



**MASERU DECLARATION ON  
THE FIGHT AGAINST HIV/AIDS  
IN THE SADC REGION**

**KINGDOM OF LESOTHO  
4 JULY 2003**

## **PREAMBLE**

**WE**, the Heads of State or Government of:

The Republic of Angola

The Republic of Botswana

The Democratic Republic of Congo

The Kingdom of Lesotho

The Republic of Malawi

The Republic of Mauritius

The Republic of Mozambique

The Republic of Namibia

The Republic of Seychelles

The Republic of South Africa

The Kingdom of Swaziland

The United Republic of Tanzania

The Republic of Zambia

The Republic of Zimbabwe

**RECOGNISING** that the objectives of the Southern African Development Community are inter alia, to:

- (a) Promote sustainable and equitable economic growth and socio-economic development that will ensure poverty alleviation with ultimate objective of its eradication;
  - (b) Combat HIV/AIDS and other deadly and communicable diseases;
  - (c) Mainstream gender in the process of community and nation building;
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**RECOGNISING** the commitments made by SADC Member States in the Abuja and UNGASS Declarations on the need to fight HIV/AIDS and other communicable diseases such as Malaria and Tuberculosis;

**CONFIRMING** that the SADC HIV/AIDS Strategic Framework (2000-2004) approved by the SADC Council of Ministers in 2000 showed that State parties are committed to combating the HIV/AIDS pandemic through effective regional collaboration, mutual support and the participation of all key stakeholders;

**CONVINCED** that halting and rolling back HIV infection constitutes a top priority in the SADC Agenda and is an integral part of the regional programme for eradicating poverty;

**FURTHER CONVINCED** that our regional efforts in combating HIV/AIDS constitute an essential part of the continental response to the HIV/AIDS pandemic as contained in the Abuja Declaration (2001) on HIV/AIDS, Tuberculosis and other Related Infectious Diseases and in the New Partnership for Africa's Development (NEPAD - 2001);

**WELCOMING AND REAFFIRMING** the commitments on HIV/AIDS contained in the United Nations Millennium Declaration (September 2000) and United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration (June 2001), and the United Nations General Assembly Declaration on Children.

**DEEPLY CONCERNED THAT** Sub-Saharan Africa, in particular the SADC Region, is currently the worst affected in the world by the HIV/AIDS pandemic as demonstrated by the rapid spread of the HIV infection, the heavy burden of illness and millions of deaths caused by HIV/AIDS, and that in Southern Africa in particular, the recent adverse humanitarian crisis resulting from the adverse climatic conditions, was exacerbated by the severe HIV/AIDS pandemic;

**NOTING WITH PROFOUND CONCERN THAT** the HIV/AIDS pandemic is reversing the developmental gains made in the past decades and is posing the greatest threat to sustainable development of the region due to loss of the most productive individuals in all sectors of our economies, decline in productivity, diversion of scarce resources from production to the care and support of the HIV/AIDS infected and affected persons, as well as mitigating the effects on various sectors, and resulting in an increase in the number of orphans and the disruption of family structures;

**RECOGNISING THAT** the principal contributory factors to the spread of HIV/AIDS are extreme poverty, ignorance, negative attitudes and practices, and that the general underdevelopment and unfavourable international economic environment reflected in high indebtedness of some of the SADC Member States, limited access to international markets and declining official development assistance, further aggravate the pandemic;

**FURTHER RECOGNISING THAT** inadequate food security, poor nutrition, inadequate essential public services, limited reproductive health services, gender imbalances and high levels of illiteracy impact negatively on the quality of life of people living with HIV/AIDS;

**RECOGNISING THAT:**

- (a) The HIV/AIDS pandemic can be curbed, and that within the SADC region there have been some successes and best practices in changing behaviour, reducing new HIV infections and mitigating the impact of the HIV/AIDS pandemic, and that these successes need to be rapidly scaled up and emulated across the region;
- (b) HIV/AIDS is best tackled through multi-sectoral interventions aimed at poverty eradication, which include the promotion of socio-economic development, fostering positive cultural attitudes and practices, gender equity, and undertaking specific health and nutritional interventions as well as programmes to combat the abuse of alcohol and illicit drugs;
- (c) The upholding of human rights and fundamental freedoms for all including prevention of stigma and discrimination of People Living With HIV/AIDS (PLWHA) is a necessary element in our regional response to the HIV/AIDS pandemic, which would encompass access, inter alia, to education, inheritance, employment, health care, social and health services, prevention, support, treatment, legal protection, while respect for privacy and confidentiality will be upheld, and strategies would be developed to combat stigma and social exclusion connected with the pandemic;
- (d) Partnerships with all stakeholders including civil society, cultural and faith-based organisations, tripartite social partners, Non-Governmental Organisations, traditional health practitioners, the private sector, international institutions, cooperating partners and the media are vital if, **WE**, are to succeed in our key intervention areas such as HIV surveillance, prevention, treatment, care, support, monitoring, research, nutrition, poverty eradication and adequate resource mobilisation for combating the HIV/AIDS pandemic.

**THEREFORE:**

**REAFFIRM** our commitment, to the combating of the AIDS pandemic in all its manifestations, as a matter of urgency through multisectoral strategic interventions as contained in the new SADC HIV/AIDS Strategic Framework and Programme of Action 2003-2007; and

**DECLARE** the following as the priority areas requiring our urgent attention and action:

**1. Prevention and Social Mobilisation by:**

- (a) Reinforcing multi-sectoral prevention programmes aimed at strengthening family units and upholding appropriate cultural values, positive behavioural change and promoting responsible sexual behaviour;
- (b) Intensifying the provision of comprehensive, affordable and user-friendly reproductive health services to youth, men and women and ensuring that essential commodities such as male and female condoms are made available;
- (c) Strengthening initiatives that would increase the capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health and through prevention education that promotes gender equality within a culturally and gender sensitive framework;
- (d) Promoting and strengthening programmes for the youth aimed at creating opportunities for their education, employment and self-expression, and reinforcing programmes to reduce their vulnerability to alcohol and drug abuse;
- (e) Rapidly scaling up the programmes for the Prevention of Mother-to-Child Transmission of HIV, and ensuring that levels of uptake are sufficient to achieve the desired public health impact;
- (f) Scaling up the role of education and information in partnership with all key stakeholders including the youth, women, parents, the community, health care providers, traditional health practitioners, nutritionists and educators as well as integrating HIV/AIDS education in both the ordinary and extra curricula at all levels of education, including primary and secondary education;
- (g) Putting in place national strategies to address the spread of HIV among national uniformed services, including the armed forces, and consider ways of using personnel from these services to strengthen awareness and prevention initiatives.

**2. Improving Care, Access to Counselling and Testing Services, Treatment and Support by:**

- (a) Strengthening health care systems, especially public health;
- (b) Strengthening family and community based care as well as support to orphans and other vulnerable children;

- (c) Facilitating the expansion of workplace programmes on HIV/AIDS prevention and management among all levels of the workforce, supported by appropriate policy and legal frameworks;
- (d) Development of service and caring capacity among all people caring for the HIV/AIDS infected persons, including the home based care providers, as well as upgrading of diagnostic and related technologies;
- (e) Expanding access to voluntary counselling and testing;
- (f) Preventing and removing stigma silence, discrimination, and denial which continue to hamper and undermine HIV control efforts, particularly, towards the people living with HIV and AIDS;
- (g) Putting in place national legislation and regional legal regimes to ensure the availability of technologies and drugs at affordable prices for treatment, including bulk purchasing of drugs and manufacturing of generic medicines in the region;
- (h) Increasing access to affordable essential medicines, including ARVs and related technologies, through regional initiatives for joint purchasing of drugs, with the view of ensuring the availability of drugs through sustainable mechanisms, using funds from national budgets;
- (i) Investing in nutrition programmes and promoting the use of nutritional supplements, production and consumption of locally available foods;
- (j) Developing a regulatory framework and institutional capacity for the testing and utilisation of traditional medicines.

**3. Accelerating Development and mitigating the impact of HIV/AIDS by:**

- (a) Creating and sustaining an enabling environment conducive to gender-balance, rapid and broad-based socio-economic development of the Region and addressing major underlying factors that lead to the spread of the HIV infection;
- (b) Harmonising policies and strategies and undertaking joint programmes in the priority intervention areas including prevention, treatment, care, support, nutrition and food security;
- (c) Enhancing the regional initiatives to facilitate access to HIV/AIDS prevention, treatment, care and support for people living along our national borders, including sharing of best practices;

- (d) Mainstreaming and factoring HIV/AIDS in our regional integration process and focal intervention areas, particularly in the areas of trade liberalisation, infrastructure development, food security, social and human development;
- (e) Evaluating the economic and social impact of the HIV/AIDS epidemic and developing multi-sectoral strategies to address the impact at individual, family, community, national and regional levels;
- (f) Establishing mechanisms for mitigating the impact of the HIV/AIDS pandemic, including the provision of support to families, orphans and other vulnerable children, and strategies to ensure a sustained labour supply.

**4. Intensifying Resource Mobilisation by:**

- (a) **Establishing a Regional Fund for the implementation of the SADC HIV/AIDS Strategic Framework (2003-2007);**
- (b) Reaffirming our commitment to implementing the Abuja Declaration on allocating at least 15% of our annual budgets for the improvement of the health sector;
- (c) Urging the International Cooperating Partners, on humanitarian grounds, to assist our region by substantially increasing the provision of financial and technical support at country and regional levels through various initiatives and commitments such as the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM), Official Development Assistance, the Enhanced Heavily Indebted Poor Countries (HIPC) Initiative; and the Multi-country AIDS Programme (MAP);
- (d) Developing and strengthening mechanisms to involve all stakeholders, such as civil society organisations, the private sector, organised labour and business to contribute towards financing HIV/AIDS programmes;
- (e) Establishing simplified mechanisms for the timely disbursement of funds to the operational level, ensuring that all communities have adequate access to these funds.

**5. Strengthening Institutional, Monitoring and Evaluation Mechanisms by:**

- (a) Developing and strengthening institutional mechanisms for HIV surveillance, sharing of experiences and exchange of information on key areas of interventions such as prevention,

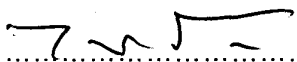
provision of care to, and support of, HIV/AIDS infected and affected persons and treatment of HIV/AIDS-related conditions;

- (b) Intensifying training and research initiatives or programmes to strengthen Member States' capacities to manage the epidemic;
- (c) Developing and strengthening appropriate mechanisms for monitoring and evaluating the implementation of this Declaration, and other continental and global commitments, and establishing targets and time-frames which will be included in the SADC HIV/AIDS Strategic Framework and Programme of Action (2003 – 2007).



**IN WITNESS WHEREOF, WE,** the Heads of State or Government, or our duly authorised Representatives have signed this Declaration.

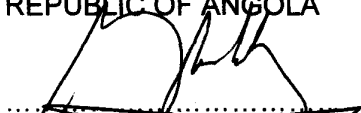
DONE AT MASERU, on this 4<sup>th</sup> day of July 2003, in three originals, in the English, French and Portuguese languages, all texts being equally authentic.



REPUBLIC OF ANGOLA



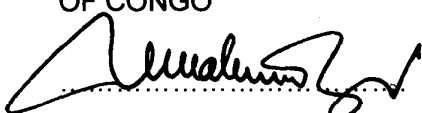
REPUBLIC OF BOTSWANA



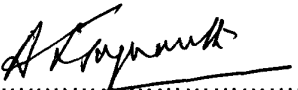
DEMOCRATIC REPUBLIC  
OF CONGO



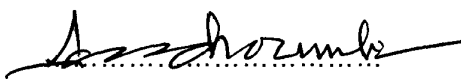
KINGDOM OF LESOTHO



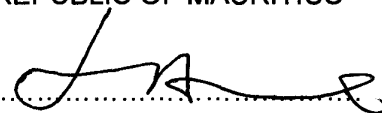
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REPUBLIC OF MAURITIUS



REPUBLIC OF MOZAMBIQUE



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REPUBLIC OF SEYCHELLES



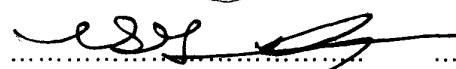
REPUBLIC OF SOUTH AFRICA



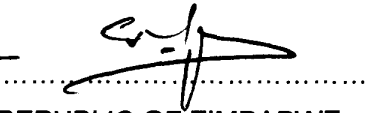
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UNITED REPUBLIC OF TANZANIA



REPUBLIC OF ZAMBIA



REPUBLIC OF ZIMBABWE