

AFRICAN UNION

الاتحاد الأفريقي



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**ABUJA CALL FOR ACCELERATED ACTION TOWARDS
UNIVERSAL ACCESS TO HIV AND AIDS, TUBERCULOSIS
AND MALARIA SERVICES IN AFRICA**

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Theme:

***Universal Access to HIV/AIDS, Tuberculosis and
Malaria Services by A United Africa by 2010***

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INTRODUCTION

1. **We** the Heads of State and Government of the African Union, meeting in Abuja, Nigeria, from 2-4 May 2006 to review the progress made in implementing the Abuja Declaration and Plan of Action on Roll Back Malaria (RBM) of 2000, and the Abuja Declaration and Plan of Action on HIV and AIDS, Tuberculosis and Other Infectious Diseases (ORID) of 2001; focused our deliberations on the Theme: *“Universal Access to HIV and AIDS, Tuberculosis and Malaria Services by a United Africa by 2010”*. We recall that the twelve priorities for our Abuja Plan of Action on HIV and AIDS, Tuberculosis and Other Related Infectious Diseases included Leadership at National, Regional and Continental Levels to mobilize the society as a whole; Resource Mobilization; Protection for Human Rights, Poverty, Health and Development; Strengthening Health Systems; Prevention of Primary and Secondary Infections; Improvement of Information, Education and Communication; Access to Treatment, Care and Support; Access to Affordable Drugs and Technologies; Research and Development on HIV and AIDS, Tuberculosis and ORID; Partnership; and Monitoring and Evaluation.

2. **We** also recall that at the same 2001 Abuja Summit Eight African Heads of State and Government deeply, concerned with the impact of the HIV and AIDS epidemic, created AIDS Watch Africa (AWA) as an advocacy platform at the Head of State and Government level and for monitoring the African response and to mobilize resources.

II. AFRICA’S PROGRESS TOWARDS THE ACHIEVEMENT OF THE 2000 AND 2001ABUJA COMMITMENTS IN DECLARATIONS AND PLANS OF ACTION

3. Marked progress has been also observed in the proportion of national budgets allocated to health as 33% of countries have allocated at least 10% of their national budget to health while one country has attained the target of 15%. Heads of State have engaged with the G8 countries for additional resources and debt relief.

4. **We** realize that the movements of people across and within borders spread diseases such as HIV and AIDS Tuberculosis and Malaria. In view of this, we take regional level actions and cooperation as vital to the fight against the HIV and AIDS epidemic in the continent. Accordingly, Regional Economic Communities (RECs) have integrated health and social issues in their development programmes. Some RECs are implementing HIV and AIDS strategies. With the coordination of RECs, cross border cooperation and delivery of services is enhanced.

5. **We** are aware that the AU Commission developed and is implementing the AU Commission HIV and AIDS Strategic Plan 2005-2007, coordinating the implementation of the AIDS Watch Africa Strategic Framework; and is playing its advocacy role through the World AIDS Campaign, World TB Day and Africa Malaria Day campaigns, among other advocacy activities.

6. In 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created as suggested by the OAU/AU Heads of States following the advice by their health ministers and then proposed to the UN Secretary General at the Abuja Special Summit in 2001 and endorsed by the UNGASS on AIDS. Since then, several African countries have been able to access funds from GFATM, and other sources, which include the World Bank Multi-country AIDS Programme (MAP), US President's Emergency Fund for HIV and AIDS Relief Programme (PEPFAR), the Commission for Africa, the initiative by France on air ticket levy and other bilateral and multi-lateral sources. Despite the increased number of donors, the current annual global spending is less than half of the US\$ 12 billion needed by 2005 and less than one-quarter of the amount needed in 2007. However, spending for Africa from this amount accounts for 6-10% of the total AIDS expenditure. According to the Global Fund Observer 2003, Africa was able to secure 60 per cent of the resource of the Global Fund.

III. THE CHALLENGES AND OBSTACLES

7. We have identified the following as the main challenges and obstacles to accelerated action towards universal access to HIV and AIDS, Tuberculosis and Malaria services in Africa:

- The triple burden of disease including non-communicable diseases and injuries;
- The difficulty in ensuring predictable and sustainable financing for HIV, tuberculosis and malaria services;
- Weak planning partly because of lack of institutional and human resource capacity at national level;
- The health crisis reflected in terms of weak health systems, infrastructures inadequate laboratory network for diagnosis of diseases, human resources in terms of numbers, mix of skills, motivation, and retention which have become major barrier to the implementation of disease control programmes in general and HIV and AIDS, TB and Malaria programmes in particular;
- Inadequate access to essential medicines, preventative commodities and technologies across much of the continent; inadequate global supply of long lasting Insecticide Treated Nets (ITNs) and Artemisinin-based Combination Therapy (ACTs) and indoor residual spraying (IRS) with effective insecticides;

- Lack of adequate policies and legislation protecting the human rights of PLWHA and TB by most countries;
- Failure to take into account the link between HIV and AIDS and sexual and reproductive health;
- Stigma, discrimination and gender inequity, which result in inadequate application of the human rights of people infected or affected by HIV and AIDS and directly hampers their ability to access services;
- Poor or inadequate coordination of regional and national and international partnerships;
- Weak monitoring and evaluation (M&E) systems and cumbersome M&E framework for the Abuja Declaration on HIV and AIDS and TB and ORID;
- Conflicts that result in mass displacement, violence, loss of livelihood and property as well as major breakdowns in essential services.
- Other cross-cutting issues such as ensuring good nutrition and food security, and internal and inter-country migration for reasons other than conflicts;
- Policy planning and programming for addressing health in national development frameworks by most countries which is reflected by inadequate health system development, low coverage and access to services for the three diseases;
- An increasing burden of disease and other development challenges

IV. ABUJA CALL FOR ACCELERATED ACTION TOWARDS UNIVERSAL ACCESS TO HIV AND AIDS, TUBERCULOSIS AND MALARIA SERVICES BY 2010

Rededication by African Heads of State and Government

8. **We** still consider AIDS, Tuberculosis and Malaria as a State of Emergency in our continent. They are major threats to our national and continental socioeconomic development, peace and security. We reaffirm the commitments contained in the 2000 and 2001 Abuja Declaration and Plans of Action, the MDGs and subsequent commitments;

9. After reviewing the progress made to date, the challenges confronted by individual and Member States, acknowledging progress made by member-states and the contributions of civil society and the international community, and bearing in mind that HIV, TB and Malaria are preventable and treatable while malaria and TB are curable, we resolve to intensify the fight against HIV and AIDS, TB and malaria and to achieve the targets adopted by the Summit and other internationally agreed goals on health.

10. **We** therefore, individually and collectively rededicate ourselves and our countries to the following:

Leadership at National, Regional and continental Levels

- ◇ To intensify our practical leadership role at national, regional, and continental levels to mobilize society as a whole to fight HIV and AIDS, TB, and Malaria more effectively;

Resource Mobilization

- ◇ To mobilize local resources for sustainable and predictable financing, including the implementation of the Abuja Declaration Call for 15% of the National Budget to health and strengthen our collaboration with national and international partners to mobilize adequate financial resources to fight the epidemics; and ensure that financial resources mobilized to fight all the three epidemics can actually be spent by the removal of the medium-term expenditure ceilings on public spending imposed on African countries by the International Financing Institutions.
- ◇ To negotiate for debt cancellation and the availability of grants at national and regional levels that would specifically be targeted at financing prevention, treatment, care and support of the three diseases.
- ◇ To undertake collective advocacy with multi-lateral and bilateral donors to end all conditionalities except normal fiduciary requirements;

Protection of Human Rights

- ◇ To continue promoting an enabling policy, legal and social environment that promotes human rights particularly for women, youth and children and ensure the protection of people infected and affected by HIV and AIDS, TB and Malaria and to reduce vulnerability and marginalization including conflict-affected and displaced persons, refugees and returnees;
- ◇ Adapting national legislation to take cognizance of HIV and AIDS and TB issues specifically discrimination and stigmatization and encourage Member States to ratify relevant International Conventions such as the Convention on Discrimination and Employment.
- ◇ To enact or repeal laws and policies related to gender and human rights in order to align them with AU frameworks including the Solemn Declaration on Gender Equality in Africa and the AU Protocol on Women.

Poverty Reduction, Health and Development

- ◇ To ensure the integration of HIV and AIDS, TB and Malaria programmes into Poverty Reduction Strategies and Programmes and country programmes; and thus ensure access to adequate nutrition and food security by pursuing the realization of an integrated African food production, storage and distribution plan and other social protection measures including adequate social security schemes to address sustainability of treatment as well as treatment, care and support; ensuring community involvement and participation.

Strengthening Health Systems

- ◇ To strengthen health systems and building on existing structures (infrastructure, human resource, financing, supplies etc.) for scaling up and accelerating Universal Access to prevention, treatment, care and support for HIV and AIDS, TB and Malaria;
- ◇ To strengthen data management and surveillance;
- ◇ To meet WHO standards for doctors and nurses

Prevention, Treatment, Care and Support

- ◇ To invest heavily in evidence-based prevention as the most cost-effective intervention with focus on young people, women, girls and other vulnerable groups.
- ◇ To ensure access to a comprehensive package of prevention interventions for the prevention of primary and secondary infections with HIV and AIDS, and sexually transmitted infections (STIs) (including post-exposure prophylaxis following sexual violence), TB and malaria, reduction of vulnerability to HIV and AIDS, TB and malaria;
- ◇ To ensure the promotion and integration of access to prevention treatment, care and support in primary health care services, and in education institutions;
- ◇ To improve information, education and communication;
- ◇ To disseminate, correct, reader-friendly information on prevention, treatment, care and support on HIV and AIDS, malaria and tuberculosis;
- ◇ To ensure universal access to male and female condoms for all sexually active persons.
- ◇ To integrate HIV and AIDS issues into ongoing immunization programmes and sexual and reproductive health programmes, and conversely sexually and reproductive health issues into HIV and AIDS programmes;

- ◇ Awaken traditional values on abstinence but continually increase condom use.

Access to Affordable Medicines and Technologies

- ◇ To enact and utilize appropriate legislation and international trade regulations and flexibilities, to ensure the availability of medicines and commodities at affordable prices as well as technologies for the treatment, care and prevention of HIV and AIDS, TB and malaria including vaccines, medicines and Anti-retrovirus Therapy (ART);
- ◇ To promote regional bulk purchase and local production of generic medicines and other commodities;
- ◇ Support work on regional local production of generic ARV drugs.

Research and Development

- ◇ To promote and support research and development of microbicides, vaccines, diagnostics and treatment for HIV and AIDS, TB and malaria, including traditional medicine;
- ◇ Monitoring of drug resistance in the treatment of HIV and AIDS, Tuberculosis and Malaria;
- ◇ Demographic and Health Surveys every five years;
- ◇ Research ethics including for HIV and AIDS;
- ◇ Conduct regular incidence surveys on HIV.

Implementation

- Enhance and support implementation of comprehensive strategic programmes at country and regional levels against HIV and AIDS, TB and malaria;
- Prevention of multi-drug resistant TB;
- Accelerate Malaria control programmes with a goal to eliminate malaria using all effective strategies such as indoor residual spraying, insecticide treated bed nets, Artemisinin Combination Therapy (ACTs) and Intermittent Presumptive Therapy (IPT);

- Implement the Three-Ones (one executing authority, one Plan of Action and one Monitoring and Evaluation Plan (for HIV and AIDS, Tuberculosis and Malaria).

Partnerships

- ◇ To further develop and support comprehensive frameworks and mechanisms of well-coordinated partnerships, particularly public, private, civil society, regional and international including donors, to promote universal access to prevention, treatment, care and support for HIV and AIDS, TB and Malaria;

Monitoring, Evaluation and Reporting

- ◇ To strengthen in collaboration with all relevant stakeholders particularly Civil Society partners affected by the three diseases, planning, monitoring and evaluation and generation of information for quality, sustainability and accountability of programmes, and for advocacy;
- ◇ To ensure networking and sharing of best practices and submit progress reports regularly to appropriate Organs of the AU;
- ◇ To undertake to strengthen implementation of NEPAD Health Strategy to fight poverty and under-development.

11. We request Ministries of Health, National AIDS Councils or equivalent and Ministries of Finance and Economic Planning to coordinate the realization of a multi-sectoral and integrated approach to disease control, in collaboration with other Sectors, including the involvement of the community in the planning and implementation.

12. **Finally, We** commit ourselves to the implementation of the recommendations and action points enshrined in the in “*Brazzaville Commitment on Scaling up Universal Access to HIV and AIDS Prevention, Treatment, Care and Support*”; and to extend these to TB, Malaria and other prevailing diseases.

Call to Civil Society and the Private Sector

13. Recognizing and commending the progress made by Member States, the efforts and achievements of the Civil Society and Private Sector;

We call upon the respective national, regional, continental and international partners including NGOs, and civil society, (including, youth, women, people with disability, religious organizations, trade unions, employers organizations, traditional health practitioners, traditional rulers, people living with HIV and AIDS and other Groups) to:

- Intensify their efforts more than ever before for the fight against HIV and AIDS, Tuberculosis and malaria;
- In this connection, they should develop and implement well-coordinated and harmonized frameworks which will provide concrete results;
- Support the mobilization of additional resources for prevention, care and support and treatment-related activities;
- Facilitate through enhancing their monitoring role, the operationalization of commitments at all levels.

Call to Regional Economic Communities (RECs)

14. **We call upon** Regional Economic Communities (RECs) and other Regional Groupings to:

- Intensify the implementation of inter-country and cross-border health initiatives;
- Coordinate inter-country efforts and provide support to Member States;
- Mobilize resources for HIV and AIDS, Tuberculosis and Malaria programmes in their respective regions;
- Report back to us through the AU Commission on the progress made in the implementation of this Call;
- accelerate the prevention and control of malaria, learning from best practices on the continent with the aim of eliminating malaria in Africa using all available control strategies including indoor residual spraying, use of insecticide-treated nets, ACT combination therapy and intermittent preventive therapy

Mandate the AU Commission and AU Organs

15. **We request** the AU Commission and the AU Organs and Programmes to:

- Effectively implement the AU Commission HIV and AIDS Strategic Plan and AWA Strategic Framework 2005-2007;
- Promote regional integration and collaboration in the areas of Disease Control;

- Ensure that HIV and AIDS Tuberculosis and Malaria are catered for in the NEPAD Health Strategy;
- Ensure that malaria prevention and control is accelerated with the goal to eliminate malaria in Africa by 2010 using all available control strategies;
- Coordinate in broad partnership with Civil Society and the private sector, the effective implementation of the Abuja Call and report annually to the AU Assembly.

16. **We further** request the Pan-African Parliament Committee on Health, Labour and Social Affairs to provide oversight and accountability for the implementation of the commitments made towards universal access and the implementation of the Abuja Declaration.

17. **We also request** the Peace and Security Council (PSC), and Economic, Social and Cultural Council (ECOSOCC) of the AU, the NEPAD Programme, other AU Organs and National Parliamentarians to play an effective advocacy role and provide necessary support to Member States in the fight against these diseases.

Call to the International Community

18. **We solemnly call upon:**

- ◇ Development partners to continue to work closely with Member States, the AU Commission and the RECs to ensure long term, predictable financing commensurate with the burden of these diseases and to provide financial and technical support to our efforts in a coordinated, efficient and country and AU led manner.
- ◇ The UN Agencies and other Development Partners to provide technical, material and financial support and to facilitate follow up on the implementation of this Call.
- ◇ The Development partners to mobilize additional and adequate resources on long-term basis for the fight against HIV and AIDS, Tuberculosis and Malaria.
- ◇ The international community to reaffirm its commitment to strengthening the partnership with Africa for the fight against HIV and AIDS, Tuberculosis and malaria, other major causes of morbidity and mortality.

Follow up and Reporting

19. Recognizing and commending the lead role played by the Federal Government of Nigeria for the Abuja 2000, 2001 and 2006 commitments; We mandate H.E President Olusegun Obasanjo, Head of State of the Federal Republic of Nigeria to report the outcome of this Special Summit on HIV and AIDS, TB and Malaria to the next Ordinary AU Assembly, and to continue to lead in the follow up on implementation of the Abuja Call.

20. **Finally, We request consultative reviews at two years (2008) and five years (2010)** on the status of implementation of the 2006 Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services by 2010; and of the MDGs.