

CONCEPT NOTE



# High-Level Event on Health Financing and Sustaining Action to End AIDS and related Communicable and Non-Communicable Diseases





## INTRODUCTION/CONTEXT

In 2001, the Heads of State of Africa met in a **special summit in Abuja** devoted specifically to addressing the exceptional challenges of HIV-related disease, TB, and other related infectious diseases. The HIV pandemic was raging worldwide but had an acute impact across Africa. The spread of the disease affected every dimension of African society; **AIDS had lowered the life expectancy of adults on average by 20 years**<sup>1</sup>. This session, which came soon after the first UN Security Council Resolution in 2000, acknowledged the tremendous impact the spread of HIV was having on the continent **not only as a health risk, but also acknowledged the economic and security implications across the continent**.

The Abuja summit declared the HIV epidemic/AIDS an emergency, with Heads of State committing to take personal responsibility and provide political leadership at the highest level to **commit all necessary resources and measures to address the epidemic** – from mobilizing financing, to providing access to affordable treatment, to scaling-up educational efforts and reforming national policies. This commitment helped to spark a global movement to manage the HIV pandemic on the continent from governments, donors, advocates, non-profits, and the private sector in a unified manner.

In 2013 African Heads of State and Government (HoSG) reaffirmed their commitment to the AIDS, TB and Malaria response at the Abuja+12 Special Summit. The Declaration of the Summit of the African Union on AIDS, Tuberculosis and Malaria committed to accelerate the mobilization of domestic resources to strengthen health systems; ensure strategies were in place for diversified, balanced and sustainable financing for health, in particular for AIDS, TB and Malaria and targeted poverty elimination strategies and social protection programmes that integrate HIV-related diseases and Malaria for all; particularly for vulnerable populations.

The **New Public Health Order for Africa**, which was agreed at the 77th Session of the United Nations General Assembly provides a roadmap to sustainable health outcomes and health security. It is defined by five pillars, one of which was a call upon African Union Member States, Africa CDC, the African Union Commission, philanthropies, and the private sector to promote innovative domestic financing mechanisms

including public-private partnerships. Considering the AU Theme of the year: Acceleration of the Africa Continental Free Trade Area (AfCFTA) Implementation, this commitment can support continental efforts to reshape the pharmaceutical sector by increasing its reliance on local/regional industries. Countries such as South Africa, Kenya, Ghana, Egypt, Nigeria, and Zimbabwe have local industrial capacities to manufacture medicines for export to African markets (especially for generic and essential medicines) while sourcing inputs from continental and global markets.

### Progress made since 2001

Pursuant to the directive of the Heads of State and Government in Abuja 2013, the Catalytic Framework to End AIDS, TB and Malaria in Africa by 2030 provides the vision, business model and strategic priorities and sets key targets to address these three diseases as major public health threats. This is supported by the Africa Health Strategy (2016-2030) that seeks to strengthen health systems in Africa and achieve Universal Health Coverage. The goals set in the Catalytic Framework are aligned with the first 10-year implementation plan of Africa's structural transformation blueprint, Agenda 2063 and the global Agenda 2030 Sustainable Development Goals (SDGs).

Over 20 years after the first Abuja Declaration, the number of **new HIV infections** has declined by 54% and in some countries **dropped by as much as 75%**<sup>2</sup>. There are bright spots, including robust declines in annual HIV infections in eastern and southern as well as western and central Africa—the latter driven largely by improvements in Nigeria. AIDS-related deaths have been reduced by 68% since the peak in 2004 and in some places by as much as 80%<sup>3</sup>. Approximately 85% of people living with HIV know their status; among those who know their status, 88% are accessing treatment and among those accessing treatment, 92% are virally suppressed.

Several countries on the continent have reached the 90-90-90 targets on diagnostic and treatment goals<sup>4</sup>. It is no coincidence that this period has resulted in the fastest economic growth in the continent's history and has seen tremendous gains in other development indicators such as poverty reduction, educational attainment, gender equity, and maternal & child survival.

2 UNAIDS

3 UNAIDS

4 UNAIDS- Including Namibia, Botswana and Eswantini

1 UNFPA

Unfortunately, for the first time in more than two decades, progress against AIDS globally reversed in 2020 especially for women and children, with 11% fewer people reached with HIV prevention services, HIV testing declined 22, and only 54% of children living with HIV received the lifesaving treatment they need. Key populations (KP) continue to be missed by diagnostic and treatment services. In some places, progress continues to slow, especially around the scale-up of prevention efforts for new infections which is the most critical, and difficult step required to end the HIV/AIDS pandemic. AIDS, TB and malaria remain a massive global public health challenge with the highest morbidity and mortality burden shouldered by Africa. Consider the following:

- In order to achieve and sustain HIV/AIDS epidemic control, we must ensure all ages, genders, and at-risk populations know their HIV status, receive lifesaving HIV prevention and treatment services, and those who are HIV-positive are virally suppressed.
- In order to reach epidemic control, we must address the underlying social and cultural issues that prevent people from accessing HIV prevention and treatment services, particularly unequal protection of human rights and the presence of stigma and discrimination.
- UNAIDS estimates that KPs are at a significantly higher risk of HIV acquisition than other adults, and globally, Key Populations and their sexual partners account for the majority of new HIV infections. Providing adequate coverage of prevention commodities and services to KPs is a critical component of the response.
- Gender inequalities are a key driver of the AIDS epidemic. In Africa South of the Sahara, six in seven new HIV infections among adolescents aged 15-19 Years were among girls. Women and girls accounted 63% of all new HIV infections in 2021;
- The HIV epidemic in North Africa continues to grow. An estimated 20,000 new HIV infections in 2019 marked a 25% increase since 2010. The region is far from controlling its HIV epidemic and HIV treatment coverage is low, with only 38% of people living with HIV accessing HIV treatment.
- Young people, women and girls on the continent are disproportionately infected with and affected by HIV, and violence against women and girls, especially in conflict and post conflict situations puts adolescent girls and young women at particularly high risk.
- Unequal gender norms, transactional sex, sexual violence, Sexually Transmitted Infections, and early pregnancy continue to drive new HIV infections. We must do a better job of addressing the structural drivers that directly and indirectly increase girls' HIV risk, including gender inequality, sexual violence, a lack of access to education, and lack of economic independence.
- 75% of Africa's population is youth and adolescents; we must better address risk-taking behaviour amongst this population.
- Africa south of the Sahara accounted for 87% of new global childhood HIV infections; of these 60% occurred in six countries – South Africa, Nigeria, Mozambique, Kenya, Tanzania and Uganda. Unfortunately, only 57% of children living with HIV in Eastern and Southern Africa had access to antiretroviral therapy while in Western and central Africa it was at 35%;
- Stigma and discrimination remain key barriers to accessing services in Africa, large health equity gaps continue to persist for several key and vulnerable populations, and addressing HIV and human rights is critical in ensuring that no one is left behind in accessing HIV services.
- Progress is undermined by various factors such as weak health systems including inadequate human resources for health, weak drug and commodity supply chains, insufficient quality control, inadequate integration of HIV services with tuberculosis, MNCH, Hepatitis C, Cervical Cancer and other health and development services.
- COVID-19 pandemic disproportionately threatened outcomes for people living with HIV (PLHIV) and adversely affected testing and treatment protocols. It is imperative we identify those individuals who have interrupted treatment services and bring them back on life-saving therapies.

## OBJECTIVES OF THE HIGH-LEVEL EVENT

The massive impacts of twin pandemics of COVID-19 and HIV-related diseases have highlighted what remains the largest threat to the Africa Agenda 2063 - The Africa We Want. Africa's experience attempting to control COVID-19 and HIV-related diseases (and the previous experience with the West African Ebola outbreak) exemplifies how huge gaps remain in the underlying strength of its health systems. The AIDS epidemic is not over nor is the continent on track to achieve an AIDS-free Africa by 2030.

The key objectives of the event are:

- 1. Sustaining political commitments** – requiring every Africa head of state to commit to setting quantitative targets for HIV control (and tracking progress), developing a roadmap to strengthening health systems for pandemic prevention in their country, and reforming policies that prevent vulnerable populations from receiving treatment.
- 2. Secure new financial commitments** – engaging international donors (bilaterals, multilaterals, philanthropies) to identify new pools of capital and fund existing pledges, while setting a GDP target for national health spending on HIV-related diseases and pandemic preparedness.
- 3. Acknowledge the role of the African private sector and strengthen the public private partnership** – outlining major regional initiatives on (a) health financing (e.g., low-interest loans), (b) health infrastructure (e.g., supply chains, facilities, data/digital tools), and (c) health manufacturing (e.g., diagnostics, treatments, vaccines) and by aligning national and international companies, investors, and governments to those areas to accelerate progress.
- 4. Elevate community, young people and civil society voices** – raising the profile of advocates, PLHIV, community organizations, faith leaders and the youth who have been champions for the HIV/AIDS response as well as social and behavioral change (SBC) in their country.

All the above will certainly require a conducive environment including with the AfCFTA framework, with attractive investments policies and regional medicines procurement; ease of access to resources

including skills, and finance; harmonization of health and pharmaceutical regulatory framework at regional and continental levels. More particularly for other pharmaceutical products such as hybrid medicines and new active substances, investments in Research and Development will be critical.

## THE EXPECTED OUTCOMES

The expected outcomes are:

1. Taking personal responsibility and providing active leadership in the HIV/AIDS response, championing the science, mobilizing domestic political and financial support, strengthening national capacity to oversee and manage the end-to-end response, and elevating dialogue on sustainable health security.
2. Adoption of the Declaration on Health Financing and Sustaining Action to End AIDS and related Communicable and Non communicable Diseases;
3. Outline of the Roadmap to 2030 (with its six pillars): 'sustaining the AIDS response, strengthening health systems and ensuring health security';
4. The reaffirmation of the Abuja 15% target on domestic financing for health, while transitioning from dependence on partners' funding;

## FORMAT OF THE HIGH-LEVEL EVENT

The High-Level Side Event is a Working Lunch on 17 February 2023 during the 40th Session of the NEPAD Heads of States and Government Orientation Committee (HSGOC) in Addis Ababa, Ethiopia. The Event will be presided by the HSGOC Chairperson, H.E. President Paul Kagame, the President of the Republic of Rwanda. (See the attached draft Agenda) The outcome of the Working Lunch meeting will be presented to the HSGOC and AU Assembly for consideration and endorsement.

## PARTICIPANTS

- Members of the AUDA-NEPAD Heads of States and Government Orientation Committee (HSGOC)
- Heads of State and Government (HoSG)
- Invited Partner Countries and Diplomatic Missions
- Selected representatives of various organizations will attend as Observers - Development Partners, The Joint United Nations Programme on HIV/AIDS (UNAIDS), Bilateral and Multilateral Agencies and CSOs
- Africa Centers for Disease Control and Prevention
- Health experts from Member States; RECs, and AU organs

## DOCUMENTATION: WORKING DOCUMENTS

- Provisional Agenda
- Roadmap to 2030: 'sustaining the AIDS response, strengthening health systems and ensuring health security'
- Draft Declaration on Ending AIDS by 2030

## WORKING LANGUAGES

Simultaneous interpretation will be available in English, French, Portuguese and Arabic. The working documents will also be available in the four AU working languages.

## CONTACT

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