

**Welcome Address to the Joint Meeting of the Regional
Advisory Panel and the Regional Clinical Coordination
sub-Committee,
By Israel Sembajwe, Chief,
Social and Human Development Section, ECA
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Chairperson
Distinguished Experts
Colleagues
Ladies and Gentlemen

On behalf of the UN Under-Secretary General and Executive Secretary of ECA, Abdoulie Janneh, I welcome you to this joint meeting of the Regional Advisory Panel and the regional Clinical Coordination sub-Committee meeting.

I also bring you greetings from our Officer in Charge of the African Center for Gender and Social Development, Miss Thokozile Ruzvidzo, who was to lead our delegation to this important meeting but was unable to make it at the last minute. As the TAP Secretariat, I want to acknowledge the enthusiastic support of the World Bank, the technical guidance of the World Health Organization and the hospitality of the Government and people of Ghana since we arrived in Accra..

Ladies and Gentlemen

As you know, unless additional funding is secured, TAP will officially wind up at the end of September, this year. Since the last few years, we have been piloting studies in Ghana, Mozambique, and Burkina Faso. In that period, millions of our citizens have died as a result of AIDS. More than 20 million Africans, mostly in sub Saharan Africa, are infected with HIV. In the absence of an efficacious vaccine, we must turn to lessons we have learned from our three pilot projects.

But we must not see lessons only in the increased number of people we have placed on treatment. That is a good story, but it is not the whole story. We should also learn about the processes that have constituted best practice in treatment acceleration and, in particular, management of anti retroviral therapies. As we

learn the best practice, we should also focus on what countries should avoid as we proceed to scale up treatment.

Over the last two days, many of our colleagues embarked on field visits to various treatment centers in Ashanti, Eastern and Greater Accra Regions. In the next two days, stories from Ghana are going to be told in detail ---the good, the bad, and the ugly. We are going to hear cheery stories about treatment centers managing to forge ahead in the face of dwindling resources and other daunting challenges. We are also going to be able to hear accounts from our other colleagues in Mozambique and Burkina Faso. Overall, the picture is hopeful, but as we move to consolidate the gains and lessons from TAP, let us not close our eyes to the challenges.

We must seek better understanding of the social determinants of adherence and respond adequately to them. We must understand the various ways in which accelerated HIV treatment can impact prevention measures. Most important, we must seek creative ways of ensuring long-term health financing so that the gains we have made do not derail. Africans on treatment should not be abandoned after two or three years on treatment. That would be counter-productive. Let us find answers to important questions. A few are given here as examples. They are:

- What are the macro-economic implications of a lifetime treatment on a struggling African economy?
- Will other vital sectors be negatively impacted?
- Can we have a system that cushions such impacts?
- Can external financing be more predictable, guaranteed and stable?
- More fundamentally, in the absence of new funding, what can we put in place to ensure sustainability at our various treatment sites?

The answers to these questions will be important as we seek to accelerate HIV prevention, scale up treatment and stamp out stigma and discrimination. At the ECA, we have put together an HIV/AIDS multi-disciplinary learning task team which will address these issues and carry forward the lessons from TAP into other African countries. The task team will (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 a range of Divisions in the Commission in writing specific chapters for the research outputs utilizing the comparative professional advantage 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).

To achieve maximum success, we will be counting on your cooperation and support in the months ahead.

I thank you for your attention, and look forward to a successful meeting.