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Directorate of Information and Communication

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African Union commends significant progress made in responding to AIDS in Africa

Urges increased investments in health and resilient health systems

Kara, Togo, December 2016: African countries commemorated the World AIDS Day this year with impressive results in the global fight against AIDS. The world has achieved the United Nations General Assembly Political Declaration Target of having 15 million people on treatment by 2015, nine months ahead of schedule, with 10.7 million people on



treatment in Africa, up from fewer than 100,000 in 2002. As a result, AIDS-related deaths decreased by 48% between 2005 and 2014. New HIV infections in Africa declined by 39% between 2000 and 2014. and since 2009, there has been a 48% decline in new HIV infections among children in the 21 priority countries of the Global Plan to Eliminate New HIV and Infections Keep Mothers Alive. **TB-related**

deaths in people living with HIV fell by 36% since 2004.

"In 2001 when the AIDS epidemic was declared as a state of emergency, treatment was not available and there was lack of education on the disease. Now the situation has changed drastically. Medicines are widely available to treat those who are infected and we have the science to ensure that our children are born HIV free. To end AIDS as a public health threat we need to close the tap by putting emphasis on prevention," said Dr. Mustapha Sidiki Kaloko, the Commissioner for Social Affairs of the African Union Commission in Kara, Togo during the 2016 World AIDS Day Commemorations.

Significant challenges remain

However, despite the significant inroads the AIDS epidemic is not over yet. At the end of 2014, there were 25.8 million people living with HIV in Africa South of the Sahara. Approximately 800,000 people died of AIDS-related causes in Africa south of the Sahara in 2014. TB remains the leading cause of death among people living with HIV. In 2014, there were an estimated 1.4 million new infections, approximately 70% of the global total of new infections. New infections have not declined fast enough in recent years, facilitated by the insufficient scale of prevention programmes and inadequate investments.

Young people, women and girls on the continent are disproportionately affected and violence against women and girls, especially in conflict and post conflict situations, has led to the feminisation of the HIV epidemic in Africa. Stigma and discrimination remain key barriers to access to services in Africa, and addressing HIV and human rights is critical in ensuring that no one is left behind in accessing HIV services. Progress continues to be undermined by various factors such as weak health systems including inadequate human resources for health, weak drug and commodity supply chains, insufficient quality control, inadequate integration of HIV services with tuberculosis, maternal, newborn and child health, Cervical Cancer and other health and development services. The resources required for the AIDS response of all African countries will need to increase to a projected US\$12.2 billion by 2020, then gradually decrease to US\$10.8 billion by 2030 to meet continental targets to end AIDS by 2030.

Business unusual

The Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030 adopted by Heads of State and Government in Kigali this year provides a business model for investing for impact. The framework emphasizes the need for each country to place a specific focus on increasing domestic health financing. It underscores the need to invest available resources where the disease burden is highest. The next five years provides a fragile window of opportunity to super-fast track the AIDS response and empower people to lead dignified and rewarding lives.

African countries cannot continue to be highly dependent on external support given the new global reality and competing priorities that include Africa's infrastructure deficit, mitigating climate change on the continent, migration and the refugee crises and financing

African peacekeeping operations. However, predictable and sustainable health financing is a shared responsibility and international partners cannot afford to shift focus from the AIDS response at this critical juncture. The reality is that if the transition between external and domestic funding is not managed well, this will result in programmes collapsing, patients being taken off treatment, and a bigger rebound of AIDS-related deaths and new HIV infections. This will put off track the implementation of Africa's socio-economic and structural transformation blueprint, Agenda 2063 which is anchored on human capital and the demographic dividend. Ending AIDS will be a shared triumph for all the aspirations in Agenda 2063.

This year the African Union Commission joined the Republic of Togo for joint commemoration of the World AIDS Day.

For more information, visit http://www.au.int

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