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**Statement and Recommendations from
Non-state Stakeholders and Civil society Pre-summit Consultations
At Abuja plus 12 Special AU Summit, Nigeria July 4th and 5th 2013**

We participants at the Abuja +12 Special AU Summit consultations of non-state stakeholders and civil society held on 4th – 5th July 2013 in Abuja, Nigeria, representing Civil Society Organizations (CSOs), and non-state stakeholders working in health and development, and Networks of People Living with HIV.

ACKNOWLEDGE the significance of this 12th year review Special Summit since Heads of State and Governments of Africa adopted the Abuja Declarations and Action Frameworks in 2001 committing African Union Member States to take urgent measures to halt and reverse the progression of HIV and AIDS, TB, Malaria and other infectious diseases; as well as the importance of ensuring that critical elements in the HIV and AIDS, TB, Malaria and other Infectious diseases response are considered in framing Africa’s common position on the post-2015 development agenda;

RECOGNIZING that as a result of the progress made in prevention, access to care, treatment and support for the three major diseases and others’ the annual number of people dying of AIDS-related causes fell by over 32% in Africa between 2005 to 2011; significant progress has been made to strengthen preventive measures against malaria with an increase in households with long lasting insecticidal nets (LLINs) from 12% to 49% between 2007 and 2012; that malaria mortality rate is estimated to have declined by a third since 2000 and cases by 75% in half of all malaria endemic countries; that there is slow progress in new TB case reduction with a decline of 2% between 2010 to 2011; that TB deaths in Africa declined by 10% between 2009 and 2011 and the number of TB patients tested for HIV in Africa increased from 3% to 69% between 2004 and 2011;

NOTING that regardless of relative progress, the 1.8 million new HIV infections in Africa in 2011 are totally unacceptable and that progress towards achieving agreed prevention targets is insufficient; Civil society welcomes the *Treatment 2015 Initiative* and encourages the Assembly of Heads of States to endorse *the Treatment 2015 Framework*; that Africa is not on track to achieve the 50% reduction in TB mortality by 2015 and 40% of TB deaths globally are in the region; that the extremely high co-infection rate of TB-HIV – in 2011 at 80% - impedes progress; that in spite of increased political commitment and funding for malaria, the progress is slow and a child still dies every minute as a result of malaria;

CONCERNED that despite relative progress, the HIV epidemic has hit Africa the hardest due to a failure of governments to comprehensively address the sexual and reproductive health services, education and rights needs necessary for citizens to be protected, especially the youth in general, adolescent girls in particular, women and vulnerable populations.

ADDITIONALLY CONCERNED that while overall global population is projected to increase by 3 billion by 2050, Africa’s population alone is projected to double to over 2 billion by 2050 resulting in the world’s largest youth population which will require special and improved investment for education, sexual and reproductive health services, and family planning to avoid a reversal of gains made; that malaria impacts heavily on the economy - malaria related-illnesses and mortality cost the African economy USD 12 billion per year negatively impacting economic and sustainable development of endemic countries.

FUTHER CONCERNED that while domestic financing for health has improved significantly since the Abuja Declaration, there is still urgent need to achieve efficiency, as well as increase domestic resources for health through enhanced revenue collection and allocation, re-prioritization where relevant and innovative financing; giving priority in national budgets to pro-poor investment, and key areas including immunizations, human resources for health, non-communicable diseases, mental health, research and development of new technologies and diagnostics for health, AIDS, Tuberculosis and malaria, reproductive, maternal and child health;

And importantly accelerating investment and policy action for a strong African pharmaceutical and commodities production sector; improving investment in civil registration, and data collection for evidence based policy making – and investment in non-health sectors that impact on overall health and development towards achieving Value for Money, Sustainability and Accountability in the Health Sector.

Mindful of the above preamble, African civil society organizations therefore call on Heads of State and Governments of African Union member states to:

1. Make prevention the cornerstone of the response to HIV and AIDS, TB and Malaria and other related infectious diseases and to strengthen national and sub-national prevention programs including their leadership, coordination and evaluation, in order to achieve national, regional and global targets
2. Pay special attention to the impact of HIV, Malaria and Tuberculosis especially on children, adolescent girls and women, and request governments to take social protection measures to safeguard everyone especially poor and rural women, children, vulnerable and marginalized groups and key populations such as sex workers and LGBTI
3. Redouble their efforts to achieve 2011 High Level Meeting (HLM) targets to end AIDS by 2030 and ensure elimination of Mother to Child Transmission of HIV by 2015, and keep mothers alive and well
4. Increase TB case detection and treatment of all diagnosed cases and support communities in developing, implementing and monitoring TB interventions; and Implement national strategic plans, aiming at universal access for all TB interventions (including 100% coverage with ARV for TB Patients known to be living with HIV)
5. Ensure that the unfinished business of the current Millennium Development Goals are attained, towards improving the health of the citizenry and ensure that health is at the core of the post 2015 development agenda
6. Develop and/or enforce national legislation banning the use of monotherapies for treatment of malaria

7. Strengthen surveillance systems through testing and tracking for effective malaria control as well as undertake research to understand and contain both drug and insecticide resistance
8. Implement community case management of malaria to encourage prompt and correct treatment closer to the people
9. Ensure universal access to integrated sexual and reproductive health information and services, especially rights based family planning in line with the African Union Maputo Plan of Action; particularly to enable women, adolescents and young people to make informed decisions about their reproductive health and protect themselves from sexually transmitted infections and HIV;
10. Promote values of respects for human rights, tolerance, gender equality and non-violence and; support girls to complete their education and be protected from unwanted pregnancies, unsafe abortions and related mortality; for girls under the age of 18 to be protected from forced and under age marriage and all forms of abuse and exploitation.
11. Ensure the availability of essential health supplies, commodities and appropriate human resources for effective provision of services at all levels
12. Strengthen supply chain management systems for reproductive health commodities, TB, HIV and AIDS and Malaria by establishing integrated supply management systems for health and increasing human resource capacity to deliver reproductive health commodity security
13. Ensure that health investment matches the actual needs of each country's burden to urgently, comprehensively and equitably address all mortality and morbidity; and since GDP varies from country to country, that African Heads of State 2001 commitment to allocate at least 15 per cent of domestic budgets to health, be supplemented with, and measured in combination with improved actual per capita investment in health (at a minimum of USD 60 per capita) which is a more accurate measurement of health investment, equity and value for money.
14. Improve overall domestic resource base for health, by introducing innovative financing mechanisms such as special health and development dedicated taxes, endowments, social protection mechanisms among others as well as improve the efficiency of health expenditure, through improved investment in evidence based planning capacity
15. Ensure that health financing systems evolve to reduce financial barriers to accessing services and commodities among the most disadvantaged and poorest populations
16. Support and contribute to the global fund replenishment efforts towards the \$15 billion target through funding HIV and AIDS, TB and Malaria programs directly.

17. Implement policies that address shortages of skilled health providers at different levels, including Investment in the education sector, labour and human resources towards developing and sustaining required numbers of, required skill mix and equitably distributed health workforce and social workers to ensure that all citizens, and especially every child and every mother is within reach of a health worker in a well resourced health facility able to prevent and treat the leading causes of mortality and morbidity
18. Incorporate strategies to strengthen health systems through improved coordination and collaboration among service providers and the wider community structures
19. Implement the African Union Road Map on shared responsibility and global solidarity for AIDS, TB, and malaria response in Africa as well as strengthen accountability platforms already existing within the AU such as AIDS Watch Africa (AWA), ALMA, and the peer review mechanism to facilitate monitoring and timely reporting on progress made in responding to the three diseases

We, Civil Society and non State stakeholders also commit ourselves to the following:

To provide sustained, well-coordinated and harmonized support for evidence-informed and rights based HIV and AIDS, TB and Malaria prevention, treatment, care and support policy and investment.

Seek strategic partnerships with the governments and development partners to achieve African health and development commitments and targets, especially the Abuja / Abuja+12 commitments, including bi-annual accountability reviews

Pledge our support to AU member states and key partners to address complex health and development challenges in the context of unfinished business of the current MDG's, and the post-2015 development framework.

Abuja, Nigeria, July 5, 2013