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### African Union and partners call for continued shared responsibility and global solidarity to end AIDS as a public health threat by 2030

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The African Union and the Global Fund to Fight AIDS, TB and Malaria on Wednesday jointly organised a satellite symposium on domestic health financing. Despite significant progress in responding to the AIDS epidemic Africa confronts the world's most acute public health threats that remain largely underfunded. After decades of underinvestment



the continent need sustained investments in health in a context where international support has levelled due to many competing global priorities.

'The Ebola crisis demonstrated that health systems on the continent are underfunded. The response highlighted the importance of regional and continental solidarity. While there are many competing priorities more investments are needed build resilience in our health and community systems' said Dr. Goudou Coffie, the Minister of Health and Public Hygiene of Cote D'Ivoire.

Côte d'Ivoire announced a plan to invest CFA 21 billion in HIV programmes in the country between 2018 and 2020 to transform its health systems. With the West and Central Africa region lagging behind in its AIDS response, Heads of State and Government in July 2017 endorsed the Emergency Catch up Plan to accelerate the HIV response. The estimated cost for ending AIDS alone by 2030 is USD 36 billion a year, which is roughly twice the current levels of funding of USD 19 billion a year.

'Given the strong economic growth on the continent, African leaders can make stronger commitments towards increasing national health budgets, and sustain and grow

contributions to the national response. Recent reports indicate that lower- to middle-income countries have increased their health spending by 10% per year, much faster than the growth of Official Development Assistance for health' said His Excellency, Ambassador John Simon, Vice-Chair of the Board of the Global Fund to Fight AIDS, TB and Malaria.

The 2007 financial recession resulted in a paradigm shift in development cooperation as it hit African economies hard. While the world is just beginning to recover, there is need to recognise that the donor and Official Development Assistance environment has changed forever. A few figures can show this clearly. Official Development Assistance which in 1990 was USD 5.7 billion grew by 5 per cent per year between 1990 and 2000 and then increased by 11.3 per cent between 2000 and 2009 to USD 38 billion. However since 2009 this has levelled at 36 billion. African countries now more than ever before need to leverage on Africa's huge economic growth to fund its health programmes.

Since 2010, several African countries have increased their investments in the health sector. Uganda increased domestic investment 1.6-fold between 2011 and 2013 from US\$ 40 million to US\$ 105 million. Between 2012 and 2013, DRC and Ethiopia increased their domestic investment by more than 80%. In Swaziland, all public bodies are required to devote 2% of their budget to workplace policies for their staff. Malawi requires all ministries and departments to allocate a minimum of 2% recurrent costs budget to HIV-related activities. In 2011 Gabon increased investments in the National Fund for HIV Prevention and Treatment by approximately 150%.

'Promoting accountability on continental and global commitments is a key priority of the African Union. It is in this context that Heads of State and Government endorsed the Africa Scorecard for Domestic Financing for Health in July 2016', said Dr. Marie-Goretti Harakeye, the Head of AIDS, TB, Malaria and Other Infectious Diseases at the African Union Commission who presented the scorecard at ICASA.

The Africa Scorecard for Domestic Financing for Health is a key tool for Member States in financial planning and expenditure tracking that will be released bi-annually. The African Union is working with WHO and partners to strengthen National Health Accounts.

For more information visit [www.au.int](http://www.au.int)

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