

UNAIDS/PCB(8)/99.5 (Part I)  
13 May 1999

## **PROGRAMME COORDINATING BOARD**

Eighth Meeting  
Geneva, 28-29 June 1999

*Provisional Agenda Item 6*

### **THE INTERNATIONAL PARTNERSHIP AGAINST AIDS IN AFRICA: A PROGRESS REPORT**

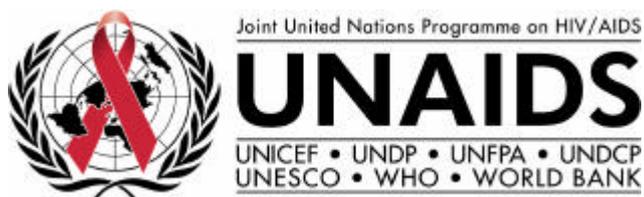
#### **EXECUTIVE SUMMARY**

- The International Partnership against AIDS in Africa is a coordinated response to the devastation being wrought by AIDS in Africa.
- Consultations have taken place with African leaders, at country, subregional and regional level, with donors, and within the UN system to begin the process of elaborating a plan of action.
- Most efforts are focused on the community, district and national levels but subregional cooperation and coordination are also being strengthened.
- The UNAIDS Secretariat has drawn together personnel from throughout the organization to form a Task Team to work on the Partnership. Initial resources have been reallocated to support the Partnership's activities.
- UNAIDS Cosponsors are developing specific plans of action for increased activity in sub-Saharan Africa.

#### **ACTION REQUIRED AT THIS MEETING:**

- Request PCB endorsement of the concept and principles of the partnership
- Request PCB to support efforts by UNAIDS Cosponsors and Secretariat to intensify their AIDS programmes in Africa
- Request PCB to encourage national governments to strengthen their response to AIDS in Africa and to work within the framework of the International Partnership in doing so.





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## **I. PREFACE**

1. At its December 1998 New Delhi meeting the PCB asked that a report describing the International Partnership against AIDS in Africa be prepared for its June 1999 meeting. This paper is current up to early May 1999 and deals primarily with activities since the December meeting. The UNAIDS Secretariat will provide an update on the Partnership's activities in May and June at the PCB meeting itself.

## **II. NEED FOR THE PARTNERSHIP**

2. AIDS has become a major threat to development in sub-Saharan Africa. AIDS is now the number one killer in Africa. The virus has personally affected one quarter of all Africans.

- 9 million Africans have already died of AIDS.
- Over 22 million Africans are currently living with HIV.
- There are almost 8 million African children who have lost their mother or both parents to the AIDS epidemic.

3. These figures tell only part of the story. The epidemic has spread beyond all predictions in Africa and now threatens the future of the continent, where it has become a complex development emergency.

- A child born in the next five years can expect to live only to the age of 47. If he or she were born in a world without AIDS, that child could expect to live to age 60.
- Education, the emblem of the future, is threatened. Girl children are taken from school to nurse their dying parents. Boys leave school to look after their orphaned siblings. In Cote d'Ivoire one teacher a day dies of AIDS.
- Militaries are estimated to be infected at two to five times the rate of the civilian population.
- The health sector is consumed with caring for the sick. In some countries, AIDS-related costs will soon absorb half or more of health budgets.
- Business must cope with increased absenteeism, decline of an already limited skilled labour force, and higher sickness disability and death payments.

## **III. WHY NOW?**

4. The UNAIDS Secretariat and its Cosponsors are committed to intensify their efforts against AIDS in sub-Saharan Africa. If it were only the UN system that recognized the emergency, it would not be enough. Fortunately, the situation has changed significantly in Africa in the last twelve months. Many African leaders are speaking out, and governments are stepping-up multisectoral efforts against AIDS. This leadership will make possible sustained action to prevent the transmission of AIDS, provide care and support, reduce the vulnerability of individuals and communities to HIV/AIDS, and alleviate the impact of the epidemic.

5. Evidence that a successful response is possible in Africa is now well documented in Uganda and Senegal. In both cases there was:

- public recognition of the AIDS problem;
- commitment of national resources, which encouraged increased external funding;
- a multisectoral approach; and
- involvement of civil society, including non-governmental and community based organizations and religious organizations.

6. These lessons are being applied elsewhere in Africa. Many countries, supported by the UN Theme Groups on HIV/AIDS, are developing national strategies on HIV/AIDS. Because these plans are being elaborated in partnership with non-governmental organizations, the private sector, community groups, and people living with AIDS, as well as with donors, they have unleashed real power and energy.

7. Donor countries recognize that their efforts to alleviate poverty and contribute to development in Africa will not bear fruit without concerted action on AIDS. New AIDS planning approaches, placing emphasis on recipient country leadership and involvement of donors in the strategic planning process, bring hope that these plans will be funded in a more coordinated, intensified and sustained way.

#### **IV. DEVELOPING THE PARTNERSHIP**

8. Following a resolution of the OAU Summit of Heads of State in Ouagadougou in June 1998, debates at the second Tokyo International Conference on African Development (TICAD II) in October 1998, and numerous bilateral discussions, the Secretariat began in 1998 a broad programme of consultations with African leaders to find ways to harness the growing sense of concern concerning the HIV/AIDS pandemic in sub-Saharan Africa. At a meeting in Annapolis, Maryland (USA) in January 1999 the UNAIDS Cosponsors and the Secretariat agreed on a concept for intensified action against AIDS in sub-Saharan Africa in the Resolution to Create and Support the Partnership (see Annex I).

9. We have also continued our consultations with senior officials from over 20 African countries, including Heads of State, Ministers, as well as with the Organization of Africa Unity. The dialogue has broadened, now including Ministers of Finance and Ministers of Economic Planning and Development. Country Programme Advisors and the UN Theme Groups on HIV/AIDS have consulted widely with their national stakeholders and partners.

10. Following consultations with individual bilateral donors, the U.S., UK, Japan, and Sweden organized a meeting of bilateral donors in London in April 1999. At the meeting, donors acknowledged the gravity of the AIDS situation in Africa, pledged to increase their efforts against AIDS in Africa, and expressed their eagerness to participate in the further elaboration of the partnership.

## **V. THE CONCEPT**

11. The overarching goal of the partnership is to save the lives of millions by halting the spread of HIV and sharply reducing its devastating impact on human suffering and social and economic development. The vision of the partnership is that, within the next decade, African nations will be implementing larger and more effective national responses to HIV and AIDS that will substantially reduce new HIV infections, provide a continuum of care to people living with HIV and AIDS, mobilize communities to respond, counteract the negative effects of HIV/AIDS on individuals, communities, and societies, and support the human rights of all those affected. Indicators and targets have been proposed and are being reviewed.

12. The core principles of the partnership are:

- National commitment and ownership are required to drive it.
- The development and implementation of joint national strategic action plans involving all relevant sectors provide the basis for action.
- These plans should be based on local contexts and priorities.
- Better coordination among partners, building on the comparative advantages of the actors in the partnership, is required.
- Efforts must be intensified, resources expanded, and the quality and effectiveness of responses improved, while not creating new structures.
- Use primarily national and regional technical resources.
- Protection of human rights, compassion, and solidarity should permeate all programmes

13. The partnership is bringing together national governments, donor organizations, civil society, and the private sector to work effectively, within common strategic frameworks, to support sustained national responses. We know from the experience of successful countries, in Africa and elsewhere, which core interventions can slow the rate of new infections. The aim of the partnership is to replicate and adapt these successes, on a larger scale and in many more countries.

14. The partnership's principal field of action is at local, district and national levels, based on national strategic plans and common agreement on priorities suitable to each country. Since AIDS does not respect borders but has been spread in part through cross-border transportation routes, regional cooperation will need to be strengthened to share experiences among countries, and provide relevant technical cooperation. The Secretariat and Cosponsors, along with donors, will broker and make available improved regional and subregional technical services to support country efforts.

## **VI. MAKING THE PARTNERSHIP OPERATIONAL**

15. African leaders, policy makers and programme managers are helping to shape the Partnership and drive it forward. The Economic Commission for Africa's Joint Meeting of

Ministers of Finance and Ministers of Economic Development and Planning (6-8 May 1999) included AIDS on its agenda. Combined with the preparation of multisectoral national AIDS plans, drawn up in consultation with important partners, the strong foundation for increased action exists in many parts of Africa. UN Theme Groups on HIV/AIDS will continue to support country efforts to build these partnerships between government, civil society, and the international community, to forge effective responses to the AIDS crisis.

16. The Secretariat and Cosponsors will begin in June a series of country missions to identify with key national partners the opportunities to expand the response and what inputs, are required to accelerate the current response.

17. In order to give greater focus, importance, and impulse to its work in sub-Saharan Africa, the Secretariat has established a Task Team. The Task Team brings together country-specific perspectives, talents in planning and resource mobilization, technical expertise, and communications skills. In this way, we are better able to develop and sustain links with our partners and to meet the need of our clients in sub-Saharan Africa. Staff resources and budgets have been allocated to the Task Team.

18. The Cosponsors, acting on the Annapolis resolution, are moving forward to develop their own complementary strategies, reorient their programmes, and find ways to better coordinate plans and technical services. UNICEF, through its Regional Office for Eastern and Southern Africa, has made AIDS one of its top priorities and is significantly increasing its resources for AIDS activities. UNFPA has emphasized HIV/AIDS as a major component of its reproductive health programmes and its CST directors in Africa will meet in July to see how to integrate AIDS into their work programmes. The World Bank has developed an institutional strategy on AIDS in Africa, is strengthening its own technical capacity, and will include an HIV impact assessment and mitigation strategy in its project documents in Africa. WHO's cabinet has agreed to expand its activities in Africa by providing increased technical support. UNDP has recommended new strategic directions and deployment of HIV/AIDS officers in all countries. The UNAIDS Secretariat will continue to work with the Cosponsors to ensure that the strategies are complementary and not competitive.

19. The Secretariat is assisting UN Theme Groups on HIV/AIDS and Cosponsors' regional entities to organize subregional consultations, as part of the effort to increase subregional coordination and cooperation and to build a strengthened network of technical assistance. The first meeting will be held in mid-June in Maputo for Southern Africa. This will be followed by meetings in West Africa and East Africa.

20. Bilateral development agencies have confirmed their concern about the situation in Africa and their support for the Partnership. They will work in partnership on such tasks as:

- Elaborating plans for well-coordinated regional technical platforms, drawing mainly on existing resources;
- Identifying and developing strategies for addressing gaps, including costing of scaled-up interventions, cost-effectiveness of proposed actions, training, and to mobilize the resources necessary for the partnership; and

- Developing an international advocacy strategy, involving all partners.

21. Much work needs to be done in the coming months to cost more accurately an effective prototype programme. It is clear, however, that the \$150 million a year being spent in African countries on AIDS prevention is inadequate. Preliminary estimates indicate that a basic effective package of interventions – not including care or assistance to orphans – costs approximately \$1.50 - 2.00 per person. This suggests that, at a minimum, something like a six-fold increase in resources is required immediately. Such increased funding could come in part from redirecting to AIDS existing project resources that are not currently going to fight the epidemic, such as social funds designed to be implemented mainly by non-governmental organizations, sector reform projects and debt relief operations. This is fully justified, as the AIDS epidemic is undermining the very goals of these other investments. African governments could also commit a larger share of domestic public funds to AIDS.

22. The Secretariat will provide an update on activities in May and June to the PCB at its June meeting.

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**Annex I****International Partnership Against HIV/AIDS In Africa****Meeting of the UNAIDS Cosponsoring Agencies and Secretariat  
Annapolis, Maryland, 19-20 January 1999****Resolution to Create and Support the Partnership****Preamble**

The HIV/AIDS situation in Africa has become catastrophic. The epidemic represents an unprecedented crisis for the continent. More than 20 million Africans are infected with HIV today. Over two million died of AIDS in 1998, including nearly half a million children. Four million new HIV infections occurred in Africa last year. In the most severely-affected countries, a quarter of the adult population is infected. Hard-won gains in life expectancy and child survival are being wiped out. The AIDS-related suffering of individuals, families, and societies is enormous. Education and health systems are staggering under the burden as they lose trained professionals and incur higher costs because of the epidemic.

If left unchecked, the AIDS catastrophe in Africa will continue to worsen. The numbers of dead and dying will continue to grow exponentially.

The spectre of such a huge tragedy calls for an emergency-style response from within and outside Africa. If such a response is mounted quickly, tens of millions of deaths can be averted.

Fortunately, a large-scale response is possible, to judge from recent encouraging signs of change. More national leaders are recognizing the seriousness of the situation and are speaking out, making AIDS a central development, social, and national security issue. There is evidence of successful national responses to HIV/AIDS in countries such as Uganda and Senegal, and of positive local responses within other countries. A number of international agencies are ready to increase significantly their commitment to fighting AIDS in Africa.

But current plans and actions are not enough. National awareness, commitment, and mobilization are still inadequate. Successes are too few and on too small a scale to reverse the epidemic. External support remains too small, slow and disjointed to have a critical impact.

In short, a much more substantial response to AIDS in Africa is needed urgently from all actors ? governments, NGOs, local communities, the private sector, and international development organizations.



## Resolution to create the Partnership

In the light of this tragic situation, with AIDS fast becoming the number-one killer in Africa, wreaking even more havoc than civil strife and other diseases, the UNAIDS Cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank) and the UNAIDS Secretariat, meeting in Annapolis, Maryland, USA, on 19-20 January 1999:

- resolved to work together on an *emergency basis* to develop and put into practice an “International Partnership Against HIV/AIDS in Africa”
- urged all parties involved ? and especially the primary actors, the African people and their governments ? to act on an *emergency basis* to drastically slow the spread of HIV in Africa
- committed themselves to building rapidly a coalition of all the key actors: African governments; NGOs and other civil society organizations, including religious groups; bilateral and multilateral agencies; the private sector; and the UN system organizations
- agreed that a sustainable political and social mobilization on an unprecedented scale would be crucial for mounting an effective response to HIV/AIDS on the ground in Africa
- called upon the UNAIDS Secretariat to assume its responsibility to lead the further development and implementation of the Partnership.

### Goals of the Partnership

**The overarching goal of the Partnership is to urgently mobilize nations and civil societies to redirect and expand national and international political, programme and financial policies and resources to address the HIV/AIDS epidemic and its impact on development in Africa. Only an urgent mobilization of this kind can curtail the spread of HIV, sharply reduce the impact of AIDS on human suffering, and halt any further reversal of human and social capital development in Africa.**

The Partnership will pursue three major objectives through a series of actions that will be defined in conjunction with all the partners in the next few months. Each objective will have clear and measurable outcomes. Notionally these include that by 2005, African countries will have:

- (a) reduced HIV transmission, as evidenced by
- HIV incidence in 15-24 year olds will be reduced by 25% in the most affected countries
  - at least 90% of young men and women aged 15-24 will have access to the information and skills required to reduce their vulnerability to HIV infection
  - at least 50% of HIV-positive pregnant women will have access to testing, counselling, treatment and replacement feeding programmes
- (b) reduced suffering, as evidenced by
- at least 50% of all HIV-positive persons will have access to drugs for common opportunistic infections

- a major increase in access of HIV-infected persons to an appropriate continuum of care
- (c) mitigated impact of AIDS, as evidenced by
- the development and use of social, legal and human rights frameworks which address fear, stigma and discrimination
  - 50% of affected families will have access to an essential package of services, including health, education and food,
  - implementation of national programmes which effectively address the impact on development of the AIDS crisis

The Partnership will monitor the scale and speed of the response to the epidemic, including the number of countries implementing intensified AIDS programmes and the level of national and international spending on AIDS activities.

A discussion draft refining the goals and strategies for the Africa Partnership, elaborated by a small team from the UNAIDS Cosponsors, is attached as Annex 3.

Each African country will need to set its own national targets.

### **Main values and principles of the Partnership**

It was agreed that members of the Partnership should embrace a set of common values and principles:

- strong African political leadership and commitment as the basis for effective action
- country focus and orientation to locally-set priorities
- local institutions, including local governments, NGOs and other community-based organizations, to be major actors
- participation of people living with HIV/AIDS
- openness to all persons and institutions prepared to join the Partnership and respect its values
- a sense of shared responsibility among all partners
- transparency of action and accountability for results
- respect for human rights and compassion for those suffering from HIV/AIDS
- willingness by UN and other external agencies to act flexibly and to complement one another on the basis of comparative advantage
- maximum reliance on existing organizational entities without the creation of additional bureaucratic structures.

### **Aims and activities of the Partnership**

Experience to date points to a number of “key elements” shared by successful national AIDS programmes and projects. The aim of the Partnership will be to support these elements of success on a large scale, so that successful responses to HIV/AIDS can be multiplied rapidly across all African countries.

The members of the Partnership will work to create a **policy and social environment** conducive to successful action (Annex 1), by:

- developing strong commitment to confronting AIDS at the highest levels of government
- raising national awareness of the status of the epidemic and its devastating impacts
- fighting stigma and discrimination associated with HIV/AIDS
- empowering communities, NGOs, local governments and the private sector
- inserting HIV/AIDS considerations more fully into the national development agenda
- protecting the rights of vulnerable populations
- organizing and implementing a multisectoral response
- harnessing external resources more effectively
- developing policies and plans that mitigate the impact of AIDS on key national sectors, institutions and services, including education, health care and agriculture
- raising the status of women

Within such a conducive policy environment, the members of the Partnerships will also support a series of priority programmatic actions, to be defined with the main partners over the next months. These will include a small sub-set of “core” actions ? necessary but not sufficient ? to be implemented in all countries. The core actions include: youth education and mobilization; voluntary counselling and testing; interventions to interrupt mother-to-child transmission; strengthening STD prevention and treatment; condom distribution; special programmes for those most vulnerable to HIV/AIDS; community standards of care, including treatment of common opportunistic infections of people living with HIV/AIDS; and special services for families with orphans. Programmatic actions should cover the reduction of both risk and vulnerability to HIV/AIDS.

While effective prevention activities must remain central to a national response – in both low- and high-prevalence countries – heavily-affected countries today have an urgent need for policies and programmes that can soften the epidemic’s *impact* on individuals and their families (especially the poor). They also need to anticipate and alleviate the effects on communities and productive sectors.

### **Main lines of action for the Partnership during 1999**

To achieve its goals, the Cosponsors agreed that the Partnership will focus on the following main lines of action for 1999.

#### **1. Mobilizing high-level African political support by:**

- discussing HIV/AIDS with African heads of state and striving to include AIDS in the central agendas of the Organization of African Unity (OAU), Economic Commission for Africa (ECA), Southern Africa Development Community (SADC), Economic Commission of West African States (ECOWAS), etc.
- developing and disseminating widely advocacy materials emphasizing the gravity of the AIDS crisis and its catastrophic demographic, social and economic effects

- supporting the advocacy efforts of respected African figures from the political, cultural, religious, and sports spheres who seek to persuade African heads of state to commit themselves to attacking the AIDS crisis head-on.
- 2. Widening the partnership** to include African governments and other key constituent groups including national and international NGOs, the business community, and bilateral and multilateral development institutions. As part of this effort, a donors' meeting will be held in the first half of 1999, possibly as early as March, and similar meetings will be organized for major NGOs and business partners.
- 3. Cooperate with and support African governments as they intensify their action, by:**
- planning, refining and implementing intensified programmes in at least 10 priority countries, selected by mutually agreed criteria, over the next 12 months
  - mobilizing additional financial resources to support these intensified programmes through consultative group meetings and donor round-tables, incremental government financing (possibly linked to debt relief), and reallocation of existing funds already committed to social funds and ongoing projects in the health, education, transport, labour, justice and other sectors
  - promoting active communication and information-sharing among all actors, including African communities and local governments, focusing particularly on examples of successful national and local initiatives.
- 4. Overall, mobilizing extra financial resources** for intensified AIDS programmes at both country and regional levels. Current spending on AIDS in Africa, estimated at about \$150 million a year, needs to be doubled to more than \$300 million by the end of the year 2000.
- 5. Strengthening technical resources** to support national and local projects, by:
- reviewing and rationalizing existing technical clusters located in the region, including the UNAIDS intercountry teams
  - strengthening these technical groups through the hiring of additional key specialists
  - building stronger networks of specialists in key programme fields (e.g., strategic planning, STD treatment, MTCT prevention, community mobilization, etc) within and across countries.

**Next steps: follow-on to the Annapolis meeting**

There are many actions that the UNAIDS Cosponsors and the Secretariat can take immediately, to drive forward the aims and activities of the Partnership. UNFPA, for example, will use its upcoming training programmes in Africa to expand AIDS activities in countries' reproductive health services. UNESCO will continue to implement its expanded network of community media addressing AIDS and to pursue research on cultural aspects of AIDS. WHO will focus on strengthening health systems to respond to the epidemic to

include improved health policy planning and improved health services delivery, such as VCT, MTCT, care from home, communities and hospitals. WHO will drive home the messages of the Partnership with African political leaders and will strengthen its cadre of AIDS specialists in the region. UNDP will conduct a rapid assessment of its pilot projects on AIDS and Development, generate and disseminate best practice on HIV and development, strengthen the use of social capital in responding to the epidemic, organize stakeholder fora, and work with its resident coordinators in Africa on how to implement the goals and activities of the Partnership. UNICEF will step up implementation of its programmes for youth, AIDS orphans and the prevention of mother-to-child transmission. The World Bank will build AIDS into the centre of all its Country Assistance Strategies, integrate AIDS into its agriculture extension projects, and reorient social fund projects to include local AIDS initiatives.

Each Cosponsor will continue to elaborate and implement its own detailed plan of actions to support the overall aims and activities of the Partnership.

In addition, the Partners will pursue a common calendar of actions in the coming months, with all Cosponsors ready to take on extra tasks, many of them carried out jointly by several Cosponsors. The UNAIDS Secretariat will be responsible for overall monitoring of this plan of action. It will focus on political mobilization and on supporting the design and initiation of greatly intensified AIDS prevention, care and mitigation programmes in at least ten major countries before the end of 1999.

Annapolis, Maryland

20 January 1999 (revised and updated on 08 April 1999).