

## **Position Paper on Global Health Issues (summary)**

### **Preamble: Make the Right to Health a Reality**

The Universal Declaration of Human Rights adopted by the United Nations in 1948 stipulates, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.” (Article 25) However, many people are left to die due to lack of essential health care services today even 60 years after the adoption of the declaration.

All over the world, as many as 10.5 million children aged under 5 die each year from preventable and curable diseases. Every minute, a woman dies because of pregnancy-related causes. There are 39.5 million people living with HIV/AIDS in the world. The number of newly HIV infected people amounts to 4.3 million per year and that of dying from AIDS to 2.9 million a year. In developing countries, it is only a quarter of people living with HIV/AIDS who are able to receive medical treatment. The number of deaths from malaria and tuberculosis, both treatable infectious diseases, exceeds 3 million annually.

Because of gender inequality and discrimination, women are placed in a vulnerable position in receiving health care. Women are imposed with the burden of taking care of their family members, and are driven into a situation where they can hardly receive necessary health care and treatment when they need them. This situation accelerates “feminization of poverty.”

At the beginning of the 21st century, the international community set forth the “Millennium Development Goals (MDGs)” to reduce poverty in the world. In the field of health, three goals of lowering infant mortality, improving maternal health, and controlling the spread of infectious diseases were put forward, and the importance of achieving these goals was clearly recognized.

More than a half of the set period to achieve the MDGs in 2015 has passed. The international community must keep its commitments to the people of the world to ensure everyone’s right to health by 2015.

The G8 Summit in Okinawa in 2000 marked a step forward in promoting the infectious disease initiative in the world under Japan’s leadership. Since that year, the health issues have become a regular agenda item in G8 Summit meetings, and a number of commitments have been made. The civil society of Japan highly appreciates this development, and expects that the government of Japan takes a leadership role in “Health Diplomacy” addressing global health issues with a strong commitment again in the coming G8 Summit at Lake Toya in Hokkaido. It is a matter of course that the G8 countries should put the commitments they have made in the past G8 Summit meetings into effect in order to solve health issues in the world.

Toward the G8 Summit at Lake Toya in Hokkaido, we in the civil society concerned with international health issues strongly request the governments of G8 countries and the host government of Japan the following:

- (1) Implement the pledges and commitments made in the past G8 meetings.

(2) Include the discussion of global health agenda of the G8 Summit at Lake Toya in Hokkaido.

(3) Promote active health enhancement measures for mothers and newborns in order to reduce the deaths of children under 5.

(4) Ensure universal access to reproductive health by 2015 in order to improve maternal health.

(5) Achieve the international goal to “ensure universal access to HIV/AIDS prevention, care and treatment by 2010.”

(6) Promote and strengthen further the “Global Plan to Stop TB: 2006-2015.”

(7) Support efforts to strengthen the public health systems to ensure universal access to health services.

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Toward the G8 Summit at Lake Toya in Hokkaido, we in the civil society concerned with international health problems submit the following recommendations to the governments of G8 countries and the host government of Japan:

#### **1. MDG Goal 4: Reduce child mortality**

##### **(1) Problems**

Every year, around 10.5 million children die before they become 5 years old due to preventable diseases, and 37 percent of them are infants. The MDGs include a goal to reduce the mortality of children under 5 to one third. But it is considered unattainable if the present situation continues. It is said that vaccinations can save 1.4 million child lives, and simple and inexpensive measures can save about 6 million lives from diarrhea and acute respiratory disease. It is clear what we should do to save child lives. It is the matter of the political will of the international community to realize the goal.

##### **(2) Recommendations to the G8 Governments**

- We highly appreciate the “Measles Campaign” carried out by UNICEF, WHO and others, reducing the number of deaths from measles by 60 percent from 1999 to 2005, in particular, in Africa. We ask G8 countries for their continued support to strengthen the campaign to reduce the number of children dying from measles to zero.
- Infant deaths occupy 37 percent of the total number of deaths of children under 5. A half of these deaths can be prevented by providing mothers with proper care during their pregnancy and childbirth. We request that effective measures be taken integrating this with MDG 5 “Improvement of maternal health.”
- In sub-Saharan Africa, the mortality of under 5 has not decreased, and the situation has even worsened in some countries. In these countries, it is known that health in rural areas far away from urban cities lack the capacity to provide basic health services such as immunization. We request that all G8 countries maintain the commitment to enhance health services to children when considering the need for strengthening health services. We also request that all G8 countries retain as well the standpoint to save children’s lives in formulating measures against infectious diseases.

### (3) Recommendations to the Japanese Government

- Place a high priority on the reduction of infant mortality along with the improvement of maternal health in the agenda of the G8 Summit at Lake Toya in 2008.
- Coordinate with the national health development plans to be prepared by the governments of recipient countries, and request and facilitate that these governments establish an immunization system of their own, when providing multilateral and bilateral cooperation to support immunization programs in cooperation with UNICEF.
- A reduction of nearly 40 percent of under-5 child mortality will not be achieved without the improvement of maternal health under the MDG 5. Therefore, integrate maternal health improvement programs with child health programs in Japan’s international cooperation. Japan’s experience and knowledge in promoting maternal and child health can be fully utilized for the benefit of developing countries. We request that the Japanese government actively engage itself in this field as it is relatively easy to obtain public support for related programs.

## 2. Recommendations on the MDG 5: Improve Maternal Health

### (1) Problems

At the half way point to 2015, by when the MDGs are supposed to be achieved, the number of women who lose their lives due to complications during pregnancy and childbirth has not decreased. Every minute a woman dies due to pregnancy or childbirth related problems. One cause for this is unsafe abortion in many developing countries that takes a heavy toll of women. In order to reduce unwanted and unintended pregnancies, it is essential to ensure universal access to reproductive health services.

Although 200 million women desire to delay or avoid pregnancies, they are unable to practice family planning. According to a survey, the demand for contraceptives is expected to increase by 40 percent in the coming 15 years.

On the global scale, the number of HIV-positive women is sharply on the rise. In order to curve that trend, women should be able to access services to prevent HIV infection and mother-to-child transmission without stigma and discrimination, Reproductive health services that contain HIV/AIDS prevention and treatment and voluntary

counseling and testing (VCT) should be made available.

(2) Recommendations to the G8 Governments

- Reaffirm their commitment to the goals of the Programme of Action adopted by the International Conference on Population and Development in 1994.
- Increase the amounts of their assistance to developing countries trying to achieve universal access to reproductive health services.
- Give greater assistance to developing countries making efforts to prevent mother-to-child transmission of HIV and other diseases, to rectify gender gaps and other kinds of discrimination, to prevent gender based violence and provide support to survivors.
- Eliminate political bias and address reproductive health issues from the perspective of saving the lives of women and children, and recognize that the fulfillment of RH of people saves the lives of women and children and protects people's RH/R.

(3) Recommendations to the Japanese Government

- Increase its contributions to the United Nations Population Fund (UNFPA) and the International Planned Parenthood Federation (IPPF) at least to the level they were in 2000 in order to support developing countries to achieve universal access to reproductive health services by 2015.
- Increase the supply of reproductive health-related materials in the bi-lateral assistance program.
- Clearly state its standpoint for putting priority on mother, newborn and child health issues at the G8 Summit at Lake Toya in 2008, and express its positive stance to address the prevention of mother-to-child HIV transmission, the prevention of malaria and tuberculosis for mothers and children, the rectification of gender gaps in health services and in other areas, from the viewpoint of protecting the life and rights of women and children.
- Through the modernization process since the late 19th century, infant mortality and maternal mortality markedly declined in Japan. At present, Japan is among the countries with the lowest infant mortality. It is effective to make use of Japan's experience and expertise to help developing countries improve their health services relating to maternal and child health. We propose that appropriate programs that suit target communities and people be sought considering the culture, customs, and socio-economic conditions of respective countries and localities. For the implementation, it is important to involve NGOs with experience and expertise in conducting these programs in developing countries.

3. Recommendations on the MDG Goal 6: Combat HIV/AIDS, Malaria and other Diseases

MDG Goal 6 is related to the prevention of further spread of HIV/AIDS, malaria and other infectious diseases. However, even today, HIV/AIDS, malaria and tuberculosis claim about 6 million lives every year in the world. These infectious diseases can be totally cured or controlled. People die from these diseases because their countries, localities, gender, socio-economic strata prevent them from obtaining medicines and accessing adequate health services. The world must overcome this inequality.

## (1) Proposal on Financial Demand for Controlling Infectious Diseases

### a) Problems

Since the G8 Summit in Okinawa, strategies to control infectious diseases have been established on the worldwide level, but necessary amounts of funds have not been contributed.

For HIV/AIDS, a goal has been set to realize universal access to services for the prevention, care and treatment for HIV/AIDS by 2010. UNAIDS estimates the amount of funds required to realize the goal to be between US\$22 and US\$30 billion a year, but the amount of contributions made so far does not suffice and the annual deficit amounts to US\$8 billion.

To address tuberculosis, the Stop TB Partnership formulated the Global Plan to Stop TB: 2006-2015 aiming to reduce the numbers of patients and deaths by half of the 1990 levels by 2015. To fully implement the Plan, US\$56 billion is required but in 2007 US\$31 billion of that has not yet been collected. There exists a great demand for funds to be donated to the Global TB Drug Facility (GDF) that Stop TB Partnership administers in order to provide high quality and inexpensive anti-TB drugs to developing countries in need.

### b) Recommendations to the G8 Governments

- Formulate and ensure the implementation of a fund contribution plan for plural fiscal years collaboratively based on the contribution rates and the share in GDP of respective countries in the past in order to achieve the international goal of controlling infectious diseases.
- Contribute necessary funds in predictable ways and in partnership in order to realize universal access to HIV/AIDS measures by 2010.
- Make efforts to help fill the funding needs outlined in the Global Plan to Stop TB and for the Global TB Drug Facility, predictably and in partnership.
- Make due contributions in partnership to fill the demand by the Global Fund to fight AIDS, TB and malaria estimating the annual budget required in 2010 to be between US\$6 to 8 billion.

### c) Recommendations to the Japanese Government

- Make a financial contribution corresponding to its national economic scale (About 13% of the total of high income countries on the basis of GNI in 2006) for measures to control infectious diseases including HIV/AIDS and TB.
- Contribute 2.5 billion yen, to fulfill the 2008 target, to the Global TB Drug Facility as a member of the Financial Council, to achieve the goals set forth in the Global Plan to Stop TB.
- The Japanese government should also complete its existing financial commitment to the Global Fund by 2008. In addition, it should announce its new financial commitments including contributions corresponding to its economic scale toward TICAD IV and the G8 Summit in Lake Toya.

## (2) Recommendations on HIV/AIDS

### a) Problems

The international goal to overcome HIV/AIDS is to realize universal access to the

preventive services, care and treatment for HIV/AIDS by 2010.

In sub-Saharan Africa and other regions where HIV infection is spreading widely, comprehensive assistance programs are indispensable in addition to direct assistance to HIV measures. These programs should include nutrition improvement and income raising activities to alleviate vulnerability to HIV infection of a community as a whole.

Around 60 percent of the newly HIV infected in sub-Saharan Africa are women. The spread of HIV/AIDS is increasing particularly among young women and girls with little or no education who have the least power in society. They are vulnerable to HIV because they do not have correct knowledge and information about HIV/AIDS and sexuality; they are not able to negotiate the use of condoms with men; they often become victims of sexual violence, and because they engage in sexual work to support their families. Further, FGM (female genital mutilation), child marriage and other traditional harmful practices that affect women's health are exacerbating HIV spread among women.

When infected, women have less access than men to necessary medical treatments. Because of their limited mobility and inability to control family income, women are the last to receive necessary medical treatment and medicine. Furthermore, women must often carry extra burdens as caretakers and breadwinners. Women are the primary caretakers for HIV/AIDS-affected members in their families. They also become responsible for earning income as the sole breadwinner if other members of their family become sick. These responsibilities impose more working hours on women. As a result, girls are often taken out of school to help their mothers. This means deprivation of educational opportunities for girls. HIV/AIDS is a great threat to poor people. It impedes their escape from poverty and puts a heavy, unequal burden on women.

Services related to HIV/AIDS for civil societies, people living with HIV/AIDS and communities vulnerable to HIV infection, such as men having sex with men (MSM), sex workers, drug users, migrant workers, and inmates should be strengthened, and their positive participation in the policy-making process should be ensured.

Not sufficient care is given to HIV/AIDS orphans and children in vulnerable positions. As preventive activities targeted at youth is insufficient, more than a half of new infections today occur among young people aged between 15 and 24.

In order to realize universal access to HIV prevention services, it is important that the governments of developing countries formulate and implement national plans, with the participation of civil societies and other sectors, which are technically appropriate and which contains financial demand. Donor countries and agencies should provide them with technical and financial support.

In order to realize universal access to AIDS treatment, it is required that the prices of anti-retroviral medicines (ARVs) and other AIDS medicines be lowered, and that treatment be provided free of charge. At present, the prices of new AIDS remedies and medicines for children have not been lowered sufficiently. Under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPs Agreement) and the Doha Declaration on The TRIPs Agreement and Public Health, international laws admit every country to use measures such as compulsory licensing as its right to manufacturing and obtaining necessary medicines to use for treatment in the case of health emergencies. But few countries exercise this right as they are afraid of being exposed to pressures from industrialized countries.

In order to overcome HIV/AIDS on mid- and long-term perspectives, technological development of AIDS vaccines and other medicines is indispensable. It is urgent for

the international community to direct its efforts, including financial assistance into this field.

b) Recommendations to the G8 governments

- Provide both technical and financial support to the governments of developing countries to formulate and implement national plans, which are technically appropriate and contain financial demands in order to realize universal access to HIV prevention services.
- Cooperate with developing countries to plan an initiative aiming to prevent further expansion of HIV infection among young people. Promote HIV prevention services targeted at communities vulnerable to HIV infection in developing countries.
- Analyze the vulnerability of women and girls and the socio-economic impact of HIV/AIDS on poor families and communities and develop gender-sensitive strategies and measures for HIV/AIDS prevention and mitigation. The G8 governments should provide financial and technical assistance to address gender dimensions of HIV/AIDS. In addition, HIV/AIDS strategies should be developed based on the principles of human rights and people's fundamental right to health supported by scientific data, not on particular religious and ethical beliefs and/or grounds that deny such rights.
- Give comprehensive support to HIV prevention services linking with community development plans, in particular, in regions where HIV infection is being spread on a wider scale.
- Guarantee developing countries legally as well as practically to exercise their rights to use compulsory licensing and parallel importing as recognized in the TRIPs Agreement.
- Help lower the prices and increase the supply of new AIDS medicines, HIV medicines for children, anti-TB drugs by encouraging the positive use of market mechanisms to lower unit prices including mass purchase through relevant agencies and innovative fund generating mechanisms, and by applying the flexibility provided in the TRIPs Agreement.
- Support public-and-private partnership to develop medicines aimed for new HIV preventive technologies, and make maximum efforts to stop HIV.

c) Recommendations to the Japanese government

- Help developing countries to promote policy measures for HIV prevention targeted at youth and vulnerable communities, in the light of Japan's stated position to support HIV prevention and expansion of HIV testing as the main pillar of its HIV cooperation to developing countries.
- Push developing countries and monitor their activities to ensure the expansion of support to children who are placed in vulnerable conditions because of HIV/AIDS.
- Give greater financial and technical commitments in the supply of medicines and medical instruments, and the establishment of supply systems considering the critical health conditions in developing countries.
- Encourage developing countries to exercise their due rights in the TRIPs Agreement in order to protect their people's health.
- Provide persistent financial and technical support to the development of new HIV preventive technologies including clinical experiments.

(3) Recommendations on Tuberculosis measures

a) Problem

About one third of the world's population is estimated to be infected with TB. Although tuberculosis is a curable disease, about 1.6 million people die from this disease annually. Given that the majority of victims of tuberculosis are from the most economically productive age group, their deaths are a heavy toll on society. Casualties among women are also serious. When infants under age 3 are infected, they will develop the disease at a high rate and often progress into advanced cases. For all these reasons and more, necessary countermeasures must be taken. One half of AIDS patients die because of tuberculosis. In African countries, where the rate of TB/HIV co-infection is high, economic development is seriously hampered. One-third of recent serious TB cases, such as multi drug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB), have occurred as a result of co-infection with HIV. New medicines and reagents are urgently needed to stop the spread of tuberculosis.

#### b) Recommendations to the G8 Governments

- Support the "Stop TB Partnership" and developing countries to formulate, finance and implement comprehensive national TB programs, based on the "Global Plan to Stop TB: 2006-2015." Work also to promote cooperation and partnerships among relevant countries and agencies in formulating anti-TB plans and implementing efforts.
- Help to establish a treatment structure in coordination with related organizations and enhance its ability to treat TB/HIV co-infection; to cooperate with child and maternal health strategies and promote comprehensive measures for dealing with infectious diseases.
- Support, in partnership with other members, the "Global MDR-TB and XDR-TB Response Plan 2007-2008" announced by WHO and the Stop TB Partnership.

#### c) Recommendations to the Japanese Government

- Declare the implementation of "Stop TB Japan Initiative," which is currently promoted by the Ministry of Foreign Affairs, Ministry of Health, Labor and Welfare, Research Institute of Tuberculosis of the Japan Anti-Tuberculosis Association, JICA and its affiliate, at the G8 Summit at Lake Toya.
- Strengthen partnerships with relevant NGOs, in order to reinforce services to vulnerable communities in developing countries who are unable to access the existing medical service system.
- Consider making greater financial contributions to WHO-supported anti-TB measures in developing countries, the Research Institute of Tuberculosis of the Japan Anti-Tuberculosis Association, and other technical support organizations.
- Take every opportunity to have tuberculosis included in the wording of MDG6, which states "to prevent the spread of HIV/AIDS, malaria and other diseases," and insist in international arenas on the promotion of anti-infection measures in a more comprehensive manner.
- Give financial support to the development of anti-TB drugs and diagnostic agents including clinical testing.
- Integrate gender perspectives into measures for TB control for women and girls as well as measures for control of TB/HIV co-infection, recalling past experiences of Japanese women who suffered from TB more seriously due to their low social status in their families and communities.

#### 4. Preconditions to Achieve the MDGs: Recommendations for the Strengthening the

## Health Systems

In order to ensure access to health services as a right of every person, public health systems are indispensable. NGOs and other civil organizations have been working helped people in areas where public systems have been destroyed or were nonexistent. However, only the government has the ability to expand the same efforts on a nationwide scale in the form of health services. Existing numerous health-related initiatives established to date can only meet their full potentials when there are well-established public health systems.

In many societies, because of the gender role division, women are burdened with giving nursing care to family members, but they are often deprived of opportunities to receive health services for themselves. If health services were ensured to women, they would not only help improve their health but also the health of their children and others. The enhancement of the health systems will greatly contribute to the achievement of other goals of the MDGs.

### (1) Problems

Introducing user fees in health services has hampered the achievement of health-related MDG goals. Because of the budgetary constraints of the governments, the remaining public health services tend to be available according the ability to pay, a policy which favors the urban, richer and male populations in the society.

In developing countries, employees in public health services are forced to work with low salaries for long hours and in hazardous settings. Because of this, “brain drain” of medical personnel is occurring from rural to urban areas, and from their mother countries to richer countries. According to the WHO, a total 4.25 million health personnel are in shortage in the developing region as a whole. Behind this are budget reductions, the repayment of accumulated external debts, and the privatization and liberalization of the public social service sectors, changes which were forced upon these countries by industrial countries and international financing institutions as preconditions for their financial assistance.

Many assistance programs conducted by donors’ initiatives are conducted on the base of the existing vertically divided government structure without establishing a public system. As a result, these programs have not borne fruits and have only increased the burden on the recipient country governments.

### (2) Recommendations to the G8 Governments

- Strengthen partnerships with other donor countries and international organizations, and agree on the establishment of a donor coordination mechanism to support the implementation of feasible and effective national development plans owned by developing countries, and make sure that the necessary assistance actually reaches those countries.

- Increase assistance to recurrent costs which currently occupies only 8 percent of the total official development assistance. For this purpose, provide general budget support and/or sector-wide budget support, and expand the target countries whose obligations will be waived.

In the Africa AIDS Summit in 2001, countries in Africa committed themselves to allocate 15 percent of their respective national budgets to health expenditure and to

improve their health systems. In order to support the initiatives by developing countries, greater financial assistance is required to cover the recurrent costs incurred for the abolition of user fees, the improvement of working conditions for health personnel, human resource development and employment retention, and the guaranteed supply of medicines and other consumption goods.

- Ensure financial assistance for more than one year so that developing countries can incorporate aid in their development plans. Provide sufficient and long-term financial assistance to allow bilateral assistance programs and international agencies such as the World Bank, the Global Fund and the WHO, to perform due roles in the improvement of the health systems in developing countries. Further, a monitoring system should be established in order to ensure the implementation of public commitments by countries.
- Have the International Monetary Fund (IMF) change its macro-economic policy that currently places a cap on the health expenditure of developing countries, and help ensure flexibility.
- Ensure a variety of options including social marketing in order to respond to the diverse needs of people in developing countries, and to effectively diffuse medicines and medical equipment.
- Encourage developing countries to allow all people to access health services, regardless of their place of living and gender, in preparing the policy plan aimed at the improvement of the health systems. Support their efforts to secure enough female staff members, including efforts to improve the living conditions for them in remote areas, in order to upgrade access for women in poverty, in particular those in the rural sector.
- Give a firm position to and organically integrate community health workers (CHW) working at the grassroots level in the initiative to establish medical guarantee systems in developing countries. It is essential also to support their training and employment retention.
- Examine and put into practice effective measures to restrict headhunting activities that will lead to plagiarizing health human resources from developing countries.

### (3) Recommendations to the Japanese Government

- The Japanese government places health as one of the pillars of its aid policies. Redefine its health focus in its future ODA policy from the viewpoint of “health system improvement” and strategize the redefined policy for implementation.
- Review the foreign aid budget planning system fundamentally. Consider changing from the conventional assistance programs by “scheme” to by “sectors” and from the “single year principle” to “plural year commitment.” Formulate a budget plan with a longer time perspective, placing greater emphasis on results, and guaranteeing predictability.
- Provide financial assistance for the maintenance and expansion of employment in the public medical sector in cooperation with the developing countries concerned. To date, the Japanese government has emphasized training of health personnel; now it is time to allow them to actually work under favorable conditions.
- Increase financial assistance to recurrent costs to be incurred with the improvement of the public health systems in developing countries making use of the newly established “Poverty Reduction Strategy Support Grant” and other possible schemes. Cancel the debts of those countries that are currently not eligible for the Highly Indebted Poor Countries (HIPC) initiative, but whose repayment of the past yen loan is suppressing their health budgets.

- Strategize the personnel training of staff members in community based organizations (CBOs) and NGOs which are working on the grassroots level and playing essential roles to improve health conditions in developing countries, and help realize organic partnership between health professionals and administrative officers. Introduce Japan's experience positively to assistance programs in applicable developing countries.
- Exercise influence on the decision-making process of the IMF, the World Bank and other international financial institutions, to ensure that their policies would not impede efforts by developing countries in health services.