

## **OVERVIEW OF THE CHGA COMMISSIONERS' MEETING MAPUTO, MOZAMBIQUE**

By Milly Katana  
May 2004

The Commission on HIV/AIDS and Governance in Africa (CHGA) was appointed by the United Nations Secretary General Kofi Annan in September 2003 under the chairmanship of Executive Secretary of the Economic Commission for Africa (ECA) Dr K. Y. Amaoko. The Commission is mandated with the responsibility of helping African policy makers to appreciate and act on the long-term development challenges imposed by HIV/AIDS on the peoples of Africa.

The 2<sup>nd</sup> CHGA meeting was held in Maputo at the invitation of the President of Mozambique and Chair of the African Union (AU), His Excellency Joachim Chissano. The Prime Minister of Mozambique, Her Excellency Luisa Diogo, opened the meeting.

The Prime Minister urged Commissioners to showcase known successes of African communities and leaders against the HIV/AIDS epidemic. However, she decried the high levels of stigma in many communities, which is hindering actions that would mitigate the epidemic on the continent of Africa. She commended the work of the Commission of using research to recommend appropriate tools for responding to HIV/AIDS and the needs of the community.

The meeting set a precedence where communities, members of the public, PHAs, NGOs, and government representatives from different ministries were invited to be part of the deliberations of the Commission. This was an interactive process where the Commissioners obtained first hand information from frontline workers. The interaction focused on the orphan challenge, access to treatment and care for PHA, and the impact of HIV/AIDS on human capacity.

From the interaction, it was revealed that the speed, at which orphans are created in Africa as a result of HIV/AIDS, is exceeding the coping capacity of many families and communities. In as much as looking after orphans is not a new phenomenon, the numbers are now overwhelming. More worrying is the fact that orphans of today, who are living destitute lives, are the leaders of tomorrow. The question then is “what kind of leadership should we expect from them in the future?”

In particular, the complexity of supporting children was brought to the fore. It became clear that it is very difficult to distinguish between children deprived because of AIDS from other children that are rendered vulnerable due to poverty, war and other causes that make their parents/guardians not to be able to readily provide care for them. This therefore calls for a comprehensive approach to looking after not only AIDS orphaned children but also other children. It became clear that in order to deal with the orphan crisis in Africa, there was an urgent need for an integrated approach of supporting parents and guardians living with abject poverty.

The plight of the girl-orphaned child was highlighted. It was concluded that in order to expand horizons of care, it was critical to expand non-state actions to implement government policy on children and orphaned children, and all vulnerable groups, who are so many in African countries. Participants cautioned the language some times used in reference to AIDS. In particular terms like “declaring war” were highlighted. “When declaring war, one must always be mindful that they may lose it” commented one participant. “This is not what Africa is looking forward to”, she added.

The interaction also revealed outstanding acts of courage by the people and government of Mozambique to reduce the devastating impact of the epidemic on its community. In addition, the interaction demonstrated the outstanding work that needs to be done not only by the leaders in Mozambique but leaders of other African countries to effectively respond to the challenges posed by HIV/AIDS

From the interaction, the issue of access to treatment was explored. It was concluded that if the world was to deliver on this mission, there should be free access not only to ARVs, but also for treatment for opportunistic infections as well. The complexities of identifying who was able to pay for their treatment and for how long were discussed. It became clear that unless treatment was made an integral part of the AIDS response in Africa, there would be no meaningful results. This is because there is already a generalized epidemic with millions of people living with HIV/AIDS who have saved immediately.

In an effort to stimulate more activism, the Commissioners identified the following priority issues for research and advocacy:

1. Orphan policies and care
2. Access to free treatment
3. Prevention of mother to child transmission of HIV/IDS
4. Stigma and discrimination
5. Legislation
6. Feminization of the HIV/AIDS epidemic
7. Sub regional corporation