



**INTERNATIONAL CONFERENCE ON THE GREAT LAKES
REGION**

**REGIONAL PROGRAMME OF ACTION FOR
HUMANITARIAN AND SOCIAL ISSUES**

**SUB-PROGRAMME 2: RESUMPTION OF BASIC SOCIAL SERVICES,
PROVISION OF HEALTH CARE AND PSYCHOSOCIAL SUPPORT TO
GROUPS WITH SPECIAL NEEDS**

PROJECT No. 4.2.1

**FIGHT AGAINST HIV/AIDS, SEXUALLY TRANSMITTED
INFECTIONS (STIS), TUBERCULOSIS AND
MALARIA IN THE GREAT LAKES REGION**

AUGUST 2006

A. Contextual Analysis

The combined effects of HIV/AIDS, Malaria and Tuberculosis in Africa clearly stand in the way of social progress, slowing economic growth and development and perpetuating the vicious cycle of poverty. At the same time, wars, instability and insecurity, engendering population displacement, as well as poverty have increased the population's vulnerability to these diseases throughout the Great Lakes Region. The vulnerability of adolescent girls, women and young boys increased - in large part due to sexual and gender-based violence.

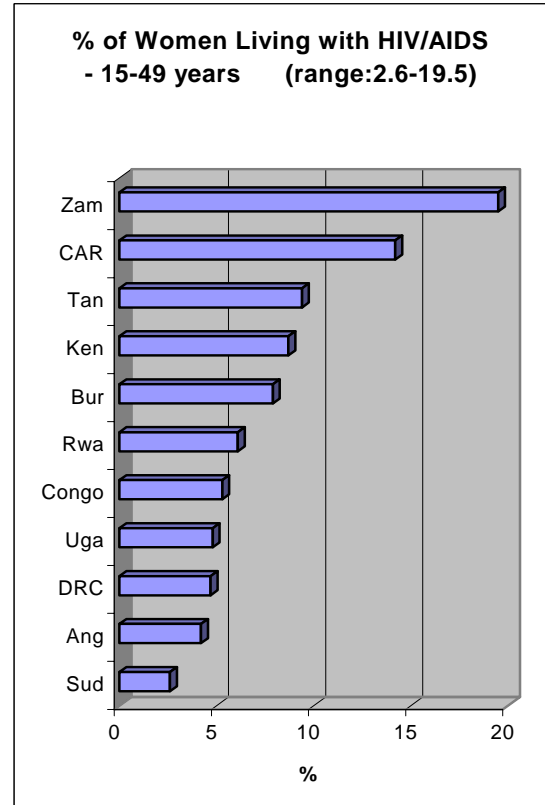
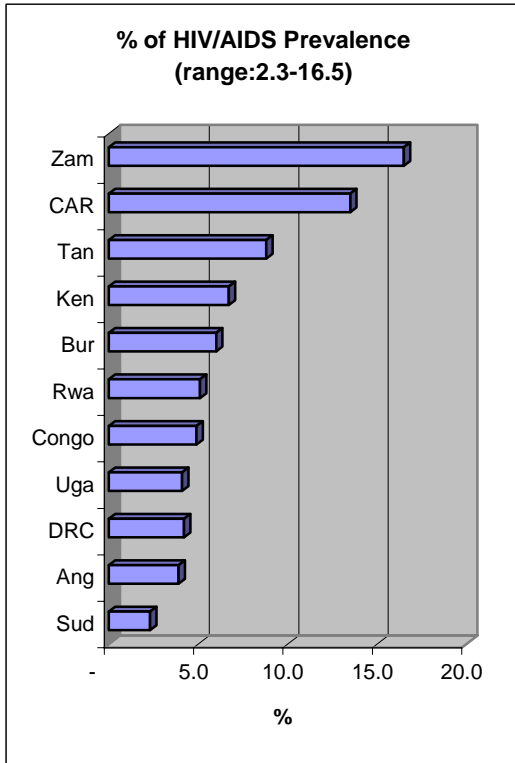
Recognizing this, the 11 Heads of State and Government of the Core Countries of the Great Lakes Region, in article 6 and 9 of the Dar es Salaam Declaration expressed deep concern about the humanitarian and social consequences of crises and armed conflicts as a whole. In particular, they expressed concern about the combined scourge of HIV/AIDS, Malaria and Tuberculosis and other infectious diseases and their consequences on human development. In articles 27 and 71 they committed themselves to:

- a. Implement a Regional Strategy against the HIV/AIDS pandemic as a peace and security issue, in conformity with the relevant Regional and international political and legal mechanisms, including Resolutions 1308 and 1325 of the United Nations Security Council;
- b. Promote preventive strategies to curb diseases such as HIV/AIDS, Malaria and Tuberculosis;
- c. Reduce the impact of the said diseases by strengthening existing Regional initiatives – especially the Great Lakes Initiative on AIDS (GLIA), the Congo-Ubangui and Chari River Countries Initiative on HIV/AIDS;
- d. Facilitate access to medical interventions and
- e. Reinforce the collaboration and sharing of information among the Region's States.

Out of the 25 million HIV/AIDS deaths that have occurred globally, 22 million have been Africans; of the 40 million infected, 25 million are Africans; of the 6 million new annual infections, 3 million are in Africa. Over 12 million children live as AIDS-orphans up by 30% from 2001 and forecast to reach 18 million by 2008. Currently there are about 8 million AIDS-orphans in Africa. The situation could be worse in rural areas where testing and surveillance systems are very weak or non-existent.

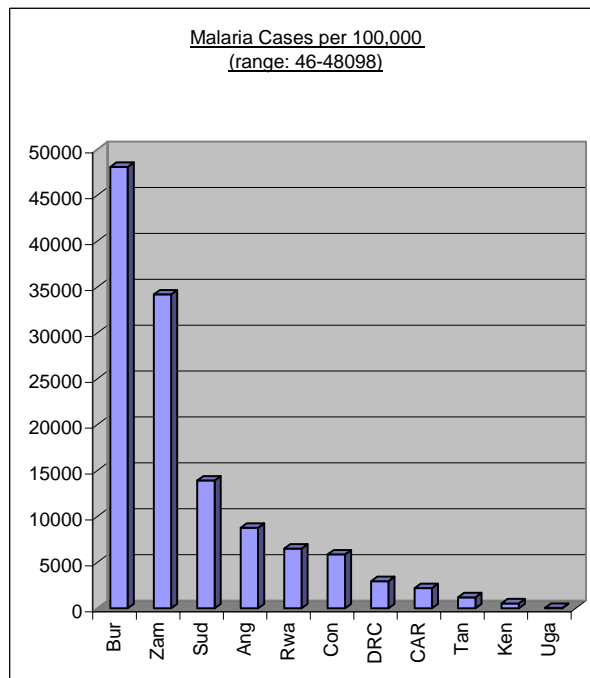
A consideration of **HIV/AIDS** prevalence in the Region and the percentage of women living with HIV/AIDS, as shown on the right indicates that all the Core Countries have passed the 2% prevalence rate considered by UNAIDS as constituting an emergency. This is especially significant considering that in areas affected by conflict, it has been very difficult to collect epidemiological data, therefore the prevalence rates may be much higher. As the security in the Region improves, a window of opportunity presents itself to improve data collection and address the problem of the HIV/AIDS pandemic more realistically and thus more effectively.

There is substantial biological evidence demonstrating that the presence of other **Sexually Transmitted Infections (STIs)** increases the likelihood of both



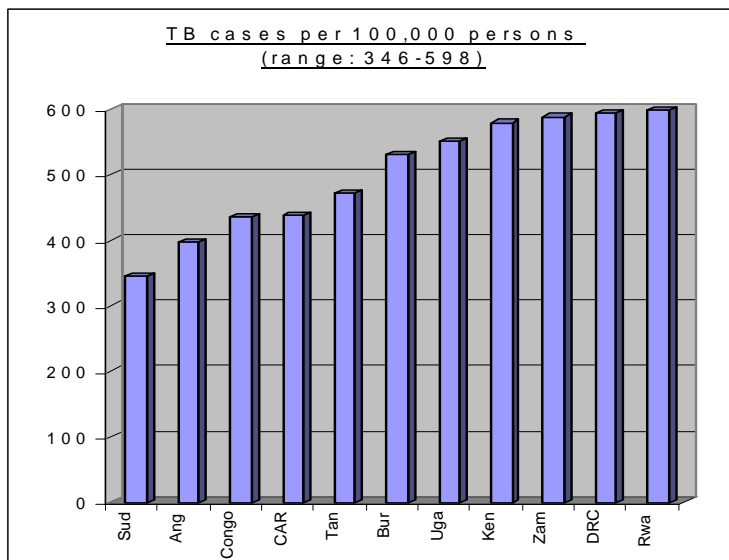
transmitting and acquiring HIV. The prevalence of STIs is rendered more acute by the conflicts and the high mobility of persons in the region.

There has been a recent upsurge of **Malaria** in endemic disease areas, with explosive epidemics in many parts of Africa. Rapidly spreading resistance to anti-malarial drugs, climatic changes and population movements are probable factors. Approximately 300-500 million cases each year cause 1.5-2.7 million deaths, more than 90% of which are African children under five years. Adolescents and young adults are now dying of severe forms of the disease. The disease also contributes greatly to anaemia among children, a major cause of poor growth and development. During pregnancy, malaria is



associated with maternal illness and severe anaemia. It also contributes to low birth-weight among newborns, one of the leading risk factors of infant mortality.

Despite being a fully preventable and curable disease more people are dying of **Tuberculosis** than ever before. It is the biggest killer of young people and adults in the world today. Each day TB kills 8,000 people out of the 2-3 million people infected people each year. It remains the leading infectious killer of people living with HIV/AIDS, accounting for one third of AIDS deaths worldwide. It kills more women than all causes of maternal mortality put together. In one year over one million women and 100,000 children will needlessly die and many thousands of children will become TB orphans. TB sends many self-sustaining families into poverty since most victims are in the most productive years of their lives.



Source: UNDP website-2004
Human Development Report

Source: UNDP website-2004
Human Development Report

In view of the cross cutting nature of the HIV/AIDS-related problems, specific actions are also included in other projects/programmes namely: Disarmament, Demobilisation, Reintegration, Return and Rehabilitation (DDRRR) and, Multi-Donor Regional Programme (MDRP) (Peace and Security), Pipeline and Railways Corridors, Tourism, etc. (Economic Development and Regional Integration) and on the agendas of the African First Ladies Organisation, of the Women's, the Youths' and the Parliamentarians' organisations (Democracy and Good Governance). This is in line with articles 9 and 27 of the Dar-es-Salaam Declaration which express concern about the consequences of HIV/AIDS on human development and makes commitment to create conditions that protect all categories of people as well as and involving them in peace efforts.

B. Overall Objective

Contribute to the decrease of the incidence and the prevalence of HIV/AIDS, Sexually Transmitted Infections (STIs), Malaria and Tuberculosis and the negative effects of these diseases, especially in women, youths and children.

C. Specific Objectives

1. Regional strategies on prevention, care and treatment of the four diseases is developed and implemented.
2. Access to prevention, treatment and care services for the four diseases is ensured giving special attention to women, children, youths, cross border mobile populations and other vulnerable groups.
3. Human rights to the PLWHAs are guaranteed.
4. Communities are aware of the prevention measures and of locally available treatment and other supportive services.
5. Information, experiences and best practices are shared among the GLR States.

D. Strategies

1. Obtain commitment from the Core Countries to develop, adopt and implement collaborative approaches in the four diseases.
2. Decentralize programmes in order to reach the communities and ensure the involvement of affected members in the communities, especially women, youth, children and other vulnerable groups in whatever situation they may be found – non-conflict, conflict, post-conflict, emergency, refugee camps and IDP areas.
3. Strengthen the existing sub- Regional initiatives dealing with the four diseases.
4. Strengthen collaboration and sharing of information, experiences and best practices among the Region's States.
5. Adopt a human rights based approach.
6. Involve the PLWHAs in the development of strategies and implementation of programmes.
7. Promote the implementation of the Protocol of Cooperation on Prevention and Control of the Epidemics and Polio Eradication in the Great Lakes Countries signed 15 August 1997.
8. Promote the Principles of « The 3 Ones » at regional and national levels: one strategic framework, one coordinating body, one monitoring and evaluation framework, commonly agreed by all partners.
9. Mainstream HIV/AIDS in the themes and in the various programs/projects of the IC/GLR and ensure follow-up.

E. Activities

Regional level

1. Develop/update regional protocols outlining the obligations of the Core Countries in protecting people living with HIV/AIDS and in providing PLWHAs, STIs/TB/malaria patients with treatment and assistance.
2. Develop and implement common approaches and strategies for prevention, care and treatment of HIV/AIDS, TB and malaria.
3. Develop and implement the action plan of the sub-Regional initiatives related to the three diseases.
4. Organise a regional forum to link the various sub-Regional initiatives related to the three diseases in order to harmonise their approaches to ensure better use of available resources.
5. Develop a regional observatory for surveillance of the implementation of programmes for the the four diseases in the Region Undertake research on the four diseases with particular emphasis on emerging prevention and treatment courses and institute a mechanism to regularly disseminate research findings to relevant institutions and authorities in the Member States.
6. Strengthen regional collaboration to mobilise financial and human resources for the three diseases, taking into consideration existing programmes and gaps.
7. Promote and facilitate dialogue, sharing information, experiences and best practices among the Region's States for possible replication in other countries.
8. Initiate collaboration with Pharmaceutical and Research Institutions and the Business community in the Region in the quest to produce and distribute affordable ARVs, anti-malarial and TB drugs in the Region. Explore and put in place arrangements for the production of affordable generic ARVs in the region and their distribution in the Member States.
9. Negotiate as a block for price reduction and procurement with producers of drugs and laboratory tests of the three diseases.
10. Organise a regional contest among the youth in the Great Lakes, which will gather the youths' ideas and scenarios for the future of the Region.

National level

1. Adopt, domesticate and implement the proposed regional protocols on HIV/AIDS, TB and Malaria in line with other relevant regional and international declarations and commitments, including the commitment to implement the UNGASS Declaration, and the Resolutions 1308 and 1325 of the United Nations Security Council.
2. Strengthen the capacity of the national institutions in charge of coordinating the three diseases to play a more effective and efficient role.
3. Integrate medical services for the four diseases including: voluntary testing, counselling, ARVs distribution, treatment, nutrition advice. Create awareness on the important role of good nutrition on the physical and mental well being of PLWHAs and encourage the adoption of this inexpensive approach as a way of life.

4. Undertake extensive and sustained public awareness campaigns on protection measures and on locally available treatment and other assistance.
5. Mobilise internal and external financial resources for the three diseases
6. Taking into account the activities under project 4.3.4 (Health Systems) and activities related to HIV/AIDS, Tuberculosis that are included into the Economic Development and Regional Integration projects, increase government health sector budgets and strengthen health systems especially at the grassroots levels in order to:
 - Ensure that those suffering from malaria have prompt access to affordable and appropriate treatment within 24 hours of the onset of symptoms.
 - Ensure that those at risk of malaria, particularly pregnant women and children under five years of age, benefit from the most suitable combination of personal and community protective measures.
 - Ensure that all pregnant women who are at risk of malaria, especially those in their first pregnancies, have access to treatment.
 - Establish home-based care for TB Direct Observed Treatment Short-Course (DOTS) and home bound HIV/AIDS and Malaria patients, especially for women, children and the elderly.
7. Hire adequate human resources and set up policies to retain them.
8. Implement the Principles of « The 3 Ones »: one strategic framework, one coordinating body, one monitoring and evaluation framework, commonly agreed by all partners

F. Opportunities

- HIV/AIDS initiatives in the Region e.g. GLIA, Congo Ubangui and Chari River Countries Initiative on HIV/AIDS, National AIDS Councils, Aids Watch Africa (AWA), PLWHAs networks, African First Ladies Initiative.
- Successful Programmes in the Region – e.g. the Uganda experience, Tanzania TB and Leprosy programme.
- Commitment to meeting MDG goal No. 6 – *Combat HIV/AIDS, malaria and other disease*, UNGASS declarations and the Right to Health.
- The Protocol of Cooperation on Prevention and Control of the Epidemics and Polio Eradication in the Great Lakes Countries signed 15 August 1997.
- Grants from the GFATM and other donors.

G. Risks

- Lack of strong/sustained political will
- Lack of accountability
- Traditions, customs and religious beliefs which constrain preventive treatment measures
- Lack of resources
- Insufficient involvement of local communities
- Bureaucracy and cumbersome administrative procedures
- Corruption
- Lack of information on existing programmes
- Poor health systems
- Lack of transparency in resources management
- Inadequate human resources in the health sector

H. Beneficiaries

- People Living with HIV/AIDS, Malaria and Tuberculosis
- People vulnerable to the four diseases, particularly women, children, girls, young boys and across border mobile population.
- Families and communities affected by the four diseases
- Internally displaced persons, refugees and surrounding communities

I. Financing

This project will be financed by the national programs of the Region's states and – based on the needs- by other sources::

- Bilateral Partners
- Multilateral Agencies: The Global Fund to fight AIDS, TB and Malaria (GFATM), World Bank AfDB, EC
- Private sources (corporate and individual)
- Relevant UN agencies
- National and international NGOs

J. Institutional Arrangements

A Regional Project Co-ordinator (RPC) will be responsible for overall execution, follow-up and co-ordination of the project at regional level. He will be assisted by the National Programme Co-ordinators (NPC) of each member state, who will be in charge of day-to-day activities at the national level as well as ensuring proper involvement by local institutions and authorities and concerted participation of relevant stakeholders.

▪ Institutional arrangement at Regional level

The RPC will work under the overall supervision of the *Coordination Committee on Humanitarian and Social Issues* and in particular under the *expert sub-committee on HIV/AIDS, STIs Tuberculosis and Malaria, which will also serve as Steering Committee for the project*. The Coordination Committee and the expert sub committee will work in close collaboration with the bodies of the sub-regional initiatives related the three diseases.

Proposed mandate of the Coordination Committee on Humanitarian and Social Issues

1. Coordinate and oversee activities in the Humanitarian and Social Issues programmes of action;
2. Harmonize the protection and assistance policies, including support to host communities;
3. Advocate for humanitarian and social issues;
4. Mobilize resources for humanitarian and social activities;
5. Lend support to the sensitization and advocate for compliance with international instruments including the domestication of Regional protocols (on IDPs, sexual violence and property rights of returning communities);

6. Facilitate coordination and dialogue on matters pertaining to humanitarian and social issues in the Region;
7. Provide institutional support to national structures dealing with humanitarian and social issues.

The coordination committee shall be composed of senior officials mandated by their respective Governments. The officials should be highly qualified in the above listed fields. The coordination committee would report to the Inter-Ministerial Committee, which would in turn report to the Summit of Heads of State and Government.

Proposed mandate of the Expert Sub-Committee

1. Prepare the meetings of the Coordination Committee
2. Follow-up on the different activities identified in the projects on the fight against HIV/AIDS, STIs, Malaria and Tuberculosis in the GLR
3. Collect, analyze relevant information and share it with the Coordination Committee which will in turn bring it to the attention of the Inter-Ministerial Committee.

The expert sub-committee will include government appointees supported by civil society, members of the executive committee (or a representative of the secretariat of the sub-regional initiatives and individual experts. Other relevant partners will lend their support in specific areas e.g. UN, AU, Civil Society, Women's organizations etc

▪ **Institutional arrangement at national level**

At country level, the project will be coordinated by a proposed National Coordination Committee whose members will include the country member(s) of the proposed Regional Coordination Committee, country member(s) of the regional experts sub-committee, the National AIDS Committee, the country member of the executive committee of the sub-regional initiatives and the national programme managers of the three diseases. In addition, the proposed National Coordination Committee will include local representatives of relevant UN agencies, relevant Government ministries, Civil Society and Donors.

Proposed mandate of the National Coordination Committee

1. Prepare a workplan for the national implementation of the project
2. Liaise with grassroots organizations and local government in the implementation of the activities.
3. Monitor and guide the various actors implementing the project.
4. Prepare regular monitoring reports to be used in the reports to the Regional Coordinating Committee.

RESULTS FRAMEWORK

Expected Results	Indicators	Activities	Resources
<p>1. Reduced prevalence of HIV/AIDS, Malaria and Tuberculosis.</p> <p>2. A standardized Regional Strategy in place for ensuring access to preventive measures, treatment and assistance for HIV/AIDS.</p> <p>3. A standardized Regional Strategy in place for ensuring access to preventive measures, treatment and assistance for Malaria.</p> <p>4. A standardized Regional Strategy in place for</p>	<ul style="list-style-type: none"> ▪ Prevalence of HIV/AIDS, ▪ Malaria and Tuberculosis Prevalence ▪ Number of HIV/AIDS positive persons receiving ARVs ▪ Number of treated nets distributed ▪ Number of patients receiving home based care ▪ Number of 'one-stop' HIV/AIDS clinics accessible to the population 	<p><u>Regional level</u></p> <ol style="list-style-type: none"> 1. Develop Regional Protocols and Strategies on prevention, care and support for HIV/AIDS, Malaria and Tuberculosis. 2. Develop a Regional surveillance mechanism on the four diseases, undertake research and disseminate research findings. 3. Organise a Regional forum to link the various sub-Regional initiatives related to the three diseases. 4. Promote dialogue, sharing information, experiences and best practices among the Region's States. 5. Procure/Produce and distribute affordable medication for the four diseases, including generic ARVs. 6. Organize a Regional contest among the youth of the Great Lakes, which will gather their ideas and scenarios for the future of the Region. <p><u>National level</u></p> <ol style="list-style-type: none"> 1. Adopt, domesticate and operationalize the proposed Regional Protocols/Strategies for HIV/AIDS, STIs, Malaria, TB and other relevant instruments. 2. Strengthen the capacity of the national coordinating bodies of the three diseases to play their roles effectively and efficiently. 3. Undertake an extensive and sustained public awareness campaign on protection measures and local availability of treatment and other assistance. 4. Integrate medical services and set up 'one-stop' medical clinics for the four diseases. 5. Mobilize internal and external financial and human resources 	<ul style="list-style-type: none"> ▪ Member states of the International Conference. ▪ Bilateral Partners ▪ Multilateral Agencies: The Global Fund for AIDS, TB and Malaria (GFATM), World Bank AfDB, EC ▪ Donations from private sources (corporate and individual) ▪ Relevant UN agencies

<p>ensuring access to preventive measures, treatment and assistance for Tuberculosis.</p>		<p>6. Increase government health sector budget and strengthen health systems especially at the grassroots levels.</p>	
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Project 4.2.1: Fight against HIV/AIDS, sexually transmitted infections (STIs), Tuberculosis and Malaria in the Great Lakes Region

ACTION PLAN

ACTIVITIES	YEAR 1				YEAR 2				YEAR 3			
	QUARTER				QUARTER				QUARTER			
	I	II	III	IV	I	II	III	IV	I	II	III	IV
Develop Regional Protocols and Strategies on prevention, care and support for HIV/AIDS, STIs, Malaria and Tuberculosis												
Develop a Regional surveillance mechanism on the four diseases, undertake research and disseminate research findings.												
Organise a Regional forum to link the various Sub-Regional initiatives related to the three diseases.												
Promote dialogue, sharing information, experiences and best practices among the Region's States												
Distribute affordable medication for the four diseases, including generic ARVs												
Organize a regional contest among the youth of the GLR which will gather their ideas and scenarios for the future of the region												

BUDGET

Double click on the icon below to view the budget

Microsoft Office
Excel Worksheet
