

# The road towards universal access

Scaling up access to HIV prevention, treatment, care and support

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## Africa speaks with one voice to halt and reverse the AIDS epidemic

*“The AIDS epidemic has the face of our mothers, sisters and daughters. This worldwide movement towards universal access aims not only to contain the epidemic, but to mark the beginning of the end of the spread of HIV.”*

Michel Sidibe, Director of UNAIDS Country and Regional Support and Co-chair of the Global Steering Committee on scaling up towards universal



Vital principles underpinning how to scale up HIV prevention, treatment, care and support in Africa, and commitments to action at regional and national level to implement those principles in practice have emerged from the African Continental Consultation on Scaling up towards Universal Access in Africa. The meeting was convened by the African Union, under the patronage of the Chairman of the African Union, President Denis Sassou Nguesso of the Republic of Congo, and took place in Brazzaville, Congo, between the 6th and 8th of March 2006.



WHO Regional Director for Africa, Dr Luis Sambo and the Prime Minister of Congo Mr. Isidore Mvouba displaying a copy of the Brazzaville Commitment.

## Africa adopts Brazzaville Commitment

Ministers, deputy ministers, parliamentarians, high-level officials from governments and regional bodies, civil society activists and people living with HIV, faith-based organizations, donors, UNAIDS, WHO and other

Cosponsors, endorsed the Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010, which set the tone, pace and direction for scaling up integrated and comprehensive HIV services in Africa over the next five years. The Commitment, which built on the outcomes of African country consultations, broadened to take advantage of the regional and continental perspective, was formally handed over to Mr Isidore Mvouba the Prime Minister of Congo, who closed the consultation in the name of President Sassou Nguesso.

## A commitment to scaling up to universal access to HIV prevention, treatment care and support.

The outcome of the meeting articulated five key messages:

- Those most vulnerable, who have most difficulty in accessing any HIV services, deserved legal and policy protection against stigma, discrimination, sexual or gender-based violence. People affected by conflict or living in a post-conflict situation were especially vulnerable and needed a special effort in their direction.
- The HIV and AIDS response must fit into the broader development goals of the continent – health, food security and economic empowerment

of the poor - while at the same time being afforded urgent and exceptional status.

- There was a need to strengthen and empower regional bodies to assist in goals of bulk purchasing, African-produced essential medicines and commodities, collaboration in training and capacity-building, mobilizing resources and facilitating legislative and policy review and reform to fight stigma and discrimination.
- All sectors would have to re-energize prevention efforts, as this is vital to the long term sustainability of programmes for treatment, care and support, find innovative ways of utilizing Africa's available human resources, offer HIV and AIDS services much more widely to reach all communities, foster research into traditional methods whilst protecting indigenous knowledge, establish and enhance centres of excellence across the continent that would serve to boost research, build capacity and widen production of essential medicines and commodities.
- Universal access would only become a reality if governments hold to their commitments of 15% of the national budget towards health, including HIV and AIDS, if countries found new means of generating domestic resources, and if international donors align to country priorities as expressed in the national AIDS plan, in line with the Three Ones principles and GTT recommendations, and impose no more than simple fiduciary conditions to their investments.

## **Vulnerable people should be in the center of the concern because they are the most infected, the most affected and the least able to protect themselves.**

Africa carries the highest burden of AIDS-related deaths and new HIV infections in the world, and African women and children the highest burden of all, being both most infected and affected and least able to protect themselves. As the Commitment states plainly, the epidemic in Africa occurs in a context of "poverty, food insecurity, indebtedness, economic constraints, youth unemployment, gender inequality, gender-based violence, conflicts, natural disasters, ignorance, fear, stigma and discrimination".

To these afflictions can be added the problems caused by financing that is interrupted by the shifting political priorities of donors or governments, spending constrained by ceilings on health and education investments imposed by macro-economic constraints, unstable or collapsing health systems and a chronic lack of life-saving medicines



"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" Recommendation No. 6, i of the Brazzaville commitment adopted on 8 March 2006.

and other commodities. Yet, as the meeting made clear, throughout the continent and for years, people have mobilized to help care for those infected or affected by HIV – ordinary people who carry out community projects for AIDS orphans, for women and girls living with HIV, for husbands, brothers, nephews and nieces, neighbours and strangers, receiving little or no resources or rewards.

At the outset of the meeting, the Commissioner for Social Affairs and Health of the African Union, Advocate Bience Gawanas, had expressed the hope that as the participants prepared to deliberate, they would keep the interests and needs of ordinary people foremost in their minds and commit to actions that would best serve vulnerable populations in the specific context of Africa, in a spirit of consensus and building partnerships. In the final session, she was able to conclude that her hopes had been met, and that by committing to such a comprehensive scale up, the participants had echoed and built on the solidarity expressed by people all over the continent.

Participants recognized that their hard work during the meeting was an important milestone in the scaling up effort, promising policy change and social mobilization, but that it was only a step. Their feelings were best captured in the words of the Prime Minister of the Republic of Congo, who closed the consultation: "This is not the end –we will have to transform this commitment into reality on the ground."