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UNIÃO AFRICANA

Addis Ababa, ETHIOPIA P. O. Box 3243 Telephone +251115-517700 Fax : +251115-517844
Website : www.africa-union.org

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DRAFT IMPLEMENTATION PLAN FOR ACHIEVING UNIVERSAL ACCESS TO HIV/AIDS, TUBERCULOSIS AND MALARIA (ATM) SERVICES, 2007 - 2010

EXECUTIVE SUMMARY

This document provides the Implementation Plan for the African Union Assembly mandate on Universal Access to HIV/AIDS, TB and Malaria services in Africa by 2010 from the Abuja, Nigeria Special Summit on HIV/AIDS, Tuberculosis and Malaria, 2-4 May 2006. The theme of the Special Summit was "***Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010***". The purpose of this Implementation Plan for HIV/AIDS, Tuberculosis and Malaria is to provide a design that would guide the role of Member States, the African Union Commission (AUC), Regional Economic Communities (RECs), Development Partners (bilateral and multilateral organizations), and, the Civil Society and the Private Sector in translating the decisions of the Heads of State at the Abuja 2006 Special Summit into action.

1. At the Special Summit, African Heads of State adopted the following commitments:

   (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 June 2006 UN General Assembly Special Session on AIDS; together with The Brazzaville Commitment on Scaling up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support by 2010 (4-6 March 2006)

   (c) The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS.

The Implementation Plan for HIV/AIDS, Tuberculosis and Malaria provides a strategic operational framework for the Abuja 2006 Special Summit Call (Abuja 2006 Call), identifies broad responsibilities for each stakeholder and provides outlines of implementation activities for program priorities established by the Heads of State in the Abuja 2006 Call. This document also identifies agencies or organizations that will lead implementation activities. This document also includes benchmarks and timelines that will guide the monitoring and evaluation of the implementation plan.

2. The document comprises of the following major sections:

   Section 1 discusses an overview of HIV/AIDS, TB and Malaria in Africa, the operational framework for action as mandated by Heads of State at the Abuja 2006 Special Summit and the cross-cutting implementation issues that apply to all stakeholders in the quest for universal access to remedial services for the three diseases.
   Section Two briefly describes the continental implementation framework for HIV/AIDS, TB and Malaria as directed by the Heads of State at the Abuja 2006 Special Summit.

   Section Three describes the implementation activities, responsibility centers (who is responsible?) for each program priority and benchmarks and time lines for the envisaged role of the AU Commission, Member States, Regional Economic Communities, Development Partners, the Civil Society and the Private Sector, 2007 through 2010.
   Section Four outlines the special need for adequate resource mobilization and proposed parameters for resource mobilization at national and international levels.

   Section Five provides an operational framework for the technical role of the AU Commission as it fulfills its mandate of monitoring and evaluating the implementation plan, including the AU General Assembly mandated reviews in 2008 and 2010.

   Section Six includes annexes to this document and a list of selected bibliography for the background work on the implementation plan. For a complete list of the African Union position papers, resolutions and platforms, readers should consult the African Union Commission website, the Department of Social Affairs or the Conference Services Directorate.

3. Following the adoption of the Implementation Plan, stakeholders are urged to play their role and prepare progress reports accordingly, the first one in 2008 and the second at the end of 2009, in preparation for the review of 2010.

SECTION 1: BACKGROUND

1.1 Purpose of This Document

1. This document provides the Implementation Plan for the African Union Assembly mandate on Universal Access to HIV/AIDS, TB and Malaria services in Africa by 2010; from the Abuja, Nigeria Special Summit on HIV/AIDS, Tuberculosis and Malaria, 2-4 May 2006. At this special summit, African Heads of State adopted on the following commitments:

(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 June 2006 UN General Assembly Special Session on AIDS; together with the Brazzaville Commitment for Accelerated Action on Scaling up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support in Africa by 2010**

(c) **The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS.**

2. The purpose of this document is to discuss the implementation plan that would guide the role of Member States, the African Union Commission (AUC), Regional Economic Communities (RECs), Development Partners (bilateral and multilateral organizations), and, the Civil Society and the Private Sector in translating the decisions of the Heads of State at the Abuja 2006 Special Summit into action. This document provides a strategic operational framework for the Abuja 2006 Special Summit Call (Abuja 2006 Call), identifies broad responsibilities for each stakeholder and provides outlines of implementation activities for program priorities established by the Heads of State in the Abuja 2006 Call. This document also identifies agencies or organizations that will lead implementation activities. This document also includes benchmarks and timelines that will guide the monitoring and evaluation of the implementation plan. This document is not intended to supplant or replace the responsibilities of Member States to meet the unique needs of their citizens regarding universal access to HIV/AIDS, TB and Malaria services. However, as noted by Heads of State at the 2006 Abuja Special Summit, the continent can only achieve its objectives if and when various stakeholders at Member State, regional, continental and global levels work together, towards common goals and objectives.

3. This document comprises of the following major sections:

Section 1 discusses an overview of HIV/AIDS, TB and Malaria in Africa, the operational framework for action as mandated by Heads of State at the Abuja 2006 Special Summit and the cross-cutting implementation issues that apply to all stakeholders in the quest for universal access to remedial services for the three diseases.

Section Two briefly describes the continental implementation framework for HIV/AIDS, TB and Malaria as directed by the Heads of State at the Abuja 2006 Special Summit.

Section Three describes the implementation activities, responsibility centers (who is responsible?) for each program priority and benchmarks and time lines for the envisaged role of the AU Commission, Member States, Regional Economic Communities, Development Partners, the Civil Society and the Private Sector, 2007 through 2010.

Section Four outlines the special need for adequate resource mobilization and proposed parameters for resource mobilization at national and international levels.

Section Five provides an operational framework for the technical role of the AU Commission as it fulfills its mandate of monitoring and evaluating the implementation plan, including the AU General Assembly mandated reviews in 2008 and 2010.

Section Six includes annexes to this document and a list of selected bibliography for the background work on the implementation plan. For a complete list of the African Union position papers, resolutions and platforms, readers should consult the African Union Commission website, the Department of Social Affairs or the Conference Services Directorate.

1.2 Situational Analysis

4. The Heads of State at the Abuja 2006 Special Summit on HIV/AIDS, TB and Malaria noted as follows:

a) Countries south of the Sahara constitute 10% of the global population but account for more than 60% of the estimated HIV infected people in the world. Africa accounts for 77.4% of AIDS death worldwide and 90% of all AIDS orphans (0-17 years of age) in the world.

b) Africa accounts for more than 25% of all TB reported cases in the world and is the only region in the world where TB incidence rates are increasing

despite the availability of effective TB control strategies and implementation programs. More than 600,000 people die of TB in Africa and at least 2 million contract TB every year.

c) Malaria is the number one killer of children in Africa. Most childhood Malaria deaths in Africa are eminently preventable if parents had access to prompt diagnosis and treatment. Africa accounts for almost 90% of the estimated 500 million malarial episodes reported every year, worldwide. At least one million people die in Tropical Africa of Malaria, representing more than 90% of all global deaths from the disease**.**

d) Women and children in Africa remain particularly vulnerable to HIV/AIDS, TB and Malaria. African women have the highest rates of HIV/AIDS, TB and Malaria compared to their counterparts in other regions of the world.

1.3 Progress in the Fight Against HIV/AIDS, TB and Malaria

5. Heads of State at the Abuja 2006 Special Summit noted that the continent and Member States have made progress in the fight against HIV/AIDS, TB and Malaria. The Heads of State noted progress made since the Millennium Declaration of 2000 and on its Millennium Development Goals, the Abuja Declarations and Plans of Action of 2000 and 2001, and, the UNGASS Declaration of Commitments on HIV/AIDS in 2001. The Heads of State also noted the remarkable progress made at national levels by governments, the civil society, the private sector and development partners in the design and implementation of national strategies against HIV/AIDS, TB and Malaria.

6. The African Union Commission developed its HIV/AIDS Strategic Plan for 2005-2007 and convened and coordinated the adoption of the continental framework on the harmonization and integration of the rights of people living with HIV/AIDS in national policies. The AU Commission also developed action plan on the AIDS Watch Africa Strategic Plan Framework.

7. The AU General Assembly at the Maputo 2003 Summit reaffirmed the Abuja 2000 and 2001 declarations on HIV/AIDS, TB and Malaria and in July 2004 adopted the 2004 Solemn Declaration on Gender Equality in Africa. In 2005, the AU General Assembly focused deliberations on HIV/AIDS, TB, Malaria and Polio and urged Member States to take a leading role in the World Trade Organization negotiations on Trade-Related Aspects of Intellectual Property Rights (TRIPS). Regional Economic Communities (RECs) in Africa are working towards the integration of health and social issues in their development strategies and are also working to harmonize development assistance in Member States. The RECs have also taken the lead on cross border cooperation issues and the coordination of migrants, displaced persons and refugee services within the borders of Member States.

8. The WHO Africa Regional Committee declared 2006 the Year for HIV Prevention and also declared a TB emergency. In addition, the WHO Africa Regional Office in

November 2006 released the first ever comprehensive Africa Regional Health Report. The AU Conference of Ministers of Health adopted in 2005 the Gaborone Declaration on

a "*Roadmap Towards Universal Access to Prevention, Care and Treatment"* and reiterated their commitment to the allocation of 15 percent of national budgets to the health sector. In March 2006, representatives from 51 Member States of AU, including Ministers, representatives of the private sector and the civil society adopted the *"Brazzaville Commitment on Scaling Up Towards Universal Access for HIV and AIDS"* in Africa until 2010. This was Africa's contribution to the Global Task Team on Scaling up Towards Universal Access to HIV/AIDS services by 2010.

9. The AU Commission and Member States participate actively in international meetings and forums on HIV/AIDS, TB and Malaria. Many Member States now receive significant support from the Global Fund against AIDS, TB and Malaria (GFATM), the US President's Fund for HIV/AIDS Relief Program (PEPFAR), the World Bank Multi Country AIDS Program (MAP) and other support from bilateral and multilateral agencies.

10. Heads of State at the Abuja 2006 Special Summit also noted that:

a) Leadership against HIV/AIDS, TB and Malaria is now consolidated at national and continental levels. Since 2001, about 50% of African countries have declared HIV/AIDS an emergency. In 2005, African Health Ministers declared TB an emergency. At least 85% of all African countries have either established or strengthened national coordinating agencies for HIV/AIDS, TB and Malaria. Most of the member states of AU have national policies and guidelines on HIV/AIDS, TB and Malaria;

b) Proportion of national budgets devoted to the health sector is increasing since 2001. At least 33% of Member States have national budgets that allocated at least 10% of all expenditure to the health sector. One country, Botswana, reportedly attained and surpassed the Abuja 2001 benchmark of 15% of national budgets allocated to the health sector;

c) On Malaria control efforts, 29 countries adopted the World Health Organization recommended Intermittent Preventive Treatment (IPT). At least 9 Member States are implementing Artemisinin-based Combination Therapy, with four countries rolling out nationwide programs;

d) On HIV prevention and AIDS clinical care strategies, 3 countries have surpassed the WHO "3 by 5" target of putting at least 50% of individuals that need antiretroviral therapy (ART) on needed drugs by the end of 2005. In addition, at least 5 countries are now locally producing antiretroviral drugs (ARVs). Many countries are reportedly planning local production of ARVs;

e) On TB care and support, most African countries have shown improvement in the rate of Directly Observed Treatment Short Course (DOTS) coverage.

Most Member States have access to TB drugs through the Global Drug Facility. At least 50% of Member States now have property and supply management (PSM) systems in place;

f) National partnership forums that bring together the public sector, the private sector and the civil society now exist in at least 50% of all Member States. Networks of People Living with HIV/AIDS exist in 64% of all Member States.

11. For complete details on the progress made by Africa since 2000 on HIV/AIDS, TB and Malaria, kindly refer to the website of the Africa Union Commission or contact relevant staff of the Department of Social Affairs of the Commission.

1.4 Challenges to Achieving Universal Access to HIV/AIDS, TB and Malaria Services

12. A fundamental challenge to achieving universal access to HIV/AIDS, TB and Malaria is lack of commensurate resources. Two thirds of African countries are spending below 10% of their national budget on health. Even if all African countries meet the target of 15% national budget allocation to health set in Abuja 2001, more than half of all African countries will still miss the US$34 per capita estimated as the minimum amount needed for better health by the WHO Commission on Macroeconomics and Health (CMH). Although Africa accounts for more than 60% of individuals living with HIV/AIDS in the world, AIDS spending in Africa accounts for 6-10% of all global expenditure on the pandemic. The UNAIDS estimates that Africa needs 80% external support to meet its HIV/AIDS funding requirements.

13. The Heads of States at the Abuja 2006 Summit identified the following major challenges and obstacles to accelerated action that can lead to universal access to HIV and AIDS, Tuberculosis and Malaria services in Africa:

- The triple burden of diseases 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 crisis in terms of numbers, mix of skills, motivation and retention, leading to major barriers 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 limited indoor residual spraying (IRS) with effective insecticides;

- Lack of adequate policies and legislation protecting the human rights of people living with HIV/AIDS (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 protection 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 Malaria;
- 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; and,
- An increasing burden of disease and other development challenges.

14. In addition, the coordination of external donor support is now widely considered an extremely important issue by international development partners. Member States need to work closely with Development Partners on needs assessment priority setting and the implementation of appropriate interventions. The role of the private sector as technical, financial and logistic resource is critical in Member States, even among countries with significant resource challenges. The private sector can work with national governments on resource mobilization, logistics of care and the implementation of services for defined populations. The involvement of the civil society during the conceptualization, design, monitoring and evaluation of policies and programmes is extremely important in assuring buy-in by target communities and in ensuring the sustainability of viable programs.

SECTION 2: IMPLEMENTATION FRAMEWORK FOR ACHIEVING UNIVERSAL ACCESS TO HIV/AIDS, TB AND MALARIA by 2010

2.1: Overview of the Implementation Framework

15. The Abuja 2006 Special Summit 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. At this Special Summit, Heads of State expressed concern about the continued morbidity, mortality and debility attributed to

HIV/AIDS, TB and Malaria. They also noted the role of the three diseases in the intensification of poverty, marginalization, vulnerability and gender inequalities in the continent. The Heads of State directed the AU Commission to develop an implementation plan for achieving universal access to HIV/AIDS, TB and Malaria services in Africa by 2010.

2.2: The Implementation Framework

16. At the Abuja 2006 Special Summit on HIV/AIDS, TB and Malaria, Heads of State declared a state of emergency regarding the three diseases and collectively resolved to dedicate themselves and their countries to a comprehensive remedial effort anchored on an implementation framework that addresses the following program areas:

2.2.1: Leadership at National, Regional and continental Levels

a. To intensify the 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;

2.2.2: Resource Mobilization

b. To mobilize local resources for sustainable and predictable financing, including the implementation of the Abuja 2001 Declaration Call for devoting 15% of the National Budget to health and to strengthen collaboration with national and international partners to mobilize adequate financial resources to fight the epidemics; and to 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.

c. 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.

d. To undertake collective advocacy with multi-lateral and bilateral donors to end all conditionalities except normal fiduciary requirements;

2.2.3: 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 to 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;

- To adapt national legislation taking cognizance of HIV and AIDS and TB issues, specifically discrimination and stigmatization, and, to 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.

2.2.4: 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, consequently to 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.

2.2.5: Strengthening Health Systems

- To strengthen health systems and build on existing structures (infrastructure, human resource, financing, supplies and other issues) 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

2.2.6: 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;

- To awaken traditional values on abstinence but continually increase condom use.

2.2.7: 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;

- To support work on regional local production of generic ARV drugs.

2.2.8: 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;

- To monitor drug resistance in the treatment of HIV and AIDS, Tuberculosis and Malaria;

- To conduct Demographic and Health Surveys every five years;

- To implement research ethics including for HIV and AIDS;

- To conduct regular national incidence surveys on HIV.

2.2.9: Implementation

- To enhance and support implementation of comprehensive strategic programmes at country and regional levels against HIV and AIDS, TB and Malaria;

- To implement prevention programs against multi-drug resistant TB;

- To accelerate Malaria control programmes with a goal to eliminate Malaria using all effective strategies such as indoor residual spraying, insecticide treated bed nets, Artemisenin Combination Therapy (ACTs) and Intermittent Presumptive Therapy (IPT);

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

2.2.10: Partnerships

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

2.2.11: Monitoring, Evaluation and Reporting

- To strengthen collaboration with all relevant stakeholders particularly Civil Society partners affected by the three diseases and to enhance planning, monitoring and evaluation and generation of information for quality assurance purposes, sustainability and accountability of programmes, and for advocacy;

- To ensure networking and sharing of best practices and to 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.

2.2.12: The **coordinating role of Ministries of Health, National AIDS Councils or Equivalent and Ministries of Finance and Economic Planning** in 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.

2.2.13: A strong commitment to the implementation of the recommendations and action points enshrined in the "*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.

SECTION 3: IMPLEMENTATION ACTIVITIES, RESPONSIBILITIES, BENCHMARKS AND TIMELINES

17. Heads of State at the Abuja 2006 Special Summit requested continent wide consultative reviews of the implementation plan for achieving universal access to HIV/AIDS, TB and Malaria services at_two years (2008) and five years (2010). The African Union Commission is coordinating the 2008 and 2010 reviews. Heads of States also identified broad roles for the African Union Commission, Member States, Regional Economic Communities, Development Partners and the Civil Society and the Private Sector in the implementation of the Abuja 2006 Call.

18. For the rest of this section, each stakeholder in the implementation of the Abuja 2006 Call will have identified implementation activities, identified agencies or organizations responsible for the implementation activities, and appropriate benchmarks and timelines for monitoring and evaluating proposed implementation activities. A major focus of activity will be on the need for each stakeholder to participate in the AU Commission directed reviews in 2008 and 2010 mandated by Heads of State at the Abuja 2006 Special Summit.

3.1: The Role of the AU Commission and AU Organs in the Implementation Plan

3.1.1: Effectively implement the AU Commission HIV and AIDS Strategic Plan AWA Strategic Framework 2005-2007

Implementation Activities:

19. The AU Social Affairs Commission will ensure the implementation of all goals and objectives of the HIV and AIDS Strategic Plan, 2005-2007 and AIDS Watch Africa Strategic Framework, 2005-2007; in collaboration with other Departments, Programmes and AU Organs.

Responsibility Centers:

20. AU Commissioner for Social Affairs; AU Head of Health; AIDS Watch Africa Coordinator.

Benchmarks and Timelines:

21. Completion of all objectives set out in the AU HIV/AIDS Strategic Plan and AWA Strategic Framework by December 2007. A review will be undertaken ad follow up actions for 2008 and beyond planned.

3.1.2: Promote regional integration and collaboration in the areas of Disease Control

Implementation Activities:

22. The AU Commission will organize an annual high level meeting of the major regional institutions, the African Development Bank (ADB), the UN Economic Commission for Africa (ECA) and the World Health Organization Africa Region and UNAIDS to discuss, review and implement regional integration and collaboration initiatives.

Responsibility Centers:

23. AU Commissioner for Social Affairs, Office of the AU Commission Chairperson.

Benchmarks and Timelines:

24. AU Commission will organize two high level meetings with ADB, ECA, WHO and UNAIDS before the 2008 AU General Assembly mandated review and two more meetings before the 2010 review on regional integration and collaboration issues; AU Commission will establish a technical working group of the regional institutions on disease control by June 2007; The technical working group on disease control will design a joint technical plan on disease prevention and control in Africa by April 2008; The AU Commission will present the joint technical plan on disease prevention and control to the AU General Assembly by December 2008 for review and approval; Member States to begin implementation of the continental plan on disease prevention and control by July 2009; AU Commission to include progress report on disease control in the AU General Assembly mandated review of 2010.

3.1.3: Ensure that HIV and AIDS, Tuberculosis and Malaria are catered for in the African Health Strategy

Implementation Activities:

25. AU Head of Health and NEPAD Health Advisor to meet and produce a revised NEPAD Health Strategy or African Health Strategy with appropriate weight to HIV/AIDS, TB and Malaria; AU Commissioner for Social Affairs to liaise with NEPAD leadership so that the revised health document is approved by African Health Ministers; AU Commission presents the African Health document to the AU General Assembly for their attention and necessary action.

Responsibility Centers:

26. AU Head of Health; AU Commissioner for Social Affairs; NEPAD Health Advisor.

Benchmarks and Timelines:

27. AU Health Office and the NEPAD Health Team to meet and produce an African Health Strategy by April 2007; The NEPAD AU Health Ministers Health Document by April 2007; AU Commission presents the revised African Health Strategy for attention and necessary action by the AU General Assembly by July 2007; Member States working closely with the NEPAD Secretariat and the AU Commission begin implementation of African Strategy by December 2007.

3.1.4: <u>Ensure that malaria prevention and control is accelerated with the goal to eliminate malaria in Africa by 2010 using all available control strategies</u>

Implementation Activities:

28. Department of Social Affairs hires two monitoring and evaluation health experts to lead organized reviews of Abuja 2000 Malaria prevention and control strategies in Member States; AU Commission organizes high level technical meetings on Malaria to discuss progress made and challenges ahead, involving Member States, Regional Economic Communities, Regional Institutions, the Academia, Civil Society and the Private Sector and Development Partners; AU Commission working closely with WHO/AFRO, WHO/EMRO, UNICEF the Roll Back Malarial Initiative and other international alliances on Malaria to organize technical assistance to Member States on best practices, access to funding, improved logistics capacity, monitoring and evaluation indicators and accountability mechanisms; AUC will include the progress report on Malaria prevention and control in the AU General Assembly mandated reviews; and launch a re-energized malaria eradication campaign.

Responsibility Center:

29. AU Department of Social Affairs will be the lead entity, with AU Commissioner for Social Affairs and AU Director of Health providing direct leadership; The Regional Director of WHO/AFRO.

Benchmarks and Timelines:

30. The AU Commission, WHO, UNICEF and RBM to launch he Malaria Eradication Campaign on 25 April 2007 (Africa Malaria Day) The AU Department of Social Affairs recruits two monitoring and evaluation experts by July 2007 to assist the AU Commission discharge its mandate of monitoring and evaluating organized efforts to achieve universal access to HIV/AIDS, TB and Malaria; AU Commission monitoring and evaluation Experts will work with colleagues in Member States, WHO/AFRO and RECs to establish monitoring and evaluation protocols that meet WHO standards by December 2007;

31. AU Commission organizes technical high level meetings to discuss progress on Malaria prevention and control strategies in the continent in 2008 and 2010; AU Commission working with WHO/AFRO and Roll Back Malaria Initiative will coordinate

technical assistance consultations with Member States and RECs on financing, logistics, benchmarks and accountability issues in 2007, 2008, 2009 and 2010; AU Commission prepares progress report on Malaria prevention and control as part of the AU General Assembly mandated reviews of 2008 and 2010.

3.1.5: <u>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</u>

Implementation Activities:

32. AU Commission communicates with Member States to establish or update broad partnership with civil society and the private sector on Malaria prevention and control; AU Commission begins annual survey of Malaria prevention and control partnerships in Member States and reports findings to the AU General Assembly; AU Commission to ensure the participation of Malarial prevention and control partnerships in continental high level meetings on the disease.

Responsibility Centers:

33. AU Department of Social Affairs and the AU Economic Social and Cultural Council (ECOSOCC) are the lead entities.

Benchmarks and Timelines:

34. AU Commission communicates by January 2007 to Member States on the need to establish or update broad public/private/civil society partnerships on Malaria prevention and control; AU Commission Department of Social Affairs and ECOSOCC begin annual survey on Malaria prevention and control partnership in Member States by January 2008; AU Commission to ensure the attendance of the Malaria prevention and control partnership in all high levels meetings on Malaria beginning in 2008; AU Commission will present progress report on Malaria public/private/civil society partnership as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.1.6: <u>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</u>

Implementation Activities:

35. AU Commission makes the request to the Pan-African Parliament Committee on Health, Labour and Social Affairs; AU Commission reaches agreement with the Committee on their oversight and accountability role; AU Commission begins annual report on the oversight and accountability activities of the Committee to the AU General Assembly.

Responsibility Centers:

36. AU Commissioner of Social Affairs and the Chairperson of the Pan-African Parliament Committee on Health, Labour and Social Affairs will lead this effort.

Benchmarks and Timelines:

37. AU Commission writes (by January 2007) and briefs (on or before March 31, 2007) the Pan-African Parliament Committee on Health, Labour and Social Affairs; Committee meets and begins oversight and accountability function on or December 2007; AU Commission begins annual report on the oversight and accountability function of the Committee in 2008; AU Commission includes progress report as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.1.7: 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

Implementation Activities:

38. AU Commission communicates with all stated entities and requests annual updates on effective advocacy roles; AU Commission begins annual report to the AU General Assembly on the advocacy roles of the stated entities.

***Responsibility Centers*:**

39. AU Commissioner of Social Affairs and the top leadership of PSC, ECOSOCC, NEPAD and other AU Organs will be responsible for this effort.

Benchmarks and Timelines:

40. AU Commission communicates with all stated entities by February 2007 and requests annual updates to cover period 2007 through 2010; AU Commission provides a briefing to at least one regular meeting of the stated entities in 2007; AU Commission provides annual updates to the AU General Assembly, starting in 2008.

3.2: The Role of Member States

41. Member States have the unique role of directly implementing the program areas identified in the Abuja 2006 Call. The program areas for achieving universal access to HIV/AIDS, TB and Malaria services include: Leadership; Resource Mobilization;

Protection of Human Rights; Poverty Reduction, Health and Development; Strengthening of Health Systems; Prevention, Treatment, Care and Support; Access to Affordable Medicines and Technologies; Research and Development; Implementation; Partnerships; Monitoring, Evaluation and Reporting; and Coordination of Services.

42. At the July 2006 AU Assembly in Banjul, Gambia, Heads of State requested Member States to ensure that Ministries of Health, National AIDS Councils or equivalent and Ministries of Finance and Economic Planning coordinate the realization of a multi-sectoral and integrated approach to disease control, working in collaboration with other Sectors, including the involvement of target communities in the planning and implementation of initiatives and programs. At the same meeting, the AU General Assembly reaffirmed the continent's commitment to the implementation of the recommendations and action points enshrined in the "*Brazzaville Commitment on Scaling up Universal Access to HIV and AIDS Prevention, Treatment, Care and Support*" and extended the commitment to TB, Malaria and other prevailing diseases.

43. The implementation Plan for achieving universal access to HIV/AIDS, TB and Malaria in Member States relies heavily on Member States completing the following broad action steps:

(1) Documentation of baseline indicators and audit of existing services, programs and initiatives;

(2) Establishment or update of national guidelines and policies to meet WHO, UNAIDS or other international standards;

(3) Vigorous implementation of revised program objectives with appropriate provisions for trend analysis, stakeholder participation and transparent accountability and management mechanisms;

(4) Providing regular progress report to the AU Commission, especially the AU General Assembly mandated reviews in 2008 and 2010.

<u>3.2.1: Leadership in Member States</u>

3.2.1.1: To intensify the practical leadership role at national and local levels

Implementation Activities:

44. Top level political leaders and policy makers to intensify leadership on universal access to HIV/AIDS, TB and Malaria at national and local levels through regular statements and press conferences, setting aside more resources (financial and technical) on an annual basis to universal initiatives and programs, better coordination of external development assistance and encouraging the involvement of private sector and civil society stakeholders.

***Implementation Centers*:**

45. Head of State or Government; Minister of Health; Minister of Finance and Economic Development; Governor/Prefect of state governments; Chairperson of local governments and districts.

Benchmark and Timelines:

46. AU Commission Chairperson communicates with Heads of States and Government on the Abuja 2006 mandate for intensified leadership on universal access to HIV/AIDS, TB and Malaria by January 2007 and also requests annual progress report beginning December 2007; AU Commission to begin documentation of the proportion of national budget devoted to health and the proportion of national and health budgets devoted to achieving universal access to HIV/AIDS, TB and Malaria in Member States and report same to the AU General Assembly every year starting 2008; AU Commission to include progress report on practical leadership in Member States in the AU General Assembly mandated reviews of 2008 and 2010. .

3.2.2: Resource Mobilization in Member States

3.2.2.1: 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.

Implementation Activities:

47. Ministries of Health, Finance and Economic Development, National Planning or equivalent, and National Coordinating Authority for HIV/AIDS, TB and Malaria to work with the private sector and the civil society to identify and tap into local resources as art of concerted efforts to implement the Abuja 2001 Declaration Call for 15% of the national budget to be devoted to the health sector; Member States to devote specific proportion of tax revenues from alcoholic drinks and tobacco products towards the fight against HIV/AIDS, TB and Malaria; Member States to work with national parliamentarians in the promulgation of relevant laws, including recognition of in-kind support.

Responsibility Centers:

48. Heads of State and Governments to provide strong political support; Ministers of Health, Finance and Economic Development and National Planning to lead this effort.

Benchmarks and Timelines:

49. From 2007 AU Commission to document the proportion of national budget allocated to health in Member States; By December 2007, Member States to convene national forum on local resource mobilization for achieving universal access to HIV/AIDS,

TB and Malaria services; Member States to submit annual reports to the AU Commission beginning 2008 on local resource mobilization efforts for achieving universal access to HIV/AIDS, TB and Malaria services; By July 2008, Member States to utilize at least 5% of tax revenues from alcoholic drinks and tobacco products towards achieving universal access to HIV/AIDS, TB and Malaria services.

3.2.2.2: To strengthen collaboration with international partners to mobilize adequate financial resources to fight the epidemics and to 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 International Financing Institutions.

Implementation Activities:

50. Ministries of Health, Finance and Economic Development, and, National Planning to work closely with bilateral and multilateral development partners active in the Member State to increase resource mobilization and removal of medium term expenditure ceilings.

Responsibility Centers:

51. Ministries of Health, Finance and Economic Development and National Planning are the key entities.

Benchmarks and Timelines:

52. By December 2007, Member States to complete discussion and reach agreement with Development Partners on modalities for increasing resource mobilization and agree on an action plan; By December 2007, Member States to reach agreements on the removal of medium term expenditure ceilings with international financial institutions active in each Member State; Between 2008 and 2010 Member States to progressively increase local and external resources mobilized towards achieving universal access to HIV/AIDS, TB and Malaria; Member States to provide progress report on increased resource mobilization and removal of medium term expenditure ceilings to the AU Commission from 2008; AU Commission to include progress report on resource mobilization as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.2.2.3: To negotiate for external debt cancellation and the availability of grants for national programs that would specifically be targeted at financing prevention, treatment, care and support of the three diseases.

Implementation Activities:

53. Heads of State and Government and the Ministry of Finance and Economic Development will initiate or continue negotiation on debt cancellation with relevant international institutions and aggressively target international grants for national initiatives

on HIV/AIDS, TB and Malaria; Member States to design a transparent and verifiable mechanism for using savings from debt cancellation or relief to finance health, education and social welfare programs, including organized efforts to achieve universal access to HIV/AIDS, TB and Malaria services.

Responsibility Center:

54. Office of the Head of State or Head of Government; Ministry of Finance and Economic Development.

***Benchmarks and Timelines*:**

55. Throughout 2007, Member States to initiate or continue discussion on debt cancellation with relevant institutions and seek increases in grant supported programs and services; By December 2007, Member States to design transparent, verifiable mechanism for utilizing savings from debt cancellation or relief in health, education and social welfare sector, including initiatives that seek universal access to HIV/AIDS, TB and Malaria services; By December 2009, Member States to achieve cancellation of external debts.

3.2.2.4: To undertake collective advocacy with multi-lateral and bilateral donors to end all conditionalities except normal fiduciary requirements.

Implementation Activities:

56. Heads of State and Government and the Ministry of Finance and Economic Development will work with bilateral and multilateral agencies active in Member States to end conditionalities associated with development assistance; Member States to liaise with AU as part of continental advocacy efforts in the international community.

Responsibility Centers:

57. Office of the Head of State and Government and the Ministry of Finance and Economic Development plus the African Union Chairperson.

Benchmarks and Time Lines:

58. Throughout 2007, AU Commission Chairperson and the African Development Bank and UN Economic Commission for Africa and RECs to lead continental advocacy efforts on ending conditionalities in development assistance; Member States by September 2007 to establish a national technical working group on ending conditionalities in development assistance. The working group will recommend national guidelines; AU Commission to organize a technical workshop on conditionalities and

development assistance by December 2007 with the objective of recommending best exit strategies and parameters for Member States; Member States to convene national forum on ending conditionalities in development assistance and reach consensus by April 2008; By July 2008, Member States to reach agreement with Development Partners on ending conditionalities; By July 2009, Member States to exit conditionality programs with Development Partners.

3.2.3: Protection of Human Rights in Member States

3.2.3.1: 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.

Implementation Activity:

59. Member States to report annually to AU Commission, activities, policies and legislation aimed at meeting the eight priority areas of the *“Continental Framework for the Harmonization of Approaches Among Member States and Integration of Policies on Human Rights and Peoples Infected and Affected by HIV/AIDS in Africa.”* The eight priority areas include: National Frameworks; Greater Involvement of People Living with HIV/AIDS; Community Partnerships; International Partnerships; Resource Mobilization; Law Review, Reform and Support Services; Promotion of Gender Equality and Equity; Promotion of Supportive and Enabling Environment; Monitoring and Enforcement of Human Rights.

***Responsibility Centers*:**

60. Office of Head of State or Government; Ministry of Health; Office of the Attorney General and Minister of Justice; National Parliament; National Bar Association; CSOs.

Benchmarks and Timelines:

61. Each member state conducts an audit of existing frameworks, policies and legislation that supports the Continental Framework by December 2007; Member States to establish or update policies and legislation that promote the Continental Framework by December 2008; Member States to provide progress report to the AU Commission as part of the AU General Assembly mandated reviews in 2008 and 2010.

Implementation Activity:

62. 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 TB and address the needs of vulnerable groups especially women and children and support these with advocacy campaigns.

Responsibility Centers:

63. Office of Head of State or Government; Office of the Attorney General and Minister of Justice; Ministry of Health; National Parliament; National Bar Association; Central Labour Unions and other CSOs.

Benchmarks and Timelines:

64. Each Member State by December 2007 conducts an audit of existing frameworks, policies and legislation that supports the declarations of the 2006 Abuja Summit as it relates to TB; Member States by December 2008 to establish or update policies and legislation to meet the Abuja 2006 declaration on the rights of people living with TB; and, Member States provide progress report to AU Commission for onward transmission to the AU General Assembly during the 2008 and 2010 mandated reviews.

3.2.3.2: To adapt national legislation taking cognizance of HIV and AIDS and TB issues, specifically discrimination and stigmatization and to encourage Member States to ratify relevant International Conventions such as the Convention on Discrimination and Employment.

Implementation Activities:

65. Member States to carry out audit and review of national anti-discrimination and anti-stigmatization legislation, policies and programs in general and as they relate to HIV/AIDS and TB, in particular; Member States to establish or update legislation, policies and programmes that meet UNAIDS and WHO standards; Member States to ratify all relevant International Conventions on Human Rights, including the Convention on Discrimination and Employment; Member States to send regular progress report to the Africa Union Commission.

Responsibility Centers:

66. Office of the Head of State or Government; Office of the Attorney General and Minister of Justice; National Parliament.

Benchmarks and Timelines:

67. Member States to conduct audit review by December 2007; Member States by December 2008 to establish or update anti-discrimination and anti-stigmatization

legislation, policies and programmes to meet the mandate of the Abuja 2006 Call; Member States to ratify all outstanding International Conventions on Human Rights, including the Convention on Discrimination and Employment by December 2008; Member States to provide progress report to the AU Commission in 2008 and 2010 as part of the AU General Assembly mandated reviews.

3.2.3.3: 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.

Implementation Activities:

68. Member States to conduct national audit of laws and legislation related to gender and human rights; Member States to enact or update national laws on gender and human rights that is aligned with AU frameworks on the Solemn Declaration of Gender Equality in Africa and the AU Protocol on Women.

Responsibility Centers:

69. Office of Heads of State or Government; Office of the Attorney General and Minister of Justice; National Parliament; Ministry of Women Affairs or equivalent; National Bar Association; National Women Association; Central Labour Unions.

Benchmarks and Timelines:

70. Complete national audit by December 2007; Enact or update national laws by December 2008; Provide progress report to the AU Commission in 2008 and 2010 as part of the AU General Assembly mandated reviews.

3.2.4: Poverty Reduction, Health and Development in Member States

3.2.4.1: To ensure the integration of HIV and AIDS, TB and Malaria programmes into Poverty Reduction Strategies and Programmes and country programmes.
Implementation Activities:

71. Member States to mainstream HIV/AIDS, TB and Malaria into all national Poverty Reduction Strategies and Programmes financed with local and external donor resources.

Responsibility Centers:

72. Ministry of Finance and Economic Development, Ministry of Health, National Coordinating Councils for HIV/AIDS, TB and Malaria and local government policy makers are key entities.

Benchmarks and Timelines:

73. Member States to conduct audit on the linkages between national programmes on HIV/AIDS, TB and Malaria and National Poverty Reduction Strategies and Programmes by July 2007; Member States to develop and implement national policies that mainstreams universal access to HIV/AIDS, TB and Malaria services into poverty reduction initiatives at national and local levels by July 2008; Member States to provide progress report to the AU Commission in 2008 and 2010 as part of the AU General Assembly mandated reviews.

3.2.4.2: To 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.

Implementation Activities:

74. Member States to develop an integrated food production, storage and distribution plan, with special emphasis on the nutritional needs of individuals living with diseases, in poverty and under vulnerable conditions; Member States to explore the feasibility of social security schemes that provide basic support for poor and indigent populations, and, if feasible, to set time line for implementation; Member States to work together with the AU Commission and Development Partners to develop an Africa Food Security Plan; AU General Assembly to adopt the Africa Food Security Plan.

Responsibility Centers:

75. In the Member States the key entities are the Ministry of Agriculture and Natural Resources, Ministry of Health, Ministry of Social Welfare Services, Ministry of Finance and Economic Development, central labour unions, schools of agriculture, the civil society and the agro-based private sector; At the continental level the key entity is AU Commission working closely with Development Partners such as the Food and Agricultural Organization (FAO), the World Food Programme (WFP) and WHO

Benchmarks and Timelines:

76. Member States y December 2007 to convene public/private/civil society national stakeholders to begin discussion on a national food security plan; Member States to decide on the feasibility of a national social security scheme that provides basic support for the poor and indigent by March 2008; Member States to begin the implementation of the national food security plan either as part of a comprehensive national social security scheme or as a standalone initiative by July 2008; Member States to work with the African Union Commission and Development Partners including the FAO, WFP and WHO to develop the continental food security plan by March 2009; AU General Assembly to adopt the continental Food Security Plan by July 2009; AU Commission to provide progress report on the continental food security plan by 2010 and in subsequent years.

3.2.5: Strengthening Health Systems in Member States

3.2.5.1: To strengthen health systems and building on existing structures (infrastructure, human resource, financing, supplies and other issues) for scaling up and accelerating Universal Access to prevention, treatment, care and support for HIV and AIDS, TB and Malaria.

Implementation Activities:

77. Member States to conduct a nationwide wide audit of the national health system with emphasis on the state of infrastructure, human resources, financing capacities, supplies and procurement processes, the coordination of services and the management of services; After comprehensive audit and review of national health systems, Member States, working with national stakeholders and development partners to develop a comprehensive national health system strategy that includes provisions for achieving universal access to HIV/AIDS, TB and Malaria services; Member States to submit progress reports on organized efforts to achieve universal access to HIV/AIDS, TB and Malaria as part of AU General Assembly biannual reviews; Member States to achieve or surpass 15% national budget allocation to the health sector.

Responsibility Center:

78. The Minister of Health will be directly responsible for the initiation and completion of this vital effort.

Benchmarks and Timelines:

79. Member States to complete nationwide review of health systems by December 2007; Member States to develop a comprehensive national health system strategy by July 2008; Member States to begin implementation of comprehensive health system strategy at all levels of government by December 2008; Member States to provide progress report to the AUC in 2008 and 2010 as part of the AU Assembly mandated review; Member States between 2007 and 2010 to progressively increase national budget allocation to the health sector with the aim of meeting or surpassing the 15% benchmark of national budget devoted to health

3.2.5.2: To strengthen data management and surveillance.

Implementation Activities:

80. Member States to strengthen data management and surveillance activities as part of the comprehensive review of the health system outlined in 3.2.5.1, above; In short term, Member States to upgrade the quality of existing data systems dealing with HIV/AIDS, TB and Malaria, and, train and retrain data management staff.

Responsibility Centers:

81. The Ministry of Health (Data Management Services Unit), the Ministry of National Planning and the Bureau of National Statistics will be the lead agencies.

Benchmarks and Timelines:

82. By July 2008, Member States to upgrade its data management systems on HIV/AIDS, TB and Malaria services that meet UNAIDS and WHO standards; Member States to train and retrain data management staff working on universal access to HIV/AIDS, TB and Malaria services; Member States will include strengthening of data management and surveillance activities as part of the comprehensive reform of the health system outlined in 3.2.5.1, above.

3.2.5.3: To meet WHO standards for Doctors and Nurses

Implementation Activities:

83. Member States to determine national and local doctor and nurse population ratios; Then, Member States to develop a nationwide strategy to meet or exceed WHO standards**.**

Responsibility Centers:

84. Ministry of Health and Ministry of Finance and Economic Development are the lead agencies.

Benchmarks and Timelines:

85. Member States to determine valid doctor and nurse population ratios and compare to WHO standards in 2007 through public sector staff audits, professional registration board records and non government organization staff inventory; Member States to develop and begin the implementation of a nationwide strategy to meet WHO standards for doctors by December 2008.

3.2.6: <u>Prevention, Treatment, Care and Support in Member States</u>

3.2.6.1: To invest heavily in evidence-based prevention as the most cost-effective intervention with focus on young people, women, girls and other vulnerable groups

Implementation Activities:

86. Member States to review current HIV, TB and Malaria prevention programs and ensure that it meets evidence-based standards; Member States to work with national

professional institutions and organizations, the WHO/AFRO and WHO/EMRO Region and Development Partners to implement evidence-based prevention.

Responsibility Center:

87. The Ministry of Health will lead this effort, including the coordination of the activities of all partners in this effort.

Benchmarks and Timelines:

88. Member States to review HIV, TB and Malaria prevention strategies to ensure they are evidence-based and meet UNAIDS and WHO standards or recommendations by December 2007; Member States to work with national stakeholders, WHO/AFRO and WHO/EMRO and Development Partners to design and implement evidence-based HIV, TB and Malaria prevention programs by July 2008; Member States to include progress report on evidence-based prevention in the AU General Assembly mandated reviews in 2008 and 2010.

3.2.6.2: To ensure access to a comprehensive package of prevention interventions for the prevention of primary and secondary infections with HIV, 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.

Implementation Activities:

89. Member States to set national targets, inspired by continental and international targets on a comprehensive package of primary, secondary and tertiary prevention strategies in such a way that it augments national and continental capacities to meet relevant Millennium Development Goals by 2015.

Responsibility Center:

90. Ministry of Health will be the lead entity.

***Benchmarks and Timelines*:**

91. Member States to set national targets on primary, secondary and tertiary prevention for HIV, STIs, TB and Malaria by December 2007; Member States to begin implementation of set national targets in 2008; Member States to provide progress report as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.2.6.3: To ensure the promotion and integration of access to prevention treatment, care and support in primary health care services, and in education institutions.

Implementation Activities:

92. Member States to conduct a comprehensive review of primary health care services; Member States to reestablish primary health care services as the foundation of national health care through infrastructure development or rehabilitation of existing primary health care centers, proper equipment of primary health care centers, hiring or deployment of relevant staff, and, the organized participation of the local or target community in the design and implementation of programs; Member States to develop and promote guidelines on timely access to quality care at primary, secondary and tertiary levels of care and in school systems; Member States to develop and implement guidelines on integrated service delivery on prevention, treatment, care and support of HIV/AIDS, TB and Malaria services.

Responsibility Center:

93. Ministry of Health is the lead agency, with the support of the Ministry of Finance and Economic Development, national professional health associations, labour unions in the health sector and Development Partners.

Benchmarks and Timelines:

94. Member States to complete a nationwide audit and evaluation of the primary health care system, including a review of indicators for timely access to services by target populations by December 2007; Member States to complete nationwide review and evaluation of health services in educational institutions, including access to services by December 2007; Member States to design and begin the implementation of primary health care systems that meet WHO standards by December 2008; Member States to begin the implementation of a nationwide school health system that improves access to care and is integrated with the primary health care system by December 2008; Member States to begin the implementation of integrated service delivery on prevention, treatment, care and support of HIV/AIDS, TB and Malaria services in the primary health care system and school health systems by March 2009; Member States to provide progress report to the AU Commission as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.2.6.4: To improve information, education and communication campaigns against the transmission of HIV, TB and Malaria and to disseminate, correct, reader-friendly information on prevention, treatment, care and support on the three diseases.

Implementation Activities:

95. Member States to conduct a comprehensive audit of existing information, education and communication (IEC) campaigns against the transmission of HIV, TB and Malaria with principal focus on messages, messengers, target populations, expected outcomes, and, monitoring and evaluation indicators; Member States to implement a new nationwide policy on IEC campaigns against the three diseases with special focus on the message, the messenger, expected outcomes, monitoring and evaluation issues; Member States to work with national stakeholders and Development Partners to design and disseminate correct reader-friendly information on prevention, treatment, care and support on the three diseases, including universal access to male and female condoms for all sexually active persons, clean living environments and the use of insecticide treated bed nets.

Responsibility Centers:

96. Ministry of Health, Ministry of Finance and Economic Development, National Professional Organizations and Development Partners.

Benchmarks and Timelines:

97. Member States to complete comprehensive audit of existing IEC programs by July 2007; Member States to begin the implementation of new guidelines on IEC by January 2008; Member States to develop and disseminate reader friendly information on prevention, treatment, access and support by July 2008; Member States to provide progress report to the AU Commission in 2008 and 2010 as part of the AU General Assembly mandated reviews.

3.2.6.5: 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.

Implementation Activities:

98. Member States to mainstream HIV prevention programmes into existing nationwide immunization and sexual and reproductive health programmes; Member States to take steps to create one-stop comprehensive preventive health programmes that integrate HIV prevention with immunization, sexual and reproductive programs.

Responsibility Center:

99. Ministry of Health will be the lead entity.

Benchmarks and Timelines:

100. Member States to mainstream HIV prevention programmes into existing immunization and sexual and reproductive health programs through update or enactment of new national policy and action plan by December 2007; Member States to create and

begin the implementation of integrated preventive health programs that link HIV prevention programs with sexual and reproductive health services by December 2008.

3.2.6.6: To awaken traditional values on abstinence but continually increase condom use.

Implementation Activities:

101. Member States to carry out national (information, education and communication (IEC) campaign that promotes the traditional values of abstinence among non-sexually active population but also emphasizes the importance of consistent condom use among sexually active populations.

Responsibility Centers:

102. Ministry of Health and Ministry of Information and Culture are the lead entities.

Benchmarks and Timelines:

103. Member States to convene national stakeholder dialogue in 2007 to establish ground rules and best practices for the national IEC campaign; Member States working with Development Partners to begin implementation of national IEC campaign by July 2008.

<u>3.2.7: Access to Affordable Medicines and Technologies in Member States</u>

3.2.7.1: 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).

Implementation Activities:

104. Member States to enact or update legislation that mandates the availability of medicines, commodities and technologies for the prevention, treatment, care and support of HIV/AIDS, TB and Malaria under the assumption that basic medicines and other basic commodities are a human right and should be available and accessible to all those in need in the country; Member States enacted or updated legislation to meet the letter and spirit of the AU Continental Framework for Harmonization of Approaches and Policies on

Human Rights and People Infected and Affected by HIV/AIDS; Member States to develop national policies or pass legislation that take advantage of favorable provisions in international trade regulations and flexibilities to make public health goods readily available to those in need.

Responsibility Centers:

105. Ministry of Health, Office of the Attorney General and Minister of Justice, National Coordinating Councils of the three diseases, and the National Parliament are the key agencies.

***Benchmarks and Timelines*:**

106. Member States to enact relevant legislation on timely access to medicines, commodities and technologies by December 2007, taking cognizance of continental platforms, UN conventions and World Trade Organization (WTO) Doha declaration on access to public health goods (TRIPS); Member States to provide progress report on organized efforts to improve availability and access to medicines and commodities at affordable prices to the AU Commission as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.2.7.2: To promote regional bulk purchase and local production of generic medicines and other commodities.

Implementation Activities:

107. Member States in each of the Regional Economic Communities (RECs) to establish a technical working group on regional bulk purchase and local production of generic medicines and other commodities and to set a firm deadline for the commencement of bulk purchases and local generic drug production; RECs technical working group to submit report to the REC Heads of State meeting to adopt a regional policy on bulk purchase and local production on generic drugs; Regional bulk purchase to commence on the set date; Local production of generic drugs to commence in Member States on a set date.

Responsibility Centers:

108. Ministry of Health as well as Ministry of Finance and Economic Development of Member States; The leadership of RECs.

Benchmarks and Timelines:

109. By October 2007, Member States in each REC to meet and discuss how to set up regional bulk purchase process, set up a regional technical working group and agree on

an expected date for the commencement of regional bulk purchase; By October 2007, Member States in each REC to meet to discuss local production of generic drugs, set up a technical working group and agree on an expected date when Member States should begin local production of generic medicines and other commodities; By March 2008, Member States in each REM to reach agreement on bulk purchase and by July 2008, regional bulk purchase programme to begin in RECs; By March 2008, Member States to agree on a regional plan for local production of generic drugs and other commodities; By July 2008, Member States to begin discussions and negotiations with WHO approved generic drug manufacturers on local drug production; By December 2008, Member States to reach agreement with WHO approved generic drug manufacturers and to begin the construction of manufacturing plants and facilities; By December 2009, at least 50% of Member States to have local generic drug manufacturing service functional and producing generic drugs for HIV/AIDS, TB and Malaria; Member States to provide progress report to the AU Commission in 2008 and 2010 as part of the AU General Assembly mandated reviews.

3.2.7.3: To support work on regional local production of generic ARV drugs

Implementation Activities: Please, see 3.2.7.3, above.
Responsibility Centers: Please, see 3.2.7.3, above.
Benchmarks and Life Lines: Please, see 3.2.7.3, above.

<u>3.2.8: Research and Development in Member States</u>

3.2.8.1: To promote and support research and development of microbicides, vaccines, diagnostics and treatment for HIV and AIDS, TB and malaria, including traditional medicine.

Implementation Activities:

110. Member States to ensure that at least 2% of national health budget is spent on research initiatives in accordance with Abuja 2001 mandate; Member States to progressively increase the proportion of national health budget devoted to research activities; Member States to increase collaboration between the Ministry of Health and indigenous academic research institutions; Member States to increase financial and technical support for research and development activities on microbicides, vaccines, diagnostics and treatment for AIDS, TB and Malaria; Member States to increase financial and technical support for research and development activities in traditional medicine; Member States to progressively increase Development Partner financial support for research and development of microbicides, vaccines, diagnostics and treatment for HIV/AIDS, TB and Malaria in Member States; Member States to establish or update existing national reference laboratories to meet WHO standards; Member States to establish or update existing national oversight bodies on research and development in the health sector; Member States to progressively increase the number and types of scientists engaged in research and development activities in the health sector;.

***Responsibility Centres*:**

111. The Ministry of Health is the key entity, assisted by oversight professional bodies and Development Partners.

***Benchmarks and Timelines*:**

112. Member States to ensure that 2% of national health budget is devoted to research activities by 2008; Member States to establish or update policies on national reference laboratories to meet WHO standards by December 2008; Member States to establish or update existing national oversight bodies on research and development to meet international gold standards by December 2009; Between 2007 and 2010, Member States to progressively increase the number and types of research and collaborative agreements between the Ministry of Health and indigenous academic institutions; Between 2007 and 2010, Member States to progressively:

a) Increase the proportion of health budget devoted to research and development activities;

b) Increase local and Development Partner financial and technical support for research and development in microbicides, vaccines, diagnostics and treatment for AIDS, TB and Malaria;

c) Increase financial and technical support for research and development activities in traditional medicine; and,

d) Increase the number and types of scientists working on research and development activities in the health sector.

3.2.8.2: To monitor drug resistance in the treatment of HIV and AIDS, Tuberculosis and Malaria

***Implementation Activities*:**

113. Member States to establish or update national policy on monitoring drug resistance in the health sector, including the treatment of AIDS, Tuberculosis and Malaria; Member States to progressively increase financial and technical resources towards monitoring of drug resistance in the health sector and in the treatment of HIV/AIDS, TB and Malaria.

Responsibility Centers:

114. Ministry of Health; National Agency responsible for drug safety or equivalent; National Medical and Pharmacy boards; Teaching Hospitals and Academic Research institutions.

Benchmarks and Timelines:

115. Member States by March 2008 to establish or update national policy on monitoring drug resistance in the health sector, including the treatment of HIV/AIDS, TB and Malaria; Between 2007 and 2010, Member States to progressively increase financial resources devoted to the monitoring of drug resistance in the health sector and the treatment of HIV/AIDS, TB and Malaria; Between 2007 and 2010, Member States to progressively increase the number and types of experts working on drug resistance research and monitoring activities.

3.2.8.3: To conduct Demographic and Health Surveys every five years

Implementation Activities:

116. Member States to conduct Demographic and Health Surveys every five years; Member States to progressively increase the number of indigenous demographers, epidemiologists, statisticians and survey experts; Member States to link findings from the Demographic and Health Surveys with specific national policy and programme initiatives for better health.

Responsibility Centers:

117. Ministry of Health, Ministry of Finance and Economic Development, Ministry of National Planning, National Bureau of Statistics and Development Partners.

Benchmarks and Timelines:

118. Member States to begin nationwide, indigenously organized and managed Demographic and Health Surveys on or before December 2008, and thereafter, every five years; Between 2006 and 2010, Member States to progressively increase the number of indigenously qualified demographers, epidemiologists, statisticians and survey experts; Beginning with the findings from the first survey in 2008, Member States to provide progress report to the AU Commission on specific national policy and programme initiatives that resulted from survey findings.

3.2.8.4: To implement research ethics including for HIV and AIDS
Implementation Activities:

119. Member States to establish or update existing research ethics guidelines in the health sector so that it meets internationally accepted standards on informed consent, confidentiality and safeguard of records; Member States to establish or update existing guidelines on HIV and AIDS research to meet UNAIDS standards and protect the privacy of individuals living with HIV and AIDS.

Responsibility Center:

120. Ministry of Health.

Benchmarks and Timelines:

121. Member States to establish or update existing guidelines on HIV/AIDS research by June 2007; Member States to establish or update existing research ethics guidelines in the health sector by December 2007.

3.2.8.5: To conduct regular national incidence surveys on HIV

Implementation Activities:

122. Member States to conduct regular incidence surveys on HIV; Member States to publish findings from the regular incidence surveys on HIV; Member States to conduct national stakeholders review of findings from regular incidence surveys on HIV.

Responsibility Center:

123. Ministry of Health, Local or District governments and Development Partners.

Benchmarks and Timelines:

124. Member States to conduct a minimum of two national HIV incidence surveys between 2007 and 2010; Member States to publish results from the minimum of two incidence surveys between 2007 and 2010; Member States to convene national stakeholder meetings of public sector, private sector and civil society representatives to discuss findings from the HIV national incidence survey and to make recommendation on next steps, at least two times between 2007 and 2010.

3.2.9: Implementation in Member States

3.2.9.1: To enhance and support implementation of comprehensive strategic programmes at country and regional levels against HIV and AIDS, TB and Malaria.

Implementation Activities:

125. Member States to enhance and support implementation of comprehensive programmes against HIV/AIDS, TB and Malaria through specific focus on financing, technical, logistics and, accountability issues.

Responsibility Centers:

126. Ministry of Health, Ministry of Finance and Economic Development and Development Partners.

Benchmarks and Timelines:

127. Member States to review existing HIV/AIDS, TB and Malaria programme efforts by December 2007 to ensure alignment with the program areas established in Abuja 2006 Call; Member States by December 2007 to establish measurable benchmarks on how to asses the technical, logistics and accountability mechanisms for HIV/AIDS, TB and Malaria programmes using standards set by UNAIDS and WHO; Beginning 2008, Member States to progressively increase the proportion of national budgets devoted to the health sector with the aim of achieving the 15% target in 2010; Beginning 2008, Member States to progressively increase the budgetary allocation to HIV/AIDS, TB and Malaria programmes; Beginning 2008, Member States working with Development Partners, to progressively increase the total cost of external funded support for HIV/AIDS, TB and Malaria programmes; Member States to submit progress report to the AU Commission for the AU General Assembly mandated reviews of 2008 and 2010.

3.2.9.2: To implement prevention programs against multi-drug resistant TB.

Implementation Activities:

128. Member States to establish or update baseline indicators on multi-drug resistant TB; Member States to establish or update national multi-drug TB resistant guidelines to meet WHO standards; Member States to continue providing aggressive Free TB drugs programmes and improve access to poor and marginalized populations; Member States to ensure that all districts or local governments are implementing national DOTS plan and all health workers are trained in DOTS.

Responsibility Centers:

129. Ministry of Health, WHO/AFRO, STOP TB programme, Development Partners.

Benchmarks and Timelines:

130. Member States by December 2007 to establish or update baseline indicators on multi-drug resistant TB and to publish annual updates in 2008, 2009 and 2010; Member States to establish or update national multi-drug resistant guidelines that meet WHO standards by December 2007; Member States of endemic TB areas to progressively increase the number of health personnel trained in the management of drug-resistant TB from 2007 until all health personnel have received training by 2010; Member States to

progressively increase the proportion of individuals with drug-resistant TB who successfully complete clinical treatment protocols and are TB free between 2007 and 2010; Member States to establish or update regional collaborative efforts through RECs by July 2008; Between 2007 and 2010, Member States to provide Free TB drugs services to ALL those in need through the Global Drug Facility and Global Drug Facility Direct Procurement service.

3.2.9.3: To accelerate Malaria control programmes with a goal to eliminate malaria using all effective strategies such as indoor residual spraying, insecticide treated bed nets, Artemisenin Combination Therapy (ACTs) and Intermittent Presumptive Therapy (IPT).

Implementation Activities:

131. Member States to progressively increase community awareness and involvement, indoor residual spraying, insecticide bed nets, ACTs and IPT; Member States to reduce morbidity and mortality from Malaria.

Responsibility Centers:

132. Ministry of Health, Ministry of Finance and Economic Development, Roll Back Malaria Initiative, WHO/AFRO and Development Partners.

Benchmarks and Timelines:

133. By December 2007 all Member States have removed taxes and tariffs on insecticide treated nets (ITNs) (compared to 64% of all countries in 2006) and by 2010, all Member States have met the Abuja 2001 declaration that 60% of children under the age of five sleep under ITNs; By December 2008, all Member States have introduced indoor residual spraying (compared to 50% in 2006); By December 2008 all Member States have adopted national policies that include effective drugs against Malaria (compared to two-thirds of Member States in 2006); By December 2008 all Member States have adopted IPT (compared to 29 countries in 2006); By July 2009 all Member States have established Malaria Medicines and Supplies Services to facilitate access and deployment of ACTs and other anti-malaria products; By December 2009, all Member States are implementing ACTs on a nationwide level (compared to only 4 countries in 2006) with the objective of reducing the morbidity and mortality associated with Malaria.

3.2.9.4: To implement the Three-Ones (one executing authority, one Plan of Action and one Monitoring and Evaluation Plan) for HIV/AIDS, Tuberculosis and Malaria).

Implementation Activities:

134. Members adopt and begin implementation of Three-Ones for HIV/AIDS, TB and Malaria.

Responsibility Centers:

135. National AIDS Coordinating Council, Ministry of Health and UNAIDS.

Benchmarks and Timelines:

136. All Member States adopt and begin the implementation of Three-Ones for HIV/AIDS, TB and Malaria by December 2007; All Member States to provide progress report on the implementation of Three-Ones to the AU Commission as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.2.10: Partnerships in Member States

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

Implementation Activities:

137. All Member States to have functional national public/private/civil society consortium on Universal Access to HIV/AIDS, TB and Malaria services; The National Public/Private/Civil Society consortium to have measurable objectives and outcomes; The National Consortium to publish annual reports that is available to all members of the society; Member States to participate in existing regional, continental and global partnerships and alliances on universal access to HIV/AIDS, TB and Malaria services.

Responsibility Center:

138. Ministry of Health to provide strong leadership on this effort.

Benchmarks and Timelines:

139. All Member States to have functional national public/private/civil society consortium on universal access to HIV/AIDS, TB and Malaria by December 2007, with measurable objectives and outcomes; The National consortium to begin the publication of annual report in 2008; All Member States to participate in regional, continental and global partnerships and alliances dedicated to universal access to HIV/AIDS, TB and Malaria by July 2008; Member States to provide progress report to the AU Commission as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.2.11: Monitoring, Evaluation and Reporting in Member States

3.2.11.1: To strengthen collaboration with all relevant stakeholders particularly Civil Society partners affected by the three diseases and to enhance planning, monitoring and evaluation and generation of information for quality assurance purposes, sustainability and accountability of programmes, and for advocacy.

Implementation Activities:

140. Member States to establish or update the national monitoring and evaluation policy in the health sector that meets WHO standards; Member States to establish or update national monitoring and evaluation plan for HIV/AIDS, TB and Malaria services that meet UNAIDS and WHO standards, including process and impact indicators, quality assurance indicators, accountability indicators, sustainability indicators and advocacy indicators; Member States to ensure that monitoring and evaluation issues are part of the major focus of national public/private/civil society consortium on achieving universal access to HIV/AIDS, TB and Malaria services.

Responsibility Centers:

141. Ministry of Health; National Coordinating Councils for HIV/AIDS, TB and Malaria; Ministry of Finance and Economic Development; National Bureau of Statistics; Ministry of National Planning or equivalent.

Benchmarks and Timelines:

142. Member States to establish or update the national policy on monitoring and evaluation in the health sector by December 2007; Member States to establish or update the national monitoring and evaluation plan for HIV/AIDS, TB and Malaria by July 2008; Member States to document the inclusion of monitoring and evaluation issues in the activities of the national public/private/civil society partnerships that seek universal access to HIV/AIDS, TB and Malaria services on or before July 2008; Member States to provide progress report to the AU Commission as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.2.11.2: To ensure networking and sharing of best practices and submit progress reports regularly to appropriate Organs of the AU.

***Implementation Activities*:**

143. Member States to share best practices and lessons learned through the publication of annual reports of the national public/, private/civil society partnership; Member States to participate in the Abuja 2006 Special Summit mandated reviews.

Responsibility Centers:

144. Ministry of Health; National Coordinating Councils for HIV/AIDS, TB and Malaria; National public/private/civil society partnership.

Benchmarks and Timelines:

145. Member States to produce annual report of the national public/private/civil society partnership that shares best practices and lessons learned every year beginning 2008; Member States to participate in the Abuja 2006 Special Summit mandated reviews of 2008 and 2010.

3.2.11.3: To undertake to strengthen implementation of NEPAD Health Strategy to fight poverty and under-development.

Implementation Activities:

146. Member States to work closely with AU Commission and NEPAD Secretariat to implement African Health Strategy; Member States to provide progress report on a regular basis regarding the implementation African Health Strategy.

Responsibility Centers:

147. Ministry of Health; AU Commission; NEPAD Secretariat.

Benchmarks and Timelines:

148. Member States by October 2008 to begin implementation of the African Health Strategy after meeting the timelines and benchmarks set forth in 3.1.3, above; Member States to provide progress reports on the implementation of African Health Strategy as part of the AU General Assembly mandated reviews in 2008 and 2010

3.3: Call to Civil Society and the Private Sector

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

3.3.1: To intensify their efforts more than ever before for the fight against HIV and AIDS, Tuberculosis and malaria

Implementation Activities:

150. Member States to establish public/private/civil society consortium at all levels (national, state/prefect and district/local government) that represent stakeholders in all sectors to work toward universal access to HIV/AIDS, TB and Malaria services; Member States to ensure that individuals living with or affected by HIV/AIDS, TB and Malaria, and traditional health practitioners are represented in the public/private/civil society consortium; Member States to ensure that individuals living with or affected by HIV/AIDS, TB and Malaria and traditional health practitioners are consulted in the design or refinement of national policies and programmes; Member States to ensure that the National public/private/civil society consortium participate in regional, continental and global partnerships and alliances working towards universal access to HIV/AIDS, TB and Malaria.

Responsibility Centers:

151. Office of the Head of State or Government; Ministry of Health; National public/private/civil society consortium on HIV/AIDS, TB and Malaria.

Benchmarks and Timelines:

152. All Member States to have functional national public/private/civil society consortium on universal access to HIV/AIDS, TB and Malaria by December 2007, with measurable objectives and outcomes; The National consortium to begin the publication of annual report in 2008; All Member States to participate in regional, continental and global partnerships and alliances dedicated to universal access to HIV/AIDS, TB and Malaria by July 2008; Member States on or before July 2008 to establish verifiable mechanisms for ensuring that individuals living with HIV/AIDS, TB and Malaria and traditional health practitioners are consulted in the design or refinement of national health policies and programmes; Member States to provide progress report to the AU Commission as part of the AU General Assembly mandated reviews in 2008 and 2010.

3.3.2: Member States to develop and implement well-coordinated and harmonized frameworks which will provide concrete results, and support the mobilization of additional resources for prevention, care and support and treatment-related activities for HIV/AIDS, TB and Malaria.

Implementation Activities:

153. Member States to ensure that national public/private/civil society consortium on universal access to HIV/AIDS, TB and Malaria coordinate and harmonize their activities with policy and program officers, and, play specific role in the mobilization of additional resources for prevention, care and support and treatment related activities.

Responsibility Centers:

154. Ministry of Health; National public/private/civil society consortium on universal access to HIV/AIDS, TB and Malaria.

Benchmarks and Timelines:

155. By December 2008, Member States to ensure that public/private/civil society consortium at all levels implement coordinated and harmonized frameworks on universal access to HIV/AIDS, TB and Malaria services, including a harmonized and integrated resource mobilization strategy.

3.3.3: To facilitate through enhancing their monitoring role, the operationalization of commitments at all levels.

***Implementation Activities*:**

156. Member States to ensure that public/private/civil society partnership at all levels have strong monitoring roles in organized efforts to achieve universal access to HIV/AIDS, TB and Malaria.

Responsibility Centers:

157. Ministry of Health at all levels; Public/private/civil society consortium at all levels.

Benchmarks and Timelines:

158. Member States to conduct annual training programmes on monitoring functions (process and impact issues and indicators) for the public/private/civil society consortium at all levels, every year starting in 2008; Member States to prepare annual report starting 2009 on the monitoring activities of the public/private/civil society consortium on achieving access to HIV/AIDS, TB and Malaria.

3.4: Call to Regional Economic Communities (RECs)

159. Call upon Regional Economic Communities (RECs) and other Regional Groupings to:

3.4.1: Intensify the implementation of inter-country and cross-border health initiatives.

Implementation Activities:

160. All RECs to update their inter-country and cross-border health policy; All RECs to implement goals and objectives of the revised inter-country and cross-border health policies; All RECs to implement inter-country and cross-border health initiatives in consonance with Member States.

Responsibility Center:

161. The leadership of RECs.

Benchmarks and Timelines:

162. All RECS to complete update of their inter-country and cross-border health policy by December 2007; All RECs to begin implementation of the goals and objectives of the revised inter-country and cross-border health policy by July 2008; All RECs working with Member States and Development Partners to implement at least one inter-country health initiative in each Member State and to implement one cross-border health initiative between two member states before July 2010.

3.4.2: Coordinate inter-country efforts and provide support to Member States.

Implementation Activities:

163. RECs to establish specific offices that deal with inter-country efforts on universal access to HIV/AIDS, TB and Malaria; RECs to publish regular report on specific support to Member States.

Responsibility Center:

164. Leadership of REC.

Benchmarks And Timelines:

165. RECs to establish or update a specific office that deals with inter-country efforts in Member States by July 2007; RECs to publish beginning 2008 annual report on specific support to Member States on universal access to HIV/AIDS, TB and Malaria services.

3.4.3: Mobilize resources for HIV and AIDS, Tuberculosis and Malaria programmes in their respective regions.

Implementation Activities:

166. RECs working with Member States and Development Partners to establish or update the regional resource mobilization plan for universal access to HIV/AIDS, TB and Malaria services; RECs to implement all goals and objective set forth in the regional resource mobilization plan; RECs to convene regular consultative meeting on resource mobilization and to disseminate the findings of the consultative meeting to the government and people of Member States and Development Partners.

***Responsibility Center**:* Leaders of the REC.

***Benchmarks and Timelines**:*

167. RECs working with Member States and Development Partners to establish or update the regional resource mobilization plan for universal access to HIV/AIDS, TB and Malaria services by December 2007; RECs to begin implementation of the regional resource mobilization plan on or before March 2008; RECs to convene annual consultative meeting on regional mobilization of resources beginning 2008 and to publish the outcome of the consultative meeting in the same calendar year.

3.4.4: RECs to report back to AU General Assembly through the AU Commission on the progress made in the implementation of this Call.

Implementation Activity:

168. RECs to provide annual progress to the AU General Assembly through AU Commission.

Responsibility Center:

169. Leadership of RECs.

Benchmark and Timelines:

170. RECs to provide annual progress report to the AU General Assembly through the AU Commission beginning 2008; RECs to provide progress report to the AU Commission as part of the AU General Assembly mandated reviews of 2008 and 2010.

3.4.5: To 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.

Implementation Activities:

171. RECs to establish or update the unit on Malaria control efforts; RECs working with Development Partners to provide technical assistance to Member States.

Responsibility Center:

172. Leadership of RECs.

Benchmarks and Timelines:

173. RECs to establish or update the unit on Malaria control efforts by December 2007; RECs to provide technical assistance to Member States on Malaria control efforts and to publish overviews of these technical assistance efforts beginning 2008.

3.5. Call to the International Community

3.5.1: 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

Implementation Activities:

174. AU Commission to convene a high level meeting on the harmonization, coordination and consolidation of international development assistance in the continent; At the end of this high level meeting, AU Commission to produce a draft continental platform on the harmonization, coordination and consolidation of development assistance to Africa; AU General Assembly to adopt a continental platform on the harmonization, coordination and consolidation of international development assistance in Africa; AU Commission, Member States and RECs to work closely with the G-8 nations to fulfill the 2005 Gleneagles Summit pledge on significant new monies for development efforts in Africa; Member States to significantly increase the number, scale and types of grant awards from the Global Fund against AIDS, TB and Malaria; Member States that qualify for the US President's Emergency Relief HIV/AIDS, TB and Malaria Initiative (PEPFAR) and US Millennium Challenge Account to significantly increase the level of support received; Member States to significantly increase development support received from the European Union on health and development, including universal access to HIV/AIDS, TB

and Malaria services; Member States to significantly increase grant-based, non loan resources from the World Bank for universal access to HIV/AIDS, TB and Malaria services; Member States to significantly increase grant support from bilateral development partners on universal access to HIV/AIDS, TB and Malaria services; AU Commission and Member States to increase the level of South-South support and collaboration on universal access to HIV/AIDS, TB and Malaria services, especially with the emerging economies of China, South Korea, India and Brazil; AU Commission and Member States to increase the level of support and collaboration with the Africa Diaspora on universal access to HIV/AIDS, TB and Malaria.

Responsibility Centers:

175. African Union Commission working with Africa Development Bank (ADB) and UN Economic Commission for Africa (ECA) to engage Development Partners; Member States; Regional Economic Communities; Development Partners.

Benchmarks and Timelines:

176. AU Commission working together with ADB, ECA and RECs to organize a high level meeting with Development Partners on the harmonization, coordination and consolidation of external supported development assistance programmes in the health sector by December 2007; AU Commission to present for the review and ratification of the AU General Assembly in July 2008 a continental platform for harmonized, coordinated and consolidated development assistance; AU Commission, Member States and RECs to continue working closely with G-8 nations during the annual meetings and also work closely with the host country to fulfill pledges made to Africa at the 2005 Gleneagles Summit and at subsequent summits between 2006 and 2010; Member States to provide annual progress report beginning 2007 to the AU Commission on the amount and type of support for HIV/AIDS, TB and Malaria services provided by Development Partners; AU Commission to provide annual progress report on the amount and type of support for HIV/AIDS, TB and Malaria services in Member States from Development Partners to the AU General Assembly beginning 2008; AU Commission and Member States to increase the level and type of support and collaboration with South Development partners, especially those from China, India, South Korea and Brazil beginning 2008; AU Commission and Member States to increase the level and type of support for universal access to HIV/AIDS, TB and Malaria with the African Diaspora, including countries and institutions beginning 2008.

3.5.2: **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**

Implementation Activities:

177. As part of the activities for the adoption of a continental platform on harmonized, coordinated and consolidated development assistance stated in 4.1 above, AU

Commission working with Member States to engage Development Partners on specific technical, material and financial support for the health sector; AU Commission working with Member States to reach agreement with Development Partners active in the support of HIV/AIDS, TB and Malaria services on specific technical, material and financial support for the implementation of the Abuja 2006 Special Summit mandates.

Responsibility Centers:

178. AU Commission will lead this effort. Other entities include Member States and Development Partners.

Benchmarks and Timelines:

179. After the adoption of a continental platform on harmonized, coordinated and consolidated development assistance by July 2008, AU Commission to organize by December 2008 a high level meeting of UN agencies and other Development Partners on increased technical, financial and material support for HIV/AIDS, TB and Malaria services in Member States; Member States to publish annual progress report on the financial, technical and material support from UN agencies and other Development Partners, beginning 2009; AU Commission to provide annual progress report to AU General Assembly beginning 2009 on the increase in technical, material and financial support from UN agencies and other Development Partners on universal access to HIV/AIDS, TB and Malaria services in Member States.

3.5.3: **The Development partners to mobilize additional and adequate resources on long-term basis for the fight against HIV and AIDS, Tuberculosis and Malaria**

Implementation Activities:

180. Development Partners to mobilize long term additional and adequate resources for the fight against HIV/AIDS, TB and Malaria through increased allocation to bilateral agencies and multilateral organizations.

Responsibility Centers:

181. AU Commission will lead this effort, working with Member States, GATM and Development Partners.

Benchmarks and Timelines:

182. AU Commission and Member States to engage Development Partners and reach agreement on increasing budgetary allocation to the fight against HIV/AIDS, TB and Malaria at bilateral and multilateral levels on or before December 2008; AU Commission working with Member States and Development Partners to provide biannual progress report on increased budgetary allocation at bilateral and multilateral by Development Partners to the AU General Assembly, beginning 2010.

3.5.4: **<u>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</u>**

Implementation Activities:

183. Member States to conduct an audit of existing partnerships with Development Partners in the fight against HIV/AIDS, TB and Malaria, and, identify gaps; Member States to engage Development Partners in each country on closing identified gaps; Member States to send AU Commission progress report on strengthening partnerships with Development Partners in the fight against HIV/AIDS, TB and Malaria and other major causes of morbidity and mortality in Africa; AU Commission to provide progress reports in 2008 and 2010 as part of the AU General Assembly mandated reviews.

***Responsibility Centers**:*

184. Ministry of Health in Member States; African Union Commission.

Benchmarks and Timelines:

185. Member States to conduct an audit of existing partnerships with Development Partners and identify gaps by December 2007; Member States to organize high level consultations on meeting identified gaps with Development Partners active in each country by March 2008; Member States to provide progress report to the AU Commission as part of the AU General Assembly mandated reviews in 2008 and 2010; AU Commission to provide progress report to the AU Commission in 2008 and 2010.

Section 4: Critical Issues in Resource Mobilization for HIV/AIDS, TB and Malaria services in Africa

186. Africa with 10% of the global population accounts for 25% of the global disease burden, 2% of the global health workforce and less than 1% of the global health spending. With low levels of domestic revenue mobilization, low levels of per capita income and uncertain economic growth prospects in many Member States, the continent faces tremendous challenges in financing health services. The continent also faces serious challenges in managing existing health services or expanding available services in the face of higher demand for services. Only 12% of countries in Sub-Sahara Africa have met the World Health Organization recommended US$34 per capita in the health sector.

187. To meet the mandate of the Abuja 2006 Special Summit on HIV/AIDS, TB and Malaria, it is very important for Member States, the African Union Commission and Regional Economic Communities (RECs) to dramatically close the gap on resource mobilization in Africa. This effort requires careful attention to the financial, technical and material needs for achieving universal access to HIV/AIDS, TB and Malaria services. It

would also require a coordinated and comprehensive approach for engaging national stakeholders, regional stakeholders and international Development Partners.

188. The key national parameter for resource mobilization in Member States is the proportion of the national government budget expenditure devoted to the health sector. The Abuja 2001 Declaration established a 15% national benchmark. Another key parameter for local mobilization of resources is the level of public-private partnership in the national response to HIV/AIDS, TB and Malaria. All Member States should have national and local public-private sector cooperative agreements by 2010. An effective public-private collaboration can lead to the mobilization of local and national financial, technical and logistics resources towards universal access to HIV/AIDS, TB and Malaria services. Member States should design and implement a National Resource Mobilization Strategy.

189. The National Resource Mobilization Strategy should be based on the following frameworks:

1) A comprehensive and transparent public/private resource mobilization partnership;
2) An unwavering commitment to the "Three-Ones" implementation guidelines;
3) A long-term focus on predictable and sustainable financing strategies;
4) A clear guideline on priority setting for prevention, treatment, care and support activities and programs;
5) An evidence-based system for cost estimations of proposed interventions;
6) A transparent mechanism for financing intervention programs, allocating resources, setting and enforcing accountability processes, and keeping track of incoming and outgoing expenditure;
7) A transparent mechanism for monitoring and evaluating intervention programs and services; and,
8) A strong focus on tapping into existing bilateral and international funding sources and also taking advantage of emerging external philanthropic funding opportunities and global alliances.

190. A major part of the National Resource Mobilization Strategy in Member States is the need to review and strengthen partnerships with Development Partners. In this regard, the partnership between Member States and Development Partners should address the following issues:

1) Ensuring that external donor support is aligned with national priorities;
2) Ensuring that Development Partners adhere to the "Three-Ones" implementation principles;
3) Increasing financial and technical support from existing bilateral and multilateral sources of funding for universal access to HIV/AIDS, TB and Malaria;
4) Closing the gap between external donor commitments and disbursements;

5) Utilizing additional sources of bilateral and multilateral sources of technical and financial support for universal access to HIV/AIDS, TB and Malaria;

6) Negotiating Debt Relief or Cancellation and utilize savings for verifiable expenditure in health, education and social programs, including universal access to HIV/AIDS, TB and Malaria; and,

7) Seeking direct funding partnerships with emerging deep pocketed philanthropic organizations and the emerging global partnerships established to address HIV/AIDS, TB and Malaria.

SECTION 5: Strengthening the Capacity of the African Union Commission for its Monitoring and Evaluation Functions

191. The African Union Commission is charged with the responsibility of monitoring and evaluating the implementation framework established by Heads of State at the Abuja 2006 Special Summit. As noted in Section 3.1 of this document, the African Union Commission will work with Member States, the Civil Society, the Private Sector, Regional Economic Communities and Development Partners to ensure the implementation of the mandate from the Abuja 2006 Summit. The African Union General Assembly mandated the AU Commission to conduct two continental progress reviews in 2008 and 2010.

192. To meet the mandate of the Abuja 2006 Special Summit on universal access to HIV/AIDS, TB and Malaria, the AU Commission will have to strengthen its capacity in the following areas:

1) The capacity to monitor and evaluate the role of Member States, RECs, civil society and the private sector and Development Partners in the implementation of the mandate from the Abuja 2006 Special Summit. The AU Commission will need additional monitoring and evaluation expertise. AU Commission will also need to retain independent monitoring and evaluation experts to complement the work of in-house experts. The monitoring and evaluation experts will lead internal efforts on the AU General Assembly mandated reviews of 2008 and 2010;

2) AU Commission will need to strengthen technical partnership with the World Health Organization Africa Region, the African Development Bank and the UN Economic Commission for Africa in the areas of technical assistance, resource mobilization and logistics. Where technical expertise is not in-house, AU Commission will have to hire independent experts for this effort;

3) AU Commission and AU Organs will also need to work closely together to implement the mandates of the Abuja 2006 Special Summit. The AU Commission may have to provide logistics and technical support to the AU Organs that have oversight functions in the implementation of the Abuja 2006 Call;

4) AU Commission will need to work closely with RECs to promote a regional approach to universal access to HIV/AIDS, TB and Malaria services. This task may require AU Commission's additional deployment of technical, logistics, programmatic and financial support;

5) AU Commission will need to engage Development Partners on two levels: Political and Technical. AU Commission may have to increase technical skill sets to deal with issues such as debt cancellation or relief, donor finance, intellectual property rights, implementation programs on universal access to prevention, treatment, care and support for HIV/AIDS, TB and Malaria, and, direct programme monitoring and reviews;

6) AU Commission will need to invest significantly on management information systems, research and development data management systems, and, data management experts (in-house or consultants) to meet the reporting, monitoring and evaluation requirements of the mandates from the Abuja 2006 Special Summit.

193. To meet the onerous monitoring and evaluation mandates of the Abuja 2006 Special Summit on universal access to HIV/AIDS, TB and Malaria, AU Commission will have to significantly raise its technical capacity on health and work very closely with specialized continental and international organizations. The technical resource capacity needs may be met by direct hiring of new staff; seconding of staff from Member States or collaborating organizations and hiring of independent consultants.

SECTION SIX

ANNEX DOCUMENTS
(TO BE INCLUDED IN THE IMPLEMENTATION PLAN)

ANNEX 1: Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria (ATM) Services in Africa.

ANNEX 2: Africa's Common Position to the UN General Assembly Special Session on AIDS (June 2006).

ANNEX 3: The Continental Framework for Harmonization of Approaches and Policies on Human Rights and People Infected and Affected by HIV/AIDS.

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