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Press release

Africa adopts *Brazzaville Commitment* on scaling up towards universal access to HIV and AIDS prevention, treatment, care and support.

**Regional consultation on scaling up towards universal access in Africa
Brazzaville, Republic of Congo, 6-8 March 2006.**

Brazzaville, 08 March 2006—The continental consultation on scaling up towards universal Access to HIV and AIDS prevention, treatment, care and support in Africa ended Wednesday in Brazzaville with the adoption of the “Brazzaville Commitment.”

The meeting which brought together more than 250 participants from 53 African countries was convened by the African Union, under the patronage of the President 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.

The participating ministers, deputy ministers, parliamentarians, high-level officials from governments and regional bodies, civil society activists and people living with HIV, faith-based organizations, donors and international organizations agreed that the movement towards universal access offers a unique opportunity for Africa to mobilize for an exceptional response to AIDS throughout the continent.

Adv. Bience Gwanas, the African Union Commissioner for Social Affairs, urged all participants to “put vulnerable people in the centre of our concern and commit to actions that would best serve them because, she added, “they are the most infected, the most affected and the least able to protect themselves”.

Michel Sidibe, Director of UNAIDS Country and Regional Support and Co-chair of the Global Steering Committee on scaling up towards universal, emphasizing the vulnerability of women and girls in Africa said in his opening remark that “the AIDS epidemic has the face of our mothers, sisters and daughters. This worldwide movement towards universal access, he added, aims not only to contain the epidemic, but to mark the beginning of the end of the spread of HIV.”

The five-page “Brazzaville Commitment” thus identifies main obstacles to the rapid and sustainable scale up of existing programmes and services, and proposes concrete measures to address them.

Key obstacles include Africa’s dependence on unpredictable external funds and insufficient allocation of national resources. The document also mentions the problem of donors allocating their funding between and within countries and across thematic areas in ways that do not match the specific needs identified by the countries.

The Commitment also draws attention to the lack of appropriate human resource due to insufficient training and incentives to retain staff and also to the weakness, and unequal distribution, between urban and rural areas, of health systems and infrastructures.

Stigmatization of people living with HIV and marginalized groups including orphans, migrants and sex workers, and recurring conflicts are among the important obstacles discussed by the participants and addressed in the document.

The Brazzaville Commitment sets a concrete agenda for action to scale up a comprehensive HIV response in Africa towards “universal access to HIV and AIDS prevention, treatment, care and support by 2010.”

The participants, who unanimously adopted the Commitment, agreed on the importance of generating new national and regional resources for HIV and AIDS and also on the need to increase the level of domestic budget allocation to HIV and AIDS. Aligning national budgets to the national AIDS plans is another commitment enshrined in the Commitment.

A number of other concrete actions are captured in this document such as:

- Developing national account systems to monitor expenditure and resource allocations to accelerate the achievement of the existing target to allocate 15% of total budget for health, including HIV and AIDS.
- Setting up regional and national bulk purchasing, technology transfer, south-south collaboration and sub-regional production of HIV related medicines and commodities as well as developing the capacity to use the flexibilities offered by the World Trade Organization global trade rules such as TRIPS.
- Strengthening relevant laws, jurisdictions and policies, in line with the AU framework on human rights and HIV and AIDS in order to reduce stigma and discrimination and empower people living with HIV and other marginalized groups. The commitment calls for the African Union to promote and support an audit of legal instruments to verify harmonization of laws and policies with national goals on stigma.

Recognizing that accountability is critical in the process of scaling up towards universal access, the Commitment also recommends to develop and strengthen national monitoring and evaluation systems which would produce an annual report on progress and to set, by the end of 2006, national targets, inspired by regional targets on prevention, treatment, care and support for 2008 and 2010. These targets should contribute to Africa’s development and be milestones towards the Millennium Development Goal of halting and reversing the epidemic by 2015.

The Brazzaville Commitment builds on the outcome of 41 national consultations held between December 2005 and February 2006 across all Africa. These consultations were broadly inclusive and engaged an estimated 5,000 stakeholders, including community-based organizations, civil society groups, and people living with HIV.

It will be presented at the Heads of States African Union Special Summit, to take place in Abuja, Nigeria in the coming weeks.

These national and regional consultations are part of a worldwide country-driven consultative process whereby all countries and regions in the world are working to identify the specific obstacles to scaling up towards universal access and the concrete pragmatic actions to overcome them.

UNAIDS will prepare an assessment of these consultations, including an analysis of obstacles and actions to overcome them, to be presented to the United Nations AIDS Review 2006 in New York at the end of May 2006.

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