

DECLARATION OF THE HIV/AIDS FOCUS GROUP

During the ADFIII an HIV/AIDS focus group was convened to follow-up on the previous ADF2000 on 'AIDS: The Greatest Leadership Challenge' and to discuss on the potential implications of Regional Integration for HIV/AIDS policies. The focus group was a joint initiative of ECA and UNAIDS. It brought together networks of representatives of UN agencies, the OAU/AU, National AIDS Committees/Councils (NACs), NGOs, CSOs, People Living With HIV/AIDS (PLWHA) on the continent. It also provided an opportunity for retrospective analysis of the commitments made at ADF2000 and a discussion of the way forward. In addition, this meeting contributed to the proceedings of ADFIII. In particular it highlighted the implications of Regional Integration for HIV/AIDS control and prevention with various ramifications. This report summarises the main discussions of the group as well as the recommendations agreed upon.

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1. Introduction

Stemming the spread of HIV/AIDS is one of the main development challenges facing Africa. Failure to do this could seriously compromise the future of the continent. Leadership Commitments and the prospects of future obligations by African leaders towards the fight against HIV/AIDS, Tuberculosis and Malaria and Other Related Infectious Diseases (ORID) are a major step towards the achievement of this goal. The realisation of these commitments requires a co-ordinated program of action, part of which is the monitoring of the implementation of obligations and commitments of African leaders. It is thus important that HIV/AIDS be duly considered as an integral part of the issues to be discussed as Africa seeks to become more integrated.

Efforts aimed at stemming the spread of HIV/AIDS can benefit from a co-ordinated integration process in the region. The prospects of Africa's integration signify a new approach to harness the continent's huge human, material, scientific and technological resources for the improvement of the quality of life within the region. However, while various sectors such as transport, energy, telecommunication, finance, trade and defence have benefited significantly from the integration process, the health sector has not. The actualisation of Africa's regional integration proposal for the development and upgrading of the health sector requires the mobilisation of political, economic and social support to

reduce the burden of diseases in the region, in particular HIV/AIDS, Tuberculosis and Malaria.

Regional and political integration would eliminate political, social and economic restrictions to mobility and resource flows. This would facilitate increased exchanges and movements of people across borders within Africa. Integration provides a unique opportunity for promoting synergies and the harmonisation of policies. It also offers an opportunity to synchronise HIV/AIDS interventions and collectively mobilise resources. Regional mechanisms can facilitate countries' access to global resources, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Also, national health policies can be co-ordinated to increase the effectiveness of health systems. For instance, supply and production of medicines, as well as vaccine research, may not be efficient unless undertaken at the regional level. Integration, nonetheless, presents the risk of further spread of HIV/AIDS in the region and the consequent deepening of misery on the continent. Hence, in defining priorities for Africa's regional integration, the mainstreaming of HIV/AIDS with a co-ordinated strong political support for the HIV/AIDS should be an important consideration.

2. Retrospective on commitments on HIV/AIDS, TB, Malaria, and Other Related Infectious Diseases (ORID)

Since ADF2000, many institutions and Civil Society Organisations (CSOs) have responded to the challenge. The outcomes of these efforts include the endorsement of ADF2000 Consensus Document and the OAU/AU Abuja Declaration against HIV/AIDS, TB, and Malaria, and the Framework Plan of Action by African Heads of States in Lusaka, in July 2001. A group of dedicated African Leaders has created "AIDS Watch Africa" and the "African Centre for HIV/AIDS Management" (ACHAM) to monitor the implementation of the Abuja declaration and Plan of Action. In addition, the OAU/AU and partners, including the Regional Economic Communities, (RECs), have developed guidelines for monitoring and reporting on the accomplishment of the goals of the declaration among African countries. The OAU/AU/ECA/UNAIDS in collaboration with WHO are jointly producing an "Annual Report on the State of HIV/AIDS, TB, Malaria, and ORID in Africa". This report is designed to monitor and report on the implementations of the Abuja and UNGASS declarations in Africa.

ECA has created a Health Economics Unit that is working as the focal point for HIV/AIDS within the ECA. A process has begun to mainstream HIV/AIDS in all major ECA publications and the African Development Forums. A joint ECA/UNDP project has started to tackle HIV/AIDS and Development in Ethiopia. Finally, ECA is engaged with other regional stakeholders such as UNAIDS, to build issues on the trajectories of HIV/AIDS in Africa.

The International Partnership against AIDS in Africa (IPAA) under the leadership of African governments contributed to strengthen the response to HIV/AIDS in Africa with the development of partnership at local and national level, and mobilising more resources to enhance the national response. The follow-up of the UNGASS Declaration is being

supported by the UN system. UNAIDS Secretariat and Co-sponsors, in collaboration with other partners, are also providing technical support to African countries in the preparation of proposals to access the Global Fund for HIV/AIDS, TB, and Malaria (GFATM).

African States have been mobilised against HIV/AIDS, and there have been significant achievements at the country level. Several countries have established co-ordinating mechanisms in the form of National AIDS Councils/Commissions. They have developed National Strategic Frameworks and Plans, which are now in the process of being implemented. Resources have been mobilised at country level and are being scaled-up at the regional level. These resources are targeted towards prevention, care and support.

Partnership is being fostered and strengthened between government, the Private Sector, Religious Groups, Youth, People Living with HIV/AIDS (PLHWA), and Civil Society Organisations (CSOs) among others. The Youth Organisations at the country and regional levels have been very active since ADF 2000. They have created a Youth AIDS Network in Africa, participated in UNGASS and Abuja Summit, and organised a Youth Conference against AIDS during the 12th International Conference of AIDS and Sexually Transmitted Diseases in Africa (ICASA). PLHWA are involved at all levels of the response to the pandemic, and continues to give AIDS a human face.

3. Implications of Regional Integration for HIV/AIDS and disease control in Africa

HIV/AIDS has been declared a regional emergency and the ‘greatest leadership challenge’ in Africa. This was the focus of ADF2000, which was followed by the Heads of States Special Summit in Abuja, and the UNGASS, New York, April and June 2001 respectively. The health commitments made by the African Heads of State in Abuja are affirmed in the New Partnership for African Development (NEPAD). This has since crystallised into a common vision for African’s development, which calls for a more co-ordinated economic integration among African countries, with consequent free movement of goods and persons across national borders.

Regional integration facilitates further mobile populations migrating across African countries in search of better trade and employment opportunities. Regional integration is a great opportunity for promoting synergies, harmonising policies, and synchronising interventions for more effective actions. The establishment of a co-ordinated regional integration would increase the collective bargaining power of African countries. The strong bargaining power is essential for negotiations on drugs, vaccines and other pharmaceuticals including complementary infrastructures that support disease control. A stronger bargaining power also increases the capacity of African leaders to mobilise international resources to control HIV/AIDS and other related diseases. The possible adverse implications of regional integration could be provided the required impetus for positive actions towards long-term benefits for HIV/AIDS and disease control. These include improved public health services, dissemination of health information, and greater strengthening of the family as a social unit.

Also important is the role of integration in the control and resolution of conflicts. Sporadic conflicts had been the major cause of displacement, migration and sexual abuse of

women and children. Consequently, these factors contribute to the spread of HIV/AIDS and increase the prevalence of other infectious diseases. African Integration entails the mobilisation and empowerment of civil society. The response of civil society to HIV/AIDS has produced a coalition of NGOs as a critical mass of civil society, which serves as a pressure group for change. They hold country and regional political leaders and international organisations accountable and responsible for the fulfilment of their treaty obligations and commitments and declarations they have signed. They mobilise towards ensuring good governance, political and economic stability, free movement of people, diffusion of knowledge and best practices for disease prevention and control.

4. Regional and Sub-regional Mechanisms for Monitoring Implementation of Commitments

In the control of HIV/AIDS and other development challenges, the problem that Africa faces is not the formulation of strategies and plans of actions, but rather the implementation of already developed plans. Mechanisms to monitor and report on the implementation of the Abuja declarations for the control of HIV/AIDS, TB, Malaria, and ORID are required to ensure the realisation of these commitments.

The OAU/AU has provided member countries with the draft of the mechanism that will be used to monitor the Abuja Declaration. This mechanism identifies seven priority areas for intervention. In addition, guidelines are being developed on how to use this mechanism at the national level. The mechanism is expected to be approved by the Heads of State during their next Summit in Pretoria, 2002. After approval, the mechanism, together with the Abuja Framework, Plan of Action, and the guidelines will be put together as a book and translated into the main OAU/AU languages (English, French, Portuguese, and Arabic) for its distribution to all stakeholders.

These mechanisms will be supported by the recently created AIDS Watch Africa (AWA) and the African Centre for HIV/AIDS Management (ACHAM). ACHAM has been created as a centre for HIV/AIDS and ORID information collection, analysis, and dissemination. This centre will also provide policy analysis to support the implementation of the Abuja Declaration.

To assure the compliance with the declarations, the legality of the Declarations and the degree to which they are binding needs to be considered. In addition, resources need to be made available to assist the collection of information and follow-up of the implementation by all stakeholders, including the UN system, and CSOs. Accurate and precise data are key for the validity of the outcomes. There is thus, the need to build capacity for systematic data collection and analysis. In particular, in dealing with cross-border issues such as mobile populations, regional monitoring mechanisms need to be developed to harmonise health policies across borders and strengthen inter-country capacity to deal and report on these issues.

5. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)

The GFATM has been established in order to pool resources for HIV/AIDS, TB, and Malaria in response to appeals by Heads of States. The organisational structure of the Fund includes 18 full members drawn from developing countries (seven), donor countries (seven), private sector (two), NGO (two), and four members without voting right (World Bank, UNAIDS, WHO, PLWHA). The first call for proposals has taken place and will have to be submitted to the Global Fund Secretariat no later than 10 March 2002. "The Fund will give priority to proposals from countries and regions with the greatest need, based on highest burden of disease and the least ability to bring financial resources to address the problems of AIDS, tuberculosis and malaria" (www.globalfundatm.org)

Approximately US\$2 billion has been pledged to the Fund so far, with approximately \$700 million available for disbursement during 2002. It is projected that US\$3 billion dollars are needed each year to support prevention, care, and support for HIV/AIDS in Africa. Thus, the resource need largely exceeds these funds to be disbursed, and therefore the need remains to mobilize more resources within the African governments with the support of bilateral and multilateral donors.

6. Recommendations

Human Rights

- Ensure full citizenship rights and free movement of people for all Africans across borders in the African Union so that they can have access to HIV/AIDS prevention, care, and support;
- Ensure that the African states harmonise their national laws with respect to previous existing Legislation to ensure the protection of Human Rights;
- Strengthen existing regional and sub-regional initiatives on HIV/AIDS with respect to migrant populations, strengthen their access to prevention, care and support, and facilitate collaboration between them;

Regional Integration

- Ensure that HIV/AIDS is mainstreamed in the dialogue and decision-making of political, economic, social and cultural issues in the AU agenda;
- Initiate intensive dialogue on HIV/AIDS in the context of the AU and regional integration among civil society to ensure that the voices of NGOs, CSOs and individuals are reflected in the AU and multi-stakeholders ownership is guaranteed;

- Encourage regional institutions to promote peace and stability to prevent conflicts and, as needed, ensure that HIV/AIDS prevention, care, and support services are accessible to peacekeeping forces;
- The HIV/AIDS component in NEPAD should be strengthened. African Heads of State and Government should consider HIV/AIDS as a major priority within the implementation of NEPAD;
- Capacity at national level should be enhanced to ensure the submission of quality proposals to the Global Fund to fight AIDS, tuberculosis, and Malaria. In the context of the Global Fund, adequate timeframe must be given for countries to assure a participatory process that includes civil society and all key stakeholders in an open and transparent manner;

Access to care and support

- Encourage the establishment of regional drug procurement arrangements by regional institutions to enhance the collective bargaining power of African states when negotiating with multi-national pharmaceutical firms and generic manufacturers;
- Support the implementation of TRIPS and its safeguards with respect to public health in African countries.
- Review the Bangui Agreement to ensure that the specific African states do not lose the benefits afforded to them by the Doha Declaration with respect to public health aspects of TRIPS;
- Encourage and facilitate research and development, the production, delivery and use of HIV/AIDS drugs, vaccines and microbicides on a regional basis;
- Improve research capacity at the national and regional level for traditional medicines in the context of HIV/AIDS;

Instititunal Capacity building

- AU/ECA/UN-system to strengthen the capacity of African countries and regional groupings to competently negotiate international agreements with respect to pharmaceuticals and other medical commodities;
- Encourage OAU/ECA/UNAIDS/WHO to strengthen their capacity to jointly monitor and report on the implementation of the Abuja Declaration.

- A regional centre of expertise and research in analysing, monitoring and developing public policies with respect to HIV/AIDS should be established, ensuring in the process that it does not duplicate the efforts of other mechanisms such as AWA and ACHAM;
- Enact appropriate legislation, provide the necessary resources and create an enabling environment to ensure that the Abuja Declaration and the UNGASS Declaration of Commitment are implemented within the African Union;
- Support the use of appropriate ICT, including the internet and electronic networking at all levels for co-ordination and co-operation around HIV/AIDS in the AU;
- The UN system and donors to strengthen and support regional networks of youth, women and PLWHA;
- Harness the innate capacity and expertise within African communities to ensure the development of South-South collaboration in addressing HIV/AIDS in a politically and economically integrated Africa.