RECONCILIATION

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HIV/AIDS: STRATEGY FOR THE AFRICAN REGION
(Document AFR/RC62/10)

The Regional Committee,

Recalling Resolution AFR/RC56/R3 on HIV Prevention in the African Region: A Strategy for Renewal and Acceleration, the 2006 Abuja Call for accelerated action towards Universal Access (UA) to HIV/AIDS, tuberculosis and malaria services and the Decision of the 2010 Kampala African Union Assembly to extend the target year for UA to 2015;

Recognizing that considerable progress has been made in the fight against HIV/AIDS in the WHO African Region including a decline in the number of new HIV infections and an increase in access to antiretroviral therapy and in the proportion of pregnant women living with HIV who receive medicines for preventing mother-to-child transmission (PMTCT);

Concerned that although there has been a decline in the number of new infections, the regional HIV prevalence remains high and the associated disease burden is a major cause of the excessive maternal mortality and under-five mortality in the African Region and continues to have a profound sociodemographic and economic impact;

Aware that the key challenges that National AIDS Programmes are facing include fragmentation of interventions, inadequate linkages between health sector actions and the wider multisectorial response, weak health systems, and over-dependence on international funding;

Mindful of the critical role of international solidarity and the importance of political commitment at the regional and national levels including the engagement of African Heads of State and Government as well as the increasing allocation of domestic resources to the fight against HIV/AIDS in the African Region;

Recalling the new WHO Global Health Sector Strategy (GHSS) on HIV/AIDS adopted by the World Health Assembly in May 2011;

Mindful of the need to provide directions for implementing the GHSS in the WHO African Region, while taking into account regional specificities and the need for a multisectorial response;

1. APPROVES the document entitled “HIV/AIDS: strategy for the African Region”;
2. **URGES** Member States:

(a) to scale up and broaden HIV interventions to include health promotion, behaviour change counselling, quality-assured HIV testing and counselling, use of male and female condoms, safe voluntary medical male circumcision, initiation of antiretroviral therapy, and safe blood transfusion in the context of the broader national multisectoral response in accordance with WHO guidelines;

(b) to accelerate efforts to eliminate mother-to-child transmission and improve maternal and child survival by implementing appropriate strategies and interventions including integrating these into maternal, newborn and child health, sexual and reproductive health services;

(c) to expand access to HIV testing and counselling services including ensuring that HIV testing is confidential and accompanied by appropriate counselling, the time interval between testing and provision of test results is short, and referral to care and treatment programmes is efficient;

(d) to expand HIV treatment and care for children, adolescents and adults while ensuring that co-infections, including with TB, and co-morbidities are managed and that nutritional care and support are provided to enhance treatment effectiveness, adherence, retention in care and quality of life;

(e) to provide comprehensive care and support for people living with HIV including strengthening community care systems such as the capacity of community-based and home-based carers and associations of PLWHA;

(f) to provide a comprehensive package of HIV/AIDS interventions to meet the needs of key populations and ensure that the needs of young people, orphans, women and men are explicitly addressed in the national HIV response;

(g) to strengthen the capacity of health systems to deliver HIV/AIDS interventions and services through improving the stewardship and leadership role of government, strengthening human resources for health, improving procurement and supply chain management systems, improving laboratory capacity and strategic information systems;

(h) to include gender and human rights considerations in the design of health services, and implement and monitor policies and practices aimed at eliminating stigmatization, discrimination and other human rights abuses in health service delivery;

3. **REQUESTS** the Regional Director:

(a) to continue to provide technical leadership and normative guidance for developing policies and plans of action and implementing programmes, monitoring and evaluation;

(b) to work with other partners, including UNAIDS and other UN agencies, PEPFAR, the Global Fund, Private Foundations such as the Bill and Melinda Gates Foundation, and bilateral and multilateral donors to provide harmonized support to countries in resource mobilization and programme implementation;

(c) to monitor progress in the implementation of the strategy and report to the Regional Committee every other year.