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Moscow, Russia
26-27 October 2006

Progress Report: HIV/AIDS

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This document has been prepared by the APF Support Unit in collaboration with NEPAD Secretariat sector teams. It will be considered during the discussion on progress on HIV/AIDS, which will take place on Thursday, 26 October starting at 10:00

Progress Report: HIV/AIDS

I. Synopsis

1. The HIV/AIDS epidemic is the biggest health challenge currently facing Africa: of a total of 38.6 million people living with HIV/AIDS in 2005, over 24.5 million are located in sub-Saharan Africa (SSA). SSA also accounts for more than 70 % of the 2.8 million people who have died from the epidemic. HIV/AIDS is also a major economic and social issue that undermines the continent's ability to achieve the AU/NEPAD goal of sustainable development: when HIV prevalence reaches 8 %, as is the case in 21 African countries, growth per capita slows down by 0.4 % every year.

What targets and commitments have been agreed?

2. African countries and the international community have become increasingly aware that the HIV/AIDS epidemic is a major impediment to the human, social and economic development of the African continent.

- In April 2001, African Heads of State and Government adopted the Abuja Declaration and Plan of Action on HIV/AIDS, Tuberculosis (TB) and Other Related Infectious Diseases (ORID). The primary goal of the Declaration was to stop and reverse the accelerating rate of HIV infection, TB and ORID.
- African Union (AU) countries committed themselves to the achievement of Universal Access to Treatment and Care through the 2005 Gaborone Declaration. The Declaration also calls for the allocation of at least 15% of the national budget to health as resolved in the Abuja 2001 Declaration.
- An African consultation organized in Brazzaville from 6 – 8 March 2006 resulted in a set of recommendations and commitments on scaling up towards universal access to HIV and AIDS prevention, treatment, care and support in Africa.
- African Heads of State reiterated their commitments at the Abuja Summit from 2 – 4 May 2006 and at the HIV/AIDS United Nations General Assembly Special Session (UNGASS) +5 Conference.
- G8 countries also affirmed at the St. Petersburg Summit of July 2006 their commitment to halting and reversing the spread of HIV/AIDS, as called for in the United Nations Millennium Development Goals (MDGs), as well as to the objectives outlined in the Gleneagles Summit Communiqué. G8 leaders also supported the call in the United Nations General Assembly Political Declaration on HIV/AIDS of June 2006 for countries taking significant steps to reach the goal of universal access to prevention, treatment, care and support by 2010.

What has happened?

3. Additional resources and strengthened commitments from both the African states and the international community have resulted in significant progress in terms of controlling HIV/AIDS:

- Certain African countries have demonstrated that effective prevention campaigns carried out at an early stage can check the spread of infection;
- Some countries have recently shown that it is also possible to reduce HIV/AIDS among young people even after the disease is widely diffused across the population;
- Others have made progress, with the collaboration of the International community, on broadening access to treatment for people living with HIV/AIDS.

4. Despite encouraging signs of improvement, there is still a long way to go before HIV/AIDS can be permanently rolled back in Africa.

What therefore are the key priorities?

5. Among the wide range of priority issues to be addressed, limitations of existing prevention policies, constraints on access to treatment, as well as the persistent resources gap – relative to needs – are the most significant.

6. To address them successfully, strong leadership – from policy makers as well as civil society and the private sector of both African countries and the international community – and robust health systems with sufficient human resources will be critical. While African states will need to focus on improving women's empowerment, moving forward in providing prevention and care and increasing health sector funding, the international community should concentrate on working within national and regional plans, establishing arrangements to rebalance the migration of skilled African medical personnel and continuing to rationalise the architecture of donor funding.

II. HIV/AIDS: Scorecard of progress

1. Development and implementation of national plans



2. Development of new and lower cost treatments



3. Addressing the specific needs of vulnerable groups



4. Provision of adequate finance



5. Overall score



Scoring Values

RED:
Little or no progress being made



AMBER:
Significant movement in the right direction, but more to be done



GREEN:
On track: good progress being made

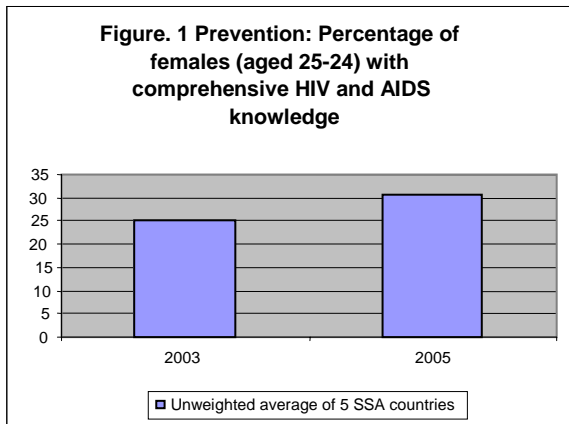


III. Successes, bottlenecks and next steps

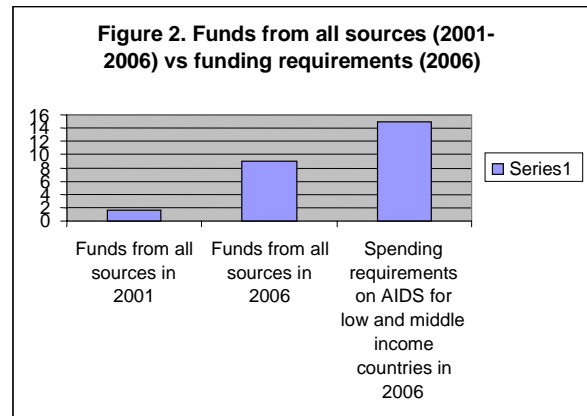
| Key monitoring issue | Successes | Bottlenecks | Critical next steps | Responsibilities |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Development and implementation of costed and integrated national plans | Nearly all countries have a national AIDS strategy and a single co-ordinating agency | Only about one-half have monitoring and evaluation systems | Countries to set treatment targets for 2010 and interim targets for 2008 by end-2006 | African states |
| | | Few of the national action plans are fully costed and prioritised | Multi-sector AIDS action plans to be closely related to multi-sector poverty reduction and development strategies | African states and development partners |
| | | Prevention efforts are lagging behind treatment efforts | Policies to encourage testing for HIV and other STIs to be strengthened along with the provision of adequate treatment and counselling once tested | African states and development partners |
| | | Prevention strategies do not adequately address inequitable gender relations, the lack of access to treatment for other sexually transmitted infections (STIs), and low availability and impediments to the use of protection methods such as condoms | Higher priority to be given to community based efforts | African states |
| | | Migration of skilled African health workers | Training of health workers to be accelerated | African states |
| Development of new and lower cost treatments | Initiatives multiplying Intellectual property rights issues beginning to be addressed Prices of treatment coming down. | Money being spent on research and development still less than needed Costs still too high for many needing treatment Flexibilities in the TRIPS agreement not fully exploited | Advance Market Commitment scheme to be launched by end-2006 | Development partners |
| | | | UNITAID (already launched) to be developed | Development partners |
| | | | Technology transfer to be accelerated | Development partners |
| | | | African pharmaceutical industry to be developed | African states |

| Key monitoring issue | Successes | Bottlenecks | Critical next steps | Responsibilities |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Addressing the specific needs of vulnerable groups and Fragile States | A number of countries have successfully developed programmes in all relevant areas Evidence thus exists for best practice measures for prevention, treatment, care and support | Spending priorities do not match the incidence of infection by population group | Adjust costs and priorities in national reform plans to the needs of vulnerable groups | African states |
| | | Stigma and discrimination persist | Implement Brazzaville commitment to audit legal frameworks and strengthen measures to combat stigma and discrimination | African states |
| | | Support to HIV-positive pregnant women too low | Address empowerment of women – linking to ongoing monitoring of the implementation of the Beijing Platform of Action | African states |
| | | Support to orphans and other vulnerable children inadequate | Step up community based efforts to address needs of vulnerable groups | African states |
| | | Information about the status and profiles of the epidemic, broken down by gender, location, age and vulnerable groups weak or non-existent | Information about the epidemic in sufficient detail to be available to inform public debate on priority setting | African states |
| | | Tendency to avoid partnership with Fragile States and channel funds through non-state provider | Address the needs of Fragile States | Development partners and African states |
| Provision of adequate finance | Spending on AIDS increasing rapidly | Total health expenditures lagging behind HIV/AIDS expenditure thus compromising sustainability and effectiveness; national resources need to be boosted | Increasing domestic and international resources from all origins | African states and development partners |
| | | Human resources insufficient | Strengthening health systems along the lines of AU/NEPAD strategy | African states and development partners |
| | | Persistent resource gap relative to needs | Increasing budget support and developing tracking systems in all countries for use in mutual accountability exercises | African states and development partners |

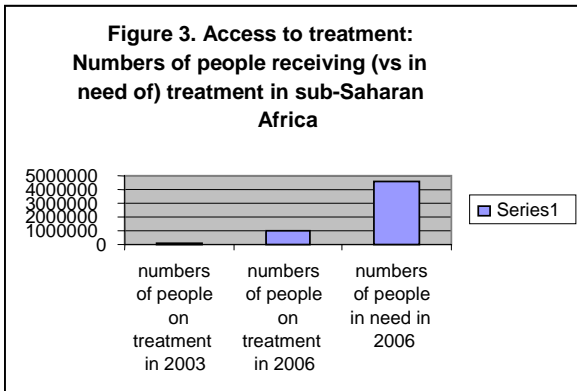
IV. HIV/AIDS : Results



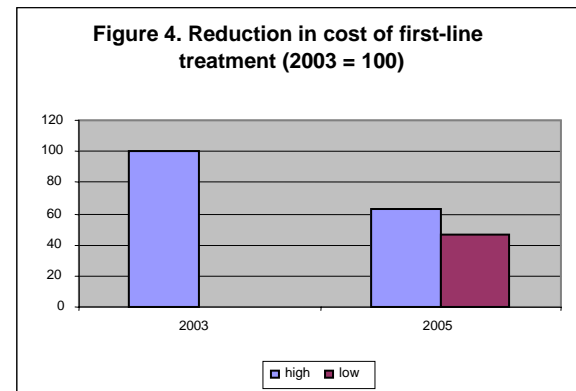
Source: 2006 Report on the Global AIDS Epidemic, UNAIDS (2006)



Source: 2006 Report on the Global AIDS Epidemic, UNAIDS (2006)



Source: Fact Sheet: WHO HIV



Source: <http://www.who.int/hiv/mediacentre/news57/en/print.html>

ANNEX: Key Monitoring Issues

1. Development and implementation of national plans

| Indicators | Assessment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Number of countries with and implementing a '3 ones' based National HIV/AIDS strategy and orphans and vulnerable children (OVC) programme, based on scaling up towards universal access to comprehensive HIV/AIDS prevention care treatment.</p> <p><i>This is a recommended indicator by UNAIDS and is monitored in their Country Annual Reports.</i></p> | <p>85% of AU countries reporting have a single body to coordinate HIV/AIDS;</p> <p>The same number have a national aids strategy;</p> <p>Only one-third have a single national monitoring and evaluation framework and plan.</p> |
| <p>2. Prevention efforts</p> | <p>Some countries (e.g., Senegal, Uganda) have significantly increased coverage for prevention services, although only six have reached the prevention target of 25% reduction in HIV prevalence among 15-24-year-olds;</p> <p>Efforts generally fall short of needs; the number of new infections is still increasing by between 2.8 and 3.9 million per annum in SSA. Scaling up prevention efforts in low and middle-income countries world-wide would avert an estimated 28 million new HIV infections between 2005 and 2015 and some US\$ 24 billion in associated treatment costs;</p> <p>The African average of HIV-positive pregnant women receiving anti-retroviral prophylaxis to prevent mother-to-child transmission is only 9%;</p> <p>Condom use increased in eight of eleven sub-Saharan countries studied in 2005, but condom availability remains critically low;</p> <p>In over 70 countries surveyed (including 30 African countries), testing and counselling services use quadrupled in the past five years from roughly four million persons in 2001 to 16.5 million in 2005;</p> <p>In SSA fewer than 50% of young people achieved comprehensive levels of knowledge about AIDS and young women had consistently lower knowledge than men (fewer than 20%);</p> <p>The percentage of African young people having sex before age 15 has declined;</p> <p>Blood for use in transfusions is now routinely screened for HIV in most African countries.</p> |

| Indicators | Assessment |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3. Access to treatment</p> <p><i>UNAIDS indicator GE-7 is the core indicator: percentage with advanced HIV infection who are receiving anti-retroviral combination therapy.</i></p> | <p>Numbers of people on treatment in SSA reached 1 million as of June 2006 (compared to 4.6 million in need) – a dramatic increase from 100,000 at end 2003; three countries in SSA (Botswana, Namibia, Uganda) are providing anti-retroviral drugs to at least 50% of those in clinical need; average coverage has reached 23 % (treatment coverage ranges from 3% in the Central Africa Republic to 85% in Botswana);</p> <p>The “3 X 5” campaign goal (to provide 3 million people living with HIV/AIDS with life prolonging antiretroviral treatment) was not achieved, but succeeded in greatly raising the strength of countries’ commitments;</p> <p>Current spending plans are based on providing coverage to an estimated 9.8 million people, including 80% of those in urgent need, by 2010; each African country committed to set national target by the end of 2006 (to reach Brazzaville commitment); they should then develop action plans in order to reach, by 2008, at least 50% of their 2010 targets.</p> |

2. Development of new and lower cost treatments

| Indicators | Assessment |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>4. Introduction of market incentives to encourage the development of vaccines, micro-biocides and new drugs.</p> | <p>Estimates of annual financial requirements for research on vaccines (US\$1.2 million) and micro-biocides (US\$280 million) are more than double the amounts currently being provided, with only about 10% coming from industry;</p> <p>Finance ministers of the Group of Seven in April 2006 called for launching before end of the year of a pilot Advance Market Commitment to stimulate private sector spending;</p> <p>Global Alliance for Vaccines and Immunization (GAVI) assessing three vaccines in the later stages of development – against rotavirus, pneumococcal disease, and human papilloma virus – and three vaccines at an early stage of development for malaria, HIV/AIDS and tuberculosis.</p> |
| <p>5. Access to low-cost HIV drug therapy</p> | <p>Between 2003 and 2005, cost of first-line treatment decreased by between 37% and 53%;</p> <p>UNITAID, a drug purchasing facility proposed by France to operate under the auspices of WHO, was launched at the UN General Assembly in September; it will buy recently developed AIDS drugs from low-cost generic manufacturers, giving top priority to purchasing pediatric and second-line anti-retroviral medicines for HIV patients and fund the pre-qualification work of WHO on generics manufactured in developing countries, as well as buy modern drugs for malaria and tuberculosis;</p> <p>Some local African companies have begun to produce low-cost HIV drugs, e.g. Aspen Pharmacare in South Africa. Quality Chemicals in Uganda to begin producing anti-retroviral drugs by June 2007 in a joint venture with Cipla of India. In July 2006, the US FDA approved the 3-in-1 anti-retroviral pill made by Aurobindo Pharma of India for patients helped by the US PEPFAR programme. US FDA has created fast-track process and waived fees for approval of such drugs. In September, Roche announced that it would transfer the necessary technology to produce a generic anti-HIV drug to Pharmacare (SA), Cosmos Limited and Universal Corporation Limited (Kenya).</p> |

3. Addressing the specific needs of vulnerable groups and countries

| Benchmarks | Assessment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>6. Support for affected children and orphans</p> <p><i>UNAIDS core indicator GE-8 on those receiving support.</i></p> | <p>In SSA an estimated 12 million children under age 17 (just under 10% of all children) have lost one or both parents to AIDS.</p> <p>Although most heavily affected countries have national policy frameworks for children made vulnerable by AIDS, fewer than one in ten children are reached by basic support services, and orphans still lag behind non-orphans in school attendance;</p> <p>In certain countries such as Swaziland, some communities have started to create refuges for such children where they can receive guidance, health care and a daily meal.</p> |
| <p>7. Vulnerability of women and girls and other specific groups.</p> <p><i>UNAIDS core indicators GE-6 on HIV pregnant women and CLPE-3 on percentages of populations most at risk being tested, and recommended indicator CPLE-4 on percentage of populations most at risk reached by prevention programmes.</i></p> | <p>In SSA, 59% of all adults living with HIV are women. In some parts of Africa, young women (aged 15-24) are up to 6 times more likely to be HIV infected than young men;</p> <p>Between 2003 and 2005, only 5% of HIV-positive pregnant women in SSA received anti-retroviral prophylaxis before or during childbirth;</p> <p>HIV prevention programmes are failing to reach those at greatest risk in SSA; only 9% of men who have sex with men received any type of HIV prevention service in 2005; among people who inject drugs, fewer than 20% received HIV prevention services; fewer than one in twelve sex workers and their clients are targeted by behaviour interventions;</p> <p>In many countries, public interventions are not sufficiently focused on vulnerable groups.</p> |

| Benchmarks | Assessment |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>8. Improving legal and policy protection against stigma and discrimination</p> | <p>Stigma and discrimination against people living with AIDS remains widely pervasive;</p> <p>Half of countries submitting reports to UNAIDS noted the existence of policies that interfere with the accessibility and effectiveness of HIV-related measures for prevention and care; legal systems in many countries also fail to provide adequate protection to children affected by AIDS and to elderly caregivers; where legal protections exist, enforcement is often inadequate;</p> <p>The Brazzaville Commitment and the Political Declaration on HIV/AIDS (60/262) have strong language on human rights and gender; the former commits the African Union to 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; and for countries to promote legal and programmatic measures to address the high vulnerability of women and girls.</p> |
| <p>9. Preventing the spread of the disease in Fragile States</p> | <p>Among the eight countries consistently mentioned in various categorizations of Fragile States, six are African.</p> <p>Although Fragile States are home to about a third of those living with HIV/AIDS in developing countries, there is a tendency for donor governments to avoid partnership with the recipient state and channel funds through non-state providers. This may undermine the (long-term) objective of supporting the state to improve its capacity to provide health services (Cf. High Level Forum on the Health MDGs)</p> |

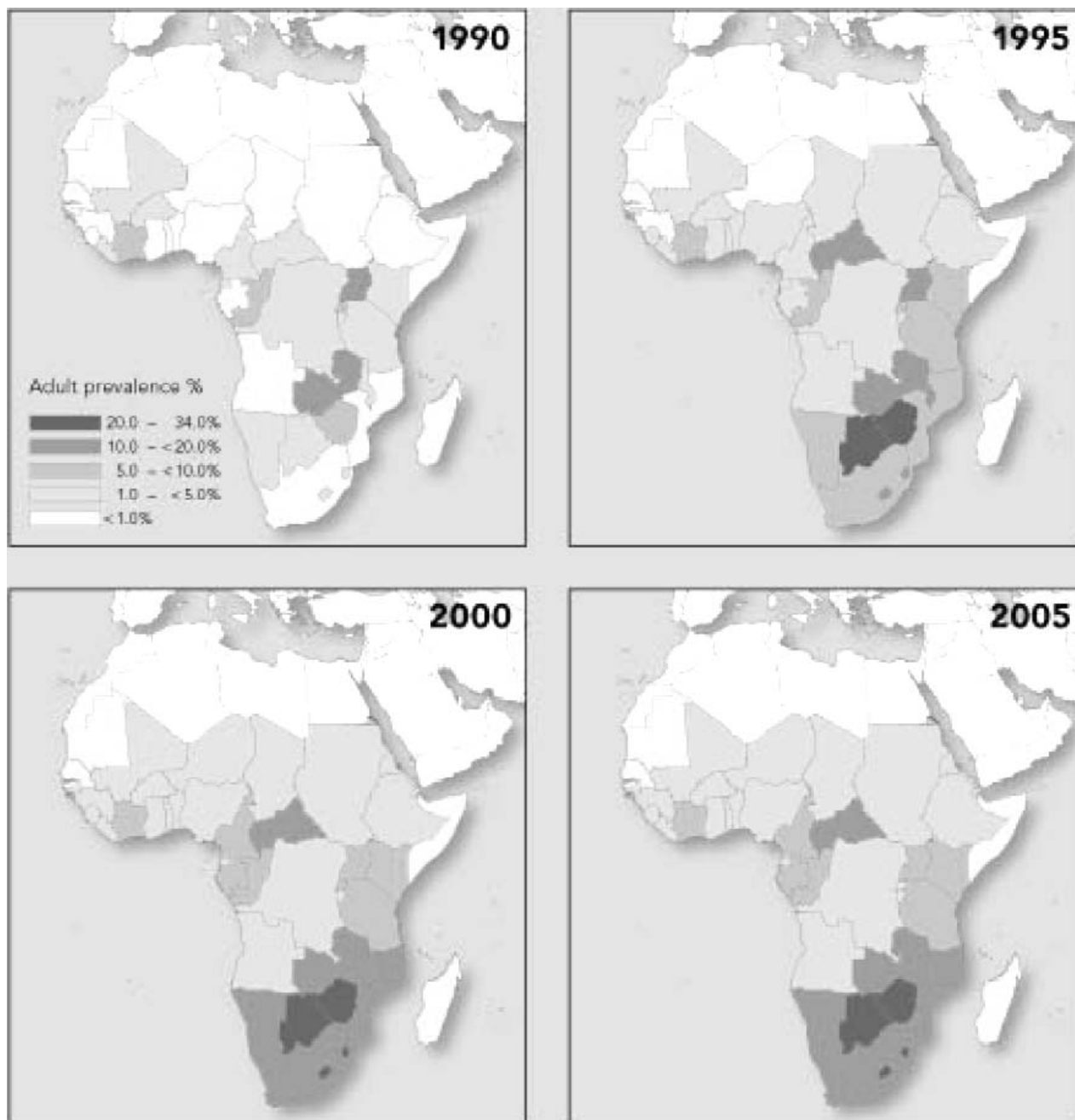
4. Provision of adequate finance

7. Although aid flows related to the fight against HIV/AIDS have dramatically risen over the past few years, there is a persistent resource gap compared to needs. The resources needed to address the HIV/AIDS crisis in Africa are massive, far outstripping existing flows. Traditional aid or innovative international finance mechanisms will not be sufficient; domestic resources should equally grow significantly. Nor can one look at expenditure specifically on HIV/AIDS, since the fight against the disease requires robust health systems with numerous and trained workers at every level. While it is important to gradually substitute budget support for vertical programs, in a larger sense it will be increasingly important to ensure that budget allocations reflect the priority given to health in general and to HIV/AIDS in particular.

| Indicator | Assessment |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Proportion of domestic budgets committed to health expenditure. | <p>In 2004, only 1 country out of 53 African countries met the target of dedicating 15 % of the national budget to health expenditures; eight others had health/expenditure ratios greater than 11%, but less than 15%; 20 had shares between 9 and 11 %; another 24 had shares of less than 9 %;</p> <p>Spending on AIDS itself has risen significantly; among 25 low-income sub-Saharan African countries, domestic public sector outlays on AIDS increased by 130% between 2001 and 2005 to reach US\$640 million (UNAIDS indicator GE-1);</p> <p>Scaling up the effort to combat AIDS and other infectious diseases is not possible without increasing the number of health workers; UNAIDS estimates that SSA needs to find 620,000 new nurses over the next few years. In Abuja, May 2006, African countries committed to address this problem by establishing three regional training and accreditation centres;</p> <p>In August 2006, WHO, ILO and IOM launched a joint programme addressing the needs of health workers to be implemented by the newly established (May 2006) Global Health Workforce Alliance; the "Treat, Train, Retain" programme will cost between US\$7.2 billion and US\$14 billion over five years;</p> <p>Improvement needed in countries' capacity to disaggregate donor assistance from national sources, to distinguish between budgeted and actual expenditures, and to generate reliable estimates of total expenditures from all sectors; the Global Resource Tracking Consortium is working on this.</p> |

| Indicator | Assessment |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>11. Level of funding (globally and for Africa) – all sources (including voluntary): 2006 (est) and 2007 (proj) compared to previous years.</p> | <p>The 2001 Declaration of Commitment aimed to mobilize between US\$7 billion and US\$10 billion by 2005; this goal was met. The rate of increase in HIV resources has accelerated since 2001, with an average annual increase of US\$1.7 billion between 2001-2004, compared with an average annual increase of US\$ 266 million between 1996 and 2000;</p> <p>Spending requirements on AIDS for low and middle-income countries estimated at US\$14.9 billion, US\$18.1 billion, and US\$22.1 billion for the period 2006 – 2008 by UNAIDS;</p> <p>Funds from all sources estimated at US\$ 8.3 billion in 2005 and expected be US\$8.9 billion in 2006 and US\$10 billion in 2007;</p> <p>To meet the funding requirements of a scaled-up response to achieve as close as possible universal access to treatment for all those who need it by 2010, there is a funding gap of US\$6 billion in 2006 and US\$8 billion in 2007 (the UNGASS has recognised that, according to UNAIDS estimates, US\$18 billion will be necessary in 2008);</p> <p>Spending requirements for SSA are estimated to account for about 44% of the global amounts; about US\$3 billion per annum are expected to be provided by African countries' own domestic resources;</p> |
| <p>12. Progress in introducing innovative finance, in order to generate additional future resources.</p> | <p>Five countries implemented airline ticket tax, expected to yield US\$250 million per year for infectious diseases; fourteen other developed and developing countries have committed to join the initiative;</p> <p>Another mechanism is the business initiative, Product RED campaign to channel funds from the sale of products labelled with the RED mark directly to the GFATM for programmes in Africa; current participants in the scheme are American Express, Converse, GAP and Giorgio Armani.</p> |
| <p>13. Replenishment of the Global Fund for AIDS (GFATM), TB and Malaria.</p> | <p>The GFATM accounts for about 21% of international finance mobilised to combat AIDS; as of December 2005, the GFATM had received US\$8.6 billion in pledges through 2008; replenishment meetings in 2005 resulted in 29 international donors pledging a total of US\$3.7 billion for 2006 and 2007 compared with estimated needs of US\$7 billion (US\$5.4 billion for AIDS); additional pledges made through mid-August of about US\$1.4 billion have gone some way towards closing the gap.</p> |
| <p>14. A more rational “architecture” and improved alignment of global programmes with African national strategies and processes.</p> | <p>Global programmes/funds may distort national priorities and create parallel structures and processes in seeking to meet their goals/targets in specific country settings. There is a need to better align global programmes with national strategies and development agendas, and to ensure good co-ordination with in-country actions by bilateral and multilateral agencies. This may favour more “horizontal” (rather than “vertical”) approaches to problem-solving involving actions across a number of sectors/government departments in the interests of sustainability and effectiveness</p> |

Maps: HIV/AIDS Prevalence, 1990-2005



Source: 2006 Report on the global Aids epidemic, UNAIDS, May 2006
(http://data.unaids.org/pub/GlobalReport/2006/2006GR_PrevalenceMap_en.pdf)

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