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STATEMENT

BY

H.E. Dr. Nkosazana C. Dlamini Zuma Chairperson of the African Union Commission

SPECIAL SUMMIT OF THE AFRICAN UNION ON HIV/AIDS, TUBERCULOSIS AND MALARIA

Abuja, Nigeria 15 July 2013 Your Excellency Dr. Goodluck Ebele Jonathan, President of the Federal Republic of Nigeria;

Your Excellency, Mr. Hailemariam Dessalegn, Prime Minister of the Federal Democratic Republic of Ethiopia and Chairperson of the African Union;

Your Excellencies, Heads of State and Government;

Heads of Delegation;

First Ladies;

Dr. Babatunde Osotimehin, Under Secretary-General and Executive Director of the United Nations Population Fund, representing His Excellency Mr. Ban Ki-moon, Secretary-General of the United Nations;

Mr. Michel Sidibé, Executive Director and UNAIDS

Honorable Ministers;

Heads of AU and UN Organs;

Members of the Permanent Representatives Committee;

Distinguished Guests;

Ladies and Gentlemen;



I am honored and privileged to join in welcoming you all to this Special Summit on HIV/AIDS, Tuberculosis and Malaria taking place in the beautiful city of Abuja. I wish to sincerely express my personal appreciation and that of the African Union Commission to the President of the Federal Republic of Nigeria, His Excellency, Dr Goodluck Ebele Jonathan not only for hosting this important event, but also for his commitment to the overall wellbeing of the people of this continent.

We are also appreciative of Your Excellencies' taking time off your busy schedules to attend this special Summit.

The theme of this Special Summit is "Ownership, Accountability and Sustainability of HIV/AIDS, Tuberculosis and Malaria Responses in Africa: Past, Present and Future".

The theme is very appropriate for two reasons: First, HIV/AIDS, Tuberculosis and Malaria remain major causes of morbidity and mortality in Africa. They continue to pose serious challenges to socio-economic development in the continent.

Second, the ongoing celebration of the 50th Anniversary of our continental organization, the Organization of African Unity (OAU)/African Union with the theme: "Pan Africanism and African Renaissance", provides us with an opportunity to take stock of the key milestones of the past 50 years and to plan and protect current generations and those yet



to be born. Thus, at this special summit, we can identify our achievements, gaps and future challenges and map out the future for the control and eventual elimination of these diseases.

Special summits on HIV/AIDS, TB and Malaria have been held here in Abuja: in 2000, 2001, and 2006 and decisive commitments were undertaken by our leaders, including scaling up and accelerating universal access to prevention, treatment, care and support for HIV and AIDS, TB and Malaria services by 2015. We now need to scale up the implementation of these commitments.

Excellencies

Significant progress has been made by Member States towards universal access to health services in general and HIV/AIDS, TB and Malaria in particular.

The annual number of people newly infected with HIV in Africa has fallen by 25% since 2001, and the number of people who died of AIDS-related causes in 2011 was 32% lower than in 2005. We therefore need to step up actions to ensure that there are no new HIV infections.

Since 2001, nearly 13 million people in Africa have been reached with TB treatment. There are also encouraging signs in the effort to prevent new cases of malaria: the burden of Malaria in Africa is down by one



third and eight countries have already achieved the targeted reduction of 75% in Malaria incidence since 2000.

There is no doubt that our leaders' commitments, and the support of our international partners have paid off. In this regard, the AU Roadmap on Shared Responsibility and the Global Solidarity of July 2012 has the potential to enable us to control and eliminate these diseases, if well implemented.

Excellencies

Even though we are making progress, Africa still remains off-track in reaching the MDG target of halting and reversing the global TB epidemic by 2015, and is the only continent not on track to achieve a 50% reduction in TB mortality.

For malaria, Africa remains the continent most heavily affected, with severe effects on maternal and child health. Even though malaria is cheaply preventable and curable in Africa, it continues to kill, on average, a child every 30 seconds! And this is totally unacceptable!

Excellencies

One of the greatest challenges we need to address is the dependency of many national responses to AIDS, TB and Malaria on external financing and foreign produced medicines. In the case of HIV, for example, over



60% of continental investment is mobilized externally and over 80% of treatment is imported.

We therefore need to accelerate the implementation of the earlier "Abuja Commitments", stepping up the mobilization of domestic resources and strategies for innovative financing to strengthen the health systems. Access to health is a fundamental human right for all and should include community access to:

- Nutrition
- Information and systems to promote good health in addition to comprehensive and affordable basic health services.

Today we have the unprecedented opportunity to lay the foundations for ending the HIV/AIDS, Malaria and TB epidemics in Africa in the context of the post-2015 Development Agenda, the new AUC Strategic Plan 2014-2017, and the African Union Agenda 2063. Efforts to accelerate and sustain progress in the response to HIV/AIDS, TB and Malaria, should be people-centered, grounded in human rights, gender equality, global solidarity, mutual accountability and solidarity with vulnerable and marginalized groups.

We must embrace proven and cost-effective measures, including micronutrient supplementation for countries who deem it fit for the use of DDT, insecticide-treated mosquito nets, breastfeeding and intervention **RISE!**

to improve basic health care. There is also need to sustain information campaign on HIV/AIDS prevention and treatment, and help increase young people's access to youth friendly, gender-sensitive health services that provide voluntary testing and counseling.

Of course, nutrition is of paramount importance because malnutrition, as in the case with many other diseases, would impair the immune system of the victim, thereby exacerbating the health condition. In addition to this, it is to be highlighted that the treatment also requires healthy, good and sufficient nutrition to minimize the side effects of the medication. Special efforts should also be made to provide necessary assistance to women when strategies are being developed to combat these challenges, in line with existing global and regional commitments on HIV/AIDS, TB & Malaria. This includes implementation of the Harare Call to Action and the Abuja Commitment to Accelerating Progress for Women and Girls Communique championed by the Global Power Women Network Africa, amongst others.

Everyone knows that ending AIDS, TB and Malaria is not going to be easy, not going to be quick, and not going to be cheap. It is a huge investment. Like the investment in the eradication of smallpox, it is an investment that is absolutely guaranteed to bring enormous returns.



Excellencies

Before I conclude, let me reiterate the importance of research in contributing to eliminate HIV/AIDS infections and sexualy transmitted infections. In line with the expression of the commitment of the 2nd High Level Meeting Communique of the Global Power Women Network Africa "we are committed to promoting safe, ethical, and beneficial gendersensitive research that aims at addressing the vulnerabilities of women and girls to ending HIV/AIDS infections and sexually transmitted infections, amomh other diseases".

I am confident that this Summit will further accelerate the continent's response and efforts towards eliminating these diseases by ensuring universal access to services, strengthening health systems, especially for the poor and the most marginalized people. Progress must be faster over the next few years.

It is time for action and the final push!

I thank you.

