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T- 12/6-7/99
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THE SECRETARY-GENERAL

12 November 1999

Dear Ms Thurman,

The HIV/AIDS epidemic has continued to escalate with disastrous consequences, especially in Africa. Much has already been done to respond to the epidemic, but more efforts are needed. An International Partnership against AIDS in Africa is being developed to bring together a broad range of partners to respond to the epidemic and to mobilize the high level political support required. It is only through such broad partnerships that we can achieve the goal established by the XXIst Special Session of the General Assembly, that "by the year 2005 HIV prevalence in the age group 15-24 years is reduced globally, and by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent."

I would like to invite you to participate in a meeting of representatives of the different constituencies of the International Partnership against AIDS in Africa to be held at United Nations Headquarters on 6-7 December 1999. While some of these constituencies have met previously, this is the first time that representatives of all five pillars - African Governments, United Nations, donors, civil society and corporate sector - will come together to discuss how to move forward. The high-level opening session, which I shall chair, will begin on 6 December at 9:30 a.m. I further hope that you or your senior representative will be able to participate in the working sessions to be held the afternoon of 6 December and all day 7 December. The Deputy Secretary-General, Ms. Louise Fréchette, will lead these sessions.

Ms. Sandra Thurman
Director
Office of National AIDS Policy
The White House
Washington D.C.

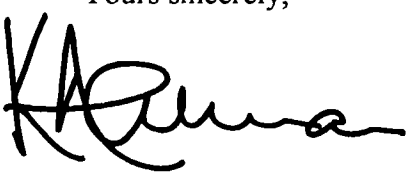
The aim of the two-day meeting is to:

- agree on a set of principles and priorities around which partners can organise their efforts and join together to respond to the AIDS epidemic in Africa;
- update each other on the steps to be taken to mobilize their broader partner group in order to intensify the efforts that address AIDS in Africa; and
- agree on a specific plan within a time line of several months to complete the design and formation of the partnership.

For your information, I enclose a list of those who are being invited to participate in this meeting. Further details regarding the consultation will be sent to you through the office of the Deputy Secretary-General, in coordination with the Executive Director of UNAIDS, Dr. Peter Piot.

I hope that you will join me in this important consultation so that we may form together a true and effective partnership to respond to the AIDS epidemic in Africa.

Yours sincerely,



Kofi A. Annan

PHOTOCOPY
MISC. HANDWRITING

Meeting on the International Partnership Against AIDS in Africa convened by the Secretary-General 6-7 December 1999, New York

Provisional list of Invitees

	Copies
African Governments	
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Burkina Faso H.E. Mr Blaise Compaoré President of Burkina Faso Ouagadougou, Burkina Faso (Fax: 226 310578)	Permanent Representative Permanent Mission of Burkina Faso to the United Nations Office at New York New York (Fax: 212 7723562)
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Nigeria H.E. Mr Olusegun Obasanjo President of the Federal Republic of Nigeria Lagos, Nigeria (Fax: 234 9 2343757)	Permanent Representative Permanent Mission of the Federal Republic of Nigeria to the United Nations Office at New York New York (Fax: 212 6971970) Permanent Representative Permanent Mission of the Federal Republic of Nigeria to the United Nations Office at Geneva Geneva (Fax: 7341053)
Senegal H.E. Mr Abdou Diouf President of the Republic of Senegal Dakar, Senegal (Fax: 221 8218660)	Permanent Representative Permanent Mission of the Republic of Senegal to the United Nations Office at New York New York (Fax: 212 5173032) Permanent Representative Permanent Mission of the Republic of Senegal to the United Nations Office at Geneva Geneva (Fax: 7400711)

South Africa H.E. Mr Thabo Mbeki President of the Republic of South Africa Pretoria, South Africa Fax. 2712 3238246	Permanent Representative Permanent Mission of the Republic of South Africa to the United Nations Office at New York New York (fax: 212 6922498) Permanent Representative Permanent Mission of the Republic of South Africa to the United Nations Office at Geneva Geneva (fax: 8495432)
Uganda H.F Mr Yoweri Museveni President of the Republic of Uganda Kampala, Uganda (Fax: 256 41235462)	Permanent Representative Permanent Mission of the Republic of Uganda to the United Nations Office at New York New York (Fax: 212 6874517) Permanent Representative Permanent Mission of the Republic of Uganda to the United Nations Office at Geneva Geneva (Fax: 7315437)
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Economic Commission for Africa (ECA) Mr K.Y. Amoako Executive Secretary Economic Commission for Africa (ECA) Po Box 30001 Addis Ababa, Ethiopia Tel: (251-1) 511231; Fax: (251-1) 512814	Ms Sulafa Al-Bassam Chief Regional Commissions New York Office 1 United Nations Plaza New York, NY 10017 Tel: (1212) 9638090
Organisation of African Unity (OAU) Dr Salim Ahmed Salim Secretary-General Organization of African Unity P.O. Box 3243 Addis Ababa Ethiopia Tel: (251 1) 513036; Fax: (251 1) 510039	H.E. Amadou Kebe Permanent Observer of OAU to the United Nations Office of the Permanent Observer of the OAU to the UN New York (Fax: 212 395490)

OECD Governments	
Canada The Honourable Maria Minna Minister for International Cooperation Canada International Development Agency (CIDA) Minister's Office 200, Promenade du Portage Hull, Quebec, Canada K1A OG4 Tel. 1 819 953 6238; Fax: 1 819 953 8525	Ms Carol Vlassoff Senior Health Specialist Policy Branch, Political and Social Policies Canada International Development Agency (CIDA) 200, promenade du Portage Hull, Quebec, Canada K1A OG4 Tel. 1 819 994 40 79; Fax: 1 819 997 9049 Permanent Representative Permanent Mission of Canada to the UN New York (Fax: 212 848 1195)
Finland Ms Satu Hassi Minister for Development Cooperation Helsinki PO Box 380, 00131 Helsinki Tel: 358 919911; Fax: 358 919919545	Permanent Representative Permanent Mission of Finland to the UN New York (Fax: 212 7596156)
Japan Mr Yutaka Iimura Director-General Economic Cooperation Bureau Ministry of Foreign Affairs 2-2-1 Kasumigaseki, Chiyoda-ku 100-8919, Tokyo, Japan (Fax: 8133 5938021)	Mr Fumio Isobe Director, International Affairs Division Ministry of Health and Welfare 1-2-2, Kasumigaseki, Chiyoda-ku Tokyo 100-8045, Japan (Fax: 8133 5012532) Permanent Representative Permanent Mission of Japan to the UN New York (Fax: 212 7511966)
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Sweden Miss Maj-Inger Klingvall Minister for Development Cooperation, Migration and Asylum Policy Ministry for Foreign Affairs 10333 Stockholm Sweden Tel: 468 4051000; Fax: 468 7231176	Mr Lars Ekengren Assistant Director-General Department for Africa Swedish International Development Agency (SIDA) 10525 Stockholm, Sweden Tel: 468 6985000; Fax: 468 208864 Ms Carin Norberg Assistant Director General Department for Democracy and Social Development Swedish International Development Agency (SIDA) 10525 Stockholm, Sweden Tel: 468 6985227; Fax: 46 8 698 5227 Permanent Representative Permanent Mission of Sweden to the UN New York (Fax: 212 8320389)

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Ms Thebisa Chaava Associate Regional Coordinator for Africa The Salvation Army Private Bag 11 Chilanga, Zambia Tel: 260 1 238 291; Fax: 260 1 226 784 thebi@megadial.com	
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Global Business Council[2] Sir Richard Sykes Chairman Global Business Council on HIV/AIDS Chief Executive, Glaxo Wellcome House Berkeley Square Greenford Middlesex UK Tel: 44171 4934060; Fax: 44171 4080228	Mr Alan Christie Vice President - Public Affairs Levi Strauss-Europe, Middle East and Africa Avenue Fraiteur 15 - 23. 1050 Brussels Belgium Fax: 322 6416636
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IFPMA Dr Harvey E. Bale Director General International Federation of Pharmaceutical Manufacturers Associations PO Box 9 1211 Geneva 18 Tel: 4122 3401200; Fax: 4122 3401380	

[1] ESKOM is the parastatal Electricity Supply Company of South Africa. It won a Global Business Council (GBC) Award in 1998 for the high profile response it has developed to AIDS in the workforce and the community. It has been instrumental in the creation of the South African Business Council on AIDS and is being actively recruited by the GBC to become a member of the Council representing Africa.

[2] The GBC was created in 1997 and is dedicated to expanding the business response to HIV/AIDS. It is currently comprised of a group of fifteen companies characterised by their commitment to HIV/AIDS causes. The council spans a wide group of corporate entities including the pharmaceutical, media, clothing and telecommunications industries. Its present Chair is Richard Sykes who is also Chairman of Glaxo Wellcome.

"Secure the Future" Mr Ken Weg Vice Chairman Bristol-Myers Squibb Company P.O. Box 4000 Princeton, NJ 08543-4000, USA Tel: (1 609) 2525980	Mr Mark J. Ahn Senior Director Bristol-Myers Squibb Company P.O. Box 4000 Princeton, NJ 08543-4000, USA Dr Amadou Diarra Director Operations and Planning "Secure the Future" Project Leader Bristol-Myers Squibb Company P.O. Box 4000 Princeton, NJ 08543-4000, USA
MacArthur Foundation Mr Jonathan Fenton President John D and Catherine Foundation 140 South Dearborn Street Suite 1100, Chicago Illinois 60603-5285, USA Fax: (312) 9170334	Mr Stuart Burden Senior Programme Officer, Population Program The John D. and Catherine T. MacArthur Foundation 140 South Dearborn Street Suite 1100, Chicago Illinois 60603-5285, USA Tel: (1 312) 7268000; Fax: (1 312) 9170334 Email: sburden@macfdn.org
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Office of the SG and the DSG	

cc/ Exec Ecosoc

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EXECUTIVE OFFICE OF THE SECRETARY-GENERAL
CABINET DU SECRETAIRE GENERAL

REFERENCE:

16 November 1999

Excellency,

The Secretary-General would be grateful if you could kindly forward the enclosed letter to Ms. Sandra Thurman, Director, Office of National AIDS Policy, White House.

A copy of the letter is attached for your information.

Please accept, Excellency, the assurances of my highest consideration.

Marta Maurás
Director
Office of the Deputy Secretary-General

DEC 21 7:31

His Excellency
Mr. Richard Holbrooke
Permanent Representative of the
United States of America
to the United Nations
New York

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

The Executive Director

Reference: CPP/MGB/rg

Ms Sandra Thurman
Director
Office of National AIDS Policy
Washington D.C.
Fax: 1 202 456 2439

24 November 1999

Dear Ms Thurman,

Subject: Meeting on the International Partnership against AIDS in Africa convened by the Secretary-General

You have received an invitation from the Secretary-General inviting you to a meeting to discuss the International Partnership against AIDS in Africa in New York on 6 and 7 December. This letter is in follow-up to that letter, to provide you with the additional information that will help you in preparation for the meeting.

The purpose of the meeting is to enable the Secretary-General to call together representatives from the different constituency, or stakeholder, groups of the Partnership, to charge us with a more rapid and effective response to AIDS in Africa. This meeting will be the first time – twenty years into the epidemic – that representatives of African Governments, OECD governments, international and national civil society, the private sector and foundations, and the United Nations have come together specifically to discuss how to respond to HIV/AIDS in Africa. The Secretary-General will task us with completing preparation of the Partnership so that he can officially launch it at a meeting to be convened in the first half of 2000.

This meeting is one of a series of meetings and consultations that have been held throughout 1999. You will be aware of the OAU Resolution of July 1999; and the ECA resolution of May 1999. Formal consultations have been held with the UNAIDS Cosponsors in Annapolis in January 1999; with bilateral development agencies in April 1999; with NGOs in Dakar, Lusaka, and Gaborone between August and September 1999. A number of informal consultations have also been held.

At each meeting, concern has been expressed that only one or two sets of actors are present: the full cast, led by African Governments, has not yet had a chance to assemble, and define the parameters for a massive escalation of effort to control the spread of HIV in Africa. Clearly, the actors involved are many, and the Secretary-General's consultation in December invites a small cross-section from the five 'pillars' of the International Partnership to come together. Among those invited are African members of the UNAIDS Programme Coordinating Board, the current Chair of the Organisation of African Unity and African countries involved with future meetings on AIDS, Africa and development. The OECD countries invited are among those that have, in previous consultations, indicated their willingness and interest to work together. Private sector and NGO representatives are those that have demonstrated exemplary approach to addressing HIV and AIDS.

.../2

Copy to:
Ms Vivian Derryck Lowery, Assistant Administrator for Africa Bureau, USAID, Washington D.C. (Fax: 1 202 7120500)
Dr Paul De Lay, Chief HIV-AIDS Division (USAID), Washington D.C. (Fax: 1202 2163046)

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The OECD donor contact group met recently in Washington where the recommendation was made to expand the group. We are seeking to do this and to have wider representation of the OECD donors at this meeting. It is fully recognised that the meeting cannot be representative of all the views of the wider constituencies of those who are already, or will become involved in the Partnership.

For a true escalation of an international response, all players are required to work on a larger scale, but the real increase in effectiveness will come from the synergy of different actors working together. Already, the UN agencies and donors, for example, are talking together about how to create more effective and dynamic partnerships, under the leadership of national governments. These partnerships need to be expanded to include the private and civil society sectors. This meeting provides us with an opportunity to explore this further.

The December consultation needs to be seen in the context of important events in 2000. Following OAU recommendations, political mobilisation will continue with a meeting of African Ministers of Health in Burkina Faso in April 2000. The African Development Forum, focussing on the development impact of HIV/AIDS organised by ECA, will take place in October 2000, followed by a Heads of State Summit on HIV/AIDS in Africa.

I have also been asked to provide more detail on the proposed agenda. During the first morning, statements of intent and support for the Partnership will be made by representatives of each of the constituent groups, and, by representatives of the organisations attending. In the afternoon, there will be an opportunity to review the current state of preparedness of the Partnership. The day will conclude with a discussion of the role of African governments in the Partnership. Day two will examine AIDS and development from a number of different perspectives, with a view to identifying new opportunities for expanding and intensifying our collective response to the epidemic. I am attaching a draft agenda for your information, though this will not be finalised until next week.

Let me spell out the expected outcomes from the meeting:

- First, a greater clarity on the nature of the Partnership;
- Second, a clearer understanding of the role and responsibilities of different actors, especially the UNAIDS Secretariat;
- Third, a commitment to and a clearer agenda for mainstreaming AIDS in international and national development processes;
- Fourth, clarity on the next steps for operationalizing the Partnership.

I believe that this is an important opportunity to join together to review where we are going with the Partnership, and what we have already achieved. If you have any questions concerning logistics please contact Ms. Anne Buckley (Tel: 4122 7914558; Fax: 4122 7914162; Email: buckleya@unaids.org). For more substantive questions, please contact Dr. Meskerem Grunitzky-Bekele (Tel: 4122 7914412; Fax: 4122 4162; Email: grunitzkybekele@unaids.org). The Secretariat will be contacting some individuals in the next few days to seek agreement to play various roles, for example, as panel members, during the meeting.

I look forward to welcoming you to the meeting.

Yours sincerely,

Peter Piot

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24.NOV.1999 18:49 UNAIDS OED GENEVA +41 22 7914179 NO225 P.2/4

Meeting on the International Partnership against AIDS in Africa
Convened by
The Secretary-General
6 – 7 December 1999

PROPOSED AGENDA

Monday, 6 December

09:30 – 10:00	The Executive Director of UNAIDS and the Deputy Secretary-General welcome participants.
10:00 – 11:00	The Secretary-General arrives, takes the chair, and opens the meeting with a statement. The executive Director of UNAIDS makes some introductory remarks. The Secretary-General of the OAU makes a statement (TBC) The Secretary General of the ECA makes a statement (TBC) Statement from The representative of the African government The representative of the OECD governments. The representative of the UNAIDS Cosponsors The representative of the NGOs. The representative of the corporate group. The Secretary general opens the floor for the general discussion
11:00 – 13:00	The Secretary-General leaves the room. The Deputy Secretary-General takes the chair. General discussion. Other delegations may take the floor.
13:00 – 14:30	Lunch
14:30 – 16:00	The Africa Partnership: Where we are .....– Peter Piot Questions and answers, discussion
16:00 – 17:30	AIDS and Development ***Creating an Enabling Environment: The role of government*** Panel: African governments Chair: TBD Presentation: TBD (10 minutes)
17:30	Adjournment

24.NOV.1999 18:50 UNAIDS OED GENEVA +41 22 7914179 NO225 P.3/4

Tuesday, 7 December 1999

09:30 – 10:45	AIDS and Development ***Mainstreaming HIV/AIDS in the development agenda, building partnerships at country and regional level*** Panel: UN, OECD, NGO Chair: TBD Presentation: UN (10 minutes)
10:45 – 12:00	AIDS and Development ***Intensification of action at country level: what is needed to scale-up successful interventions*** Panel: OECD, NGO, Corporate Chair: UN Presentation: UN (10 minutes)
12:00 – 13:15	Lunch
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15:45 – 16:45	***Wrap-up***: Summary by UNAIDS Secretariat Closing remarks by Deputy Secretary-General Deputy Secretary-General declares the meeting closed.

On the first day all participants would be at the UN Visitors' entrance 45th/46th Street and 1st Avenue at 8.00 AM to complete security and registration formalities. Please bring passport.

24.NOV.1999 18:50 UNAIDS OED GENEVA +41 22 7914179 NO225 P.4/4

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24/11 '99 18:18 +4122 791 41 62 UNAIDS CNTRY SUP 001

Meeting on the International Partnership against AIDS in Africa
6 - 7 December 1999. Venue: ECOSOC Chamber

PROGRAMME OF WORK

Monday 6 December

08:30	Participants are invited to complete security and registration formalities at the UN Visitors' entrance 45th/46th Street and 1st Avenue, from 8.30 am. Participants should bring along their passports.	
09:30	Welcome Participants	UN Deputy Secretary-General UNAIDS Executive Director
10:00	Opening of the Meeting Introductory Remarks Statements from the Partner Groups:	UN Secretary-General UNAIDS Executive Director The representative of African governments (Algeria) The representative of the OECD contact group The Chair of the UNAIDS Committee of Cosponsoring Organizations The representative of the NGO contact group The representative of the private sector group

Interventions from participants followed by General Discussion

13:00	Working lunch *(two invitations per delegation)*	Guest speaker: Mr K.Y. Amoako, Executive Secretary, Economic Commission for Africa
14:30	**Intensifying national and international responses to AIDS in Africa: Framework for Action** • Principles and Priorities • Partnership Functions and Mechanisms • Key Milestones	Peter Piot, Executive Director, UNAIDS
15:45	**Responding to government leadership:** ▪ **Principles and Priorities for Intensifying Country Action** ▪ **Intensifying key efforts in key sectors** Chair: Dr. E. Samba, WHO/AFRO Panel: South Africa, OAU, Salvation Army, US	**Introduction of Issues:** Hon Dr Philip Byaruhanga, Minister of State for Health Uganda (8 minutes) Mrs Tatu Ntimivi, Deputy Minister of Health, Tanzania (8 minutes) Mr Urban Jonsson, Regional Director, ESARO, UNICEF (8 minutes)
17:30	**Wrap-Up and Adjournment**	Rapporteur-UNAIDS Secretariat

Tuesday, 7 December 1999

09:00	**Mainstreaming HIV/AIDS in the international development agenda: Implications for Development Partners** Chair: EU, Burkina Faso Panel: UNDP, HIV NGO Alliance, Canada, Nigeria	**Introduction of Issues:** Dr Debrework Zewdie, World Bank (8 minutes)
	Widening the response to the epidemic	
10:15	**1. Non-governmental and community based organizations** Chair: Secure the Future, Gabon Panel: AfriCASO, UNFPA, France	**Introduction of Issues:** Ms Milly Katana, GNP+ (8 minutes)
11:30	**2. Private sector, foundations, media** Chair: UNESCO, Senegal Panel: OATUU, Rotary, Algeria, ESKOM, AIDS Law project	**Introduction of Issues:** Mr William H. Roedy, MTV (8 minutes)
12:45	**Introduction of a Three-Month Plan to Finalise the Design and Formation of the International Partnership Against Aids in Africa** - UNAIDS Secretariat	
13:00	Working Lunch	Partner Working Groups
16:00	**Feedback and Synthesis from the Working Groups**	Partner Working Groups UNAIDS Executive Director
17:00	**Closing Remarks**	UN Deputy Secretary-General
17:30	**Adjournment**	

THE SECRETARY-GENERAL

12 November 1999

Dear Ms Thurman,

The HIV/AIDS epidemic has continued to escalate with disastrous consequences, especially in Africa. Much has already been done to respond to the epidemic, but more efforts are needed. An International Partnership against AIDS in Africa is being developed to bring together a broad range of partners to respond to the epidemic and to mobilize the high level political support required. It is only through such broad partnerships that we can achieve the goal established by the XXIst Special Session of the General Assembly, that "by the year 2005 HIV prevalence in the age group 15-24 years is reduced globally, and by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent."

I would like to invite you to participate in a meeting of representatives of the different constituencies of the International Partnership against AIDS in Africa to be held at United Nations Headquarters on 6-7 December 1999. While some of these constituencies have met previously, this is the first time that representatives of all five pillars - African Governments, United Nations, donors, civil society and corporate sector - will come together to discuss how to move forward. The high-level opening session, which I shall chair, will begin on 6 December at 9:30 a.m. I further hope that you or your senior representative will be able to participate in the working sessions to be held the afternoon of 6 December and all day 7 December. The Deputy Secretary-General, Ms. Louise Fréchette, will lead these sessions.

Ms. Sandra Thurman
Director
Office of National AIDS Policy
The White House
Washington D.C.

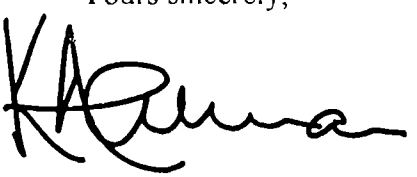
The aim of the two-day meeting is to:

- agree on a set of principles and priorities around which partners can organise their efforts and join together to respond to the AIDS epidemic in Africa;
- update each other on the steps to be taken to mobilize their broader partner group in order to intensify the efforts that address AIDS in Africa; and
- agree on a specific plan within a time line of several months to complete the design and formation of the partnership.

For your information, I enclose a list of those who are being invited to participate in this meeting. Further details regarding the consultation will be sent to you through the office of the Deputy Secretary-General, in coordination with the Executive Director of UNAIDS, Dr. Peter Piot.

I hope that you will join me in this important consultation so that we may form together a true and effective partnership to respond to the AIDS epidemic in Africa.

Yours sincerely,



Kofi A. Annan

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

The Executive Director

Reference: CPP/MGB/rg

Ms Sandra Thurman
Director
Office of National AIDS Policy
Washington D.C.
Fax: 1 202 456 2439

24 November 1999

Dear Ms Thurman,

Subject: Meeting on the International Partnership against AIDS in Africa convened by the Secretary-General

You have received an invitation from the Secretary-General inviting you to a meeting to discuss the International Partnership against AIDS in Africa in New York on 6 and 7 December. This letter is in follow-up to that letter, to provide you with the additional information that will help you in preparation for the meeting.

The purpose of the meeting is to enable the Secretary-General to call together representatives from the different constituency, or stakeholder, groups of the Partnership, to charge us with a more rapid and effective response to AIDS in Africa. This meeting will be the first time – twenty years into the epidemic – that representatives of African Governments, OECD governments, international and national civil society, the private sector and foundations, and the United Nations have come together specifically to discuss how to respond to HIV/AIDS in Africa. The Secretary-General will task us with completing preparation of the Partnership so that he can officially launch it at a meeting to be convened in the first half of 2000.

This meeting is one of a series of meetings and consultations that have been held throughout 1999. You will be aware of the OAU Resolution of July 1999; and the ECA resolution of May 1999. Formal consultations have been held with the UNAIDS Cosponsors in Annapolis in January 1999; with bilateral development agencies in April 1999; with NGOs in Dakar, Lusaka, and Gaborone between August and September 1999. A number of informal consultations have also been held.

At each meeting, concern has been expressed that only one or two sets of actors are present: the full cast, led by African Governments, has not yet had a chance to assemble, and define the parameters for a massive escalation of effort to control the spread of HIV in Africa. Clearly, the actors involved are many, and the Secretary-General's consultation in December invites a small cross-section from the five 'pillars' of the International Partnership to come together. Among those invited are African members of the UNAIDS Programme Coordinating Board, the current Chair of the Organisation of African Unity and African countries involved with future meetings on AIDS, Africa and development. The OECD countries invited are among those that have, in previous consultations, indicated their willingness and interest to work together. Private sector and NGO representatives are those that have demonstrated exemplary approach to addressing HIV and AIDS.

.../2

Copy to:
Ms Vivian Derryck Lowery, Assistant Administrator for Africa Bureau, USAID, Washington D.C. (Fax: 1 202 7120500)
Dr Paul De Lay, Chief HIV-AIDS Division (USAID), Washington D.C. (Fax: 1202 2163046)

UNAIDS • 20, avenue Appia • CH-1211 Geneva 27 • Switzerland
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The OECD donor contact group met recently in Washington where the recommendation was made to expand the group. We are seeking to do this and to have wider representation of the OECD donors at this meeting. It is fully recognised that the meeting cannot be representative of all the views of the wider constituencies of those who are already, or will become involved in the Partnership.

For a true escalation of an international response, all players are required to work on a larger scale, but the real increase in effectiveness will come from the synergy of different actors working together. Already, the UN agencies and donors, for example, are talking together about how to create more effective and dynamic partnerships, under the leadership of national governments. These partnerships need to be expanded to include the private and civil society sectors. This meeting provides us with an opportunity to explore this further.

The December consultation needs to be seen in the context of important events in 2000. Following OAU recommendations, political mobilisation will continue with a meeting of African Ministers of Health in Burkina Faso in April 2000. The African Development Forum, focussing on the development impact of HIV/AIDS organised by ECA, will take place in October 2000, followed by a Heads of State Summit on HIV/AIDS in Africa.

I have also been asked to provide more detail on the proposed agenda. During the first morning, statements of intent and support for the Partnership will be made by representatives of each of the constituent groups, and, by representatives of the organisations attending. In the afternoon, there will be an opportunity to review the current state of preparedness of the Partnership. The day will conclude with a discussion of the role of African governments in the Partnership. Day two will examine AIDS and development from a number of different perspectives, with a view to identifying new opportunities for expanding and intensifying our collective response to the epidemic. I am attaching a draft agenda for your information, though this will not be finalised until next week.

Let me spell out the expected outcomes from the meeting:

- First, a greater clarity on the nature of the Partnership;
- Second, a clearer understanding of the role and responsibilities of different actors, especially the UNAIDS Secretariat;
- Third, a commitment to and a clearer agenda for mainstreaming AIDS in international and national development processes;
- Fourth, clarity on the next steps for operationalizing the Partnership.

I believe that this is an important opportunity to join together to review where we are going with the Partnership, and what we have already achieved. If you have any questions concerning logistics please contact Ms. Anne Buckley (Tel: 4122 7914558; Fax: 4122 7914162; Email: buckleya@unaids.org). For more substantive questions, please contact Dr. Meskerem Grunitzky-Bekele (Tel: 4122 7914412; Fax: 4122 4162; Email: grunitzkybekele@unaids.org). The Secretariat will be contacting some individuals in the next few days to seek agreement to play various roles, for example, as panel members, during the meeting.

I look forward to welcoming you to the meeting.

Yours sincerely,

Peter Piot

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24/11 '99 18:18 +4122 791 41 62 UNAIDS CHIEF SCF 001

Meeting on the International Partnership against AIDS in Africa convened by the United Nations Secretary-General 6-7 December 1999, New York

Provisional list of Participants as of 1.12.99 p.m.

High level participation	Working group participation
African Governments	
Algeria Prof. Yahia Guidoum Minister of Health and Population	Professor Youcef Mehdi President National AIDS Committee C/o Mr. Omar Oussouf, TG Chair, Alger Tel: 213 2 691212, Fax: 213 2 692355 Contact person: Dr. Lounnas Samia Professor Abdel Wahab Dif Chief Care Services for AIDS patients University Hospital of Algeria Professor Abdel Madjid Bouguermouh Head of the National Reference Laboratory for HIV/AIDS
Burkina Faso Dr Karfo Kapouné Conseiller technique du Ministre de la Santé publique 03 PO Box 7009, Ouagadougou Tel: 226 324159; Fax: 226 317024	Dr. Alahassan S. Seye Director National AIDS Programme Ministry of Health Ouagadougou, Burkina Faso Tel: 226 324188 Fax: c/o TG Chair 226 310470 Email: spcnls@fasonet.bf
Gabon Mr. Faustin Boukoubi Minister of Health and Population Post Box no. 50 Libreville Tel: 241 763590	Dr Gabriel Malonga Mouelet Director National AIDS Control Programme BP 20449 Libreville, Gabon Tel: 241 761060; Fax: 241 734365 Email: oms.gabon@internetgabon.com Madame Angèle Ondo High Commissioner Office of the President Professeur Paul André Kombila Director General of Health

Nigeria Dr. Tim N. Menakaya Honorable Minister of Health Federal Ministry of Health New Federal Secretariat Complex Shehu Shagari Way Maitama - Abuja P.M.B. 083 Garki, Abuja Tel: 09 5234590; Fax: 234 9 5234587	Dr. Edugie Abebe Director Department of Primary Health Care and Disease Control, Federal Ministry of Health New Federal Secretariat Complex Shehu Shagari Way, P.M.B. 083 Abuja, Nigeria Tel: 09 5238190; Fax: 09 5238190 Or Dr. Nasir Sani-Gwarzo National Coordinator National AIDS and STD Control Programme Federal Ministry of Health New Federal Secretariat Complex P.M.B. 409 Garki, Abuja Tel: 09 5238950 Email: nsgwarzo@abujanipost.com.ng Mrs C. Bob-Asamo Special Adviser to the Minister of Health Senator Hariat Abdul Razak (Mrs)
Senegal Mr. Hassan Diop Minister of Health PO Box 4024, Dakar Tel: 221 8213628; Fax: c/o TG Chair 221 8 233255	Dr. Ibra Ndoye Director National AIDS Control Programme BP 3435, Dakar, Senegal Tel: 221 8229045; Fax: 221 8221507 Email: ibndoye@telecomplus.sn
South Africa Dr. Manto Tshabalala-Msimang Minister of Health	Dr. Mtshali C/0 Permanent Mission of South Africa New York
Uganda Hon. Dr. Philip Byaruhanga Minister of State for Health Ministry of Health PO Box 7272 Kampala, Uganda Tel: 256 41 340881; Fax: 256 41 231584	Dr. Joshua Musinguzi Ag. Programme Manager National AIDS Control Programme Ministry of Health Entebbe, Uganda Tel: 256 4220297; Fax: 256 4220440/20608
United Republic of Tanzania Mrs. Tatu Ntimivi Deputy Minister of Health Member of Parliament Ministry of Health PO Box 9083 Dar-es-Salam Tel: 255 51116683; Fax: 255 5139951	Dr. Rowland O. Swai Programme Manager National AIDS Control Programme Lithuli Road PO Box 11857 Dar es-Salaam, Tanzania

Economic Commission for Africa (ECA) Mr K.Y. Amoako Executive Secretary Economic Commission for Africa (ECA) Po Box 30001 Addis Ababa, Ethiopia Tel: (251-1) 511231; Fax: (251-1) 512814	
Organisation of African Unity (OAU) Ambassador Mahamat Habib Doutoum Assistant Secretary-General Organization of African Unity P.O. Box 3243 Addis Ababa Ethiopia Tel: (251 1) 513036; Fax: (251 1) 510039	

OECD Governments	
Belgium (confirmation awaited) Mr E. Boutmans State Secretary for Development Cooperation Boulevard du Régent 45/46 1000 Brussels, Belgium Fax: 320 5122123 PROBABLY UN AMBASSADOR	
Canada (confirmation awaited) The Honourable Maria Minna Minister for International Cooperation Canada International Development Agency (CIDA) Minister's Office 200, Promenade du Portage Hull, Quebec, Canada K1A OG4 Tel. 1 819 953 6238 Fax: 1 819 953 8525	Ms Carol Vlassoff Senior Health Specialist Policy Branch Political and Social Policies Canada International Development Agency (CIDA) 200, promenade du Portage Hull, Quebec, Canada K1A OG4 Tel. 1 819 994 40 79 Fax: 1 819 997 9049
Denmark (confirmation awaited) Mr. H. E. Jan Trojborg Minister of Technical Co-operation Asiatisk Plads 2 DK-1448 Copenhagen Denmark Fax: 45 32 540 53	
Finland Ms. Marjatta Rasa Ambassador Permanent Mission of Finland to the UN New York Fax: 1212 7596156 PROBABLY UN PERM REP	Dr. Pekke Holmstrom National Institute for Health Helsinki
France (confirmation awaited) M. Ch. Josselin Ministre Delegué à la Cooperation et à la Francophonie 20 Rue Monsieur 75700 Paris, France Fax: 33 1 53694382 SOMEONE FROM JOSSELIN'S OFFICE	
Germany (confirmation awaited) Ministerin Heidemarie Wieczoreck-Zeul Bundesministerium fuer wirtschaftliche zusammen arbeit und entwicklung Europahaus Stresemannstrasse 92 10 963 Berlin Germany UNKNOWN STATUS	
Italy (confirmation awaited) Mr. V. Racalbuto Directorate General for Development Co-operation Piazza della Farnesina 00194 Rome	

Italy Fax: 39 06 320 81 07	

Japan Mr Fumio Isobe Director, International Affairs Division Ministry of Health and Welfare 1-2-2, Kasumigaseki, Chiyoda-ku Tokyo 100-8045, Japan (Fax: 8133 5012532) CONFIRMED	
Netherlands (confirmation awaited) Mrs Eveline L. Herfkens Minister for Development Cooperation P.O. Box 20061 2500 E B The Hague The Netherlands Tel: 3170 3485033 (direct); Fax: 3170 3485301	Mr J. N. M. Richelle Director General for International Cooperation P.O. Box 20061 2500 E B The Hague The Netherlands Tel: 3170 3484416; Fax: 3170 3484881
Norway (confirmation awaited) Ms. Hilde Frafjord Johnson Minister of International Co-operation and Human Rights P.O. Box8114, DEP 0032 Oslo Norway Fax: 47 22 24 95 80	
Sweden (confirmation awaited) Miss Maj-Inger Klingvall Minister for Development Cooperation, Migration and Asylum Policy Ministry for Foreign Affairs 10333 Stockholm Sweden Tel: 468 4051000; Fax: 468 7231176	Mr Lars Ekengren Assistant Director-General Department for Africa Swedish International Development Agency (SIDA) 10525 Stockholm Sweden Tel: 468 6985000; Fax: 468 208864 Ms Carin Norberg Assistant Director General Department for Democracy and Social Development Swedish International Development Agency (SIDA) 10525 Stockholm Sweden Tel: 468 6985227; Fax: 46 8 698 5227

UK (confirmation awaited) Rt Honourable Clare Short Secretary of State for International Development Member of Parliament 94 Victoria Street London SW1E5JL, UK AMBASSADOR TO UN	Phil Mason UK Mission New York Ms Barbara Kelly Under Secretary for Africa Department for International Development (DFID) 94 Victoria Street London SWI, UK Tel: 44 171 9170434; Fax: 9170428 Email: b-kelly@dfid.gov.uk Dr Julian Lob Levyt Chief, Health and Population Department Department for International Development (DFID) 94 Victoria Street London SWI, UK Tel: 44 171 9170107; Fax: 44 171 9170174 or 9170428 Email: j-lob-levyt@dfid.gov.uk NONE OF THESE FOLKS ARE LIKELY TO COME
US Ms Sandra Thurman (confirmation awaited) Director Office of National AIDS Policy The White House 736 Jackson PL NW Washington D.C. 20503-0007, USA Tel: 1 202 4562437 or 456 2343; Fax: 1 202 456 2439 Email: sthurman@oa.eop.gov	Dr. Paul Delay Chief, HIV/AIDS Division, Global Bureau Center for Population, Health and Nutrition USAID 1300 Pennsylvania Ave. NW Washington DC 20523 Tel: 1202 7120683; Fax: 1202 2163646 Email: pdelay@usaid.gov
European Commission Dr Kueve Fransen AIDS focal point for Commission's Directorate General for Development 200, rue de la Loi, G-12 B-1049 Bruxelles Tel. 0032 2 298 1001 Fax: 0032 2 298 1099	

UN Agencies	
UNDCP Mr Vincent McClean UNDCP Representative New York	Mr Michael Van der Schulenburg Director, Division for Operations and Analysis UNDCP Vienna International Centre PO Box 500, A-1400 Vienna, Austria Tel: (431) 26060 4168
UNDP Mr Mark Malloch Brown Administrator UNDP 1 United Nations Plaza New York, NY10017, USA Tel: 1212 9065791; Fax: 1212 9065778 Ms Eimi Watanabe Assistant Administrator and Director, Bureau for Development Policy, UNDP 1 United Nations Plaza New York, NY10017, USA Tel: 1212 9065020; Fax: 1212 9065857 Ms Thelma Awori Assistant Administrator and Regional Director, Regional Office for Africa UNDP 304 East 45th Street, Office 988 New York, NY 10017, USA Fax: 1212 9065423 Email: thelma.awori@undp.org	Mr Berhe Costantinos Senior Policy Adviser, UNDP Africa DCI, Suite 246 1 United Nations Plaza New York, NY10017, USA Tel: 1 212 9065869; Fax: 9066478 Email: berhe.costantinos@undp.org Ms Mina Mauerstein-Bail Manager, HIV and Development Programme (HDP) UNDP 304 East 45th Street, Office 988 New York, NY 10017, USA Tel: (1-212) 9066349; Fax: (1-212) 9066336 Email: mina.mauerstein-bail@undp.org
UNESCO Mr Piu Obanya Assistant Director-General and Director UNESCO office in Dakar	Mr Alfatih Hammad Director a.i. UNESCO New York
UNFPA Dr Nafis Sadik Executive Director UNFPA 220 East 42nd Street New York, NY 10017, USA Tel: 1212 2975111; Fax: 1212 3700201 or 2974911 *After initial morning session, Dr. Sadik will be replaced by either* Mr. Hirofumi Ando Deputy Executive Director Email: ando@unfpa.org *or* Ms. Kerstin Trone Deputy Executive Director Trone@unfpa.org	Mr. Lalan Mubiala Deputy to the Director of Africa Division Mubiala@unfpa.org Mr. Andrea DeClerq Chief of the East and Southern Africa Branch DeClerq@unfpa.org

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WORKING IN PARTNERSHIP: INTENSIFYING NATIONAL AND INTERNATIONAL RESPONSES TO AIDS IN AFRICA

A Framework for Action

Draft for discussion
as of 2nd December 1999

Working in Partnership: Intensifying national and international responses to AIDS in Africa

A Framework for Action
Draft for discussion

This document sets out a strategy for working together to address the HIV/AIDS epidemic in Africa. The response to date has indicated promising actions, strategies and policies, within individual projects and on a limited scale within some countries, and within some organisations. The challenge confronting us now is to scale up effectively by an order of magnitude, in a concerted way, so that the impact is greater than the product of each individual organisation. We believe that, by working in partnership, committed to a shared vision, common goals and objectives, based on a set of mutually agreed principles and a set of key milestones, we can build on the foundations that have been laid so far, and change the course of AIDS in Africa.

This document is work in progress. It is intended for negotiation. It sets out the thinking to date, but recognises that in a partnership much needs to be agreed collectively. The aim of this draft is to provide a framework for the collective discussion and agreement that will take place in the next few months.

PART ONE: WHY DO WE NEED A PARTNERSHIP?

1. Introduction

1.1 The 1999 World AIDS day figures spell out the stark reality of the epidemic for Africa: life expectancy at birth in southern Africa, which rose from 44 years in the early 1950s to 59 in the early 1990s is set to drop to just 45 between 2005 and 2010 because of AIDS. In contrast, South Asians can expect by 2005 to be living 22 years longer than their counter-parts in southern Africa. In Zimbabwe, one in four of the population lives with HIV/AIDS. Eighty three percent of those who have died from AIDS have done so in Africa. Eastern and southern Africa is home to 4.8 percent of the world's population, yet has over 50 percent of the world's HIV-positive people and accounts for 60 percent of all lives claimed by AIDS since the epidemic began[1].

1.2 As early as 1992, the OAU recognised the growing seriousness of the epidemic. In 1998, a resolution of the OAU Summit of Heads of State in Ouagadougou called on the international community for the global resources necessary to address the epidemic. The UNAIDS Secretariat began in late 1998 a broad process of consultations with African leaders in 20 African countries; with UNAIDS Cosponsors, and with bilateral donors, with NGOs and with the private sector to respond to this call for action from African leaders, and to chart a course for an intensified response by the international community to AIDS in Africa.

[1] The twenty-five worst affected countries in the world are, in order: Zimbabwe, Botswana, Namibia, Zambia, Swaziland, Malawi, Mozambique, South Africa, Kenya, Rwanda, CAR, Djibouti, Côte d'Ivoire, Uganda, Tanzania, Ethiopia, Togo, Lesotho, Burundi, Congo, Burkina Faso, Cameroon, DRC, Gabon, Haiti and Nigeria.

1.3 In 1999, a set of key meetings took place to prepare for an international partnership against AIDS in Africa. In January 1999, in Annapolis, the UNAIDS Cosponsors adopted a resolution to create and support an International Partnership against AIDS in Africa. At a meeting in London, in April 1999, co-hosted by the UK Government and UNAIDS, bilateral development agencies acknowledged the gravity of the AIDS and drafted a statement which set out principles for action, mechanisms for sustaining partnership and recommendations for operationalization of the Partnership. Other consultations, notably in Dakar, Lusaka, in Washington, as well as bilateral talks, and work with the private and NGO sector have contributed to an emerging consensus and articulation of the need for the response to AIDS in Africa to be characterised by partnership, rather than fragmented action. [2]

1.4 This document builds on these meetings. It describes the emerging strategy for working in partnership on AIDS in Africa. It maps out why we need to do this; why it is different; the roles and responsibilities of different actors; the deliverables, or outputs at each level; and mechanisms for partnership. It proposes a set of milestones, as well as goals, objectives and principles for discussion. It explores the potential roles for donors, the private sector, and civil society, and describes the role and responsibility of the UNAIDS Cosponsors and that of the UNAIDS Secretariat. It is proposed for discussion and refinement, to be completed through discussion in the 1st quarter of the year 2000.

2. Why intensify action on AIDS in Africa now?

2.1 The full dimensions of AIDS crisis in Africa are now well recognised, as is the need to mount an extraordinary response. The progression of the disease has outpaced all projections. For example, WHO projected in 1991 that in 1999 there would be 9 million infected individuals and nearly 5 million cumulative deaths in Africa; estimates made in 1999 are *two to three* times *higher*, with 23.5 million infected individuals, and 13.7 cumulative deaths. In addition, because AIDS is associated with major stigma and shame, and touches on human sexuality, death, and human relations, it has not been an easy subject for governments, communities or individuals to deal with. Other factors have also been at work. There has been a range of failures of commission and omission, intentional and unintentional that have led to the situation that Africa faces today.

- AIDS was perceived as one problem of many, both within Africa and globally. Wars, famine, and political upheaval all contribute to the spread of the virus and prevent an adequate response. AIDS has consistently been pushed down the agenda as other problems and crises both in Africa and elsewhere have taken centre stage.
- AIDS has been viewed as an intractable problem, with few evidence-based solutions. It has taken time to demonstrate that it is possible to make a substantial impact on the course of the epidemic.
- AIDS has been dealt with primarily as a health issue, or even as a primarily medical problem, and not as a development issue, which has masked the full impact of the disease. Even in the health sector, the response has sometimes paid insufficient attention to the realities of limited health sector capacity in Africa.

[2] A further indication of the rising priority of the epidemic to African governments can be seen in the Memorandum of the African Governors to the President of the World Bank on the occasion of the Annual Meetings of the IMF and the World Bank Group, September 1999.

- The approach to AIDS has suffered from the problems of development more generally: in countries where, in varying degrees, strong government, accountability, respect for human rights, and well-coordinated external collaboration have come together, there has been effective impact on the epidemic. Countries without a strong civil society, access to good information, and a climate of good governance have fared less well.
- The response of external partners and the UN has not kept pace with the epidemic; poor coordination and unfilled gaps – or a 'boutique' approach to AIDS projects – characterize many externally funded AIDS programmes.
- The lack of institutional and technical capacity in many countries to deal with an epidemic of this scale has undoubtedly played a part. This has been coupled with a lack of national ownership, externally driven priorities, and the substitution of international capacity for developing indigenous capacity in many countries.

2.2 The impact of AIDS currently being experienced in Africa will be present for years to come. But actions taken, or not taken over the next few years will have a huge impact on the future course of the epidemic. This year, African political, religious, and community leaders are breaking the silence surrounding HIV and are speaking out. Valiant efforts are being made in many countries, though political and institutional complexities continue to undermine a sustained response. The environment for intensifying the response in many African countries is becoming much more positive, signaling vital opportunities for a scaled up international response.

3. Goals for International Action

3.1 In June 1999, the international community responded to the need to the global AIDS epidemic by negotiating a new international development target. The ICPD+5 United Nations General Assembly Special Session (UNGASS), set a new internationally agreed target for addressing HIV/AIDS in the world[3]. While not exclusive to Africa, this valuable goal focuses world attention and commitment to address the epidemic in the 25 most affected countries, 24 of which are in Africa. Governments, UNAIDS and donors have been called upon – and have agreed – to take the steps necessary to ensure that in these most affected countries by 2005:

- At least 90 percent of young men and women aged 15-24 have access to information and skills required to reduce their vulnerability to HIV infection, and
- HIV incidence in 15-24 year olds is reduced by 25 per cent

3.2 Achievement of this goal is likely to result in the prevention of roughly 5 million new infections by the year 2010. Pursuing it is likely to catalyse and reinforce the important social and development policy changes required to slow and eventually reverse the course of the epidemic.

3.3 The ICPD+5 goal describes one critically important aspect of addressing the epidemic – reducing transmission. However, two decades of experience with the epidemic

[3] Governments with the assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent and by 2010 at least 95 per cent, of young men and women aged 15-24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15-24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent. ***ICPD+5 paragraph 70.***

reinforces the view that the prevention of HIV transmission will not be achieved in isolation of concomitant efforts to:

- reduce suffering and mitigate the impact of the epidemic;
- decentralise the response through local government and community action;
- expand the response in the education, health and communication sectors, among others, through significant social and economic policy adjustments, including the strengthening of social safety nets for the most vulnerable;
- substantially increase the investment of financial, technical and political resources in HIV/AIDS focussed efforts.

3.4 To effectively address the HIV/AIDS epidemic in Africa, additional common goals will need to be conceptualised and articulated in a broader development framework. These goals will need to be developed through participatory processes which involve the stakeholders who will be responsible for achieving them. The human rights documents provide a common starting point for such an approach, in particular, the Covenant on Economic, Social and Cultural Rights; the Covenant on Civil and Political Rights, the African Charter on Human and Peoples Rights, the Convention on the Elimination of Discrimination Against Women; and the Convention on the Rights of the Child.

3.5 In their meeting at Annapolis in January 1999, the UNAIDS Cosponsors formulated a more comprehensive goal for combating the epidemic. That goal and a working set of outcome indicators drawn from consultation processes noted below[4] are presented for further discussion below.

Proposed Outcome Indicators for 2005

Overall Goal

- To curtail the spread of HIV, and to reduce sharply the impact of AIDS on human suffering and on the development of human, social and economic capital in Africa

Prevention of Transmission

- At least 90 percent of young men and women aged 15-24 have access to information and skills required to reduce their vulnerability to HIV infection, and
- HIV incidence in 15-24 year olds is reduced by 25 per cent
- A substantial percentage (perhaps 50 percent) of HIV-positive pregnant women have access to testing, counselling, treatment and replacement feeding programmes

[4] Stakeholder consultations are described in document are noted in the IPAA Resource document: Progress Towards Common Goals: the Meeting of the UNAIDS Cosponsoring Agencies at Annapolis, the Meeting of Donor Countries on the International Partnership Against HIV/AIDS in Africa at London, the Meeting of UN Theme Group Chairs, National AIDS Programme Managers, and UNAIDS Country Programme Advisors at Maputo, the Meeting with NGO Representatives of the International Partnership Against AIDS in Africa at Dakar, the Consultations of the Non-Governmental and Community-Based Organizations at Lusaka, the Consultation with Christian Leaders and Development Organizations – Journey into Hope: Consultation on HIV/AIDS-Related Issues at Gabarone.

Reducing suffering and mitigating impact

- Commitments by countries and communities to actively include those infected and affected by HIV/AIDS in all aspects of social life, including assuring that some significant percentage (perhaps 50 per cent) have access to essential services

- Commitment that a significant percentage (perhaps 50 per cent) of HIV-positive people have access to an appropriate continuum of care in accordance with locally established standards with at least 50 per cent of all HIV-positive people have access to drugs for common opportunistic infections

- Commitments in each country to make measurable progress toward using social, legal and human rights frameworks to address fear, stigma and discrimination

- Commitments in each country to address the well being of orphans

Expand and Decentralise the Response to the Epidemic

- Commitments by governments to expand their national response to HIV/AIDS through a more comprehensive human development agenda which builds upon sound public health practices and human rights principles

- That a significant number (perhaps 75 per cent) of community level partnerships will have established success criteria for their actions against HIV/AIDS, and will be measuring progress towards achieving their goals

Increase Financial, Technical and Political Resource Investments

- Commitments by governments and international donors to allocate the additional technical and financial resources required for scaling up the national response

- The strengthening or establishment of financial and other mechanisms in countries required to allocate national and international resources in support of community level partnerships

- Efforts to assure that a substantial number (perhaps 50 per cent) of international firms operating in Africa will be making in kind and/or financial contributions to AIDS programmes

4. What is the Partnership?

4.1 If we are to achieve the new International Development Target (ITD) on reducing HIV transmission - and indeed, ensure that the other ITDs in health, such as reducing child mortality, and universal education are achieved, we need to scale-up, significantly, our collective efforts in Africa against the epidemic. Only an urgent mobilisation of this kind can curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa. The International Partnership against AIDS in Africa is intended to be such a mobilisation.

4.2 The Partnership is a *coalition* of actors who have chosen to work together to achieve
- a shared vision
- common goals and objectives
- based on a set of mutually agreed principles, and
- set of key milestones.

4.3 It *builds* on existing efforts, and seeks to enhance, expand and replicate successful actions, and address the political and institutional challenges involved in doing so. It creates no new structures. The actors of the Partnership are African Governments; African and international civil society; the United Nations; donors; and the private and corporate sector, and foundations. This paper proposes a strategic framework for the Partnership and its different levels of operation: at country level; regionally, and internationally. As such, the Partnership can be understood as a series of overlapping partnerships at different levels, and between different actors, working to common objectives.

4.4 The actors of the Partnership believe that by acting in synergy with others, within the context of a shared strategic agenda, the impact of individual actions can be dramatically enhanced.

4.5 At present, impact on the epidemic at all levels is compromised by fragmentation; different actors pursue agendas in isolation from others. Instead of working within *nationally* negotiated and agreed strategic agendas, actors, whether government or non-government, UN, private sector or NGO, have tended to address HIV/AIDS as an area for designing and implementing multiple, often small-scale projects, with their own objectives, management, monitoring and evaluation systems. While it is clear that projects will continue to be an important vehicle of both financial and technical resource transfer, the International Partnership recognises that many traditional patterns of donor assistance are inadequate vehicles for addressing HIV/AIDS in Africa. On the contrary, the AIDS epidemic makes painfully visible many of the current shortcomings of development practice. The actors in the Partnership therefore will seek to build on best development practice at every level of the Partnership.

4.6 At *country level*, this will mean that members of the Partnership undertake to work under the leadership of national governments and in co-ordination with other external investors within a common, strategic framework. This framework will identify core strategic and programmatic areas for intervention, and the role of different actors. National strategic frameworks will need to signpost how AIDS is to be addressed in a range of other development frameworks, such as comprehensive development frameworks; United Nations Development Assistance Framework (UNDAF); medium term expenditure frameworks; poverty reduction strategy papers; sector strategies.

4.7 Clearly many countries already have national strategic plans, though they have not always provided a basis for co-ordinated action by external actors. The real challenge will be developing a credible national process for addressing HIV/AIDS which anchors the efforts of all actors within national plans. A second major challenge will be to ensure that local and community level action in facilitated in this process, and that non-traditional partners are facilitated to engage.

4.8 At *regional and sub-regional level*, members of the Partnership will identify mechanisms for collaboration in the strengthening and development of regional resources, such as technical resource networks, available for rapid draw-down by national programmes. Additionally, partners will work on identification of the characteristics, dynamics and implications of the HIV epidemic in the region with a view to identifying entry points for evidence-based and high-impact interventions; develop mechanisms for addressing cross-border issues; engage in political and

resource mobilisation; address commodity provision (particularly male and female condoms; HIV testing kits; drugs) where this is better addressed as a regional issue.

4.9 At *global level*, the Partnership will identify processes and products in which to collectively invest. These will range from intensifying action on international public goods, to political processes, which are likely to result in greater resources and visibility for the epidemic, and where intensified and coordinated action is likely to have an impact. An example of the latter might include summits such as the G8, the World Health Assembly and the annual meetings of the World Bank; international development conferences, such as Copenhagen and Beijing +5; and international debt relief initiatives.

* * *

PART TWO: TOWARDS PARTNERSHIP

5. In the course of 1999, considerable discussion has taken place on the shared values and principles that will characterize the Partnership. The following have emerged from consultations between Partners[5]:

Proposed Vision

The vision of the International Partnership Against AIDS in Africa is that within the next decade African nations will be implementing larger-scale, sustained and more effective national responses to HIV/AIDS. Through collective efforts, promotion and protection of human rights, countries will substantially reduce new HIV infections, provide a continuum of care for those infected and affected by HIV/AIDS, and mobilise communities, NGOs and the private sector, and individuals to counteract the negative impact of the HIV/AIDS epidemic in Africa.

Proposed Principles

- African ownership of the Partnership at all levels: country and community priorities to drive the action, and implementation plans will be based on local priorities and contexts
- Active involvement of people living with AIDS in setting the parameters of the Partnership
- Respect, protection and fulfillment of human rights, compassion and active opposition to all forms of stigma and exclusion of people living with HIV/AIDS
- Promotion of public awareness both within and outside Africa of the AIDS epidemic as a development crisis that requires an urgent and sustained response on an unprecedented scale
- Support for the development and implementation of joint national strategic action plans involving all relevant sectors
- Partners fully committed to joint working

6. Purpose, Outputs and Milestones of the Partnership

Purpose of the Partnership

6.1 The *overall purpose* of the Partnership is to initiate and ensure effective support to international and national processes that will both help to realize the ICPD+5 target *and* address the wider range of impacts on human suffering. Partners will develop and pursue the necessary strategies and mechanisms to do this. Put another way, the purpose of the Partnership is, collectively, to address the 'how' questions in fighting AIDS in Africa.

[5] (subsumed in footnote No.4)

6.2 The purpose of the Partnership has been articulated as follows[6]:

Proposed Purpose and Indicators

To mobilize and challenge governments, civil society and the private sector to redirect and expand national and international political, programme and financial policies and resources to address the HIV/AIDS in Africa

Possible Indicators

- Well coordinated action in [x countries] undertaken by committed organisations who have undertaken to work together in implementing national strategic plans
- Countries using consistent, robust, well-articulated technical strategies
- Increased human and institutional capacity to address the epidemic, at all levels
- Up to date and easily accessible information systems on AIDS in Africa
- Measurable and specific indicators of the Partnership's purpose will need to be developed in subsequent iterations of this document.

Outputs of the Partnership

6.3 Over the course of 1999, the *specific outputs* of the Partnership have been articulated, including:

Agreed goals and indicators
Advocacy and political mobilisation
Intensified country-level action
Increased financial resources
Technical resource strengthening
Effective partnership mechanisms

6.4 The milestones proposed below are working definitions only, and are necessarily contingent on further discussion and agreement between members of the IPAA.

Outputs and Milestones

1. Agreed Goals, Indicators and milestones

A set of objectives, indicators and milestones for intensifying action against AIDS in Africa, and for achieving the new ICPD+5 target.

While specific goals need to be negotiated on a country by country basis, there may be other internationally agreed goals that will enable the partnership to identify – and agree – areas where the benefits from a regional-level partnership can add greatest value to national efforts. This will also enable us to monitor the impact of the IPA at discrete points in time, and to fund raise around a set of discrete regional goals.

Milestones for years one and two

- By the end of 2000, [perhaps 20 countries] have developed and negotiated goals, indicators and milestones with their partners as part of national strategic plans
- By April 2000, key stakeholders (African governments, OECD governments, UN, and representatives of international civil society and the private sector) have agreed a set of indicators and milestones for the Partnership

[6] Meeting of the UNAIDS Cosponsoring Agencies and Secretariat, Annapolis, Maryland, 19-20 January 1999; Meeting of UN Theme Group Chairs, National AIDS Programme Managers, and UNAIDS Country Programme Advisers, Maputo, Mozambique, 14-16 June 1999.

2. Advocacy and political mobilisation

Expanded international and national political commitment and resources to address HIV/AIDS in Africa.

Milestones for years one and two

- African political commitment to addressing epidemic clearly indicated at African Development Forum and other political forums in 2000
- G8 summit further recognizes importance of AIDS in Africa: OECD funding for AIDS in Africa increases
- By 2002, perhaps 50 percent of international firms operating in Africa make in kind or financial contributions to AIDS programmes
- Strategy for a co-ordinated response to the availability of international public goods relevant to the AIDS in Africa developed during 2000 (covering commodities such as condoms and test kits, drugs, vaccine development)

3. Intensified country level action

By the year 2005, action at country level, supported by *national* level partnerships effectively responds to the epidemic in [all] AIDS-affected countries in Africa.

Milestones for years one and two

- By June 2000, national strategic plans of action negotiated and agreed in six countries with internal and external partners
- National strategic plans reviewed and operationalised in 12 countries by 2001 and [x] countries by 2002
- National level partnerships include coherent strategies for facilitating community level action, mechanisms for rapid resource transfer to district/community level, and involvement of civil society
- Financial mechanisms in place and working for allocating national and international resources in support of effective action in 12 countries by 2001 and [x] countries by 2002
- Partnership mechanisms defined, negotiated and working in 12 countries by 2001 and [x] countries by 2002

4. Increased financial resources

Strategies developed and promoted which will mobilise additional resources for AIDS in Africa, and utilise existing resources more effectively, building on established resource transfer and management mechanisms and exploring new ones where needed.

Milestones for years one and two

- African government funding for AIDS increases by [x%] in first two years
- Aid flows to Africa for AIDS increase by [x%] over the first two years
- Resource tracking mechanisms in place and working effectively by end of 2000
- Volume of aid by non-traditional partners such as the business community, foundations and local communities increases by [x over y]
- Cost-effectiveness data collected and analysed to provide governments with tools for making financial allocative decisions.
- Poverty Reduction Strategy Papers, Social Fund strategies and other mechanisms include AIDS activities in [x] countries

5. Technical resource strengthening

Strategies and mechanisms developed, both regionally and nationally, that will ensure effective, rapid and appropriate technical support and capacity building in national programmes and to identify and respond to regional and sub-regional issues.

Milestones for years one and two

- National AIDS plans in [x] countries include coherent capacity building strategies drawing on national and regional resources
- Strategy for regional technical resource strengthening in one subregion completed by April 2000, and other subregions by September 2000.
- Thematic Task Forces established on at least three key issues by end of 2000
- Inventory of technical resources available at country and regional level compiled and available on web-site by April 2000
- Financial and contracting mechanisms for rapid draw-down of technical expertise negotiated and agreed for one subregion by September 2000, and for other subregions by end of 2000, and implemented in 2001

6. Effective partnership mechanisms

Mechanisms agreed, implemented and sustained to ensure the effective functioning of the Partnership

Milestones for years one and two

- All partners feel that their information and communication needs are effectively met (major information sharing system established and managed by UNAIDS secretariat)
- Monitoring and evaluation mechanisms in place and effectively monitoring progress towards IPAA milestones
- Country-level, regional and international coordination mechanisms in place and working
- UN system appropriately staffed and strengthened in critical areas
- Secretariat appropriately staffed, functioning effectively and providing guidance and leadership (with Cosponsors) on strategy; technical best practice; and progress monitoring.

7. Country Level Partnerships

Key functions of the Partnership

7.1 The key focus of the Partnership is at *country level*. The key function at country level is to provide a mechanism for all actors to come together, under the leadership of government, in support of enhanced national strategic plans. While many countries already have strategic plans, they have often failed to act as a platform around which external actors have been willing to programme their resources. The critical first step to coordinated working at country level is to develop a shared action plan, the characteristics of which are described below. These shared plans – whatever nomenclature is chosen – will in most instances be incorporated into the national strategic plan; in others, they will supplement the existing strategic plan. The key to their value lies in their role as a jointly negotiated and agreed statement of what all partners will do. For the purposes of this framework for action, they are referred to as 'national partnership plans'.

National Partnership Plans

- shared analysis and shared perspective on 'gaps'
- shared priorities
- negotiated, costed, action plans
- agreed milestones and indicators of achievement
- agreed working arrangements and responsibilities such as national co-ordination mechanisms; common design and appraisal; implementation; monitoring and evaluation; use of technical resources
- agreed resource mobilisation plans, drawing on all partners (government and donors) or potential partners;
- mechanisms to include diverse and non-traditional partners, both national and international
- mechanisms for ensuring timely resource transfer and technical support to district/community level actions

7.2 In many countries, achieving a change of partner behaviour of this magnitude will require fundamental reform, not only on the part of external investors, but in the capacity of governments to coordinate their partners. The steps to achieve a National Partnership Plan of this nature will therefore need to be *incremental*, building on what is already in place.

7.3 The cornerstone of the approach will be for those involved to shift from a modus operandi of working *independently*, to working more *collectively* and to do so within the framework provided by the national strategic planning process. A institutional mind-shift, to agree to *jointly* address the difficult issues – societal diffidence; other political priorities; and institutional capacity – must be in place before collaboration mechanisms at country or regional level can be made to work effectively.

Value added at country level

7.4 Most, if not all, countries are engaged in strategic planning exercises. Government, civil society and the private sector are already engaged in programmes; external partners are already funding projects. What then does the Partnership bring which is different? We can identify a number of gains:

(i) *A coordinated response.* In most countries there is immediate scope for improved coordination. For example, in countries with a number of external donor partners, the commitment at senior headquarter level to more collaborative action will facilitate organisational behaviour change at national level. The willingness to negotiate around a single, nationally owned strategy will be a significant step forward in many countries, identifying gaps and overlaps, and adding to efficiency.

(ii) *A scaled-up response:* the commitment of the Partnership is to significantly increase the resources available to national governments and communities. At present it is estimated that, outside of South Africa, the total spent on AIDS is approximately $165 million a year. Current estimates suggest that between $800 million and $2.5 billion a year are needed to mount an adequate response to the epidemic. While a key impact of coordinated effort is better use of *existing* resources, the IPAA signals a clear message that *more resources* need to be made available, from national governments, and from traditional and non-traditional sources. Resources are more likely to flow towards well designed, clearly costed and well-implemented

programmes, especially where it is clear that mechanisms are in place for moving resources to district and community level.

(iii) *A linked response:* The Partnership will ensure that countries are properly linked to sub-regional, regional and international resources and initiatives. By improving communications and the quality of information, and where necessary ensuring that brokering functions are performed, the Partnership will ensure that countries are able to benefit from other international and regional investments in addressing the epidemic, including in best practice development, information, commodities, or technical expertise.

(iv) *A response based on best practice*: experience from two decades of the epidemic has generated a considerable body of good practice. For example, it is clear that to mount an effective health sector response basic services need to be in place, including care of patients, prevention and treatment of STI, establishment of VCT, diagnostic facilities, training of health and allied workers, affordable drugs, and safe blood. Other sectors are identifying similar critical elements.

Mechanisms for building partnerships

7.5 There are a number of proposed mechanisms for moving the Partnership forward at country level. These include Partnership Missions, National Partnership Plans, and further efforts to improve partnership coordination.

7.6 **Partnership Missions:** African governments have invited UNAIDS and other external partners to take part in *Partnership Missions*. The initial visits that have taken place have been in the form of scoping exercises, with the purpose of mapping out a process for taking forward strategic planning, building partnerships, mobilizing resources, identifying opportunities for scaling up the response, and articulating constraints to an expanded response to the epidemic. The missions were relatively short (less than a week each) and did not involve all partners. As such they were preliminary and while having some valuable outcomes – extremely so in some cases – it is clear that a process for more comprehensive partnership building, leading to production of a national partnership plan, is needed. For example, one product of Partnership Missions may lie in producing a statement of intent, by actors, of their willingness to work together to produce a national partnership plan, and in then mapping out the process for its production.

7.7 Partnership Missions are likely to accelerate those country-level processes required to support the national response. While there may be no such thing as a 'typical' process, recommendations have been put forward to identify and strengthen some critical stages[7]:

- Government initiation and national leadership of the process established
- Involve as many actors as feasible, both traditional and non-traditional –ensuring the presence of those who are *experienced and skilled* in leading national level negotiation processes
- Use existing national strategic plans as the starting point in order to build on current achievements
- Jointly identify priorities and use as a basis for identifying the country's unmet needs or gaps
- Negotiate additional inputs

[7] Washington meeting, 16-18 November 1999

- Identify risks and structural constraints to implementation, and the constraints to addressing them
- Identify additional costs and sources of finance
- Draw on regional and global arms of the Partnership to add value

While the partnership missions will be useful to initiate this process, the detailed work needed to produce the partnership plans will happen over several months at country level, rather than in 'mission' mode.

7.8 **Partnership Plans:** This joint plan of action is based on, and supports the implementation of, the national strategic plan. In countries where external partners have agreed to work together in specific sectors, some quasi-formal mechanism signaling the start of this process has been useful, such as a joint statement of intent. As suggested above, one of the outcomes of the Partnership Missions could be such a statement. If some partners decide that they wish to enter into common management arrangements, a more formal memorandum of understanding may be required. Other instruments that have been found useful to facilitate joint working are the development by partners of a Code of Practice, which covers more general issues relating to the clarification of roles and behaviour of donors, government and other partners.

7.9 The intention is to have made substantial progress in six countries[8] by June 2000 and twelve countries by the end of the year which will provide valuable further insights into the mechanisms needed to kick-start and refine the process. At the same time, it is clear that HIV/AIDS activity continues throughout Africa: the basic principles of the IPAA should be applied wherever governments and external partners are working together.

7.10 The responsibility of donor and other external partner coordination rests with governments. Clearly, enhanced coordination is needed to develop and implement national partnership plans, and mechanisms will need to be developed on a country-by-country basis. One key mechanism already in place is the Theme Group, which provides a coordination mechanism for the UN. Following the London meeting, Theme Groups were asked to broaden their membership to include bilaterals, and a number[9] have already done so. However, it would be naïve to pretend that all Theme Groups, even the expanded ones, provide a mechanism capable of delivering on this agenda. Countries differ in the extent to which external partners are already working effectively with each other, and the extent to which the UN, bilaterals, NGOs, private sector, and government are able to co-ordinate activities. The choice of co-ordination mechanism therefore needs to be identified on a case-by-case basis. For example, in countries where one of the international partners is already leading on HIV/AIDS programming, it may make more sense for them to play a coordinating role.

8. Regional and Subregional partnerships

Functions

8.1 The key function of the Partnership at regional and sub-regional level is to ensure maximum impact at country level through support for national programmes. Specific regional functions include the following:

[8] Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique, Tanzania

[9] Theme Groups in Burkina Faso, Côte d'Ivoire, Djibouti, Ethiopia, Ghana, Kenya, Rwanda, Uganda, Zambia

- Co-ordination and strengthening of sub-regional technical resources and improved mechanisms for rapid drawn-down by national programmes. These include support for development and implementation of National Strategic Plans.

- More effective use of *existing* co-ordination mechanisms and initiatives to act as a platform for advocacy and improved co-ordination for national programmes. These include mechanisms such as SADC and ECSA.

- Identification of cross-border issues which require a sub-regional perspectives, and the development of mechanisms for addressing them.

- Negotiations over the procurement of commodities, where regional/sub-regional levels have advantage over the national.

Mechanisms

8.2 At sub-regional level, activities have been initiated and facilitated by the Secretariat. Over the course of 2000, it is intended to develop frameworks to deepen sub-regional partnerships. Mechanisms for pursuing this piece of the IPAA include the UNAIDS Inter-country teams, one based in Abidjan and the other in Pretoria. These frameworks will

- Map sub-regional resources, with emphasis on current pools of dedicated or transferable skills in the region (drawing on on-going work to develop inventories)
- strengthen and develop coordination mechanisms between regional organisations and resources;
- propose mechanisms for making resources rapidly available to national programmes
- identify mechanisms for addressing other areas where sub-regional action adds value to national programmes

8.3 The regional or sub-regional pieces of the Partnership should place emphasis on functions, not structures. Light-weight, flexible coordination mechanisms are envisaged that help to provide coherence and clarity to existing resources, and to identify gaps where further actions may be required.

9. The IPAA at international level

Functions

9.1 At international level the Partnership's key function will be to support country and regional initiatives and to take forward international actions that will further enable effective local responses. Functions include:

- Advocacy for and monitoring of the progress of the IPAA

- More effective use of existing co-ordination mechanisms and initiatives to act as a platform for advocacy and improved co-ordination for national programmes. These include mechanisms such as the EU; G7/8; OECD; United Nations Special Initiative for Africa; UNDG; OAU and ECA

- Identification of areas, issues and mechanisms where international action, brokering, or co-ordination will add value to sub-regional and country-level actions: these may include negotiations over commodities (for example: male and female condoms; test kits; drugs; breast-milk substitutes); advocacy for the development of new international public goods (particularly drugs and vaccines and other forms of knowledge); improved co-ordination of international processes relevant to HIV/AIDS in Africa e.g. HIPIC

- Provision of secretariat functions performed by UNAIDS to ensure maximum communication, co-ordination, facilitation, standard setting and impartial information and advice to all actors within the Partnership (see section x below).

Mechanisms

9.2 It is recommended however, that an International Partnership against AIDS in Africa Stakeholder Meeting takes place annually, at the international level, with representatives from all of the Partnership's constituents. This will provide the basis for clear accountability and agreement on progress of the Partnership against agreed milestones. It is further recommended that the convening of this meeting be linked with that of the PCB to help assure appropriate governance linkages.

10 Roles, responsibilities and membership of the Partnership

10.2 Members of the Partnership are those who state that they wish to work jointly with others in pursuit of an intensified response to AIDS in Africa. They will be those who are in agreement with the objectives, and milestones of the Partnership, and will be willing to act transparently, and to make information available to members of the Partnership. While it is not envisioned that there will be any *formal* mechanisms in place for joining the Partnership, an internationally agreed upon Partnership document, internationally, of which this is the forerunner, will provide the basis for discussions and participation. At national level, the joint Partnership Plan provides the vehicle for negotiating participation. It is clear that at each level of the Partnership, different partners will coalesce around different issues and instruments for taking forward action.

Actors	Principal Roles and responsibilities
African Governments	• National leadership • Political commitment and translation of commitment into institutional arrangements for implementing intensified response • Resource mobilisation • Enabling environment for multisectoral and democratic action
UN	• Advocacy and convening • Policy dialogue • Support to planning and strategic development • Facilitation of technical collaboration • Norm setting and best practice documentation • Direct programme and financial support • Monitoring and evaluation
Donors	• Country and regional level action • Resource mobilisation • Policy dialogue • Technical collaboration • National and international political mobilisation
Private sector	• In-country responses Workplace policy and prevention programmes

	Community outreach programming, including organizational development support for NGOs • International responses Resource mobilisation Technical collaboration Sector-specific expertise Key role in provision of HIV/AIDS goods and commodities
Non-governmental organization networks	• Advocacy • Information sharing and networking • Support organizational development of national NGOs • Ensure greater involvement of people with AIDS

10.2 The role of the UNAIDS Secretariat within the IPAA

At country level

- Work through the Theme Group and within international partners to support national governments in the scaling up of national efforts through the development of the Shared Action Plan
- facilitate partnership building, strategic planning and management processes;
- facilitate capacity building inputs through the technical resources and information networks

At sub-regional level

- Facilitate development of shared technical resource and information networks
- Strengthen catalytic and facilitating functions of the inter-country teams
- Preparation and maintenance of up to date inventories of technical and programme resources

At international level

- International political advocacy and mobilization with partners around key opportunities, including the brokering of international public goods, drawing on the UN's convening power
- Overall co-ordination and facilitation of the Partnership direction
- Information capture, and dissemination through a variety of communication channels
- Resource tracking, and overall monitoring of investment in HIV/AIDS in Africa
- Assistance to African governments looking for external partners and resources and to new international partners who want to play a role in the Partnership
- Establishing mechanisms for those who wish to channel resources for the Partnership
- With relevant Cosponsors, standard setting and continued impartial information on best practice
- Accountability functions, both for achieving the milestones and for holding other partners to account, and resolving disputes

10.3 In order to carry out these functions effectively, it is recognized that the Secretariat needs to substantially enhance its capacity to facilitate and to lead a sustained international response to AIDS in Africa. This requires a significant increase in the resources committed to the International Partnership to date. A team will be assembled, with the mix of skills required to facilitate the process by which the Partnership will assist countries to analyze their situations, develop significantly more

robust responses and implement them to achieve maximum impact. The Secretariat will look to Partners to second appropriately skilled and experienced staff to increase the capacity of this team, which will work under the Executive Director of UNAIDS.

DRAFT STATEMENT FROM THE INFORMAL DEVELOPMENT PARTNERS WORKING GROUP FOR THE MEETING of THE INTERNATIONAL PARTNERSHIP AGAINST AIDS in AFRICA, CONVENED BY THE SECRETARY GENERAL

DECEMBER 6-7, 1999, THE UNITED NATIONS

(DRAFT 12/03/1999 3:30 PM)

Mounting evidence from developing countries reveals that the impact of the HIV/AIDS epidemic has extended far beyond expert predictions. Transmission of HIV and its devastating personal and social consequences are preventable with the tools available today. However, the expanding pandemic testifies that the scale of the response of the past decade has been grossly inadequate in light of the severity of the problem and falls far short of current needs.

In Africa, HIV/AIDS is a complex epidemic, exacerbating the severe poverty crisis that grips most of the continent. In many countries already it is reversing decades of progress in social and economic development. More than 23 million people are currently living with HIV and AIDS and UNAIDS estimates that 150 million Africans are directly or indirectly affected by the epidemic. AIDS has now become the number one killer on the continent, and in southern Africa it is reversing gains in life expectancy to pre-1960s levels, causing an alarming downward slide in the Human Development Index. Four million new HIV infections occurred in Africa last year. In the most severely affected countries, a quarter of the adult population is infected.

By killing large numbers of productive and reproductive adults, AIDS:

- erodes human, social, economic and infrastructure development
- increases health and welfare demands, adding to the cost of providing services
- increases the total number of children orphaned or living in families profoundly disrupted by AIDS
- reduces formal and informal sector productivity
- increases labor costs due to staff turnover, absenteeism, loss of skills, and increased recruitment and training costs

As the epidemic unfolds, it places new burdens on countries, peoples and their development partners. The consequences of these burdens are felt today and will be present for years to come. Yet the ultimate human, societal, and economic toll of this epidemic depends on actions taken or not taken over the next two to five years. In order to meet this challenge, there is a need for a broader, intensified and more synergistic response from all partners in the response. This requires a framework to mobilize and harmonize the increased inputs that are urgently required at the national, regional and international levels.

Recognition of these needs by a growing number of African governments, bilateral donors, and affected communities led UNAIDS to instigate the development of an International Partnership

Against HIV/AIDS in Africa (IPAA). At a meeting held in Annapolis in January 1999, the UNAIDS Cosponsoring Agencies and Secretariat formalized the IPAA concept and resolved to intensify their Agencies' HIV/AIDS activities in the region. Consultations began with African governments, affected communities, international development organizations, NGOs and private commercial businesses to shape this partnership.

As part of this dialog, eleven donor countries, UNAIDS and six cosponsors met informally in London, from 23rd-24th April 1999 and expressed a commitment to actively participate in the further development of the Africa Partnership (IPAA). UNAIDS also has conducted a series of consultations with NGOs (Dakar, Lusaka and Gaborone), Country Program Advisors and national AIDS program representatives (Maputo and Geneva), and has led pilot country missions to Namibia, Burkina Faso, Ghana and Tanzania.

A working group of donor countries met with African National AIDS Program managers and UN Cosponsors on November 16-18, 1999 in Washington DC to discuss progress on the International Partnership against AIDS in Africa (IPAA) and means to strengthen technical HIV/AIDS resources in African countries. At this meeting, participants reaffirmed the basic values and principles of the Partnership agreed upon in Annapolis and in London:

Annapolis

- strong African political leadership and commitment as the basis for effective action
- country focus and orientation to locally-set priorities
- local institutions, including local governments, NGOs and other community-based organizations, to be major actors
- participation of people living with HIV/AIDS
- openness to all persons and institutions prepared to join the Partnership and respect its values
- a sense of shared responsibility among all partners
- transparency of action and accountability for results
- respect for human rights and compassion for those suffering from HIV/AIDS
- willingness by UN and other external agencies to act flexibly and to complement one another on the basis of comparative advantage
- maximum reliance on existing organizational entities without the creation of additional bureaucratic structures.

London

- placing HIV/AIDS high on the political agenda
- recognizing that HIV/AIDS is a development problem not just a health issue

- national commitment and ownership
- implementation plans based on local contexts and priorities
- supporting the development and implementation of joint national strategic action plans involving all relevant sectors
- intensifying and expanding efforts and improving quality and effectiveness of responses while not creating new structures
- improving co-ordination among all partners
- building on the comparative advantages of actors in the Partnership
- utilizing and reinforcing existing mechanisms, networks, and structures

These principles are laid down in the draft UNAIDS paper, "Working in Partnership, Intensifying National and International Responses to AIDS in Africa, A Framework for Action," of December 2, 1999. By assisting government, communities, NGOs, private sector and international donors to work together within this framework, the IPAA can resolve many barriers to effective and efficient use of development resources, and create new opportunities for intensified and expanded African responses to HIV/AIDS.

The development partners working group stressed that collective action is necessary to improve the national and international response to HIV/AIDS in Africa and to control the epidemic. Each set of actors has specific roles to play. From the working group partners' perspective, there is no substitute for country-based action, coordination of multiple groups, and harmonization of program efforts under the direction of national AIDS plans or strategies. Bilateral donor agencies will strive to increase their coordination in order to make more rational use of their resources, to increase transparency and to reduce duplication. The Development Partners Working group stressed the need for African countries to increase their commitment to fighting the AIDS epidemic by mobilizing the necessary resources and commitment, as well as to strengthen national AIDS control programs. Moreover, the contact group requested that UNAIDS continue to refine the concept of the IPAA, develop its operationalization, and to communicate it clearly to all interested parties.

In conclusion, we thank the Secretary General and UNAIDS for their leadership in convening this meeting. It creates a valuable forum for members of different stakeholder groups to build a common understanding of our roles and expectations in the Partnership. We share the basic values and principles of the IPAA and are committed to contribute to its development in all its aspects. We believe that if each of us adheres to these values and principles, we can do together what none can do alone: turn the tide of the HIV/AIDS pandemic in Africa.

PRESENTATION OF THE CONSENSUS STATEMENT OF THE INFORMAL WORKING GROUP OF DEVELOPMENT PARTNERS:

For the Meeting of the International Partnership Against AIDS in Africa
Convened by the Secretary General
December 6-7, 1999

Secretary General and distinguished delegates, I have been asked to read a statement from the informal working group of development partners who have been meeting over the past year in order to explore how we as bilateral donors can work better together.

"The scale of the HIV/AIDS epidemic and its impact on societies and communities has exceeded our worst fears and predictions. In many countries already it is reversing decades of progress in social and economic development. AIDS has now become the number one killer in sub-Saharan Africa, and in southern Africa it is reversing gains in life expectancy to pre-1960s levels, causing an alarming downward slide in the Human Development Index.

As the epidemic unfolds, it places new burdens on countries, peoples and their development partners. The consequences of these burdens are felt today and will be present for years to come. Yet the ultimate human, societal, and economic toll of this epidemic depends on actions taken or not taken over the next two to five years. In order to meet this challenge, there is a need for a broader, intensified and more synergistic response from all partners in the response. This requires a framework to mobilize and harmonize the increased inputs that are urgently required at the national, regional and international levels.

Recognition of these needs by a growing number of African governments, bilateral donors, and affected communities led UNAIDS to instigate the development of an International Partnership Against HIV/AIDS in Africa (IPAA). Consultations began with African governments, affected communities, international development organizations, NGOs and private commercial businesses to shape this partnership.

As part of this dialog, eleven donor countries, UNAIDS and six cosponsors met informally in London in April 1999 and expressed a commitment to actively participate in the further development of the Africa Partnership (IPAA). A working group of donor countries met again with African National AIDS Program managers and UN Cosponsors in November in Washington DC to discuss progress on the Partnership, and means to strengthen technical HIV/AIDS resources in African countries. At this meeting, participants reaffirmed the basic values and principles of the Partnership agreed upon in Annapolis and in London:

These principles and values are contained in the background documents on the IPAA and will be presented here today. Key among these are:

- There should be strong African political leadership and commitment as the basis for effective action

- There must be a country focus and orientation to locally-set priorities Implementation plans should be based on local contexts and priorities

- Participation of people living with HIV/AIDS is essential

- There must be a respect for human rights, including women's rights, and compassion for those suffering from HIV/AIDS

- There should be a willingness by the UN and other external agencies to act flexibly and to complement one another on the basis of comparative advantage

- There should be maximum reliance on existing mechanisms, networks and structures, without the creation of additional bureaucratic structures.

- We should support the development and implementation of joint national strategic action plans involving all relevant sectors

The development partners working group stressed that collective action is necessary to improve the national and international response to HIV/AIDS in Africa and to control the epidemic. Each set of actors has specific roles to play. From the working group partners' perspective, there is no substitute for country-based action, coordination of multiple groups, and harmonization of program efforts under the direction of national AIDS plans or strategies. Bilateral donor agencies will strive to increase their coordination in order to make more rational use of their resources, to increase transparency and to reduce duplication. The Development Partners Working group stressed the need for African countries to increase their commitment to fighting the AIDS epidemic by mobilizing the necessary resources and commitment, as well as to strengthen national AIDS control programs. Moreover, the contact group requested that UNAIDS continue to refine the concept of the IPAA, develop its operationalization, and to communicate it clearly to all interested parties.

In conclusion, we thank the Secretary General and UNAIDS for their leadership in convening this meeting. It creates a valuable forum for members of different stakeholder groups to build a common understanding of our roles and expectations in the Partnership. We share the basic values and principles of the IPAA and are committed to contribute to its development in all its aspects. We believe that if each of us adheres to these values and principles, we can do

together what none can do alone: turn the tide of the HIV/AIDS pandemic in Africa."