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**FIFTH SESSION OF AFRICAN UNION  
CONFERENCE OF MINISTERS OF HEALTH  
17-21 APRIL 2011  
WINDHOEK, NAMIBIA**

**CAMH/MIN/CP(V)**

**AFRICA'S COMMON POSITION TO THE HIGH-LEVEL  
MEETING OF THE UN GENERAL ASSEMBLY SPECIAL  
SESSION ON AIDS (JUNE 2011)**

**DRAFT AFRICA'S COMMON POSITION TO THE HIGH-LEVEL  
MEETING OF THE UN GENERAL ASSEMBLY SPECIAL  
SESSION ON AIDS (JUNE 2011)**

We, African Ministers of Health, during our 5<sup>th</sup> Session of the African Union Conference of Ministers of Health, met in Windhoek, Namibia under the theme “***The Impact of Climate Change on Health and Development in Africa***” from 17 to 21 April 2011 and considered the Progress Report on Universal Access to HIV and AIDS Prevention, Treatment, Care and Support.

***Recalling***

- the Abuja Call for Accelerated Action towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa, 2006;
- the Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights, 2007-2010, 2006;
- Continental Framework for Harmonization of Approaches among Member States and Integration of Policies on Human Rights and People Infected and Affected by HIV and AIDS in Africa, 2006;
- Decision on the Five (5)-Year Review of the Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa Doc. **EX.CL/592(XVII) [Assembly/AU/Dec.291(XV)]**;
- Decision on the Report of the Special Session of the African Union Conference of Ministers of Health (CAMH4) on Maternal, Infant and Child Health in Africa, Doc. **EX.CL/592(XVII) [EX.CL/Dec.568(XVII)]**;
- AU Declaration **[Assembly/AU/Decl.1(Xi)]** of the 15<sup>th</sup> Ordinary Session of AU Assembly; **Actions on Maternal, Newborn and Child Health and Development in Africa by 2015**;
- the Decision on the partnership for the eradication of mother to child transmission of HIV/AIDS, African Heads of State Summit, Kampala, July 2010;
- the Declaration of Commitment on HIV/AIDS, **A/RES/S-26/2, 2001**;
- the Political Declaration on HIV/AIDS, **A/Res/60/262, 2006**.

***Taking note*** of the country and sub-regional consultations on universal access which were carried out throughout the region in 2010 and 2011;

***Welcoming*** the important opportunity provided by the United Nations General Assembly High-Level Meeting on AIDS from 8 to 10 June 2011 to mark the ten-year review of the

Declaration of Commitment on HIV/AIDS, and the five-year review of the Political Declaration on HIV/AIDS with the goal of achieving universal access to comprehensive HIV prevention, treatment, care and support by 2010;

**Recognizing** that while the rate of new infections has declined or stabilized in many African States, with 22 countries reporting significant declines in HIV incidence;

**Further noting** that while AIDS deaths are declining as treatment programmes expand, only 37% of people living with HIV in the region access treatment;

**Acknowledging** that coverage of prevention of mother-to-child transmission across Africa has increased from 15% in 2005 to 54% in 2009 and that numerous behavioural indicators including age of sexual debut, number of sex partners and condom use report favourable trends;

**Concerned** that this progress is exceedingly fragile as the number of new infections continues to outpace the rate at which treatment programmes are being scaled up, making Africa, which is home to 22.5 million people living with HIV, fall further behind in its efforts to reverse the epidemic;

**Emphasizing** that key populations at higher risk of HIV infection need to be covered by essential services in order to reverse the epidemic;

**Concerned** that young people, women and girls in the region are disproportionately infected with and affected by HIV and acknowledging the link between violence against women and girls and the feminisation of the HIV epidemic in Africa, especially in conflict situation;

**Noting with concern** that results continue to be undermined by various factors, such as weak health systems including drug stock-outs, discontinuity of care, insufficient quality control, inadequate collaboration between Tuberculosis and HIV services and the lack of comprehensive health and support services;

**Noting** that the goal of virtual elimination of new HIV infections in children in the African region is possible, though hindered by a lack of implementation of comprehensive approaches to the elimination of vertical transmission of HIV and inadequate provision of rights-based sexual and reproductive health information and services;

**Recognizing** that stigma and discrimination remain key barriers to universal access to services in the region, and contribute to rights violations targeted at people living with HIV and AIDS and key populations at higher risk of HIV infection;

**Concerned** that national responses remain highly dependent on external support, compromising national ownership and sustainability of the response, given the uncertainty of future funding resulting from the global financial crisis and the need to maximize the efficiency and impact of limited financing;

**Recognizing** that the UNAIDS strategy 2011–2015, and the vision of Zero new infections, Zero discrimination, and Zero AIDS-related deaths and their

interrelationships, aim to advance progress in achieving country-set targets for universal access to HIV treatment and the MDGs by 2015;

***Appreciating*** the essential role of community and civil society organizations, youth-led organizations and people living with HIV, in partnership and solidarity with government, and other partners, to advocate for, and deliver on, the strategic directions of the UNAIDS Strategy.

We recommend to:

## **African Union Member States**

### **I. Leadership, National Ownership & Coordination of the AIDS Response:**

- a) *To commit to an all-inclusive and accountable leadership that ensures integration of HIV into national development instruments and to create space for national debate on priorities, strategic investments, social protection and legal measures;*
- b) *To re-energize commitment to Universal Access at all levels of leadership and strengthen mechanisms for coordination, decentralisation, monitoring and reporting by setting or revising HIV-targets;*
- c) *To actively support and strengthen the capacity of national institutions, community systems and human resources for health to mount evidence-informed and rights-based responses, including by promoting South-South cooperation and using regionally sourced technical support.*

### **II. Stop new HIV infections**

- a) *To halve the number of HIV infections by 2015 by focusing on evidence-informed and rights-based efforts on the populations that account for the largest share of new infections, and by saturating transmission hot spots with proven interventions and approaches that link the social and health needs of people living with HIV within a human rights framework;*
- b) *To facilitate initiatives for young people to promote HIV prevention through youth-driven interventions and strengthen sexual and reproductive health education for youth;*
- c) *To establish legal, political and social environments that enable effective HIV responses — including through protective laws, supportive law enforcement and access to justice — to eradicate HIV-related stigma and discrimination and to enable equitable access to HIV-related information, voluntary counselling and testing and services, especially for vulnerable and key populations;*
- d) *To prevent primary HIV infections in order to eliminate mother-to-child transmission of HIV, and in so doing keep mothers and children alive,*

*prevent children from becoming infected and improve health of women, children and families;*

- e) To prioritize and budget for evidence-informed prevention interventions such as male circumcision, microbicides, vaccines as well as male and female condoms with clear targets for HIV prevention outcomes;*
- f) To work with partners to scale up research investment to accelerate the development of vaccines, female-controlled methods with male involvement...., microbicides and other prevention tools such as post exposure prophylaxis.*

### **III. Maximizing Efficiency in the Delivery of Treatment, Care and Support**

- a) To advocate for more affordable, more resilient, less toxic, longer-acting and easier-to-use drug regimens and to double the number of people on treatment by 2015;*
- b) To take full advantage of the flexibilities inherent in the Doha Declaration on the Agreement on the Trade Related Aspects of Intellectual Property Rights (TRIPS) and Public Health and to ensure that other trade agreements do not undermine these flexibilities; expand patent pools; and enhance access to all essential medicines at sustainable prices;*
- c) To maximize efficiency in non-drug related costs by strengthening health systems, including by decentralizing services, task-shifting and building the capacity of community health workers, and strengthening community systems and rights-based approaches in service delivery;*
- d) To exploit synergies between the HIV response and efforts to achieve the Millennium Development Goals, including scaling up efforts to address HIV and TB co-infection, leveraging the AIDS response to improve maternal, child and sexual and reproductive health outcomes, and integrating HIV-related services;*
- e) To ensure people living with HIV and households affected by HIV are addressed in social protection strategies that will significantly scale up access to care and support;*
- f) To implement policies that provide a supportive environment to orphans and vulnerable children, including access to schooling, shelter, proper nutrition and health and social services.*

### **IV. Sustainable Financing for the HIV Response**

- a) To significantly increase domestic resources for the response including but not limited to the Abuja Declaration targets of allocating at least 15% of national budget for health and exploring and implementing innovative*

*financing mechanisms in partnership with Private Sector, Civil Society Organizations, Trade Union...;*

- b) To call on international partners to show global solidarity and continue to support international funding mechanisms such as the Global Fund to Fight AIDS, TB and Malaria, PEPFAR and others;*
- c) To improve use of strategic information for enhancing efficiency and effectiveness of health and AIDS interventions, expanding, maximizing impact and accountability.*

#### **V. Accelerate Action for Women, Girls and Gender Equality**

- a) To resource interventions that empower women and girls and engage communities to reverse harmful gender norms, address violence against women and girls and ensure enactment and enforcement of legal frameworks that provide equal rights and access to justice and security;*
- b) To deliver a comprehensive integrated HIV, TB and sexual and reproductive health package addressing the broader health needs of women, leveraging services to prevent mother-to-child HIV transmission as an entry point to deliver a range of services including family planning to women, children and families.*

#### **VI. Ensure mutual accountability for universal access**

- a) To review and revise national targets to fully achieve universal access based on “know your epidemic, know your response” methods; mount periodic and inclusive evidence-informed and rights-based reviews of progress towards these targets.*

#### **To AU Commission, Regional Economic Communities and Regional Health Organisations**

- a) To proactively advocate for accelerated implementation of the Pharmaceutical Manufacturing Plan for Africa to advance local production of medicines and other commodities, bulk purchasing, transfer of technologies and development of traditional medicine;*
- b) To advocate for removal of taxes on raw materials and equipment for the manufacture of drugs and commodities.*

#### **To International Development Partners**

- a) To meet fair-share commitments to reach investment needs whereby international donors realize long-term, predictable financing commitments;*
- b) To enhance the implementation of the Paris Declaration on aid effectiveness and the Accra Agenda and align to national priorities, policies, plans,*

*frameworks and reporting systems while sustaining commitments to reach investment needs through long-term, predictable financing;*

- c) *To advocate for and provide technical and financial support for accelerated actions for women, girls and gender equality;*
- d) *To continue funding demand-driven existing HIV prevention, treatment, care and support services.*

We hereby mandate the Chair of the Bureau of the 5<sup>th</sup> Session of the African Union Conference of Ministers of Health (CAMH5) and the Chairperson of the African Union Commission:

- To transmit this Africa's Common Position to the Co-Chairs at the United Nations General Assembly High-Level Meeting on AIDS in June 2011 in New York;
- To ensure consensus between CAMH5 and the African Group in New York on the Africa's Common Position.