



INTER-AGENCY MEETING ON COORDINATION AND HARMONISATION OF HIV/AIDS, TB AND MALARIA STRATEGIES

UNCC, ADDIS ABABA, ETHIOPIA, 6-8 NOVEMBER 2006

OPENING REMARKS BY ADV. BIENCE GAWANAS, AU COMMISSIONER FOR SOCIAL AFFAIRS

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- *Dr, Meskerem Grunitzky- Bekele and Dr. Mark Sterling,*
UNAIDS Regional Directors,
- *Representatives of RECs, CSOs and other UN Agencies,*
- *Ladies and Gentlemen.*

It is my pleasure to welcome you to the Inter-Agency Meeting on Coordination and Harmonisation of HIV/AIDS, TB and Malaria Strategies, taking place at the UN Conference Centre. I would like to particularly welcome those who had to travel at short notice to be with us, in spite of their busy schedules. I would also like to commend those who together conceived the idea and developed it to the level of actually convening the Meeting. You will recall that the focus was to be on HIV/AIDS but I am glad that you have accepted my proposal that we also include Malaria and TB. We cannot afford anymore to compartmentalize these issues. The AU has a task of making sure that all these diseases are given the same attention they all deserved.

The AU Commission appreciates the collaboration and spirit of solidarity expressed by the UN Agencies, and the cordial atmosphere in which we are operating. A special welcome to representatives of Regional Economic Communities and Civil Society Organizations, which are all vital partners in the fight against infectious disease, poverty and social exclusion in Africa.

This Meeting is a very important milestone in the struggle against HIV/AIDS, TB and Malaria, because we are all working towards one goal and should therefore have one common, harmonised and well-coordinated agenda. In other words, to maximize the value of invested resources, our efforts should be complementary in that each partner has its own role to play. Without such a strategy, there is bound to be duplication, competition and wastage of resources. In fact, this is what the Global Task Team (GTT) on Improving Coordination Among Multilateral Institutions and International Donors (2005) was about. It was coordinated by UNAIDS and I was honoured to be a member, representing the African Union. In our deliberations we also quite clear that global efforts must be informed by regional or subregional consultations and that in terms of continents, the continental bodies must provide the leadership. I hope this document is one of our reference documents. Its recommendations fall under four headings which are very relevant to our Meeting:

1. Empowering inclusive national leadership and ownership;

2. Alignment and harmonization;
3. Reform for more effective multilateral response;
4. Accountability and oversight.

I am glad to inform you that the WHO Regional Director for Africa took the visionary initiative last year to initiate the WHO, AU, RECs and ECA partnership, also aimed at strengthening and harmonizing cooperation. The Partnership held its second meeting recently. If possible a brief on the outcome of the Meeting might provide direction to our Meeting. Furthermore, there may be need for this meeting to consider how the Regional Director's initiative could be complementary to the Plan we are going to adopt. An issue, which remains to be resolved, for example, is how to coordinate the regional meetings of some UN agencies (for example WHO AFRO) and that of the AU ministerial meetings. Is there any sense in having two meetings in the same year with the same set of ministers?

Africa's socio-economic development lags behind other continents due, inter alia to widespread and increasing poverty, hunger and a heavy burden of infectious diseases particularly HIV/AIDS, TB and Malaria; which in turn intensify poverty. If the continent is to attain the MDGs by 2015, much more has to be done to reverse these challenges. We all have a responsibility at our different levels towards that end directly or through urging and supporting member states.

African Leaders have adopted or endorsed commitments to address the burden of these diseases at community, national, regional, continental and international levels. At Continental level, I wish to recall the 2000 and 2001 Abuja Declaration and Plan of Action on Roll Back Malaria, and on HIV/AIDS, TB and Other Related Infectious Diseases respectively. I would also like to note the May 2006 Abuja Special Summit on HIV/AIDS, TB and Malaria which focused on the theme: "*Universal Access to HIV/AIDS, TB and Malaria Services by a United Africa by 2010*". They targeted 2010 which coincides with the next review of the status of implementation of the MDGs. The time at our disposal for implementation before the next review is just three years (2007-2009), one more reason for concerted efforts.

The Leaders decided to consider the three diseases together because the trio comprise the commonest causes of morbidity and mortality in Africa, and are commonly referred to as the diseases of poverty because their economic impact is immeasurable. Strategies to address these diseases cannot be completely separated because TB is the commonest manifestation of HIV/AIDS and the commonest cause of death there-from. Their management therefore is or should be integrated in the same health systems. My concern in dealing with partners has been their fragmented approaches to the diseases. We have the RBM, HIV/TB, HIV/AIDS, and the list goes on. Whilst it is possible for them to do so as resources might not be a problem, it is important to point out that disease specific interventions without looking at the overall functioning of the health systems have short change our approaches to reducing the disease burden. Can we for example look at human resources crisis in isolation to how it impacts on the health system which in turn reduces the effectiveness with which we deal with diseases. What we need is a systems approach.

We are told that, generally, one in every three people harbours the TB bacteria in the body but they lie dormant, except for a small percentage. However, individuals with HIV are thirty times more likely to develop active TB. This is why TB, which had been reasonably controlled resurged and once again became epidemic, particularly Africa South of the Sahara with the emergence of HIV/AIDS. Individuals with HIV are also more likely to get malaria, and since they may be weak due to various factors such as anaemia, they would be more likely to succumb. Moreover, because malaria can attack

one individual every few months, it drains domestic resources that could be utilized for nutrition and HIV/AIDS management. Although Malaria and TB have co-existed since time immemorial, their challenge has now doubled with the emergence of HIV.

The challenge the continent faces is not lack of strategies on these diseases, but rather, how to turn these into effective programmes at national and community level, to properly plan for rational utilization of available resources which should also be sustained, and to monitor and evaluate implementation.

The contribution of CSOs in programme implementation is acknowledged but they also require coordination and harmonization, and involvement in strategic planning. The AU and RECs also need to collaborate amongst themselves and with countries to address cross-border issues and share resources and experiences. We all expect the RECs to take up social issues yet we do not remember them when we discuss capacity and resources. In our deliberations and especially in developing a plan, let us bear in mind that RECs need capacity for coordination and harmonization at regional level. I am glad to mention that collaboration between my department and the RECs and CSO's have improved and can only grow stronger

It however still remain a concern that in discussions about integration, the emphasis still remains economic. Yet it is through managing human interactions (disease, migration, culture, trade) at inter-country and regional level that continental integration can be achieved. An integrated Africa would be a strong Africa, an Africa that is able to meet and confront the challenges of the 21st century, and a dynamic force in the globalized world.

Development partners have done a commendable job in supporting countries and AU itself, especially as it relates to funding and technical support. However, the challenge of coordination and harmonization of efforts persists. Therefore all stakeholders should aim to work together to coordinate efforts and plan for long-term mobilization of resources.

I need to share with you some concerns I have and hope that this retreat will assist in meeting my concerns:

My concern relates firstly to capacity. I have been engaged in so many meetings where partners have discussed building the capacity of the AU and I believe that in some way it is being done. However, as much as I would like the DSA to support and work with partners, I have found over the last three years that if we are not careful, we would be overstretching ourselves to the detriment of our programmes and activities. Here, I am referring to the many taskforces that partners have set up which AU is invited to be a member. Not to mention the many meetings we are invited to attend. Some of these taskforces could be combined in order to maximize available capacities and to promote synergies. In fact, I was quite surprised when I attended a meeting recently when I was informed that UN agencies have identified and agreed on focal points for various aspects of HIV/AIDS yet I still deal with them as if each one has a separate and distinct programme.

Secondly, my concern is about the implementation of AU decisions. I must be quite frank, but I do not believe that we are utilizing the time of our Heads of State and Government adequately. The issues which we put to them to consider should at best be discussed at Ministerial/sectoral meetings. I usually dread the time before Summits when partners have frequent visits to the office of the chairperson or converse with Member States on trying to influence the outcome of Summits. Whilst I have no problem with lobbying, once such decisions are taken, it is a question of ownership. Who implements

the decision? Whose priority was it in the first place? Who gets the money to implement the decision? Who initiates the process? I want to be very clear- that for almost 1 year we went through a brainstorming exercise which culminated in a Strategic Plan with clearly identifiable strategies and actions. It was my wishful thinking that partners will support the implementation of those actions and that we will not have to focus on new ideas, actions each year after a Summit.

Thirdly, I wish to raise the issue of funding. I want to make it categorically clear that no partner has the mandate to mobilize resources for the implementation of AU decisions, Plans of Action. On the contrary, such resource mobilization should be done by the AU in collaboration with partners. Lately, I am being told that such and such an organization has provided funds to such and such an organization to assist the AU in implementation. Why does the AU need 3rd parties to source funding which in the final analysis does not build its own capacity. I therefore wish to appeal to partners- do not mobilize funds on behalf of the AU. Rather tell those who would like to support our programmes, etc to get in touch with us directly.

Over the last three years, my staff resources consisted of a Director, 4HoDs, 4 SPO and 3 consultants covering a broad programme area. As we all know, we have an AWA Secretariat which is also in charge of the departmental programmes on HIV/AIDS, Malaria, TB and other Infectious Diseases. To date, we have only one staff member working in this field. This very retreat has required her to almost single handedly prepare for it. In the health systems, policy, nutrition, population, we have also one HOD assisted by 2 consultants. These are the two people you ask to sit on your task forces, attend meetings, support activities and programmes and at the same time, managing their own programmes within the Department. I wish that you should take this fact into account in our partnership efforts and as you will be discussing a plan for coordination and harmonisation. Until such time, that the DSA is fully resource, we can only hope to attend your meetings, support your activities to the best of our abilities.

In that vein, I would like to assure you that the AU welcomes the spirit of solidarity as expressed by this gathering and other forums and initiatives, and is committed to playing its role. I will be amiss if I do not take this opportunity to express my sincere appreciation and gratitude to all of you for having accompanied the Department in aiming to fulfill its mandate. Without that support, we would most likely have had little to show for our efforts. As we are always reminded, Africa can only benefit if together our efforts can make the difference to the livelihoods of our people.

We have a quite heavy agenda to go through during these two days, which should culminate in adoption of an implementation plan for coordination and harmonization of our respective mandated roles. It is important that we respect the plan once adopted. More importantly, we need to ensure that we apply the plan in our day to day activities later on and that we should institutionalize this retreat to take place at least twice a year.

I thank you very much once again for accepting our invitation to participate in this Meeting, and wish you successful deliberations.