

African Civil Society position paper on HIV and AIDS in Africa: Urgent need to meet the universal access targets

We, African Civil Society Coalition on HIV and AIDS, comprising organizations and networks of people living with HIV, AIDS service organizations young people, older people, women, religious leaders and community workers at the frontline in the response to HIV and AIDS met in Nairobi, Kenya on May 27 to 29, 2008 to examine the 2008 country progress reports on the United Nations General Assembly Special Session on AIDS (UNGASS) Declaration of Commitment (DoC) in 2001 and the Political declaration on HIV/AIDS in 2006;

Considering that Africa remains the most affected continent in the global AIDS epidemic, with more than 2/3 of all people living with HIV and with AIDS remaining the leading cause of death;

Considering the African Heads of State commitments in Abuja in 2001, in Brazzaville in 2006, and the African common position to the High Level Meeting of the UNGASS on AIDS in 2006;

Considering the fact that it is only two years before the deadline for universal access to HIV prevention, treatment, care and support, and midway towards the target date of 2015 for achieving the Millennium Development Goals;

Deeply concerned by the alarming gaps to achieve universal access targets;

We recognize that many African Countries have national policies and strategic frameworks, however many components of these policies/frameworks lack budgetary allocation;

We recognize that of the 600% increase of funding for the CSOs (2001-2005) only 11% is reaching community based organisations;

We note with concern that many HIV and AIDS interventions, including capacity building initiatives within Africa, are one-off and funded over the short term;

We also note that health systems are further weakened by staff attrition, limited infrastructure, and "brain drain" and limited resources;

We acknowledge progress made in HIV prevention, treatment, care and support efforts since the 2006 UNGASS review, however, the rising number of new infections indicates that prevention efforts are inadequate;

We note that country reports lack data on prevention and on the most vulnerable and at risk populations (people engaged in sex work, incarcerated populations, people with disabilities, sexual minorities, injecting drug users, mobile and migrant populations);

We recognize that young people form a large proportion of the population in Africa and are at high risk for HIV and sexually transmitted infections. Interventions with young people present a window of opportunity for reversing the trend of the epidemic

We recognize that antiretroviral drugs have increased for adult populations of people living with HIV, however the uptake of ART, specifically pediatric ART and PMTCT services are still low:

We note with great concern that for more than a decade, Greater Involvement of People Living with AIDS (GIPA) has remained just a principle because National Governments have failed to invest and meaningfully engage PLWH in achieving Universal Access

We note with concern that the UNGASS indicators are not disaggregated by age groups to include people above 50 years, yet statistics show that HIV prevalence in this age group is 7%;

We recognize that only 13 out of 30 countries reported on TB-HIV co-infection despite the resurgence of TB cases and emergence of Multi drug Resistant TB(MDR-TB) and Extremely Drug Resistant TB (XDR-TB) strains as a result of HIV;

We note with despair the move by certain African countries to criminalize HIV;

Therefore, we urge African governments, and call on African civil society organizations, African private sector, the United Nations system, donors, and organizations working on HIV and AIDS in Africa to:

Political commitment and leadership

- Accelerate action to define and deliver clear strategies with costed plans and financial allocations for achieving previous commitments;
- Ensure sustainable investment in capacity strengthening of civil society to improve absorption of available resources;
- Immediately deliver on the 15% Abuja commitment;
- Scale up investment in youth empowerment and education to enhance participation of young people in HIV/AIDS
- Refrain from enacting laws, policies as well as amend those that criminalize HIV;

Sustainability

 Fast track implementation of the global strategy and plan of action on public health, innovation and intellectual property;

- Improve systems and service delivery to have a sustained impact on HIV/AIDS epidemic;
- Ensure sustainable involvement and investment of PLWH in an effort to reduce HIV related stigma and discrimination;
- Implement policies and legislation that protect women's rights and safety, and improve economic empowerment of women;
- Ensure an all inclusive and ongoing partnership and consultation between government, civil society and development partners in all HIV and TB related issues;

Scaling up of HIV Prevention, Treatment and Care

- Immediately address the legislative barriers to effectively respond to HIV prevention, treatment, care and support for most-at-risk population;
- Invest in systematic collection of data on HIV prevention, treatment, care and support services for most-at-risk populations (older people, young people, women, people engaged in sex work, incarcerated populations, people with disabilities, sexual minorities, injecting drug users, mobile and migrant populations);
- Ensure equal access to HIV prevention, treatment, care and support for mostat-risk population;
- Promote economic empowerment of women, young people and older people through sustainable microfinance and social protection policies

TB/HIV co-infection

- Invest in programmes and research for new drugs and diagnostics particularly for Multi Drug Resistant TB (MDR-TB) and Extremely Drug Resistant TB (XDR TB)
- Develop policies and implement programmes for the integration of TB and HIV programmes at country level;

Older People's Issues

Review and incorporate indicators for older populations (50 years and above)
with particular reference to UNGASS indicators 7, 16, 17;

Empowerment and Engagement of PLWH in the response

 Ensure strategic involvement and investment in PLWH in all aspects of the response leading to Universal Access

END

SIGNATORIES

- 1. Southern African Networks of AIDS Service Organizations (SANNASO)
- AFRIYAN
- 3. Namibian Network of AIDS Service Organizations (NANASO)
- 4. MANERELA+
- 5. Youth Vision Zambia
- 6. Miles Communications
- 7. Action Aid International
- 8. Ana Sudan organization members of San- Khartoum, Sudan,
- 9. OXFAM GB
- 10. Helpage International, Nairobi
- 11. NAP+ EAR
- 12. Positive Action for Treatment Access (PATA), Nigeria
- 13. Rwanda NGO's Forum on HIV/AIDS (RNGOF on HIV/AIDS)
- 14. Southern African AIDS Information Dissemination Service (SAFAIDS), 7imbabwe
- 15. Southern African Networks of AIDS Service Organizations (SANNASO), Lesotho
- 16. World AIDS Campaign, South Africa
- 17. Africa Public Health Alliance
- 18. Eastern African Network of AIDS Service Organizations (EANNASO)
- 19. World Vision, Nairobi
- 20. The AIDS support Organization (TASO)
- 21. PANOS Institute Global AIDS Programme
- 22. Nigeria Labour Congress (NLC)
- 23. Treatment Action Campaign (TAC), South Africa
- 24. Network of African Persons Living with HIV/AIDS (NAP+)
- 25. Treatment Action Movement (TAM) Nigeria
- 26. African Council of AIDS Service Organizations (AfriCASO)
- 27. Kenyan Treatment Access Movement (KETAM)
- 28. Eastern African Network of AIDS Service Organizations (EANNASO), Tanzania
- 29. GYCA/AFRIYAN
- 30. International Community of Women Living with HIV/AIDS (ICW+)
- 31. NNPWE/EANNASO
- 32. FEMNET, Kenya
- 33. Help Age International, Africa Regional Office
- 34. Journalists Against AIDS (JAAIDS)
- 35. UCCATM, Nairobi
- 36. Ugandan Network of People Living with HIV/AIDS (UNYPA)
- 37. ABS Burundi