



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

**CONTINENTAL CONSULTATIVE MEETING ON
SCALING UP TOWARDS UNIVERSAL ACCESS TO
HIV/AIDS PREVENTION, TREATMENT AND CARE IN AFRICA**

**Brazzaville, Congo, 6-8 March 2006
Statement of the Regional Director of WHO for Africa**

The Chairperson, Madame Bience Gawanas, African Union Commissioner for Social Affairs,
Excellencies, ministers and representatives of Member States,
The UNAIDS Director for countries and regions,
Distinguished participants and guests,
Dear colleagues,
Ladies and gentlemen,

It is my pleasure to welcome you all to the World Health Organization Regional Office for Africa in Brazzaville and to this "Continental Consultative Meeting on Scaling up towards Universal Access to HIV/AIDS Prevention, Treatment and Care in Africa".

On my own behalf and on behalf of EMRO let me extend a special welcome to the distinguished ministers attending this meeting. Their presence with us today bears testimony to their commitment to our efforts towards universal access. I have no doubt that their inputs will be equal to our ambitions for a better future in Africa. Excellencies, we are committed to making your stay in Brazzaville as comfortable as possible.

I should like also to thank the co-organizers of this meeting, namely, the African Union Commission and UNAIDS, for giving the WHO Regional Office for Africa the great privilege of hosting such an important meeting.

This continental consultation on scaling up towards universal access derives from the decision of the G8 Summit in Scotland last year to support countries to achieve universal access by 2010 under the leadership of UNAIDS and WHO. Its timing could not have been more opportune, coming as it has, on the heels of The 3 by 5 Initiative.

You will recall that in 2003, the WHO Director-General declared the lack of access to antiretroviral treatment as a global health emergency. Subsequently, WHO and the UNAIDS Secretariat announced a global initiative to support countries to deliver antiretroviral treatment to 3 million people living with HIV/AIDS in low- and middle-income countries by the end of 2005. WHO and

the UNAIDS Secretariat considered The 3 by 5 Initiative to be both an ethical imperative and a critical step towards achieving universal access to HIV/AIDS prevention and treatment. To date, we have reached close to 750 000 people out of the 2 million targeted. Current estimates show that 4.7 million people are in need of treatment. Consequently, the fifty-fourth session of the Regional Committee for Africa held in Brazzaville decided to continue this endeavour beyond the year 2005.

The 3 by 5 target has helped to mobilize many stakeholders in an international effort to scale up antiretroviral treatment. It has been widely acknowledged as an important step in a longer-term global effort to realize the objectives set out in the Millennium Development Goals. It has also demonstrated that providing treatment is possible even in poor resource settings. Furthermore, it has raised questions that we might address in the near future regarding the sustainability of access to treatment and its expansion to an increasing number of people in need, particularly the disadvantaged segments of the population and children.

Excellencies, ladies and gentlemen,

The WHO Regional Office for Africa has also initiated concrete actions to accelerate HIV prevention in the African Region. We have tried to revitalize and accelerate HIV prevention to better contribute to the control of the epidemic. Our efforts led to the adoption of a resolution on HIV prevention at the fifty-fifth session of the WHO Regional Committee for Africa held in August 2005 in Maputo, Mozambique. The resolution called on Member States to intensify HIV prevention efforts and declared 2006 the Year for Acceleration of HIV Prevention in the African Region.

Subsequently, regional heads of United Nations agencies met in Brazzaville, Congo, to agree on how best to work together to support the acceleration of efforts for HIV prevention in Member States. The meeting brought together UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, and WHO. A joint declaration was adopted by these UN agencies operating in Africa for the first time since the emergence of the HIV/AIDS pandemic in the 1980s.

Excellencies, ladies and gentlemen,

I wish to commend the leadership and engagement of the African Union Commission in our joint efforts towards addressing the HIV/AIDS challenges of the continent. I would like to acknowledge and congratulate UNAIDS for the new atmosphere of collaboration with WHO in the African Region. Together, we can boost our support to countries by developing a multisectoral response to HIV/AIDS. In our view, this is one of the best ways in which we can optimize our inputs for greater impact and in so doing reverse the trend of this devastating pandemic. In this regard, low prevalence of HIV should not mean low priority, particularly in the context of universal access to prevention, treatment and care. AFRO and EMRO are committed to inter-regional cooperation for the success of this initiative.

Excellencies,

Distinguished participants,

In our view, the universal access initiative is an opportunity to give to every African a ready and affordable package of HIV prevention, treatment, care and supportive services with the aim of halting and reversing the current spread of HIV/AIDS. It seeks to identify and address the bottlenecks that have hampered access to HIV/AIDS services. It should recognize that while a broad multisectoral response is required, the role of the health sector is of the utmost importance.

WHO will work with the main actors and stakeholders in the health sector in five main areas: **First**, we will promote efforts that will enable people to know their HIV status through voluntary HIV testing and counseling. We know that stigma prevents the best use of services by people in need. Therefore, we will support policies and interventions that combat stigma.

Second, we will support accelerated efforts to scale up access to treatment and care. This will include access to antiretroviral treatment, prevention and management of opportunistic infections; care that includes nutrition, palliative and end-of-life support. We recognize that access to treatment has changed radically the lives of thousands of people who shifted from sickness and hopelessness to leading healthier and productive lives for themselves and their families. This has been praiseworthy and deserves our encouragement and concrete support.

Special attention should be given to the local production of ARV medicines. In addition, we should strengthen procurement and management procedures. This will enable countries to afford safe and quality medicines, including paediatric treatment formulations. We may thereby also help leverage sustained access to antiretrovirals and medicines for opportunistic infections. The nutrition status of patients in great need of treatment should go beyond theory to practice. We need to create conditions which will ensure food security and adequate nutrition, including safe breastfeeding practices.

Third, we will support the health sector's optimal contribution to HIV prevention. This will include prevention of mother-to-child transmission, prevention of sexually transmitted infections (STIs) and promotion of safe injections. Of course, we will also need to scale up information and education interventions for preventing risky sexual behaviour.

Fourth, we will continue to invest in strategic information to guide a more effective response. This will be through improved epidemiological surveillance of HIV/AIDS and STIs, monitoring HIV drug resistance, and evaluation of the health sector's response to HIV/AIDS.

Finally, we will continue to promote and support the strengthening of capacities and improved performance of local health services. We are also advocating for more resources and more efficient use of available resources. These will enable us to scale up proven and cost-effective interventions related to priority health problems.

We commend the increasing role played by NGOs and community-based organizations, namely associations of people living with HIV/AIDS, civil society and community leaders. Their dedication, commitment and hard work have led to the positive results we have witnessed in several countries. We will continue to strengthen our partnerships and, where necessary, build new ones to address new challenges together under the leadership of national authorities.

Excellencies, ladies and gentlemen,

The world report on HIV/AIDS released this year has revealed the worsening of the situation in our continent. It highlighted the increasing incidence of HIV infection in women and the heavy toll that children are paying. It has also shown that in some countries there is a reverse trend. This is a strong message that we are beginning to control HIV/AIDS in Africa.

Ladies and gentlemen, let us build on these successes.

The goal of universal access represents a unique opportunity for Africa. Providing care and support for those living with HIV/AIDS today and preventing new infections have obvious benefits. Successful implementation of these strategies should ultimately lead us towards a generation where AIDS is not a major public health problem.

I am also convinced that during the next few days we will pool our collective intelligence and wisdom to produce an African position on universal access to HIV/AIDS prevention, treatment and care.

Once again, I welcome you all to the WHO Regional Office for Africa and wish you successful deliberations.

I thank you.