AFRICAN UNION

UNECA

UN AIDS
JOINT UNITED NATION PROGRAMME ON HIV/AIDS

Final report (Revised 18 Dec. 2006)

INTER-AGENCY MEETING ON COORDINATION AND HARMONIZATION OF HIV/AIDS, TUBERCULOSIS AND MALARIA (ATM) STRATEGIES

ADDIS ABABA, ETHIOPIA,
6 – 8 NOVEMBER 2006.

REPORT OF PROCEEDINGS

TABLE OF CONTENTS

REPORT OF THE INTER-AGENCY MEETING ON COORDINATION AND HARMONIZATION OF HIV AND AIDS, TB AND MALARIA STRATEGIES
November 6-8, 2006, UNCC, Addis Ababa, Ethiopia

(Draft)

1. INTRODUCTION

Commitments and calls have been made at global, continental and regional levels on HIV/AIDS, Tuberculosis (TB) and Malaria (ATM) over the past few years. However, they could not be translated into concrete actions due to a wide range of challenges at different levels. The AU, as the lead policy organ for Africa on ATM sees the necessity and relevance of exploring the possibilities for a closer and more focused working relationship with RECs, ECA, the Co-Sponsors of the UN Joint Programme on HIV/AIDS and the Civil Society Organizations working at continental level. It was in this connection that the Inter-Agency Meeting on Coordination and Harmonization of ATM Strategies was organized by AU Commission in collaboration with UNECA and UNAIDS. The main objective of the meeting was to develop mechanisms for improving cooperation between the AU and RECs, as well as strengthening, harmonizing, and coordinating UN system support for AU and RECs. The meeting was held at the United Nations Conference Center (UNCC) in Addis Ababa from 6 to 8 November 2006. It was followed by a two-day UNAIDS meeting with RECs and African Civil Society Organizations (CSOs) at the Imperial Hotel in Addis Ababa, Ethiopia..

2. ATTENDANCE

The Inter-Agency Meeting was attended by representatives of the AUC, NEPAD Secretariat, the Health and/or HIV/AIDS focal points of RECs, UNECA, UNDP, UNICEF, WHO, UNAIDS, UNFPA, the African Development Bank (AfDB), and the three representatives of the continental umbrella organizations dealing with HIV/AIDS control which include: African Council of AIDS Service Organization (AfriCASO), Network of African People Living with HIV (NPA+), Society for Women in Africa (SWAA). The list of participants is annexed to this Report.

3. OPENING CEREMONY

The opening ceremony was moderated by Dr. Grace Kalimugogo, Head of AIDS Watch Africa (AWA) Secretariat at the AU Commission, and addressed by Mr. Fidele Sarassoro, UN Resident Coordinator and Adv. Bience Gawanas, Commissioner for Social Affairs at the AU Commission. Their statements are summarized hereunder.

3.1 Statement by Mr. Fidele Sarassoro, UN Resident Coordinator

Mr. Fidele Sarassoro referred to the commitments made since 2001 in Abuja and stressed that a common understanding of these commitments is needed to accelerate progress in the fight against AIDS, TB and Malaria. He asked that improved accountability mechanisms be established to motivate, sustain, measure and publicly report progress towards universal access, set up improved systems for monitoring progress and generating strategic information on HIV and AIDS, TB and Malaria and also put in place mechanisms for better communication among key partners including the AU, RECs, UN Agencies, AfDB and CSOs. Furthermore, he recommended that they should ensure regularity and continuation of the performance appraisal of countries based on agreed indicators for decisions made, and strengthen AWA and APRM for monitoring progress

on HIV and AIDS, TB and Malaria. He concluded by asking participants to make the meeting a landmark whereby the AU, the RECs and the UN could put in place a strong, realistic, harmonized and coordinated working mechanism that will make a real difference in the fight against HIV and AIDS, TB and Malaria.

3.2 Statement by Adv. Bience Gawanas, Commissioner for Social Affairs, AUC

Commissioner Gawanas indicated that the meeting was an important milestone in the common struggle against challenges facing Africa and was in the framework of the recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors. The objectives of the meeting are also in line with the initiative of the WHO Regional Director for Africa on strengthening partnership for health between WHO, AU, RECs, and the ECA. She however pointed out the lack of coordination between for example the regional meetings of some of the UN agencies such as WHO AFRO and that of the AU ministerial meetings. Explaining the linkage between HIV/AIDS, TB and Malaria, and their relationship to poverty in Africa, she pointed out that the challenge was not due to lack of strategies but rather, turning these into sustained programmes and actions at national level.

Commissioner Gawanas further explained that even though CSOs play an important role in HIV/AIDS, TB and Malaria control, they also require coordination and harmonization. She noted that the AU Department of Social Affairs was collaborating closely with RECs and CSOs, and expressed her concern that efforts to promote integration still tend to focus on economic issues, rather than addressing human interaction issues. She shared some specific concerns. The three concerns she raised were: 1) capacity: the many taskforces-dealing with UN as if each one has a separate and distinct programme; 2) implementation of AU decisions: the issue of lobbying and ownership, 3) funding. Other concerns mentioned by the commissioner related to her Department, included taking on too many activities or getting involved in many activities of partners without adequate human resources. She also indicated that many issues were being submitted to Heads of State and Government through short cuts which become a challenge to implementation at technical level. She expressed that the AU anticipated support for its Strategic Plan rather than for new initiatives and resource mobilization should be done by the AU, in collaboration with partners. She concluded her statement by encouraging the participants to ensure they develop a cooperation and harmonization plan which they should operationalise and follow up through biannual meetings.

3.3 Adoption of Programme, Objectives and Expected Outputs

Mr. Mark Stirling, the UNAIDS Regional Director for Eastern and Southern Africa, thanked the AU Commissioner for her straightforward statement and the call for improved partnership. He recalled that the region was severely affected by AIDS, and many commitments had been made at continental level, but that there was need to ensure more effective follow up. More particularly, there was need to articulate and relate roles of important institutions in terms of communication, information sharing, overlaps of perception of roles, and how the UN can support AU and RECs. He stressed that the intention of the meeting was to listen and understand how the AU Commission, AWA, NEPAD and RECs interpret commitments, how harmonization, communication and coordination can be improved, and what the capacity building needs are.

He then presented the Provisional Programme of the Inter-Agency Meeting which was adopted with minor amendments.

4. OVERVIEW OF AFRICA'S COMMITMENTS ON HIV/AIDS AND AIDS, TB AND MALARIA

4.1 Overview of AU Commitments, by Dr. Grace Kalimugogo, Head of AWA Secretariat at the AUC

Dr. Kalimugogo recalled the global commitments adopted during the Millennium Summit, the 2001 UNGASS Declaration of Commitment and its review which took place in New York from 31 May – 2 June 2006. At the continental level, the 2nd Session of the African Union (AU) Conference of Ministers of Health in October 2005 adopted the Gaborone Declaration on a "Roadmap Towards Universal Access to Prevention, Care and Treatment", followed by the Brazzaville Commitment in March 2006 on "Scaling up Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010". African Leaders, at the Special Summit on HIV/AIDS, TB and Malaria (ATM) in Abuja, Nigeria, 2-4 May 2006 reviewed progress in the implementation of the 2000 and 2001 Abuja Declarations and Plans of Action to Malaria, HIV/AIDS, and TB. It was noted that an implementation plan of Abuja outcomes is being developed and that participants would be involved before it is presented to the Ministers of Health for consideration.

Among the challenges that need to be addressed she listed the following:

(i) Communication with the member states is inadequate. Often communication through UN offices is utilized instead.
(ii) Communication with RECs is limited to meetings with poor follow-up and feedback.
(iii) Regional Offices of different UN Agencies are not harmonized in terms of coverage of countries and location.
(iv) Dealing with different development partners individually is time-consuming and not cost-effective.
(v) Engagement with CSO could be improved.
(vi) Integration into other AU organs and programmes of AU should be strengthened.

4.2 Overview of NEPAD Instruments and Peer Review Mechanism (PRM), by Mr. Emmanuel Nnadozie, Chief of NEPAD Unit, UNECA

Mr. Emmanuel Nnadozie defined the African Peer Review Mechanism (APRM) as self-monitoring process voluntary acceded to by Member states of the AU and designed to improve the quality of governance in African countries and facilitate the adoption of policies, standards and practices that will lead to political stability, high economic growth, sustainable development and accelerated economic integration through sharing of experiences and reinforcement of successful best practices. He presented the five-stage process of periodic reviews of the policies and practices and clarified the entry points for HIV/AIDS and the role of UN Agencies. He also listed the key documents for the PRM as follows:

- Memorandum of Understanding on the African Peer Review Mechanism
- Declaration on democracy, political, economic and corporate governance
- African Peer Review Mechanism (APRM): Base Document
- African Peer Review Mechanism Organization and Processes
- Objectives, Standards, Criteria and Indicators for the African Peer Review Mechanism
- Outline of the Memorandum of Understanding on Technical Assessments and the Country Review Visit
- Questionnaire for Country Self-assessment for the African Peer Review Mechanism

The role of UN agencies in the peer review process were outlined and included: technical support, advice and research by ECA; technical and financial support by UNDP, and providing pre-review, review support and post-review support in implementing the Country Programme of Action by other UN Agencies.

4.3 Overview of NEPAD Activities, Opportunities and Challenges, by Dr. Eric Buch, NEPAD Health Adviser

Dr. Eric Buch emphasized that NEPAD is the strategic Policy Framework and Socio-economic Development programme of the AU, which is implemented by RECs and member States. Institutionally, it comprises: the Heads of State and Government Implementation Committee (HSGIC), Steering Committee and a Secretariat for NEPAD. Activities undertaken so far include the development of continental strategies; operationalize the African Peer Review Mechanism, and setting up Gender and Civil Society Task Forces. He also noted the aims and aspirations of NEPAD which include developing African capacity, Centers of Excellence, and Knowledge Institutions, and the African Partnership Forum which constituted representatives of NEPAD, major donors and Heads of State. This Forum meets bi-annually.

Dr. Buch noted that one of the major challenges facing NEPAD is the need for advocacy with the Ministry of Finance to allocate resources to health issues, especially since more resources are channelled through pooled funding in line with the Paris Declaration on aid effectiveness. Dr. Buch concluded his presentation by stating that there is more scope for the African continental and regional bodies to accelerate the fight against AIDS, TB and Malaria and confirmed NEPAD's commitment to effectively harmonise and co-ordinate efforts.

4.4. Overview of AIDS Watch Africa (AWA) Strategic Framework, by Dr. Grace Kalimugogo, Head of AWA at AUC

Dr. Kalimugogo recalled that AIDS Watch Africa (AWA) was an advocacy platform comprising eight Heads of State and Government and the Chairperson of the AU Commission, aimed at monitoring the implementation of commitments and mobilizing resources. After listing the four objectives of AWA, Dr. Kalimugogo explained that AWA audiences included other African leaders, RECs, EU, G8 leadership, the UN, international CSOs and NGOs, and AU organs. Among pending issues is the establishment of the forum for AWA dignitary observers, she noted.

Dr. Kalimugogo also explained that advisors on HIV/AIDS to AWA Heads of State and Government had met in September 2006, and planned activities for facilitating the responsibilities of their respective Heads of State and Government. She then listed the challenges faced by AWA including the following: incorporation of AWA into structures of the AU Commission, including the strengthening of its Secretariat; development or improvement of collaboration with AU organs, RECs and UN agencies, improvement of interaction among AWA members and between AWA and the AU Commission, and appointment of the AU Commission Chairperson's Special Envoy for HIV/AIDS, TB and Malaria. Finally, she requested the Inter-Agency Meeting to give advice on how AWA could be invigorated.

4.5 Overview of AfDB and HIV and AIDS, TB and Malaria Priorities, by Ms. Nina Okagbue, African Development Bank (AfDB)

The African Development Bank is the premier financial development institution of Africa, dedicated to combating poverty and improving the lives of people of the continent and engaged in the task of mobilizing resources towards the economic and social progress of its Regional Member

Countries. The presenter said that AfDB has a strategic plan whose objectives contribute to the achievement of the Millennium Development Goals (MDGs) including improve health outcomes; She said that AfDB was working in harmony with RECs. It has established 15 field offices to better communicate and work with RECs and member states. It also evaluates the progress of AfDB supported programmes with RECs, and responds to RECs needs and programmes by providing the necessary support through national strategic plans to Social Development which include education, health and social protection, poverty reduction, population, gender equity and microfinance.

Ms. Nina Okagbue also explained that HIV/AIDS is the priority area for direct intervention that include provision of public goods and services, promotion of reproductive health, HIV/AIDS programming from gender welfare perspective, promotion of health life style, and multinational projects with HIV/AIDS prevention programmes (road improvement and transport facilitation, emergency relief). The Bank is supporting health system development and infrastructure programmes to mainstream HIV/AIDS. The Bank also believes that strengthening health systems and NGOs is important for addressing HIV/AIDS. She also stated the strategic directions of the Bank as follows: seeking partnership with each Regional Member Country (RMC) in the development of its health strategies, assisting in strengthening the institutional capacity of the health sector, promoting and ensuring increased cooperation in health development efforts among Regional Member Countries (RMCs).

Other strategic directions include participating and promoting international collaboration to improve the health of the peoples of RMCs promoting the active involvement of all partners and stakeholders in development, implementation of health interventions, fostering collaboration among the various sectors relevant in the pursuit of health development. She concluded her presentation by outlining specific social protection operational approaches, which include specific poverty alleviation operations, poverty and gender related components in other operations, self standing gender projects or programmes, and stand-alone HIV/AIDS projects.

4.6 Discussions on the presentations on Africa's commitments

The following comments and recommendations were made and challenges identified by participants during the discussion on Africa's commitments:

- Some RECs were not aware that they could initiate programmes with AfDB for funding. The AfDB should be pro-active and assist the RECs to make their resource requests more demand driven.
- The high level institutions (AUC, NEPAD and RECs) chronically face shortage of human resources. The staff in charge of HIV/AIDS, TB and Malaria at the AU Commission is overstretched.
- There are many competing priorities in the AUC including those related with peace and security. The modus operandi in the AUC on how to deal with RECs is not also clear.
- There is a need to better articulate AIDS in NEPAD, Africa Peer Review Mechanism (APRM), and AfDB health programmes.
- There is a need to apply fundamental principles of ownership and subsidiarity. Issues of decision-making, responsibility and accountability in the continental intuitions, and institutional relations between the continental institutions are not defined.
- RECs initially focused on economic issues. Social issues were included later. Some of the RECs are in the process of developing social programmes. The AU Commission should therefore consider how it links with the RECs to accelerate the process of integrating social sector programmes in their strategic plans. Follow-up and feedback meetings with

RECs on integrating social sector programmes in their strategic plans should be undertaken.

- There is also a need for defining the institutional relationships and roles between AU Commission, AWA and NEPAD. It is not clear who is coordinating what. One of the underlying factors for this is that some initiatives came from the Heads of State and were incorporated into the AU structures. The AUC and NEPAD process of collaboration and reporting should be strengthened.
- Communication between AUC and RECs on one side and the UN Agencies on the other should be improved. Communication between the AUC, RECs and NEPAD should also be improved. Mechanisms such as the Partnership Forum of NEPAD for instance and the cluster approach are useful for this purpose. What needs to be done and who is best placed to do it remains the key question and these issues should be resolved through better communication.
- There is a need to strengthen mechanisms to engage civil society representation on bodies and initiatives at continental and regional levels.

OVERVIEW ON REGIONAL COMMITMENTS ON HIV AND AIDS, TB AND MALARIA

After an overview of RECs by Mr. Attah Mensah of UNECA, the representatives of RECs made their presentations following the guidelines below.

- Regional overview of HIV and AIDS epidemic and national response challenges:
- REC strategy and capacity
- REC future challenges
- REC/AU relations
- Support needs

5.1 Overview of RECs, by Mr. Atta Mensah, UNECA

Mr. Atta Mensah gave a list of the eight Regional Economic Communities (RECs). The eight RECs listed were the Common Market for Eastern and Southern Africa (COMESA), Community of Sahel-Saharan States (CEN-SAD), East African Community (EAC), Economic Community of Central African States (ECCAS), Economic Community of West African States (ECOWAS), Inter-Governmental Authority on Development (IGAD), Southern African Development Community (SADC), and Arab Magreb Union (UMA).

After explaining the significance of regional integration, Mr. Mensah noted that there is mixed picture of integration across sectors, among Regional Economic Communities (RECs), and among their member countries. He said that some RECs have made significant efforts on trade liberalization with a view to creating free trade areas and custom unions, although trade among countries within the RECs remains low, representing about 10% of their world trade on the average. He also noted that some RECs have achieved convergence on parameters such as inflation rates, budget deficits, external debt and debt service ratios and to some extent economic growth rates.

Mr. Atta Mensah further expressed that there is little implementation of the many protocols and treaties signed by member States. This has been due to institutional and sectoral challenges. The institutional challenges include (i) lack of political commitment from member States for integration at the national level through serious measures and actions, ii) giving the AU and RECs

supranational powers and authority to enforce treaty obligations, and to establish sound and dependable financial resources iii) enable them carry-out their ambitious programmes, and iv) fulfil their mandates and rationalization of RECs. The sectoral challenges include: fully meeting targets for completing free trade areas and custom unions, close monitoring of criteria for macroeconomic convergence by RECs, integration of NEPAD provisions on infrastructure in national legislations and priority actions, and resource allocations. Other sectoral challenges mentioned were dissemination of information on demand and supply, political and military conflicts with negative effects on governance and regional integration, equipping RECs to handle health issues, promoting gender equality by the gender units in the RECs, and continuing to mainstream gender in regional integration schemes.

5.2 Overview of HIV/AIDS in Organization of Central and Eastern Africa Community (OCEAC), by Dr. Brahim Issa Sidi, Department of Programme

Dr Brahim Sidi that OCEAC was created in 1963. New missions were assigned in 2003 and OCEAC adhered to ECCAS in the same year. The areas of action of OCEAC include health policy coordination, training, research, expertise, health promotion, and health emergencies response. The focus areas included: HIV/AIDS, Malaria, Tuberculosis, EPI, and FH-Ebola. As to HIV/AIDS situation, he stated that HIV prevalence rate is 4.8 to 15%; percentage of pregnant women who have access to ARVs is 0.2%; percentage of PLWA who have access to ARVs is 2%; voluntary testing and counseling service is provided to only 10 % of the population. The regional challenges include ensuring Universal Access to prevention and treatment, limited access to condoms in remote areas and conflict zones, absence of legal instruments on the rights and duties of PLWA and low awareness on HIVAIDS.

Hence, the priorities are the provision of technical and financial support to national governments/CEMAC, contributing to acceleration of research and epidemiology, and facilitating Universal Access to prevention, treatment, care and support. The total budget allocated for such activities is 10.0 billion Fcfa.

The main achievements of OCEAC are the implementation of an HIV/AIDS prevention project in Central Africa, the launch of an HIV and ARV resistance monitoring project, and the launch of a Preventive Education project. Limited budget for long term financing and sustainability, weak coordination of cross border actions, and difficulties for scaling up programmes especially in conflict areas constitute the major constraints.

The support required from AU include advocacy for cross border activities, enacting/ strengthening legislation for policies at regional sub regional and continental level, capacity building and resource mobilization for scaling up.

5.3 Strategies and Policies for HIV/AIDS in Union Economique et Monetaire Africaine (UEMOA), by Dr. Corneille Traore, Director of Health, Social Development

Dr. Corneille Traore said that the HIV prevalence rate in UEMOA region ranged from 3.2 to 4.6% in 2002; the major risk factors being migration, socioeconomic challenges, and risky behaviors. He mentioned that if current trends continue, the number of PLWHA will reach 4.4 million, and life expectancy will decline by 10 % by 2013. Weak implementation of national HIV/AIDS policies and lack of regional synergies are the major impediments to the fight against the epidemic.

In view of the current and future situation of HIV/AIDS in the region, a Regional Strategy was recommended by the 4th Meeting of UEMOA Ministers of Health and adopted in 2005 by UMOA Council of Ministers. The objectives of the Regional Strategy include strengthening national policies through exchange of information and pooling of best practices, increase availability of ARVs at low cost, promote and support research including for traditional medicine, reinforce national and international partnerships. The guiding principles of the Regional Strategy are ownership by member States, solidarity among member States, equity for access to care, partnership with governments, the private sector, communities, NGOs, sub-regional, regional and international institutions.

Also mentioned were the areas of intervention which include promotion and strengthening of institutional coordination, establishment of a regional fund, harmonization of norms and protocols for surveillance and M&E activities, and institutionalization/development of bulk purchasing mechanisms for AIDS-related medicines and commodities. Also presented was the support required from the different partners which comprised the development of coordination and harmonization mechanisms with UN, AU and other RECs; technical assistance and financial support for implementation of planned activities from WHO, UNAIDS and other partners.

5.4 Coordination and Strengthening HIV/AIDS Control in Economic Community of Central African States (ECCAS), by Dr. Malonga Mouelet Gabriel, Coordinator of HIV/AIDS

Dr. Malonga Mouelet explained that ECCAS is an economic grouping of 11 states in Central Africa comprising more than 120 million people. HIV prevalence varies between 5.5% and 15%. He also presented the structure of ECCAS and the risk and vulnerability factors to HIV in the region. The factors mentioned were population mobility - in particular migrant workers - who contribute to cross-border transmission of the disease; socio-political conflicts engendering flow of refugees and great numbers of displaced persons; socioeconomic status of women, who remain disproportionately affected with more than 2 million infected and at the same time poorly informed about the epidemic. He noted that the regional response must take these factors into account.

The regional response is articulated around the following areas: i) culture and human integration ii) capacities for analysis, action and intervention iii) geographic, economic and monetary integration and iii) development of peace, security and stability. ECCAS Secretariat has put in place a unit to implement these regional responses. The main functions of the unit include: coordination and harmonization of policies and activities, reinforcement of multilateral approach among all stake holders, mapping of HIV interventions and actors, development of a health information system database, monitoring and evaluation of plans and policies, resource mobilization.

Dr. Mouelet also mentioned that ECCAS is a member of Global Task Team (GTT) and GTO Global Task Operation (GTO) and works closely with bilateral and multilateral institutions. Main partners include UNAIDS, AfDB, French Cooperation, and NEPAD. With regard to future challenges, the presenter cited, advocacy for funding of the biannual action plan for strengthening and improving coordination, advocacy for eligibility of the Regional Cross border project by FMSTP, development of a health information system database on HIV/AIDS and MST in Central Africa, including the publication of a quarterly bulletin, development of mechanisms for reduction of risk and vulnerability factors, and the establishment of an M&E mechanism.

With regard to AU/REC relations, he said that strengthening cross border cooperation, coordination of inter-country efforts, M&E and accountability and development of a regional framework for concerted actions are needed. He concluded his presentation by citing the support needs from AU, UN, AfDB and other partners (based on priorities identified in harmonized AU action plan framework), technical, financial and material support for: capacity building for M&E purposes, resource mobilization and strengthening collaboration with UCCs and GTO.

5.5 Southern Africa Development Communities (SADC) Program on HIV and AIDS, by Mr. Innocent Modisaotsile, Project Manager, SADC Secretariat

Mr. Innocent Modisaotsile presented the SADC Regional HIV/AIDS situations of SADC. He noted that the combined population of the 14 member States amounts to less than 4% of the global population, but accounts for 40% of PLWHA in the world. He further noted that the gravity of the HIV and AIDS in the region is well appreciated by all member States and the regional response on HIV and AIDS is guided by the principles of multi-sectorality, subsidiarity, prioritization, gender mainstreaming, and comparative advantage. On the basis of these principles, the SADC region has identified areas of strategic focus to complement the work of the member states. The six key intervention areas cited by Mr. Innocent Modisaotsile were: policy development and harmonization; capacity building and mainstreaming HIV and AIDS into all SADC policies and plans; facilitation of technical response and resource networks; collaboration and coordination; resources mobilization for the regional multi-sectoral response; and monitoring and evaluation of the regional multi-sectoral response.

The progress made in the last four years by SADC in the above areas was extensively covered by the presenter. Among the many achievements was the implementation of the Maseru Declaration on HIV and AIDS. This was the highest policy guiding document that was signed by 13 member States to reaffirm their commitment to address HIV and AIDS. The SADC region has also developed a Strategic Plan and Programme of Action for 2003-2007 and has supported activities in line with capacity building and mainstreaming, facilitated information sharing and collaboration by developing an instrument to facilitate the documentation and sharing of best practices and establishment of a forum for the SADC National AIDS Authorities. This body provides space for the heads of the National AIDS Programmes to come together to share best practices and information on the region. In terms of resource mobilization, the region is said to be in the process of establishing a Fund to support the regional response. Mr. Modisaotsile finally provided a brief about the development of a regional framework for monitoring HIV and AIDS in the SADC Region. The framework identifies common indicators to track progress in implementing regional, continental and global commitments.

5.6 Community of Eastern and Southern Africa (COMESA) HIV/AIDS Programme, by Dr. Mabel Milimo

Dr. Mabel Milimo in her presentation mentioned that COMESA is an intergovernmental organization comprising 20 member States and has a population of over 400 million. The mission of the organization is to achieve sustainable economic and social progress in all member states through increased cooperation and integration in all fields of development. Like countries in other RECs situated south of the Sahara, countries in the COMESA region is most affected by the HIV/AIDS epidemic.

She also mentioned that COMESA's response to the HIV/AIDS epidemic has been in the development of an HIV/AIDS strategy for mainstreaming gender and HIV/AIDS in the COMESA regional integration programme. The COMESA Secretariat has also developed a

workplace policy for combating the epidemic in the work force, and has embarked on advocacy work on HIV/AIDS and women's rights through the COMESA First Ladies Round Table. Since 2004, the First Ladies have issued two communiqués which spell out their intentions on HIV/AIDS, maternal health and women's rights. Another major activity mentioned in the area of health, was the launching of the Pharmaceutical Harmonization Project. The objectives of the project as explained by Dr. Milimo were to harmonize practices, procedures and regulations relating to trade and manufacture of pharmaceutical products in the region and also facilitate trade and investment in high quality and safe pharmaceutical products in the region. The main achievement in this regard has been the development of documentation that will guide the work on harmonization of pharmaceutical products.

Dr. Milimo mentioned financial and human resource constraints as major challenges encountered by COMESA (there is no fulltime personnel working on HIV/AIDS, no budget line for HIV/AIDS, and no donor funding for the programme). She said that for a more effective HIV/AIDS response, there is a need for capacity building of the COMESA Secretariat in terms of technical assistance by the cooperating partners through hiring full time staff for HIV/AIDS, allocation of budget, production of documentation on HIV/AIDS in the region for planning purposes, harmonization of AU-COMESA strategies and policies and defining clearly the coordination and monitoring mechanisms for AU-COMESA working relations.

5.7 Overview of HIV/AIDS Programme in Inter-Governmental Authority on Development (IGAD)

IGAD was established in 1986 with a mandate to mitigate drought effects and combat desertification. It comprises seven countries (Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan and Uganda). It was revitalized in 1996 as IGAD and its expanded mandates are food security and environmental protection, economic cooperation, and political and humanitarian affairs.

IGAD has been characterized by high growth rates and vast urbanization, socio-political conflicts, recurrent drought, migration and generalized AIDS epidemic. The 2003 Decision of AU Conference of Ministers requested all RECs to establish Health and Social Affairs Desks. The 2005 IGAD Council Decision endorsed the AU Decision in support to national AIDS programme implementation. The activities undertaken to date in the IGAD region include mapping assessment in the seven member states with financial support from the World Bank. The mapping exercise showed that HIV/AIDS, TB and malaria are increasing, and the vulnerability of the mobile population to these diseases is also increasing. It also showed that policies relating to the welfare of cross-border mobile population (CBMP) in most of the countries, adequate medical structure in the border areas and access to HIV and AIDS prevention, treatment, care and support services are lacking in this region.

The priorities of IGAD over the next 3 years include advocacy and support of national governments to give due emphasis to CBMP in their national plans and policies to advocate and facilitate the harmonization of national policies for CBMP, initiate, promote, and support systems and programmes at strategic CBMP concentration areas by improving knowledge, capacity, infrastructure and establish a coordination focal point with each national coordination body to collaborate on CBMP.

5.8 Discussion on presentations on regional commitments

The presentations were followed by discussions and the following issues were raised:

- The RECs are at various stages in the AIDS response and have different approaches to play their regional role.
- There are country, sub-regional, and regional strategies, but with limited networking and linkages between AU/REC, REC and member States.
- The strategic plans of some RECs are not evidence-based.
- There is limited capacity to implement the strategies and programmes and absorb funds. Local community response and overall coordination are weak, especially as they relate to scaling-up of prevention, translating commitments into concrete operational plans and results and protection of rights of PLWHA.
- Regional level problems include weak M&E, disparities in socio-economic and political backgrounds, difficulty in enforcing standards, lack of consensus on the comparative advantages of IGAD, scaling up of research and surveillance, lack of core and long term funding for action, problem related with management of activities in border areas, and geographical extension, coordination, monitoring, follow up.
- Support needs by the RECs include institutional, technical, financial and human resource support. Support is also needed in the mobilization of resources, advocacy at the level of financial partners, development of regional programmes, and mapping out what each REC is doing, (who should do what in which member states).
- There is a need for coordination on HIV frameworks among the RECs which overlap geographically.
- There is also a need to define the relationships between RECs and countries. This is required for addressing the issues of subsidiarity, and complementarity.
- RECs policy and strategy should be linked to those of AU. Mechanisms have to be jointly developed by the AU Commission and the RECs on how coordination can take place between AU Commission and RECs, between RECs and member states.
- The AU Commission should mobilize the RECs and work together in the areas of policy and strategy development and M&E.
- RECs should work on how to increase supplies such as condom, and on making affordable medicines available in their region. More has to be done on initiatives around bulk production of essential drugs. Smart partnerships based on comparative advantages should be explored.
- Member states should allocate adequate resource for HIV/AIDS programmes. Sources of funding should not be only from external sources alone; but have to come from public and private sectors.
- Regional facilities should be established to deal with drug resistance.
- Key challenges at RECs level include coordination and harmonization, increasing prevention and scale-up of treatment.
- There is need for RECs, to strengthen networking and information sharing, effective monitoring mechanisms, and evidence based strategies.
- There is also need for identifying appropriate partnerships and comparative advantages for creating and enhancing linkages at different levels (member states, sub-regional, regional, and continental). Capacities should be developed at the various levels for mobilizing domestic and external resources.

6. SUPPORT AGENCY PERSPECTIVES

6.1 UNECA Perspectives on HIV/AIDS, TB and Malaria: Interest, Coordination and Partnerships, by Mr. Israel Sembajwe, Chief Human and Social Development Section, African Centre for Gender and Social Development, UNECA

Mr. Israel Sembajwe said that the Second African Development Forum (ADF II) organized by UNECA in December 2000, with the overarching theme of HIV/AIDS as the greatest leadership challenge brought together a representative group of Africans and development partners which raised the fight against HIV/AIDS to a new level. In addition, it provided leadership at different levels (youth, traditional chiefs, women, policy makers and Heads of State) and an opportunity to speak with one voice in the fight against HIV/AIDS. Since then, he said, UNECA activities have been (1) Developing a Population, Environment, Development and Agriculture (PEDA) computer model which takes HIV/AIDS into account; (2) Partnership with OAU/AU during Summits on HIV/AIDS, Tuberculosis, Malaria and other related infectious diseases; (3) Hosting the UN system-wide initiative known as the Commission on HIV/AIDS and Governance (CHGA); and (4) including HIV/AIDS in various ECA work such as the Joint Secretariat AfDB/AU/ECA activities, the African Peer Review Mechanism (APRM), UN Inter Agency Consultative Process on NEPAD, and monitoring of the achievement of the MDGs in the Africa region. The most recent UNECA involvement in HIV/AIDS related activities started on 1 September 2004 when an HIV/AIDS Treatment Acceleration Programme (TAP) was set up to promote accelerated HIV treatment with highly active antiretroviral drugs (ARVs).

Mr. Israel Sembajwe also noted that in relationship to regional partners, especially with AU and the RECs, the UNECA sees its niche in terms of consensus building, policy analysis, advocacy, capacity building, knowledge creation, and management and sharing of information. As a member of the AfDB/AU/ECA Joint Secretariat, ECA has with other members a mix of mandates which include resource mobilization, convening African leadership, and provision of a rich pool of technical and advisory services.

6.2 UNECA perspectives on HIV/AIDS, TB and Malaria: Treatment Acceleration Programme (TAP) Learning Agenda, by Mr. Israel Sembajwe, UNECA

Mr**.** Israel Sembajwe explained that the overall objective of TAP is to provide comprehensive and quality care and treatment, which is effective, affordable, and equitable for PLWHA.

The components of the project include testing approaches for scaling-up service delivery, strengthening institutional capacity for HIV/AIDS care and treatment, and facilitating regional learning from the TAP country experiences. TAP is expected to contribute 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.

He also explained that the three pilot countries (Burkina Faso, Ghana and Mozambique) learned useful experiences. The project has demonstrated that partnership with governments institutions (Ministries of Health), local and/or international NGOs, communities, associations of PLWA, faith-based organizations, the private sector, and UN agencies such as WHO, the World Bank and UNECA has accelerated ARV coverage. The scope of partnership can be broadened with other regional and international organizations that include the AU Commission, RECs, AfDB and UNAIDS. He also noted that through collaboration and partnership networks, UNECA will use research outputs, especially lessons learned, for regional knowledge sharing, particularly among technical experts and policy makers. To accelerate the learning process, the UNECA has proposed to set up a research and learning task team to take care of research and learning activities and to involve a wide range of stakeholders in the process, including member States, sub-regional and regional institutions (RECs, AU, AfDB), as well as international partners (UN and non-UN Agencies). This is to draw best practices from the partners, and to involve them in the organization and hosting of regular multi-country policy and expert meetings. In doing so, said Mr. Sembajwe, UNECA will enhance its role in consensus building, policy analysis and

advocacy, capacity building He also explained that the three pilot projects in the three countries lend, and knowledge creation, management and sharing.

The components of the project include testing approaches for scaling-up service delivery, strengthening institutional capacity for HIV/AIDS care and treatment, and facilitating regional learning from the TAP country experiences. TAP is expected to contribute 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.

6.2.1 Experience of Treatment Accelerated Project (TAP) in Pilot Countries

The Treatment Accelerated Project (TAP) is an initiative of the UNECA and the World Bank. There are pilot projects in three counties (Burkina Faso, Ghana and Mozambique). Highlights of the TAP status in two of the pilot countries (Mozambique and Ghana) were presented by their respective representative:

Mozambique

The national HIV prevalence in Mozambique is 16.2%. The total number of PLWHA is 1,700,109. The number PLWHA in need of ART is 250,597. Sites with capacity to offer ART are 49. Patients with ARV are only 27,047. Only 35% of the patients on ARV are treated in TAP financed sites. TAP activities in Mozambique include preventive and curative services, (opportunistic infections, PMTCT, ART and HBC), civil works, procurement of drugs and equipment, training, consultancy and operational research.

The challenges encountered by the project are: inadequate resources (human, infrastructural and laboratory), monitoring of resistance, logistics for ARV and drugs for opportunistic infections, and sustainability after September 2006. The lessons learned from this project are: Integration of services will increase efficiency, reduce taboos and increase demand. Additional funds will strengthen managerial capacity at provincial, district and facility levels and public and private mix in a coordinated manner which in turn strengthens the capacity of the entire health system.

Ghana

The HIV/AIDS prevalence rate in Ghana is 2.7% (2005). The number of HIV positive people number 269,698 out of which 70,000 are in need of treatment. The TAP public partners are NACP/MOH/GHS. They provide HIV treatment, care and support interventions. Private sectors TAP implementing partners are the National Catholic Health Service (NCHS) which is responsible for 25% health delivery; pioneer in home based care and supports six TAP sites. The Ghana Private Enterprises Foundation implements workplace HIV/AIDS programmes. Ghana Business Coalition against HIV/AIDS works to promote private sector businesses in workplace HIV interventions. Family Health International runs 4 private healthcare sites. It trains staff on ART, AC, VCT/PMTCT, LMIS, HMIS, good laboratory practice, and refurbishes TAP sites.

TAP achievements include strengthening institutional capacity through WHO technical support that include engagement of two NPOs, IMAI training manuals, development of PMTCT policy, guideline, and manuals, provision of technical and advisory support for Technical Working Group on ART. Other achievements include strengthening of infrastructure (CD4 laboratory machines), human resource development, M&E for quality service, procurement of resistance monitoring equipment, and formulation of a protocol for HIV drug resistance threshold survey.

The challenges to this project are slow implementation, inadequate coordination and monitoring, obstacles of working with private sector facilities, high cost of care, human resource limitation, and procurement of drugs, logistics and collaboration with public health institutions.

6.3 WHO perspectives on HIV/AIDS, TB and Malaria, by Dr. Akram Eltom, HIV/AIDS Team Leader, Ethiopia Country Office

Dr. Eltom gave an extensive presentation on HIV/AIDS, TB and Malaria. He gave an account of the priority interventions adopted by WHO for HIV/AIDS prevention and control, which are HIV testing and counseling, care, treatment and support, prevention of HIV in the health sector, strategic information to guide efficient HIV/AIDS responses, and strengthening and expanding health systems. Dr. Eltom noted that priority interventions for malaria and TB have been selected and implemented in the different countries and regions. The implementation of the priority interventions mentioned above are adoption of the WHO Resolution AFR/RC55/R6: 2006 launched as the Year for Acceleration of HIV Prevention, which is a continent-wide intensification of HIV prevention effort focused on tackling the root causes of HIV transmission, adoption of policies and legislation, strategies and plans, promoting access to quality health sector HIV prevention and treatment services.

According to Dr. Eltom, the main challenges for HIV prevention, TB and Malaria control are accelerating prevention interventions at a sufficient scale to overcome current trends, ensuring large scale implementation of an essential package of prevention, treatment and care for ATM, expanding access to the continuum of services based on strong linkages with community based networks, ensuring free or highly subsidized service at point of service delivery, weak, fragmented and under-financed surveillance, monitoring and evaluation systems, responding to the human resource crisis which is responsible for inadequate service delivery and low absorption capacity, and ensuring quality and sustained medicines and commodities.

6.4 UNFPA perspectives on HIV/AIDS, TB and Malaria, by Ms. Etta Tadesse, Representative to the AU and ECA

Ms. Etta Tadesse outlined the priority areas undertaken by the UN system and, in particular by the UNFPA to support the AU and RECs. She expressed that capacity assessments for RECs in order to enable them undertake monitoring and oversight activities within their respective regions is a major priority and that this activity has already been started with UNFPA and WHO. She also noted that approaching HIV/AIDS in a holistic and comprehensive manner is imperative for controlling the HIV/AIDS epidemic. This calls for the provision of treatment services through a joint intervention/approach, which, among others, include building the capacities of RECs in the promotion of regional production of ARV, bulk procurement of drugs for AIDS and opportunistic infections, management of warehouses and quality control of drugs.

Ms. Etta further noted that monitoring and evaluation on the effective and efficient utilization of available resources and implementation of policies and strategies are crucial. She called all UN Agencies to support one programme and one M&E system. This approach has already been discussed with some RECs.

Other priority areas that were extensively discussed by Ms. Etta were: support to linking AU policies and strategies with RECs and country level policies and strategies, building the institutional and technical capacities of the AU Commission and the RECs, and programming and leveraging together with AU Commission, RECs and other partners.

6.5 UNAIDS support to AU/REC Strategies, by Dr. Meskerem Grunitzky Bekele, UNAIDS Regional Director for Western and Central Africa (WCA)

Dr. Grunitzky Bekele explained that UNAIDS brings together the efforts and resources of ten UN system organizations (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank) to the AIDS response. Based in Geneva, the UNAIDS secretariat works on the ground in more than 75 countries world wide and has Regional Support Teams (RSTs) in selected regions. Dr. Grunitzky mentioned the following areas of work of the three RSTs in the continent (ESA, WCA and MENA): improvement in strategic coherence and quality of UN system support to countries, mobilization and facilitation of regional level partners to scale up and better coordinate their support to countries, improvements of access to technical, financial and programmatic resources and ensuring that UNAIDS advocacy, facilitation and programming are informed by high quality strategic information.

In that respect, UNAIDS sees a role for the RECs in leadership mobilisation for universal access, policy harmonisation and mainstreaming, partnership management and coordination, capacity development, knowledge and experience sharing, resource mobilisation and epidemic and response monitoring, while the AU has a comparative advantage in leadership mobilisation, monitoring and peer review and coordination and communication.

She added that UNAIDS can support RECs in the development of regional frameworks/operational plans to support countries to scale up towards Universal Access, the organisational development of the RECs Secretariats, building and sustaining partnership mechanisms that include National Aids Councils (NACs), civil society and bilateral partners, and M&E (annual epidemic and response report). UNAIDS provides technical assistance through its Technical Support Facilities (TSF) on strategic planning and management, training, and supports resource mobilisation efforts for staffing and activities.

Similarly, UNAIDS areas of support to the AU Commission were mentioned. The areas of support mentioned were advocacy efforts for scaling up towards Universal Access, high level advocacy by Heads of Agencies to the Chairperson of the AU Commission, to increase resources for Department of Social Affairs, advocacy and information sharing through UNAIDS office in Addis Ababa, technical assistance for annual planning and capacity needs, assessment of the Secretariat, deployment of one full time staff based on needs assessment, and support to annual report development to AU Commission's efforts in resource mobilisation.

6.6 UNDP HIV/AIDS and Development Project in Sub-Saharan Africa, by Mr. Lemma Merid, UNDP RSC, Johannesburg

Mr. Merid noted that UNDP does not work in the areas of TB and Malaria; but has an HIV/AIDS and Development project in Sub-Saharan Africa. This project serves as a bridge between the regional HIV and development project (2001-2005) and the next phase of the HIV Africa regional response, to be articulated within the third Regional Corporation Framework, RCF III whose programming cycle commences in 2008. The project is an outcome of extensive consultation with UNDP country offices, key regional partners, and UNAIDS and responds to expressed needs by partners. It is an expression of UNDP's commitment to have a common, coherent and robust HIV response framework in Africa.

Mr. Merid added that the goal of UNDP's regional HIV and AIDS programme is to contribute to the attainment of the MDGs by strengthening capacities of institutions and individuals to mitigate the impact of HIV/AIDS on the region's development efforts. The programme aims to support

and strengthen the HIV/AIDS response efforts of regional economic and political bodies, and national partners through UNDP Country Offices. During the transition phase, this project will refocus UNDP efforts to deliver on its mandate through the new three service lines: i) HIV/AIDS and human development, ii) Governance of the HIV/AIDS response, and iii) Human rights, gender and HIV/AIDS.

6.8 Discussion following the presentations on Support Agency perspectives

The following comments and suggestions were made after the presentations on Support Agency Perspectives:

- There has also been considerable shared experiences and collaboration between UN, AU Commission and RECs. The technical assistance given by some UN Agencies to the AUC and some RECs, the HIV/AIDS projects supported by UNDP and the ECA supported TAP can be taken as few and good examples for collaboration between AUC, RECs and the UN Agencies. Therefore building on the experience of a productive relationship is important.
- The UN has the technical, programmatic and policy capacity in a number of areas. But this resource base is not being adequately tapped into. The UN is also committed to alignment, harmonization and coordination which include one UN system, Three Ones, and GTT improving multi-lateral response. Serious recommendations signal and confirm UN commitment for an alignment, harmonization system (AHS). The problem in this regard, is not commitment but translating the agreements into principles and practices that will change the way the Agencies work.
- The UNDP and all other UN Agencies should use the AU Continental Framework for working with RECs. This Framework has six objectives on leadership & advocacy, accountability, harmonization and coordination, mobilizing human resources and capacity strengthening, programme priorities and mobilizing financial resources.
- There is some level of coordination in the UN system; but it is not enough, especially with regards support for regional and continental institutions. Therefore, there is need for better coordination among UN agencies in their dealings with AU Commission and the RECs. They have to work out how they can jointly support the AUC and the RECs. The proposal to use an MoU as an instrument for better coordination and harmonization in the SADC region can be taken as a good example on how to deal with the UN system.
- The firm commitment of AU, RECs and UN agencies to work with civil society needs to be further considered in the future.

Fundamental changes needed

There are two fundamental changes that are needed to bring improved coordination and harmonization. They are:

- Increasing the quantity and quality of UN system support to enhance capacity building of the AU and RECs, and
- Changing the behavior and culture of the UN Agencies themselves so that the UN system also harmonizes its support.

The following are the recommendations made to bring about the fundamental changes mentioned above:

- UN agencies should commit themselves to prepare joint UN plan of support for AU and RECs, and explore within that the use of common planning, financial and M&E instruments.

- Agreement on support to a series of capacity assessment for AU and the RECs. This requires working with them on strategies to address capacity gaps.
- At AU level, establishment of joint UN teams of support for HIV, TB and Malaria is needed. This will be an instrument of coordination between the AU and the UN system.
- Critical review of the adequacy of support to the AU and RECs, and how to improve the support is necessary for current inter agency coordination mechanism,
- There should be commitment from UN agencies to make sure that they carry through on actions they have agreed to (review process, accountability – how UN Agencies work together and what UN Agencies do).
- The establishment of Joint UN Team in Addis Ababa is also necessary, with lead Agencies as follows: AIDS (UNAIDS), TB (WHO) and Malaria (UNICEF/WHO). It should be convened by ECA to improve coordination with the AU.
- The development of a joint UN support plan which will include a review of UN inter-agency and capacity building is equally important.

To improve coordination, the AUC should support to the following activities:

- Provision of general guidance for RECs (general roles and functions, commitments made, and so forth).
- Organization of annual coordination meetings with RECs as well as side meetings when possible, joint planning and reviews missions
- Improvement of access to information and facilitation of consultation
- The AUC should also establish a focal point for coordination with RECs and develop an MoU that will be agreed upon between AU and UN, specifying division of labour among partners.

7. GROUP WORK ON DEFINING PRIORITIES FOR COLLABORATION AND HARMONIZATION MECHANISMS FOR COORDINATION AND COMMUNICATION

Three working groups were formed to deal with specific Continental and Regional issues. The continental group comprised AUC, NEPAD, AWA, AfDB, ECA and CSOs (SWAA, NPA+, and AfriCASO); A regional group from Eastern and Southern Africa was constituted of SADC, COMESA and EAC; and the other regional group from Western and Central Africa included ECCAS, CEMAC/OCEAC and CEN-SAD. The three groups were requested to address the following issues:

Continental Group

- To identify key actions for improved support to RECs to address the challenges identified.
- What mechanisms are needed to establish/improve coordination and communication between continental bodies, and with RECs?
- To identify defined and prioritized key support needs required from UN (and others), both financial and technical.

Regional Groups

- To identify key areas of support required from AU and other continental bodies to address challenges identified.
- What mechanisms are needed to establish /improve coordination and communication between continental bodies and RECs?

- To identify defined and prioritized key support needs required from UN (and others), both financial and technical.

Summary of group presentations and recommendations

Group 1 looked into continental issues, after identifying the AUC and NEPAD key priority areas. Highlights of the major recommendations of the group are as follows:

The AU Commission, AWA and NEPAD (which is a programme of the AU) should clarify their working relation; provide a joint AU/NEPAD action framework for ATM; communicate their relationship and their joint framework to RECs in a clear and concrete way; undertake a consultative annual AU/RECs consultative meetings that include CSO networks for enhancing collaboration between RECs and civil societies; establish an AU desk for RECs at the Department of Social Affairs and assign a focal point at the for RECs; and establish RECs ATM resource website. In addition to these, the group also recommended that the RECs and AU to articulate their needs for capacity building, the UN Agencies to advocate and build the capacity of the AU and RECs in the form of technical assistance, and conduct round tables with RECs, AU, AFDB and the UN Agencies for resource mobilization.

Groups 2 & 3 which looked into issues related to the RECs, recommended the need for providing the RECs with adequate personnel; developing comprehensive business plans with budget by the RECs; rationalization of the RECs; setting principles to guide the regional response; and developing a guide on areas of strategic focus. The groups also recommended the need for developing clear roles for the continental, regional and national level response, strengthening HIV and AIDS in the Peer Review Mechanism, developing principles and code of conduct for the UN agencies and donors, and developing an annual plan by AUC based on the workplans of the RECs.

It was also recommended that the AUC, in collaboration with the RECs, develops a clear mechanism on how continental commitments could be translated into action at REC level, the AUC and NEPAD to establish an Annual Planning and Review Process in which all RECs and partners come together to assess progress, and for the AUC to facilitate information sharing through the development of a continental directory on HIV players in the different RECs, and a continental calendar of events based on the work of RECs, AU and NEPAD.

The reports of the each Working Group are attached.

Summary of discussions following the presentation of Working Group reports

The highlights of the comments and recommendations made following the Working Group reports are as follows:

- The AU Commission is not supporting the RECs adequately.
- NEPAD is not keeping up to the expectations of Africa and is not providing the anticipated support to the RECs and AU Commission.
- The AU Commission is a lead coordination body. But to be in the position to do this effectively, its capacity must be strengthened.
- Regional strategies and plans should take into account the characteristics of countries and regions. For instance the Central Africa region is a conflict area and therefore its member States strategies and plans should take into account conflict situations and their resultant situations.

- The role of the AU Missions in Geneva, Brussels and New York is to disseminate information among others. Therefore it should be a priority task for these Missions to call meetings and keep the African Groups in their locations updated. The UNAIDS should assist these missions in this regard.
- The RECs have to reposition and empower themselves to take the lead role in their respective regions to work with AfDB.
- Although there are specific issues to be resolved by African Heads of State and Governments in January 2007, the NEPAD is a technical arm of the AU Commission.
- There is a need to make differentiation between NEPAD and the different organs of the AU. The NEPAD has been an instrument for mobilizing resources for Africa's development. It has benefited many RECs since it was adopted as an AU programme.
- The concern that addressing HIV/AIDS, TB and Malaria together would result in medicalizing the efforts for prevention and control effort was raised. Participants strongly recommended continuing to handle HIV and AIDS as a development issue which requires a long term, multisectoral response.
- All RECs should identify their needs and submit to the AfDB for funding. The AfDB should also try to play a proactive role through guiding and advising RECs on how to access resources.

9. CONCLUSIONS OF THE MEETING AND WAY FORWARD

The Inter-Agency Meeting recognized that the following situations prevail on the continent:

- The HIV/AIDS epidemic continues with high infection rates and deepening impacts.
- Political and leadership commitments have been achieved (e.g. Abuja Call for Accelerated Action, the Brazzaville Commitment on Universal Access). However, there are many challenges in the implementation and delivery on these commitments.
- There is evidence that national programs are scaling up. National UA consultations and roadmap development exercises highlighted a number of implementation constraints (human resources, commodity security, etc). The constraints require multi-country, regional or continental level responses.
- Continental and regional institutions (AU, NEPAD, RECs, etc) are being established and/or strengthened to support member States deliver on their Universal Access commitments; but are challenged by articulation and capacity.
- Cooperating partners and donors are committed to supporting national, regional and continental actions on Universal Access, but support is fragmented, often driven by agency agendas and harmonization and alignment challenges remain.

The following challenges to “delivery on commitments” were identified:

- To strengthen operational plans, addressing constraints to scale-up prevention, treatment and care.
- To improve definition of roles and relations between continental (AU, NEPAD, AWA, APRM) and regional entities: i.e. who does what, how they relate, what is the value added and how the principle of subsidiarity is applied.
- To strengthen linkages between member states and RECs, and between RECs and the AU: i.e. the need for clearer definition of these relationships and mechanisms to enable communication and coordination.
- To strengthen mechanisms to engage civil society at continental and regional levels.
- To address overlaps among RECs in terms of mandate and countries of coverage i.e. – the need for harmonization or pending this, working agreements on HIV-related roles, niches.
- To address capacity needs of RECs and AU to enable them implement agreed agenda.

- To improve coordination and harmonization of UN (and donor) support for RECs and AU – need for donors to agree and abide by code of conduct that enables practical alignment and harmonization.

AGREED ACTIONS

A number of actions to be taken at REC, AUC and Development Partners levels were agreed at the meeting. The aim of the agreed actions is to:

- Strengthen follow up on AU commitments, at continental and regional levels;
- Strengthen articulation within AU organs (AUC, NEPAD, AWA and RECs) and;
- Harmonize and better coordinate UN system support for the AU Commission.

The agreed actions are the following:

A) Regional Economic Communities

1. The RECs business plans and budgets:
   All RECs should have result-oriented and costed business plans. Adequate resource should be mobilized from local and external sources for the implementation of the plans. Member states should increase their resource allocation and also work with international partners to enlist joint support from ICP, the UN and bilateral agencies.
2. REC capacity building:
   - In order to build the capacity of RECs, capacity assessment should be undertaken before hand and this task should be completed by mid 2007.
   - Advocacy should be undertaken with Heads of State and Government (HoS/G) to fund RECs capacity and finance workplans.
   - Mobilize donor support for REC strategic and business plans. Resource mobilization round table discussions should be undertaken.
3. There is a need to give guidance on REC's roles and value-added activities, division of labour (REC and continental institutions), priorities and areas of strategic focus.
4. Coordination and information sharing between AU and RECs should be strengthened through the appointment of AU focal point for REC liaison, conduct of annual AU/REC/partners planning and review meetings, encouragement of participation in work-planning and review exercises, and undertaking information sharing endeavors through the following mechanisms.
   - Websites – linking AU and REC websites; strengthening clearinghouse capacities on reports, plans, resource documents.
   - Directory of HIV players.
   - Calendar of events
5. Development of stronger linkages between AU Commission, RECs and AU offices in Geneva and New York to build donor understanding and promote integration.
6. The AU progress monitoring, accountability and peer review mechanisms (that include specific and coordinated work components on UA progress reporting, APRM, AWA) should be strengthened.
7. Harmonization challenges within AU and its organs should be addressed. This will be between continental organs of AU (AU Commission, NEPAD Health Desk and APRM, AWA, Pan_African Parliament, and so forth). This will be to decide on who does what and to avoid overlaps and duplication. Meeting(s) for rationalizing the RECs can be convened by the AUC.
8. The alignment and harmonization of UN support should be strengthened.
   - The UN agencies should align their work/relations with RECs – not own institutional structures.

- The UN code of conduct should be based on principles of development cooperation.

B) Africa Union (AU Commission and NEPAD)

The AU should on its part undertake the following actions:

1. To strengthen annual planning, this calls the following actions:
    - Preparation of 2007 annual workplan on AIDS, TB and malaria. This workplan should define priority results, and harmonize and integrate the work of AUC, NEPAD and AWA. By end November 2006, a two day planning workshop should be undertaken.
    - Conduct of regular workplan reviews: internal quarterly workplan review, an annual review meeting with RECs participation.

2. Capacity support for AU organs:
   In order to strengthen the capacity of AU organs:
    - A resource and gap analysis task should be completed by AUC with support from UN Agencies by Jan 2007.
    - AU/Partners meeting should be called in February or March 2007 to respond to capacity and resource gaps.

3. REC communication and liaison activities: The following actions should be taken with regard to REC communication and liaison activities:
    - Convene annual AU/REC meeting to review progress, experience exchange and joint planning.
    - Establish REC focal point within AUC on ATM to ensure good information and experience exchange, and facilitate coordination (clearing house).
    - Issue guidance on REC roles and functions to ensure Universal Access, AU HoS/G commitments and RECs follow up.
    - Undertake joint AU/UN (other partners) missions to selected RECs to monitor UA progress and consult on AU/REC relations and needs - two missions in 2007 to be identified.

C) UN coordination and harmonization

The UN agencies which are committed themselves to HIV/AIDS, TB and Malaria prevention and control should take the following actions:

- Form a UN joint team on AIDS, TB and Malaria. The team should be convened by the ECA; but coordinated as follows: HIV/AIDS by UNAIDS, TB by WHO and Malaria by UNICEF and WHO.
- Develop UN joint workplan of support for AU's strategic and operational plans of AIDS, TB and malaria – including response to resource and capacity gap assessment.
- Negotiate for UN/AU MoU that will clearly define the division of labour and harmonization and coordination between AUC and UN agencies.
- Review current inter-agency coordination arrangements and capacities and make recommendations for improvement.
- Update directory of UN agencies and advisors on AIDS, TB and malaria.

D) AUC/UN Coordination and Harmonization

- The AU Commission should convene meeting of UN agency heads to operationalize commitments on harmonization and coordination.
- The UN agencies should immediately commit technical support to AUC's planning and capacity assessment exercises.
- The UNAIDS Regional Support Team (RST) Directors should brief RDTs on outcomes of this meeting
- The AUC/UN meeting was scheduled for March 2007 to monitor implementation of coordination and harmonization agreements should be called by AUC.
- The AUC/UN team should consult with civil societies to develop strategy for civil society engagement and capacity building.

Comments and recommendations made on the conclusions

The following comments and recommendations were made by participants following the presentation of conclusions of the meeting:

- The above conclusions of the meeting require refinement and the objectives of the meeting have to be broadened and should go beyond coordination and harmonization.
- Prevention has to be emphasized in HIV/AIDS, TB and Malaria.
- Most of the follow up actions rest around the UN agencies.
- The AU programmes and organs have to be more clearly defined. There is no reference of the RECs in the follow up actions e.g. like providing support to member states, and their involvement in preparing meetings.
- The UNECA has to be strengthened to play its continental role.
- UN Agencies responsible for the follow up actions are not mentioned
- There should have been clear and specific plan of actions from all groups specifying the immediate, medium and long term actions.
- Capacity building, coordination and harmonization are mostly concerns of the UN agencies.
- A MoU between AU and RECs may be advisable.
- HIV/AIDS should also be looked at as a security concern.
- Rapporteurs should be appointed from both the AU and RECs in future meetings as this will improve ownership.

THE CLOSING

Closing remarks and vote of thanks were delivered by Dr. Meskerem Grunitzky Bekele, UNAIDS Director-RST for Western and Central Africa, and Dr. Grace Kalimugogo, on behalf of Commissioner Bience Gawanas. Both of them thanked all participants of their active constructive contributions and the organizers for the job well-done. They expressed their satisfaction that a lot had been done within a short period. They indicated that the follow up actions would be refined and the Report of the Inter-Agency meeting finalized and disseminated as soon as possible. All participants were requested to follow up on their roles with diligence.

The Meeting was concluded with a vote of thanks by a Representative from RECs (ECCAS).