



**4<sup>th</sup> INTER-AGENCY MEETING ON COORDINATION AND  
HARMONIZATION OF HIV/AIDS, TB AND MALARIA  
STRATEGIES**

**Addis Ababa, Ethiopia, 12-14 March 2012**

**EXECUTIVES' MEETING**

**OPENING STATEMENT BY  
AFRICAN UNION COMMISSIONER FOR SOCIAL  
AFFAIRS  
Adv. BIENCE GAWANAS**

It is indeed my great pleasure to address this important meeting whose deliberations and outcomes, theoretically, would impact the control of HIV TB and Malaria in Africa.

My gratitude goes to the various agencies participating in this meeting for their work in controlling HIV/AIDS, TB and Malaria which constitutes a major proportion of Africa's heavy burden of disease.

The overall purpose of this Inter-Agency meeting is to collectively work out firm strategies that will allow us to multiply our control of these illnesses. Therefore, kindly allow me to recall that we are meeting for the following reasons:

- (i) To review progress and challenges encountered in implementing the recommendations and agreed actions of the 3<sup>rd</sup> Inter-Agency Meeting on Coordination and Harmonization (Addis Ababa, Ethiopia, October 2009);
- (ii) To take stock of the implementation of the Declaration/Decision of the 15<sup>th</sup> AU Assembly (Kampala, Uganda, July 2010) and decide the next steps;
- (iii) To discuss health financing, specifically funding HIV/ AIDS, TB and Malaria, in the context of global financial crisis;
- (iv) To determine the concrete support from the partners to AIDS Watch Africa (AWA) in order to make it functional;
- (v) To ensure synergy among existing mechanisms (RCM for example) for the entire health systems, both at national & global levels, ensuring focus and strategies for effective outreach to particularly affected groups, such as women and girls and victims of violence, especially survivors of conflict related sexual violence.

In an effort to accelerate attainment of MDGs on the Continent, the African Union Commission has spearheaded several initiatives and the development of policies which includes the Africa Health Strategy, Continental Policy Framework on Sexual Reproductive Health and Rights with its Maputo Plan of Action, the Abuja Call Towards Accelerated Access to HIV, TB and Malaria Services, the Pharmaceutical Manufacturing Plan for Africa and the Africa Regional Nutrition Strategy.

During the 15th Ordinary Session of the AU Assembly held in Kampala in July 2010, the theme of the summit was “Maternal, Infant and Child Health and Development”. AU Head of States and Government adopted Assembly Decisions on the Five-year Review of the Abuja Call and Eradication of mother to child transmission of HIV.

In April 2011, an African common position on HIV/AIDS to the UN High Level Meeting on AIDS was adopted by the 5th Session of the AU Conference of Ministers of Health (CAMH5), urging AU Member States to implement the AU initiatives and decisions, and urging them to step up leadership and ownership by enhancing appropriate responses to HIV and AIDS for implementation of the campaign of zero new infection, zero discrimination and zero death related to AIDS.

Let me emphatically restate the importance of collaboration, and therefore, the need to support the Inter- Agency meetings, as all these achievements could not have been possible without your support.

Regarding HIV/AIDS and TB control, almost every country in Africa has success stories to tell-stories of lives saved through stopping new HIV infection and preventing HIV and TB-related deaths.

With regards to the control of Malaria in Africa, aggressive campaigns have led to large reduction in the malaria burden in many countries. The 2010 World Malaria report found that in eleven of these countries , malaria cases or deaths have fallen by over 50%-impressive gains, albeit fragile.

Despite these important achievements in the past three years, international investments for AIDS has fallen by more than 13%. For example, The Global Malaria Action Programme (GMAP) within the Roll Back malaria (RBM) strategy has an estimated requirement of US\$26.9 billion for 2012-2015, with a funding gap estimated at US\$9.7 billion or US\$2.4 per year. The decision of the Global Fund to cancel Round 11 of its funding poses a severe threat to the significant gains made by the continent in the past decade in fighting these three diseases and in meeting the MDG targets. Such figures present enough reason for us as partners to come

together, to purposefully evaluate our efforts thus far, share best practices, and examine other ways of attaining our objectives.

Our partnership should also emphasise strengthening of Governance and Accountability systems in order to minimize wastages, improve efficiency and deliver “more health for the money”.

Let me take this opportunity to draw your attention to the AU Assembly decision during the January 2012 Summit, to Revitalize the AIDS Watch Africa as an “AU Head of States and Government Advocacy and Accountability Platform, not only for HIV/AIDS but also to include Malaria and TB. Such a platform would present many opportunities for actors like you to take advantage of.

I further wish to call upon all partners to play a role in the development and implementation of the African Plan toward elimination of new infections among Children by 2015 and keeping their mothers alive, which is part of the agenda of this 4<sup>th</sup> Inter-Agency Meeting.

As we reinforce our efforts towards the attainment of the MDGs by 2015, I wish to call upon all the stakeholders to strengthen collaboration and synergies.

I thank you very much for making time to be a part of this deliberations and I wish you success.