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Organization of African Unity

**STATEMENT BY
DR. SALIM AHMED SALIM,
SECRETARY-GENERAL OF THE OAU,
AT THE OPENING OF
THE AFRICAN DEVELOPMENT FORUM 2000**

**UNITED NATIONS CONFERENCE CENTRE
ADDIS ABABA, ETHIOPIA**

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**Statement by Dr. Salim Ahmed Salim, Secretary-General of the OAU,
At the Opening of the African Development Forum 2000
Addis Ababa, 03 December 2000**

It is an honour for me to participate at this Forum that brings together a representative cross-section of stakeholders involved with some of the priority issues of African development. The OAU attaches great importance to such initiatives that enhance the collaboration between different institutions and actors who are involved in surmounting the challenges confronting our Continent.

The expected participation of several Heads of State and Government in this particular Forum and also that of the United Nations Secretary-General, underscores the importance of the issue that will be addressed, and also the appropriateness of this gathering. Indeed, this Forum serves as a means of reinforcing our determination and devising collective strategies for overcoming our problems. I wish to pay tribute to the United Nations Under-Secretary-General and Executive Secretary of the ECA, my colleague and brother K.Y. Amoako for this innovative initiative.

There is a sense of urgency and gravity in the deliberations we are about to embark upon, which also gives all of us who have convened here today a heavy responsibility towards the people of this Continent. This is a forum unlike other fora because it is addressing a threat to our survival; a threat which is not imaginary, which is not impending; but one which is real, and which is looming on us now. It is a threat whose devastation is getting more and more severe. We, who have convened here today, carry a moral duty of ensuring that, at the end of our deliberations, there will be progress in the endeavour to combat the killer pandemic of HIV-AIDS.

Fifteen years have elapsed since the dreadful and deadly disease has been identified. These have been painful and costly years to so many families and to so many nations. So many individual destinies have been shattered forever in Africa and in the world as a whole.

Since recognizing the gravity of this pandemic, the leadership of our Continent at the highest levels has been making serious commitments and proclamations and has been reaffirming its determination to combat the disease. This has been happening at every level of leadership, from Heads of State and Government to community leaders. For example, at the OAU Summits of Dakar and Tunis, in 1992 and 1994 respectively, Heads of State and Government committed themselves to mobilizing the whole society in the fight against HIV-AIDS and they set the following targets:

- By the end of 1992, all African Heads of State would be publicly recognized as the leaders of the fight against AIDS in their respective countries;
- By mid-1993, all African Heads of State would have ensured that 100% of their respective countries' adults, including young adults, know how HIV is transmitted and how they can protect themselves and others from infection;
- By mid-1993, African Heads of State will have adopted a rational AIDS care plan, including essential drugs for HIV-related illness, and a rational plan for family-based or community care and support of AIDS survivors, including orphans;
- By the end of 1993, all African Heads of State would have endorsed a National Plan of Action for the promotion and coordination of AIDS research in their countries including an operational ethical code in AIDS research;
- By the end of 1993, all African Heads of State would have ensured that every sector has worked out a plan that takes into account the sectoral implications and consequences of AIDS, and allocated funds to it, and will have established an effective high-level mechanism for the multi-sectoral coordination of the planned activities;
- By the end of 1994, a "national policy framework" to guide and support appropriate responses to the needs of affected children covering social, legal, ethical, medical and human rights issues would have been established.

Regrettably, many of these commitments have not been translated into action. It has taken some time for most of our countries to give appropriate recognition to the menace that we are facing. There has been, in some cases, a tendency to treat HIV-AIDS as just another misfortune which could have disappeared over time. Unfortunately, available statistics on the pandemic reveal a different awesome reality.

Indeed, the figures published by UNAIDS last week show no signs of decrease in the magnitude of the pandemic in our Continent. Around 26 million adults and children are now living with HIV-AIDS in Africa. 7 million young people aged between 15-24 years are infected with the virus, and sadly, around 600 000 children are being newly infected every year. It has now been ascertained that 95% of the 13.2 million children orphaned by AIDS are in Africa, where 40-70% of all beds in urban hospitals are occupied by HIV patients in most severely affected countries. The disease has created more orphans who have been traumatized after the ordeal of living with parents suffering from AIDS,

and even more seriously, it is now having its heaviest toll on women and girls, who are the cradle of human survival.

It seems that we are being overwhelmed in this battle. We are losing ground, and we are being attacked at the most vulnerable points. The present generation, the future generation, and also the basis of our socio-economic development are being assaulted. Those who have died are some of our doctors, engineers, scientists, teachers, farmers, managers and journalists whom we have trained for so long and using much of the meager resources. Considerable efforts are now being deployed in promoting socio-economic development and in preventing, managing and resolving conflicts in our continent. All these are aimed at improving the lot of our people so that they can live a longer and better life. The tragedy of this situation is that all this is now being severely undermined by the pandemic which is gradually decimating the very people who are to benefit from these efforts.

Where have we failed?

Is it the failure to live up to our commitments as leaders? Are there basic constraints that have been difficult to overcome with our capacities? Is the malady so overwhelming and that the efforts deployed so far are not correspondingly adequate? What more do we have to do? And which mistakes do we have to correct? What kind of support should we expect from the international community?

This Forum has a responsibility to address these questions frankly and objectively with a view to finding more effective means of launching the counter-offensive against this pandemic.

In the past three years, the OAU General Secretariat has been conducting visits to a number of our Member States, with a view to discussing with the leadership in the public, private, and civic sectors as well as partner institutions, on the progress and constraints encountered in dealing with the HIV-AIDS challenge. The findings of our consultations have revealed that there is still a lot more that we can do, even within the framework of the commitments that we have already made.

In most of the countries visited, the level of preparation to fight this pandemic was very low, with insufficient mobilization for developing a solid constituency. This has contributed to lack of transparency and inhibited discussion about HIV-AIDS both at national and community levels. In fact, most of the communities felt leaderless in terms of how to deal with the pandemic and develop coping mechanisms. Fortunately, this is now beginning to change. However the change needs to be faster, with a commitment and zeal commensurate with what it takes to confront the omnipresent threat in its multi-dimensionality.

In most of our societies the message about HIV-AIDS has not yet reached the bulk of the people. There is little open discussion about it, and still in many of our communities the disease is attached with stigma and discrimination which encourage concealment and silence. At the same time, the institutional infrastructure for coping with the disease, both in terms of prevention and amelioration remains wanting. Many countries have only recently formulated clear national policies on the pandemic and there are still others who do not have any. Budgetary allocation to fight it is minimal or does not exist at all in some countries. Campaign activities in many of our societies tend to be externally driven.

When a band of armed invaders cross a national border and destroy one single village, maiming and killing its people; the whole nation will be mobilized to rise up and called upon to offer the ultimate sacrifice so as to defend the motherland. Armed forces will be deployed, militia mobilized, priorities rearranged and the whole society would be directed to confronting the threat to national survival.

What many of our African countries have been experiencing in the past two decades is far worse than an armed invasion. The staggering numbers of lives lost, the critical points in our socio-economic systems that have been incapacitated, and the looming loss of our future as a people, are devastating outcomes that surpass any war situation.

There is a dire need to reorient the concept of national security to transcend invasion of borders and threats to governments. A pandemic such as HIV-AIDS is clearly a threat to the security of our nations. This is a major catastrophe confronting the people of Africa. Indeed, the very survival of our societies requires that we confront this major threat to the security and welfare of the African people. It is a serious war; and like in all war situations total mobilization is required and it has to be confronted on a war footing, just as we do in confronting an armed invasion. Our societies, in their entirety, have to enter into a combat mode for liberating themselves from the pandemic.

It is the responsibility of our leadership to ensure that everybody is mobilized through increased awareness and provided with adequate capacity to confront the enemy. In this regard, sufficient human and material resources have to be devoted to the cause. At the same time, the vulnerable groups have to be protected and the victims taken care of.

One area which we must guard very carefully is the question of stigmatization. Our people must understand that HIV-AIDS can affect anyone if precautions are not taken. It is colour blind. It respects no race, no religion, no ethnic group and no geographical boundary. It attacks the rich and the poor, the strong and the weak. It is simply an awesome menace constantly wanting to destroy. There is, therefore, no

reason for stigmatization of any victim. In fact, those who are affected must be given compassion, love and care.

Furthermore, in dealing with this major crisis, it is of paramount importance that the matter should not be left to the health sector alone, important as this sector should be, nor should it be left to non-governmental organizations, important as the role of civil society should be. This is a challenge that requires the mobilization of all our resources. Every one of us at every level, and using every means at the disposal has to be engaged in containing and ultimately overcoming this challenge.

While concentrating our efforts in increasing awareness and prevention against the pandemic, we should also pay attention to enhancing the capacity for the caring of victims and also for accessing some of the palliative drugs.

We do recognize that we have limited resources and at the same time, other equally crucial and linked challenges are on our way. However, we have to strive in ensuring the availability of appropriate drugs, including those which combat opportunistic infections. The importance of getting drugs either free of charge or at reduced price is a matter of pertinent interest to all of us. I would like, in this respect, to take this opportunity to pay tribute to the companies that have begun to assist some African countries by providing drugs in this manner.

Meanwhile, let us challenge our medical and scientific community in Africa to use their knowledge and ability to develop treatment methods that will incorporate the various constraints impinging on our people and that are best fitted to the needs of the infected persons. On this aspect, let us also keep on encouraging our traditional medicine practitioners who can make a contribution in this fight.

To our scientific community in general it is high time they look into innovative approaches that could ignite a wide usage of available preventive measures. They should strive to investigate the root causes for the denial, on the part of some of the people, to abide by preventive measures even where HIV prevalence is still high. Indeed, knowing the cultural and behavioural roots of such a failure will surely open the way to interventions that could increase the acceptance of such measures.

For Africa to succeed in her intensified effort to fight HIV-AIDS infection and its devastating effects on our population, she needs a strong support from the international community in the form of well articulated partnership. This is the reason why we, at the OAU welcome the New International Initiative on HIV-AIDS in Africa and the New International Partnership, which was endorsed by our Heads of State and Government. We strongly believe that this new approach will

harmonize the objectives of all agencies in advocacy, sensitization and resource mobilization.

In conclusion, I wish to reiterate that this afternoon a forum of challenges and hopes is opening in this Conference Centre. The critical question is: are we determined to meet these challenges and hopes. The OAU will stay on the front line, and my hope remains that in our next forum we will have the opportunity to announce the decline of HIV-AIDS in our Continent. In this respect, I believe that the input of our deliberations will very much assist African countries in carrying forward the struggle against this pandemic. Indeed, the outcome of this Forum will also serve as an important contribution to the Extraordinary Summit of the OAU scheduled to be convened in Abuja early next year and which will be devoted to addressing the HIV-AIDS pandemic, tuberculosis, and other infectious diseases. The mere fact that a special Summit is being convened to address this subject demonstrates the commitment of our Leaders in seeking a way forward. It also represents the positive change that has been recently evolving within and among African States in dealing with this issue.

May God give us strength for our future actions against this pandemic.

Thank you .