



CONFERENCE REPORT

Fighting HIV and AIDS

REPORT OF THE REGIONAL PARLIAMENTARY SEMINAR FOR THE GREAT LAKES REGION –
TOWARDS UNIVERSAL ACCESS TO HIV AND AIDS PREVENTION, TREATMENT, CARE AND SUPPORT,
NAIROBI, 18 – 19 APRIL 2007



“It is not enough to talk the talk, but countries have to walk the walk”

MPs endorsed the need for stronger parliamentary efforts towards access to universal healthcare. P 3

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New Action Plans for HIV and AIDS and Orphans and Vulnerable Children

MPs made and revised National Parliamentary Plans of Action for OVC, while experts debated a draft African Parliamentary Plan of Action on HIV and AIDS. P 11

“There are 15 million orphans globally infected and affected by AIDS and 12 million in sub-Saharan Africa, and the total number of orphans in sub-Saharan Africa, by all causes is expected to increase to 53 million in 2010. These numbers are alarming and we really need to outline parliamentary action towards AIDS prevention and treatment.”

The Regional Parliamentary Seminar for the Great Lakes Region: Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support, is linked to a major programme campaign AWEPA has been implementing with UNICEF and others since September 2004, to improve care and protection for Orphans and Vulnerable Children (OVC). This AWEPA/UNICEF Campaign on Children and AIDS is in turn closely linked with the UNICEF “Unite for Children, Unite against AIDS Campaign” (for more information on these campaigns, please refer to page 3-4). Both campaigns were addressed during the seminar, which gave special consideration to women and children.

TOPICS ADDRESSED

With children's and women's issues at the forefront, the “African Charter on the Rights and Welfare of the Child” and “The Protocol to the African Charter on Human and Peoples' Rights on the Rights of

Women in Africa” were discussed in the seminar's first session. It was emphasised that a recognition of women and young girls' rights needs to be a fundamental part of the response to the AIDS epidemic and health initiatives in general in Africa, and that the 2001 promise by African Heads of State in Abuja to allocate 15% of the annual government budget to health care should be remembered. In session two and three attention was given to the role parliamentarians can play with regard to achieving universal access to HIV and AIDS prevention, treatment, care and support.

RESULTS

The working groups' results were commendable: National Parliamentary Plans of Action (NPPA) for OVC were revised by the national delegates, while experts debated a draft African Parliamentary Plan of Action (APPA) on HIV and AIDS based on the 2006 Abuja Call for Action.



*Dr. Jan Nico Scholten,
President of AWEPA*

AWEPA would like to thank its donors (the Dutch and Swedish Government) for having made this seminar possible. AWEPA was created in 1984 to fight against Apartheid in South Africa, which was by then the biggest threat to Africa. Nowadays, AWEPA works in Africa from a development perspective to strengthen the core functions of parliaments: oversight, representation and legislation. With AIDS now being the biggest threat to the continent, AWEPA hopes to strengthen parliamentarians' efforts to fight this scourge. ●

AWEPA PROGRAMMES & THE SEMINAR

The Regional Parliamentary Seminar for the Great Lakes Region: Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support is part of a series of regional meetings and national follow up seminars aimed at strengthening stability and development in this part of Africa. This programme, funded by the Dutch Government and running for a five year period (2005-2009), aims to generate concrete parliamentary action, to improve humanitarian and socio-economic development, and to strengthen parliamentary democracy in the region. The seminar in Nairobi focused on the programme theme Fighting HIV and AIDS. The other three programme themes are:

- Strengthening the groundrules of parliamentary democracy;
- Poverty reduction;
- Private sector development.

The seminar was a follow-up to the Parliamentary Consultation on Orphans and Vulnerable Children organised in September 2004 in Cape Town, which resulted in the Cape Town Declaration. This Declaration contains guidelines on how parliamentarians can make a contribution to scaling up efforts on behalf of orphans and vulnerable children (please refer to page 4). This seminar was also a follow up to the pre-conference meeting on HIV and AIDS in the Great Lakes Region, held in Cape Town in May 2006.

AWEPA organised this regional parliamentary seminar also in the framework of the parliamentary support programme “Mobilising Parliaments for NEPAD (MPN) – towards the Millennium Development Goals”. The programme is a result of a NEPAD Secretariat and AWEPA Memorandum of Understanding and was approved by main African

parliamentary fora: the Pan-African Parliament (PAP), NEPAD Secretariat, the East African Legislative Assembly (EALA), the ECOWAS Parliament, SADC-Parliamentary Forum, African Parliament Union, the African Parliamentarians Forum on NEPAD and the NEPAD Contact Group of African parliamentarians (NCGAP).

The MPN programme aims to facilitate a greater involvement in the NEPAD process for African and European parliaments and has as one of its priority action areas: “Health and Development”. This action area is specifically related to Millennium Development Goal (MDG) 4 (reduce child mortality), MDG 5 (improve maternal health) and MDG 6 (combat HIV and AIDS, malaria and other diseases). ●

See www.awepa.org for more information on these programmes and the activities mentioned.

“It is not enough to talk the talk, but countries have to walk the walk”

The seminar was successful in providing the participants with information on different African Union legal instruments on children and women (the “African Charter on the Rights and Welfare of the Child” and “The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa”). It became clear that one of the important functions of the Pan-African Parliament is to oversee the implementation of laws, declarations and treaties, including the two aforementioned Charters. The necessity for national implementation of these Charters was stressed by the participants.

In addition, the seminar informed the participants about HIV and AIDS issues, with special focus on the role parliament can play towards achieving universal access to HIV and AIDS prevention, treatment, care and support. Some of the key roles addressed were:

- Provide political leadership and oversee implementation of HIV public policies and programmes;
- Give support for research and development of vaccines;
- Make laws on joint procurement and intellectual property (IP);
- Work towards eliminating stigma.

The delegates endorsed the need for stronger parliamentary efforts towards access to universal healthcare.

In the working groups African delegates analysed the HIV and AIDS policies of their parliaments by completing progress reports analysing parliaments’

performance in relation to HIV and AIDS legislation, oversight, budget and representation. They also conducted a legislative review on laws relating to orphans and vulnerable children (OVC).

The progress report and the legislative review served as input for the revision of the respective National Parliamentary Plans of Action (NPPA) for OVC developed at previous regional seminars. For countries that had not previously developed a NPPA, this was done during the seminar (see page 11 for the NPPAs resulting from this seminar).

The progress report, the legislative review and the NPPA for OVC will be further discussed during national follow up workshops in the region, planned for late 2007.

A committee of experts was tasked with preparing a draft African Parliamentary Plan of Action (APPA) for HIV and AIDS based on the 2006 Abuja Call for Action (see page 13 for draft APPA; page 5 for Abuja Call for Action). The draft African Plan was discussed in the plenary session of the seminar, and will be developed further in future regional meetings (including an OVC seminar in the Pan-African Parliament in October 2007).

Participants agreed that although a lot has been achieved on universal access to HIV and AIDS prevention, treatment, care and support, much work still remains to be done. ●

Media Coverage

After the seminar an article was published in the Rwandan newspaper *The New Times* “Rwanda commended for reducing HIV/AIDS prevalence”, which was written by Godwin Ababa on 24 April 2007. Regarding Rwanda, AWEPA received a letter from the First Lady of Rwanda, member of the “Organisation of African First Ladies against HIV/AIDS (OAFILA)”, who was looking forward to work together towards the prevention and care of youth, children and families infected and affected by HIV and AIDS. ACORD (The Agency for Cooperation & Research in Development, based in Kenya) published an article entitled: “Universal Access to AIDS Services Are African governments walking their talk? The gap between good intentions and what gets done” on 25 April 2007.

Background

AWEPA/UNICEF Campaign on Children and AIDS

The Regional Parliamentary Seminar for the Great Lakes Region: Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Nairobi is linked to a major multi-year programme AWEPA has been implementing since September 2004 with UNICEF and others, to improve care and protection for Orphans and Vulnerable Children (OVC).

“The AWEPA/UNICEF Campaign on Children and AIDS” consists of three phases:

- 1) In the first phase confirmed and specified commitments of

parliamentarians were agreed upon in the Cape Town Declaration. The Declaration was a result of the African-wide Parliamentary Consultation on Orphans and Vulnerable Children, organised in Cape Town in September 2004 and attended by 25 African and 15 European countries.

- 2) After this consultation the aim of phase 2 was to translate this commitment into National Parliamentary Plans of Actions (NPPAs) for OVC. These action plans were made during regional meetings in Southern and Eastern Africa during

2005 and the first quarter of 2006. In November 2005 the regional seminar on scaling up parliamentary efforts took place in Nairobi, involving the Great Lakes region, as well as the Horn of Africa.

- 3) The third phase of the AWEPA/UNICEF OVC Campaign consists of organising national workshops in African parliaments as a follow up to the regional seminars mentioned in phase 2, as well as organising workshops on OVC in European parliaments. ●

Cape Town Declaration

The outcome of the African conference on OVC, organised in Cape Town in 2004 was “The Cape Town Declaration on an Enhanced Parliamentary Response to the Crisis of Orphans and other Children made Vulnerable by HIV/AIDS in Africa”. This Declaration contains guidelines on how parliamentarians can make a contribution to scaling up efforts on behalf of orphans and vulnerable children and laid the foundation of the AWEPA/UNICEF Campaign on Children and AIDS. In the Declaration actions are mentioned for individual MPs, for National Parliaments, Regional Parliaments and Parliamentary Fora, European Parliaments and their members, as well as for the International Donor Community.

For the full text of the Cape Town Declaration see: www.awepa.org, under “Resources” and “Action Plans”.

National Parliamentary Plans of Action (NPPA) for OVC

Based on the Cape Town Declaration, regional seminars have been organised by UNICEF and AWEPA in Southern and Eastern Africa in the second phase of the AWEPA/UNICEF Campaign on Children and AIDS. The main outcomes of these seminars were the “National Parliamentary Plans of Action” (NPPAs) for OVC which run parallel to the “National Plans of Action” (NPA) for OVC of governments which were a result of the “Rapid Assessment, Analysis and Action Planning Process” (RAAAP), initiated by UNAIDS, UNICEF and others. During this Nairobi seminar parliamentarians reviewed and revised the existing NPPAs for OVC, or made one if no NPPA for OVC existed yet. The NPPAs outline which actions need to be taken by parliamentarians; who is responsible for taking the actions and ensuring the follow up; as well as the set timeframe for an action to be realised.

See pp. 11-12 for the NPPAs for OVC of Burundi, Democratic Republic of Congo, Kenya, Tanzania and Uganda, as a result of this seminar.

UNICEF “Unite for Children, Unite against AIDS Campaign”

The AWEPA/UNICEF Campaign on Children and AIDS is closely linked to the UNICEF “Unite for Children, Unite against AIDS Campaign”, which was launched in October 2005.

This UNICEF Campaign has four focus areas, the so-called “4 Ps”, these are:

1. Prevent mother-to-child transmission of HIV
2. Provide paediatric treatment
3. Prevent infection among adolescents and young people
4. Protect and support children affected by HIV and AIDS

During this seminar all four focus areas were addressed, with extra attention given to women and children.

For more information about the UNICEF “Unite for Children, Unite against AIDS Campaign” see: www.unicef.org.

The African Charter on the Rights and Welfare of the Child

This Charter is ratified by all the countries of the Great Lakes Region in Africa, except the Democratic Republic of Congo (see overview on page 7). It consists of 48 articles relating to the rights and welfare of the child. Some of the articles are especially relevant for OVC:

- Article 6: Name and Nationality:
 2. Every child shall be registered immediately after birth;
- Article 11: Education: 1. Every child shall have the right to an education;
- Article 14: Health and Health Services:
 2. State Parties to the present Charter... shall take measures:
 - g) to integrate basic health service programmes in national development plans.

The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa

The Protocol entered into force on 25 November 2005 with its 15th ratification.* It is signed by all the countries of the Great Lakes Region, but only ratified by Rwanda (see overview on page 7). The Protocol is groundbreaking, as it supports women in ways that were not addressed in either the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), or in the African Charter on Human and Peoples’ Rights:

- It calls for equal representation in decision-making and political life

reinforcing CEDAW and improving on the 30% target for women’s representation that was set by the Beijing process;

- For the first time in international law, it explicitly sets forth the reproductive right of women to medical abortion when pregnancy results from rape or incest or when the continuation of pregnancy endangers the health or life of the mother;
- In another first, the Protocol explicitly calls for the legal prohibition of female genital mutilation, and prohibits the abuse of women in advertising and pornography;
- The Protocol also sets forth a broad range of economic and social welfare rights for women. The rights of particularly vulnerable groups of women, including widows, elderly women, disabled women and “women in distress,” which includes poor women, women from marginalised populations groups, and pregnant or nursing women in detention are specifically recognised (source: <http://hrw.org/women/africaprotocol>).

* The countries that have ratified the Protocol as of 5 January 2006 are Benin, Cape Verde, The Comoros, Djibouti, The Gambia, Lesotho, Libya, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, Senegal, South Africa and Togo.

For the full text of the two Charters concerned see: www.africa-union.org, under “Documents”, “Treaties, Conventions and Protocols”.

Abuja 2001 and 2006

In April 2001 the Heads of State and Government of the Organisation of African Unity (OAU, now called African Union) met in Abuja, resulting in “The Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious diseases”. The principal part of this Declaration concerns the pledge of the Heads of State to set a target of at least 15% of the annual budget to be allocated to the improvement of the health sector. Furthermore, they commit themselves to supporting the development of effective, affordable, accessible HIV vaccine relevant to Africa. The Heads of State also urge the donor countries to fulfil the target of 0.7% of their GNP as official Development Assistance (ODA) to developing countries.

In May 2006 the Heads of State met again in Abuja and reviewed the progress made since the Abuja Declaration of 2001. The outcome of that meeting was “The Abuja Call for Accelerated Action towards Universal Access to HIV and AIDS, Tuberculosis and Malaria service by 2010” in which Heads of State resolved to intensify the fight against HIV and AIDS, TB and malaria. Some of the priority actions mentioned in this Abuja Call concern:

- Strengthening health systems;
 - Improving access to prevention interventions, affordable medicines and technologies and;
 - Supporting work on regional local production of generic ARV drugs (see page 10 for info on generic drugs).
- During this special session, the African

leaders also adopted a common position to be presented at the UN General Assembly Special Session on AIDS (GASS) in June 2006. This African Common Position paper on HIV and AIDS identifies the targets to be met by 2010 relating to the fight against HIV and AIDS. For example, the paper posits that 80% of pregnant women have access to Prevention of Mother-To-Child Transmission (PMTCT) and 80% have access to antiretroviral treatment. ●

For the full text of the Abuja Declaration (2001), see http://www.un.org/ga/aids/pdf/abuja_declaration.pdf

For the full text of the Abuja Call for Action (2006) and the African Common Position Paper, see www.africa-union.org, under Conferences.

Brazzaville 2006

Before the Abuja meeting of May 2006, a “Continental Consultation on Scaling up towards Universal Access in Africa” took place in March 2006 in Brazzaville, which brought together governments, parliaments, civil society, People living with HIV, women and young people, faith-based organisations and the private sector to deliberate the fight against HIV and AIDS. The meeting resulted in “The Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS prevention, treatment,

care and support in Africa by 2010”. One of the action items concerns affordable commodities, technology and essential medicines. It is recommended “to urgently support regional economic entities to set up regional and national bulk purchasing and sub-regional production of AIDS-related medicines and commodities (e.g. male and female condoms)...”. ●

For the full text of the Brazzaville Commitment, see www.africa-union.org, under Conferences.

Livingstone 2006

Ministers from 13 African countries formulated “The Livingstone Call for Action” in March 2006 in which they plead for Social Protection as a fundamental human right. Their Plan of Action calls for income support through ‘cash transfer programmes’ that can contribute directly, if embedded in a broad framework of Social Protection, to combating poverty and supporting economic growth.

The Livingstone statement says that such programmes, amongst which social pensions and child support for vulnerable children and families, should get more attention in national development plans and African Governments’ budgets and receive long term support from international donors. ●

For full text of The Livingstone Call for Action see: www.awepa.org, under “Projects”.



Opening Session

“A lot has been achieved, a lot more is needed”

Representing the **NEPAD Contact Group of African Parliamentarians (NCGAP)**, **Hon. Zaddock Syong’oh, Kenyan MP**, outlined the Kenyan situation on HIV and AIDS and what has been achieved so far through parliamentary and executive action in Kenya since 2003 (when the OVC Committee was launched in Kenyan Parliament, chaired by Hon. Philip Okundi).

Examples of achievements are free primary education; the HIV and AIDS Prevention and Control Bill, which has already passed the first reading; and active representation at international and continental parliamentary fora (such as PAP, EALA, and NCGAP). Although quite a lot has been achieved, many challenges remain, Hon. Syong’oh added, such as lack of legal and institutional framework for property rights issues. He stated that parliament and parliamentarians have a very special role to play in the fight against HIV and AIDS, as:

- Law and policy makers;
- Budget appropriators;
- Oversight authorities in the respective jurisdiction;
- Spokespersons for the poor, especially the orphans and vulnerable children. •



Hon. Dr. Julia Ojiambo, Kenyan MP, also spoke about the Kenyan experience, but from a gender perspective. She emphasised that women are the most affected by HIV and AIDS since they are the victims of rape and domestic violence in addition to being often the bread winners of the family as well. Women need to be more informed on the prevention, control, treatment and counselling of HIV and AIDS. Though a lot has been achieved, a lot more is needed, Hon. Ojiambo stated. She mentioned some challenges her country is faced with:

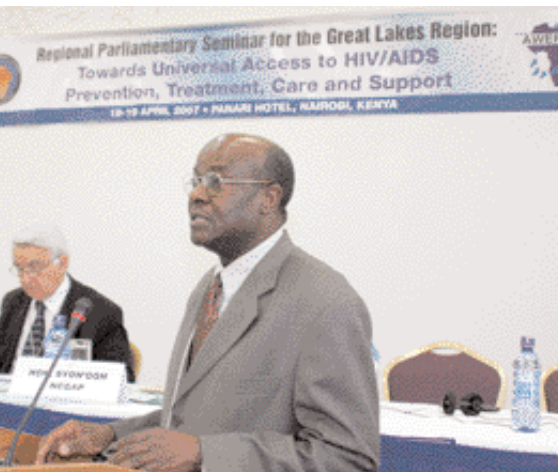
- Lack of adequate information;
- Inadequate drugs;
- Lack of access to drugs;
- Because of poverty, people cannot afford to buy antiretrovirals (ARVs);
- Lack of food: in most cases there is not enough suitable food for People Living with HIV and AIDS (PLWHAs).

Women MPs in Kenya are working hard to ensure the fight against HIV and AIDS is kept alive by women, Hon. Ojiambo concluded. •

Mr. Jacob Wasai Nanjakululu, Policy & Advocacy Officer, The Agency for Cooperation & Research in Development (ACORD) in Kenya, also addressed the need for nutritional support for PLWHAs. He underlined the need to recognise the rights of PLWHAs as human rights and the rights of women and children, as they form a key target group in the response to AIDS in Africa.

In discussing the trade and health issue, the representative of ACORD urged the parliamentarians to be more vigilant to ensure African governments do not sign Economic Partnership Agreements (EPAs) if they are prejudicial to the war against HIV and AIDS in Africa. He clarified this by saying that no country in Africa should sign free trade agreements or other treaties that restrict their ability to ensure access to a sustainable supply of affordable medicines by producing or importing medicines.

Mr. Nanjakululu acknowledged the steps made in the fight against HIV and AIDS, but decried the laxity of African governments in achieving the targets they have set for themselves over the years. Only Botswana, Mr. Nanjakululu noted, had achieved the 15% national budget allocation to health. Therefore, he urged the parliamentarians to have oversight over the national budgets and press for 15% allocation to health and reserve within this budget funds for combating AIDS among children, in order to achieve an AIDS Free Generation. •



“To win the war against HIV and AIDS we need to have one shared vision and speak out in unison as we work together”.



“AIDS policy provisions in Africa: make them and keep them”.

Session One: Identifying Parliamentary Action for HIV and AIDS within African Union Legal Instruments “Oversee implementation of laws, declarations and treaties”

An overview of the status in the Great Lakes Region of The African Charter on the Rights and Welfare of the Child and The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa.

COUNTRY	African Charter on the Rights and Welfare of the Child		The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa	
	DATE OF SIGNATURE	DATE OF RATIFICATION	DATE OF SIGNATURE	DATE OF RATIFICATION
Burundi	N/A*	28/06/2004	03/12/2003	N/A
Democratic Republic of Congo	N/A	N/A	05/12/2003	N/A
Kenya	N/A	25/07/2000	17/12/2003	N/A
Republic of Congo	28/02/1992	08/09/2006	27/02/2004	N/A
Rwanda	02/10/1991	11/05/2001	19/12/2003	25/06/2004
Tanzania	23/10/1998	16/03/2003	05/11/2003	N/A
Uganda	26/02/1992	17/08/1994	18/12/2003	N/A

*N/A=not available

Hon. Mary Mugenyi, Member of the Gender, Family, Youth and People with Disability Committee of the Pan-African Parliament gave the participants an overview about the work of this Committee. Some of the strategies of the Gender, Family, Youth and People with Disability Committee are:

- Monitoring the ratification, domestication and implementation of women’s human rights instruments including the Protocol of the rights of African women (see overview above) and the protection of youth and minors and people living with disabilities;
- Protection the rights of women, youth, children, aged/elderly and the girl child;
- Enhanced coordination with African Union (AU) and networking with other stakeholders;
- Networking and collaboration among PAP parliamentarians, at regional, and at national level;
- Sensitising the member countries on issues of disability, youth, family and legal instruments.

In order to achieve these strategies, the Committee undertakes different activities, among others:

- Conduct an inventory of all relevant instruments (international, regional) on women, youth, children, the family, the aged and people with disabilities;
- Conduct research on status of ratification, domestication and implementation;
- Advocate for reducing stigma by organising workshops to raise awareness;
- Target international days and months for e.g. women and youth, such as Pan-African Woman’s Day and International Day of the African Child;
- Encourage inter-cooperation between various parliaments on critical issues such as HIV and AIDS.

Overview Work of the PAP Committee on Health, Labour and Social Affairs Committee

Representing the Pan-African Parliament’s Committee on Health, Labour and Social Affairs, Hon. Dr. Krishna Babajee stated that the fight against HIV and AIDS is the greatest challenge of the century. The impact of AIDS cuts across all spheres of life (social, political, religious and cultural) and development. It has created a vicious cycle, and is bringing nations to their knees. Hon. Babajee emphasised that members of Parliament have an important role to play in this fight against HIV and AIDS, since they are the decision and policy makers: they allocate the national resources and are in touch with constituents. He called other countries to emulate Uganda, which has been successful in reducing HIV and AIDS. Hon. Babajee pointed out the strategies of the Committee on Health, Labour and Social Affairs, which are among others:

- To increase the support and health care to Orphans and Vulnerable Children;
- To advise and monitor the rationalisation of the utilised funds for health;



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- To ensure access to health care and essential generic medication to the poor;
- To provide effective and efficient oversight on relevant AU health commitments;
- To lobby and monitor the national laws as well as AU and international commitments for the elderly, the HIV and AIDS orphaned/vulnerable children and the social reinsertion of the disabled.

The Committee undertakes many activities, for example:

- To collect existing information on HIV and AIDS orphan care and support by NGOs and conduct assessment on current performance of governments in support and care to HIV and AIDS orphans;
- To plan oversight meetings to advise and monitor rationalisation of utilised funds for health care systems;
- To obtain all agreements, policies and laws on access to health care and essential generic medication, for instance on ARVs;
- To collect relevant declarations, treaties, documents and information on commitments (e.g., Abuja; Brazzaville, see page 5);
- To make commission session papers on different aspects of social security issues in Africa e.g. HIV and AIDS, Women, Youth and Children. ●

Mr. Miano Munene, Coordinator, Kenya Health Rights Advocacy Network (KHRAN) provided the participants with an extended list of actions, which should be undertaken by parliamentarians in the fight against HIV and AIDS.

Legislation:

- Develop and review the existing legislation on HIV and AIDS;
- Draft legislation concerning the commitment made by African states to allocate 15% of the budget to the health sector and give guidance on how the budget is allocated to critical health priority needs.

Oversight:

- Summon ministries and public institutions involved in the fight against HIV and AIDS to report on commitments and progress made;

Session Two: The Role of Parliamentarians in Strengthening HIV and AIDS Prevention

“Provide political leadership and oversee implementation of HIV public policies and programmes”

Talking about prevention, **Mr. Rick Olson, HIV Prevention Specialist, UNICEF Eastern and Southern Africa Regional Office (ESARO)** emphasised the importance of prevention for young people. The prevalence among young females, for example, is low compared to older females. Therefore, the governments and parliamentarians need to prioritise information availability to young people, who are becoming sexually active, Mr. Olson stated. Young people need to have knowledge of HIV prevention methods, prevention services, capacity for sexual decision-making and perceptions of peers’ sexual behaviour, he added. Regarding possible roles for parliamentarians, the UNICEF HIV Prevention Specialist called upon parliamentarians to address social norms and strengthen the enabling and protective environment. MPs have the experience in campaigning and getting messages out to communities, Mr. Olson explained. Besides, he asked them if the MPs could monitor the implementation of policies and programmes in their constituencies. Finally, Mr. Olson requested the parliamentarians to continuously play a key role in HIV prevention standard setting (policies and legislation) and be more informed. ●

- Ensure the harmonisation of donor funding in the health sector and ensure country’s national policies, strategies and frameworks are respected by all donors.

Representation:

- Conduct sensitisation campaigns among fellow MPs and constituents;
- Ensure there is universal access to Prevention of Mother to Child Transmission (PMTCT) services at the grassroots level by representing the community interests and supporting national PMTCT plans.

Advocacy:

- Speak publicly and frequently about HIV and AIDS;
- Conduct outreach visits to health institutions to advocate for better services.

Representing the **International Aids Vaccine Initiative (IAVI), Dr. Samuel Kalibala, Regional Representative, Kenya**, started his speech by saying that the world’s three leading infectious killers (HIV, Tuberculosis and Malaria) needed new technological solutions. Vaccines are part of a comprehensive response to AIDS, Dr. Kalibala said. There is also a need to continue with advocacy and supportive policies for scaling up HIV Prevention and Treatment. New Prevention Technologies (NPTs) could complement existing prevention methods in the short term and can move toward a long-term sustainable solution, he explained.

Subsequently, Dr. Kalibala mentioned the following NPTs:

- Pre-exposure prophylaxis (PREP): ARVs to individuals who are at a high risk of getting HIV;
- Microbicides: gels applied vaginally to reduce risk of HIV;
- Male circumcision;
- AIDS vaccine.

Dr. Kalibala explained that a vaccine could have the largest impact as an effective prevention tool for both men and women. He said that IAVI is building a favourable research environment in countries where vaccine research is conducted. IAVI is working with policy makers and politicians to ensure high-level support for its work, he added.

Dr. Kalibala explained that vaccines are tested in three phases to prove their potency. In East Africa a vaccine passed the first testing phase and is now going through the second phase. Another vaccine is being developed by the Swiss and currently tested in Tanzania.

Dr. Kalibala concluded his speech by saying that the world needed an AIDS vaccine, and he quoted words from the Former US President Bill Clinton, who spoke at the International AIDS Conference in Toronto in August 2006: *“Every avenue must be pursued to control and prevent the spread of AIDS, while the search for a vaccine continues. I know it seems like a long way away, I think a decade away. It is hard to imagine a world totally without AIDS without a vaccine”.* ●

Hon. Jane Alisemera Bahiba, Member of the Parliament of Uganda emphasised that in the fight against HIV and AIDS it is important to understand that MPs are the representatives of the people, including people with HIV and AIDS, orphans and the vulnerable women and youth.

Furthermore, she stated that many MPs, as well as parliamentary staff, are infected or affected by HIV and AIDS.

Hon. Alisemera Bahiba called upon parliamentarians to provide political leadership and oversee implementation of public HIV policies and programmes. Other roles for MPs include mobilising significant resources to prevent further spread of HIV and increasing access to treatment of those infected and affected, including orphans and other vulnerable children.

Hon. Alisemera Bahiba explained to the participants about the parliamentary response to HIV and AIDS in Uganda. The Parliamentary Standing Committee on HIV and AIDS, of which Hon. Alisemera Bahiba is Vice-Chairperson, was formed in 2002. The aim of the Committee is to coordinate and enhance capacity of members to effectively discharge their legislative, advocacy, oversight and representative functions in the expanded national response to the epidemic. The Committee's Strategic Plan was drawn up with AWEPA's support.

Hon. Alisemera Bahiba presented several actions the Parliamentary Standing Committee on HIV and AIDS has undertaken so far:

- Oversight visits and review of HIV and AIDS programmes;
- Participation in international conferences and international bodies, such as Inter-Parliamentary Union (IPU), Commonwealth Parliamentary Association (CPA) and AWEPA;
- Organised national public hearing on ARVs;
- Organised dialogue on HIV vaccines with IAVI;
- Planning for Resource Unit and Voluntary Counselling and Testing (VCT) Center •



Session Three: The Role of Parliamentarians in Moving towards Universal Access to HIV and AIDS Treatment, Care and Support

“Accessibility, affordability and availability of drugs will save many lives”

Dr. Douglas Webb, Chief of Section Children and AIDS, UNICEF ESARO showed the participants that the rates of orphaning in sub-Saharan Africa are highest in Central and Southern Africa. Regarding universal access, he mentioned two target indicators, namely the proportion of OVC households receiving external assistance and the orphan education disparity ratio from children between 10-14 years. Furthermore, he pointed out that the Children Affected by AIDS programmes are currently outside the mainstream development of Health, Education and Social Protection plans and programmes. There is need for an expanded, integrated response for Children Affected by AIDS, Dr. Webb stated.

Dr. Webb continued his speech by speaking about one of the “4 Ps” of the UNICEF Global Campaign “Unite for Children, Unite against AIDS”, the protection and support of children affected by HIV and AIDS. He pointed out the types of interventions mentioned in The Livingstone Call for Action to achieve basic social protection in Africa (see page 5).

He concluded his presentation by indicating the role of parliamentarians in moving towards universal access to HIV and AIDS treatment, care and support, among others:

- Support the financing and integration of the National Plans of Action (NPAs) on OVC (please refer to page 4 for info on NPAs);
- Support the implementation of “The Livingstone Call for Action” and development of national social protection frameworks;
- Monitor transparency;
- Encourage state-civil society partnership. •

“Ask yourself what personal role can I play in my constituency? What issues can I focus on? For example: equity in targeting, stigma, inheritance, abuse, not going to school, hunger, men’s involvement?”



Mr. Peter Munyi, Chief Legal Officer, International Centre of Insect Physiology and Ecology (ICIPE), Kenya also emphasised the legislative role of parliamentarians in diverse aspects of society such as taxes, rights, women and children. In moving towards universal access to HIV and AIDS treatment, Mr. Munyi made clear that the MPs need to make laws on joint procurement and intellectual property (IP). Joint procurement of drugs is a way to scale up access to HIV and AIDS treatment, he explained, because there is inadequate regional manufacturing capacity, and the costs of raw materials are high. In the context of the discussion on the intellectual property laws, Mr. Munyi explained to participants the difference

between patented drugs and generic drugs. A patent gives the inventor the exclusive right to make, use, import, export, sell or market an invention in the country where the invention is patented. Patents are governed by domestic and international law, particularly the Trade Related aspects of Intellectual Property Rights (TRIPs) Agreement. Generic drugs are drugs which are not, or not anymore, patented, and are therefore interchangeable versions of patented (brand name) drugs. Generic drugs almost always cost less. The TRIPs Agreement is one of the three principle agreements of the World Trade Organisation (WTO) and sets out the rules for intellectual property rights for all WTO members.

Mr. Munyi concluded his speech by pointing out what kind of role the parliament should play in the process of intellectual property legislation in facilitating joint procurement:

- Reform national intellectual property legislation to accommodate TRIPs flexibilities;
- Take an active role in bilateral trade negotiations to ensure TRIPs flexibilities are not taken away;
- Harmonisation of regional pharmaceutical regulations to allow cross-border quality monitoring and assessment;
- Reform national procurement legislation to promote and ensure joint ARV procurement. The Caribbean Community and Common Market (CARICOM) are achieving this. •

The International Community of Women Living with HIV/AIDS (ICW)

is the only international network run for and by HIV positive women. ICW was founded in response to the lack of support, information and services available to women living with HIV worldwide and the need for these women to have influence and input on policy development. ICW was formed by a group of HIV positive women from many different countries attending the 8th International Conference on AIDS held in Amsterdam in July 1992 (source: www.icw.org).

Ms. Monique Tondoi Wanjala represented the ICW during the regional seminar in Nairobi. AIDS is killing the workforce and bringing nations down, she said. Accessibility, affordability and availability of drugs will save many lives. Parliamentarians should work towards the elimination of stigma. A world free of AIDS is possible and everyone is responsible to ensure such a world, she added.

Ms. Wanjala gave a human face to the disease and reminded participants of the unacceptably high prevalence of HIV and AIDS, especially among women. She concluded by saying:

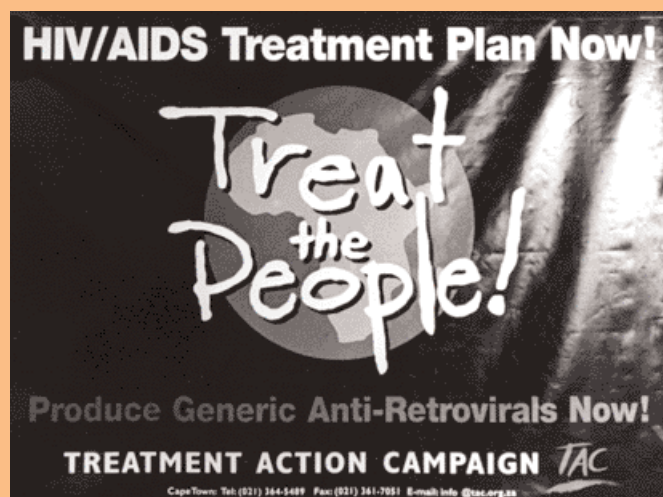
“What does a HIV positive person look like? Look at your neighbour and you will find out”. •

House of Commons Report

Lord Norman Warner from the British Parliament presented a report made by the International Development Committee of the House of Commons “Delivering the goods: HIV/AIDS and the provision of anti-retrovirals”. This report gives a European perspective on the issue of universal access to HIV and AIDS treatment and was later taken to the G8 summit in Gleneagles where G8 leaders made a commitment to get “as close as possible to universal access to (HIV/AIDS) treatment for all those who need it by 2010”.

Being the second largest donor for HIV and AIDS related issues, the UK has a special responsibility to maintain global commitment to this goal. Furthermore, the report stated that the Department for International Development (DFID) must continue to work to expand the capacity of developing countries to utilise flexibilities in the TRIPs agreement in

order to gain access to affordable medicines. The report points out that the WTO needs to undertake a review of the TRIPs agreement implementation level, to assess whether it has compromised public health in developing countries. Furthermore, donors need to work together to ensure sustainable and predictable funding for HIV and AIDS programmes and to prevent the IMF from dissuading countries from investing in their public health infrastructure. Universal access to treatment can only be achieved if the particular needs of vulnerable groups, including children, are part and parcel of the efforts and if treatment programmes are accompanied by a scaling-up evidence-based HIV prevention programmes. Lord Warner noted also that the report concluded that for this DFID, as a leader in the wider global response to HIV and AIDS, has a crucial role to play. •



During the seminar parliamentarians reviewed and revised the existing National Parliamentary Plans of Action (NPPA) for Orphans and Vulnerable Children (OVC), or made one if no NPPA for OVC existed yet in national level working groups, while experts debated a draft African Parliamentary Plan of Action (APPA) on HIV and AIDS in a separate expert working group.

Below, the outcomes of the different working groups (five NPPAs and a draft APPA) are showed:

BURUNDI

Action to be taken by Parliament	Impact sought by action	What structure in Parliament is responsible?	Who will ensure that the structure takes the action?	By when will the action be taken?
Establishment of a Special Commission on OVC within the Parliament	More involvement of the Parliament in the support and social integration of OVC	The Bureaus of both chambers of Parliament	The Bureau of the Commission on Social Affairs	June-July 2007
Organising outreach programmes for the Parliamentary Special Commission on OVC in all constituencies to follow-up/monitor government actions on OVC	Obtaining statistical data on the numbers and needs of OVC	The Bureaus of both chambers of Parliament The Permanent Commission on Social Affairs The Special Commission on OVC	The Permanent Commission on Social Affairs	July 2007
Translation of the national policy on OVC in the national language and circulating copies among all stake-holders	Providing information at all levels	Ministry of National Solidarity	The Parliament	June-September 2007
Appeal to the donors for the funding of the projects supporting OVC and foster families	Effective care and social integration of OVC	Government Parliament Communities	The Parliament	From June 2007
DRC				
Integration of the OVC in the existing Three-year Plan of Action on HIV and AIDS	Ensuring the consideration of the OVC needs by this Three-year Plan of Action	The Commission on Socio-Cultural Affairs; Sub-Commission on Health and Social Affairs	Members of Parliament	During the Parliamentary Session of October 2007
Organising several sensitisation campaigns on OVC and HIV and AIDS (through dissemination of the conclusions of AWEPA organised seminars; organising debates in Parliamentary Commissions, etc.)	Sensitisation of peers (MPs) to support the efforts to update the Three-year Plan of Action on OVC	The Commission on Socio-Cultural Affairs; Sub-Commission on Health and Social Affairs	Participants to the AWEPA seminar	During the Parliamentary recess (June-August 2007)
Drafting a proposal to amend the Plan of Action on HIV and AIDS	Amendment of the Plan of Action on HIV and AIDS	The Commission on Socio-Cultural Affairs; Sub-Commission on Health and Social Affairs	Participants to the AWEPA seminar	During the session of March 2008
Establishing appropriate mechanisms to implement the existing laws (at the same time mobilise sufficient funds for the fight against HIV and AIDS)	Budgetary approach	Parliamentary Socio-Cultural Commission, Economic and Financial Commission and the Political, Legal and Administration Commission	Members of Parliament	During budget voting at the session of October 2007
Establish a follow-up mechanism for the implementation of the Plan of Action incorporating the OVC	Implementation of recommendations mentioned in the Plan of Action.	The cell responsible for the fight against HIV and AIDS and TB	Members of Parliament	Since the drafting of the Plan of Action

Action Plans

KENYA

Action to be taken by Parliament	Impact sought by action	What structure in Parliament is responsible?	Who will ensure that the structure takes the action?	By when will the action be taken?
Harmonise sex offences act with HIV/AIDS Prevention and control act	Lower HIV/AIDS infection through raping, minors and cultural practices	Parliamentary Committees: - Health - Gender and culture - OVC Sub Committee	Members of Parliament	ongoing
Revision of inheritance laws in Kenya	Protect OVC rights with regard to property held on their behalf by trustees until they attain adulthood	Parliament debate on the proposed bill to amend the law	Parliament	ongoing
TANZANIA				
TAPAC (Tanzania Parliamentarians AIDS Coalition) has been established since 2001	Mainstreaming HIV/AIDS in all Standard Committees.	Constitutional and Legal Affairs Committee.	TAPAC to push	Already Done
Establish a sub-committee on OVC within TAPAC	Comprehensive approach to HIV/AIDS	TAPAC in collaboration with Social Services Committee	TAPAC	March 2008
Strategic Plan on HIV/AIDS and OVC to be finalised	Long-term approach on dealing with HIV/AIDS and OVC at constituency, national and regional levels	TAPAC in collaboration with Constitution and Legal Affairs Committee	Constitutional and Legal Affairs Committee.	July 2007
TAPAC to set up a fund-raising strategy	Mainstream efforts towards sustainable resource mobilisation for implementation of the Strategic Plan	TAPAC in collaboration with Social Services Committee	TAPAC Executive Committee	July 2007
UGANDA				
Mainstreaming OVC in all Ministries and Government sectors	To ensure holistic well being of OVC Affirmative action for OVC	Committee on Gender Labour and Social Development	Committee on Gender Labour and Social Development	July 2007
National Parliamentary Plan of Action (NPPA) for OVC	Effective implementation of the NPPA for OVC	Committee on Gender Labour and Social Development	Committees on HIV/AIDS, Social Affairs and the Parliamentary Children's Forum	March 2008
Advocate for increased resources for efficient service delivery	Effective implementation of the NPPA for OVC	Committee on National Economy	Committee on Gender Labour and Social development	May 2008
Mobilise, advocate and lobby for updating and harmonising the legal framework for protection of OVC	Strengthened legislation OVC rights protected	Legal and Parliamentary Affairs Committee	Legal and Parliamentary Affairs Committee	September 2008
Community campaign for improved psychosocial support for OVC	Community mobilisation	Committees on HIV/AIDS, Gender Labour and Social Development and the Parliamentary Children's Forum	Committee on Gender Labour and Social Development and Parliamentary Children's Forum	September 2008

Working Draft

African Parliamentary Plan of Action on HIV and AIDS

EXPERT WORKING GROUP*

The aim of this working group was to assemble and discuss input for an African Parliamentary Plan of Action (APPA) for HIV and AIDS. The expert working group already gathered input during the different presentations in the plenary sessions of the seminar. The report of the expert working group was presented and discussed in plenary, and revisions were subsequently made in the working draft below.

The expert working group chose to prioritise parliamentary action on the following core issues in the African Parliamentary Plan of Action (APPA) on HIV and AIDS:

1) HUMAN RIGHTS

- Checking human rights instruments and tracking African commitments made, including, for example, the International Guidelines on HIV/AIDS and Human Rights (1996. special ref. to guideline 6), UN Declaration of Commitment to HIV/AIDS 2001, Maseru Declaration 2006;
- Ensuring that member states domesticate the “African Charter on the Rights and Welfare of the Child” and the “Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa” into national policies and laws;
- Reviewing the compliance of national laws on property and inheritance rights

- with international instruments, especially concerning women and children, and ensuring enactment in countries where none exists;
- Monitoring governmental performance on primary education on different aspects, among others: quality, conditions (compulsory and free) results (attendance, retention and completion), and gender appropriate (referring to the vulnerability of young girls), see also box on education on page 14;
- Ensuring the enactment, review and amendment, where appropriate, of legislation on HIV and AIDS (including work place policy on HIV and AIDS) to fight stigma and discrimination;
- Debating and adopting a comprehensive act on Children’s Rights, with special focus on Child Trafficking;
- Align the national policies on HIV testing of children under 18 years old and the issues around consent;
- Requesting African Union/Pan-African Parliament to organise a debate on issues, such as wilful exposure to infection, domestic violence and violence against women and children in general.

* Participants of the expert working group: 2 Members of the Pan African Parliament, one Member of the NEPAD Contact Group of African Parliamentarians (NCGAP), 2 African experts, 2 European MPs, and 2 AWEPA staff members. The first draft was sent to the participants for approval, as well as to UN experts to ask for their input. All comments received are included in this version.

2) ORPHANS AND VULNERABLE CHILDREN (OVC)

- Raising the need to coordinate OVC issues through one Minister only, to avoid confusion and burden some bureaucracy, instead of spreading responsibilities over many authorities. If this is not possible, then at least ensure that each sectoral ministry is accountable for supporting vulnerable children and increase the monitoring and financial power of the Ministry, dealing with Children;
- Ensuring that National Plans of Action (NPAs) for OVC or equivalent document are fully and sustainably financed and appropriately integrated into national development instruments;
- Increasing appropriate resource levels for fighting HIV and AIDS, and OVC related issues by establishing and capacitating Parliamentary Committees to champion OVC issues.

3) HEALTH CARE delivery

- Ensuring a well functioning healthcare system; matching delivery capacity with demand, and incorporation into Poverty Reduction Strategies (PRS)/National Development Plans (NDPs); >>



Parliamentarians and experts discussing the draft African Parliamentary Plan of Action for HIV and AIDS.

- Ensuring that a minimum of 15% of the national budget goes to healthcare (Abuja Declaration 2001);
 - Improving working conditions of health staff and giving attention to work transfer within medical cadres;
 - Making needed investment for reaching the vulnerable, e.g. invest in lay-workers who carry out home based care etc.
- 4) FUNDING
- Ensuring vulnerable children are given a high priority in the funding proposals;
 - Ensuring principle of the three Ones: One agreed HIV/AIDS Action Framework; One National AIDS Coordinating Authority, and One agreed country-level Monitoring and Evaluation System;
 - Moving towards development and financing of national social protection frameworks with minimum of 1% of GDP allocated to its implementation by 2012-2015.
- 5) OVERSIGHT of budget
- Ensuring that the allocation of resources is done in consultation with the parliament: currently only Ministers of Finance normally question the executive arm of government;
 - Monitoring of expenditures: full transparency of origin and final destination of all funds is needed, through a sub-committee;
 - Ensuring the monitoring of all Official Development Assistance (ODA) transfers by African Parliaments, incl. ODA transfers to NGOs;
 - Creating room for NGO participation as well as accountability with regard to the funds they receive;
- Creating room for Global Fund's Country Coordinating Mechanism's (CCMs) to include parliamentary representation from appropriate committees to increase transparency and accountability;
 - Ensuring resource tracking systems in place with spot checks from central budgets to local government and implementing partners.
- 6) TRADE
- Maintaining Trade Related Aspects of Intellectual Property Rights (TRIPs) flexibilities through national law and making these flexibilities a condition in Economic Partnership Agreement (EPA) negotiations;
 - Supporting development components of trade relations (with Africa) and parliamentary oversight increased aid for trade.
- 7) EXTERNAL PARLIAMENTARY RELATIONS
- Ensuring continuous or routine contact with civil society, including with umbrella NGOs, especially organisations of PLWHAs, and the Economic, Social and Cultural Council (ECOSOCC) of the African Union;
 - Ensuring contact with media (regional and international media networks) and academia;
 - Creating links and dialogue with the parliaments in donor partner countries, as well as with International Cooperating Partners;
 - Ensuring dialogue on migration issues with the European Union.
- 8) ACTION POINTS:
- A number of important parliamentary initiatives were called for:
- Monitoring and promoting national parliamentary action: ensuring that national parliamentary action is taking place, that national action plans are followed up and that parliamentary peer review at regional parliamentary bodies (PAP/SADC PF/EALA/ECOWAS Parliament) are set up;
 - Creating fora for African parliamentarians to interact with international cooperating partners:
 - facilitating interaction between PAP and AU/EU/EP and ACP-EU Joint Parliamentary Assembly (JPA)/NEPAD Contact Group of African Parliamentarians (NCGAP)/African Parliamentarians Forum on NEPAD;
 - Giving assistance to MPs for 'private members' bills, on issues (1-7) described above, and building the capacity of MPs and parliamentary staff to increase their oversight and advocacy roles on issues relating to HIV and AIDS with special emphasis on women and children.
- 9) URGENT PARLIAMENTARY CONCERNS:
- We recognise that among MPs and parliamentary staff a number of persons and their families are affected and/or infected with HIV and AIDS;
 - We strongly advise that all parliaments should have a work place policy on HIV and AIDS;
 - We call on international cooperation and commitment to support these priority actions necessary to fight HIV and AIDS;
 - Monitoring and peer review of parliamentary performance should be carried out by the Pan-African Parliament, supported by AWEPA and others as needed. ●

OVC and Education

Priorities for OVC and Education:

- To ensure access to education for all, including orphans and vulnerable children, through initiatives such as abolishing school fees, reducing hidden costs and opportunity costs, establishing community networks, and monitoring progress;
- To manage the supply and ensure the quality of education by strengthening education management and information systems, as well as building teacher/administrator HIV and AIDS capacity, and establishing policies and practices to reduce their own risks;
- To expand the role of schools to provide care and support to orphans and vulnerable children through measures such as linking with community social services and networks and coordinating multi-sector and partner involvement;
- To protect orphans and other children made vulnerable by HIV/AIDS by developing policies and practice to reduce stigma and discrimination, as well as sexual abuse and exploitation.

Participant	Institution
Lord Norman Warner	British Parliament
Hon. Bénéît Ndashika	Burundi Parliament
Hon. Phenias Nigaba	Burundi Parliament
Hon. Clotilde Caraziwe	Burundi Parliament
Hon. Yvon Yanga Kidiamene	DRC Parliament
Hon. Louise Ekpoli Lenti	DRC Parliament
Hon. Peter Friedrich	German Parliament
Hon. Zaddock Syon'goh	Kenyan Parliament
Hon. Eng. Philip Okundi	Kenyan Parliament
Hon. Dr. Julia Ojiambo	Kenyan Parliament
Hon. Lucy Wanjohi	Kenyan Parliament
Hon. Nicholas Emejen	Kenyan Parliament
Dr. Naomi Shabaan	Kenyan Parliament
Dr. Samuel Kalibala	IAVI
Dr. Florence Manguyu	IAVI
Mr. Jacob Wasai Nanjakululu	ACORD
Mr. Miano Munene	KHRAN
Mr. Peter Munyi	ICIPE
Ms. Monique Tondoi Wanjala	ICW
Hon. Mary Mugenyi	Pan-African Parliament
Hon. Dr. Krishna Babajee	Pan-African Parliament
Hon. Krzysztof Lisek	Polish Parliament
Hon. Abdiaziz Mohamed	Somali Parliament
Hon. Fadumo Nurow	Somali Parliament
Hon. Ali Sheikh Mohamed Nur	Somali Parliament
Hon. Hawo Abdullahi Qayad	Somali Parliament
Hon. Ibrahim Mohamed Isak	Somali Parliament
Hon. Lediana Mafuru Mng'ong'o	Tanzanian Parliament
Hon. Khalifa Suleiman Khalifa	Tanzanian Parliament
Hon. Godfrey W. Zambi	Tanzanian Parliament
Hon. Jane Alisemera Babiha	Ugandan Parliament
Hon. John Arapkissa Yekko	Ugandan Parliament
Hon. Joseph Muyomba Kasozi	Ugandan Parliament
Mr. Rick Olson	UNICEF ESARO
Dr. Douglas Webb	UNICEF ESARO
Dr. Jan Nico Scholten	AWEPA, President
Dr. Jeff Balch	AWEPA, Director Research & Evaluation
Ms. Nathalie Lasslop	AWEPA, Project & Research Officer
Mr. Arend Huitzing	AWEPA, HIV/AIDS Policy Advisor
Ms. Jeniffer Kwarisiima	AWEPA Uganda, Programme Coordinator
Ms. Jocelyne Nahimana	AWEPA Burundi, Project Officer
Ms. Gertrude Bamba	AWEPA DRC, Project Officer
Mr. Lawrence Makigi	AWEPA Tanzania, Project Officer

Participant	Institution
Ms. Marianne Lateste	AWEPA Kenya, Head of Office
Mr. Thiongo Kagicha	AWEPA Kenya, Project Officer
Ms. Marie Heuts	AWEPA Kenya, Programme Officer
Ms. Peninah Ogeto	AWEPA Kenya, Office Manager
Ms. Ruth Mungai	AWEPA Kenya, Administrative Officer
Ms. Elena Montani	AWEPA Kenya/Somalia, Project Officer



Colophon

Text Liselot Bloemen
Editing Liselot Bloemen, Nathalie Lasslop, Jeff Balch
Photo's Pieter Boersma (pp. 1,5,9,10),
Josiah M. Kagikah (pp. 2,6,9,14,15)
Design Lena Shafir, www.shafir-etcetera.com
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AWEPA International Office
Prins Hendrikkade 48 -G
1012 AC Amsterdam
The Netherlands
Tel +31 20 5245678
Fax +31 20 6220130
E-mail: amsterdam@awepa.org

AWEPA Nairobi Office
Chaka Place, 2nd floor
Argwings Kodhek/Chaka Road
PO Box 1189-00606
(Sarit Centre/Westlands)
Nairobi, Kenya
Tel +254 20 2733977
Fax +254 20 2733473
Email: awepakenya@accesskenya.com

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More Details

For more details on the Regional Parliamentary Seminar for the Great Lakes Region – Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support, including electronic copies of the Terms of Reference, the Programme, speeches and follow up activities, please see at the AWEPA website at www.awepa.org.



AWEPA Mission Statement

AWEPA works to support the well functioning of parliaments in Africa and to keep Africa on the political agenda in Europe.

AWEPA supports institutional capacity building within parliaments and decentralised authorities and assists in strengthening the skills of parliamentarians and other elected representatives.

This includes attention to:

- The key role of well functioning parliaments with regards to democracy, human rights, conflict management, poverty reduction and sustainable development
- The attainment of gender equality at all levels of political decision-making
- African-European sharing of parliamentary experience
- Building parliamentary networks at national, regional and inter-regional levels as for a political and non-governmental interaction

AWEPA also informs and mobilises European parliamentarians on policy issues in African-European relations, development cooperation and democratisation in Africa.

