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**PREPARATIONS FOR AFRICA'S CONTRIBUTION TO THE  
2006 UN GENERAL ASSEMBLY SPECIAL SESSION  
(UNGASS) ON AIDS**

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ASSEMBLY SPECIAL SESSION ON AIDS**

**INTRODUCTION/BACKGROUND**

1. The Africa Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (ORID) was hosted by the Federal Republic of Nigeria in Abuja, from 24 – 27 April 2001. This was deemed necessary because Africa had made a lot commitments to control these diseases but not translated them adequately into concrete action, whereas the disease burden was continuing to escalate. Stakeholders had also realized that leadership, commitment, adequate resources and poverty alleviation were key to the control of infectious diseases.

2. The goal of the African Summit was to develop and promote concrete policies, strategies and structures with the view to ensure adequate control HIV/AIDS, TB and ORID; for improvement of the well-being of all African populations. The main objectives of the African Summit included to the following:

- (i) To promote and review optimal translation of earlier commitments of African Leaders to resource and social mobilization, sustainable development and poverty alleviation;
- (ii) To develop processes and procedures that would ensure a higher degree of political commitment which would, in turn be translated into policies and strategies to control the impact of HIV/AIDS, TB and ORID;
- (iii) To develop internal and external resource mobilization mechanisms and partnerships, for implementation, monitoring and evaluation of the programmes for Action;
- (iv) To ensure massive participation of African Heads of State and Government, all speaking with one voice at the June 2001 UN General Assembly Special Session (UNGASS) on AIDS, so as to ascertain that the Session comes up with concrete and urgent decisions to fight against HIV/AIDS in Africa, including the fight against poverty and reduction of Africa's debt;

3. The outcome of the Summit was the Abuja Declaration and Framework for Action on HIV/AIDS, TB and ORID, which were presented to the UNGASS on AIDS by H. E. President Olusegun Obasanjo, Head of State of the Federal Republic of Nigeria who had chaired the Summit. The UNGASS was particularly important to Africa which bears the heaviest burden of HIV/AIDS, is the poorest and has many other challenges to tackle. Africa's contribution to UNGASS on AIDS made significant impact as it resulted in the creation of the Global Fund to fight AIDS, TB and Malaria (GFTAM), consolidation of International Partnerships against AIDS and other related global commitments. The Global Fund and the International Community have made much more resources

available for promotion of access to prevention, treatment and care; particularly anti-retrovirals (ARVs). Significant debt relief or reduction has been realized in many countries due to advocacy by Africa. Furthermore, at the Abuja Summit, some Heads of State also established AIDS Watch Africa (AWA) to monitor implementation at highest level of African leadership, further proof of commitment at that level.

4. The Abuja Framework for Action was developed into a Plan of Action with a Mechanism for Monitoring and Reporting on the related Implementation. The 12 Priority Areas of the Plan of Action included: Leadership at National, Regional and Continental level to mobilize society as a whole; National and International Resource Mobilization; Protection of Human Rights; Poverty, Health and Development; Strengthening Health Systems; Prevention; Improvement of information, education and communication; Access to Treatment, Care and Support; Access to affordable Drugs and Technologies; Research and Development including Vaccines, Traditional Medicine and Indigenous Knowledge; Partnerships and finally, Monitoring and Evaluation.

### **IMPLEMENTATION**

AU Stakeholders at national, regional, continental level have strived to play their allocated roles. A lot of achievements have been made as noted in the following section; although many challenges remain.

### **FOLLOW-UP, MONITORING AND REPORTING**

5. As requested by Heads of State and Government, the AU Commission has followed up on the implementation of the Summit Outcome in collaboration with UN Agencies and other partners, and reported regularly to the AU Executive Council and Assembly. Among these Reports are included the following:

- (i) Report presented to the 2003 Maputo Summit and led to the adoption of the Maputo Declaration on Malaria, HIV/AIDS and other Related Infectious Diseases;
- (ii) In May 2004, a Special Session of the Conference of African Ministers of Health was organized in Geneva, Switzerland spearheaded by Mozambique. The outcome was a Statement by the Ministers of Health which was submitted to the July 2004 AU Assembly;
- (iii) Report on Scoring African Leadership for Better Health (2004), jointly prepared with ECA, UNAIDS and WHO presented to the January 2005 AU Assembly;
- (iv) The Interim Report on HI/AIDS, Tuberculosis, Malaria and Polio, also presented to the January 2005 Abuja AU Assembly and a Decision with important provisions adopted;

- (v) The Progress Report on the Plans of Action on the Abuja Declarations on Malaria, prepared with the support of WHO and UNAIDS. HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. This Report was presented to the 2<sup>nd</sup> AU Session of the Conference of African Ministers of Health which was held in Gaborone, Botswana, from 10 – 14 October 2005. More detailed information on progress made in the Implementation of the Abuja Commitments is available in the annexed Progress Report on the Plans of Action on the Abuja Declarations of HIV/AIDS, TB, Malaria and Other Related Infectious Diseases, as considered by the 2<sup>nd</sup> Session of the Conference of African Ministers of Health, Gaborone, Botswana, 10 – 14 October 2005

The Report noted the following achievements and challenges to implementation of the Abuja Commitments:

(A) **Achievements**

- a. On leadership, resource mobilization and enabling environment:
- HIV/AIDS, TB and malaria have been on the agenda since the declarations were adopted.
  - 50% of the countries have declared HIV/AIDS as an emergency. In August 2005 AFRO countries also declared TB an emergency.
  - Almost all countries have established national coordinating bodies for HIV/AIDS, TB and malaria.
  - Several countries have been able to access funds from the GFATM, MAP, PEPFAR, and other bilateral and multi-lateral sources.
  - There is marked progress in the proportion of national budget dedicated to health. 33% of countries have allocated 10% or more of their national resources to health.
  - Heads of State have engaged with the G8 for additional resources and cancellation of debts which is a major achievement.
- b. Regarding prevention limited progress has been made in counselling and testing, in PMTCT, and scale up of ITN distribution. For malaria, 29 countries have adopted IPT, and 26 countries are implementing it. Some countries have introduced IRS and have yielded good results in reducing morbidity and mortality.
- c. With respect to treatment and care within the context of the 3x5 Initiative access to ART has increased. Three countries have already achieved the 3 x 5 targets. Most countries have achieved good DOTs coverage. Two thirds of African countries have adopted policies that include efficacious drugs for malaria. Of these, 9 countries are implementing ACTs and 4 in a nation-wide scale.
- d. Concerning access to affordable medicines most countries access TB drugs through the Global Drug Facility and the Global Drug Facility Direct Procurement service has been established but is still underused. 50% of countries have

established PSM systems for the three diseases. For ARVs, 5 countries have established local production. Malaria Medicines and Supplies Services has been established to facilitate access to ACTs and other malaria supplies.

(B) **Challenges**

- Disbursement of funds, funds reaching operational levels, absorptive capacity, tracking and accountability of funding still remain major challenges.
- Coordination of regional and national partnerships remains weak.
- Most countries have not adopted policies and legislation protecting human rights of PLWHA and TB.
- Only a few countries have addressed health in their central development frameworks.
- Health system development, including inadequacies in human resources in terms of numbers, mix of skills, motivation, and retention are still a major barrier to implementing disease control programmes.
- Nationwide scale coverage and access to services for the three diseases remains a challenge, especially for the poor.
- Most countries have not established sustainable financing mechanisms for services or supplies.
- Inadequate global supply of long lasting Insecticide Treated Nets (ITNs) and Artemesinine Combination Therapy (ACTs) have hindered national roll-out of Long-Lasting ITNs and ACTs.
- Monitoring and evaluation systems are still weak in countries. The M&E framework for the Abuja Declaration is too cumbersome, especially for HIV/AIDS and TB.

6. The Conference of AU Ministers of Health subsequently made the following recommendations on the Progress Report:

- All countries should increase health funding to move towards the target of 15% of national budget devoted to health. Mechanisms should be put in place to ensure sufficient targeting of district and operational levels, and are efficiently targeted towards the poor and accounted for.
- Countries should strengthen coordination mechanisms, especially with partners.
- Countries should adopt policies and enact legislation that will minimize stigmatization and discrimination of People Living with HIV/AIDS (PLWHA) and TB.
- Countries should ensure that HIV/AIDS, TB and malaria issues are addressed in their central development frameworks, and endorse the World Health Declaration of Tuberculosis as an Emergency in Africa and acceleration of HIV prevention.
- National authorities, donors and cooperating partners should urgently improve health systems including human resources.

- Countries should expand access to prevention, treatment and care for the three diseases at district level and below including putting in place sustainable financing mechanisms for services.
- Countries should strengthen procurement and supply of essential medicines and commodities including, ARVs, ACTs, ITNs, TB drugs whilst exploring mechanisms for regional and local production of essential medicines. In this respect countries are urged to follow accreditation procedures set up by WHO.
- Countries should adopt the Integrated Vector Management (IVM) strategy, including using DDT where applicable.
- Countries should strengthen their monitoring and evaluation systems for the three diseases.
- The AU Commission with assistance from WHO and UNAIDS should revise their Monitoring and Evaluation Framework for the Abuja Declarations.
- Countries, partners, donors should provide adequate resources to support operational research that is relevant to implementation.

7. The October 2005 Session of the Conference of Ministers of Health also adopted the Declaration on a Roadmap Towards Universal Access to Prevention, Treatment and Care. This is in line with the recommendations of the July 2005 Gleneagles G8 Summit, the August 2005 Declaration of Health Ministers of the WHO Africa Regional Committee Meeting and the September 2005 UN summit on MDGs.

## **RECOMMENDATIONS**

8. The UNGASS on AIDS scheduled for 2006 will comprise the mid-term review on the 2001 UNGASS on AIDS and status of implementation of the Declaration of Commitment which was adopted. Since Africa presented the Abuja Declaration and Framework for Action on HIV/AIDS, TB, and ORID to the 2001 UNGASS on AIDS, it is necessary for an African common position to be presented to the 2006 UNGASS. Moreover although a lot has been achieved in implementing the Abuja Declaration and Plan of Action, the challenge posed by HIV/AIDS remains immense and Africa still requires the cooperation and support of the International Community and Development Partners. It is therefore recommended that:

- (i) A mid-term review on the implementation of the Abuja Summit on AIDS, TB and ORID be conducted by the AU Commission in collaboration with UNAIDS, WHO and other partners as soon as possible. The review would draw from annual progress reports, reports of UN Agencies and other development partners with required expertise.

- (ii) It will be recalled that the WHO and UNAIDS had set a target of ensuring that 3 million people are on antiretroviral (ARV) treatment by 2005, the “3 by 5” Initiative. After 2005, the target of Universal Access by 2010 has been set and seems realistic even for Africa. To promote universal access, it is proposed that Regional Meetings be organized through collaboration between Member States, the African Union, RECs, UNAIDS, WHO and other development partners as soon as possible. The outcome of the Regional Meetings would contribute to the African Common Position for the 2006 UNGASS on AIDS.
  - (iii) The Mid-Term Review Report would be considered by the relevant AU organs as will be mandated by the AU Assembly and adopted as Africa’s Common Position.
  - (iv) The African Common Position would subsequently be submitted as Africa’s contribution to the 2006 UNGASS on AIDS.
9. These proposals are submitted to Executive Council for consideration.





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# Preparations for Africa's contribution to the 2006 UN General Assembly special session (Ungass) on Aids

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