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**SPECIAL SUMMIT OF AFRICAN UNION
ON HIV/AIDS, TUBERCULOSIS
AND MALARIA (ATM)
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Theme:

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

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

**AN AFRICAN COMMON POSITION FOR THE UN GENERAL ASSEMBLY
SPECIAL SESSION (UNGASS) ON AIDS, NEW YORK, JUNE 2006**

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

Recalling the outcomes of Abuja April 2001 Africa Summit on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases (ORID) in which the following priority areas were identified, Leadership at national, regional and continental levels to mobilize society as a whole to fight HIV/AIDS, TB and ORID; Resource Mobilization; Protection of Human Rights; Poverty, Health and Development; Strengthening Health Systems; Prevention; Improvement of Information, Education and Communication; Access to Treatment, Care and Support; Access to Affordable Drugs and Technologies; Research and Development on HIV/AIDS, TB and ORID, including Vaccines, Traditional Medicines and Indigenous Knowledge; Partnership;

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

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

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

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

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

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

Endorsing the Gaborone Declaration on A Roadmap Towards Universal Access to Prevention, Treatment, Care and Support; and *adopting* the Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support;

Also Endorsing the WHO Maputo Resolution, which declared 2006 as the Year for Acceleration HIV Prevention in the African Region;

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

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

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

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

Deeply concerned that:

- i. Despite considerable efforts by national governments supported by partners including civil society, HIV/AIDS continues to be one of the leading causes of morbidity and mortality and continues to cause considerable economic losses in the continent exacting an ever increasing toll on our people, especially young people, women and children
- ii. Funding, especially external funding is neither predictable nor sustainable;
- iii. The chronic shortage of health care workers is hampering efforts to combat HIV/AIDS, tuberculosis, and malaria, and in Africa south of the Sahara, which has 24% of the global disease burden and only 3% of the health care workforce;
- iv. The feminization of HIV/AIDS in Africa due to gender inequality, low socio-economic status of women and gender-based violence, scaling up universal access to prevention, treatment, care and support should prioritize gender equality, women social and economic empowerment and prevention of gender-based violence

- v. Access to medicines and commodities remains poor and that, to date, there is no proven cure or vaccine for HIV/AIDS and that HIV prevention remains a mainstay of any effective response;
- vi. The susceptibility of vulnerable groups such as women, children, and uniformed services to the spread of HIV/AIDS, and the need to scale up the response to underserved and marginalized groups, such as, people in conflict situations, displaced people, sex and migratory workers, etcetera
- vii. Extreme poverty and low levels of education are prevalent in nearly all nations and are the underlying causes of the high burden of disease
- viii. An increasing number of orphans and children affected by HIV/AIDS have no childhood and are often deprived of their rights to education, options for the future and protecting against exploitation and abuse

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

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

Recalling and Reaffirming our previous Declarations, Decisions and Resolutions;

Opportunities/Driving Forces for Intensified Actions

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

- i. The political will and commitment expressed by the leadership at various levels;
- ii. The progress made by some countries in improving access to treatment, care, and support, including ART, as well as access to infrastructure, technologies, and commodities;
- iii. The expansion of DOTS services for TB patients in most countries which contributes to AIDS prevention and treatment;
- iv. The achievements of some countries in reducing HIV prevalence;
- v. The bold action exercised across all sectors and levels of government to address the burden of HIV/AIDS requires;
- vi. The lessons learnt from the '3 by 5' Initiative, the DOTS strategy and the Roll Back Malaria movement to expand the progress in increasing access to quality prevention, care and support services for HIV/AIDS, TB and Malaria control;

- vii. The integration and reinforce of prevention, treatment and care for HIV/AIDS, TB and Malaria towards the attainment of Millennium Development Goal No 6, with the focus on prevention, especially for young people;
- viii. The essential role that good nutrition and food security play in HIV prevention, treatment, and care
- ix. The added value and opportunities provided by GFATM, MAP, PEPFAR, ADB and other global health partnerships, private foundations, bilateral and multilateral partners in terms of innovative financing mechanisms and making additional resources available;
- x. The cancellation of debt by the G8 countries offers the potential for poverty-reduction and for resources to be committed to health in some countries;
- xi. The fundamental role of intensified research and development efforts in all areas particularly traditional medicine and microbicides;
- xii. The evidence that effective control of HIV/AIDS has high economic benefits;
- xiii. Evidence that national and international effort is beneficial, based on the “three ones” initiatives and the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors;
- xiv. Partnerships between the public sector and civil society etcetera to be developed.

Guiding Principles to which Africa will adhere:

Africa will continue to adhere to the following important guiding principles to effectively and efficiently implement the Abuja 2006 Action Plan and as well continue to:

- i. Build on existing international and continental frameworks, such as the NEPAD programme;
- ii. Foster and strengthen community, national, regional and continental leadership and strong political commitment that builds on and strengthens existing African institutions at all levels, including civil society institutions;
- iii. Integrate the control of HIV/AIDS with broader efforts to combat poverty and food insecurity and fostering development, whilst recognizing the urgency and exceptionality of the HIV and AIDS response;
- iv. Respect of human rights, particularly the rights of women and children, with regard to the fight against stigma and discrimination and to advance equity will be promoted;
- v. Put people at the centre of the HIV and AIDS response, especially vulnerable people (e.g. the poor; women, young people; orphans and vulnerable children; men who have sex with men; migrants; prisoners; sex workers; the disabled, people affected by conflicts; and Injection Drug Users (IDUs);
- vi. Adopt gender-centred approaches in order to address the needs of women and girls
- vii. Focus on HIV prevention, care and support of children and young people;
- viii. Ensure mutual accountability (political, moral and programmatic) at every level of the response;
- ix. Maintain an unwavering commitment to deliver a comprehensive package of services for prevention, treatment, care and support for HIV and AIDS, including nutrition and linkages with reproductive health. Ensuring that no good plan go unfunded;

- x. Reinforce and strengthen the central role of strategic partnerships among countries; and within countries between governments and civil society, especially people living with HIV, faith-based organizations, women, young people and the private sector, and which require effective coordination;
- xi. Recognize and respond to the need to build long-term infrastructure and systems and strengthening capacity building at all levels, using as appropriate, the resources available for an exceptional response to HIV/AIDS;
- xii. Consider access to essential medicines and other basic commodities as human right and ensuring that these are available and accessible to all who need it in Africa;
- xiii. Give special consideration to people and countries affected by conflicts, including Internally Displaced People (IDPs) and refugees; and
- xiv. Urges for sustained and increased funding and capacity for AIDS vaccine research and development in Africa, in order to contribute to the control and eventual elimination of the AIDS pandemic.

Targets to be met by 2010

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

- i. Reduce HIV prevalence in young people between 15 and 24 years, by at least 25% in ALL African countries
- ii. Protect and support in 2010, 5 million children orphaned by AIDS and ensure that 80% of orphans and vulnerable children have access to basic services.
- iii. At least 80% of pregnant women have access to Prevention of Mother-To-Child Transmission (PMTCT), and treatment for HIV-positive women and children.
- iv. At least 80% access of those in need, particularly children, have access to HIV/AIDS treatment, especially antiretroviral, as well as care and support.

Supported by the following:

- i. At least 80% of target populations access Voluntary Counseling and Testing (VCT)
- ii. 100% of blood and blood products are safe to reduce the rate of transmission of HIV/AIDS
- iii. 100% injection safety is ensured
- iv. At least 80% of target populations have access to prevention and treatment of Sexually Transmitted Infections (STI)
- v. At least 80% of target population use condoms for HIV prevention ensured

- vi. 100% of refugees and other displaced persons have access to HIV/AIDS prevention, treatment, care and support when these are available to surrounding host populations
 - vii. 100% of all clients accessing HIV care and support services are screened for TB to ensure early detection and treatment
 - viii. 100% of TB patients have access to HIV testing and counseling services
 - ix. 100% of HIV-positive TB patients access antiretroviral treatment
 - x. 100% access to sexual and reproductive health services including antenatal care
1. Since progress towards these bold collective goals can only be assured through decisive action at the country level, we commit to:
- a. As appropriate, develop or revise our national HIV/AIDS plans to ensure that they
 - i. Are costed and credible, yet sufficiently ambitious to ensure progress towards our collective goals;
 - ii. Strengthen planning, monitoring and evaluation and the generation of information for quality, sustainability and accountability of programmes, and for advocacy;
 - iii. Ensure that strategies promote access to prevention, treatment, care and support for HIV/AIDS by poor and marginalized populations, including those affected by conflict.
 - iv. Reflect an allocation of domestic resources commensurate with the urgent and extraordinary challenge to development that the AIDS epidemic represents.
 - v. Enable at least 50% of HIV patients to benefit from care and support, including the treatment of opportunistic infections as well as psychological care;
 - vi. By December 2006, include revised, quantified national targets (both interim for 2008 and for 2010) for prevention, PMTCT, AIDS treatment and care and support that are consistent with and contribute to the Africa wide targets articulated above.

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

- i. Provide bold and resolute leadership in spearheading efforts in all countries to combat HIV/AIDS, TB and Malaria;
- ii. Implement, in all countries, the commitments adopted at the Special Summit in Abuja, Nigeria in 2006;
- iii. Support the implementation of the monitoring and evaluation of country-specific frameworks adopted by the Special Summit;
- iv. Allocate and manage effectively the domestic resources required for sustained implementation of planned HIV/AIDS, TB and Malaria prevention and control interventions;
- v. Engage further with development partners to mobilize additional resources towards meeting the Commission on Macroeconomics and Health (CMH) recommended target of US\$34 per capita on health;

- vi. Increase support for research, including developing vaccines, new medicines and other tools including traditional medicines, improving existing technologies to combat the diseases, undertaking operational research such as testing delivery strategies and monitoring drug resistance and drug adverse reactions
 - vii. Reduce by 80%, the tariffs and taxes on essential medicines and HIV/AIDS related technologies and commodities;
 - viii. Conduct an audit of existing legislation and as appropriate, develop, implement and enforce policies and laws to reduce stigma and discrimination, protect the rights of people living with HIV and address the needs of vulnerable groups especially women and children and support these with advocacy campaigns;
 - ix. Establish a national systems of accountability comprising inter alia, civil society and parliamentarians to carry out oversight functions and ensure transparency, accountability and good governance in the management of the HIV response;
2. And at the continental level, we commit ourselves to:
- a. Strengthen the advocacy role of the AIDS Watch Africa (AWA) in co-ordinating the efforts of African leaders and mobilising resources from within and outside Africa;
 - b. Utilize and strengthen the African Peer Review Mechanism (APRM) on health and establish clear linkages between the APRM and the national systems of accountability and to regularly review progress within the established mechanisms of the African Union;
 - c. Member States are urged to adopt the Abuja 2006 common position for the continent in order to inform and strengthen their own plans of action in the framework of the 2001 Abuja Declaration and Plan of Action. In the same vein, the African Union and Regional Economic Communities should make close follow-up the development and implementation of national Action Plans of Member States and Mechanisms for Monitoring and Evaluation.
 - d. Deploy financial and human resources – integrated in health and social systems - and create the enabling environment for the establishment of three (3) regional training and accreditation centres aimed at rapidly overcoming the human resource crises in HIV/AIDS and broader health service delivery in the African region;
 - e. Deploy financial and human resources and create the enabling environment for the establishment of 3 regional centres of excellence for the development and local production of antiretrovirals, condoms, vaccines, microbicides and other HIV/AIDS related commodities and technologies.

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

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

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

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