

FINAL COMMUNIQUÉ
2003 SADC HEADS OF STATE AND GOVERNMENT SUMMIT ON
HIV/AIDS

1. The Summit of Heads of State and Government of the Southern African Development Community (SADC) on HIV/AIDS was held in Maseru, Lesotho on 4 July 2003, and was chaired by His Excellency, Eng. Jose Eduardo Dos Santos, President of the Republic of Angola.

The Heads of State and Government of SADC present at the Summit were:

Angola H.E. President Mr Jose Eduardo Dos Santos
Botswana H.E. President Mr Festus G. Mogae
Zimbabwe H.E. President Mr Robert G. Mugabe
Malawi His Honour Vice President Mr Justin Malewezi
Lesotho Rt. Hon. Prime Minister Prof. Pakalitha Mosisili
Mozambique Rt. Hon. Prime Minister Dr Pascoal Mocumbi
South Africa His Honour Deputy President Mr Jacob Zuma

U.R. of Tanzania His Honour Vice President Dr Ali Mohammed Shein

Zambia His Honour Vice President, Dr Nevers Mumba

2. **The Heads of State or Government of the following countries were represented as follows:**

Swaziland Hon. Deputy Prime Minister Mr A R V Khoza

Mauritius Honourable Mr A. K. Jugnauth, Minister of Health and Quality of Life

Namibia Honourable Dr Libertine Amathila, Minister of Health and Social Services

Democratic Republic H.E. Mr Bene M'poko, Ambassador of the Of Congo DRC to South Africa

3. Seychelles was not represented at the Summit.
4. Also in attendance were SADC Ministers of Health, of Finance and of Gender/Women's Affairs, the Executive Secretary of SADC, Dr Prega Ramsamy, the Managing Director of the World Bank, Dr Mamphela Ramphele and representatives of UN agencies, international cooperating partners and civil society and NGOs.
5. In his official opening statement, His Majesty King Letsie III of Lesotho, extended a warm welcome to the Heads of State and Government. He said the Summit was being held at a time when sub-Saharan Africa and Southern Africa in particular was being threatened by the menacing dark clouds of HIV/AIDS which had undone some of the past socio-economic achievements and threatened to wipe out all the gains that could be made in the future. King Letsie III said efforts by Member States aimed at achieving the United Nations Millennium Development Goals to halve global poverty by 2015 were being seriously undermined by the HIV/AIDS scourge.
6. King Letsie III further said that leaders in the SADC region were duty bound to formulate a multi-sectoral and multi-faceted response to the challenges posed by HIV/AIDS. This response should include, among other things, the intensification of targeted prevention and education programmes, better treatment including provision of antiretrovirals, better and more humane care and support for orphans and vulnerable groups and scaling up the fight against stigma and discrimination.
7. In his address to the opening session of the Summit, the SADC Chairperson, His Excellency, Eng. Jose Eduardo Dos Santos, President of the Republic of Angola, noted that the impact of the virus upon the social fabric of societies in SADC as well as on the economies of the Member States has had a devastating effect, with nearly two thirds of the people of the region directly or indirectly affected by the pandemic. He said that HIV/AIDS was a threat to the survival of the people of the region and a serious problem that demands a serious and immediate solution.

8. President Dos Santos expressed the hope that the Summit will adopt a global strategy for the fight against HIV/AIDS in the region. He also called for the establishment of a framework for more active solidarity among governments, international cooperating partners and the private sector which should result in the setting up of a financial fund for the fight against HIV/AIDS.
9. Delivering a vote of thanks, His Excellency, President Robert G. Mugabe of Zimbabwe applauded the Government of Lesotho for successfully hosting the Summit and for their friendship and hospitality. He also noted that HIV/AIDS threatens to decimate the human race, particularly in the SADC region, which is the epicenter of the pandemic in the entire globe. He said in the quest for survival, SADC leaders are committing themselves to combating the disease through regional efforts in order to halt and roll back the pandemic.
10. President Mugabe called on the Ministries responsible for Finance and Planning to appreciate and articulate the impact of the HIV/AIDS pandemic on national economies, mobilize and channel more resources for HIV/AIDS prevention, care and support to enable Member States to meet the targets set in the Abuja Declaration of 2001.
11. In his introductory remarks, the Executive Secretary of SADC, Dr Prega Ramsamy said the battle against HIV/AIDS was getting more difficult and complex, especially when taking cognisance of the frightening figures of HIV prevalence rates, the increasing morbidity rates which have resulted in millions of orphans and declines in life expectancy. He said this situation needs to be reversed and that the battle against HIV/AIDS has to be won however difficult it is.
12. The official opening ceremony was also addressed by the Interim Chairperson of the Commission of the African Union, the Managing Director of the World Bank, Dr Mamphela Ramphele and the Regional Director for Africa of the World Health Organisation, Dr Ibrahim Samba.
13. Summit was preceded by a meeting of the of Ministers of Health, of Finance and of Gender/Women's Affairs which was held on 3 July 2003 and a Non-Governmental Organisations Forum which was held on 1 July 2003.
14. The Ministerial meeting was officially opened by Rt. Hon. Pakalitha Mosisili, the Prime Minister of the Kingdom of Lesotho.
15. Summit also noted the SADC HIV/AIDS Strategic Framework and Plan of Action: 2003-2007, which was adopted by the Ministerial meeting as a working document. The Framework is a multi-dimensional response to HIV/AIDS, which aims at intensifying measures and actions to address the adverse effects of the pandemic on the social, economic and political spheres of SADC nations.
16. Specifically, the Framework aims at reducing the incidence of new infections among the most vulnerable groups within SADC; mitigating the socio-economic impact of HIV/AIDS; reviewing, developing and harmonising policies and legislation relating to HIV prevention, care and support, and treatment within SADC; and mobilising and coordinating resources for a multi-sectoral response to HIV/AIDS in the SADC Region.
17. The Framework also provides a situational and response analysis of HIV/AIDS in the region, which reveals that approximately 15 million people are HIV positive in the SADC Region. This represents about 51% of all infections in Africa, and about 37% of the global total thus making the SADC region the worst affected in the world.
18. It is estimated that to date, close to 10 million people have died of HIV/AIDS related diseases in the Region with over one million having died in 2001 alone. The epidemic has increased levels of poverty, decimated households and created, resulted in high levels of school dropouts and child headed households.
19. In terms of impact, the epidemic has had a devastating and profound effect on all socio-economic sectors and all levels of society including individuals, households and communities.

20. Summit noted that Member States have put in place measures at both national and regional levels to prevent new HIV infections and mitigate the impact of the HIV/AIDS pandemic. These include the adoption of multi-sectoral strategic plans and leadership response and commitment to the fight against HIV/AIDS as evidenced by their commitment to the Abuja Declaration and Plan of Action, the New Partnership for Africa's Development (NEPAD), the Millennium Development Goals (MDG) and the UN General Assembly Special Session of HIV/AIDS.
21. Summit also noted the Best Practices and Challenges facing Member States in the implementation of their HIV/AIDS Programmes. The best practices include interventions to prevent mother-to-child transmission, involving voluntary testing as well as ARV therapy to the infected parents and their children to prevent orphanhood of HIV and establishment and implementation of workplace HIV/AIDS prevention and management programmes.
22. Summit noted that one of the major challenges in the fight against HIV/AIDS is the high cost of essential medicines including ARVs. In this regard, Summit agreed that the issue of bulk purchasing and manufacturing of generic drugs should be accorded top priority in the implementation of the Strategic Framework.
23. Summit also urged neighbouring Member States to establish bilateral coordination mechanisms to share experiences and best practices in the fight against HIV/AIDS in core intervention areas, including care and treatment. To this end the Summit agreed to intensify awareness campaigns, raise and strengthen political will and commitment in the fight against the pandemic.
24. Summit underscored the importance of resource mobilization in the fight against HIV/AIDS. To this end, Summit approved the establishment of a regional fund for the implementation of the SADC HIV/AIDS Strategic Framework and Programme of Action 2003-2007 and urged International Cooperating Partners and international development finance institutions to generously contribute to the fund.
25. Summit noted with appreciation financial and technical support provided by International Cooperating Partners (ICPs) to SADC Member States in the fight against HIV/AIDS through various initiatives such as the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria and President Bush's Emergency Plan for HIV/AIDS Relief (EPAR). Summit appealed for a relaxation in the stringent requirements attached to accessing these funds on the part of ICPs in view of the emergency and humanitarian nature of the HIV/AIDS crisis for which the support is needed.
26. With regard to EPAR, Summit mandated the Troika to negotiate with the President of the United States of America for the extension of the support to all SADC Member States. Summit also directed the Secretariat to develop concrete project proposals consistent with the SADC HIV/AIDS Strategic Framework and Programme of Action 2003-2007 for use by the Troika in its negotiations under EPAR.
27. Summit urged Member States to continue to submit their applications to the Global Fund to access complimentary funding for HIV/AIDS, Tuberculosis and Malaria programmes and urged for the expeditious disbursement of resources under this initiative.
28. Summit also urged Member States to continue efforts towards allocating at least 15% of their national budgets, consistent with the Abuja Declaration.
29. Summit also directed appropriate SADC Ministers to meet jointly, in the context of the Integrated Committee of Ministers to address the food security crisis in the region.
30. The SADC Heads of State and Government also adopted and signed the Maseru Declaration on the Fight against HIV/AIDS in the SADC Region, which reaffirms the Heads of State and Government's commitment to the combating of HIV/AIDS pandemic in all its manifestations, as a matter of urgency through multi-sectoral strategic interventions as contained in the new SADC HIV/AIDS Strategic Framework and Programme of Action 2003-2007.

31. The Maseru Declaration on the Fight against HIV/AIDS in the SADC Region also identifies a number of priority areas which include access to care, testing and treatment; prevention and social mobilization; resource mobilization; development oriented approach; and monitoring and evaluation.
32. Summit expressed appreciation to the Government and people of the Kingdom of Lesotho for hosting the HIV/AIDS Summit and for the warm hospitality extended to all the delegates. Summit also thanked the World Bank, UNAIDS, UNDP for all the assistance provided and all the stakeholders, including NGOs and international cooperating partners for their valuable contributions to discussions during the Summit and the meetings that preceded it

Maseru, Kingdom of Lesotho
4 July 2003
