



**UNECA Perspectives on the Learning Process from the Treatment  
Acceleration Programme (TAP)**

**By**

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## **Overview of HIV/AIDS activities in UNECA**

ECA's focus on the challenge of HIV/AIDS to Africa's development reached its peak in December 2000 when the Commission organized the Second African Development Forum (ADF II) with the overarching theme of **HIV/AIDS as the Greatest Leadership Challenge**.<sup>1</sup> Subsequently, among several follow-up activities, ECA provided inputs to the OAU Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases organized in Abuja, Nigeria, 24-27 April 2001, which endorsed the ADF 2000 Consensus and Plan of Action. Follow-up internal discussion, and mutual engagement with partners such as UNAIDS led ECA to focus on: (1) mainstreaming HIV/AIDS in all its socio-economic policy analysis and advocacy; (2) developing mechanisms to monitor the implementation of the Addis Ababa Consensus and Plan of Action; and (3) strengthening partnerships by drawing on mechanisms such as the International Partnership Against HIV/AIDS (IPAA).

In 2003, the UN system-wide initiative known as the **Commission on HIV/AIDS and Governance (CHGA)** was set up in the ECA by the UN Secretary General Kofi Annan.<sup>2</sup> The areas of work for its focus were on: (1) the implications of sustained human capacity losses for the maintenance of state structures and economic development; (2) the viability (technical, fiscal and structural) of utilizing anti-retroviral (ARV) medication as an instrument of mitigation; and (3) synthesizing best practices in HIV/AIDS and governance in key development areas with a view to formulating policy recommendations (in partnership with UN and other agencies). The core mandate of CHGA was rooted in research. The objectives of this research were to: (a) help African policy makers to fully grasp

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<sup>1</sup> UNECA, 2001. *The African Development Forum 2000: Leadership at all levels to overcome HIV/AIDS*. Addis Ababa.

<sup>2</sup> <http://www.uneca.org/CHGA/about.htm>

the nature of the long-term development challenges posed by HIV/AIDS to the constitution of their societies, and the ability of these societies to continue functioning normally; (b) assist African policy makers in devising appropriate policies and programmes to help treat the millions of Africans already living with HIV/AIDS; and (c) assist policy makers in understanding both the fiscal and structural implications of up scaling HIV related medication in resource limited settings.

### **Justification for a learning agenda**

Last year, the ECA published a report called ‘Scoring African Leadership for Better Health’, together with the African Union, UNAIDS and the World Health Organization. Based on country experiences, the report finds that despite formidable challenges, African countries do have the potential to make tremendous improvements in their response to the formidable health challenges that they face. But to achieve this, the response needs to be made more effective, and to do this, we need better knowledge and understanding.

Currently, ECA participates in the Treatment Acceleration Program (TAP) in partnership with WHO and the World Bank. The overall aim of TAP is to learn from public sector efforts to scale up HIV and AIDS treatment in partnership. While available results are partial, it is already clear that well-managed partnerships – in this case with the private sector in Ghana, with NGOs in Mozambique, and with associations of people living with HIV in Burkina Faso as examples – has the potential to massively increase access to treatment which can sustain health and prolong lives. Treatment acceleration contributes to the mitigation of the impact of HIV/AIDS on human capital, productivity, public services, and social cohesion. By prolonging the lives of persons living with HIV,

more people will be kept active as members of families, society and the workforce.

### **ECA repositioning and the TAP**

The ECA reform has resulted into the relocation of the TAP project within the ACGSD and under the Human and Social Development Section. This important strategic move at the Commission level has given the TAP project guidance, institutional mechanisms, and an administrative base needed to accelerate the implementation of activities. A learning task team has been set up to: (i) discuss and give in detail a comprehensive work plan of research and learning activities with clearly identified timelines and specified outputs; (ii) specify titles of expected substantive research outputs; (iii) involve professionals from several Divisions in the Commission using comparative advantages available in-house; (iv) bring together research outputs from partners such as member States, sub-regional and regional institutions, as well as international partners and draw best practices from them; (iv) work together with the ECA Communication Team to generate learning messages targeted at identified audiences to facilitate intra- and inter-country learning processes; and (v) lead the organization and hosting of regular multi-country expert meetings (in partnership with identified sub-regional, regional and international organizations and institutions such as RECs, AU, ADB, and UN and non-UN international agencies).

### **The next steps**

It is expected that when TAP activities are properly institutionalized, it will lead to eventual long-term absorption of its activities into regular program activities of the Commission with the possibility of including the resources needed for the

learning agenda into our biannual requests for regular and extra budgetary resources. It is our expectation that with proper marketing to our member States and donor partners, resources will be found to make the learning agenda sustainable.

We therefore believe that by building on current positive experiences from the TAP, we can fashion a foundation together for an effective response to HIV and AIDS. This means that our partners in the TAP process, including the World Bank and WHO, have to keep their side of the contribution by ensuring that their input components in the acceleration of HIV/AIDS treatment are sustained.

In the immediate future, we see a need for rephrasing the TAP funds that will not be utilized this year, to 2008. This will give us ample time to complete outstanding activities, as well to plan well for the TAP II or the after TAP.

We look forward to working with you and the other partners to 'halt and begin to reverse the spread of HIV and AIDS by 2015', as we have committed to do in Millennium Development Goal 6. Let us continue to serve Africa together.