

AFRICAN UNION

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UNIÃO AFRICANA

**SPECIAL SUMMIT OF AFRICAN UNION
ON HIV AND AIDS, TUBERCULOSIS
AND MALARIA (ATM)
ABUJA, NIGERIA
12–16 July 2013**

**DECLARATION OF THE
SPECIAL SUMMIT OF AFRICAN UNION ON HIV/AIDS,
TUBERCULOSIS AND MALARIA**

***“ABUJA ACTIONS TOWARD THE ELIMINATION OF HIV AND AIDS,
TUBERCULOSIS AND MALARIA IN AFRICA BY 2030”***

Abuja, Nigeria, 16 July 2013

**DECLARATION OF THE SPECIAL SUMMIT OF AFRICAN UNION ON HIV/AIDS,
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We, the Heads of State and Government of the African Union, meeting at a Special Summit of the African Union in Abuja, Nigeria, on 15 and 16 July 2013 focusing on the Theme: ***“Ownership, Accountability and Sustainability of HIV/AIDS, Tuberculosis (TB) and Malaria Response in Africa: Past, Present and the Future”*** to review the progress made and the challenges faced in implementing the Abuja Declaration and Plan of Action on Roll Back Malaria (RBM) of 2000; the Abuja Declaration and Plan of Action on HIV and AIDS, Tuberculosis and Other Infectious Diseases (ORID) of 2001; and the Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa by 2010;

RECALLING our Decision **Assembly/AU/Dec.291(XV)** on the Five-Year Review of the Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa by 2010, extended to 2015; Decision **Assembly/AU/Dec.320(XV)** on the Partnership for the Elimination of Mother-to-Child Transmission of HIV/AIDS; and Declaration **Assembly/AU/Decl.2(XIX)** wherein we endorsed the “Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa: Roadmap 2012-2015”;

NOTING WITH SATISFACTION that Africa has been making tremendous progress in the fight against HIV/AIDS, TB and Malaria since 2000 and in strengthening health systems, which has resulted in lives saved, enhanced productivity and improvement in quality of life in the Continent;

NOTING ALSO the Progress Report 2010-2012 on the Implementation of the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services; in particular the progress made in the reduction of the annual number of people newly infected with HIV in Africa and AIDS-related deaths as well as people reached with TB and malaria treatment and prevention, including the challenges faced and the recommendations contained therein;

NOTING WITH CONCERN the low submission by Member States of their Progress Reports on the Implementation of the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa by 2015 as well as the low participation of Member States in AU Health-related Meetings;

BEARING IN MIND that the achievements of the last thirteen (13) years in promoting access to HIV/AIDS, TB and Malaria services depended largely on the political will and commitment by Africa’s top leadership as well as the result oriented partnerships at all levels;

EXPRESSING CONCERN that, while we are at a critical time in fighting the three (3) diseases, we are still confronted by significant shortfall in financing which threatens further progress;

AFFIRMING that sustainable and diversified health financing is a shared responsibility which cannot be achieved without global solidarity and collective effort;

RECOGNIZING that the need to accelerate the implementation and enforcement of the protections in law for people affected by HIV, particularly women and youth, as well as vulnerable populations such as children, conflict-affected and displaced persons, refugees and returnees, remains a challenge, as does limited provision in policy and restrictive laws targeting key populations at higher risk of exposure to HIV;

BEARING IN MIND that effective HIV/AIDS, TB and Malaria interventions have a positive impact on overall maternal and child mortality rates and could help African countries reach Millennium Development Goals 4 and 5 of reducing child mortality and improving maternal health, respectively, by 2015 and beyond;

EXPRESSING CONCERN that poverty and conflicts continue to constrain countries' efforts, limiting access to health services in Africa, particularly for women and youth;

EXPRESSING CONCERN ALSO that, in spite of the tremendous progress made in the fight against HIV/AIDS, TB and Malaria, challenges remain with Africa being one of the regions of the world most affected by HIV and AIDS, TB and Malaria, thereby constituting major threats to national and continental socio-economic development as well as to peace and security;

RECOGNIZING the need to strengthen the preventive measures required to mitigate exposure to HIV/AIDS by vulnerable groups and populations at risk;

RECOGNIZING ALSO the ongoing work on the Post-2015 Development Agenda and the continued efforts to advocate for, and prioritize health as central to Africa's development with focus on elimination of HIV/AIDS, Tuberculosis and Malaria and Other Neglected Diseases;

COGNIZANT of the need for an African Centre for Disease Control and Prevention (African CDC) to conduct life-saving research on priority health problems in Africa and to serve as a platform to share knowledge and build capacity in responding to public health emergencies and threats;

COGNIZANT ALSO of the urgency of speeding up actions to strengthen our health systems to provide comprehensive and integrated health care services and improve access to essential services; financing of health research; partnerships with relevant stakeholders; and a multi-sectoral and integrated approach to disease control;

DO HEREBY SOLEMNLY:

1. **COMMEND** the leadership role of AIDS Watch Africa (AWA) and Africa Leadership Malaria Alliance (ALMA) in the fight against the three (3) diseases;
2. **RE-AFFIRM** our determination to strengthen AWA as an Advocacy, Resource Mobilization and Accountability platform in the fight against the three diseases;

3. **COMMEND ALSO** initiatives by the Regional Economic Communities (RECs) that have placed the acceleration of malaria control and elimination high on their agenda as well as initiatives by Member States collaborating around malaria control and elimination, and agreed strategies which target specific populations and/or locations for maximal effectiveness;
4. **COMMEND FURTHER** the support and partnership of the Global Fund, UNAIDS and other UN agencies, Roll Back Malaria Partnership and Stop TB Partnership as well as President's Emergency Plan for AIDS Relief (PEPFAR) in the fight against the three (3) diseases;
5. **APPRECIATE** the continued support of UNIDO, UNAIDS and the World Health Organization (WHO) for the implementation of the African Union's Pharmaceutical Manufacturing Plan for Africa (PMPA);
6. **CALL UPON** other partners, including the private sector, to support the already established pharmaceutical industries in Africa and the implementation of the PMPA Business Plan to facilitate enhanced and sustainable access to quality assured, safe, efficacious essential medicines for the pandemics and other communicable and non-communicable diseases;
7. **COMMIT** to address the link between poverty, health, peace and security and development as well as the gender dimension, and to take firm action towards the elimination of poverty and the provision of social protection for all by 2030, as we approach the mid-point of our continental vision 2063;

To this end, we **undertake** to:

- i. Accelerate the implementation of the earlier "Abuja Commitments";
- ii. Step up the mobilization of domestic resources to strengthen the health system;
- iii. Ensure that strategies are in place for diversified, balanced and sustainable financing for health, in particular AIDS, TB and Malaria, through development of strategic health investment plans and strategies for innovative financing, including from the private sector;
- iv. Implement effective and targeted poverty elimination strategies and social protection programmes that integrate HIV/AIDS, TB and Malaria for all, particularly the vulnerable populations;
- v. Review relevant laws and policies at national and regional levels to strengthen rights-based protection for all vulnerable and key populations in the context of the three (3) diseases;
- vi. Increase access to prevention programmes targeting the youth, especially young women, to ensure an AIDS-free generation;

- vii. Review, amend and adopt laws and measures that fully incorporate and, where necessary, utilize public health related and Trade-related aspects of Intellectual Property Rights (TRIPS) flexibilities and avoid limits on the use of the transitioning period under the TRIPS Agreement *and related TRIPS flexibilities*;
- viii. Strengthen national, regional and continental monitoring and evaluation system(s) for better implementation of commitments as well as for ownership and accountability;
- ix. Accelerate HIV prevention programmes using a combination of effective evidence-based prevention, particularly for young people, women, girls and other vulnerable populations, to successfully reduce the number of new HIV infections towards the goal of zero new infection by 2030;
- x. Eliminate mother-to-child transmission of HIV while keeping mothers alive and addressing the disproportionate impact of the three (3) diseases on children, girls and women;
- xi. Integrate sexual and reproductive health and rights, family planning and HIV/AIDS services through reinforcing action on earlier commitments to enhance maternal, newborn and child health status, ensuring the integration necessary to facilitate synergies between HIV/AIDS, TB, Malaria and Maternal, Newborn and Child Health (MNCH) programmes;
- xii. Invest in the integration of HIV/AIDS and TB programmes and accelerate the scale-up of technology for early diagnosis and treatment of the three (3) diseases such as same diagnosis of TB infection and point of use CD4 counts for early initiation of HIV treatment, to maximize potential for effective access to medicines through local production;
- xiii. Take deliberate and bold action to accelerate children and adolescent access to Anti-Retroviral (ARV) treatment within the continuum of care, support the Treatment 2015 campaign championed by UNAIDS and WHO and invite pharmaceutical industries to explore possibilities of extending the expiration date of the ARVs;
- xiv. Strengthen the use of effective insecticides for control and elimination of malaria, including the use of dichlorodiphenyltrichloroethane (DDT), where it is suitable;
- xv. Intensify the use of Larval Source Management (LSM) where suitable for the control and elimination of Malaria;
- xvi. Ensure that Malaria Rapid Diagnostic Tests (RDT) meet WHO procurement criteria, are quality-controlled and selected to meet local Malaria epidemiology;

- xvii. Accelerate scale-up of the WHO “T3: Test, Treat and Track” Initiative by ensuring universal access to diagnostic, testing for all suspected malaria cases and quality-assured anti-malaria treatment for confirmed infections, and tracking the diseases through timely and accurate surveillance;
- xviii. Maintain funding for, and uninterrupted supply of, life-saving malaria commodities to prevent resurgences of malaria that can occur rapidly with devastating loss of life;
- xix. Take measures for an international tax on financial transactions and air tickets to be instituted towards the funding of development projects, part of which would be devoted to the fight against the three (3) diseases in the Continent;
- xx. Strengthen mechanisms to increase coverage and access to services for detection and treatment of TB, Multi-Drug Resistant Tuberculosis (MDR-TB) and TB in children and vulnerable populations, and the involvement of communities in TB interventions;
- xxi. Meaningfully engage people living with HIV and members of other key populations as partners in ensuring accountability and the effectiveness of national AIDS, TB and Malaria responses;
- xxii. Create an enabling environment to support and leverage technological innovation as well as manufacturing capacity in the area of medicines, vaccines, diagnostics and laboratory reagents, thus contributing to the strengthening of the capacity of the health system;
- xxiii. Support the reinforcement of the policy environment and regulatory systems, including through active cooperation among Member States to boost investment in the local production of quality essential medicines;
- xxiv. Explore in particular South-South Cooperation, and collaboration with the Brazil, Russia, India, China and South Africa (BRICS) partners to scale up investment in Africa’s pharmaceutical manufacturing capacity as well as to support the already established pharmaceutical industries, especially for generic essential medicines and other essential commodities;
- xxv. Take action in support of achieving the US\$ fifteen (15) billion replenishment target of the Global Fund to fight AIDS, TB and Malaria, thus contributing effectively to the control of the three (3) diseases and save lives; in this context, call upon Development Partners to adhere to the 0.7% of GDP target for contribution to the Global Fund to fight AIDS, TB and Malaria;
- xxvi. Accord priority to the area of health in the Post-2015 Development Agenda and the AU Agenda 2063 in general, and focus on the elimination of HIV/AIDS, TB and Malaria in Africa and the achievement of agreed targets;

- xxvii. Align ourselves to the Report of the Global Thematic Consultations on Health on the Post-2015 Development Agenda, following the March 2013 Dialogue held in Gaborone, Botswana, as well as the Resolution adopted by the African Group at the 66th World Health Assembly on Health in the Post-2015 Development Agenda;
 - xxviii. Accelerate the implementation of the AU Roadmap on Shared Responsibility and Global Solidarity for HIV/AIDS, TB and Malaria Response in Africa and strengthen the accountability platform;
 - xxix. Intensify research aimed at strengthening preventive measures to curb the spread of the three (3) diseases;
 - xxx. Support the holding of a Southern African Development Community (SADC) Conference on Tuberculosis in Mines scheduled for January 2014, as well as similar initiatives taking place in other regions, which are aimed at devising concrete actions to strengthen regional collaboration;
8. **REQUEST** the Commission, together with the RECs to work with Member States to urgently formulate regional and national strategies to address the challenge of human resources for health;
 9. **ALSO REQUEST** the Commission, the UN system and Development Partners to cooperate with Member States for implementation of these commitments;
 10. **FURTHER REQUEST** the Commission to report on the implementation to the Assembly every two (2) years.
 11. **FURTHER REQUEST** the Commission to work out the modalities of establishing an African Centre for Disease Control and Prevention;
 12. **EXPRESS** that the way forward will be to stay in line with, and to support the implementation of, African Union health-related programmes as contained in the Commission's Strategic Plan 2014-2017;
 13. **COMMIT** to rendering progress reports, on a regular basis, to the Commission on the implementation of all the Health set targets and to improving attendance at meetings;
 14. **EXPRESS** our gratitude to H.E. President Goodluck Ebele Jonathan, the Government and the People of the Federal Republic of Nigeria for hosting the Special Summit of the African Union on HIV/AIDS, TB and Malaria (ATM) in Abuja, Nigeria, from 12 to 16 July 2013.

Done at Abuja, Nigeria, this 16th day of July 2013