

March to the Third Session of the African Union Conference of Ministers of Health in Johannesburg

By *moderator*

Created 2007/04/11 - 12:00am

11 April, 2007 - 00:00 ? moderator

Today, various groups representing people with HIV will march to the Third Session of the African Union Conference of Ministers of Health in Johannesburg. The march begins at 12pm at George Lee Park in Sandton. Contact Regis Mtutu for details on 084 310 8614.

We Will Not Go Back!

A statement of people living with HIV/AIDS and their allies

at the

Third Session of the African Union Conference of Ministers of Health

Johannesburg, Africa

9-13 April 2007

Since people living with HIV/AIDS and their allies took to the streets in Durban, South Africa during the international AIDS conference in 2000, we have refused to be told that our lives are expendable and AIDS treatment is only for those who can afford to purchase antiretroviral therapy (ART).

We have made great strides together in these past seven years?hundreds of thousands of African men, women and children are now receiving ART and are living healthy and productive lives.

As our Ministers of Health meet this week in Johannesburg we are demanding that our governments keep the promises they made and specific targets they agreed to in Abuja in 2006 to universal access to a comprehensive package of AIDS treatment, prevention and care. These are commitments that have been endorsed by all heads of states-they have yet to be implemented.

We are concerned that the documents being considered at the African Health Ministers? Summit this week give scant attention to AIDS treatment, and in particular ART. Even the Draft Implementation Plan for Achieving Universal Access to HIV/AIDS, Tuberculosis and Malaria Services, fails to mention the targets for treatment committed to in Abuja last year or outline specific steps for ensuring that all people living with HIV/AIDS (PLWHAs) who need treatment receive it by 2010.

We will not go back to the days when only the rich in our countries could afford antiretroviral therapy.

We will not go back to the days when HIV prevention was pitted against treatment instead of both interventions seen as mutually reinforcing and equally important.

We will not go back to the days when strengthening health systems was seen as a prerequisite for antiretroviral therapy instead of a critical way to galvanize communities to demand their right to health and build momentum for better primary care services.

We will not go back.

As people living with HIV/AIDS and their allies, we will work in collaboration and cooperation with our governments to ensure that:

- all people who need AIDS treatment in Africa receive it, and;
- all people living with tuberculosis (TB), the leading killer of people living with HIV/AIDS, and multi-drug resistant (MDR) and extensively drug resistant (XDR) TB, receive the care they need as well;
- and that HIV and TB programmes are integrated and decentralized to provide the widest access to care possible.

As people living with HIV/AIDS and their allies we make the following demands of our Ministers of Health, our Presidents and parliaments:

- As agreed to one year ago at Abuja, national targets for AIDS treatment, prevention and care must be established in all countries on the continent that are ambitious and come as close as possible to achieving universal access by 2010. These targets must be linked to costed operational plans for implementation.
- Costed national plans for dealing with TB, including MDR and XDR TB, are developed immediately.
- Both targets and costed plans should be finalized and publicly released by 1 June 2007 for countries that have not yet done so.
- All targets must be equivalent or greater to the targets set in Abuja, Nigeria in May 2006 as part of the African Common Position on Universal Access, and which included targets for coverage of ART and prevention of mother-to-child prevention services (MTCT) of at least 80% by 2010. Most countries on the continent currently have less than 30% coverage, and only three countries in Africa have greater than 50% coverage, of ART.

As people living with HIV/AIDS and their allies, we believe treatment and prevention go hand in hand, and thus, we are demanding the following:

-

A scale-up of prevention services including but not limited to: HIV testing services, prevention of mother-to-child transmission; harm reduction and substitution services for drug users, condom distribution and promotion and sexuality education for all ages and; post-exposure prophylaxis for survivors of sexual violence;

- The targets for the scale-up of these services should again be equivalent or greater than the universal access targets agreed to in Abuja in May 2006 by all African heads of state.

We also realize that the prevention of HIV, TB and malaria transmission require that the environment of risk in which many of us live is ameliorated, we thus demand the following:

A recognition of the rights of women and young girls is a fundamental part of our response to the AIDS epidemic and health in general in Africa. Thus, regional plans to address gender violence, the unequal legal, social and economic status of women and girls must be developed. Regional plans to address the substandard living conditions in which so many of us live, which put us at risk of HIV, TB and malaria.

Both AIDS treatment and prevention depend on strengthening our health systems, but AIDS is an emergency that needs an extraordinary response. We believe that rapid scale-up of AIDS services need not compromise health systems and AIDS can be the engine of strengthening primary medical care in Africa--we thus make the following demands:

- The regulation of medicines and other health commodities on the continent must be strengthened and this issue be dealt with on an urgent basis;
- No country in Africa should sign free trade agreements or other treaties that restrict their ability to ensure access to a sustainable supply of affordable medicines by producing or importing medicines or their active pharmaceutical ingredients as allowed under the TRIPS agreement and TRIPS flexibilities need to be incorporated into national laws and regulations without delay;
- The approval process for new medicines and other health commodities should be streamlined, relying on the approval by other rigorous regulatory agencies (e.g. USFDA, EMEA, WHO) for a conditional approval for marketing to allow access to these products pending national reviews;
- A framework for regulating the health claims of traditional medicines, other alternative treatments and procedures, and fake cures for HIV/AIDS and other diseases, needs to be established so that people in our countries do not spend their money on unproven remedies or fail to pursue evidence-based health interventions for themselves or their families;
- Regional assessments to identify local needs around human resources for health and specific plans to recruit, train and retain health care workers need to be developed and implemented;
-

Regional plans must be developed and implemented to address the needs of migrant populations who need to receive proper medical care no matter where they are living at any given moment;

- Health care should be free at the point of access and users' fees for services must be abolished across the continent. Solutions to minimizing the other costs associated with seeking care, including transport, need to be addressed as well;
- All health services, including AIDS, STI and TB treatment, sexual and reproductive services, should be integrated together, and decentralized, minimizing the need for lengthy travel to receive medical care;
- All health services should be available and accessible to people without regard to whether they are living in urban or rural settings, and regardless of gender, sexuality, religion, nationality or disability status [not an exhaustive list];
- Regional plans for supporting biomedical and behavioral research on HIV/AIDS, TB, malaria and other diseases common in Africa needs to be established to build stronger capacity for research on the continent. This research can include clinical trials of traditional medicines within international accepted guidelines for research, but a clear priority must be given to the investigation of standard medical interventions, such as drugs, vaccines, microbicides and diagnostics, which have a rational, scientific basis for their potential use;
- All of these regional plans must be operational ones, and set out specific tasks for completion by specified deadlines. We don't need more plans on paper that are never implemented.

The leaders of the G-8 countries, which support a large proportion of health efforts on the continent, are meeting later this year in Germany. Our Ministers and Presidents must ask the G-8 countries now to provide long-term, sustainable, coordinated support for all of the efforts we describe above. Our countries must also meet the 15% target for national spending on health that they agreed to in 2001.

Finally, the political and economic crisis in Zimbabwe deserves special mention as it is also a health crisis for Africa. People living with HIV/AIDS in Zimbabwe cannot obtain the care they need and the climate of violence is perpetuating the epidemics of HIV and TB. The shockwaves from the crisis in Zimbabwe are reverberating throughout the continent as refugees seek health care and other services in neighboring countries. Our health ministers must speak out on Zimbabwe on health and humanitarian grounds.

The humanitarian crises in Somalia and Sudan and elsewhere on the continent should be considered health crises as well and need to be addressed by our ministers.

The African Union must establish a functional mechanism that will facilitate an integrated, comprehensive and rights-based approach to combating HIV/AIDS and providing essential health services to all who need them.

We will not go back.

We will not be silent.

We will hold you to your promises.

We will hold you accountable.

We will be watching you.

Endorsed by (list in formation):

AIDS and Rights Alliance for Southern Africa (ARASA)

AIDS Law Project (ALP)

Ghana AIDS Treatment Access Group (GATAG)

International Community of Women Living with HIV/AIDS (ICW)

Mozambican Treatment Access Movement (MATRAM)

Network of Zimbabwean Positive Women (NZPW+)

Open Society Initiative for Southern Africa (OSISA)

Pan African Treatment Access Movement (PATAM)

Prevention, Intervention et Lutte contre le SIDA (PILS) Mauritius

Southern African Treatment Access Movement (SATAMO)

Swaziland Network of People Living with HIV/AIDS (SWANEPWA)

Treatment Action Campaign (TAC)

Treatment Advocacy and Literacy Campaign (TALC)

Zimbabwe Activists Against HIV/AIDS (ZAHA)

Zimbabwe National Network of People Living with HIV/AIDS (ZNNP+)

- [Health Finance](#)
- [Politics](#)

- [Health Finance](#)
- [Politics](#)

Source URL (retrieved on 2017/06/26 - 9:06pm): <http://www.tac.org.za/community/node/2161>