

**AFRICAN SUMMIT ON HIV/AIDS,
TUBERCULOSIS AND OTHER
RELATED INFECTIOUS DISEASES
ABUJA, NIGERIA
24-27 APRIL 2001**

OAU/SPS/ABUJA/3

**ABUJA DECLARATION ON HIV/AIDS,
TUBERCULOSIS AND OTHER RELATED
INFECTIOUS DISEASES**

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We, the Heads of State and Government of the Organisation of African Unity (OAU) met in Abuja, Nigeria from 26-27 April 2001, at a Special Summit devoted specifically to address the exceptional challenges of HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, at the invitation of H.E. President Olusegun Obasanjo of the Federal Republic of Nigeria and in accordance with the agreement reached at the Thirty-Sixth Ordinary Session of our Assembly in Lomé, Togo from 10 to 12 July 2000.

2. We gathered in Abuja to undertake a critical review and assessment of the situation and the consequences of these diseases in Africa, and to reflect further on new ways and means whereby we, the leaders of our Continent, can take the lead in strengthening current successful interventions and developing new and more appropriate policies, practical strategies, effective implementation mechanisms and concrete monitoring structures at national, regional and continental levels with a view to ensuring adequate and effective control of HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in our Continent.

3. We are deeply concerned about the rapid spread of HIV infection in our countries and the millions of deaths caused by AIDS, Tuberculosis and other related infectious diseases throughout the Continent, in spite of the serious efforts being made by our countries to control these diseases. Africa is exceptionally afflicted by the HIV/AIDS epidemic. This generalised epidemic is affecting a wide cross-section of our people, thus decimating the adult population, the most productive group, and leaving in its wake millions of orphans, and disrupted family structures.

4. We recognize the role played by poverty, poor nutritional conditions and underdevelopment in increasing vulnerability. We are concerned about the millions of African children who have died from AIDS and other preventable infectious diseases. We are equally concerned about the particular and severe impact that these diseases have on children and youth who represent the future of our continent, the plight of millions of children orphaned by AIDS and the impact on the social system in our countries.

5. We are particularly concerned about the high incidence of mother to child transmission, especially given the challenges of infant breastfeeding in the context of HIV infection on the continent.

6. We recognize that special efforts are required to ensure that Africa's children are protected from these pandemics and their consequences and that the full and effective participation of young people in prevention and control programmes is essential to their success.

7. We recognise that biologically, women and girls are particularly vulnerable to HIV infection. In addition, economic and social inequalities and traditionally accepted gender roles leave them in a subordinate position to men.

8. We appreciate the special needs and challenges of the HIV/AIDS pandemic for the youth that make them vulnerable to infection and adverse impacts of the epidemic.

9. We recognize that the practice of injectable drug abuse with sharing of contaminated needles in some African countries is a major concern. The abuse of alcohol, marijuana and other mind-altering drugs, which is on the increase among the youth further enhances their vulnerability to HIV infection.

10. We recognize the essential place that education, in its widest sense has played and will continue to play in the fight against HIV/AIDS in Africa. Education constitutes the most powerful, cost effective tool for reaching the largest number of people with information and personal development strategies that promote long-term behaviour change.

11. We acknowledge that forced migrations due to war, conflicts, natural disasters and economic factors including unilateral sanctions imposed on some African countries, lead to an increased vulnerability and the spread of the disease; we note that special attention should be given to migrants, mobile populations, refugees and internally displaced persons in national and regional policies. We also note that special attention should be given to the problem trafficking in human beings and its impact on HIV/AIDS.

12. We are aware that stigma, silence, denial and discrimination against people living with HIV/AIDS (PLWA) increase the impact of the epidemic and constitute a major barrier to an effective response to it. We

recognize the importance of greater involvement of People Living with HIV/AIDS.

13. We recognise that the epidemic of HIV/AIDS, Tuberculosis and Other Related Infectious Diseases constitute not only a major health crisis, but also an exceptional threat to Africa's development, social cohesion, political stability, food security as well as the greatest global threat to the survival and life expectancy of African peoples. These diseases, which are themselves exacerbated by poverty and conflict situations in our Continent, also entail a devastating economic burden, through the loss of human capital, reduced productivity and the diversion of human and financial resources to care and treatment.

14. We recognize the need to intensify our efforts in all areas of research such as traditional medicines and vaccine development.

15. We are fully convinced that containing and reversing the HIV/AIDS epidemic, tuberculosis and other infectious diseases should constitute our top priority for the first quarter of the 21st Century. We are equally convinced that tackling these epidemics should constitute an integral part of our continental Agenda for promoting poverty reduction, sustainable development and ensuring durable peace and political security and stability consistent with the Millennium African Recovery Programme.

16. We recognise and commend the efforts by our respective national Governments, our continental Organisation and its Regional Economic Communities (RECs), the national and international NGOs, the civil society, including youth, women, people with disability, religious organisations, sport organizations, Trade Unions, Employers organizations, Traditional Health Practitioners, Traditional Rulers, people living with HIV/AIDS and individuals, who care for, support and sensitise our people to the threat of HIV/AIDS and the associated opportunistic infections including Sexually Transmitted Infections (STIs).

17. We acknowledge the support that the international Community, including the United Nations System, its Specialised Agencies and programmes, bilateral agencies, private sector and other communities and stakeholders have provided in raising awareness about and combating the scourge of HIV/AIDS, Tuberculosis and other related infectious diseases in Africa.

18. We further acknowledge that, to successfully implement a comprehensive and multisectoral approach and campaign to overcome HIV/AIDS, tuberculosis and other related infectious diseases, there is a need to secure adequate financial and human resources at national and international levels.

19. We recognize the need to establish a sustainable source of income to fund HIV/AIDS programmes.

20. We recognise the importance of leadership at all levels in the fight against HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in our Continent. We, therefore, acknowledge the special importance of the “African Consensus and Plan of Action: Leadership to overcome HIV/AIDS” adopted at the African Development Forum 2000 as the outcome of a wide-ranging process of consultation with all stakeholders.

21. In this regard, we recall and reaffirm our commitment to all relevant decisions, declarations and resolutions in the area of health and development and on HIV/AIDS, particularly the “Lomé Declaration on HIV/AIDS in Africa” (July 2000) and the “Decision on the adoption of the International Partnership against HIV/AIDS” (Algiers 1999).

WE SOLEMNLY DECLARE AS FOLLOWS:

22. We consider AIDS as a State of Emergency in the continent. To this end, all tariff and economic barriers to access to funding of AIDS-related activities should be lifted.

23. To place the fight against HIV/AIDS at the forefront and as the highest priority issue in our respective national development plans. To that end, **WE ARE RESOLVED** to consolidate the foundations for the prevention and control of the scourge of HIV/AIDS, Tuberculosis and Other Related Infectious Diseases through a comprehensive multisectoral strategy which involves all appropriate development sectors of our governments as well as a broad mobilisation of our societies at all levels, including community level organisations, civil society, NGOs, the private sector, trade unions, the media, religious organisations, schools, youth organisations, women organisations, people living with HIV/AIDS organizations and individuals who care for, support and sensitise our population to the threat of HIV/AIDS and associated opportunistic infections and also to protect those not yet infected, particularly the women, children and youth through appropriate and effective prevention programmes.

24. To that effect, **WE COMMIT OURSELVES TO TAKE PERSONAL RESPONSIBILITY AND PROVIDE LEADERSHIP** for the activities of the National AIDS Commissions/Councils. **WE THEREFORE RESOLVE** to lead from the front the battle against HIV/AIDS, Tuberculosis and Other Related Infectious Diseases by personally ensuring that such bodies were properly convened in mobilizing our societies as a whole and providing focus for unified national policy-making and programme implementation, ensuring coordination of all sectors at all levels with a gender perspective and respect for human rights, particularly to ensure equal rights for people living with HIV/AIDS (PLWA).

25. **WE ALSO COMMIT OURSELVES TO ENSURE** that leadership role is exercised by everyone in his/her area of responsibility in the fight against HIV/AIDS and other related diseases. **WE THEREFORE ENDORSE** the “African Consensus and Plan of Action: Leadership to overcome HIV/AIDS” adopted during the Second African Development Forum on “AIDS: The Greatest Leadership Challenge” organised by the United Nations Economic Commission for Africa (UNECA) in collaboration with the OAU, UNAIDS and ILO (Addis Ababa, 3-7 December 2000).

26. **WE COMMIT OURSELVES** to take all necessary measures to ensure that the needed resources are made available from all sources and that they are efficiently and effectively utilized. In addition, **WE PLEDGE** to set a target of allocating at least 15% of our annual budget to the improvement of the health sector. **WE ALSO PLEDGE** to make available the necessary resources for the improvement of the comprehensive multi-sectoral response, and that an appropriate and adequate portion of this amount is put at the disposal of the National Commissions/Councils for the fight against HIV/AIDS, Tuberculosis and Other Related Infectious Diseases.

27. **WE REQUEST** the OAU Secretariat, in collaboration with ADB, ECA, and all other partner institutions, especially WHO and UNAIDS, to assist Member States in formulating a continental-wide policy for an international assistance strategy for the mobilisation of additional financial resources.

28. **WE CALL UPON** Donor countries to complement our resources mobilization efforts to fight the scourge of HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. Bearing in mind that Africa cannot,

from its weak resource base, provide the huge financial resources needed. In this regard, **WE URGE** those countries to, among others, fulfil the yet to be met target of 0.7% of their GNP as official Development Assistance (ODA) to developing countries.

29. We support the creation of a Global AIDS Fund capitalized by the donor community to the tune of US \$5 – 10 billion accessible to all affected countries to enhance operationalization of Action Plans, including accessing Anti-retroviral programmes in favour of the populations of Africa.

30. **WE UNDERTAKE** to mobilize all the human, material and financial resources required to provide **CARE** and **SUPPORT** and quality treatment to our populations infected with HIV/AIDS, Tuberculosis and Other Related Infections, and to organize meetings to evaluate the status of implementation of the objective of access to care.

31. **WE RESOLVE** to enact and utilize appropriate legislation and international trade regulations to ensure the availability of drugs at affordable prices and technologies for treatment, care and prevention of HIV/AIDS, Tuberculosis and Other Infectious Diseases. **WE ALSO RESOLVE** to take immediate action to use tax exemption and other incentives to reduce the prices of drugs and all other inputs in health care services for accelerated improvement of the health of our populations.

32. **WE COMMIT OURSELVES** to explore and further develop the potential of traditional medicine and traditional health practitioners in the prevention, care and management of HIV/AIDS, Tuberculosis and Other Related Infectious Diseases.

33. **WE COMMIT OURSELVES** to support the development of effective affordable, accessible HIV vaccine relevant to Africa. We, therefore, support “The Africa; AIDS Vaccine Programme” (AAVP), its collaborative partners, International partners and Institutions committed to the facilitation of HIV vaccine research and testing in Africa.

34. **WE COMMIT OURSELVES** to documenting and sharing these successful and positive experiences with a view to sustaining and scaling them up for wider coverage; mindful that there are still challenges that confront us, particularly in the area of infant feeding.

35. **WE COMMIT OURSELVES** to scaling up the role of education and information in the fight against HIV/AIDS in recognition of the

essential role education, in its widest sense plays as a cost-effective tool for reaching the largest number of people.

36. **WE COMMIT OURSELVES** to the strengthening and development of special youth programmes to ensure an AIDS-free generation.

37. **WE**, within the framework and spirit of our Sirte Declaration of 9 September 1999, **RENEW THE MANDATE** of our brothers, President Bouteflika of Algeria, President Mbeki of South Africa and President Obasanjo of Nigeria to continue discussion with our debt creditors, on our behalf, with the view to securing the total cancellation of Africa's external debt in favour of increased investment in the social sector.

38. **WE ENDORSE** the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases; and **WE PLEDGE** to promote advocacy at the national, regional and international levels; and **WE ALSO PLEDGE** to ensure massive participation of Heads of State and Government at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS slated for 25 – 27 June 2001 so as to ensure that the session comes up with concrete and urgent decisions for the fight against HIV/AIDS in Africa including the fight against poverty and deduction of Africa's debt.

39. **WE REQUEST** the OAU Secretary General, in collaboration with ECA, ADB, UNAIDS, WHO, UNICEF, UNDP, ILO, UNFPA, FAO, UNESCO, UNIFEM, IOM, UNDCP and other partners, to follow-up on the implementation of the outcome of this Summit and submit a report to the Ordinary Sessions of our Assembly.

40. **WE MANDATE** the Government of the Federal Republic of Nigeria to submit a report on the outcome of this African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases to the next Ordinary OAU Summit, which will be held in Lusaka, Zambia in July 2001.

Abuja, Federal Republic of Nigeria
27 April 2001