

AIDS WATCH AFRICA



An instrument for promoting AIDS responses in Africa

Discussion Paper presented by HE President Olusegun Obasanjo to
Heads of State of the African Union

This discussion paper was produced for the July 2004 summit of AIDS Watch Africa.
Photos provided by the Joint United Nations Programme on HIV/AIDS

Cover photo: Children orphaned by AIDS in Katondwe, Zambia (UNAIDS/M. Jensen)

What is AIDS Watch Africa?

Nigerian President Olusegun Obasanjo, Heads of States and Governments of seven other African countries¹, United Nations Secretary-General Kofi Annan and the African Union Secretary-General established AIDS Watch Africa (AWA) in 2001 to set an agenda for top-level leadership to the African AIDS response. AWA was envisioned as an instrument for the continental response to AIDS, with the potential to stimulate and mobilize the peoples of Africa and the resources needed to address the pandemic. Furthermore, AWA would serve as an instrument for peer review, accountability and measurement of the commitment of member states to the fight against the pandemic.

AWA's leadership and the creation of new forces of solidarity and advocacy aim to:

- recognize “champions” and key personalities driving the African response;
- confront stigma, denial and discrimination by creating partnerships with civil society and pressing for the full participation of people living with HIV;
- advocate respect for human rights and the integration of a gender perspective;
- ensure that national responses are resourced, to the extent possible, from national budgets;
- intensify regional cooperation and develop regional strategies to support individual countries;
- integrate HIV and AIDS concerns in all development-assistance programmes and poverty-reduction strategies; and
- mobilize contributions from public and private sources with a special appeal to foundations, the business community, the private sector and wealthy individuals.

AWA has so far held two meetings during summits of the Organization of African Unity (OAU) in Lusaka and Maputo. It was observed during these meetings that the sustainability of AWA and the fulfilment of its well-articulated role require the institutionalization of this laudable initiative. This led to discussions with African Union Chairman Alpha Konare about a way forward – repositioning AWA within the African Union. This strategy paper summarizes the reasoning behind such a repositioning and outlines four areas of focus for AWA's future work.

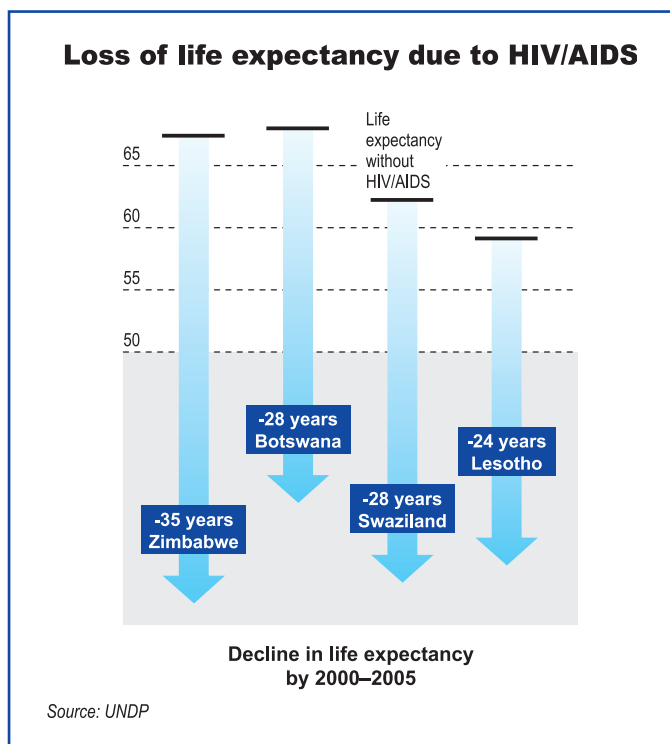


*HIV prevention materials prepared at Kibera Community Self Help programme, Kibera, Kenya
UNAIDS/G. Pirozzi*

¹ AWA includes the Heads of States and/or Governments of Botswana, Ethiopia, Kenya, Mali, Nigeria, Rwanda, South Africa and Uganda

Why reposition AWA within the African Union?

Since its formation in 2001, AWA has operated out of Abuja. Repositioning within the African Union now will enable AWA to build on its initial efforts while moving to a platform that can amplify its advocacy work systematically across Africa. AIDS is a new kind of emergency that targets people in the productive prime of their lives, eroding a basic building block of development: human capacity. AIDS depletes capacity much faster than it can be replenished, crippling all sectors of society and generating long-term vulnerability with a significant decline in life expectancy (see Figure below). AWA's voice – emanating from the principle political organ of the continent – can help form and articulate an African response.



Fortunately, the AIDS challenge is being met with increased African leadership and resources. Repositioning AWA will help maximize these opportunities, utilizing African Union mechanisms to harness the commitments of presidents and prime ministers from across Africa. The recognition that AIDS is not just a health issue, but a threat to development, progress and security, must now be translated from rhetoric into action.

Additionally, international spending on AIDS programmes in Africa has grown substantially in the last two years. This growth in spending reflects increased support from a broad range of sources, including bilateral donors, NGOs and philanthropic foundations. The new funding is welcome, but insufficient. By 2005, it is estimated that US\$ 5 billion, will be needed in

sub-Saharan Africa for basic services, and an additional US\$ 1 billion will be required to provide antiretroviral treatment to 2.5 million Africans living with HIV. Taking into consideration all the anticipated increases in funding forecast for 2005, UNAIDS estimates a shortfall of US\$ 3 billion. Part of this shortfall must be met by African resources. Political commitments have so far not been met by sufficient national budgetary allocations in the majority of countries. According to recent estimates by UNAIDS, spending by African nations accounts for 6–10% of total AIDS expenditures in the region, compared to a recommended share of 20%. Also, the commitment made by African leaders at the 2001 Abuja summit meeting – to gradually increase their health spending to 15% of their national budgets – has been met in just a few countries. According to a recent study, only Chad, the Central African Republic, Mozambique, Uganda and the United Republic of Tanzania have met the 15% target. The African Union platform provides a basis for AWA's advocacy to squarely face this issue.

As the availability of resources rises, there has not been a corresponding increase in efforts to build institutional capacity for effective implementation of national AIDS responses. The growing problem of diminishing or already insufficient human capacity in Africa significantly constrains the ability of governments to deliver vital public services. This problem is caused by a number of factors including migration of key staff from public to private sectors, migration abroad and the growing number of people dying of AIDS itself. AWA must help articulate and promote an Africa-wide movement of capacity building.

Proposed areas of focus for AWA

Preventing future generations from infection: investment in HIV prevention averts untold human suffering, together with its social and developmental consequences, regardless of a country's current HIV prevalence. Even in most high-prevalence countries, HIV incidence is still increasing and will only be slowed by a massive expansion of prevention efforts. Programmes for young people are vital and must continue as each new generation approaches sexual maturity. Their impact is amplified by wider public health and development strategies addressing the underlying socioeconomic causes that leave people vulnerable to infection, as well as vulnerabilities arising from gender inequities, the denial of human rights and discrimination against marginalized groups. With the support of UNAIDS and other partners, AWA will promote national prevention efforts that are integrated into national treatment expansion and emphasize community responses and the inclusion of people living with HIV, religious groups and traditional and trusted leaders.

Provision of care and treatment to the infected: since 1996, the use of antiretroviral drugs has dramatically reduced AIDS-related illness and death in countries where they are widely accessible. Yet only 1% of people in need of treatment in sub-Saharan Africa were able to access these life-saving medicines in 2003. Africa faces daunting challenges as it scales up care, treatment and support to its people, but the continent has the most compelling reasons to overcome these challenges. The African Union, through AWA, will develop a regional procurement facility for antiretrovirals, and will negotiate for reductions in the prices of these drugs. Additionally, AWA will foster regional collaborative efforts to manufacture antiretrovirals and propose regional framework for legislation on antiretrovirals and drugs that combat opportunistic infection. AWA will support the World Health Organization, UNAIDS and their partners in the achievement of the “3 by 5” target – providing antiretroviral treatment to 3 million people living with HIV in low- and middle-income countries by the end of 2005.

The orphan crisis: as the number of adults dying of AIDS rises over the next decade, increasing numbers of orphans will grow up without parental care and love, and will likely be deprived of their basic rights to shelter, food, health and education. Forecasts indicate that the number of children orphaned by AIDS will rise dramatically in the next 10–20 years, especially in Southern Africa. In order to counter the stigma often directed at children orphaned by AIDS, efforts should address the needs of all vulnerable children in a community affected by the epidemic. Areas made vulnerable by AIDS can and should be targeted, but within African communities, residents and local government should provide assistance to the most vulnerable children and households, regardless of the specific causes of vulnerability. AWA will promote the adoption of programmes that embrace proven strategies: child-centred, family- and community-focused, and emphasis on respect and the protection of the rights of the child.



*Mother and her child after ARV treatment, Botswana
UNAIDS/WHO/E. Miller*

Institutional Support

- *Strengthening human capacity*: any attempt to resolve the human capacity problems – especially in Southern and Eastern Africa, where AIDS is crippling public institutions – must have at its heart an acceptance of the need for an unprecedented response to the epidemic. This will require review and reprogramming of priorities by the State to ensure that the effects of AIDS can be counterbalanced. What is needed by most governments is a much clearer view of the potential magnitude of the crisis, to enable them to calculate and project basic demand and supply equations and model a sustained response. Moreover, public-policy debates need to lead to clear decisions about how investments in long-term strategies for strengthening human capacity – through civil service reform, for example – and medium-term national budget frameworks can be balanced with the urgent need to fight AIDS. Just as the AIDS response in general should be mainstreamed in Poverty Reduction Strategy Papers, these development strategy frameworks must also specifically address the capacity gap issue. AWA will promote the adoption of strategies that strive to balance short-term emergency responses with approaches that ensure long-term sustainability. UNAIDS, through the development of two Technical Support Facilities on the continent, will bolster AWA's capacity-building strategies.
- *Promoting harmonization and coordination of responses, the “Three Ones” principle*: in most countries, the increasing amount of bilateral and multilateral support is overwhelming the limited capacity of national governance and infrastructure. Harmonizing external support and coordinating the national response to AIDS around national priorities increases effectiveness, especially under difficult circumstances. This is the central message of the “Three Ones” principles developed by African national AIDS programmes, UNAIDS, donors and other partners: one agreed HIV and AIDS action framework; one national AIDS coordinating authority with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system. The “Three Ones” is not simply the creation of national AIDS institutions and frameworks, but the acceptance and participation of all major stakeholders in these nationally-owned mechanisms. As the African Union adheres to, and supports, this principle, AWA will serve as a conduit for promoting and strengthening these principles at country level.

Placing AWA at the heart of African unity will strengthen joint African action on the continental priorities outlined in the proposed areas of focus. The mounting challenges of AIDS on the continent and the emergence of new opportunities require collaborative efforts at the highest levels of government. Repositioning AWA within the African Union will enhance both the effectiveness and sustainability of this important group.

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