

DECLARATION ON AIDS EPIDEMIC IN AFRICA

We, the Heads of State and Government of the Organization of African Unity, meeting at the Twenty-eighth Ordinary Session of our Assembly in Dakar, Senegal, from 29 June to 1 July, 1992,

BEARING IN MIND

- **That AIDS is one other disease among the myriad health problems of the African Continent.**
- **That unlike many of almost all other diseases, AIDS has no drugs or vaccines to prevent or cure it and those supportive drugs that are presently available pose a particular challenge to our health budgets.**
- **That by the year 2000, it is estimated 20 million Africans will be HIV positive causing approximately 1 million deaths annually.**
- **That with the emergence of AIDS, some diseases that were almost under control notably, tuberculosis, are becoming public health problems once again.**
- **That with the emergence of AIDS, millions of children will be orphaned over the coming decade.**
- **That the positive gains in health status of children and women brought about by successful Primary Health Care programmes of Immunization in most African States are being threatened and will actually be reversed by AIDS.**
- **That HIV, the AIDS virus, spreads through the basic human drive for love, intimacy, physical closeness and the reproduction of the species and that controlling and channeling this drive is the only way to ensure our species' survival.**

- That AIDS leads to frustration and despair, kills young and middle-aged adults, who are the mainstay of the family, the backbone of the workforce, and the key to development.
- That AIDS is a major health problem affecting socio-economic situation of our continent.

DECLARE that:

1. Prevention is the key to slowing the spread of AIDS in Africa and containing its ultimate impact. This is a national responsibility and an international challenge.
2. Community and home-based care, integrating AIDS activities into primary health care, improving management capabilities, undertaking sentinel surveillance, improving nursing care and counseling skills, ensuring the safety of blood and supporting special activities targeted at youth and women are among the rational strategies to be followed by all our Member States.

COMMIT ourselves to this AGENDA FOR ACTION

1. By giving our fullest political commitment to mobilizing society as a whole for the fight against AIDS,

We must emphasize the gravity and urgency of the epidemic, and announce to our people that the country's stability and survival are at stake. We must overcome any sensitivities and speak our frankly about how to prevent AIDS; no taboo should be allowed to interfere with the saving of millions of lives. We must find imaginative ways of accommodating clear prevention messages within the context of our country's social, cultural and religious norms, and exercise moral leadership to bring about life saving changes in individual and collective behavior. We must encourage traditional and religious leaders to do the same and thereby protect their own communities from AIDS. We must see to it that all existing communication channels, both traditional and non-traditional, are used to explain how HIV is transmitted and how it is not transmitted, so that all people understand they run no risk from social contact with HIV infected individuals. We must counter the impression that AIDS is a disease that only attacks

certain groups or populations, and show by our personal example that people with HIV or AIDS are to be treated with respect and compassion, in keeping with Africa's age-old tradition of tolerance.

Target: By the end of 1992, each one of us will be publicly recognized as the leader of the fight against AIDS in one's own country.

2. By stepping up action to prevent the sexual transmission of HIV.

While the tragedy of Africa is that AIDS spread so far before scientists recognized how HIV was transmitted, the hope of Africa is its younger generation, who still have a chance to escape infection. We must seize this opportunity and ensure that today's girls and boys, who will be the mothers and fathers of tomorrow's children – are safe from HIV. We must see to it that all young people are given frank information about how the virus spreads;

Educated in life-saving skills – including the strength to say no to sex and the skill to negotiate safer sex, and given access to condoms, family planning services and appropriate management of STDs, which greatly increase the risk of HIV transmission if left untreated. At the same time, the older generation must accept their responsibility to protect the young from exposure to HIV. Women are another vulnerable group, We must take decisive action including legislation to improve their education, economic prospects and social status so that women gain better control over their sexual life and that of their partners. AIDS menaces not only women themselves but Africa's newborn, since one in three babies born to an HIV-infected women is itself infected.

Target: By mid 1993, all of us will have ensured that 100% of our country's adults, including young adults, know how HIV is transmitted and how they can protect themselves and others from infections.

3. By planning for the care of people with HIV infection and AIDS and the support of their families and survivors.

In just eight years, Africa will have had a cumulative total of 18 million HIV infections. Already, hospitals are overwhelmed by the needs of HIV-infected people, and their families are disrupted by illness and death in their most productive members.

We must see to it that a rational care plan is drawn up, with funding from national and external resources. We must ensure that our national essential drugs programme make provision for the millions of infected Africans who will need, at minimum pain relief and treatment for the common HIV-related illness, such as sexually transmitted diseases, diarrhoea, fungal infections, pneumonia and tuberculosis. We must ensure that linkage and collaboration between the formal health sector and community structures, including religious, charitable and other non-governmental organizations, so that patients can be cared for primarily at home or on an outpatient basis. We must at the same time anticipate the family and community disruption from AIDS deaths, and plan now for ways of caring for and supporting the survivors including the projected 10 million AIDS orphans of the 1990s – again, in close collaboration with community-based organizations. Special attention must be paid to the education and care of mobile populations.

Target: By mid 1993, we will have adopted a rational AIDS care plan, including essential drugs for HIV-related illness, and a rational plan for the family or community-based care and support of AIDS survivors, including orphans.

4. By supporting appropriate and relevant AIDS research.

Research is a necessary component for the development of knowledge towards understanding of the problem of AIDS in Africa and control of HIV infection. While collaboration between scientists from developed countries and those from Africa should continue to be promoted and supported, it is important to strengthen and promote research capacity in Africa. AIDS research should be directed towards the specificity of the AIDS problems in Africa.

There should be a mechanism in place to ensure coordination of AIDS research between countries and that an ethical code is in place.

Efforts should also be aimed at researching into normal herbs since some have been shown to carry potency.

Target: By the end of 1993, we will have endorsed a National Plan of Action for the promotion and Coordination of AIDS Research in our countries including an operational ethical code in AIDS research.

5. By using our leadership position to ensure that all sectors of society work together to tackle the AIDS epidemic.

We must see to it that each and every sector, private and governmental, understands what it stands to lose because of AIDS and its socio-economic repercussions, and consequently how it can benefit from and contribute to effective AIDS prevention and control. We must direct Ministers from each sector to develop and implement the relevant plans and provide the necessary resources. To take but a few examples, the Ministry responsible for Health must play a key role in developing appropriate strategies for behavior change and in preventing the spread of HIV through infected blood or unsterilized needles and skin-piercing equipment, as well as in patient care and in surveillance of the epidemic: sustainability must be ensured through strengthening of all health infrastructures and the integration of all health programmes . The Ministry responsible for Labour must undertake studies of the impact of AIDS on labour availability and plan of AIDS education at the workplace; the Ministry responsible for Education must develop school curricula for age and culture-specific AIDS education; the Ministry responsible for Social Affairs must design appropriate educational and condom supply programmes for clients and workers in the commercial sex trade. Finally, we must reach out to community based and other non-governmental organizations, which have been a mainstay of AIDS prevention and care since the start of the epidemic, and ensure that NGOs are part of the national AIDS programme.

Target: By the end of 1993, we will have ensured that every sector has worked out a plan, and allocated funds to it, that takes into account the sectoral implications and consequences of AIDS, and will have established an effective high-level mechanism for the multi-sectoral coordination of the planned activities.

6. We must make AIDS a top priority for external resource allocation so that our continent benefits from maximum international cooperation and solidarity in overcoming the epidemic and its impact.

Financial requirements for AIDS prevention, care and control will place a heavy burden on countries around the world, developed and developing, but the gap between

the resources needed and those available will be especially wide in Africa, against the background of the continent's heavy foreign debt, famine and other diseases. The AIDS epidemic is certain to place a drain on Africa's health care resources, decimate its workforce, reduce industrial and agricultural production, and result in loss of educated professionals, consumers and purchasing power. A Plan of Action for Africa must be developed, costed and presented to the private sector, NGOs, philanthropic foundations and trusts, development assistance agencies of wealthier nations and international organizations such as WHO, the World Bank, UNDP, UNICEF and others. At the same time, we must help ensure solidarity in the sharing of knowledge. We must see to it that local public opinion understands how important it is for Africa to participate on an equal footing with the industrialized countries in the global research effort to find effective drugs and vaccines against AIDS. Active participation in the process of research and development will help ensure that the products of research are both appropriate for and accessible to Africa.

Target: By the end of 1994, we will have collaborated in and produced a consolidated Plan of Action for Africa to attract the financing needed for controlling AIDS and containing the epidemic's consequences, and will begin to promote this Plan of Action at all international and donor fora.

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