

BRAZZAVILLE COMMITMENT

ON SCALING UP TOWARDS UNIVERSAL
ACCESS TO HIV AND AIDS PREVENTION, TREATMENT,
CARE AND SUPPORT IN AFRICA BY 2010



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1. We, the participants in the Continental Consultation on Scaling up towards Universal Access in Africa convened by the African Union with support from WHO, UNAIDS, ECA and DFID and representing governments, parliaments, civil society, people living with HIV, women and young people, faith-based organizations and the private sector of 53 Member States of the African Union, recognize and salute the vital and ongoing contribution of individuals, communities and governments to the fight against HIV and AIDS.
2. Occurring in a reality framed by deep and persistent poverty, food insecurity, indebtedness, economic constraints, youth unemployment, gender inequality, gender-based violence, conflicts, natural disasters, ignorance, fear, stigma and discrimination, the contributions referred to above bear testimony to the deep commitment, resourcefulness and resilience of those infected and affected by HIV and AIDS, and all stakeholders.
3. We are ever mindful of the disproportionate share and severe impact of the HIV and AIDS burden borne by Africa, especially by women and girls, and the limitations in our ability to match this epidemic in either its scale or complexity. We are nevertheless encouraged by the changing environment shaped by the Millennium Summit, the Abuja Summit, NEPAD, the UN Special Session on HIV/AIDS, the G8 Gleneagles Meeting, the Maputo Resolution on HIV prevention acceleration, the Gaborone Declaration on universal access to prevention, treatment, care and support, the World Summit 2005 and country efforts, which has energized the growing movement in support of scaling up towards Universal Access to comprehensive services for HIV and AIDS.

4. We recognize that the expansion of health, social and development programmes and services has to be underpinned by several key principles:
 - (a) Build on existing international and continental frameworks, such as the NEPAD programme.
 - (b) Community, national, regional and continental leadership and strong political commitment that builds on and strengthen existing African institutions at all levels, including civil society institutions.
 - (c) Integration with broader efforts to combat poverty and food insecurity and foster development, whilst recognizing the urgency and exceptionality of the HIV and AIDS response.
 - (d) Respect for human rights, especially with regard to the fight against stigma and discrimination and to advance equity.
 - (e) Putting people at the centre of the HIV and AIDS response, especially vulnerable people (e.g. women, young people, orphans and vulnerable children, the disabled, people affected by conflicts, IDUs).
 - (f) Gender-centred approaches.
 - (g) HIV prevention, care and support of children and young people.
 - (h) Measures to ensure mutual accountability (political, moral and programmatic) at every level of the response.
 - (i) An unwavering commitment to deliver a comprehensive package of services for prevention, treatment, care and support for HIV and AIDS, including nutrition and linkages with reproductive health.

- (j) No good plan must go unfunded.
- (k) The central role of partnerships between countries and between governments and the public service, civil society especially people living with HIV, faith-based organizations, women, young people and the private sector within countries.
- (l) The importance of building long term infrastructure and systems and strengthening capacity-building at all levels, using as appropriate, the resources available for an exceptional response to HIV/AIDS.
- (m) Basic medicines and other basic commodities are a human right and should be available and accessible to all who need it in Africa.
- (n) Special consideration should be given to people and countries affected by conflicts, including IDPs and refugees.

5. We identified the following as the main obstacles to rapid and sustainable scale up of existing national programmes and services:

- (a) Very high dependence on external funds which are unpredictable and often subject to excessive conditions. This is compounded by insufficient allocation of national resources, due in part to debt servicing, and uneven distribution of resources by sector, geographic region and thematic area.
- (b) Lack of harmonization and alignment to national priorities and the imposition of spending ceilings and heavy conditions. In addition, donors allocate their funding between and within countries and across thematic areas in ways that do not match needs.

- (c) Inadequate skilled human resources due to (i) the absence of appropriate human resource development plans and policies to train and retain staff, (ii) the unequal participation of key stakeholders such as civil society organizations representing people living with HIV/AIDS and young people, women's groups, faith-based organizations and the private sector, and (iii) the brain drain of professionals.
- (d) Weak health systems and delivery services, including human resources and infrastructures.
- (e) Inadequate coordination, lack of good governance, weak management and M&E systems across all sectors, which affects service delivery, oversight and accountability.
- (f) Inequitable contribution of services between urban and rural areas, which still leave large areas of the population underserved, especially among the vulnerable groups.
- (g) Widespread stigma and discrimination against people living with HIV and marginalized groups, including orphans, migrants and sex workers, compounded by weak legal frameworks to enforce basic rights.
- (h) The high vulnerability of women and girls which is not adequately addressed through existing legal and programmatic measures.
- (i) Continuing challenges with respect to the affordability, accessibility, and acceptability of commodities for prevention and diagnosis, in addition to essential medicines for treatment. These include weak procurement and distribution systems and the limited ability of countries to use the flexibilities presented by TRIPS.

- (j) Recurring conflicts and natural disasters that result in massive displaced populations and the degradation of infrastructure and social fabric.
6. We recommend that the following actions to overcome the identified obstacles to universal access be undertaken in an urgent and exceptional manner, in line with the seriousness of the epidemic.

Financing

- (a) Increase the level of domestic resources committed to HIV and AIDS and align national budgets to the national AIDS plans, which includes balanced allocation between prevention, treatment, care and support; and simplification of financial procedures.
- (b) Generate new national and regional resources in the HIV-AIDS response, including for example mutual insurances, solidarity funds, national levies on various services and merchandise.
- (c) AU to mobilize countries to increase national resources for HIV and AIDS to accelerate the achievement of the 15% target for health, including HIV and AIDS, and, in cooperation with WHO and UNAIDS, to develop national account systems to monitor expenditure and resource allocations.
- (d) AU and other regional entities to advocate for the implementation and monitoring of international recommendations on harmonization of donors around national priorities.

- (e) Negotiate for debt cancellation and the availability of grants at national and regional level that would go specifically to finance HIV services in prevention, treatment, care and support.
- (f) The African Union, the ECA and the Regional Economic Communities to establish innovative ways to mobilize resources for AIDS at the sub-regional level, including by strengthening the role of the ADB to raise resources and influence allocation especially for HIV and AIDS.
- (g) Regional advocacy to multi-lateral and bilateral donors to end all conditionality except normal fiduciary requirements.
- (h) Recommend that the AU calls on the international community to revisit existing financing mechanisms, for longer-term predictable financing for acceleration “towards universal access”.

Human resources and systems

- (i) Massively scale up service delivery systems by enhancing training, sector-wide solutions to retention, and effective and innovative use of Africa’s available human resources, including those offered by civil society, and by making such services responsive and accessible to all communities, without sacrificing quality. Such scale-up must be based on costed plans linked to targets and timelines.
- (j) Establish regional mechanisms to coordinate and provide training, capacity-building, accreditation and quality assurance within the continent, with the collaboration

of WHO as appropriate; establish or enhance the use of centres of excellence and the sharing of best practices and human resources on the continent.

Building and strengthening systems

- (k) Strengthen multi-sector coordination, oversight, and foster good management across all sectors.
- (l) WHO to support countries to carry out assessments of health infrastructures and service delivery systems to support scaling up processes towards universal access.

Affordable commodities, technology and essential medicines

- (m) The African Union, in cooperation with the World Bank, the Global Fund, the African Development Bank, the ECA, the United Nations system (UNICEF, WHO, UNFPA, UNAIDS Secretariat) and other development partners urgently to support Regional Economic entities to set up regional and national bulk purchasing, technology transfer, south-south collaboration and sub-regional production of AIDS-related medicines and commodities (e.g. male and female condoms), including support in using TRIPS flexibilities.
- (n) Accelerate research on HIV and AIDS on the African continent, including into traditional medicines. Protect indigenous knowledge.
- (o) Regional Economic Communities and national governments to address issues of strengthening and

harmonizing regulatory procedures for medicines and other commodities and removing cross-border taxation on essential medicines and commodities.

Human rights and gender

- (p) Reduce stigma and discrimination through social mobilization, using government, media, educational, community and religious leaders and increase the visibility, involvement and empowerment of people living with HIV and other vulnerable groups. Encourage sharing of best practice.
- (q) Support people to exercise their right to know their HIV status without fear of discrimination and expand opportunities for counseling and testing and access to ARVs, while preserving confidentiality.
- (r) Promote a supportive environment, including enacting or repealing laws and policies related to gender and human rights, and strengthening implementation of relevant laws, jurisdictions and policies, in line with the AU framework on human rights and HIV and AIDS.
- (s) Launch a Universal Access “Know Your Rights and Duties” campaign, and the campaign for Acceleration of HIV Prevention.
- (t) The AU promote and support an audit of legal instruments to verify harmonization of laws and policies with national AIDS goals on stigma, discrimination and all equity issues.
- (u) Promote proactive and affirmative action for people infected and affected by HIV and AIDS, including children and young people.

- (v) Promote legal and programmatic measures to address the high vulnerability of women and girls.

Fostering accountability

- (w) Recommend that African Heads of States lead a social movement, from 2006 to 2010, in their respective countries, to provide accurate and reliable information and to make a package of services available, within the context of a rights-based framework.
- (x) Recommend that the Pan-African Parliament Committee on Health, Labour and Social Affairs provide advocacy, oversight and accountability for the implementation of the commitment towards universal access. This group will work within the framework of the African Union, making use of, inter alia, Aids Watch Africa and NEPAD peer review mechanisms.
- (y) Develop and strengthen national monitoring and evaluation systems, with support from Regional Economic Commissions, UNAIDS, WHO and the World Bank, in line with Three Ones, which would produce an annual report on progress.
- (z) By the end of 2006, set national targets, inspired by regional targets on prevention, treatment, care and support, for 2008 and 2010 to aid Africa's development and in order to be on track for the Millenium Development Goal 6 - "to halt and begin to reverse the spread of HIV/AIDS by 2015".
- (aa) The UN system and other development partners, including the civil society, to develop a framework under which they are held accountable.



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