

TUNIS DECLARATION ON AIDS AND THE CHILD IN AFRICA

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I. BACKGROUND

[The Assembly]

Recognising the devastating effect facing our African people, we adopted in Dakar in 1992 Declaration AHG/Decl. 1 (XXVIII) on the AIDS Epidemic in Africa as an integral part of our earlier Declaration AHG/Decl. 3 (XXVII) on the Current African Health Crisis adopted in Abuja in 1991, *Having reviewed* Document CM/1780 (LVIII) on the Report of the Secretary-General on the Implementation of the Six Point Action Agenda of the Declaration of the AIDS Epidemic in Africa, we adopted in Cairo Resolution AHG/Res. 223 (XXIX), *In spite of* the above concerted actions we resolved to undertake, the magnitude of the problem of the HIV infection and AIDS in most of our countries is on the increase especially among the African children who are the most vulnerable sector of our population.

We take note that:

1. Some 1 million infections occur annually in men, women and children and that by the year 2000, about twenty million Africans will be infected with the Human Immunodeficiency Virus (HIV);
2. The Acquired Immunodeficiency Syndrome (AIDS) causes sickness and despair, kills young and middle-aged adults who are parents, the mainstay of the family, the backbone of the work force, and the care givers to our young;
3. Children are infected by various modes of transmission and girls are particularly vulnerable to infection by adults through sexual intercourse;
4. The positive gains in the health status of children and women brought about by successful primary health care programmes of immunisation, and child survival efforts in most African states are being threatened and will actually be reversed by AIDS;
5. As a consequence of less-than-aggressive preventive efforts in the past, millions of children will die from AIDS or be orphaned over the coming decade and will require care and supportive efforts.

II. COMMITMENT

- (a) Prevention is the key to slowing the spread of AIDS in Africa and curtailing its ultimate impact; attention should also be given to care of HIV/AIDS patients including those with accompanying illness such as tuberculosis;
- (b) Effective national HIV/AIDS programmes require broad-based, multisectoral support from all sectors of government; and we commit ourselves to undertake the following measures to protect our African children.

In the light of the foregoing we commit ourselves to:

1. Elaborate 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.
 - (a) We must recognise that an effective response to the needs of AIDS-affected children requires a multidisciplinary, multisectoral response effectively coordinated to avoid duplication of effort and encourage the rational use of resources.
 - (b) We must recognise that the serious effect the AIDS epidemic is having on children must be seen as a national issue, not just the concern of the communities most directly affected.
 - (c) The largest group of AIDS-affected children are those whose parents have died in the epidemic. But in the hardest hit communities, nearly all children – not just those whose family members have died of AIDS – are adversely affected because of the loss of people they are close to, the trauma of watching their friends become orphaned, and the effects on the community of the loss of so many of its most productive members.

- (d) The immediate policy responses should address issues related to food and nutrition, education, nurture of parentless children, medical care for the sick as well as addressing the psychosocial problems resulting from the loss of loved ones and security.
 - (e) Children who are not at present infected or affected may soon join this group as the epidemic is rapidly developing.
 - (f) The various actors include concerned ministries, national and international non-governmental organisations, donor organisations and, most importantly, the communities themselves. Communities have the capacity to convert rejection into acceptance and risk-taking into risk prevention. Moreover, the individual capacity to act can be reinforced by a supportive community.
2. Protect young children from HIV infection.
 - (a) We must recognise not only the vulnerability of young people to HIV infection, but that they provide a window of opportunity to eventually break the chain of transmission.
 - (b) We must therefore encourage and develop strong prevention strategies and interventions based on, among other things, moral and ethical values of our society, appropriate sex education in schools, and as a matter of urgency plans must be drawn up to reach out-of-school youth. Furthermore, young people must be given access to reproductive health care and the knowledge and skills to avoid sexual exploitation and unprotected sex.
 - (c) We must give particular attention to the prevention of transmission of infection by adults to young people, through legislation designed to regulate the age of consent and by the introduction of measures to improve the economic status of families.
 - (d) In addition, we must institute measures to prevent parenteral transmission through transfusion of infected blood or use of contaminated needles and syringes or traditional surgical manipulation made with inadequately sterilised equipment. We should intensify all efforts including social mobilisation and introduce legislation to discourage harmful traditional practices.
 - (e) Furthermore, to prevent perinatal transmission we must institute counselling services to advise HIV infected women.
 3. Promote and support applied research.
 - (a) Promote research efforts based on African experience and tradition and support institutes of research in Africa working mainly in the field of determining the magnitude and extent of HIV infection among children and women and the underlying factors relating to HIV infection in order to orient our response aimed at preventing the spread of infection and alleviating its consequences on children and women.
 4. Make definite and substantial budgetary provisions to meet the identified requirements for preventive programmes among children and for the care and support of those infected and/or affected by HIV/AIDS.
 - (a) Recognising the socio-economic constraints to which our countries are subject and the multisectoral impact of the AIDS epidemic, we shall draw on all possible resources, community, national, bilateral and international, to meet the needs of the programme.
 5. Continuously monitor the epidemiological situation and the impact of the action programme and regularly evaluate its implementation in order to effect any necessary modifications or reorientation.

III. WE COMMIT OURSELVES TO FOLLOW CLOSELY THE IMPLEMENTATION OF THIS DECLARATION.