODA worldwide.

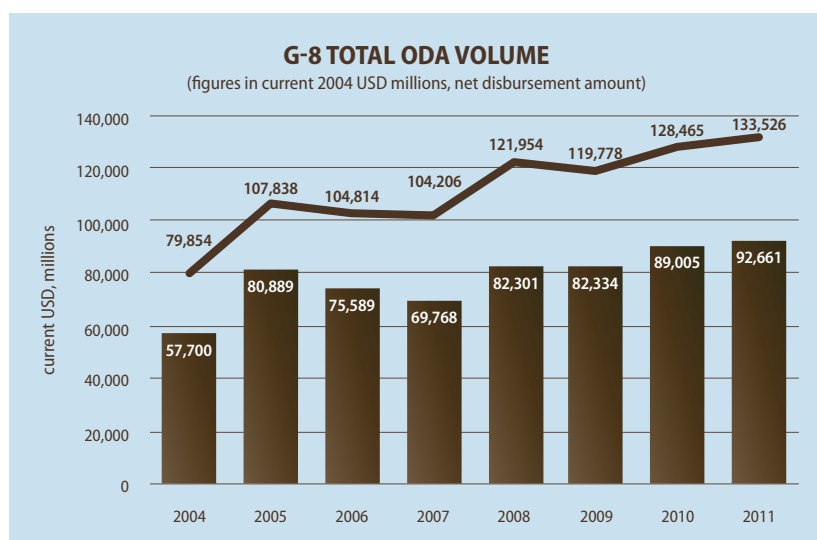
According to the latest data provided by the OECD, annual ODA from OECD Development Assistance Committee (DAC) donors increased by \$48.6 billion in current dollars, from 2004 to 2010,¹ with the G-8 accounting for 62 percent of that increase, or \$31 billion.

ODA from non-DAC donors reporting aid statistics to the OECD more than doubled for this period, from \$3.6 billion in 2004 to \$7.2 billion in 2010.³ Accounting for these amounts, total ODA tracked by the OECD increased \$52 billion in current dollars from 2004 to 2010. The increase in the number of non-DAC donors and the volume of ODA they contribute represent a significant trend in ODA and development cooperation.

In 2011, OECD-DAC bilateral donors provided \$133.5 billion in ODA to developing countries (in current dollars, preliminary), with the G-8 contributing \$92.6 billion of that amount (69 percent). While 2011 OECD-DAC ODA increased 3.9 percent from 2010 in current dollars, and is the highest total ODA amount achieved to date for the OECD-DAC, it represents a 2.7 percent decrease⁴ in ODA in real terms compared to 2010.⁵ The year 2011 also represents a small decrease in the average growth rate of ODA for recent years, and can be attributed, in part, to the global recession that has affected the budgets of many G-8 and OECD countries. Looking forward, the OECD suggests that the full effect of the global recession on aid flows has not yet manifested, and that growth in global ODA volumes may stagnate in the next few years.

Gleneagles Annex II National Commitments

As mentioned previously, each G-8 member country made a specific national commitment at the Gleneagles Summit to increase its international assistance. These commitments varied in size and schedule. Overall, G-8 members' progress toward meeting these commitments is mixed. Table 2 details individual G-8 members' progress toward these commitments.



Source: OECD ODA by donor and Russian national ODA data²

Notes: Total OECD-DAC ODA volume does not include national data from Russia. Figures for 2011 are preliminary.

Tables 1A and 1B: G-8 Total ODA Disbursements, in Current and 2004 Constant Figures

TABLE 1A: G-8 TOTAL ODA VOLUME, NET DISBURSEMENT AMOUNT (in current USD, millions)
AND ODA/GROSS NATIONAL INCOME (GNI) RATIO

G-8 Country	Aid Volumes		Change 2004-2011		ODA/GNI	
	2004	2011	Percentage	Absolute Number	2004	2011 Preliminary
Canada	2,599	5,291	104%	2,692	0.27	0.31
France	8,473	12,994	53%	4,521	0.41	0.46
Germany	7,534	14,533	93%	6,999	0.28	0.40
Italy	2,462	4,241	72%	1,779	0.15	0.19
Japan	8,922	10,604	19%	1,682	0.19	0.18
Russia	100	514	414%	414	0.015	0.03
United Kingdom	7,905	13,739	74%	5,834	0.36	0.56
United States	19,705	30,745	56%	11,040	0.17	0.20
G-8 Total	57,700	92,661	61%	34,961	0.22	0.28
OECD-DAC	79,854	133,526	67%	53,672	0.25	0.31
EU Institutions	8,704	12,627	45%	3,923		

Source: OECD ODA by donor and Russian national ODA data

Notes: Russia is not a member of the OECD-DAC.

Russian data is not included in the G-8 Total ODA/GNI ratio.

Data on ODA flows for European Union relate to grants only.

TABLE 1B: G-8 TOTAL ODA VOLUME, NET DISBURSEMENT AMOUNT (in constant 2004 USD, millions⁶)
AND ODA/GROSS NATIONAL INCOME (GNI) RATIO

G-8 Country	Aid Volumes		Change 2004-2011		ODA/GNI	
	2004	2011	Percentage	Absolute Number	2004	2011 Preliminary
Canada	2,599	3,408	31%	809	0.27	0.31
France	8,473	10,317	22%	1,844	0.41	0.46
Germany	7,534	12,139	61%	4,605	0.28	0.40
Italy	2,462	3,319	35%	857	0.15	0.19
Japan	8,922	8,513	-5%	-409	0.19	0.18
Russia	100	481	381%	381	0.015	0.03
United Kingdom	7,905	13,158	66%	5,253	0.36	0.56
United States	19,705	26,295	33%	6,590	0.17	0.20
G-8 Total	57,700	77,629	35%	19,929	0.22	0.28
OECD-DAC	79,854	106,483	33%	26,629	0.25	0.31

Source: OECD ODA by donor and Russian national ODA data

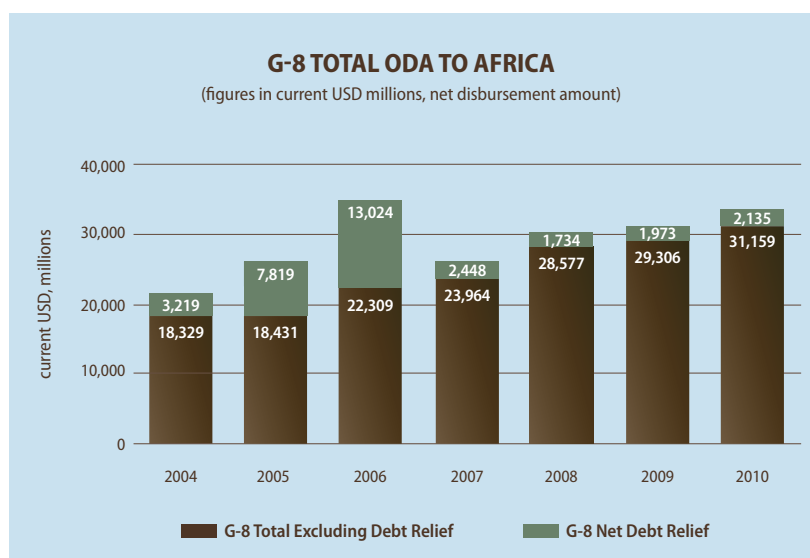
Notes: Russia is not a member of the OECD-DAC.

Russian data is not included in the G-8 Total ODA/GNI ratio.

Constant 2004 figures for the European Union are not available.

TABLE 2: GLENEAGLES ANNEX II NATIONAL COMMITMENTS

Country Commitment	Progress
<p>Canada will double its international assistance from 2001 to 2010, with assistance to Africa doubling from 2003-2004 to 2008-2009.</p>	<p>Canada has met and surpassed its commitment to double its total annual international assistance and annual aid to Africa.</p>
<p>France has announced a timetable to reach 0.5 percent ODA/GNI in 2007—two-thirds of which is for Africa, and representing at least a doubling of ODA since 2000—and 0.7 percent ODA/GNI in 2012.</p>	<p>France modified this commitment in 2007 and is now committed to achieving the E.U. ODA/GNI target ratios of 0.51 percent in 2010 and 0.7 percent in 2015. After narrowly missing its 2010 target by only 0.01 percent, France's ODA/GNI ratio decreased to 0.46 percent in 2011 (preliminary). Nevertheless, France remains committed to achieving a ratio of 0.7 percent in 2015.</p>
<p>Germany, supported by innovative instruments, has undertaken to reach 0.51 percent ODA/GNI in 2010 and 0.7 percent ODA/GNI in 2015.</p>	<p>Germany's ODA/GNI has risen in each of the last three years. Germany's ODA/GNI in 2010 was 0.39 percent; in 2011 it was 0.4 percent (preliminary).</p>
<p>Italy has undertaken to reach 0.51 percent ODA/GNI in 2010 and 0.7 percent ODA/GNI in 2015.</p>	<p>Italy's ODA/GNI in 2010 was 0.15 percent. Italy's 2011 ODA/GNI was 0.19 percent (preliminary).</p>
<p>Japan intends to increase its ODA volume by \$10 billion in aggregate over the next five years. Japan has committed to double its ODA to Africa over the next three years and launch the \$5 billion Health and Development Initiative (HDI) in the next five years. For the Enhanced Private Sector Assistance (EPSA) for Africa facility, Japan will provide more than \$1 billion over five years in partnership with the African Development Bank.</p>	<p>Japan increased its ODA volume by \$6.4 billion in the aggregate from 2005 to 2009. Japan met its commitments to double ODA to Africa by 2007, and provide \$5 billion in ODA to the HDI.</p>
<p>Russia has cancelled and committed to cancelling \$11.3 billion worth of debts owed by African countries, including \$2.2 billion of debt relief through the HIPC Initiative. On top of this, Russia is considering writing off the entire stock of HIPC-country debts on non-ODA loans. This will add \$750 million to the debt relief of countries.</p>	<p>Russia met its commitment to cancel the debts owed by African countries in the amount of \$11.3 billion, including \$2.2 billion of debt relief under the HIPC Initiative.</p>
<p>The United Kingdom announced a timetable to reach 0.7 percent ODA/GNI by 2013 and double its bilateral spending in Africa between 2003-2004 and 2007-2008.</p>	<p>As part of the European Union collective commitment, the United Kingdom announced an interim target of 0.56 percent ODA/GNI for 2010. The U.K. met this target and remains on track to achieve 0.7 percent ODA/GNI in 2013, two years before the official target, and making it the first country in the G-8 to keep this promise.</p>
<p>The United States committed to double aid to sub-Saharan Africa between 2004 and 2010 to \$8.67 billion.</p>	<p>At Gleneagles, the United States committed to double its total ODA to sub-Saharan Africa from \$4.34 billion in 2004 to \$8.67 billion in 2010. By 2009, U.S. total ODA to sub-Saharan Africa was \$8.96 billion, surpassing the U.S. target one year early. In 2011, U.S. total ODA to sub-Saharan Africa increased to \$10.72 billion (preliminary).</p>
<p>The European Union pledged to reach 0.7 percent ODA/GNI by 2015, with a new interim collective target of 0.56 percent ODA/GNI by 2010. The European Union will nearly double its ODA between 2004 and 2010 from €34.5 billion to €67 billion. At least 50 percent of this increase should go to sub-Saharan Africa.</p>	<p>In 2011, collective E.U. ODA decreased to 0.42 percent of GNI, or \$73.6 billion. The European Union remains committed to reaching 0.7 percent ODA/GNI by 2015.</p>
<p>Note: European Union combined ODA/GNI is for all E.U. member states.</p>	



Aid to Africa

According to the latest data from the OECD, total annual ODA to Africa increased by \$17.8 billion from 2004 to 2010⁷, with the G-8 accounting for 65 percent of the increase, or \$11.7 billion.⁸ Excluding debt relief, G-8 annual ODA to Africa increased 70 percent from 2004 to 2010.

From 2004 to 2010, the G-8 accounted for over 70 percent of OECD-DAC bilateral assistance to Africa. G-8 bilateral ODA statistics for 2004 and 2010 are available in Table 3. Detailed statistics for 2011 are not yet available, but preliminary 2011 data suggests that bilateral ODA to Africa from OECD-DAC donors increased to \$31.4 billion per year in 2011 (current dollars, estimated),⁹ an increase of approximately \$12 billion from 2004, or about 62 percent.

Tables 3A and 3B: G-8 ODA Disbursements to Africa, in Current and 2004 Constant Figures

TABLE 3A: G-8 ODA ALLOCATED TO AFRICA¹⁰, NET DISBURSEMENT AMOUNT (IN CURRENT USD, MILLIONS)

G-8 Country	Bilateral ODA		Total ODA (bilateral & imputed multilateral ODA)		Change in Total ODA: 2004-2010	
	2004	2010	2004	2010	Percentage	Absolute Number
Canada	632	1,535	874	2,157	147%	1,283
France	3,728	4,187	5,196	6,732	30%	1,536
Germany	1,400	1,948	3,089	4,209	36%	1,120
Italy	393	367	1,067	1,383	30%	316
Japan	839	1,888	1,994	3,617	81%	1,623
Russia	NA	55	NA	75	NA	NA
United Kingdom	2,449	3,075	3,589	5,543	54%	1,954
United States	4,186	7,763	5,739	9,579	67% ¹¹	3,840
G-8 Total	13,627	20,817	21,548	33,294	54%	11,671
OECD-DAC	19,362	29,301	30,376	46,840	54%	16,464
European Union	3,587	5,443	3,889	5,487	41%	1,598

Source: OECD and national data from Russia (disaggregated Russian ODA data is not available for years prior to 2009)

Notes: Russia is not a member of the OECD-DAC.

Data on ODA flows for the European Union relate to grants only.

TABLE 3B: G-8 ODA ALLOCATED TO AFRICA, NET DISBURSEMENT AMOUNT (IN CONSTANT USD, MILLIONS¹²)

G-8 Country	Bilateral ODA		Total ODA (bilateral & imputed multilateral ODA)		Change in Total ODA: 2004-2010	
	2004	2010	2004	2010	Percentage	Absolute Number
Canada	632	1,061	874	1,491	71%	617
France	3,728	3,543	5,196	5,696	10%	500
Germany	1,400	1,720	3,089	3,717	20%	628
Italy	393	305	1,067	1,151	8%	84
Japan	839	1,635	1,994	3,132	57%	1,138
Russia	NA	47	NA	64	NA	NA
United Kingdom	2,449	3,124	3,589	5,632	57%	2,043
United States	4,186	6,784	5,739	8,371	46%	2,632
G-8 Total	13,627	18,219	21,548	29,254	35%	7,642
OECD-DAC	19,362	24,949	30,376	39,883	31%	9,507

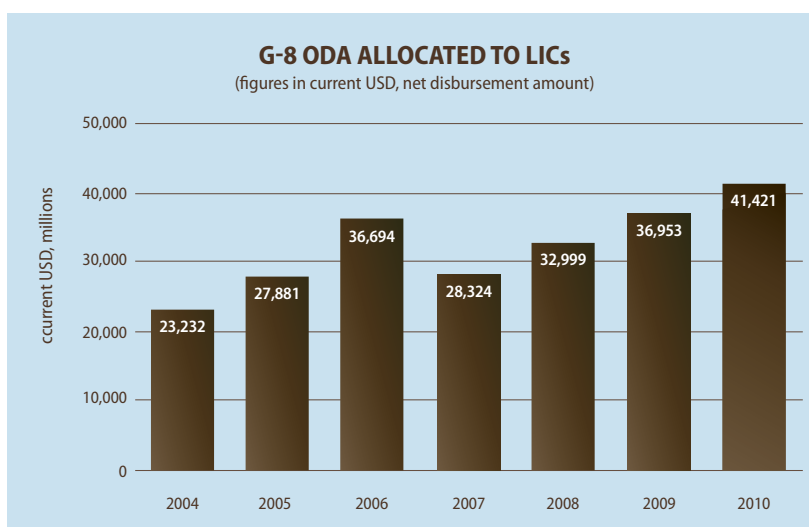
Source: OECD and national data from Russia (disaggregated Russian ODA data is not available for years prior to 2009)

Notes: Russia is not a member of the OECD-DAC.
Data on ODA flows for European Union relate to grants only.
Constant 2004 figures for the European Union are not available.

Aid to Low-Income Countries

Along with substantially increasing ODA, both to Africa and worldwide, G-8 leaders at Gleneagles agreed to focus aid on Low-Income Countries (LICs), especially those committed to growth and poverty reduction; democratic, accountable and transparent government; and sound public financial management.

From 2004 to 2010, the G-8 increased its ODA allocated to LICs by 77 percent¹³ as measured in current prices, or 56 percent using constant 2004 USD. Additionally, the G-8 has increased the proportion of its total ODA to LICs, up 12 percent from 2005 to 2010.



Source: OECD Dataset DAC2a and Russian national ODA data

Notes: Includes bilateral and imputed multilateral ODA.
Only includes Russian ODA to LICs for 2009-2010 (disaggregated Russian ODA data is not available for years prior to 2009; Russian ODA to LICs for years 2004-2008 is estimated at 50 percent total ODA).

Debt Relief

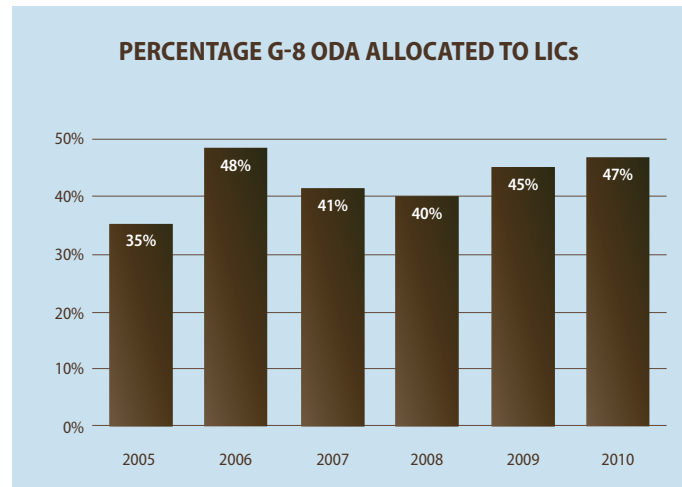
Over the past two decades, G-8 members have led and supported many initiatives to increase and enable the provision of debt relief to developing countries. In many Heavily Indebted Poor Countries (HIPC), debt payments consume a significant portion of the national budget, decreasing available budget that could be allocated to new economic growth and human development programs, responding to social and economic shocks or meeting recurring expenditure requirements like social safety nets.

In 1996, the International Monetary Fund (IMF) and the World Bank launched the HIPC initiative to provide significant debt relief to a subset of developing countries struggling with unsustainable debt. The HIPC initiative was enhanced following the 1999 Cologne G-8 Summit. Under the enhanced initiative, bilateral and multilateral creditors provide debt relief to debtor countries that complete the HIPC process. Many multilateral creditors rely on bilateral resources distributed through the Debt Relief Trust Fund to provide that debt relief. In 2002, the G-8 committed to financing its share of a projected shortfall in the Trust Fund, and to seeing that any remaining shortfall was fully financed.

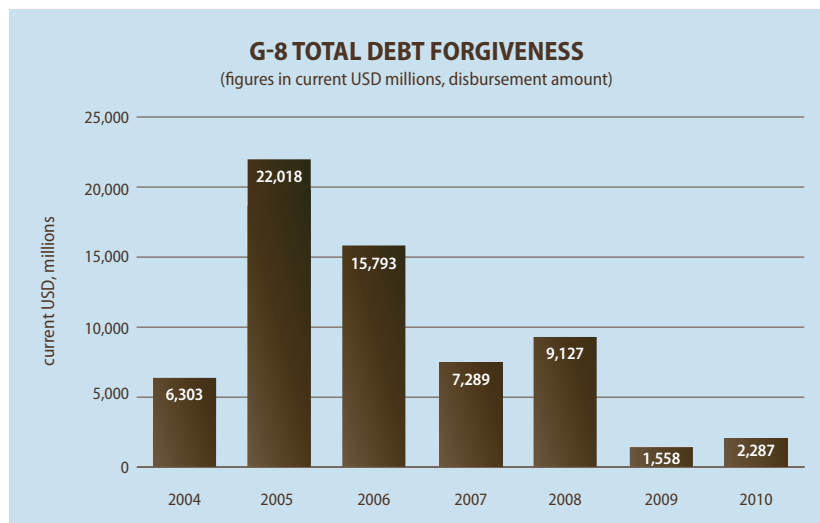
In 2005, following the Gleneagles Summit and thanks in large measure to the influence of G-8 leaders, the Multilateral Debt Relief Initiative (MDRI) was created. An extension of the HIPC initiative, the MDRI offers 100 percent cancellation of debts of eligible HIPCs owed to the IMF, the World Bank and the African Development Fund.

Since 1999, the G-8 has collectively forgiven at least 90 percent of the debt owed to G-8 members by every developing country to complete the HIPC process. Most G-8 members have cancelled 100 percent of the debt owed to them by such countries. Over time, as many HIPC-eligible countries have completed the HIPC process and had their debt can-

celled, the commitment to reserving a significant amount of ODA for debt forgiveness has waned. That said, from 2004 to 2010, the G-8 collectively disbursed \$63 billion in debt forgiveness.



Source: OECD Dataset DAC2a and Russian national ODA data
Notes: Includes bilateral and imputed multilateral ODA. Only includes Russian ODA to LICs for 2009-2010 (disaggregated Russian ODA data is not available for years prior to 2009; Russian ODA to LICs for years 2004-2008 is estimated at 50 percent total ODA).



Source: OECD Dataset DAC2a
Notes: Russian national ODA data not included. Since 2005, Russia has cancelled the debts of African countries in the amount of \$11.3 billion.

G-8 AND AID EFFECTIVENESS

Increasing the Quality of Development Assistance

For over a decade, the international development community has worked together to identify and implement aid-effectiveness principles intended to improve the quality of development cooperation. Improved development cooperation accelerates efforts to reduce poverty, spur economic growth, build capacity and achieve the MDGs. Starting with the Monterrey Consensus in 2002, the world's donors have periodically gathered to discuss financing for development and for periodic High-Level Fora on Aid Effectiveness. These fora led to the Paris Declaration on Aid Effectiveness in 2005, the Accra Agenda for Action in 2008 and the Busan Partnership for Effective Development Cooperation in 2011.

While not alone in endorsing the aid-effectiveness agenda, G-8 members have done a great deal to implement their commitments to these principles, and have strongly supported this agenda within the international community. At the 2009 L'Aquila Summit, the G-8 collectively affirmed the importance of implementing aid-effectiveness principles, which are reflected in the approach outlined in the L'Aquila Food Security Initiative. The G-8 also acknowledged the likely repercussions of the global financial crisis on development assistance. With global growth for ODA levels leveling off or dipping in the near term, the quality of development assistance and a collective commitment to fully adopt aid-effective principles is more important than ever.

Effective Aid and Effective Development Cooperation

Building on the inclusion of civil society organizations at Accra in 2008, G-8 members and other development actors pushed to make the Fourth High-Level Forum on Aid Effectiveness (HLF4) as inclusive as possible. For the first time, non-governmental organizations and emerging economies participated directly in negotiating the forum's outcomes, and the private sector contributed at a higher level than ever before. Held in Busan, Republic of Korea, in late 2011, HLF4 resulted in an agreement to establish a new Global Partnership for Effective Development Cooperation, which deepened the Paris and Accra

commitments to ownership, results, inclusive development partnerships and transparency and accountability by focusing on implementation mechanisms and country-led activities.

An additional outcome from this more inclusive forum was recognition that ODA represents a share of the overall financing need to achieve sustainable development outcomes, and that other forms of development finance serve a critical role in building toward sustainable development. Increasing the effectiveness of development and, particularly, harnessing the catalytic potential of public investment, should be the goal of the development community.

At the conclusion of the forum, G-8 members joined with other donors, emerging economies, developing countries, multilateral organizations, civil society organizations and the private sector in committing to support an inclusive development agenda based on common goals and shared principles.

In June of this year, the Working Party on Aid Effectiveness is expected to decide on a new country-focused aid architecture that emphasizes country-level ownership and streamlines bureaucratic processes. This new global partnership will also include a monitoring system for tracking the implementation of Busan commitments.

BUSAN PARTNERSHIP FOR EFFECTIVE DEVELOPMENT COOPERATION

We can and must improve and accelerate our efforts. We commit to modernize, deepen and broaden our co-operation, involving state and non-state actors that wish to shape an agenda that has until recently been dominated by a narrower group of development actors. In Busan, we forge a **new global development partnership** that embraces diversity and recognizes the distinct roles that all stakeholders in co-operation can play to support development. (Paragraph 7)

Focus on Results

Development interventions should set measurable and realistic targets that speak to impact, outcomes, and outputs, and ensure that these targets are well aligned with host country priorities and plans. Where possible, these targets should be harmonized with those of other development partners to allow for more systematic measurement of progress. Moreover program and collective targets should be monitored and evaluated routinely, and the results soon shared with governments and development partners working towards shared sector goals and objectives, including challenges and best practice solutions. Doing so will allow donors and developing countries to identify and eliminate ineffective programs, enabling those resources to be devoted to development that is achieving results.

The 2011 OECD Monitoring Survey noted substantial progress in that higher quality results-oriented frameworks are in place in many countries. G-8 members and other development actors have made progress, increasing alignment with host country development strategies and devoting more resources to evaluating the impact of development programs.

Country-level Ownership

Development cooperation is at its most successful and sustainable when it is led by developing-country actors. Increasing the capacity of host-country institutions is a necessary prerequisite to enabling developing countries to play that leadership role.

Since the Paris Declaration in 2005, the OECD has tracked the implementation of aid-effectiveness principles. In 2011, the OECD released the results of the most recent survey on monitoring the implementation of the Paris Declaration. The results of that survey, published as *Aid Effectiveness 2005-10: Progress in Implementing the Paris Declaration*, found that while significantly more developing countries have national development strategies in place, only 37 percent of those strategies received a rating of "A" or "B" on a five-point scale. The OECD survey also found that while donors are helping build the capacity of host-country institutions by increasing their use of partner-country systems, they are not systematically or consistently using those systems.

While the G-8 and other donors are working with developing-country actors to build capacity and align aid with host-country development priorities, much work needs to be done to support ownership by developing-country actors, and to increase the use of implementing approaches that are tailored to country-specific situations and needs. Developing countries play a key role in encouraging donors, including emerging donors, to implement effective development cooperation principles and commitments.

Inclusive Development Partnerships

To accelerate and achieve sustainable growth and development in developing countries, the international community must support, and perhaps at times encourage, host-government efforts to engage the private sector, civil society, communities and other key stakeholders around development priorities. ODA can play a catalytic role in this regard, helping to build an enabling environment for the private sector and civil society, and incentivizing private-sector investment. The G-8 can lead by facilitating inclusive and innovative partnerships for all development actors at global, regional and national levels.

Transparency and Accountability

Greater aid transparency gives donors and recipient countries the ability to better understand where and how aid is having the most impact and achieving results. This information allows aid to be programmed more intelligently, thereby increasing the effectiveness of that aid. Increased access to aid information allows developing countries to better account for and predict aid flows, and plan national budgets; donors to identify assistance gaps

RUSSIA REPORTING TO THE OECD-DAC

The Russian ODA reporting system, including the data for the G-8 accountability reports, has been formulated using internationally accepted principles and reflects the OECD-DAC methodology. Russia first reported on 2010 ODA flows to the OECD-DAC as a non-DAC member in November 2011. Starting in 2011, Russia will report on ODA to the OECD on a regular basis. This step reflects Russia's commitment to enhanced aid transparency and comparability as a whole.

and better coordinate financing and resources; and the public, in both donor and developing countries, to hold recipient countries and development actors accountable for meeting their commitments and achieving results.

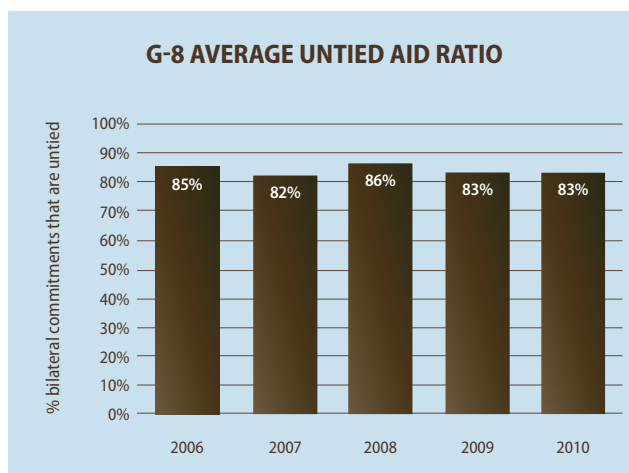
G-8 members are making marked progress toward meeting their commitment to improve the availability and accessibility of information on development cooperation and aid resources, including through publication of reports like this one. At Busan, the international community agreed to establish by December 2012, and implement by 2015, a common, open standard for electronic publication of information on development-cooperation resources, taking into account the statistical reporting of the OECD-DAC and the complementary efforts of the International Aid Transparency Initiative (IATI) and others. Five G-8 members are signatories to IATI, and others who use the OECD or other reporting systems are exploring other opportunities for increasing access to and usefulness of their international assistance information.¹⁴

There are a number of ongoing efforts supported by G-8 members to develop shared program data and geocoding, i.e. mapping, resources that could be used for coordination, assessment and research.

Untying Aid

Untying aid refers to the removal of legal and other barriers that restrict competition for ODA-financed procurement. Therefore, aid-funded procurements that are open to all bidders are considered untied. While untying aid is not one of the specific shared principles coming out of HLF4, untying aid can increase the effectiveness of ODA by reducing transaction costs, increasing transparency and giving host countries the opportunity to participate more fully in local development cooperation.

Some G-8 members have either fully untied their aid or have a clear plan for untying additional aid, and most G-8 members have surpassed the OECD-DAC weighted average of 86 percent untied aid.¹⁵



Source: OECD Dataset DAC7b

Notes: Russian national ODA data is not included as Russia is not an OECD-DAC member.

FINDINGS

- In 2011, the G-8 provided over \$92 billion in ODA, representing 69 percent of total OECD-DAC ODA (current dollars).
- The number of non-DAC donors and the amount of aid they are providing is growing. ODA from non-DAC donors reporting to the OECD doubled from 2004 to 2010.
- The global economic downturn is impacting aid flows, and will likely constrain ODA growth in the near term. OECD-DAC ODA in 2011 dropped 2.7 percent in real terms from 2004 to 2010.
- ODA has the potential to have much greater impact when aid effectiveness principles are fully employed. HLF4 highlighted the importance of focusing on development effectiveness and reaffirmed the critical importance of results, ownership, inclusiveness, and transparency and accountability to making development cooperation effective and sustainable. As donor budgets are pressured, aid effectiveness and the use of aid effectiveness principles will play a more prominent role in realizing greater development impact.

Endnotes

- ¹ In constant 2004 dollars, total OECD-DAC ODA increased by \$29.5 billion between 2004 and 2010.
- ² Constant 2004 figures for Russia have been computed using the OECD deflator for total DAC.
- ³ In current dollars; constant 2004 figures are unavailable for non-DAC donors.
- ⁴ Total G-8 ODA increased by 4.1 percent from 2010 to 2011 in current dollars, but likewise fell in real terms by nearly 1 percent.
- ⁵ OECD, *Aid to Developing Countries Falls Because of Global Recession*, April 4, 2012.
- ⁶ Constant 2004 figures are currently not available from the OECD. The figures in this table have been calculated using OECD-DAC deflators for each G-8 member. OECD-DAC deflators adjust for both price and exchange-rate changes. Constant 2004 figures are calculated by dividing the current-year figure by the 2004 deflator ratio (current year deflator divided by 2004 deflator) for each country as reported by the OECD. Because OECD deflators for 2011 are not yet available through the OECD data system, constant 2004 figures for 2011 ODA have been calculated using the constant 2010 figure for 2011 ODA, as reported by the OECD.
- ⁷ Based on commitments made at the Gleneagles Summit, members of the international community projected an increase in annual ODA to Africa of \$25 billion from 2004 to 2010.
- ⁸ OECD Dataset DAC2a, ODA disbursements by recipient (includes imputed multilateral ODA), current dollars.
- ⁹ Source: OECD, *Aid to Developing Countries Falls Because of Global Recession*, April 4, 2012 (excludes imputed multilateral ODA).
- ¹⁰ Figures in Table 3A and 3B are for all of Africa, i.e. sub-Saharan Africa and the Maghreb countries.
- ¹¹ Please see Table 2 for U.S. figures for sub-Saharan Africa.
- ¹² Constant 2004 figures are currently not available from the OECD. The figures in this table have been calculated using OECD-DAC deflators for each G-8 member. OECD-DAC deflators adjust for both price and exchange rate changes.
- ¹³ Includes imputed multilateral ODA.
- ¹⁴ Starting in 2011, Russia will report ODA statistics to the OECD as a non-DAC member, a significant step in enhancing G-8 aid transparency and comparability.
- ¹⁵ 2009 OECD weighted average.

Annex 2: Health-Related G-8 Commitments Since 2005

HEALTH COMMITMENTS	SUMMIT
Health Financing and Strengthening Health Systems	
Continuing our efforts toward the goal of providing a minimum projected \$60 billion to fight infectious diseases and improve health systems. (Reiterated in 2008 and 2009, which reaffirmed existing commitments, including the \$60 billion investment to fight infectious diseases and strengthen health systems by 2012).	Heiligendamm 2007; reiterated at L'Aquila 2009
Mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria	St. Petersburg 2006
Building on the valuable G-8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as public-private partnerships and advance purchase commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.	Gleneagles 2005
Supporting capacity-building in the most vulnerable countries in disease surveillance and early warning systems, including enhancement of diagnostic capacity and virus research.	St. Petersburg 2006
Working toward increasing health workforce coverage toward the WHO threshold of 2.3 health workers per 1,000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers.	Hokkaido-Toyako, 2008
Maternal Health and Child Health	
Scaling up efforts to reduce the gaps in the area of maternal and child health care and voluntary family planning, an estimated \$1.5 billion.	Heiligendamm 2007
Mobilizing an additional \$5 billion above the 2008 baseline by 2015 to reduce the number of maternal, newborn and under-5 child deaths in developing countries.	Muskoka 2010
Fighting Infectious Diseases	
Increasing our efforts in the fight against other preventable diseases, particularly by increasing the volume and quality of medical research on neglected diseases in developing countries.	St. Petersburg 2006
HIV/AIDS	
Developing and implementing a package for HIV prevention, treatment and care, with the aim of maximum possible universal access to HIV/AIDS treatment for all who need it by 2010.	Gleneagles 2005
Countering any form of stigma, discrimination or human rights violation and promoting the rights of persons with disabilities and the elimination of travel restrictions for people living with HIV/AIDS.	L'Aquila 2009
Polio	
Supporting the Polio Eradication Initiative for the post-eradication period in 2006-2008 through continuing or increasing our own contributions toward the \$829 million target, as well as mobilizing the support of others.	Gleneagles 2005
Malaria	
Working with African countries to scale up action against malaria to reach 85 percent of the vulnerable populations, with key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies.	Gleneagles 2005; reiterated at St. Petersburg 2006
As part of fulfilling our past commitments on malaria, continuing to expand access to long-lasting insecticide-treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders, by the end of 2010.	Hokkaido-Toyako 2008
Tuberculosis	
Supporting the Global Plan to Stop Tuberculosis, 2006-2015.	St. Petersburg 2006
Measles	
Working toward a steady decrease in the number of measles-related deaths, progress in halting the spread of measles and achieving its eventual elimination.	St. Petersburg 2006

Annex 3: Detailed Disbursement Updates For Muskoka Commitments

Donor	Muskoka MNCH Financial Commitment	Time Frame	Scope	Muskoka MNCH Disbursement Update (2010 and 2011)
Canada	CA\$1.1 billion	2010-11 to 2014-15	Focus will be on three inter-related paths: strengthening health systems, reducing the burden of illness and improving nutrition	CA\$368 million (figure is preliminary and is subject to further quality assurance)
France	€500 million	2011-2015	Forecast per year: €25 million through UN agencies (including WHO, FNUAP, UNICEF, UNWomen); €50 million through the French Development Agency; €60 million (i.e., €27 million according to Muskoka Methodology) through the Global Fund. Supporting family planning. Strengthening health systems through health financing (risk pooling, skilled human resources and access to medication and immunization). Supporting other sectors (water and sanitation).	Support to UN organization for MNCH (€19 million), additional contribution to GFATM (€60 million, of which €27 million for MNCH) and GAVI (€26 million) disbursed in 2011. Additional bilateral support committed by AFD (€64 million) in 2011. Disbursements to follow.
Germany	€400 million	2010-2015	Focus on sexual and reproductive health and rights, maternal health, voluntary family planning.	Disbursement figures are currently only available until the end of 2010 and do not reflect the implementation of Germany's Muskoka methodology. In 2011, the German Government pledged €152 million of bilateral health support (calculating only the Muskoka-relevant contributions) to partner governments. This reflects an increase of €72 million over 2008, which will soon have an impact on German disbursement figures. Moreover, the German Federal Ministry of Economic Cooperation and Development launched the Rights-Based Family Planning and Maternal Health initiative in 2011. Germany disbursed €343.6 million in 2010, which is €41 million above the 2008 baseline. While this does not reflect Germany's Muskoka pledge, it does represent Germany's strong commitment to improving MNCH outcomes.

Donor	Muskoka MNCH Financial Commitment	Time Frame	Scope	Muskoka MNCH Disbursement Update (2010 and 2011)
Italy	\$75 million	2011-2015	Focus on health-system strengthening, including antenatal care, attended childbirth, post-partum care, sexual and reproductive health care and services, voluntary family planning, health education, infectious diseases, prevention of mother-to-child transmission of HIV and ARV treatment, immunizations, basic nutrition and relevant actions in the field of safe drinking water and sanitation.	No annual commitment was foreseen. Although no additional funds were disbursed in 2011, \$145.57 million was disbursed in 2011 in favor of MNCH.
Japan	JPY 50 billion - (\$500 million at time of commitment)	2011-2015	Japan will focus on addressing bottlenecks in the strengthening of health systems, and based on a program approach, it will deliver a more effective package of preventive and clinical interventions for maternal and newborn survival at both community and facility levels, create linkages between those communities and facilities by introducing innovative strategies and scale up high-impact child health intervention.	\$35 million This figure is provisional, based on data on the advance DAC questionnaire for 2011 flows.
Russia	\$75 million	2011-2015	Through bilateral and multilateral channels focusing efforts on evidence-based measures that address major causes of maternal and child mortality, such as HIV/AIDS, malaria, polio and other infections, low immunization coverage of children and poor sanitation. Technical support of partner countries and addressing the shortage of qualified midwives and poor access to obstetric care facilities.	\$22.5 million
United Kingdom	£2.1 billion - (\$3.4 billion at time of commitment) in additional resources (as defined by the Muskoka Methodology)	2010-2015	It is anticipated that U.K. aid will save the lives of at least 50,000 women in pregnancy and childbirth, a quarter of a million newborn babies and will enable 10 million couples to access modern methods of family planning over the next five years (2011-15).	In 2010 the United Kingdom disbursed £744 million (\$1,149.2 million) as measured by the agreed G-8 Muskoka Methodology. This represents an additional £352 million over the 2008 baseline of £392 million. Preliminary data suggest that the 2011 commitment (£294 million) is likely to also have been met. Definitive figures will be published as soon as they are available.
United States	\$980 million*	FY 2010 and 2011	Programming directly related to MNCH, consisting of base maternal and child health programs, malaria (imputed at 89 percent of total) and family planning.	\$980 million
	* The United States has revised its Muskoka commitment based on final FY 2011 appropriations for MNCH and malaria. As made clear at the time of the Muskoka Summit, the U.S. commitment over the 2008 baseline represented the amount the United States was planning to provide in 2010 and 2011 for programming directly related to MNCH, consisting of base maternal and child health programs, malaria (imputed at 89 percent of total) and family planning that is above the 2008 baseline funding for these programs, subject to Congressional appropriation.			
European Union	\$70 million (€50 million)	2010-2013	MDG 4 and 5	Additional €15 million disbursed to the Global Fund in 2011. Planned: additional €15 million to the Global Fund in 2013; additional €10 million to GAVI in 2012-13; additional €280 million to MDG 4 and 5 activities through the €1 billion MDG initiative before 2015.

