

AFRICAN UNION

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**SPECIAL FOLLOW-UP SUMMIT ON THE ABUJA 2001 AFRICAN UNION
SUMMIT ON HIV/AIDS, TUBERCULOSIS AND OTHER RELATED
INFECTIOUS DISEASES IN THE THIRD QUARTER
(JULY/AUGUST) OF 2013**
(Item Proposed by the Federal Republic of Nigeria)

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BACKGROUND

1. In the wake of the September 2000 Millennium Summit, African heads of State and Government assembled in Abuja, Nigeria in 2000 and 2001, and adopted the Abuja Declarations and Frameworks for Action on Roll Back Malaria, and on HIV and AIDS, Tuberculosis and other related infectious diseases. The primary objective of the Abuja Declarations and Frameworks was for Africa to collectively and individually work towards arresting and reversing the staggering rate at which these diseases were eroding the progress made in socio-economic development. This high-level commitment marked a turning point in the continental response to these three diseases.
2. The 2001 Declaration and Framework for Action also comprised Africa's Common Position to the 2001 United Nations General Assembly Special Session (UNGASS) on HIV and AIDS, which resulted in the landmark UN Declaration of Commitment on HIV and AIDS and also led to the establishment of the Global Fund to fight AIDS, Tuberculosis, and Malaria.
3. The Abuja Declarations and subsequent commitments stimulated sharp increase in resource mobilization and the scale up of programs to fight these diseases in Africa. In early 2006, additional momentum was provided by the emerging international consensus on Universal Access as a means to attain Millennium Development Goal 6 (MDG 6) and other health-related MDGs.
4. This culminated in the adoption of the "Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa" and related commitments at the Special Summit which was held in Abuja in May 2006 under 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 Plans of Action on the 2000 Abuja Summit on Roll Back Malaria (RBM) and the 2001 Abuja Summit on HIV/AIDS, TB and Other Related Infectious Diseases (ORID).
5. In 2010, the African Union Commission conducted the 5-Year review of the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, TB and Malaria Services in Africa which indicated that since 2006, significant progress has been made by Member States towards universal access to health services in general and HIV and AIDS, Tuberculosis, and Malaria in particular. There is clear political will and commitment to achieve universal access and the health-related MDGs by 2015. Funding for the three diseases has increased significantly in recent years, with commensurate gains in impact. Furthermore, scaling up of proven HIV prevention

interventions in high-prevalence countries in Africa has resulted in reduction in new cases. At the same time, there are more people living with HIV in Africa as a result of successful HIV testing initiatives and the rapid scale up of treatment programs.

6. In spite of the progress made, it is still insufficient to attain the Abuja targets of universal access to HIV/AIDS, TB and Malaria services and MDGs. The ‘final push’ towards universal access should be advanced through intensified implementation of national programmes with the support of the UN system and international partners, and better harmonization and coordination at national, regional and continental levels. Greater emphasis should be placed on longer-term sustainable financing through, inter alia, efficiency gains and mobilizing greater domestic resources. Drug resistance has been reported as huge challenge to treatment efforts for all the three diseases.

7. At the 15th Ordinary Session of the AU Assembly in Kampala in July 2010, the “Abuja Call” was extended to 2015 to coincide with the MDGs based on the 5-Year Review conducted by the AU Commission (Assembly/AU/Dec.291(XV)). The AU Commission was requested to develop indicators for the Abuja Call and harmonize them with those of MDG6 and submit a progress report to the Assembly in 2013 using those indicators.

8. By its decision Assembly/AU/Dec.320(XV) on “Partnership for the Eradication of Mother-Child Transmission of HIV/AIDS”, the Assembly expressed its preoccupation with the seriousness of the phenomenon of the transmission of HIV/AIDS from mother to child, which constitutes a threat to the future of the Continent; and invited all Member States to intensify efforts relating to antiretroviral treatment and prevention of mother to child transmission and to extend such efforts to primary health centres so that no child is born with HIV/AIDS. The Assembly also requested the coordination, within the shortest time possible, of collective action of all African actors concerned, with help of interested international partners, to put a final end to the transmission of HIV/AIDS from mother to child.

9. In its decision Assembly/AU/Dec.395(XVIII) of January 2012, the Assembly revitalized the AIDS Watch Africa (AWA) as an advocacy platform of Heads of State and Government for mobilizing action and resources, for a stronger leadership, not only for HIV/AIDS, but also Malaria and TB. This was done as part of the effort to keep momentum as well as avoid complacency on the implementation of the “Abuja Call”. Also, by its Declaration *Assembly/AU/Decl. 2(XIX)* on AIDS Watch Africa (AWA), the Nineteenth Ordinary Session of the African Union (AU) Assembly held in Addis Ababa in July 2012, adopted a Roadmap on *Shared Responsibility and Global Solidarity for AIDS, TB and Malaria response in Africa (2012-2015)*. The Roadmap calls on AU Member States to strengthen ownership, accountability and partnerships to accelerate progress to achieve clear deliverables in the realms of: (1) financing; (2) access to medicines; and (3) enhanced governance.

10. The efforts by the AU Assembly could not have come at a better time. In the past three years, international investments for HIV/AIDS have fallen by more than 13%.

Similarly, the Roll Back Malaria (RBM), Global Malaria Action Programme (GMAP) with estimated requirement of US\$26.9 billion for 2012-2015 has a funding gap estimated at US\$9.7 billion or US\$2.4 per year. Inadequate funding poses a severe threat to the significant gains made by the continent in the past decade in fighting these three diseases and in meeting the MDG targets. The gaps in international funding and its consequences have exposed Africa's dependency on external sources in funding health and our inability to meet the Abuja 15% target we set for ourselves in 2001; and the need to mobilize more domestic resources for health.

OBJECTIVES

11. Building on the progress, challenges and gaps in the implementation of the Abuja Call and in particular the need to mobilize more domestic resources for health through innovative financing, the Federal Republic of Nigeria has proposed to host a Special follow up Summit of the AU Assembly on the Abuja commitments in the third quarter (July/August) of 2013.

EXPECTATIONS AND NEXT STEPS

12. In order to achieve the goals of the Special follow up Summit on Abuja Declaration 2001, the African Union Commission in collaboration with the Government of the Federal Republic of Nigeria and with the support of the UNAIDS, WHO, UNICEF, UNFPA and other partners are expected to adequately prepare for the Summit and ensure the participation of all AU Member States and relevant stakeholders.

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Special follow-up summit on the Abuja
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