

AFRICAN UNION

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UNION AFRICAINE

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ASSEMBLY OF THE AFRICAN UNION
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Assembly/AU/5 (VII)

REPORT ON THE OUTCOME OF THE SPECIAL SUMMIT
ON HIV/AIDS, TUBERCULOSIS AND MALARIA (ATM),
ABUJA, (NIGERIA, 2-4 MAY 2006):

- (a) Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria (ATM) Services in Africa.
- (b) Africa's Common Position to the UN General Assembly Special Session on AIDS (June 2006) (with Annex: Brazzaville Commitment ..).
- (c) The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS.

**REPORT ON THE OUTCOME OF THE SPECIAL SUMMIT ON HIV/AIDS,
TUBERCULOSIS AND MALARIA (ATM),
ABUJA, NIGERIA, 2-4 MAY 2006:**

- (a) Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria (ATM) Services in Africa.**
- (b) Africa's Common Position to the UN General Assembly Special Session on AIDS (June 2006) (with Annex..).**
- (c) The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS.**

Please Note: The detailed Reports on each of the three Meetings of the Special Summit are available on the AU website and at the AU Commission, Conferences Directorate

INTRODUCTION

1. The Special Summit of the AU on HIV/AIDS, TB and Malaria (ATM) was held at the International Conference Centre, Abuja, Nigeria, 2-4 May 2006 at the invitation of H.E. Chief Olusegun Obasanjo, President of the Federal Republic of Nigeria. The deliberations focused on the theme: *"Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010"*. The main objective of the Special Summit was to review the status of implementation of the Declarations and Frameworks for Action on the 2000 Abuja Summit on Roll Back Malaria, and the 2001 Abuja Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (ORID), and to adopt a renewed commitment for halting and then reversing the impact of these diseases by ensuring universal access to services. The Specific objective included the following:

- To review the achievements made since 2000/2001 to attain the targets of the 2000 and 2001 Abuja Summits, in the framework of the Millennium Development Goals (MDGs);
- To identify gaps, constraints and challenges to the achievement of the Abuja and MDGs targets;
- To identify new strategies that will enable Africa chart a new and more realistic course towards achieving these targets;
- To obtain renewed commitment by African Leaders for addressing these diseases; and promoting health and well-being in Africa;

- To strengthen the efforts of the New Partnership for Africa's development (NEPAD) towards poverty reduction and measuring progress towards achieving socio-economic development.
- Prepare Africa's Common Position to global forums such as UNGASS on AIDS (June 2006), World Health Assembly (May 2006).

ATTENDANCE

2. The Special Summit was attended by delegates from 46 AU Member States, national, regional and international NGOs and Civil Society Organizations, UN and other International Agencies and Development Partners, Regional Economic Communities and the African Union Commission and Pan-African Parliament.

MEETINGS OF THE SPECIAL SUMMIT

3. The Special Summit was organized in three (03) Meetings

- I. The Permanent Representatives Committee (PRC)/Experts Meeting (2 May 2006).
- II. The Ministerial Meeting (3 May 2006).
- III. The Meeting of Heads of State and Government (4 May 2006).

I. 2 May 2006: Permanent Representatives Committee (PRC)/Experts Meeting.

4. The PRC Meeting was officially opened by the Federal Minister of State of Nigeria, Hon. A.H. Tayo Alao following the welcome remarks by the Permanent Secretary, Ministry of Health of Nigeria, Dr. Mallam I. Talba and introductory remarks by the Chairperson of PRC, H.E. Amb. Bale Serge of the Republic of Congo.

5. The PRC/Experts Meeting set the tone of the Special Summit by deliberating on the following Issues:

- Objectives and Expected Outcomes of the Special Summit
- Panel Discussion on:
 - Socio-cultural determinants and impact of the three diseases
 - Institutional factors influencing Health in Africa
 - Health Financing in Africa
 - Best Practice Collections

6. Through Working Groups, the PRC/Experts Meeting prepared and later adopted the Draft Summit outcome documents for consideration by the Ministerial Meeting. These included the:

- (i) Draft Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010;
- (ii) Draft Africa's Common Position to the June 2006 UNGASS on AIDS;
- (iii) Draft Statement renamed Resolution to the World Health Assembly (May 2006).
- (iv) Draft Resolution to AU Ministers of Finance and Economic Development.

II. 3 May 2006: Ministerial Meeting

7. The Opening Ceremony of the Ministerial Meeting was addressed by: Prof. E. Lambo, Hon. Minister of Health of Nigeria; Dr. Cheick T. Tall, representing Civil Society Organizations; Mr. Dave Tioh of DFID representing bilateral partners; Dr. Peter Piot, Executive Director of UNAIDS, Dr. L.G. Sambo, Regional Director of WHO Regional Committee, representing the WHO Director General; Adv. Bience Gawanas, AU Commissioner for Social Affairs and the Chairperson of the AU Executive Council. Hon. Hon. Rudolf Adado, Minister of Foreign Affairs of the Republic of Congo. The Meeting was then officially opened by the Guest of Honor, Chief Ufot Ekaete, the Vice President of the Federal Republic of Nigeria. The Ceremony was enriched by a message in form of Music by an African Artist from the Diaspora.

8. After presentation of an Overview on the Theme of the Special Summit; *"Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010"*, the Meeting considered the Progress Report on the Status of Implementation of:

- (i) The 2000 Abuja Declaration and Plan of Action on Roll Back Malaria; and ;
- (ii) The 2001 Abuja Declaration and Plan of Action on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases.

9. This was followed by briefs on recent commitments related to the fight against HIV/AIDS, Tuberculosis and Malaria:

- (i) The WHO Maputo Resolutions of August 2005 on:
 - Declaration of 2006 as the Year for HIV Prevention;
 - Declaration of Tuberculosis as an Emergency;
- (ii) The AU Gaborone Declaration on *"A Roadmap Towards Universal Access to Prevention, Treatment, Care and Support"* of the AU Conference of Ministers of Health (October 2005).

- (iii) The 4th Pan-African Conference on the Multi-Lateral Initiative on Malaria (MIM) in Africa on the theme: *"New Initiatives against an Ancient Scourge"* (Nov. 2005).

10. The Ministerial Meeting then considered and adopted the following:

- (i) The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS (Nov. 2005). This was developed by Member State, Civil Society and Regional Experts, upon the request of Heads of state and Government in the 2001 Framework for Action on HIV/AIDS, TB and Other Related Infectious Diseases.
- (ii) The Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support by 2010. This was developed in Brazzaville, Congo (March 2006) at a Continental Consultative Meeting comprising some Ministers and Member State Experts, Civil Society Organizations, Development Partners, RECs, Pan-African Parliament and the AU Commission. This was in response to the request for Africa's contribution to the Global Steering Committee (GSC) on Scaling Up Towards Universal Access to HIV/AIDS Services; which was set up by the 2005 World Summit and is co-chaired by UNAIDS and DFID. The GSC analyzed the contributions from all continents and submitted a Report to the UN General Assembly Special Session on AIDS, 31 May - 2 June in New York, USA.

11. After presentation of the Report and Recommendations of the PRC/Experts Meeting, the Ministers considered and accordingly amended the draft outcome documents, and then made the following recommendations:

- (i) The Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria (ATM) Services in Africa was recommended for adoption by the Meeting of Heads of State and Government.
- (ii) Africa's Common Position to the UN General Assembly Special Session on AIDS (June 2006) (with Annex..) was also recommended for adoption by the Meeting of Heads of State and Government;
- (iii) Draft Statement to the World Health Assembly: It was decided that this be a Resolution by Health Ministers rather than Heads of State and Government; and that the Resolution be adopted in Geneva, Switzerland during the World Health Assembly (22-27 May 2006);

- (iv) Statement to the Ministers of Finance and Economic Development: It was decided that this be a Resolution by Ministers of Health to the Meeting of AU (and not the ECA) Ministers of Finance and Economic Development due to meet in Abuja (14-15 May 2006). The Resolution is attached for information.

III. 4 May 2006: Meeting of Heads of State and Government.

12. The Opening Ceremony of the Meeting of the Heads of State and Government of the Special Summit was addressed by Minister for the Federal Capital Territory, Special Testimony by African Young Women Living with HIV/AIDS, Statement by Former President Kenneth Kaunda, Special Testimony by Winstone Zulu, an Activist, Statement by UN Secretary General, read by Dr. Peter Piot of UNAIDS, Statement by Prof. Alpha Oumar Konaré, AU Commission Chairperson and Statement by H.E. President Denis Sassou-Nguessou, President of the Republic of Congo and Chairman of the African Union. The Meeting was officially declared open by H.E. Chief Olusegun Obasanjo, the Guest of Honour, host of the Special Summit and President of the Federal Republic of Nigeria.

13. The Opening Ceremony was followed by Goodwill Messages by Representatives of Bilateral Development Partners, Representative of Civil Society Organizations and Representative of Networks of People Living with HIV/AIDS (PLHIV).

14. A presentation on the Overview of HIV/AIDS, Tuberculosis and Malaria in Africa was made by the WHO. Next came Round Table Discussion on *"Overcoming Challenges to Implementation of HIV/AIDS, TB and Malaria Strategies and Sustainability"*, whereby presentations by Executives from UNAIDS, Global Fund and UNICEF were followed by discussions by Heads of State and Government.

15. The Report and Recommendations of the Ministerial Meeting were presented by Hon. Rudolf Adado, Minister of Foreign Affairs of the Republic of Congo who is also Chairperson of the AU Executive Council. Adv. Bience Gawanas, AU Commissioner for Social Affairs then presented the Draft Special Summit outcome documents for consideration by the Heads of state and Government.

16. After some discussion, the following Summit Outcomes were subsequently adopted with minor amendment:

- (i) The Abuja Call for Acceleration of Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010: The Head of State of Nigeria was mandated to present the Abuja Call to the Ordinary Session of the AU Assembly in Banjul, the Gambia in July 2006.

- (ii) Africa's Common Position to the UN General Assembly Special Session (UNGASS) on AIDS (31 May – 2 June 2006); To the Common Position is annexed Brazzaville Commitment on Scaling Up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support by 2010: H.E. The President of the Republic of Congo, current Chairperson of the African Union was mandated to present the Common Position to the UNGASS on AIDS; while the Host of the Special Summit, H.E. President of the Federal Republic of Nigeria was requested to present it to the Ordinary Session of the AU Assembly.
- (iii) The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS.

17. The following Satellite meetings took place during the Special Summit, at lunch-time or in the evenings:

- (i) Launch of NARF-Handbook by CIDA;
- (ii) Launch of African Centre for HIV/AIDS Management (ACHAM);
- (iii) Launching of the "Friends of the Fund –Africa Chapter" by the Global Fund;
- (iv) Prize Presentation by Rotary International;
- (v) Commemoration of 10th Anniversary of UNAIDS.

18. After a Vote of Thanks read to the Heads of State and Government by Hon. Dr. M. Tshabalala, Minister of Health of South Africa, the Special Summit on HIV/AIDS, Tuberculosis and Malaria was closed by the AU Chairperson, H.E. President Denis Sassou-Nguessou, Head of State of the Republic of Congo. The Closing was followed by a Press Conference.

19. The three outcome documents of the Special Summit on HIV/AIDS, Tuberculosis and Malaria which are presented to the Ordinary Session of the AU Assembly for consideration and endorsement.

Theme:

*Universal Access to HIV/AIDS, Tuberculosis and
Malaria Services by A United Africa by 2010*

**ABUJA CALL FOR ACCELERATED ACTION TOWARDS
UNIVERSAL ACCESS TO HIV AND AIDS, TUBERCULOSIS
AND MALARIA SERVICES IN AFRICA**

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**SPECIAL SUMMIT OF AFRICAN UNION
ON HIV AND AIDS, TUBERCULOSIS
AND MALARIA (ATM)
ABUJA, NIGERIA
2-4 MAY, 2006**

**Sp/Assembly/ATM/2 (I)
Rev.3**

Theme:

***Universal Access to HIV/AIDS, Tuberculosis and
Malaria Services by A United Africa by 2010***

**ABUJA CALL FOR ACCELERATED ACTION TOWARDS UNIVERSAL
ACCESS TO HIV AND AIDS, TUBERCULOSIS AND MALARIA
SERVICES IN AFRICA**

**ABUJA CALL FOR ACCELERATED ACTION TOWARDS UNIVERSAL
ACCESS TO HIV AND AIDS, TUBERCULOSIS AND MALARIA
SERVICES IN AFRICA**

INTRODUCTION

1. **We** the Heads of State and Government of the African Union, meeting in Abuja, Nigeria, from 2-4 May 2006 to review the progress made in implementing the Abuja Declaration and Plan of Action on Roll Back Malaria (RBM) of 2000, and the Abuja Declaration and Plan of Action on HIV and AIDS, Tuberculosis and Other Infectious Diseases (ORID) of 2001; focused our deliberations on the Theme: *“Universal Access to HIV and AIDS, Tuberculosis and Malaria Services by a United Africa by 2010”*. We recall that the twelve priorities for our Abuja Plan of Action on HIV and AIDS, Tuberculosis and Other Related Infectious Diseases included Leadership at National, Regional and Continental Levels to mobilize the society as a whole; Resource Mobilization; Protection for Human Rights, Poverty, Health and Development; Strengthening Health Systems; Prevention of Primary and Secondary Infections; Improvement of Information, Education and Communication; Access to Treatment, Care and Support; Access to Affordable Drugs and Technologies; Research and Development on HIV and AIDS, Tuberculosis and ORID; Partnership; and Monitoring and Evaluation.

2. **We** also recall that at the same 2001 Abuja Summit Eight African Heads of State and Government deeply, concerned with the impact of the HIV and AIDS epidemic, created AIDS Watch Africa (AWA) as an advocacy platform at the Head of State and Government level and for monitoring the African response and to mobilize resources.

**II. AFRICA’S PROGRESS TOWARDS THE ACHIEVEMENT OF THE 2000
AND 2001 ABUJA COMMITMENTS IN DECLARATIONS AND PLANS OF
ACTION**

3. Marked progress has been also observed in the proportion of national budgets allocated to health as 33% of countries have allocated at least 10% of their national budget to health while one country has attained the target of 15%. Heads of State have engaged with the G8 countries for additional resources and debt relief.

4. **We** realize that the movements of people across and within borders spread diseases such as HIV and AIDS Tuberculosis and Malaria. In view of this, we take regional level actions and cooperation as vital to the fight against the HIV and AIDS epidemic in the continent. Accordingly, Regional Economic Communities (RECs) have integrated health and social issues in their development programmes. Some RECs are implementing HIV and AIDS

strategies. With the coordination of RECs, cross border cooperation and delivery of services is enhanced.

5. **We** are aware that the AU Commission developed and is implementing the AU Commission HIV and AIDS Strategic Plan 2005-2007, coordinating the implementation of the AIDS Watch Africa Strategic Framework; and is playing its advocacy role through the World AIDS Campaign, World TB Day and Africa Malaria Day campaigns, among other advocacy activities.

6. In 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created as suggested by the OAU/AU Heads of States following the advice by their health ministers and then proposed to the UN Secretary General at the Abuja Special Summit in 2001 and endorsed by the UNGASS on AIDS. Since then, several African countries have been able to access funds from GFATM, and other sources, which include the World Bank Multi-country AIDS Programme (MAP), US President's Emergency Fund for HIV and AIDS Relief Programme (PEPFAR), the Commission for Africa, the initiative by France on air ticket levy and other bilateral and multi-lateral sources. Despite the increased number of donors, the current annual global spending is less than half of the US\$ 12 billion needed by 2005 and less than one-quarter of the amount needed in 2007. However, spending for Africa from this amount accounts for 6-10% of the total AIDS expenditure. According to the Global Fund Observer 2003, Africa was able to secure 60 per cent of the resource of the Global Fund.

III. THE CHALLENGES AND OBSTACLES

7. We have identified the following as the main challenges and obstacles to accelerated action towards universal access to HIV and AIDS, Tuberculosis and Malaria services in Africa:

- ⚡ The triple burden of disease including non-communicable diseases and injuries;
- ⚡ The difficulty in ensuring predictable and sustainable financing for HIV, tuberculosis and malaria services;
- ⚡ Weak planning partly because of lack of institutional and human resource capacity at national level;
- ⚡ The health crisis reflected in terms of weak health systems, infrastructures inadequate laboratory network for diagnosis of diseases, human resources in terms of numbers, mix of skills, motivation, and retention which have become major barrier to the implementation of disease control programmes in general and HIV and AIDS, TB and Malaria programmes in particular;
- ⚡ Inadequate access to essential medicines, preventative commodities and technologies across much of the continent; inadequate global supply of long lasting Insecticide Treated Nets (ITNs) and Artemisinin-based

- Combination Therapy (ACTs) and indoor residual spraying (IRS) with effective insecticides;
- ✂ Lack of adequate policies and legislation protecting the human rights of PLWHA and TB by most countries;
- ✂ Failure to take into account the link between HIV and AIDS and sexual and reproductive health;
- ✂ Stigma, discrimination and gender inequity, which result in inadequate application of the human rights of people infected or affected by HIV and AIDS and directly hampers their ability to access services;
- ✂ Poor or inadequate coordination of regional and national and international partnerships;
- ✂ Weak monitoring and evaluation (M&E) systems and cumbersome M&E framework for the Abuja Declaration on HIV and AIDS and TB and ORID;
- ✂ Conflicts that result in mass displacement, violence, loss of livelihood and property as well as major breakdowns in essential services.
- ✂ Other cross-cutting issues such as ensuring good nutrition and food security, and internal and inter-country migration for reasons other than conflicts;
- ✂ Policy planning and programming for addressing health in national development frameworks by most countries which is reflected by inadequate health system development, low coverage and access to services for the three diseases;
- ✂ An increasing burden of disease and other development challenges

IV. ABUJA CALL FOR ACCELERATED ACTION TOWARDS UNIVERSAL ACCESS TO HIV AND AIDS, TUBERCULOSIS AND MALARIA SERVICES BY 2010

Rededication by African Heads of State and Government

8. **We** still consider AIDS, Tuberculosis and Malaria as a State of Emergency in our continent. They are major threats to our national and continental socioeconomic development, peace and security. We reaffirm the commitments contained in the 2000 and 2001 Abuja Declaration and Plans of Action, the MDGs and subsequent commitments;

9. After reviewing the progress made to date, the challenges confronted by individual and Member States, acknowledging progress made by member-states and the contributions of civil society and the international community, and bearing in mind that HIV, TB and Malaria are preventable and treatable while malaria and TB are curable, we resolve to intensify the fight against HIV and AIDS, TB and malaria and to achieve the targets adopted by the Summit and other internationally agreed goals on health.

10. **We** therefore, individually and collectively rededicate ourselves and our countries to the following:

Leadership at National, Regional and continental Levels

- ◇ To intensify our practical leadership role at national, regional, and continental levels to mobilize society as a whole to fight HIV and AIDS, TB, and Malaria more effectively;

Resource Mobilization

- ◇ To mobilize local resources for sustainable and predictable financing, including the implementation of the Abuja Declaration Call for 15% of the National Budget to health and strengthen our collaboration with national and international partners to mobilize adequate financial resources to fight the epidemics; and ensure that financial resources mobilized to fight all the three epidemics can actually be spent by the removal of the medium-term expenditure ceilings on public spending imposed on African countries by the International Financing Institutions.
- ◇ To negotiate for debt cancellation and the availability of grants at national and regional levels that would specifically be targeted at financing prevention, treatment, care and support of the three diseases.
- ◇ To undertake collective advocacy with multi-lateral and bilateral donors to end all conditionalities except normal fiduciary requirements;

Protection of Human Rights

- ◇ To continue promoting an enabling policy, legal and social environment that promotes human rights particularly for women, youth and children and ensure the protection of people infected and affected by HIV and AIDS, TB and Malaria and to reduce vulnerability and marginalization including conflict-affected and displaced persons, refugees and returnees;
- ◇ Adapting national legislation to take cognizance of HIV and AIDS and TB issues specifically discrimination and stigmatization and encourage Member States to ratify relevant International Conventions such as the Convention on Discrimination and Employment.
- ◇ To enact or repeal laws and policies related to gender and human rights in order to align them with AU frameworks including the Solemn Declaration on Gender Equality in Africa and the AU Protocol on Women.

Poverty Reduction, Health and Development

- ◇ To ensure the integration of HIV and AIDS, TB and Malaria programmes into Poverty Reduction Strategies and Programmes and country programmes; and thus ensure access to adequate nutrition and food security by pursuing the realization of an integrated African food production, storage and distribution plan and other social protection measures including adequate social security schemes to address sustainability of treatment as well as treatment, care and support; ensuring community involvement and participation.

Strengthening Health Systems

- ◇ To strengthen health systems and building on existing structures (infrastructure, human resource, financing, supplies etc.) for scaling up and accelerating Universal Access to prevention, treatment, care and support for HIV and AIDS, TB and Malaria;
- ◇ To strengthen data management and surveillance;
- ◇ To meet WHO standards for doctors and nurses

Prevention, Treatment, Care and Support

- ◇ To invest heavily in evidence-based prevention as the most cost-effective intervention with focus on young people, women, girls and other vulnerable groups.
- ◇ To ensure access to a comprehensive package of prevention interventions for the prevention of primary and secondary infections with HIV and AIDS, and sexually transmitted infections (STIs) (including post-exposure prophylaxis following sexual violence), TB and malaria, reduction of vulnerability to HIV and AIDS, TB and malaria;
- ◇ To ensure the promotion and integration of access to prevention treatment, care and support in primary health care services, and in education institutions;
- ◇ To improve information, education and communication;
- ◇ To disseminate, correct, reader-friendly information on prevention, treatment, care and support on HIV and AIDS, malaria and tuberculosis;
- ◇ To ensure universal access to male and female condoms for all sexually active persons.

- ◇ To integrate HIV and AIDS issues into ongoing immunization programmes and sexual and reproductive health programmes, and conversely sexually and reproductive health issues into HIV and AIDS programmes;
- ◇ Awaken traditional values on abstinence but continually increase condom use.

Access to Affordable Medicines and Technologies

- ◇ To enact and utilize appropriate legislation and international trade regulations and flexibilities, to ensure the availability of medicines and commodities at affordable prices as well as technologies for the treatment, care and prevention of HIV and AIDS, TB and malaria including vaccines, medicines and Anti-retrovirus Therapy (ART);
- ◇ To promote regional bulk purchase and local production of generic medicines and other commodities;
- ◇ Support work on regional local production of generic ARV drugs.

Research and Development

- ◇ To promote and support research and development of microbicides, vaccines, diagnostics and treatment for HIV and AIDS, TB and malaria, including traditional medicine;
- ◇ Monitoring of drug resistance in the treatment of HIV and AIDS, Tuberculosis and Malaria;
- ◇ Demographic and Health Surveys every five years;
- ◇ Research ethics including for HIV and AIDS;
- ◇ Conduct regular incidence surveys on HIV.

Implementation

- Enhance and support implementation of comprehensive strategic programmes at country and regional levels against HIV and AIDS, TB and malaria;
- Prevention of multi-drug resistant TB;
- Accelerate Malaria control programmes with a goal to eliminate malaria using all effective strategies such as indoor residual spraying, insecticide

treated bed nets, Artemisinin Combination Therapy (ACTs) and Intermittent Presumptive Therapy (IPT);

- Implement the Three-Ones (one executing authority, one Plan of Action and one Monitoring and Evaluation Plan (for HIV and AIDS, Tuberculosis and Malaria).

Partnerships

- ◇ To further develop and support comprehensive frameworks and mechanisms of well-coordinated partnerships, particularly public, private, civil society, regional and international including donors, to promote universal access to prevention, treatment, care and support for HIV and AIDS, TB and Malaria;

Monitoring, Evaluation and Reporting

- ◇ To strengthen in collaboration with all relevant stakeholders particularly Civil Society partners affected by the three diseases, planning, monitoring and evaluation and generation of information for quality, sustainability and accountability of programmes, and for advocacy;
- ◇ To ensure networking and sharing of best practices and submit progress reports regularly to appropriate Organs of the AU;
- ◇ To undertake to strengthen implementation of NEPAD Health Strategy to fight poverty and under-development.

11. We request Ministries of Health, National AIDS Councils or equivalent and Ministries of Finance and Economic Planning to coordinate the realization of a multi-sectoral and integrated approach to disease control, in collaboration with other Sectors, including the involvement of the community in the planning and implementation.

12. **Finally, We** commit ourselves to the implementation of the recommendations and action points enshrined in the in “*Brazzaville Commitment on Scaling up Universal Access to HIV and AIDS Prevention, Treatment, Care and Support*”; and to extend these to TB, Malaria and other prevailing diseases.

Call to Civil Society and the Private Sector

13. Recognizing and commending the progress made by Member States, the efforts and achievements of the Civil Society and Private Sector;

We call upon the respective national, regional, continental and international partners including NGOs, and civil society, (including, youth, women, people with

disability, religious organizations, trade unions, employers organizations, traditional health practitioners, traditional rulers, people living with HIV and AIDS and other Groups) to:

- Intensify their efforts more than ever before for the fight against HIV and AIDS, Tuberculosis and malaria;
- In this connection, they should develop and implement well-coordinated and harmonized frameworks which will provide concrete results;
- Support the mobilization of additional resources for prevention, care and support and treatment-related activities;
- Facilitate through enhancing their monitoring role, the operationalization of commitments at all levels.

Call to Regional Economic Communities (RECs)

14. **We call upon** Regional Economic Communities (RECs) and other Regional Groupings to:

- Intensify the implementation of inter-country and cross-border health initiatives;
- Coordinate inter-country efforts and provide support to Member States;
- Mobilize resources for HIV and AIDS, Tuberculosis and Malaria programmes in their respective regions;
- Report back to us through the AU Commission on the progress made in the implementation of this Call;
- accelerate the prevention and control of malaria, learning from best practices on the continent with the aim of eliminating malaria in Africa using all available control strategies including indoor residual spraying, use of insecticide-treated nets, ACT combination therapy and intermittent preventive therapy

Mandate the AU Commission and AU Organs

15. **We request** the AU Commission and the AU Organs and Programmes to:

- Effectively implement the AU Commission HIV and AIDS Strategic Plan and AWA Strategic Framework 2005-2007;
- Promote regional integration and collaboration in the areas of Disease Control;
- Ensure that HIV and AIDS Tuberculosis and Malaria are catered for in the NEPAD Health Strategy;
- Ensure that malaria prevention and control is accelerated with the goal to eliminate malaria in Africa by 2010 using all available control strategies;
- Coordinate in broad partnership with Civil Society and the private sector, the effective implementation of the Abuja Call and report annually to the AU Assembly.

16. **We further** request the Pan-African Parliament Committee on Health, Labour and Social Affairs to provide oversight and accountability for the implementation of the commitments made towards universal access and the implementation of the Abuja Declaration.

17. **We also request** the Peace and Security Council (PSC), and Economic, Social and Cultural Council (ECOSOCC) of the AU, the NEPAD Programme, other AU Organs and National Parliamentarians to play an effective advocacy role and provide necessary support to Member States in the fight against these diseases.

Call to the International Community

18. **We solemnly call upon:**

- ◇ Development partners to continue to work closely with Member States, the AU Commission and the RECs to ensure long term, predictable financing commensurate with the burden of these diseases and to provide financial and technical support to our efforts in a coordinated, efficient and country and AU led manner.
- ◇ The UN Agencies and other Development Partners to provide technical, material and financial support and to facilitate follow up on the implementation of this Call.
- ◇ The Development partners to mobilize additional and adequate resources on long-term basis for the fight against HIV and AIDS, Tuberculosis and Malaria.

- ◇ The international community to reaffirm its commitment to strengthening the partnership with Africa for the fight against HIV and AIDS, Tuberculosis and malaria, other major causes of morbidity and mortality.

Follow up and Reporting

19. Recognizing and commending the lead role played by the Federal Government of Nigeria for the Abuja 2000, 2001 and 2006 commitments; We mandate H.E President Olusegun Obasanjo, Head of State of the Federal Republic of Nigeria to report the outcome of this Special Summit on HIV and AIDS, TB and Malaria to the next Ordinary AU Assembly, and to continue to lead in the follow up on implementation of the Abuja Call.

20. **Finally, We request consultative reviews at two years (2008) and five years (2010)** on the status of implementation of the 2006 Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services by 2010; and of the MDGs.

Theme:

*Universal Access to HIV/AIDS, Tuberculosis and
Malaria Services by 2010*

**AFRICA'S COMMON POSITION TO THE HIGH LEVEL MEETING
OF THE UN GENERAL ASSEMBLY SPECIAL SESSION ON AIDS
(JUNE 2006)**

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**SPECIAL SUMMIT OF AFRICAN UNION
ON HIV/AIDS, TUBERCULOSIS
AND MALARIA (ATM)
ABUJA, NIGERIA
2-4 MAY, 2006**

Sp/Assembly/ATM/3 (I) Rev.4

Theme:

*Universal Access to HIV/AIDS, Tuberculosis and
Malaria Services by 2010*

**AFRICA'S COMMON POSITION TO THE HIGH LEVEL MEETING
OF THE UN GENERAL ASSEMBLY SPECIAL SESSION ON AIDS
(JUNE 2006)**

**AN AFRICAN COMMON POSITION TO THE HIGH LEVEL MEETING OF THE
UN GENERAL ASSEMBLY SPECIAL SESSION (UNGASS) ON AIDS, NEW
YORK, 29 MAY – 2 JUNE 2006**

We, the Heads of State of Member States of the African Union meeting in Abuja from 2 - 4 May 2006, on the occasion of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria (ATM) with the theme '*Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by a United Africa by 2010*' with the aim of reviewing the 2000 and 2001 Abuja Declarations and Plans of Action on Malaria, and HIV/AIDS, Tuberculosis and Other Related Infectious Diseases respectively;

Recalling the outcomes of Abuja April 2001 Africa Summit on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases (ORID) in which the following priority areas were identified, Leadership at national, regional and continental levels to mobilize society as a whole to fight HIV/AIDS, TB and ORID; 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 on HIV/AIDS, TB and ORID, including Vaccines, Traditional Medicines and Indigenous Knowledge; Partnership;

Recognizing the commitment made by the 2005 World Summit on the review of the Millennium Development Goals (MDGs) to full implementation of the Declaration of Commitment on HIV/AIDS and to developing a comprehensive package of HIV prevention, treatment, care and support with the aim of coming as close to possible to achieving universal access to treatment by 2010, for all who need it;

Also recalling our request made at the January 2006 Khartoum AU Assembly for an African Common Position to be prepared as Africa's contribution to the forthcoming UN General Assembly Special Session on AIDS to be held in May/June 2006;

Welcoming the Resolution on HIV vaccine adopted by the Conference of Health Ministers from East, Central, and Southern Africa (ECSA) Region in February 2006;

Also Recognizing that despite all actions taken by African Member States and other stakeholders, the number of people living with HIV infection increased from 24.9 in 2003 to 26.5 million to date; and that this is compounded by the burden of TB, malaria and other infectious diseases;

Aware that the overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding; and that women and youths are disproportionately affected;

Also aware of the fifth anniversary of the United Nations General Assembly Special Session on HIV/AIDS will be marked by a review and high-level meeting as provided for in the General Assembly resolution A/RES/60/224;

Endorsing the Gaborone Declaration on A Roadmap Towards Universal Access to Prevention, Treatment, Care and Support; the WHO Maputo Resolution, which declared 2006 as the Year for Acceleration HIV Prevention in the African Region; **Adopting both** the Brazzaville Commitment on Scaling Up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support services, which is annexed to this Common Position;

Noting that AIDS financial and human resources especially in the health sector at domestic level remain limited and that most African governments have not met the 15% budgetary allocation target;

Also Noting with appreciation the additional resources directed to the fight against AIDS by African governments and partners, as well as, the promise of significant additional resources from multilateral and bilateral donors to combat poverty and foster development, including by intensifying support to the fight against HIV/AIDS;

Aware that stigma and discrimination negates the human rights of people infected and affected by HIV/AIDS, and still constitute a major barrier to an effective response to the HIV/AIDS pandemic;

Further Recognizing that HIV/AIDS is also cross border issue and that there is need for coordination and sharing of experiences in the responses and the need to strengthen Regional Economic Commissions;

Deeply concerned that:

- i. Despite considerable efforts by national governments supported by partners including civil society, HIV/AIDS continues to be one of the leading causes of morbidity and mortality and continues to cause considerable economic losses in the continent exacting an ever increasing toll on our people, especially young people, women and children;
- ii. Funding, especially external funding is neither predictable nor sustainable;
- iii. The chronic shortage of health care workers is hampering efforts to combat HIV/AIDS, tuberculosis, and malaria. In Africa south of the

Sahara, which has 24% of the global disease burden but has only 2.5% of the health care workforce;

- iv. The feminization of HIV/AIDS in Africa due to gender inequality, low socio-economic status of women and gender-based violence, scaling up universal access to prevention, treatment, care and support should prioritize gender equality, women social and economic empowerment and prevention of gender-based violence;
- v. Access to medicines and commodities remains poor and that, to date, there is no proven cure or vaccine for HIV/AIDS and that HIV prevention remains a mainstay of any effective response;
- vi. The susceptibility of vulnerable groups such as women, children, youth and uniformed services to the spread of HIV/AIDS, and the need to scale up the response to underserved and marginalized groups, such as, people in conflict situations, displaced people, sex and migratory workers, et cetera;
- vii. Extreme poverty and low levels of education are prevalent in nearly all nations and are the underlying causes of the high burden of disease;
- viii. An increasing number of orphans and children affected by HIV/AIDS have no childhood and are often deprived of their rights to education, options for the future and protection against exploitation and abuse.

Appreciating the role of other sectors beyond health in the AIDS response and the need for a comprehensive and integrated approach that balances prevention, treatment, care and support for HIV/AIDS, tuberculosis, and malaria;

Acknowledging the need for research and development; and monitoring and evaluation for an effective response;

Also Acknowledging the close linkage between HIV/AIDS, Tuberculosis and Malaria; and therefore the need for a comprehensive, integrated and multi-sectoral approach to disease control and health promotion;

We hereby individually and collectively Recall and Reaffirm our previous Declarations, Decisions and Resolutions on the fight against HIV/AIDS in Africa;

Pledge to take immediate actions to ensure Universal Access to HIV/AIDS, Tuberculosis and Malaria services by 2010.

Opportunities and Driving Forces for Intensified Actions are the Basis for Africa's Success

Africa is optimistic about the future. It feels that it can do more in all areas of socioeconomic development. Progress made in the last five years is solid foundation for deepening the struggle against the HIV/AIDS epidemic and registering more success stories. Particularly, the following are impetus towards the process of scaling-up HIV prevention, treatment and care in the continent:

- i. The political will and commitment expressed by the leadership at various levels;
- ii. The progress made by some countries in improving access to treatment, care, and support, including ART, as well as access to infrastructure, technologies, and commodities;
- iii. The expansion of DOTS services for TB patients in most countries which contributes to AIDS prevention and treatment;
- iv. The achievements of some countries in reducing HIV prevalence;
- v. The bold action exercised across all sectors and levels of government to address the burden of HIV/AIDS requires;
- vi. The lessons learnt from the '3 by 5' Initiative, the DOTS strategy and the Roll Back Malaria movement to expand the progress in increasing access to quality prevention, care and support services for HIV/AIDS, TB and Malaria control;
- vii. The integration and reinforce of prevention, treatment and care for HIV/AIDS, TB and Malaria towards the attainment of Millennium Development Goal No 6, with the focus on prevention, especially for young people;
- viii. The essential role that good nutrition and food security play in HIV prevention, treatment, and care;
- ix. The added value and opportunities provided by GFATM, MAP, PEPFAR, ADB and other global health partnerships, private foundations, bilateral and multilateral partners in terms of innovative financing mechanisms and making additional resources available;
- x. The cancellation of debt by the G8 countries which offers the potential for poverty-reduction and for increased resources to be committed to health in some countries;

- xi. The fundamental role of intensified research and development efforts in all areas particularly traditional medicine and microbicides;
- xii. The evidence that effective control of HIV/AIDS has high economic benefits;
- xiii. Evidence that national and international effort is beneficial, based on the “three ones” initiatives and the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors;
- xiv. Partnerships between the public sector and civil society etcetera to be developed.

Guiding Principles to which Africa will adhere:

Africa will continue to adhere to the following important guiding principles to effectively and efficiently implement the African Common Position on AIDS (2006 – 2010) and as well continue to:

- i. Build on existing international and continental frameworks, such as the NEPAD programme;
- ii. Foster and strengthen community, national, regional and continental leadership and strong political commitment that builds on and strengthens existing African institutions at all levels, including civil society institutions;
- iii. Integrate the control of HIV/AIDS with broader efforts to combat poverty and food insecurity and fostering development, whilst recognizing the urgency and exceptionality of the HIV and AIDS response;
- iv. Respect of human rights, particularly the rights of women and children, with regard to the fight against stigma and discrimination and to advance equity will be promoted;
- v. Put people at the centre of the HIV and AIDS response, especially vulnerable people (e.g. the poor; women, young people; orphans and vulnerable children; men who have sex with men; migrants; prisoners; sex workers; the disabled, people affected by conflicts; and Injection Drug Users (IDUs);
- vi. Adopt gender-centred approaches in order to address the needs of women and girls;

- vii. Focus on HIV prevention, care and support of children and young people;
- viii. Ensure mutual accountability (political, moral and programmatic) at every level of the response;
- ix. Maintain an unwavering commitment to deliver a comprehensive package of services for prevention, treatment, care and support for HIV and AIDS, including nutrition and linkages with reproductive health, ensuring that no good plan go unfunded;
- x. Reinforce and strengthen the central role of strategic partnerships among countries; and within countries between governments and civil society, especially people living with HIV, faith-based organizations, women, young people and the private sector, and which require effective coordination;
- xi. Recognize and respond to the need to build long-term infrastructure and systems and strengthening capacity building at all levels, using as appropriate, the resources available for an exceptional response to HIV/AIDS;
- xii. Consider access to essential medicines and other basic commodities as human right and ensuring that these are available and accessible to all who need it in Africa;
- xiii. Give special consideration to people and countries affected by conflicts, including Internally Displaced People (IDPs) and refugees; and
- xiv. Urges for sustained and increased funding and capacity for AIDS vaccine research and development in Africa, in order to contribute to the control and eventual elimination of the AIDS pandemic.

Targets to be met by A United Africa by 2010

Taking the above opportunities into account, Member States of the African Union will intensify the fight against HIV/AIDS and achieve other internationally agreed goals on health. The national policies, strategies and operational plans will be geared towards achieving the following targets by 2010. The African Union and Regional Economic Communities (RECs) will continue to provide the necessary support wherever possible, promote regional integration and play their leadership role. The ambitious targets for Africa to aspire to achieve, taking into consideration the different levels of health systems development by 2010. They include the following:

- i. Reduce HIV prevalence in young people between 15 and 24 years, by at least 25% in ALL African countries;
- ii. Protect and support in 2010, 5 million children orphaned by AIDS and ensure that 80% of orphans and vulnerable children have access to basic services;
- iii. At least 80% of pregnant women have access to Prevention of Mother-To-Child Transmission (PMTCT), and treatment for HIV-positive women and children;
- iv. At least 80% access of those in need, particularly children, have access to HIV/AIDS treatment, especially antiretroviral, as well as care and support.;
- v. Enable at least 80% of HIV patients to benefit from care and assistance, including treatment of opportunistic diseases as well as accompanying psychosocial care;
- vi. Increase the percentage of the African health care workforce against the global total from 2.5% to at least 5%;
- vii. Train health workers and/or hire all skilled health personnel, and ensure that the health sector is exempted from the spending/recruitment ceilings imposed on Ministries.

Supported by supplementary targets include the following:

- viii. At least 80% of target populations access Voluntary Counseling and Testing (VCT);
- ix. 100% of blood and blood products are safe to reduce the rate of transmission of HIV/AIDS;

- x. 100% injection safety is ensured;
- xi. At least 80% of target populations have access to prevention and treatment of Sexually Transmitted Infections (STI) and integrated sexual reproductive health;
- xii. At least 80% of target population have access to and use condoms for HIV prevention ensured;
- xiii. 100% of refugees and other displaced persons have access to HIV/AIDS prevention, treatment, care and support when these are available to surrounding host populations;
- xiv. 100% of all clients accessing HIV care and support services are screened for TB to ensure early detection and treatment;
- xv. 100% of TB patients have access to HIV testing and counseling services;
- xvi. 100% of HIV-positive TB patients access antiretroviral treatment;
- xvii. 100% access to sexual and reproductive health services including antenatal care

1. Since progress towards these bold collective goals can only be assured through decisive action at the country level, we commit ourselves to:

- a. As appropriate, develop or revise our national HIV/AIDS plans to:
 - i. Ensure that they are costed and credible, yet sufficiently ambitious to ensure progress towards our collective goals;
 - ii. Strengthen planning, monitoring and evaluation and the generation of information for quality, sustainability and accountability of programmes, and for advocacy;
 - iii. Ensure that strategies promote access to prevention, treatment, care and support for HIV/AIDS by poor and marginalized populations, including those affected by conflict;
 - iv. Reflect an allocation of domestic resources commensurate with the urgent and extraordinary challenge to development that the AIDS epidemic represents;

- v. Enable at least 50% of HIV patients to benefit from care and support, including the treatment of opportunistic infections as well as psychological care;
- vi. By December 2006, include revised, quantified national targets (both interim for 2008 and for 2010) for prevention, PMTCT, AIDS treatment and care and support that are consistent with and contribute to the Africa wide targets articulated above;
- vii. Considerably increase the efforts of States in collaboration with the private sector to ensure the training of personnel in desired quality and quantity;
- viii. Increase the budgets allocated to initial and continuous training of health personnel with different echelons so as to guarantee for our countries the continuation of efforts towards universal access.

Specifically, We African Heads of State and Government undertake to:

- i. Provide bold and resolute leadership in spearheading efforts in all countries to combat HIV/AIDS;
- ii. Implement, in all countries, the commitments adopted at the Special Summit in Abuja, Nigeria in 2006;
- iii. Support the implementation of the monitoring and evaluation of country-specific frameworks adopted by the Special Summit;
- iv. Allocate and manage effectively the domestic resources in the framework of the 2001 target of allocation of 15% of National Budgets, required for sustained implementation of planned HIV/AIDS, prevention and control interventions;
- v. Engage further with development partners to mobilize additional resources towards meeting the Commission on Macroeconomics and Health (CMH) recommended target of US\$34 per capita on health;
- vi. Increase support for research, including developing vaccines, new medicines and other tools including traditional medicines, improving existing technologies to combat the diseases, undertaking operational research such as testing delivery strategies and monitoring drug resistance and drug adverse reactions
- ix. Reduce by 80%, the tariffs and taxes on essential medicines and HIV/AIDS related technologies and commodities;

- x. Conduct an audit of existing legislation and as appropriate, develop, implement and enforce policies and laws to reduce stigma and discrimination, protect the rights of people living with HIV and address the needs of vulnerable groups especially women and children and support these with advocacy campaigns;
 - xi. Establish or Enhance national systems of accountability comprising inter alia, civil society and parliamentarians to carry out oversight functions and ensure transparency, accountability and good governance in the management of the HIV response.
- 2. At the continental level, we commit ourselves to:**
- a. Strengthen the advocacy role of the AIDS Watch Africa (AWA) in co-coordinating the efforts of African leaders and mobilising resources from within and outside Africa;
 - b. Utilize and strengthen implementation of NEPAD Health Strategy to fight poverty and under development.
 - c. Urged Member States to adopt the Abuja 2006 common position for the continent in order to inform and strengthen their own plans of action in the framework of the 2001 Abuja Declaration and Plan of Action. In the same vein, the African Union and Regional Economic Communities should make close follow-up the development and implementation of national Action Plans of Member States and Mechanisms for Monitoring and Evaluation.
 - d. Deploy financial and human resources – integrated in health and social systems - and create the enabling environment for the establishment of three (3) regional training and accreditation centres aimed at rapidly overcoming the human resource crises in HIV/AIDS and broader health service delivery in the African region;
 - e. Deploy financial and human resources and create the enabling environment for the establishment of 3 regional centres of excellence for the development and local production of antiretrovirals, condoms, vaccines, microbicides and other HIV/AIDS related commodities and technologies.
 - f. Develop and strengthen inter-country cooperation through regional and sub-regional strategies for HIV/AIDS, prevention, treatment, care and support across borders and migratory routes, giving special consideration to conflict affected and displaced persons

3. **With the view to ensuring that no sound national HIV/AIDS plan goes unfunded, we request that:**
- i. The international community to reaffirm its commitment;
 - ii. The donor community and health development partners increase HIV allocations to African countries by replenishing the Global Fund Against HIV/AIDS, Tuberculosis and Malaria;
 - iii. The donor community increases their support to enable countries to access the technical assistance they require from strengthened national and regional responses in line with the Global Task Team (GTT) recommendations through the United Nations System;
 - iv. The World Bank through the Multi-Country AIDS Programme (MAP) increase their support for the national mobilization of sub-Saharan African countries against the AIDS epidemic;
 - v. Bilateral organizations such as the US President's Emergency Fund for AIDS Relief (PEPFAR), other members of the G8, the European Union, the Nordic countries and the United Nations System increase their ongoing technical and financial support towards combating HIV in Africa;
 - vi. Development partners to work with AU Member States, the African Union Commission and the RECs to assure long term, predictable finance commensurate with the burden of these diseases and to provide financial and technical support to our efforts in a coordinated, efficient and country-led manner.

Finally, We, the Heads of State and Government of the African Union, mandate:

- i. The AU Chairman, His Excellency. President Sassou Nguesso, to present the Common Position at the United Nations General Assembly Special Session on HIV/AIDS in New York from 31st May – 2nd June 2006;
- ii. His Excellency President Olusegun Obasanjo, Host of the Special Summit, to present the Common Position to the Ordinary AU assembly in July 2006, Banjul, The Gambia;
- iii. The AU Commission to develop an implementation plan for Africa's Common Position as adopted at the Special Summit in Abuja, Nigeria in May 2006, and coordinate and monitor its execution. In this regard, the Commission shall collaborate and consult with the Bureau of the AU Conference of Ministers of Health, Regional Economic Communities (RECs) and other stakeholders, and submit annual reports to the AU Assembly.

- iv. The Chairperson of the AU Commission in collaboration with the Regional Economic Communities and Development Partners, to organise a broadly consultative 2-year Review (2008) and a similarly consultative 5-Year review (2010) of the status of implementation of the African Common Position on HIV/AIDS, concurrently with the reviews of the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis, and Malaria Services by 2010; and of the Millennium Development Goals (MDGs)

4 May 2006, Abuja, Nigeria

Annex: The Brazzaville Commitment on Scaling up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support by 2010 (4-6 March 2006)

Assembly/AU/5 (VII)
Annex III

Theme:

*Universal Access to HIV/AIDS, Tuberculosis and
Malaria Services by 2010*

**BRAZZAVILLE COMMITMENT ON SCALING UP TOWARDS
UNIVERSAL ACCESS TO HIV AND AIDS PREVENTION,
TREATMENT, CARE AND SUPPORT IN AFRICA BY 2010**

**BRAZZAVILLE, REPUBLIC OF CONGO
8 MARCH 2006**

**BRAZZAVILLE COMMITMENT ON SCALING UP TOWARDS UNIVERSAL
ACCESS TO HIV AND AIDS PREVENTION, TREATMENT, CARE AND
SUPPORT IN AFRICA BY 2010**

1. We, the participants in the Continental Consultation on Scaling Up Towards Universal Access in Africa convened by the African Union with support from WHO, UNAIDS, ECA and DFID and representing governments, parliaments, civil society, people living with HIV, women and young people, faith based organizations and the private sector of 53 Member States of the African Union, recognize and salute the vital and ongoing contribution of individuals, communities and governments to the fight against HIV and AIDS.

2. Occurring in a reality framed by deep and persistent poverty, food insecurity, indebtedness, economic constraints, youth unemployment, gender inequality, gender-based violence, conflicts, natural disasters, ignorance, fear, stigma and discrimination, the contributions referred to above bear testimony to the deep commitment, resourcefulness and resilience of those infected and affected by HIV and AIDS, and all stakeholders.

3. We are ever mindful of the disproportionate share and severe impact of the HIV and AIDS burden borne by Africa, especially by women and girls, and the limitations in our ability to match this epidemic in either its scale or complexity. We are nevertheless encouraged by the changing environment shaped by the Millennium Summit, the Abuja Summit, NEPAD, the UN Special Session on HIV/AIDS, the G8 Gleneagles Meeting, the Maputo Resolution on HIV prevention acceleration, the Gaborone Declaration on universal access to prevention, treatment, care and support, the World Summit 2005 and country efforts, which has energized the growing movement in support of scaling up towards Universal Access to comprehensive services for HIV and AIDS.

4. We recognize that the expansion of health, social and development programmes and services has to be underpinned by several key principles:

- a) Build on existing international and continental frameworks, such as the NEPAD programme;
- b) Community, national, regional and continental leadership and strong political commitment that builds on and strengthens existing African institutions at all levels, including civil society institutions;
- c) Integration with broader efforts to combat poverty and food insecurity and foster development, whilst recognizing the urgency and exceptionality of the HIV and AIDS response;
- d) Respect for human rights, especially with regard to the fight against stigma and discrimination and to advance equity;

- e) Putting people at the center of the HIV and AIDS response, especially vulnerable people (e.g. women, young people, orphans and vulnerable children, the disabled, people affected by conflicts, IDUs);
- f) Gender-centred approaches;
- g) HIV prevention, care and support of children and young people;
- h) Measures to ensure mutual accountability (political, moral and programmatic) at every level of the response;
- i) An unwavering commitment to deliver a comprehensive package of services for prevention, treatment, care and support for HIV and AIDS, including nutrition and linkages with reproductive health;
- j) No good plan must go unfunded;
- k) The central role of partnerships – between countries and between governments and the public service, civil society especially people living with HIV, faith-based organizations, women, young people and the private sector within countries;
- l) The importance of building long term infrastructure and systems and strengthening capacity-building at all levels, using as appropriate, the resources available for an exceptional response to HIV/AIDS;
- m) Basic medicines and other basic commodities are a human right and should be available and accessible to all who need it in Africa;
- n) Special consideration should be given to people and countries affected by conflicts, including IDPs and refugees.

5. We, identified the following as the main obstacles to rapid and sustainable scale up of existing national programmes and services:

- a) A very high dependence on external funds which are unpredictable and often subject to excessive conditions. This is compounded by insufficient allocation of national resources, due in part to debt servicing, and uneven distribution of resources by sector, geographic region and thematic area;
- b) Lack of harmonization and alignment to national priorities and the imposition of spending ceilings and heavy conditions. In addition, donors allocate their funding between and within countries and across thematic areas in ways that do not match needs;
- c) Inadequate skilled human resources due to (i) the absence of appropriate human resource development plans and policies to train

and retain staff, (ii) the unequal participation of key stakeholders such as civil society organizations representing people living with HIV/AIDS and young people, women's groups, faith based organizations and the private sector, and (iii) the brain drain of professionals;

- d) Weak health systems and delivery services, including human resources and infrastructures;
- e) Inadequate coordination, lack of good governance, weak management and M&E systems across all sectors, which affects service delivery, oversight and accountability;
- f) Inequitable distribution of services between urban and rural areas, which still leave large areas of the population underserved, especially among the vulnerable groups;
- g) Widespread stigma and discrimination against people living with HIV and marginalized groups, including orphans, migrants and sex workers, compounded by weak legal frameworks to enforce basic rights;
- h) The high vulnerability of women and girls which is not adequately addressed through existing legal and programmatic measures;
- i) Continuing challenges with respect to the affordability, accessibility, and acceptability of commodities for prevention and diagnosis, in addition to essential medicines for treatment. These include weak procurement and distribution systems and the limited ability of countries to use the flexibilities presented by TRIPS;
- j) Recurring conflicts and natural disasters that result in massive displaced populations and the degradation of infrastructure and social fabric.

6. We recommend that the following actions to overcome the identified obstacles to universal access be undertaken in an urgent and exceptional manner, in line with the seriousness of the epidemic.

Financing

- a) Increase the level of domestic resources committed to HIV and AIDS and align national budgets to the national AIDS plans, which includes balanced allocation between prevention, treatment, care and support, and simplification of financial procedures;
- b) Generate new national and regional resources in the HIV AIDs response, including for example mutual insurances, solidarity funds, national levies on various services and merchandise;

- c) AU to mobilize countries to increase national resources for HIV and AIDS to accelerate the achievement of the 15% target for health, including HIV and AIDS, and, in cooperation with WHO and UNAIDS, to develop national account systems to monitor expenditure and resource allocations;
- d) AU and other regional entities to advocate for the implementation and monitoring of international recommendations on harmonization of donors around national priorities;
- e) Negotiate for debt cancellation and the availability of grants at national and regional level that would go specifically to finance HIV services in prevention, treatment, care and support;
- f) The African Union, the ECA and the Regional Economic Communities to establish innovative ways to mobilize resources for AIDS at the sub-regional level, including by strengthening the role of the ADB to raise resources and influence allocation especially for HIV and AIDS;
- g) Regional advocacy to multilateral and bilateral donors to end all conditionality except normal fiduciary requirements;
- h) Recommend that the AU calls on the international community to revisit existing financing mechanisms, for longer term predictable financing for acceleration "towards universal access".

Human resources and systems

- i) Massively scale up service delivery systems by enhancing training, sector-wide solutions to retention, and effective and innovative use of Africa's available human resources, including those offered by civil society, and by making such services responsive and accessible to all communities, without sacrificing quality. Such scale-up must be based on costed plans linked to targets and timelines;
- j) Establish regional mechanisms to coordinate and provide training, capacity-building, accreditation and quality assurance within the continent, with the collaboration of WHO as appropriate; establish or enhance the use of centers of excellence and the sharing of best practices and human resources on the continent;

Building and strengthening systems

- k) Strengthen multi-sector coordination, oversight, and foster good management across all sectors;

- l) WHO to support countries to carry out assessments of health infrastructures and service delivery systems to support scaling up processes towards universal access.

Affordable commodities, technology and essential medicines

- m) The African Union, in cooperation with the World Bank, the Global Fund, the African Development Bank, the ECA, the United Nations System (UNICEF, WHO, UNFPA, UNAIDS Secretariat) and other development partners urgently need to support Regional Economic entities to set up regional and national bulk purchasing, technology transfer, south-south collaboration and sub-regional production of AIDS-related medicines and commodities (e.g. male and female condoms), including support in using TRIPS flexibilities;
- n) Accelerate research on HIV and AIDS on the African continent, including into traditional medicines. Protect indigenous knowledge;
- o) Regional Economic Communities and national governments to address issues of strengthening and harmonizing regulatory procedures for medicines and other commodities and removing cross-border taxation on essential medicines and commodities.

Human rights and gender

- p) Reduce stigma and discrimination through social mobilization, using government, media, educational, community and religious leaders and increase the visibility, involvement and empowerment of people living with HIV and other vulnerable groups. Encourage sharing of best practice;
- q) Support people to exercise their right to know their HIV status without fear of discrimination and expand opportunities for counseling and testing and access to ARVs, while preserving confidentiality;
- r) Promote a supportive environment, including enacting or repealing laws and policies related to gender and human rights and strengthening implementation of relevant laws, jurisdictions and policies, in line with the AU framework on human rights and HIV and AIDS;
- s) Launch a Universal Access “Know Your Rights and Duties” campaign and the campaign for Acceleration of HIV Prevention;
- t) The AU promote and support an audit of legal instruments to verify harmonization of laws and policies with national AIDS goals on stigma, discrimination and all equity issues;

- u) Promote proactive and affirmative action for people infected and affected by HIV and AIDS, including children and young people'
- v) Promote legal and programmatic measures to address the high vulnerability of women and girls.

Fostering accountability

- w) Recommend that African Heads of State lead a social movement, from 2006 to 2010, in their respective countries, to provide accurate and reliable information and to make a package of services available, within the context of a right-based framework;
- x) Recommend that the Pan-African Parliament Committee on Health, Labour and Social Affairs provide advocacy, oversight and accountability for the implementation of the commitment towards universal access. This group will work within the framework of the African Union, making use of, inter alia, Aids Watch Africa and NEPAD peer review mechanisms;
- y) Develop and strengthen national monitoring and evaluation systems, with support from Regional Economic Commissions, UNAIDS, WHO and the World Bank, in line with Three Ones, which would produce an annual report on progress;
- z) By the end of 2006, set national targets, inspired by regional targets on prevention, treatment, care and support, for 2008 and 2010 to aid Africa's development and in order to be on track for the Millennium Development Goal 6 –“to halt and begin to reverse the spread of HIV/AIDS by 2015”;
- aa) The UN system and other development partners, including the civil society, to develop a framework under which they are held accountable.

Assembly/AU/5 (VII)
Annex IV

Theme:

*Universal Access to HIV/AIDS, Tuberculosis and
Malaria Services by 2010*

**CONTINENTAL FRAMEWORK FOR HARMONIZATION
OF APPROACHES AMONG MEMBER STATES AND
INTEGRATION OF POLICIES ON HUMAN RIGHTS
AND PEOPLE INFECTED AND AFFECTED BY
HIV/AIDS IN AFRICA**

AFRICAN UNION

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**SPECIAL SUMMIT OF AFRICAN UNION
ON HIV/AIDS, TUBERCULOSIS AND
MALARIA (ATM)
2 – 4 May, 2006
Abuja, NIGERIA**

Sp/Ex.CL/ATM/3 (I)

**CONTINENTAL FRAMEWORK FOR HARMONIZATION
OF APPROACHES AMONG MEMBER STATES AND
INTEGRATION OF POLICIES ON HUMAN RIGHTS
AND PEOPLE INFECTED AND AFFECTED BY
HIV/AIDS IN AFRICA**

“We are aware that stigma, silence, denial and discrimination against people living with HIV/AIDS (PLWH/A) increase the impact of the epidemic and constitute a major barrier to an effective response to it. We recognize the importance of greater involvement of people living with HIV/AIDS in control programmes”.

Paragraph 12, Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, April 2001

I. INTRODUCTION/ BACKGROUND

1. The world has had to contend with the HIV/AIDS pandemic for over two decades. This is particularly so for Africa which bears the heaviest burden and yet, is least prepared to contain it. As was underscored by African Leaders at their African Summit on HIV/AIDS, Tuberculosis (TB) and Other Related Infectious Diseases held in Abuja, Nigeria, 24-27 April 2004, stigma, silence, denial and discrimination against PLWH/A, intensify the impact and are a major challenge to effective control of the pandemic. The situation may have improved progressively as awareness was raised, “stigma reduced and silence broken”, but comprehensive promotion of the rights of PLWH/A is still a challenge; and much more needs to be done to reduce their vulnerability and exclusion.

2. It was in this regard that the African Leaders elected “*Protection For Human Rights*” as a priority in the Plan of Action for implementation of the Abuja Declaration on HIV/AIDS, TB and Other Related Infectious Diseases. They requested that the Continental Forum on Human Rights and People Infected and Affected by HIV/AIDS be organized, aimed at developing a Continental framework to harmonize related approaches and integrate the rights of PLWH/A including migrants or people in conflict situations within National Human Rights Frameworks. The Continental Forum was duly organized by the AU Commission in Addis Ababa, Ethiopia from 29 to 30 November 2005. The high level Experts in Human Rights and Control of HIV/AIDS at national, regional, continental and international levels devised the Continental Framework.

3. The outcome of the Abuja Summit was Africa’s contribution the 2001 UN General Assembly Special Session (UNGASS) on AIDS. Amongst the key themes, the Declaration of Commitment of the UNGASS on AIDS also noted that PLWH/A deserve the highest possible standard of physical and mental health. It was also clearly specified that Governments were committed to enforcing legislation and policies that stop discrimination against PLWH/A and at-risk groups. Governments were also charged with addressing vulnerabilities of PLWH/A.

4. In adopting the African Charter on Human and Peoples’ Rights, African Leaders were “*Convinced that it is henceforth essential to pay a particular attention to the right to development and that civil and political rights cannot be dissociated from economic, social and cultural rights in their conception as well as universality and that the satisfaction of economic, social and cultural rights is a guarantee for the enjoyment of civil and political rights*”. Article 3 on Non-Discrimination, African Charter on the Rights

and Welfare of the Child (1990) also states that *“Every child shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in this Charter irrespective of the child’s or is/her parents’ or legal guardians’ race, ethnic group, color, sex, language, relation, political or other opinion, national and social origin, fortune, birth or other status.”*

5. Furthermore, the July 2004 Solemn Declaration on Gender Equality in Africa, states that *“the Heads of State are ready to accelerate the implementation of gender specific economic, social and legal measures aimed at combating the HIV/AIDS pandemic... In this regard, they would ensure that treatment and social services are available to women at local level, enact legislation to end discrimination against women living with HIV/AIDS and for protection and care of PLWH/A, particularly women”.*

6. Respect for Human rights includes, among others freedom from stigma and discrimination, access to health services, nutrition, employment, inheritance, education and other requirements for basic human security. People living with HIV/AIDS comprise those who are HIV positive or have AIDS as well as those affected by HIV/AIDS through loss, or close association with PLWH/A. Others are affected by HIV/AIDS because they are obliged to take up responsibilities they normally would not be shouldering. The people affected by HIV/AIDS are vulnerable, liable to be marginalized and some are the poorest among the poor. Due to lack of information, many people infected and affected by HIV/AIDS are not even aware of their rights or that support services are available, hence the need to involve them at all levels of planning and implement action of programmes.

7. Depending on the nature of the epidemic and the legal, social and economic conditions in each country, some groups are more vulnerable to and thus disproportionately affected by HIV/AIDS. These include women, children, youth, old people living in poverty, minorities, indigenous peoples, migrants, refugees and internally displaced persons, people with disabilities, prisoners, sex workers, men who have sex with men and injecting drug users. That is to say, groups who already suffer from a lack of human rights protection, and from discrimination and/or are marginalized by their legal status. Lack of human rights protection disempowers these groups to avoid infection and to cope with HIV/AIDS if affected by it.

8. The Objectives of the Framework for Harmonization of Approaches to Human Rights for People Infected and Affected by HIV/AIDS include:

- a) To raise awareness on and reverse the negative impact of HIV/AIDS to communities, particularly the vulnerable and marginalized groups;
- b) To advocate for enactment or strengthening of legislation to protect PLWH/A, in the framework of National Human Rights Strategies;
- c) To address known cases of violation of human rights of PLWH/A (where applicable);

- d) To integrate policies on human rights for people infected and affected by HIV/AIDS into national Human Rights Frameworks;
- e) To harmonize approaches to human rights of PLWH/A at regional and continental level;

9. The Framework has eight Priority Areas, each with respective strategies, activities and indicators for monitoring implementation. The Priority areas are as follows:

- i) National Frameworks;
- ii) Greater Involvement of People Living with HIV/AIDS;
- iii) Community Partnerships
- iv) International Partnerships
- v) Resource Mobilization
- vi) Law Review, Reform and Support Services;
- vii) Promotion of Gender Equality and Equity
- viii) Promotion of Supportive and Enabling Environment;
- ix) Monitoring and Enforcement of Human Rights.

10. Implementation, monitoring and reporting will be undertaken as indicated in the mechanism Framework for Monitoring Follow up and Reporting, through the collaboration of stakeholders at national, regional, continental and international level. Annual reports will be prepared at regional and national level and biennial reports at continental level. After five years, a mid-term review will be undertaken.

11. In order to implement the Continental Framework effectively, transparent, accountable, participatory and responsive governments are needed. It was also noted that some countries had already developed national frameworks, which they are implementing. This Continental Framework will help to strengthen their frameworks and implement them more effectively. For those countries without National Frameworks, the Continental Framework will guide them as they develop and implement respective National Frameworks relevant to their particular needs.

II. FRAMEWORK FOR THE HARMONISATION OF APPROACHES AMONG MEMBER STATES TO AND INTEGRATION OF POLICIES ON HUMAN RIGHTS AND PEOPLE INFECTED AND AFFECTED BY HIV/AIDS

Priority Areas	Strategies	Activities	Indicators
Greater Involvement of People Living with HIV/AIDS	<p>Ensure, through political and financial support, the greater effective involvement of people living with HIV or AIDS in all phases of HIV/AIDS policy and programme design, implementation, monitoring and review</p> <p>Enable organizations of people living with HIV or AIDS to carry out their activities and to be get effectively involved in all phases of HIV/AIDS policy and programme design, implementation, monitoring and review</p>	<p>Establish new or strengthen existing formal and regular mechanisms to facilitate effective and ongoing dialogue with and input from people living with HIV or AIDS</p> <p>Conduct assessments to ascertain the needs of organisations of PLWHA and mobilize and allocate sufficient resources to support, sustain and enhance organizations of people living with HIV or AIDS in areas of core support capacity building and implementation of activities</p>	<p>Existence of mechanisms</p> <p><u>Proportion of Associations /Networks of PLWHA involved in policy development, programme implementation and M&E.</u></p> <p>Amount of funding allocated and disbursed to organizations of people living with HIV or AIDS</p>
Community Partnerships	<p>Facilitate, through political and financial support and the development of effective partnerships with and between community organisations, including CSOs, FBOs, trade unions and organisations of PLWHA for effective community consultation in all phases of HIV/AIDS policy design, implementation, monitoring and review</p> <p>Enable community organizations, including CBOs, FBOs trade unions and organisations of PLWHA to carry out their</p>	<p>Establish new or strengthen existing formal and regular mechanisms, such as joint coordinating committees, at national and local levels to facilitate effective and ongoing dialogue with and input from community organizations</p> <p>Identify all potential community organizations working at different levels and reach a common understanding and enter into a Code of Conduct/Memorandum of Understanding (MOU) with them to define the scope of the partnership</p> <p>Encourage and facilitate the development of strategic partnerships between community organisations</p> <p>Develop and institutionalize a common monitoring and reporting tool</p>	<p>Appropriate mechanisms in place</p> <p>No. CSOs, FBOs and CBOs involved in HIV/AIDS prevention and control Community organisations identified and MoU entered into</p> <p>Strategic partnerships in place</p> <p>Monitoring and reporting tool in place</p>

Priority Areas	Strategies	Activities	Indicators
	activities effectively	<p>Conduct regular monitoring meetings</p> <p>Conduct needs assessments of community organizations and mobilize and allocate sufficient resources to support, sustain and enhance community organizations in areas of core support, capacity building and implementation of activities, in such areas as HIV-related human rights, ethics and law.</p>	<p>Number of monitoring meetings held</p> <p>Amount of resource allocated for community organizations.</p>
International Partnerships	Advocacy for International Partnerships	<p>Identify all potential international partners, including multi-nationals, working in the country and those looking to work in countries</p> <p>Prepare advocacy and international mobilization tools that reflect the situation in the country and areas of gaps</p> <p>Conduct an international alliance or partnership meeting and establish a formal partnership through statements and signing of a code of conduct</p> <p>Establish a joint coordination/steering committee (JCC)</p> <p>Develop and institutionalize a joint planning, M&E and reporting mechanism</p>	<p>Potential international partners identified</p> <p>Advocacy and mobilization tools developed and utilized</p> <p>Code of conduct agreed upon</p> <p>JCC in place</p> <p>Joint planning, M&E and reporting mechanism developed and implemented</p>

Priority Areas	Strategies	Activities	Indicators
Resource Mobilisation	Advocacy for mobilization and provision of financial and other resources within and outside Africa Ensure that financial and other resources mobilized are sustainable and are not subject to conditions that violate human rights	Ensure that targets set in the Abuja Declaration for allocation of resources at a national level are met Identify all potential sources of public and private sector funding at national, regional, continental and international levels Conduct an assessment of needs in respect of resource requirements for government and community organizations Prepare advocacy and international mobilization tools that reflects the situation in the country and areas of gaps Develop or strengthen funding mechanisms that ensure accountability of funders, sustainability of resource provision and further ensure that agreements for the provision of resources are not incompatible with national HIV/AIDS programme objectives	Targets met Potential sources of funding identified Needs assessment conducted Advocacy and mobilization tool developed and utilized Appropriate funding mechanisms in place
Law Review, Reform and Support services	Review and reform public health legislation to ensure that they adequately address the public health issues raised by HIV/AIDS, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/AIDS and that they are consistent with international human rights obligations	Engage, in consultation with all relevant stakeholders, in a review of public health laws and if necessary reform to ensure that they: Empower public health authorities to provide a comprehensive range of services for the prevention and treatment of HIV/AIDS Reserve the right to access locally manufactured drugs Permit HIV testing only with pre-and post test counseling, informed consent and a guarantee of confidentiality Do not subject people to coercive measures such as isolation, quarantine or detention solely on the basis of their HIV status Protect information relating to HIV status of an individual from unauthorized collection, use or disclosure in the health care and other settings	Appropriate public health legislation in place enforced

Priority Areas	Strategies	Activities	Indicators
	Review and reform criminal laws and correctional systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV/AIDS or targeted at vulnerable groups	<p>Authorize but not require health care professionals to decide, on the basis of each individual case and ethical considerations and only in accordance with the criteria laid down in the International Guidelines on HIV/AIDS and Human Rights¹, whether to inform their patient's sexual partner of the HIV status of their patient</p> <p>Ensure that blood/tissue/organ supply is free of HIV and other blood borne diseases</p> <p>Require the implementation of universal infection control precautions in health care and other settings where there may be exposure to blood or other body fluids</p> <p>Require health care workers to undergo a minimum of ethics and human rights training in order to be licensed to practice and to develop and enforce codes of conduct based on human rights and ethics</p> <p>Engage, in consultation with all relevant stakeholders, in a review of criminal law and reform if necessary to ensure that it:</p> <p>Does not include specific offences against intentional transmission of HIV but rather applies general criminal offences to these exceptional cases</p> <p>Does not make provision for the prohibition of sexual acts between consenting adults in private or if it does make such provision, that such prohibition does not impede the</p>	

¹ The following criteria are to be applied:

- The patient in question has been thoroughly counseled
- Counselling has failed to achieve the appropriate behavioural changes
- The patient has refused to notify, or to consent to the notification of his/her partner(s)
- A real risk of HIV transmission to an identifiable sexual partner exists
- The patient is given reasonable advance notice
- The identity of the patient is concealed from the sexual partner(s), if this is possible in practice
- Follow up is provided to ensure support to those involved, as necessary

(Guideline 3: International Guidelines on HIV/AIDS and Human Rights)

Priority Areas	Strategies	Activities	Indicators
	<p>Enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups and people living with HIV or AIDS from discrimination in both the public and the private sectors and provide for speedy and effective civil and administrative remedies</p> <p>Ensure that traditional and customary laws and practices are not discriminatory against vulnerable groups such as women</p> <p>Enact general confidentiality and privacy laws</p>	<p>provision of HIV/AIDS prevention, care and treatment services</p> <p>Decriminalizes and then legally regulates occupational health and safety conditions to protect commercial sex workers and their clients</p> <p>Is not an impediment to measures taken by government to reduce the risk of HIV transmission among injecting drug users and to provide HIV-related care and treatment services for injecting drug users</p> <p>Take all measures necessary to: Protect prisoners from rape, sexual violence and coercion</p> <p>Provide prisoners with access to HIV-related prevention information, education, VCT, means of prevention (including condoms), treatment and care</p> <p>Revise or enact, in consultation with all relevant stakeholders, general anti-discrimination law that provides protection against discrimination for people living with or perceived to be living with HIV or AIDS as well as for members of vulnerable groups, including women and children and that includes the following:</p> <p>Prohibition of discrimination in access to health care, social services, welfare benefits, employment, education, sport, accommodation, clubs, trade unions, transport and other services</p> <p>Prohibition of both direct and indirect discrimination</p> <p>Ensure equality of women regarding property and marital relations, inheritance, access to employment and economic opportunity</p> <p>Ensure women's sexual and reproductive rights including non-discriminatory access to HIV-related prevention, treatment and care services</p>	<p>Appropriate criminal law in place and enforced</p> <p>Systems in place to ensure access by prisoners to prevention, treatment and care</p> <p>Appropriate discrimination laws in place and enforced</p> <p>Appropriate legal and administrative procedures in place for seeking redress</p>

Priority Areas	Strategies	Activities	Indicators
	<p>Ensure an adequate framework of laws, regulations and collective agreements to guarantee the rights of people living with HIV/AIDS in the workplace</p> <p>Ensure an adequate framework of laws governing human participation in research</p> <p>Ensure an adequate framework of laws to provide for regulation of HIV-related goods, services and information and take measures to ensure that all</p>	<p>Ensure protection of children against human rights violations and access to appropriate HIV-related prevention, care and support services</p> <p>Provision for independent, speedy and effective legal and/or administrative procedures for seeking redress</p> <p>Review traditional and customary law and practices in light of anti-discrimination laws and where laws and practices are discriminatory embark, in consultation with all relevant stakeholders, on information, education and community mobilization campaigns to change laws and associated attitudes</p> <p>Revise and strengthen, in consultation with all relevant stakeholders existing or enact new legislation that:</p> <p>Protects confidentiality in respect of health care practitioner/patient relationships <u>Establishes an independent agency to redress breaches of confidentiality</u></p> <p>Requires professional bodies to discipline cases of breaches of confidentiality as professional misconduct</p> <p>Enact, in consultation with all relevant stakeholders, laws and regulations and reach collective agreements to provide for: The adoption of a national policy on HIV/AIDS in the workplace agreed upon by a tripartite body A prohibition on pre-employment HIV testing as well as HIV screening for promotion, training or benefits Confidentiality in respect of all employee medical information</p> <p>Employment security for workers living with HIV or AIDS until they are no longer physically fit to do the job for which they were employed and an obligation on</p>	<p>Existing traditional customary laws that discriminatory changed</p> <p>Harmful customary traditional practices changed and no longer have effect increasing vulnerability HIV or of worsening impact of HIV</p> <p>Appropriate confidentiality and privacy laws in place and enforced</p>

Priority Areas	Strategies	Activities	Indicators
	persons have access, on a sustained and equal basis, to quality goods, services and information for HIV/AIDS prevention, treatment, care and support, including anti-retrovirals	<p>employers to reasonably accommodate workers living with HIV or AIDS</p> <p>Adherence to universal precautions in the workplace</p> <p>Non-discriminatory access to adequate HIV-related prevention, treatment and care services and workplace benefits</p> <p>Protection against discrimination</p> <p>Worker participation in HIV-related workplace issues</p> <p>Enact or strengthen, in consultation with all relevant stakeholders, existing laws governing the legal and ethical protection of human participation in research which provides for:</p> <p>Non-discriminatory selection of participants</p> <p>Informed consent</p> <p>Confidentiality</p> <p>Equitable access to information and benefits emanating from research</p> <p>Provision of health services during and after participation</p> <p>Establishment of local ethical review committees with representation from affected communities</p> <p>Approval for use of safe and efficacious pharmaceuticals, vaccines and medical devices</p> <p>Review and strengthen, in consultation with all relevant stakeholders, existing legislation or enact new legislation to govern the provision of HIV-related goods, services and information and provide for:</p> <p>Universal and equal access to medicines, diagnostics and related technologies</p>	<p>Appropriate laws, regulations and policies in place and enforced</p> <p>Appropriate laws in place and enforced</p> <p>Appropriate national policies in place and implemented</p> <p>Increase in budget allocation</p> <p>Appropriate policies in place and implemented</p> <p>Appropriate and accessible legal services available</p> <p>Training courses held</p> <p>Materials developed and distributed</p>

Priority Areas	Strategies	Activities	Indicators
	Ensure availability of accessible legal services to educate people affected by HIV/AIDS about their rights and to enforce these rights as well as appropriate fora for the protection of these rights	<p>Non-discriminatory access to health care goods, services and information</p> <p>Positive measures to address factors that hinder equal access of vulnerable groups to prevention, treatment, care and support</p> <p>Involvement of communities as part of comprehensive HIV/AIDS prevention, treatment, care and support</p> <p>Prompt and effective remedies where people living with HIV or AIDS are denied or not provided with access to treatment, care and support</p> <p>Quality assurance and control of HIV-related products</p> <p>Supply of medicines in adequate quantities and in a timely fashion with accurate, accessible and current information on their use.</p> <p>Quality and availability of HIV tests and counseling Develop and implement, in consultation with civil society organizations, people living with HIV/AIDS and all other relevant stakeholders, national plans to progressively realize universal access to comprehensive treatment, care and support for all persons living with HIV or AIDS, as well as universal access to a full range of goods, services and information for HIV prevention</p> <p>Increase budget allocation for measures promoting secure and sustainable access to affordable HIV/AIDS prevention, treatment, care and support Support and implement policies maximizing the benefits of donor assistance that ensure, inter alia, that such resources are used to purchase generic medicines, diagnostics and related technologies, where these are more economical</p>	

Priority Areas	Strategies	Activities	Indicators
		<p>Implement and support free accessible legal services for use by people living with HIV/AIDS to enforce their rights</p> <p>Raise level of expertise among members of the judiciary, prosecutors, ombudspersons and human rights commissions to effectively protect the rights of people living with HIV/AIDS</p>	
Promotion of gender equality and equity	Ensure the mainstreaming of gender perspectives in all activities	<p>Ensure that women, vulnerable men, the youth and children are targeted in all interventions</p> <p>Ensure the participation of women at all levels in all interventions intended for PLWHA</p> <p>Ensure gender budgeting for all financial resources intended for PLWHA</p> <p>Mainstream gender perspectives in the implementation of all sections of the Framework for Harmonisation of Approaches among Member States and Integration of Policies on Human Rights and People Infected and Affected by HIV/AIDS in Africa</p>	<p>Intervention being reaching women, vulnerable men, youth and children are infected and affected HIV/AIDS</p> <p>Women participating in design, implementation, monitoring and evaluation interventions intended PLWHA</p> <p>Gender sensitive budget activities intended PLWHA</p> <p>Gender mainstreamed in entire Framework</p>
Promotion of a Supportive and Enabling Environment	Promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed health and social services and support to community groups	<p>Support the establishment and sustainability of community associations comprising members of different vulnerable groups for peer education, empowerment and social support</p> <p>Support the development, in consultation with members of the vulnerable group, of adequate, accessible and effective HIV-related prevention and care education, information and services by and for vulnerable groups</p> <p>Support the establishment of national multi-sectoral fora to examine the impact of HIV/AIDS on women</p>	<p>Community association place</p> <p>Adequate services in place Uptake of services members of vulnerable groups</p> <p>Fora established</p>

Priority Areas	Strategies	Activities	Indicators
	<p>Changing discriminatory attitudes through education, training and the media</p> <p>Development of public and private sector standards and mechanisms for implementing and enforcing these standards</p> <p>Promote a legal and policy framework that supports and enables the work of CSOs, FBOs and CBOs</p>	<p>Ensure that primary health programmes, services and information campaigns contain a gender perspective</p> <p>Ensure that all women and children of child bearing age have access to accurate and comprehensive information and counseling on prevention of HIV transmission and the risks of vertical transmission from mother to child, as well as access to available resources to minimize that risk</p> <p>Ensure access of children and adolescents to adequate and confidential HIV prevention, treatment, care and support services</p> <p>Ensure access to HIV prevention, treatment, care and support services for people who have less access to mainstream programmes by virtue of language, poverty, social or legal or physical marginalization</p> <p>Promote and support the wide distribution of creative education, training and media programmes designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance</p> <p>Require that both government and the private sector develop, implement and enforce codes of conduct regarding HIV/AIDS that translate human rights principles into codes of professional responsibility and practice, with accompanying mechanisms to implement and enforce these codes</p> <p>Review and revise existing legislation and other laws that undermine, or potentially undermine civil society, community based and faith based initiatives</p>	<p>Gender sensitive primary health programmes, services and information in place and uptake by women</p> <p>Appropriate services in place and uptake by women</p> <p>Reduction of MTCT</p> <p>Appropriate services in place and uptake by children and adolescents</p> <p>Appropriate services in place and uptake by members of marginalized groups</p> <p>Programmes in place</p> <p>Reduction in number of related human rights violations reported</p> <p>Codes of conduct in place and enforced</p> <p>Amended legislation</p> <p>Monitoring reports</p>

Priority Areas	Strategies	Activities	Indicators
		Monitor the impact of the use of legislation and other laws on civil society, faith based and community based	
Monitoring and enforcement of human rights	Ensure the establishment, in consultation with all stakeholders, of monitoring and enforcement mechanisms to guarantee human rights in the context of HIV/AIDS	<p>Collect information on human rights and HIV/AIDS and use information to inform policy and programme development and reform and to report on relevant HIV-related human rights issues to relevant UN treaty bodies</p> <p>Develop performance indicators to show specific compliance with human rights standards to be included in all relevant policies and programmes</p> <p>Create in consultation with stakeholders new or strengthen existing national independent institutions for the promotion and protection of HIV-related human rights, such as ombudspersons, human rights commissions and/or appoint HIV/AIDS ombudspersons to existing national human rights institutions, national legal bodies and law reform commissions</p>	<p>Mechanisms for collection of information in place</p> <p>Reports to treaty bodies completed and submitted</p> <p>Indicators in place</p> <p>Institutions established HIV/AIDS Ombudspersons appointed</p>

III. MONITORING, FOLLOW-UP AND REPORTING MECHANISM

All stakeholders at national and regional levels should collaborate, play their expected roles and prepare annual progress reports. These reports will be compiled and utilized to prepare biennial progress reports to AU Heads of State and Government (continental levels). Mid-term evaluation will be undertaken after five years. The Framework for Monitoring and Reporting comprises the following Institutions and Mechanisms:

INSTITUTIONS	MECHANISMS
1. AU ASSEMBLY OF HEADS OF STATE AND GOVERNMENT	<p>The Chairperson of the AU Commission, in collaboration with development partners will submit a biennial Progress Report on the status of implementation to the AU Executive Council and Assembly of Heads of State and Government. This is the report that would have been adopted by a Continental Forum of Inter-Ministerial Committee Members.</p> <p>A Mid-Term Review Report will also be prepared after five years in 2010 for the AU Assembly.</p>
2. REPORTING TO CONTINENTAL FORUM OF INTER-MINISTERIAL COMMITTEE MEMBERS	<p>The Chairperson of the AU Commission in collaboration with Development Partners will prepare a biennial progress report for consideration by Inter-Ministerial Committee Members of AU Member States</p> <p>The Inter-Ministerial Committee will operate in the framework of National AIDS Councils (NACs). It is important to involve other AU Organs such as ECOSOCC, Pan-African Parliamentarians, Peace and Security Council, the Commission on Human and Peoples Rights and Regional Economic Committees (RECs)</p>
3. REGIONAL ECONOMIC COMMUNITIES (RECs)	<p>Each Regional Economic Community (REC) receive National Reports from Member States it covers</p> <p>The Reports will be analyzed and compiled into a Regional Report for consideration by respective Council of Ministers and Heads of State</p> <p>At the AU/RECs Meetings, the RECs will submit Regional Progress Reports.</p>

	These will compile regional reports for the AUC to consolidate into the AU Chairman's Report to the Executive Council ????
4. REPORTING TO DEVELOPMENT PARTNERS	An Inter-Ministerial Committee at National level will collaborate with the Inter-Agency Technical Committee coordinated at national level under National AIDS Councils. Subsequently, the Inter-Ministerial Committee will report annually to Development Partners coordinated by UNAIDS through the International Partnership Against AIDS in Africa (IPAA) or an equivalent body and the National Human Rights Council/ Commission. Sectoral Ministers on the Inter-Ministerial Committee will also report annually to their respective Development Partners at National level
5. REPORTING AT NATIONAL LEVEL	Under the framework of the National AIDS Council (NACs), the Inter-Ministerial Committee established will hold coordination and technical meetings as agreed in the Memorandum Of Understanding (MOU) Annual reports will be prepared and adopted.
6. REPORTING AT COMMUNITY LEVEL	Civil society organizations, including networks of PLWHA, report to respective constituencies, Inter-Ministerial Committee and ECOSOCC Annual reports prepared and adopted

2006

Report on the outcome of the sReport on the outcome of the special summit on HIV/AIDS, Tuberculosis and Malaria (ATM), Abuja, (Nigeria, 2-4 May 2006)

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