African Union

AFRICAN UNION (AU) ROADMAP TO 2030 & BEYOND
SUSTAINING THE AIDS RESPONSE, ENSURING
SYSTEMS STRENGTHENING AND HEALTH SECURITY
FOR THE DEVELOPMENT OF AFRICA

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LIST OF ACRONYMS

Africa CDC	Africa Centres for Disease Control and Prevention
AfCFTA	African Continental Free Trade Area
AGYW	Adolescent girls and young women
AHS 2016–2030	African Health Strategy 2016–2030
AIDS	Acquired Immune Deficiency Syndrome
ADB	African Development Bank
AMA	African Medicines Agency
AMRH	Medicines Regulatory Harmonization initiative
ANC	Antenatal Care
APC	Alcohol per capita consumption
ARNS	African Regional Nutrition Strategy 2015–2025
ART	Antiretroviral therapy
AU	African Union
AUC	The African Union Commission
AUDA-NEPAD	African Union Development Agency-New Partnership for Development
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BDP	Bureau for Development Policy
BMGF	Bill and Melinda Gates Foundation
CHAI	Clinton Health Access Initiative
CHWs	community health workers
CLM	Community-led Monitoring (CLM)
COVID-19	Coronavirus Disease 2019
CVD	Cardiovascular diseases
DALYs	Disability-Adjusted Life Years
DFC	Development Finance Corporation
DST	Drug-Susceptibility Testing
EAC	East African Community
ECA	Economic Commission for Africa
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
ECSA-HC	The East, Central and Southern Africa – Health Community
EHS	Environmental, Health, and Safety
EID	Early infant diagnosis

EML	Essential Medicines List
EMTCT	Elimination of Mother-to-Child Transmission
ESA	Eastern and Southern Africa
GDP	Gross domestic product
GF ATM	Global Fund For AIDS, Tuberculosis and Malaria
GMP TC	Good Manufacturing Technical Committee
HIV	Human Immune Deficiency Syndrome
HPV	Human Papillomavirus
HSV	Herpes Simplex Virus
IUDs	Intrauterine devices
IBBSS	Integrated Bio-behavioural Surveillance Surveys
IDPs	Internally Displaced Persons
IDSR	Integrated Disease Surveillance and Response
IGAD	Intergovernmental Authority for Development
IHR	International Health Regulations
IOAC	Independent Oversight and Advisory Committee
IPPPR	Independent Panel on Pandemic Preparedness and Response
IRS	Indoor Residual Spraying
JEE	Joint External Evaluation
KNCV	Dutch TB Foundation
KPs	Vulnerable population
LMICs	Low- and middle-income countries
MDR/RR-TB	Multi-drug-resistant /Rifampicin Resistant TB
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa
ML1	WHO Maturity Level 1
ML3	WHO Maturity Level 3
MMEIG	United Nations Maternal Mortality Estimation Inter-Agency Group
MMR	Maternal mortality ratio
MSM	Men who have sex with men
MTCT	Mother to Child Transmission
NAPHS	National Action Plans for Health Security
NCDs	Non-communicable diseases
NGOs	Non-governmental Organisation
NRAs	National Regulatory Agencies

NSPs	National Strategic Plans
NTDs	Neglected tropical diseases
PAP	Pan African Parliament
PAVM	Partnership for Vaccine Manufacturing in Africa
PBFW	Pregnant and breastfeeding women
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PGII	Partnership for Global Infrastructure and Investment
PLHIV	People Living With HIV
PMI	President's Malaria Initiative
PMPA	Pharmaceutical Manufacturing Plan for Africa
PrEP	Pre-Exposure Prophylaxis
PROSE	Promoting Resilience of Systems for Emergencies
PWID/PUD	People Who Inject Drugs/People Using Drugs
RCD TC	Regulatory Capacity Development Technical Committee
RCORE	Regional Centre of Regulatory Excellence
R&D	Research and Development
RECs	Regional Economic Communities
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
RSSH	Resilient and Sustainable Systems for Health
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SDH	Social determinants of health
SRH	Sexual and reproductive health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually transmitted infections
SRLN	Supranational Reference Laboratory Network
SWOT	Strengths, Weaknesses, Opportunities and Threats Analysis
TB	Tuberculosis
UHC	Universal Health Coverage
UHC SCI	UHC service coverage index (UHC SCI)
UNAIDS	United Nations Join Program on AIDS
UNAIDS/TSM	United Nations Join Program on AIDS- Technical Support Mechanism
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund

UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
UNHLM	United Nations General Assembly High-Level Meeting
US-CDC	United States Centres for Disease Control
XDRTB	extensively drug-resistant
WCA	Western and Central Africa
WHO	World Health Organization
WHO AFRO	World Health Organization African Region
WASH	Water, Sanitation, and Hygiene

ACKNOWLEDGEMENTS

1 EXECUTIVE SUMMARY

The African Union's Roadmap to 2030 stands as a significant collaborative initiative by the 55 member states, strategically organized across different regions of the continent and aligned with the health aspiration of the African Union Agenda 2063 (Second ten year implementation plan), AU Strategic Plan (2024 – 2028), Africa Health strategy and the Africa CDC strategic plans. This initiative underscores a resolute commitment to improving the health and well-being of African citizens. A landmark development was witnessed at the 36th AU Summit of Heads of State and Government' during the 'High-Level Side Event on 'Health Financing and Sustaining Action to End AIDS and other diseases. During the event, a Resolution was passed reaffirming Member States' dedication to the Abuja Declaration 15% target on domestic financing for health. The assembly tasked the AU Commission, AUDA-NEPAD, and Africa CDC with developing a costed AU Roadmap to 2030 & Beyond, focusing on sustaining the AIDS response, strengthening health systems, preventing maternal deaths, and combating various diseases endemic to the continent. This ambitious vision reflects the Member States determination to enhance overall health systems, health security, and the development trajectory of the continent by the end of the decade.

The AU Roadmap to 2030 & Beyond envisions ending HIV as a public health threat and controlling TB, Malaria, NTDs and NCDs while responding effectively to pandemics. It aims to advance health security, resilient and sustainable health systems through strengthening primary health care and achieving universal health coverage targets. The mission is to strengthen health systems in Africa by improving healthcare infrastructure, workforce capacity, and ensuring equitable access to services for all, particularly vulnerable populations. It emphasizes community empowerment, collaborative partnerships, and sustainable development through innovative financing mechanisms and global solidarity to address both current and future health challenges.

The African Union Roadmap to 2030 will focus on seven strategic pillars:

- Pillar 1: Adolescents, Children, Men, Women and Youth

- Pillar 2: Health Equity and Vulnerable Populations

- Pillar 3: Access to medicines, regulatory harmonization and local/regional manufacturing of medicines, vaccines, and diagnostics.

- Pillar 4: Health Security and Health Systems Strengthening

- Pillar 5: Diversified and Sustainable Financing

- Pillar 6: Leadership, Governance, Community Engagement and Oversight for Sustainability.

- Pillar 7: Service Delivery for HIV, TB and Malaria, NTDS, STIs and Viral Hepatitis, NCDs and RMNCAH.

The AU Roadmap to 2030 & Beyond presents the trends in health expenditure and costs by major disease/programme area and then by Strategic Pillar. The pillars seek to provide a paradigm shift in the reporting of costs by moving away from the normally used traditional cost input or functional approach. The emphasis is integration of health services in both service provision and financing as well as social enablers.

2 INTRODUCTION AND BACKGROUND

The African Union Roadmap to 2030 represents a concerted effort by the 55 member states of the African Union (AU) to enhance African health and well-being and aligns with Agenda 2063's vision. The Roadmap 2030 & beyond is aligned to the Second Ten Year Implementation plan of the Agenda 2063 that calls for an Africa whose development is people driven, relying on the potential of African people, especially its women and youth, and caring for children. The Plan also emphasise the need to engage and empower youth and children. In 2023, following the High-Level Side Event on Health Financing, the Assembly, decision (Assembly/AU/Dec.852(XXXVI)), reaffirming its commitment to the Abuja Declaration's target of allocating 15% of national budgets to health financing, to shift away from a reliance on external funding for health.

The Assembly then tasked the AU Commission, AUDA-NEPAD, and Africa CDC with developing a comprehensive AU Roadmap to 2030 & Beyond as a guideline for strengthening health systems, improving access to healthcare, reducing maternal deaths, and overcoming endemic diseases. The roadmap follows a series of key decisions and commitments made by the AU (see Figure 1) and reflects the AU's resolve to advance health security and development in Africa, create a healthier, more resilient Africa in which every citizen is healthy and well nourished.

Evolution and Historical Background to the AU Roadmap
The infographic below summarizes the evolution and historical background of the AU Roadmap to 2030 & Beyond.

AU Roadmap to 2030 and Beyond Development Timeline

2000
African Summit on Roll Back Malaria
Leaders resolved to strengthen health systems, increase political momentum, institutional energy and technical consensus on malaria and other infectious diseases.

2001
African Summit on HIV/AIDS, TB & Other Infectious Diseases
Declared AIDS state of emergency. Commitment to personal responsibility and political leadership. Pledged at least 15% of national budgets to the health sector by 2015.

2006
Abuja Heads of State Special Summit
Adopted the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, TB and Malaria – "The Abuja Call"

2010
Kampala Heads of State Special Summit
Adopted Actions on Maternal, Newborn, and Child Health by 2015 – "The Kampala Call" Commitment to annually report on progress.

2012
AU Assembly Decision
Requested a roadmap for viable health funding. Roadmap on shared responsibility for AIDS, TB and Malaria Response in Africa

2013
Abuja +12 Special Summit
Adopted Abuja Actions Toward Elimination of HIV/AIDS, TB and Malaria by 2030. Accelerated mobilization of domestic resources and poverty elimination strategies.

2015
AU Agenda 2063
Adoption of the 50 year shared Strategic Framework for Inclusive Growth and Sustainable Development.

2016
AU Working Group & Ministers' Meeting
Adoption of the Catalytic Framework to End AIDS TB and Malaria by 2030. Adoption of the *Africa Health Strategy (2016-2030)* for building robust responses to health challenges through strengthened health systems

2019
African Leadership Meeting - Investing in Health
Addis Ababa Commitment towards Shared Responsibility and Global Solidarity for Increased Health Financing Declaration – "The ALM Declaration".

2021
Dakar High-level Summit
Reinventing the response to the HIV pandemic. Renewed political commitment to the HIV.

2023
Assembly of the Union
Decision on the ALM - Investing in Health. Retaining momentum for Domestic Health Financing Agenda.

2023
High-level Event on Health Financing
Reaffirms commitment to the Abuja Declaration 15% target. Requests for a fully costed Roadmap to 2030 and Beyond

Figure 1 Roadmap Timeline

2.1 Policy Orientation and Context

The AU Roadmap to 2030 & Beyond is informed by continental health policy commitments and instruments, including Agenda 2063 through the Second Ten year implementation plan, the AU Strategic Plan, the African Health Strategy 2016–2030, the Maputo Plan of Action 2016–2030, and the Abuja Declaration, the Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030, the Continental Framework to Eliminate and Control Neglected Tropical Diseases by 2030. The Africa Regional Nutrition Strategy by 2025 among others. Within the Context of AU Strategic Plan (2024 – 2028), the Roadmap 2030 and beyond aligns to the Strategic Objective to Increase access to affordable and quality healthcare within Moonshot 6 – African Citizens are more empowered and resourceful

Mission — The Pan African Organisation that promotes and protect: Human and people's rights, Democratic Institutions, respect for culture, good governance & rule of law, inclusive development, continental integration while creating equal opportunities for prosperity and peace for all its citizens and its people

Vision — An integrated, prosperous and peaceful Africa, driven by its own citizens and representing a dynamic force in the global aren

Aspiration

Aspiration 1	Aspiration 2	Aspiration 3	Aspiration 4	Aspiration 5	Aspiration 6	Aspiration 7

Moonshots

| 1. Every nation in middle or high income category | 2. Africa is more integrated connected | 3. Public institutions are more responsive to citizens needs | 4. Africa resolves conflicts Peacefully | 5. African culture and values are explicit and promoted | 6. African citizens are more empowered and resourceful | 7. Africa is a strong and influential player |

Beneficiaries/ African Citizens, MS, Partners

| Enhance inclusive, equitable & sustainable economic growth | Enhance the implementation of continental integration frameworks | Enhance independence, performance, accountability and responsiveness of public institutions to deliver their mandates | Enhance peace security and stability` | Beneficiation of African talent, arts crafts, culture, sports, music to diversify economies | Enhance the empowerment of African Citizens especially Vulnerable groups | Strengthen Africa's position & competitiveness in global affairs |

Optimal, efficient & Effective AU core mandate processes to deliver value to beneficiaries

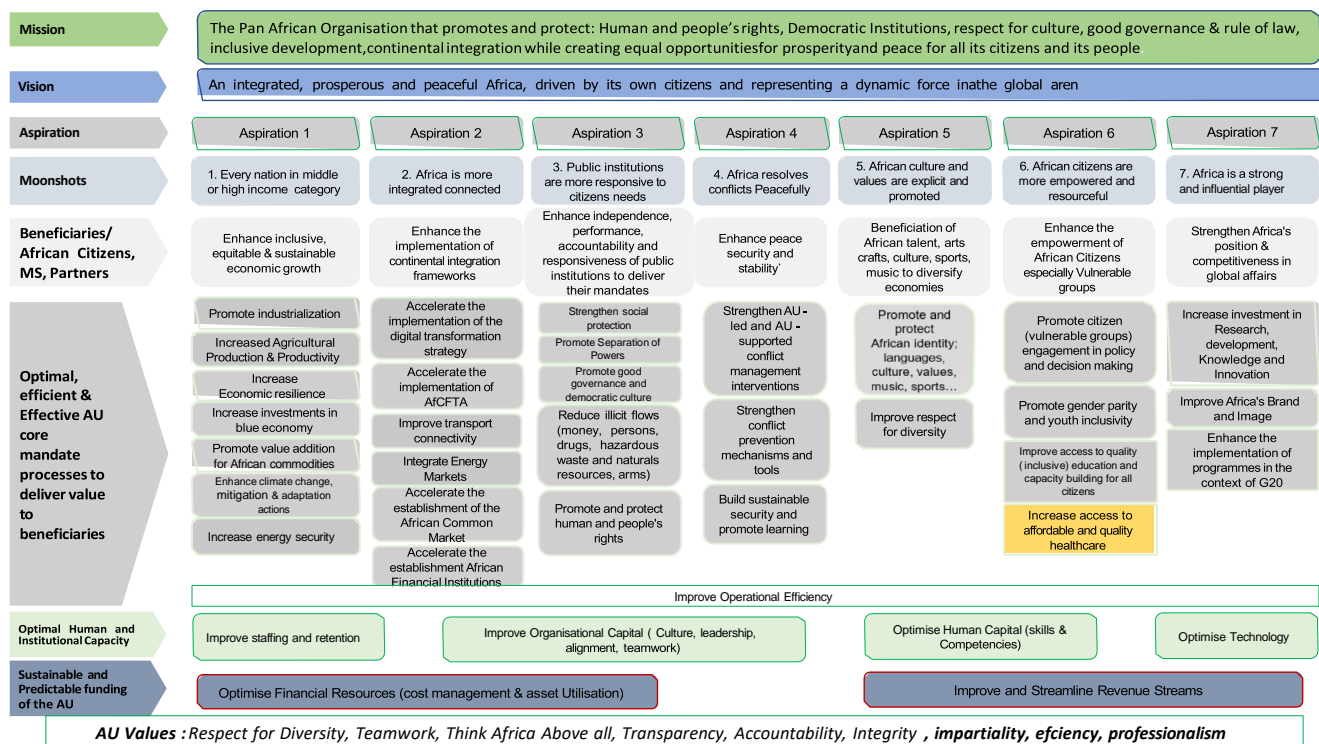| Aspiration 1	Aspiration 2	Aspiration 3	Aspiration 4	Aspiration 5	Aspiration 6	Aspiration 7
Promote industrialization	Accelerate the implementation of the digital transformation strategy	Strengthen social protection	Strengthen AU-led and AU-supported conflict management interventions	Promote and protect African identity; languages, culture, values, music, sports…	Promote citizen (vulnerable groups) engagement in policy and decision making	Increase investment in Research, development, Knowledge and Innovation
Increased Agricultural Production & Productivity	Accelerate the implementation of AfCFTA	Promote Separation of Powers		Improve respect for diversity	Promote gender parity and youth inclusivity	Improve Africa's Brand and Image
Increase Economic resilience	Improve transport connectivity	Promote good governance and democratic culture	Strengthen conflict prevention mechanisms and tools		Improve access to quality (inclusive) education and capacity building for all citizens	Enhance the implementation of programmes in the context of G20
Increase investments in blue economy	Integrate Energy Markets	Reduce illicit flows (money, persons, drugs, hazardous waste and naturals resources, arms)			Increase access to affordable and quality healthcare	
Promote value addition for African commodities	Accelerate the establishment of the African Common Market		Build sustainable security and promote learning			
Enhance climate change, mitigation & adaptation actions	Accelerate the establishment African Financial Institutions	Promote and protect human and people's rights				
Increase energy security						

Improve Operational Efficiency

Optimal Human and Institutional Capacity

| Improve staffing and retention | Improve Organisational Capital (Culture, leadership, alignment, teamwork) | Optimise Human Capital (skills & Competencies) | Optimise Technology |

Sustainable and Predictable funding of the AU

| Optimise Financial Resources (cost management & asset Utilisation) | Improve and Streamline Revenue Streams |

AU Values : Respect for Diversity, Teamwork, Think Africa Above all, Transparency, Accountability, Integrity *, impartiality, efciency, professionalism*

Figure 2 - AU Strategy Map

Global frameworks like the Sustainable Development Goals, UNAIDS Global AIDS Strategy, WHO Global Health Sector Strategies, and Global Fund Strategy also contributed to its definition. The roadmap emphasizes sustained responses to epidemics and other health threats, health system strengthening, and health security. Its implementation will require aligning with related health sector commitments and frameworks, including those addressing non-communicable diseases, mental health, neglected tropical diseases, and maternal and child health, as well as social determinants of health and health equity. The Roadmap highlights the interconnectedness of health goals and the need for integrated multisectoral responses to achieve health security, universal health coverage and development objectives in Africa. The Roadmap to 2030 which brings together key frameworks aspirations aims to shape health policies across the continent and will be important in the attainment of health goals especially in the post COVID 19 recovery phase. The Roadmap to 2030 addresses the urgent challenges of climate change, emerging and re-emerging diseases and conditions through advocating and promoting a holistic approach to health.

3 SITUATION ANALYSIS

3.1 HIV/AIDS

Epidemiology: In 2023, Africa reported approximately 26.1 million people living with HIV, including 1.2 million children (ages 0–14) and 24.9 million adults (15 and older), with women making up 16.1 million of that adult population. Over the past decade, the overall number of people living with HIV has increased by 25%, with children seeing a 20% rise, adults a 14% increase, and women a 22% rise.The epidemic varies in size and severity across the continent: there were an estimated 20.8 million people living with HIV in eastern and southern Africa in 2023, compared with 5.1 million in western and central Africa, and about 160 000 in North Africa.[2]

The incidence of HIV had declined by 36% since 2013; children experienced a 53% reduction, while among adults and women aged 15 years and above, infections fell by 46% and 50% respectively. Approximately two dozen countries have reduced their annual new HIV infections by over 50%. However, opposite trends are underway in North Africa, where the annual number of people acquiring HIV has doubled since 2010, and several countries are making modest progress in reducing new HIV infections. Across the continent an estimated 660 000 people acquired HIV- in 2023—almost as many as in the entire rest of the world.

AIDS-related deaths totaled 390,000 in 2023, including 66,000 children, 330,000 adults, among which 170,000 were women. The mortality rate has also dropped significantly over the past decade, with a 43% decrease overall. Children experienced a 53% reduction in deaths, while adult and women deaths fell by 40% over same period.

Progress and Achievements: Approximately 21.3 million people were receiving antiretroviral therapy (ART) in 2023, a huge increase from 10.6 million in 2013. The overall ART coverage on the continent reached 82%, with 55% for children, 83% for adults, and 86% for women. In addition, seven African countries (Botswana, Eswatini, Kenya, Malawi, Rwanda, Zambia and Zimbabwe) have already achieved the 95–95–95[1]. Overall, the continent's treatment cascades has improved from 54-23-17 to 90-82-76. Almost 20 million people living with HIV had suppressed viral loads enabling them to live healthy, long lives. There was a 70% reduction of new HIV infections in children (0–14 years) in eastern and southern Africa between 2010 and 2023 but much slower progress in western and central Africa, which accounts for over 41% of all new vertical HIV infections in the world.

Approximately 85% of the estimated 1.1 million pregnant women living with HIV in Africa were receiving an effective ARV regimen to prevent vertical transmission. Botswana has been certified as being on the path for the elimination of vertical transmission of HIV, while Namibia has been certified for both HIV and hepatitis B. Despite this, ARV coverage among pregnant women has plateaued since 2013[2].

In North Africa, only about half of the people with HIV are getting ART and there has been little change in the number of AIDS-related deaths over the past decade. Men living with HIV are also less likely than women to know their HIV status and receive HIV treatment.

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[1] 95% of people living with HIV know their status, 95% of those who know their status are on treatment and 95% of those on treatment are virally suppressed.

[2] Global AIDS Strategy 2021–2026: End inequalities. End AIDS. Geneva: UNAIDS; 2021 (https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026).

AFRICA	All ages	Children (0–14 years)	Adults 15+	Women 15+
People living with HIV in 2023	26.1 million	1.2 million	24.9 million	16.1million
Percentage change in number of people living with HIV, 2013–2023	+25%	+20%	+14%	+22%
New HIV infections in 2023	660 000	100 000	560,000	360,000
Percentage change in annual new HIV infections, 2013–2023	–36%	–53%	-46%	-50%
Deaths due to AIDS in 2023	396 000	66 000	330,000	170,000
Percentage change in AIDS-related deaths, 2013–2023	-43%	-53%	-40%	-40%
People receiving ART in 2023	21.3 million	660 000	20.7 million	13.8 million
ART coverage among people living with HIV in 2023 (%)	82%	55%	83%	86%
Percentage change in people receiving ART, 2013–2023	+132%	+14%	140%	142%
Viral suppression among people living with HIV 2023 (%)	76%	46%	78%	81%

Source: UNAIDS estimates 2024

Table 1: Status of the HIV epidemic and response in Africa

Gaps and Challen

ges: Weak health systems, social and legal barriers and HIV-related stigma and discrimination are leaving millions [3]. Adolescent girls and women are still at inordinate risk of acquiring HIV, as other vulnerable populations across the entire continent. There are gaps around HIV prevention caused by widespread stigma and hostile legal and social environments. Efforts to reduce violence against women, gender inequalities and harmful gender norms remain limited and impact the epidemic among women and girls.

3.2 Tuberculosis

Epidemiology: More than 2.5 million people fell ill with TB in Africa in 2022 representing approximately 25% of the global burden. 500 000 people died of the disease, accounting for 30 % of global TB deaths. Eight (8) African countries have at least 100 000 TB incident cases[4]. Approximately 800,000 people with TB remained outside of care, with children disproportionately affected. Less than 50% of the population underwent testing using WHO-recommended rapid molecular diagnostics. Additionally, TB preventive treatment (TPT) among household contacts of TB patients remains low[5]. Rifampicin-resistant and multi-drug-resistant TB affected 530 000 people in the African Region, with over half of those cases occurring in Nigeria and South Africa. In 2022, African member states only managed to identify 5% of the total estimated drug-resistant TB. Between 2015 and 2022, there was a 19% reduction in new TB cases and an 18% decrease in TB-related deaths.

75% of the global TB/HIV burden is from Africa but progress is being made with 89% of TB patients having been tested for HIV and of those found positive 93% were initiated on ART. The intersection of TB and HIV remains a critical concern, with 20% of new TB cases occurring among individuals living with HIV/AIDS, resulting in higher death rates.
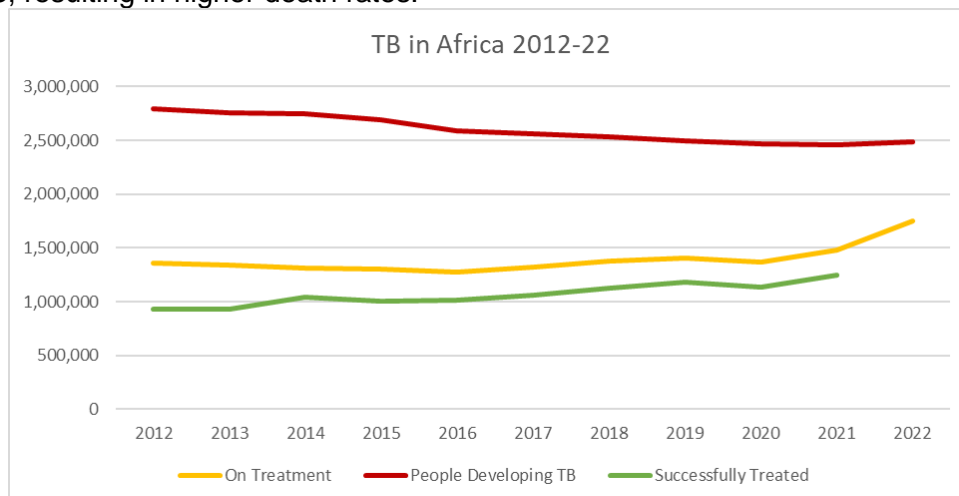

Figure 3 Status of the TB and response in Africa.

Progress and Achievements: To address these challenges, African Heads of State and Government endorsed the African Continental End TB Accountability Framework for Action and the End TB Scorecard initiative in 2018. This led to the development of the Africa Continental TB Scorecard. Member States further demonstrated their commitment by endorsing the Political Declaration of the UN High-Level Meeting on the Fight against Tuberculosis in September 2023, aligning with the WHO End

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[3] Against a 2010 baseline.
[4] Global tuberculosis report 2023. Geneva: World Health Organization; 2023.

TB Strategy and the Framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the WHO African Region. Those documents set targets for 2030, including a 90% reduction in the number of TB deaths compared to 2015 and an 80% reduction in the TB incidence rate compared to 2015, with the goal of ensuring that no TB-affected families face catastrophic health costs.
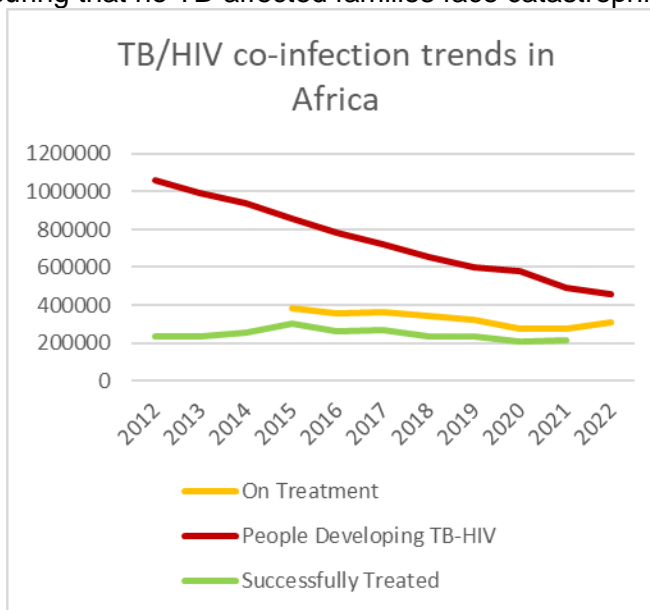

Figure 4 TB/HIV co-infection trends in Africa.

Several African countries have already achieved some of the milestones outlined in the End TB Strategy, with a steady decline in the number of TB-HIV co-infected patients and an increasing number of HIV-positive individuals enrolled in TB preventive treatment programmes.

The number people provided with TB preventive treatment rose impressively until 2019, but then decreased during the COVID-19 pandemic, before rising again in 2022.Sixty-one percent of HIV-positive people newly enrolled in care and 40% of children (aged less than five years) who were household contacts of bacteriologically confirmed TB cases were on TB preventive treatment in the African Region in 2021[5].

Gaps and Challenges: Large proportions of households with TB patients face catastrophic health-care costs, especially when they are trying to manage drug-resistant TB. The main factors associated with heightened risk of acquiring TB include cramped and poorly ventilated living conditions, undernourishment, HIV infection, alcohol use disorders, unsafe mining activities, smoking and diabetes. However, challenges persist. Persistent funding gaps with only 46% of the Continental TB response being supported by domestic response against the Global average of 80% stand in the way of Ending TB by 2030. The funding gap in the 17 African countries with the highest burden of TB totals about US$ 2.3 billion.
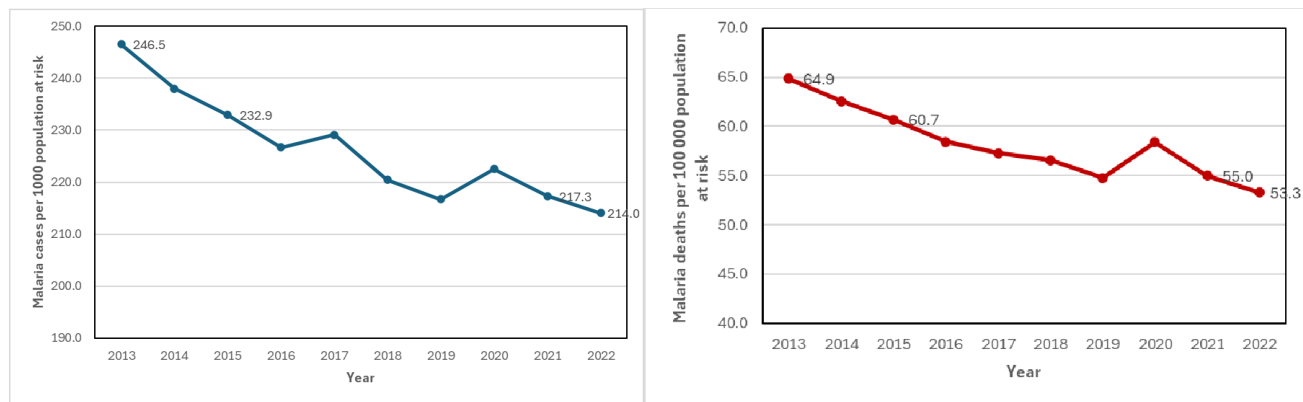
3.3   Malaria

Epidemiology: Across the continent, 1.27 billion individuals are at risk of malaria infection. There were an estimated 236 million malaria cases (95% of global cases) and 590,935 malaria deaths (97% of global deaths) in African Member States in 2022. Compared to 2000, this represents a 38% reduction

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[5]Tuberculosis in the WHO African Region: 2023 progress update. Brazzaville: WHO African Region, 2023 (https://www.afro.who.int/sites/default/files/2023-09/Tuberculosis%20in%20the%20African%20Region_2023%20report.pdf)

in malaria incidence and 60% reduction in malaria mortality. Over the past two decades, 1.6 billion malaria cases and 10.6 million malaria deaths have been avoided in Africa.

***Progress and Achievements*:** Since 2015 two countries Algeria and Cabo Verde have been certified malaria free by the World Health Organization. The continent has successfully prevented the re-establishment of malaria in all countries that are malaria-free compared with 2015 meeting one of the targets in the Catalytic framework to end AIDS, TB and eliminate malaria by 2030. Progress remains stalled, and the continent is not on track to achieve its goal of controlling and eliminating malaria by 2030. Since 2015, malaria incidence has declined by 7.6% and mortality by 11.3%, well short of African Union's interim goals of 40% reductions by 2020 and 70% by 2025. Of the 46 Member States reporting incidence of malaria, seven have achieved a 40% reduction in either malaria incidence or mortality. Significant gains will need to be made to get the continent back on track.

Source: WHO Estimates

Figure 5: Trends in Malaria case incidence (cases per 1000 population at risk and mortality rate (death per 100,000 population at risk) in Africa (2013-2022).

Challenges and Gaps: Despite the progress made, there is need to address the root causes of this stagnation, such as changing ecology and vector behaviour; low access to and insufficient quality of health services, a global economic downturn and inadequate domestic funding; humanitarian crises, including conflicts, natural disasters and migration; climate change; and biological threats such as insecticide and drug resistance as well as emerging malaria vectors.

3.4   Neglected Tropical Diseases (NTDs)

Epidemiology: Africa bears 42% of the global NTD burden impacting over 600 million people in 49 Member States[6]. 37 Member States are co-endemic for at least five NTDs. These diseases predominantly affect the most marginalized and impoverished communities, perpetuating cycles of poverty and causing severe consequences, including blindness, chronic pain, cognitive impairments, and disfigurement. Despite being preventable and treatable, NTDs lead to over 500,000 deaths annually and substantial morbidity. The affected populations often face heightened exposure to vectors, poor living conditions, and limited access to health services due to socio-economic factors, conflicts and other systemic barriers. The strong correlation between NTDs and poverty further exacerbates economic losses, costing African economies billions annually.

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[6] Neglected tropical diseases. Fact sheet. Geneva: World Health Organization; January 2024 (https://www.who.int/news-room/questions-and-answers/item/neglected-tropical-diseases).

Progress and Achievements: As of 2023, 19 AU Member States have eliminated at least one NTD, reducing the number of people requiring interventions by 88 million since 2013. Four countries—Malawi, Togo, Ghana, and the Gambia—have been validated for the elimination of one or more NTDs, with Togo eliminating four NTDs, a global achievement. Four countries have been officially validated for elimination of at least one of the five priority preventive chemotherapy NTDs: with Malawi and Togo eliminating lymphatic filariasis; and the Gambia, Ghana, Malawi, and Togo eliminating trachoma. Guinea worm disease (dracunculiasis) is nearing eradication, with only 13 human cases reported in 2022. Togo stands out globally as one country that has successfully eliminated four neglected tropical diseases. Sleeping sickness (Th.B. gambiense human African trypanosomiasis) has been eliminated as a public health problem in seven countries, with five more countries eligible for validation. The number of leprosy cases steadily decreased between 2012 and 2021, with eight Member States reporting no new local cases among children for at least five consecutive years. The number of reported Buruli ulcer cases decreased by 71% between 2010 and 2021.

Challenges and Gaps: Although mortality is relatively low, morbidity and the public health burden are extremely high. Untreated, these infections can cause blindness, disfigurement, chronic pain, cognitive impairment and other long-term disability and irreversible damage. NTDs contribute significantly to mental ill-health, placing affected individuals at high risk for mental health conditions. The link between NTDs and non-communicable diseases (NCDs) suggests that early NTD diagnosis may offer a dual advantage, preventing or managing certain NCDs. Despite notable progress, challenges persist, including limited resources, conflicts, and barriers to accessing health services.

The Continental Framework for the Elimination and Control of NTDs by 2030; and the SDG 3.3 target of reducing by 90% the numbers of people requiring interventions for NTDs by 2030. The Framework emphasizes the integration of strategies and efforts to control and eliminate NTDs including through strengthening health systems, increasing community involvement, and addressing socio-environmental factors. Lack of implementation of a comprehensive approach to NTD management such as preventive chemotherapy, vector control, improved water, sanitation, and hygiene (WASH), veterinary public health, and disease surveillance has stalled the progress. The over-reliance on preventive chemotherapy alone is insufficient for long-term elimination, highlighting the need for integrated strategies that address environmental and social determinants of health.

From the WHO report published January 2023*: number of people requiring interventions against NTDs (green) and associated percentage reduction (orange), 2010-2021

Source: WHO
Figure 6: Trends in number of people requiring interventions against NTDs against associated percentage reduction (2010-2021).

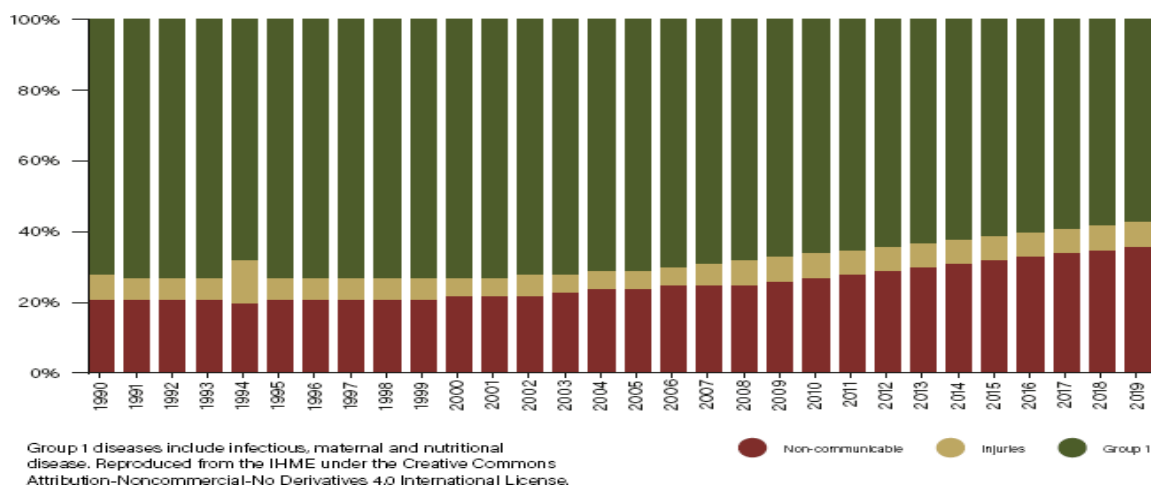## 3.5 Sexually Transmitted Infections and Viral Hepatitis

Epidemiology: There were approximately 96 million sexually transmitted infections (STIs) reported in 2020. Syphilis remains a challenge with about 2.4 million new cases recorded in 2022. Congenital syphilis alone accounted for around 1,300 cases per 100,000 live births. The continent accounts for an estimated 64.7 million people living with chronic hepatitis B and 8 million with hepatitis C as of 2022. There were 2.7 million new hepatitis B infections and 1 million new cases of hepatitis C in 2022 alone. Unfortunately, access to diagnosis and treatment remains critically low. Of those newly infected with hepatitis B and C in 2022, only 2% and 3% received treatment respectively. Alarmingly, Africa accounts for 64% of children under five living with chronic hepatitis B, yet only 18% of newborns received the birth dose of the hepatitis B vaccine by 2022, compared to 45% globally. Human papillomavirus (HPV), a leading cause of cervical cancer, affects one in four women in the region, leading to approximately 111,000 new cases and nearly 73,000 deaths in 2020.

Progress and Achievements: The Cairo Declaration on Viral Hepatitis was adopted by Heads of State in February 2022, promotes effective prevention, diagnosis, and treatment strategies. Hepatitis B can be eliminated through interruption of mother-to-child transmission and prevention. The estimated coverage for the first dose of HPV vaccination in 2022 was over 51% continentally, with some Member States in eastern and southern Africa achieving rates over 70%. However, full-dose program coverage was significantly lower, at about 38%. Many Member States are now integrating HPV vaccination into their national immunization programs, including school-based initiatives.

Challenges and Gaps: While tenofovir is a viable treatment for Hepatitis, it often comes with significant out-of-pocket costs. The increasing use of tenofovir-containing regimens for HIV pre-exposure prophylaxis (PrEP) presents a potential opportunity to improve care for those with hepatitis B, especially as countries work toward integrated services that address HIV, hepatitis B, and syphilis screening and treatment. The new "AU African Plan Towards the Elimination of New HIV Infections among Children", known as the Triple Elimination Plan, focuses on reducing infections from HIV, Hepatitis and Syphilis among children, whereby the strategies can apply on the youth.

3.6 Non-Communicable Diseases (NCDs)

Epidemiology: In 2019, Non-Communicable Diseases (NCDs) and mental health conditions imposed a substantial health and socioeconomic burden in Africa, contributing to over 2.1 million premature deaths and more than 204 million Disability-Adjusted Life Years (DALYs). NCDs accounted for 55% of the disease burden and 68% of premature mortality (< 70 years), primarily driven by cardiovascular diseases, cancers, chronic respiratory conditions, diabetes, and mental and neurological disorders. Cardiovascular diseases caused 21% of NCD DALYs and 35% of premature deaths, followed by cancers at 20%. Mental, neurological, and substance use disorders affected around 9% of the population, with increasing rates among those with low socioeconomic status and TB/HIV infections. It is estimated that NCDs will reach an estimated 3.8 million yearly premature deaths by 2030.

Group 1 diseases include infectious, maternal and nutritional disease. Reproduced from the IHME under the Creative Commons Attribution-Noncommercial-No Derivatives 4.0 International License.

Source: Africa CDC

Figure 7: Share of African disease burden by disease group 1990-2019.

Progress and Achievements: The Africa CDC developed a non-communicable diseases, injuries and mental ill-health strategy (2022-2026) to support Member States prevention and control activities. The strategy recognizes that Member States, the African Union Commission, and indeed global institutions have previously set health goals to decrease the burden of NCDs, injuries and mental health on the continent. It draws on existing opportunities and adopts a multi-sectoral approach that is adequately resourced and accountable through monitoring and evaluation.

Challenges and Gaps: The COVID-19 pandemic exacerbated the prevalence of NCDs necessitating coordinated efforts towards their NCDs, and mental health issues. Integration of NCD services into primary healthcare and TB/HIV services still lags behind, requiring efforts for comprehensive incorporation. NCDs like cervical and prostate cancer pose significant risks to people living with HIV. Consequently, this poses a higher risk of acquiring the disease as a result of immunosuppression. There is need to intensify comprehensive screening, diagnosis, and treatment of NCDs and mental health disorders.

3.7 Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)

Progress and Achievements: Over the past decade, there has been notable improvement in reducing child mortality in Africa. The decline has been greatest among children aged 1-59 months, largely attributable to increased immunisation coverage, improved nutritional status and combating infectious diseases such as diarrhoea, measles, malaria, and lower respiratory infections.[7]

Africa's maternal mortality rate (MMR) is estimated to have declined by 34% from 728 in 2000 to 488 per 100,000 live births in 2020. Similarly, the global MMR has declined by 34% from 339 in 2000 to 223 per 100,000 live births in 2020.

The prevalence of female genital mutilation has decreased among girls aged 15–19 in Africa, but it remains high with regional variation. Between 2003 and 2018, it decreased from 92% to 74% in Northern Africa and from 35% to 25% in east and west Africa[8] .

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7 FAO, AUC, ECA and WFP. 2023. Africa - Regional Overview of Food Security and Nutrition 2023:Statistics and trends. Accra.https://doi.org/10.4060/cc8743en

8 HRP annual report 2023 https://www.who.int/publications/i/item/9789240091177

Addressing adolescent sexual and reproductive health and rights is crucial, guided by the Maputo Plan of Action 2016-2030 for the Operationalisation of the Continental Policy Framework for Sexual Reproductive Health and Rights. The Re-Strengthened Campaign on Accelerated Reduction of Maternal Mortality in Africa (2021-2030) Roadmap calls for strengthened leadership and governance for better health for women, children and adolescents. The Global Strategy for Women's Children's and Adolescent Health 2016-2030, and its three objectives – survive, thrive and transform – is the blueprint for national sexual reproductive maternal neonatal child and adolescent (SRMNCAH) health strategic plans, which guide programming for the health and well-being of every woman, child and adolescent along the life course. WHO Reproductive Health Strategy emphasizes improving antenatal, perinatal, and newborn care, family planning, safe abortion, STI/HIV prevention, and sexual health.

Challenges and Gaps: Neonatal mortality has remained largely unchanged. The pace of progress has slowed over the last decade and preventable diseases continue to be major contributors to under-five mortality. Despite modest progress in Africa in the reduction of low birthweight, the prevalence remains high compared to the global estimate. Stunting among children under five years of age was at 30 percent in 2022 due to severe poverty with up to 50 per cent likely to experience wasting, a life-threatening form of malnutrition[9]. This varies by region from 33% in western Africa: to 20% in Central Africa.

Globally, there are over 358,000 maternal deaths per annum, and Africa accounts for more than half (53%). Poverty, poor nutrition, limited access to clean water, poor quality health of care, harmful gender norms, coupled with inadequate post-abortion care facilities are among the contributors to elevated maternal mortality rates in the African region. Further, the anaemia prevalence among adult women remains higher than the global estimate.

Africa has the highest adolescent birth rates globally, impacting maternal and child health and socioeconomic well-being. Approximately 17% of all women in Africa have an unmet need for family planning, increasing the risk of unplanned pregnancies. Addressing barriers to family planning, is crucial to empower women and adolescents and prevent unwanted pregnancies. 32% of youth aged 10–24 lack access to SRH services and rights.

3.8 HEALTH SECURITY AND HEALTH SYSTEMS STRENGTHENING IN AFRICA

3.8.1 Health Security and Development

Africa experiences over 100 health emergencies annually, including outbreaks of diseases like cholera, yellow fever, meningitis, measles, Ebola and mpox hence, it requires a robust health security system capable of preventing, detecting, and responding to infectious disease.

The COVID-19 pandemic underscored the urgency to enhance capacity for health emergency preparedness and response. This prompted recommendations from the Independent Panel on Pandemic Preparedness and Response (IPPPR) and the International Health Regulations (IHR) Review Committee for the continent to strengthen health security. Africa CDC's New Public Health Order seeks to strengthen the self-sufficiency of African public health systems and augment the continent's collective voice on health matters for preparedness and response to disease threats.

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9 United Nations Children's Fund (UNICEF). Child Food Poverty: Nutrition Deprivation in Early Childhood. Child Nutrition Report, 2024. Report Brief. 2024. UNICEF, New York, June 2024

In 2021, collaborative efforts in Africa focused on bolstering response capacities to address emerging pandemics and enhance resilience against future health crises, as the region grapples with fragile health systems and global vaccination disparities. The Pandemic Strategic Preparedness and Response Plan (SPRP, 2022) aims to facilitate timely interventions, leveraging lessons learned from the C19 pandemic's initial years. Advancements in medical oxygen access, laboratory testing, surveillance and procurement systems contribute to more robust health systems capable of managing emerging pandemics.

3.8.2 Resilient and Sustainable Systems for Health (RSSH)

The agenda 2063 (Second Ten Year Decade implementation plan), the Africa Health Strategy and the New Public Health Order for Africa underscore the importance of improving healthcare systems by strengthening infrastructure, pandemic preparedness, and advocating for resilient, sustainable systems prioritizing universal health coverage and integrated healthcare management and service delivery. The following RSSH approaches are critical:

i)   **Health sector planning, leadership and governance**: Implementing evidence-based health policies and plans is hampered by weak governance structures and limited accountability mechanisms which undermine the efficiency and integrity of health systems. Translating policies into actionable plans and ensuring grassroots implementation remains a bottleneck in health service delivery.

ii) **Health financing and financial management systems, including Healthcare Spending:** The estimated per capita health spending in Africa was $132 as of 2021, and the average per capita government domestic spending was US$65 indicating that Member States still depend on external aid for about 50% of the health budget. Seven Member States are contributing more than 50% of health expenditure from domestic resources. Out-of-pocket spending has decreased from 47% in 2000 to 33% in 2021 while catastrophic health spending (number of people spending more than 10% of their income on health) increased from 7.7%-8.5% between 2000-2019.

iii) **Health products management systems:** Despite initiatives like the Pharmaceutical Manufacturing Plan for Africa (PMPA) and the Africa Vaccine Manufacturing Partnership (PAVM), challenges persist, with about 50% of Member States lacking access to essential medicines, and 70-90% of drugs imported. The availability of medicines is notably low in both public (35%) and private (63%) sectors, leading to chronic shortages and cost escalation. The PAVM, is planning to invest $3 billion over the next decade under the initiative of the African Pharmaceutical Technology Foundation (APTF) to support research and development (R&D) in novel therapeutics and vaccines.

iv) **Health information, monitoring, and evaluation systems:** Health information, monitoring, and evaluation systems in Africa face challenges including lack of coordination, limited data availability and data use for decision making hindering effectiveness. 16 Member States have well-developed capacities for household surveys. Civil registration and vital statistics systems are underdeveloped, with 4 Member States registering all deaths continuously. Many Member States are in the process of digitalizing their surveillance and community health systems. 16 Member States have relatively mature digital health systems. However, challenges persist in national policy, capacity and infrastructure to harness digital transformation.

v)   **Laboratory systems strengthening:** The African Unions new public health Order identifies the laboratory as one of six key public health functions that would contribute the most towards health

systems strengthening efforts and has the greatest impact on improving the public's health. Although progress has been made in strengthening laboratory capacity to support programs such as Covid 19, mPox, HIV/AIDS prevention and control, and measles elimination, challenges remain. These include the lack of national policy and strategy for laboratory services, insufficient funding, inadequately trained staff, weak infrastructure, old or inadequately serviced equipment, lack of essential reagents and consumables, and limited quality assurance and control protocols. Laboratories are usually given low priority and recognition in most national health delivery systems. Availability and access to quality laboratory services are among the major challenges contributing to delayed or inappropriate responses to epidemics, disease control and patient management. The result has been continued reliance on empirical patient care, a practice that not only wastes resources but also contributes to drug resistance.

vi) **Health Workforce and Quality of Care:** In 2022, the health workforce was comprised of more than 5.1 million personnel, an increase from 1.6 million in 2013 including 850,000 based at community level[10]. The ratio of health professionals (comprising doctors, nurses, midwives, dentists, and pharmacists) increased from 11 per 10,000 people in 2013 to 27 per 10,000 by 2022. However, there are quantitative and qualitative gaps that must be addressed to optimise the contribution of the health workforce to the attainment of UHC.[11] The ratio of health professionals (doctors, nurses, midwives, dentists, and pharmacists) increased from 11 per 10,000 people in 2013 to 27 per 10,000 by 2022. However, there are qualitative gaps that must be addressed to optimise delivery of high impact integrated services to accelerate the pursuit of UHC. Inadequate training, education capacity and quality are hampered by insufficient infrastructure, lecturers/faculty/tutors, clinical sites that are well equipped for teaching, and to a large degree, outdated curricula that are not complacency-based[12]. Despite initiatives like training field epidemiologists and community health workers, challenges persist due to inadequate funding and poor preparation for outbreaks, thereby threatening sustainability of service delivery. Nearly 27% of the trained health workers remain unemployed, un[13]. Brain[14].

vii) **Health Equity, Social Determinants of Health and Community systems and responses:** The gross inequities in access to COVID-19 care and countermeasures, both between and within countries, generated continental awareness of the need to address health equity as a fundamental barrier to universal health coverage. Access to quality health services is unevenly distributed across populations. Agenda 2063 emphasizes the need for inclusive development, explicitly calling for improved health systems that reduce inequalities in access to healthcare across all demographics. Similarly, the AU's Africa Health Strategy 2016-2030 highlights the importance of addressing the social determinants of health, including poverty, education, and housing, which continue to widen health disparities. These social and economic factors exacerbate health inequities, limiting access to essential services for vulnerable populations. Enhancing equity in service delivery, especially through increased investments in primary healthcare, addressing gender inequities, and strengthening social protection mechanisms, remains essential for achieving sustainable health outcomes in Africa.

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[11] World Health Organization Regional Office for Africa, *A Decade Review of the Health Workforce in the WHO African Region, 2013-2022: Implications for Aligning Investments to Accelerate Progress towards Universal Health Coverage* (World Health Organization. Regional Office for Africa, 2024) <https://iris.who.int/handle/10665/376643> [accessed 3 May 2024].

[12] Claudine Muraraneza, Ntombifikile Gloria Mtshali, and Donatilla Mukamana, 'Issues and Challenges of Curriculum Reform to Competency-Based Curricula in Africa: A Meta-Synthesis', *Nursing & Health Sciences*, 19.1 (2017), pp. 5–12, doi:10.1111/nhs.12316.

[13] World Health Organization Regional Office for Africa, *A Decade Review of the Health Workforce in the WHO African Region, 2013-2022*.

[14] World Health Organization Regional Office for Africa, *A Decade Review of the Health Workforce in the WHO African Region, 2013-2022*.

The Heads of State and Governments recognized the challenges in health workforce on the continent and urged the African Union Commission (AUC), together with different partners to rapidly recruit, train and deploy 2 million CHWs across the continent when and where needed. There are close to 1M community health workers as of 2023. Further, community-led monitoring has existed in various forms for decades. Sustained advocacy by civil society has increased support for community led monitoring as a concept to be institutionalized by member states in order to contribute to improving the health of people. Africa's member states have a wide variety of social accountability systems, which have certain fundamental components. These include gathering, evaluating, and sharing information; rallying public support; and advocating and negotiating for change. Successful Member States have made sure that information is accessible and used effectively, and they have also made sure that state capabilities and civil society work together.

4   VI. GUIDING PRINCIPLES

Guiding Principles to the AU Roadmap to 2030 & Beyond[15]:
- Health is a fundamental human right that must be available, acceptable and accessible to all.
- Continental and member states' ownership and leadership with optimal financial and political commitment, and involvement of all key stakeholders at various levels.
- Health is integral to development, requiring coordinated efforts across the health, education, justice, communities, academia and private sectors.
- Advocate for comprehensive health systems, tailored to local contexts, covering entire spectrum of services from pre-birth to end of life, across the continuum of various diseases.
- Health investments yield positive economic returns, is a profitable sector deserving investment.
- Promote equity in accessing quality health services, technologies, and innovation, especially for vulnerable populations, while addressing health determinants.
- Prioritize effectiveness, efficiency, and value for money to maximize benefits from existing and new resources, ensuring optimal utilization.
- Advocate for evidence-based policies, programs, and practices rooted in quality strategic information to inform sound public health policy decisions.
- Promote community-owned, people-centred, and local context specific health systems that offer quality services for all population groups across the life-course and ensure accountability to all stakeholders and benefit the most vulnerable.
- Uphold African cultural diversity and gender equality to address access barriers and ensure equitable health outcomes for all.
- Prioritize prevention as the most cost-effective strategy to reduce the burden of diseases including HIV, TB, Malaria, NTDs, NCDs and pandemics.
- Promoting cross-border cooperation in disaster management, disease control, and leveraging digital innovations and research.

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[15] Adapted from the AFRICA HEALTH STRATEGY 2016 – 2030

5 VISION, MISSION, GOAL, AND THEORY OF CHANGE

5.1 Vision and Mission

Vision: An Africa with resilient health systems that guarantees health security and protects its citizens from communicable and non-communicable diseases by 2030.

Mission: To build a continent where every individual has equitable access to healthcare, free from the burden of diseases, empowered by strong health systems that ensure security and promote sustainable development and universal health coverage for all.

5.2 Overall Goal of the AU Roadmap to 2030 & Beyond:

To achieve universal health coverage for a healthier and more resilient Africa by 2030, with a focus on a people-centred approach that leverages the potential of African communities, particularly women, youth, and children. The roadmap will specifically aim to attain the following strategic objectives:

- Strategic Objective 1: Enhance healthcare infrastructure and workforce capacity to provide quality services for all through strategic partnerships.
    - Pillar 3: Access to medicines, regulatory harmonization and local/regional manufacturing of medicines, vaccines, and diagnostics.
    - Pillar 4: Health Security and Health Systems Strengthening

- Strategic Objective 2: Ensure that prevention, treatment, and care services are accessible to every individual, particularly marginalized and vulnerable populations.

    - Pillar 7: Service Delivery for HIV, TB and Malaria, NTDS, STIs and Viral Hepatitis, NCDs and RMNCAH.

    - Pillar 2: Health Equity and Vulnerable Populations.

- Strategic Objective 3: Engage communities in health initiatives, promoting awareness, and fostering ownership of health outcomes.
    - Pillar 1: Adolescents, Children, Men, Women and Youth

- Strategic Objective 4: Promote shared responsibility and global solidarity by developing innovative financing mechanisms and mobilizing both domestic and international resources.
    - Pillar 5: Diversified and Sustainable Financing

- Strategic Objective 5: Integrate health initiatives into broader development goals to create resilient communities capable of addressing current and future health challenges.
    - Pillar 6: Leadership, Governance, Community Engagement and Oversight for Sustainability.

5.3 Theory of Change: The AU Roadmap to 2030 & Beyond

Theory of Change: The AU Roadmap to 2030 & Beyond

The AU Roadmap to 2030 & Beyond represents a strategic shift in how Africa approaches health system development, health security, and disease control. The key to this transformation lies in the integration of health financing, service delivery, and disease prevention into a **one-stop-shop approach**, which aims to streamline resources, build efficiency, and ensure health equity.

Problem Statement: Africa continues to face significant health challenges, including high maternal and child mortality, the burden of communicable diseases (HIV, TB, malaria), emerging non-communicable diseases (NCDs), neglected tropical diseases (NTDs), epidemics, and health emergencies such as epidemics and pandemics. While progress has been made, health financing remains highly dependent on external funding, and health systems are often fragmented and underfunded, undermining their resilience and ability to respond to these challenges.

Strategic Shifts:
- **Commitment from AU Member States** to reallocate and increase domestic health financing in line with the Abuja Declaration and the **Assembly Decision /AU/Dec.852(XXXVI**) passed in 2023.
- **Political will** to strengthen health systems, with coordinated action across health, finance, and development sectors.
- **Technical support** from AU Commission, Africa CDC, AUDA-NEPAD, AfCFTA, Africa Medicines Agency (AMA) and other relevant organs to support health policy development, governance reforms, and capacity-building initiatives.
- **Partnerships** with international development agencies, the private sector, and philanthropic organizations to secure diverse and sustainable funding streams.
- **Innovative financing mechanisms** such as risk-pooling, national health insurance, and "sin taxes" on tobacco and alcohol to create sustainable health financing.

Strategic Approaches of the AU Roadmap to 2030 & Beyond:
- **Integration across health domains**: The Roadmap to 2030 will integrate services for HIV, TB, malaria, NTDs, NCDs, maternal and child health (RMNCAH), epidemic and pandemic responses into comprehensive health packages. This **One-Stop-Shop Approach** will improve service efficiency and reduce the fragmentation of care. Integration will be further enhanced by promoting the **One Plan, One Budget, One Approach** as this ensures the equitable distribution of resources.
- **Strengthening domestic resource mobilization**: Member States will focus on increasing health financing through innovative mechanisms such as debt relief for health investments, sin taxes, and greater government health expenditure, ensuring the 15% Abuja target is met.
- **Risk pooling and financial protection**: Social protection schemes, especially national health insurance schemes, which cover the most vulnerable population groups – through interventions such as community-based health insurance; will be scaled up to reduce out-of-pocket spending and improve financial access to healthcare services, particularly for the most vulnerable populations.
- **Increase access to affordable and quality healthcare:** The Roadmap to 2030 will prioritize equitable health service delivery by promoting access to quality primary healthcare services, addressing social determinants of health, expanding UHC and ensuring services reach vulnerable and marginalized groups, especially women, children, and those in rural or underserved areas.

- **Continental sovereignty and leadership**: The AU will lead coordinated action across Member States, emphasizing Africa's health sovereignty, reducing reliance on external funding, and fostering **regional cooperation** for health security and pandemic preparedness.

Long-Term Impact:
- **Health security and sustainable development**: Africa will emerge as a continent with strong health systems that not only provide UHC but also safeguard against epidemics and pandemics, ensuring that health security is a cornerstone of sustainable development.
- **Improved health equity**: A key pillar of the Roadmap to 2030 is ensuring health equity across the continent, which will result in reduced health disparities, particularly among the most vulnerable populations, including women, children, and those in rural areas.
- **Continental health resilience**: Through collective action, integrated strategies, and sustainable financing, Africa will develop resilient health systems capable of adapting to future health challenges and supporting long-term development goals.
- African citizens will be healthy and well-nourished equipping for the 21st Century and to contribute towards the development of the Continent.

6 AU ROADMAP TO 2030 PILLARS, STRATEGIC APPROACHES AND PRIORITY ACTIONS

The AU Assembly's decision mandated the AU Commission, AUDA-NEPAD, and the Africa CDC to develop a comprehensive and budgeted Roadmap to 2030 titled "Sustaining the AIDS Response, Ensuring Systems Strengthening, and Health Security for the Development of Africa." The Summit and Assembly further approved a draft outline of the AU Roadmap to 2030 & Beyond with six strategic pillars, as a collaborative blueprint developed by the African Union, AUDA-NEPAD, Africa CDC, UNAIDS, and PEPFAR. This collaborative effort aims to provide guidance for the development of a fully costed AU Roadmap to 2030 & Beyond, emphasizing the establishment of broader, resilient, and sustainable health systems in Africa. The focus is on addressing a spectrum of health challenges and fostering the integration of disease responses, focusing on HIV, tuberculosis, malaria, STIs, Viral Hepatitis, non-communicable diseases (NCDs), neglected tropical diseases (NTDs), RMNCAH, and emerging viral pandemics, outlined through six strategic pillars detailed in the following sections.

The AU Roadmap to 2030 & Beyond presents Strategic approaches and priority actions by Strategic Pillar. The pillars seek to provide a paradigm shift in program focus by moving away from the normally used traditional models to integration of health services in both service provision and financing as well as social enablers.

6.1 Pillar 1: Adolescents, Children, Men, Women and Youth

Pillar Objective: To enhance the well-being of adolescents, youth, women and children of Africa, by addressing their unique healthcare needs, focusing on HIV prevention, sexual and reproductive health (SRH), mental health, other communicable and non-communicable diseases (NCDs), and access to healthcare services. The goal is to empower these populations and contribute to broader global health objectives.

6.1.1 Strengthening HIV Prevention, diagnosis, Treatment and care for Adolescents, Children, Men, women and Youth

- **Develop Holistic Socio-Economic Interventions**: Implement comprehensive socio-economic programs that address the underlying causes of HIV vulnerability, focusing on improving overall resilience and reducing risk factors.
- **Enhance Healthcare Infrastructure for HIV Care**: Establish and improve accessible healthcare systems and support services to ensure better access to differentiated HIV treatment, care, and support for those affected.
- **Integrate HIV and Cervical Cancer Prevention**: Develop a comprehensive prevention and control program that targets both HIV and cervical cancer, aiming to prevent Female Genital Schistosomiasis and human papillomavirus (HPV) infections, which significantly increase the risk of HIV.
- **Strengthen HIV Screening in Child Healthcare**: Integrate HIV screening into child healthcare services to improve early diagnosis and treatment for infants, ensuring timely intervention and care.
- **Implement Tailored HIV Prevention and Treatment Programs**: Provide comprehensive, tailored combination programs for HIV prevention, diagnosis, treatment, and care, addressing unique vulnerabilities through integrated service delivery.

6.1.2   Holistic Empowerment for Sexual and Reproductive Health Among Adolescents, Youth, and Women

Priority Actions:

- I**mplement Comprehensive Sexuality Education:** Empower adolescents, youth, and women with the knowledge and skills needed for responsible sexual behaviour, fostering behavioural change and promoting safer sex practices.
- **Expand STI, Viral Hepatitis, and HIV Counselling and Testing**: Improve early detection, prevention, treatment, and support by increasing access to differentiated pre- and post-test counselling for sexually transmitted infections, viral hepatitis, and HIV.
- **Scale Up Access to Sexual and Reproductive Health (SRH) Services:** Utilize innovative approaches such as self-care and digital health tools to expand access to high-quality SRH services, especially in emergency and crisis settings.
- **Enhance Maternal, Newborn, and Child Health Accountability**: Implement comprehensive programs to reduce maternal morbidity, stillbirths, and preventable child deaths, while improving newborn health and child development through better access to quality health services.
- **Implement Social Protection for Adolescent Girls and Young Women**: Support school attendance and enhance economic empowerment opportunities for adolescent girls and young women in high HIV-incidence areas through targeted social protection interventions.
- **Strengthen the SRH Policy Environment**: Improve policies to eliminate harmful gender practices and remove barriers to access SRH interventions that endanger the health of women and girls.
- **Develop a Strategy for Non-Communicable Diseases (NCDs):** Address the social and economic factors contributing to NCD risk by creating a comprehensive awareness and mitigation strategy.
- **Expand Access to Mental Health Services for Youth**: Provide integrated, high-quality mental health services to adolescents and youth to improve overall well-being and resilience.
- **Promote Male Engagement in SRH**: Increase male involvement in SRH programs to support improved health outcomes for all.

6.1.3   Scale up male engagement for improved health outcomes.

Priority Actions:

- **Improve community base positive masculinity:** Develop and implement community-based programs that promote positive masculinity, emphasizing healthy relationships, emotional expression, and support for gender equality.
- **Scale-up multifaceted programs** that addresses physical, mental, sexual, and social health needs of men across diverse communities, focusing on strengthening Integrated Health Services, implementing Education and Awareness Campaigns, establishing and sustaining Support Groups and Peer Networks, promoting Collaboration with Community Organizations and strengthening monitoring and evaluation.

6.1.4 Comprehensive Youth Empowerment for Health and Well-being

Priority Actions:
- **Strengthen Holistic Gender Equality Programs**: Develop comprehensive initiatives that address gender inequality and reduce the vulnerability of adolescent girls and young women to improve their overall well-being and opportunities.
- **Integrate Adolescents and Youth Initiatives**: Link youth-focused efforts across health and empowerment programs, ensuring that the specific vulnerabilities and needs of adolescents, including marginalized and key groups, are addressed within health contexts.
- **Promote Youth Empowerment and Leadership**: Establish partnerships that foster youth empowerment, resilience, and leadership by engaging youth-led organizations in key decision-making processes.
- **Design and Scale Up Youth-Friendly Health Services**: Expand accessible and inclusive health services for youth, using facility-based, community-based, and digital platforms, and support community-led monitoring to ensure high-quality service delivery.

6.1.5 Leveraging Innovative Communication for Health Promotion among adolescents, youth, and women.

Priority Actions:
- **Leverage Media Partnerships and Digital Channels:** Utilize innovative media collaborations and digital platforms to amplify health messaging, ensure targeted dissemination of information, and encourage both inter-generational and intra-generational dialogue for better collaboration and understanding on health issues.

- **Promote Social and Behavioural Change:** Implement community and youth-led communication strategies that are innovative, age-appropriate, and designed to drive social and behavioural change related to health practices.

6.2 Pillar 2: Health Equity and Vulnerable Populations

Pillar Objective: To achieve health equity by eliminating disparities in health outcomes and access to care, ensuring fair distribution of healthcare resources, and promoting inclusivity for vulnerable populations in Africa. This includes women, children, persons with disabilities, migrant and mobile populations, and other marginalized groups, with a commitment to addressing the social, economic, and political determinants of health.

Strategic Approaches and Priority Actions:

6.2.1 Strengthening Health Systems

Priority Actions:

- **Enhance Health System Resilience**: Strengthen health and community systems to guarantee universal health care for vulnerable populations, including migrants and mobile populations, throughout their life course. This includes improving health infrastructure, advancing the existing health workforce's capacities, addressing critical shortages—especially in community health workers—and enhancing laboratory systems, integrated surveillance, and health information systems such as Health Management Information Systems (HMIS) and Civil Registration and Vital Statistics (CRVS).
- **Enhance Primary Health Care (PHC):** Promote PHC based integrated service delivery at both facility and community levels, emphasizing multisectoral collaboration across sectors such as education, agriculture, and social services to address the social determinants of health and foster community resilience.
- **Promote Community Engagement**: Empower communities by enhancing health education and facilitating their participation in decision-making processes. Establish feedback mechanisms to improve health services and promote accountability.
- **Ensure Integration of Essential Health Services**: Integrate essential services into Universal Health Coverage (UHC) benefit packages, ensuring sustainable financing through public funding or prepayment schemes like social health insurance.
- **Innovative Financing Mechanisms:** Develop and implement innovative health financing mechanisms, such as public-private partnerships and social insurance schemes, to ensure sustainable and equitable healthcare access for vulnerable groups.
- **Transparent Monitoring and Reporting**: Utilize the integrated Sustainable Development Goals (SDG) UHC index to measure and track progress in equitable healthcare access across countries.

6.2.2 Social Innovation and Entrepreneurship for Inclusive Health Systems

Priority Actions:

- **Promote Social Innovation**: Support and finance long-term social innovation projects that deliver sustainable health solutions, specifically targeting the unique challenges faced by marginalized populations.
- **Develop Social Entrepreneurship Strategies**: Establish a cross-sectoral framework to incorporate social entrepreneurship into health systems, fostering collaboration among public and private entities, NGOs, and communities to effectively address health inequities.

6.2.3 Addressing Social Determinants of Health

Priority Actions:

- **Abolish Punitive Laws and Practices**: Advocate for the elimination of discriminatory laws and policies that restrict access to health services for vulnerable populations, including mobile groups and migrants, while actively working to reduce stigma and discrimination in healthcare settings.
- **Ensure Gender and Age Responsiveness**: Tailor health interventions to address the specific needs of different genders and age groups, ensuring that health and social services are inclusive and adequately responsive to these diverse needs.

- **Promote Multisectoral Action:** Implement the "Health in All Policies" framework to address the social, economic, political, and environmental determinants of health through collaboration with various sectors, including agriculture, education, law enforcement, and trade.
- **Improve Data Collection:** Strengthen health information systems to facilitate the collection of disaggregated data, enabling the development of better-targeted policies and interventions for vulnerable populations.

6.2.4 Eliminating disparities in health outcomes for Vulnerable Populations

Priority Actions:

- **Supportive Policies and Regulations**: Advocate for the establishment of policies that safeguard the rights of vulnerable populations and guarantee equitable access to healthcare. This includes the enactment of anti-discrimination laws and the development of programs aimed at addressing gender inequality and the specific needs of marginalized groups.
- **Tailored Interventions**: Design and implement targeted interventions that meet the unique needs of vulnerable populations, ensuring improved insurance coverage and financial assistance programs to minimize out-of-pocket expenses.
- **Integrate NCD and Communicable Disease Services**: Ensure the seamless integration of non-communicable disease (NCD) services with those for HIV, tuberculosis (TB), malaria, and neglected tropical diseases (NTDs) to establish a cohesive healthcare delivery model.
- **Surveillance and Research**: Strengthen surveillance and research initiatives to monitor the epidemiology of diseases that impact vulnerable populations, utilizing evidence to inform and guide decision-making processes.

6.2.5 Enact Policy and create a Regulatory Environment to reduce stigma and discrimination

Priority Actions:

- **Comprehensive Policy Reviews**: Conduct extensive reviews of existing policies to identify and reform those that contribute to stigma and discrimination, ensuring the involvement of affected communities in these discussions.
- **Combat Stigma and Discrimination**: Implement initiatives within communities and healthcare facilities that promote equity and inclusivity in service delivery, fostering a supportive environment for all individuals.
- **Anti-discrimination Legislation**: Advocate for the development and enactment of laws that prohibit discrimination based on health status, gender, ethnicity, or other marginalized characteristics.
- **Community Engagement**: Empower communities by providing education about their rights and available mechanisms for redress. Encourage the active participation of vulnerable populations in shaping health policies that directly affect them.
- **Reporting and Accountability Mechanisms**: Establish safe and confidential channels for reporting incidents of discrimination and ensure robust monitoring and evaluation of anti-discrimination policies to hold entities accountable.

6.3 Pillar 3: Access to medicines, regulatory harmonization and local/regional manufacturing of medicines, vaccines and diagnostics.

Pillar Objective: Ensure universal access to essential medicines and diagnostic tools in African countries for all age groups, promote regulatory strengthening and harmonization for efficient registration approval and distribution, and foster local/regional manufacturing to enhance self-reliance and reduce dependence on international sources**.**

Strategic Approaches and Priority Actions:

6.3.1 Establish regional manufacturing hubs and increase local production capacity.

Priority Actions:

- **Promote Regional Collaboration**: Foster cooperation among African countries to pool resources, share expertise, and leverage available regional strengths in healthcare and pharmaceutical production.
- **Develop Investment-Friendly Policies**: Create policies and legal frameworks that encourage local production by improving access to finance, infrastructure, and investment opportunities.
- **Establish/strengthen Regional Manufacturing Hubs**: Support the creation of regional pharmaceutical, vaccine, and diagnostic tool manufacturing hubs across Africa to enhance self-reliance and production capacity.
- **Strengthen Local Pharmaceutical Manufacturing**: Develop capacity-building programs and training initiatives that help local manufacturers meet international quality and safety standards.
- **Formulate a Continental warehousing Strategy**: Develop a comprehensive strategy for warehousing and countermeasures to effectively respond to public health emergencies across Africa.
- **Integrate Supply Chain Tertiary Education**: Include supply chain management (production and distribution) as part of undergraduate and postgraduate health workforce training curricula to build specialized expertise.
- **Support Technology Transfer and Partnerships**: Encourage partnerships and technology transfer between established pharmaceutical companies and emerging local manufacturers to boost local production capabilities.
- **Enhance Knowledge Sharing**: Create platforms for knowledge sharing to improve technical skills, quality control, and best practices in pharmaceutical manufacturing.
- **Increase Funding for Innovation and R&D**: Promote collaboration between academic institutions, industry, and research organizations to drive innovation and research in healthcare product development, including novel therapeutics and vaccines using local raw materials.
- **Advance Indigenous Knowledge Systems**: Promote the integration and development of indigenous knowledge systems in pharmaceutical production to enhance local expertise.
- **Ensure Equitable Access to Medicines and Diagnostics**: Promote access to quality, safe, effective, and affordable medicines, and diagnostics, particularly for children and pregnant women.

6.3.2 Enhance Regulatory Systems Strengthening for medical products, and promoting regulatory convergence, networking and reliance

Priority Actions:

- **Enhance AMRH Initiative**: Strengthen the African Medicines Regulatory Harmonization Initiative (AMRH) to streamline regulatory processes and facilitate the adoption of unified standards, promoting mutual recognition of approvals and certifications among countries and regional economic communities in Africa.
- **Foster Continental Coordination**: Ensure effective coordination and collaboration among key continental entities such as AUDA-NEPAD, Africa CDC, and the African Medicines Agency (AMA), leveraging their expertise to monitor, evaluate, and support the local and regional manufacturing of medicines, vaccines, and diagnostics across AU member states.
- **Improve Regulatory Systems**: Strengthen the regulatory systems of AU member states' continental and national regulatory authorities to enhance regulatory oversight and ensure the safety and efficacy of medicines and health products.

6.3.3 Implement regional procurement frameworks to shape the demand market and provide financial support and innovative financing mechanisms.

Priority Actions:

- **Establish Regional Procurement Mechanisms**: Create regional procurement mechanisms that prioritize countermeasures for significant market failures and support local or regional manufacturers of medicines, vaccines, and diagnostics.
- **Incentivize Local Procurement**: Develop incentives for countries to procure locally produced healthcare products through transparent public procurement policies, pooled procurement mechanisms, and regional purchasing blocks.
- **Innovative Financing Mechanisms**: Explore innovative financing options and investment incentives to promote the growth and sustainability of Africa's pharmaceutical industry.
- **Supply Chain Management Framework**: Develop a comprehensive supply chain management framework that includes certification systems, risk management strategies, and continental procurement guidelines.
- **Encourage Investment**: Attract investment from international organizations, development banks, and private investors to enhance local manufacturing capacity.
- **Promote Public-Private Partnerships**: Foster partnerships between governments, private sector entities, and international organizations to support sustainable growth and investment in the pharmaceutical industry.
- **Digitalize Supply Chains**: Establish supply chain digitalization through automation of processes, implementation of e-procurement systems, and electronic filing solutions.
- **Facilitate Technology Transfers**: Promote technology transfers, joint ventures, voluntary sub-licensing, and knowledge exchange programs to enhance local manufacturing capabilities and diversify product portfolios.
- **Improve Supply Chain Systems**: Strengthen supply chain systems to ensure timely delivery of essential medical supplies and equipment, particularly during health emergencies, effectively addressing various health challenges.

6.4 Pillar 4: Health Security and Health Systems Strengthening

Pillar Objective: Enhance healthcare systems by strengthening infrastructure, surveillance, community engagement, and emergency preparedness, shifting from disease-specific approaches to building resilient, integrated, people-centred systems that address TB, malaria, NTDs, NCDs, and emerging epidemics. Develop and execute climate change interventions to combat rising communicable diseases, mental health issues, food insecurity, malnutrition, and the destruction of livelihoods and

health infrastructure. Implement community interventions that address the social, environmental, and economic factors influencing health outcomes to promote health equity, prevent disease, and enhance community resilience.

6.4.1 Health Sector Planning, Leadership, and Governance:

Priority Actions:

- **Strengthen National Health Sector Strategies**: Enhance national health policies, strategies, and regulations with a focus on primary health care, ensuring comprehensive and effective health sector governance at both regional and national levels through inclusive and participatory approaches.

- **Reduce Governance-Related Inefficiencies**: Address inefficiencies and fragmentation in health system strengthening efforts, promoting integration, efficiency, and equitable resource allocation, with a focus on including marginalized groups in decision-making processes.

6.4.2 2. Health Information, Monitoring, and Evaluation Systems:

Priority Actions:

- **Enhance Data Collection and Integration**: Facilitate national and regional efforts to improve data collection, analysis, and epidemic intelligence by standardizing and connecting health data systems with meteorological data to analyse and address complex health issues, including the impact of climate on disease prevalence and mortality.
- **Strengthen Public Health Surveillance and Collaboration:** Improve national and continental public health surveillance systems and enhance coordination among African countries for better epidemic intelligence and collective responses.
- **Integrate Disease Surveillance and Response:** Strengthen integrated disease surveillance and response (IDSR) by centralizing management through regional and national public health institutions, ensuring standardized early detection and efficient interventions across various health threats, including climate-sensitive diseases.
- **Develop Early Warning Systems for Climate-Sensitive Diseases:** Incorporate weather data into health surveillance to develop disease early warning and response systems, enhancing control of diseases influenced by climate factors.
- **Invest in Digital Health Solutions:** Expand investment in digital health technologies to improve healthcare delivery, increase data accessibility, and ensure transparency, bridging gaps in digitalization and data availability across the health sector.

6.4.3 3. Health Workforce and Quality

Priority Actions:

- **Enhance Healthcare Quality through Training Programs**: Improve healthcare quality and capacities by implementing comprehensive training programs for healthcare professionals that include education on broader environmental determinants of health, particularly focusing on climate change and air pollution.
- **Professionalize Community Health Workers**: Standardize the roles of community health workers by providing specialized training and establishing clear career pathways to enhance their effectiveness and professionalism.

- **Develop Healthcare Workforce Retention Policies**: Create policies aimed at retaining healthcare professionals to ensure a stable and committed workforce within the health sector.
- **Facilitate Peer-to-Peer Knowledge Exchange**: Encourage peer-to-peer knowledge exchange among healthcare professionals to foster collaboration, innovation, and a culture of continuous learning.
- **Support Bilateral Exchange Programs**: Implement bilateral exchange programs that facilitate staff transfers between healthcare institutions, promoting exposure to diverse healthcare settings and enhancing cross-cultural learning and collaboration.
- **Deploy Human Resources for Public Health Emergencies**: Establish mechanisms for the timely deployment and utilization of human resources during public health emergencies, while promoting a national strategy within National Public Health Institutes focused on workforce training, skill development, ongoing professional growth, mentorship, and sustainable incentives to attract and retain talent in medical and public health roles.

6.4.4 Laboratory Systems Strengthening:

Priority Actions:

- **Invest in Diagnostic Services and Technologies**: Allocate resources to enhance diagnostic services and develop new technologies for reliable and timely results, supporting both clinical laboratories and point-of-care testing, while integrating these services across various disease programs to improve efficiency and achieve economies of scale.
- **Empower Public Health Laboratories**: Strengthen the role of public health laboratories to ensure they are integral to preventing, detecting, and responding to public health threats, including infectious diseases and potential bioterrorism events.
- **Enhance IHR Compliance**: Support compliance with International Health Regulations (IHR) by investing in initiatives that help countries meet global health standards and requirements, ensuring better preparedness and response capabilities in the face of public health challenges.

6.4.5 Community Systems and Responses:

Priority Actions:

- **Implement Community-Led Monitoring (CLM):** Establish Community-Led Monitoring (CLM) systems to collect and analyse data for quality improvement, emphasizing community-led research and advocacy to identify and address barriers to effective health service delivery.
- **Strengthen Capacity for Community Engagement**: Enhance the institutional capacity and leadership of community-led organizations, particularly those representing vulnerable populations, while mobilizing these communities to actively participate in responses to disease threats and barriers to healthcare access, acknowledging their critical role in addressing AIDS, TB, malaria, NTDs, NCDs, and other pandemics as well as in improving overall healthcare delivery.

6.4.6 Health Emergency Preparedness, Response and Resilience (HEPRR):

Priority Actions:

- **Strengthen National Coordination Capacities**: Enhance national capacities for coordinating public health emergencies by supporting National Action Plans for Health Security and strengthening National Public Health Institutes.

- **Facilitate Cross-Border Coordination**: Promote cross-border coordination among member states for preparedness and response to public health threats by implementing and monitoring joint actions for timely detection, reporting, and response.

- **Establish Deployment Mechanisms**: Create mechanisms for the timely deployment and utilization of human resources to effectively address public health emergencies both within and between countries.

- **Invest in Health System Infrastructure**: Allocate resources to strengthen health system infrastructure, workforce, and supply chains, focusing on improving access to medical supplies, enhancing laboratory testing, and boosting surveillance capabilities.

- **Address Vaccination Disparities**: Advocate for equitable access to vaccines in Africa and collaborate with international and regional partners to enhance local vaccine manufacturing capabilities.

- **Strengthen Multisectoral Collaboration**: Promote multisectoral collaboration through the One Health Approach to address zoonotic diseases, food safety, and antimicrobial resistance (AMR).

- **Develop Preparedness Plans**: Create and revise all-hazards epidemic and pandemic preparedness plans, incorporating lessons learned from the COVID-19 pandemic to ensure timely interventions and readiness for future health crises, with an emphasis on collaboration and the One Health approach.

- **Integrate Climate Change Considerations**: Recognize climate change as a significant driver of 21st-century public health pandemics and incorporate its implications into National Action Plans for Health Security.

- **Review Legislation for IHR Compliance**: Review national legislation and policies to align with the Amendments to the International Health Regulations (IHR 2005), as endorsed by the 77th World Health Assembly.

6.4.7 Build adaptive capacity and resilience to climate-sensitive diseases and other consequences in communities and health systems

Priority Actions:

- **Mobilize Multisectoral Collaboration**: Foster multisectoral collaboration and resource mobilization to effectively support climate adaptation and mitigation efforts.
  - **Enhance Technical Capacities**: Strengthen climate change and health technical capacities at both regional and country levels to improve resilience and response strategies.
  - **Conduct Vulnerability Assessments**: Develop comprehensive climate change and health vulnerability assessments, along with Health National Adaptation Plans (HNAPs), to identify risks and strategies for adaptation.
  - **Implement Health National Adaptation Plans**: Mobilize resources to implement HNAPs, including the establishment of integrated environmental and health surveillance systems to monitor and respond to climate-related health issues.
  - **Promote Integrated Approaches**: Advocate for holistic and integrated approaches to address the impacts of climate change on health, including engaging with policymakers, promoting social mobilization, and raising awareness within communities.

6.5 Pillar 5: Diversified and Sustainable Financing

Pillar Objective: To establish diversified and sustainable financing for health including services addressing RMNCAH, HIV, TB, Malaria, NTDs, STIs, Viral hepatitis, NCDs, epidemic and pandemic responses in African countries, focusing on principles of targeted interventions, securing funding mixes, integration into broader health and development efforts, emphasizing cross-cutting factors, and advocating for shared responsibility.

6.5.1 Enhance domestic resource mobilization and advocate for the inclusion of services for HIV, TB, malaria, NTDs, STIs, viral hepatitis, NCDs, and emergency health responses in essential health packages.

Priority Actions:

- **Increase Domestic Health Funding**: Develop and implement policies aimed at increasing domestic funding for health initiatives, including Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), as well as programs addressing HIV, TB, malaria, NTDs, STIs, viral hepatitis, NCDs, and health emergency responses, ensuring long-term sustainability.
- **Broaden Essential Health Packages**: Establish and advocate for the inclusion of HIV, TB, malaria, NTDs, STIs, viral hepatitis, NCDs, and health emergencies in essential health packages, promoting broader coverage and encouraging public-private partnerships to enhance financial sustainability.
- **Implement Innovative Financing Mechanisms**: Introduce and expand innovative financing strategies to generate additional resources for health by implementing debt swaps for health, where debt is forgiven or restructured in exchange for a country's commitment to invest in health services. Additionally, consider "sin taxes" on products like tobacco, alcohol, and sugary beverages, as well as levies on luxury goods, with the proceeds earmarked for health service delivery and health system strengthening.
- **Strengthen Risk-Pooling Mechanisms:** Strengthen and expand risk-pooling mechanisms like national health insurance schemes to reduce the financial burden on individuals and decrease out-of-pocket expenditures to ensure that health costs are spread across a larger population, making healthcare more affordable for all, especially vulnerable and low-income groups. Promote strategies to improve the sustainability and efficiency of these schemes by streamlining administrative processes and improving fund management.
- **Expand Coverage of National Health Insurance**: Prioritize expanding the coverage of national health insurance schemes to ensure inclusivity and equity and focus on enrolling vulnerable populations, such as low-income families, the elderly, and informal sector workers, and ensure cross-subsidization so that wealthier populations contribute more to support the poor.
- **Empower Parliamentary Budget Committees**: Regularly engage and educate parliamentary budget committees on the long-term economic and social benefits of investing in health through advocacy focused on demonstrating how strong health systems contribute to overall national development, economic growth, and poverty reduction.
- **Transparent Financial Management**: Establish transparent and accountable fiscal management systems to effectively track and optimize domestic resources for health service delivery.
- **Strengthen Public Financial Management**: Enhance public fiscal management systems to maximize the efficient use of both domestic and donor funds, with an emphasis on achieving value for money in health financing in the context of Universal Health Coverage (UHC).
- **Leverage Climate Financing**: Utilize climate financing to monitor and mitigate health impacts associated with climate change.

6.5.2 Strengthen international collaborations and foster partnerships between the public and private sectors

- **Collaborate with International Partners**: Foster collaboration with international partners, development banks, and philanthropic foundations to mobilize additional resources for Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), as well as for HIV, TB, malaria, NTDs, STIs, viral hepatitis, NCDs, and other pandemic responses.
- **Advocate for Increased International Funding**: Advocate for increased international funding and support specifically targeting HIV, TB, malaria, NTDs, STIs, viral hepatitis, NCDs, and other pandemic responses within African countries, coordinate with global health initiatives to align international assistance with national health priorities, ensuring that donor funding complements domestic efforts.
- **Innovative Financing Mechanisms**: Explore and implement innovative financing mechanisms while establishing partnerships with the private sector to diversify funding sources for comprehensive responses to RMNCAH, HIV, TB, malaria, NTDs, STIs, viral hepatitis, NCDs, and other pandemics.
- **Engage the Private Sector**: Strengthen the engagement of the private sector in the planning, prioritization, financing, and budgeting processes for health initiatives to ensure a more integrated approach to health financing.

6.5.3 3. Strengthen equity and financial protection in health financing

Priority Actions:

- **Develop Resource Allocation Mechanisms for Equity**: Establish and strengthen resource allocation mechanisms that prioritize equity within health systems that are designed to ensure that underserved regions, rural areas, and marginalized populations receive adequate funding to improve access to healthcare.
- **Implement Equitable Financing Formulas**: Introduce equitable financing formulas that redistribute health sector funding to areas with the greatest need, such as those with higher disease burdens, lower health service availability, or worse health outcomes. These formulas should consider socioeconomic factors, health indicators, and regional disparities to ensure fair distribution of financial resources across health facilities and services.
- **Reduce Out-of-Pocket Payments**: Expand national insurance coverage and introduce or enhance social protection mechanisms to reduce the reliance on direct out-of-pocket payments at service delivery points to mitigate financial barriers to accessing healthcare, particularly for vulnerable populations.
- **Advocate for Universal Health Coverage (UHC)**: Position Universal Health Coverage (UHC) as a central goal in all health financing strategies and advocate for policies that align UHC with existing social safety nets, ensuring that every citizen has access to essential health services without financial strain.

6.5.4 Enhance monitoring tools and systems to ensure diversified and sustainable financing for RMNCAH, HIV, TB, malaria, NTDs, STIs, viral hepatitis, NCDs, and pandemics.

- **Enhance Monitoring Tools**: Strengthen the implementation of the Domestic Financing on Health Scorecard and Health Financing Tracker in Member States to effectively monitor the development and implementation of health financing reforms.
- **Sustainability Index Reviews**: Conduct regular reviews of the sustainability index, taking into account factors such as governance, strategic financing, and programmatic effectiveness. Utilize data-driven insights to adapt strategies and policies aimed at enhancing sustainability in health financing.
- **Invest in Research and Innovation**: Allocate resources for research and innovation initiatives that focus on developing new financing models, technologies, and interventions to improve health service delivery.
- **Promote Collaboration for Innovation**: Foster collaboration between academic institutions, research organizations, and the private sector to drive innovation in health financing and service delivery. Actively promote knowledge-sharing platforms to disseminate successful strategies and lessons learned across Member States.

6.5.5 Health Financing and Financial Management Systems:

Priority Actions:

- **Enhance Efficiency and Transparency in Health Financing**: Strengthen health financing systems by implementing measures that enhance efficiency and transparency. This includes optimizing resource use and ensuring value for money (VfM) across all health expenditures. Promoting transparency at all levels of health financing will help build trust, reduce waste, and improve accountability in healthcare spending.
- **Establish Auditing and Anti-Corruption Policies:** Introduce rigorous auditing mechanisms and enforce anti-corruption policies specific to the health sector to track resource allocation and usage, identify any discrepancies, and deter misuse of funds.
- **Pro-Health Taxes for Additional Revenue:** Implement pro-health taxes such as levies on tobacco, alcohol, sugary drinks, and other unhealthy products to generate additional revenue streams that are specifically earmarked for health sector funding, particularly for preventive healthcare, NCD management, and health system strengthening.
- **Combat Tax Evasion and Expand Health Budgets:** Take action to address tax evasion and recover lost resources that could otherwise be invested in health to allow governments to increase health budgets and invest in expanding and improving healthcare services for all citizens, particularly the vulnerable.
- **Optimize Domestic and Donor Fund Utilization**: Improve the efficiency of both domestic and donor fund utilization by enhancing public financial management (PFM) systems that involves ensuring that funds are allocated and spent effectively and that health programs deliver the desired outcomes, maximizing value for money in health spending.
- **Capacity-Building for Financial Planning and Budgeting:** Implement targeted capacity-building programs to strengthen financial planning, budgeting, and execution processes at both the national and subnational levels to equipe government officials and health sector managers with the necessary skills will improve their ability to plan, manage, and allocate resources effectively, ensuring the long-term sustainability of health systems.

6.6 Pillar 6: Leadership, Governance, Community Engagement and Oversight for Sustainability.

Pillar Objective: Ensure effective leadership, accountable governance, active community engagement, adequate and sufficient human resources, and robust oversight mechanisms to promote sustainable, inclusive, and responsive healthcare initiatives within the AU member states.

Strategic Approaches and Priority Actions:

6.6.1 Enhance leadership and governance by mobilizing leaders at all levels

Priority Actions:

- **Promote Effective Leadership**: Engage political leaders, policymakers, and other stakeholders to foster effective leadership at regional, national, and sub-national levels.
- **Establish Accountable Governance Structures:** Reinforce governance frameworks that encourage inclusive and participatory approaches, ensuring transparent decision-making while aligning health sector planning with national health goals to enhance coordination among diverse stakeholders.
- **Mobilize Support and Commitment:** Generate support and commitment from leaders at all levels, including political, administrative, and community leaders, to strengthen health initiatives.
- **Generate Awareness and Advocate for Policy Changes:** Raise awareness and advocate for policy reforms that facilitate the effective implementation of the AU Roadmap to 2030 & Beyond, fostering collaboration among stakeholders to translate strategic objectives into actionable plans on the ground.
- **Periodic reviews and Audits**: Conduct periodic reviews or audits, through an independent body, to ensure that policies are being implemented effectively and efficiently to attain value for money.
- **Transparency and accountability:** Ensure transparency and accountability for domestic funding to ensure efficacy of delivery of interventions and programmes. Additionally there is need to promote transparency and accountability when donor funding is allocated by ensuring that significant amounts are not apportioned to administrative costs and consultancies instead of programmatic activities.

6.6.2 Enhance oversight to ensure sustainability, improve efficiency, optimize value for money, and actively involve AUDA-NEPAD and RECs in governance and oversight.

Priority Actions:

- **Develop Sustainable National Health Sector Plans:** Formulate national health sector plans that prioritize sustainability with clear objectives, comprehensive costing, and integration into broader health system planning.
- **Strengthen Health Financing Systems**: Optimize existing funds through efficiency measures and align investments with national health systems to improve resilience and sustainability.
- **Enhance Efficiency and Value for Money:** Improve resource impact by ensuring effective and equitable fund utilization while strengthening the implementation efficiency of national strategic plans for HIV, TB, malaria, NTDs, STIs, viral hepatitis, NCDs, and pandemic preparedness and responses.

- **Foster Engagement of AUDA-NEPAD and RECs:** Involve AUDA-NEPAD and regional economic communities (RECs) in governance and oversight to advance the sustainability agenda at AU summits. Evaluate sustainability challenges, hold governments accountable for financing commitments, and adapt declarations to include key stakeholders such as finance ministries, development banks, and the private sector.

6.6.3 3. Promote the integration of health system strengthening by aligning with national systems.

<u>**Priority Actions:**</u>

- **Prioritize Comprehensive Health System Investments**: Allocate resources to enhance overall health system strengthening, focusing on infrastructure, workforce development, data management, and supply chain logistics to build resilience and effectively respond to diverse health challenges and disease threats.
- **Align Health Investments with National Systems**: Ensure health investments are integrated within country systems, utilizing national health information and monitoring systems, as well as national procurement and public financial management systems.
- **Promote Multi-Sectoral Engagement and the 'One Health' Approach**: Foster collaboration across sectors to tackle the multifaceted risks associated with public health emergencies, zoonotic diseases, food safety, and antimicrobial resistance (AMR).

6.6.4 Empower communities through governance and advocacy initiatives to address barriers to accessing essential services.

<u>**Priority Actions:**</u>

- **Empower Community Participation**: Foster active involvement of communities in health governance through the implementation of Community-led Monitoring (CLM) programs, enhancing accountability and encouraging community-led research and advocacy to effectively address local health needs and ensure representation in policymaking.
- **Address Service Barriers**: Incorporate comprehensive assessments into national planning to identify and address barriers to healthcare services, particularly for vulnerable populations.

6.7 Pillar 7: Service Delivery for HIV, TB and Malaria, NTDS, STIs and Viral Hepatitis, NCDs and RMNCAH.

Pillar Objective: Improve health service delivery for all, ensuring safe, high-quality care in diverse settings; minimize waste, maximize accessibility, and impact of prevention, treatment, care and rehabilitation services.

6.7.1 HIV

6.7.1.1 Scale up combination HIV prevention interventions for vulnerable populations and their sexual partners.

- **Comprehensive HIV Prevention Strategies**: Implement comprehensive HIV prevention strategies that include behaviour change activities and sexual and reproductive health services tailored to the

individual and community needs of priority populations. Advocate for the removal of legal barriers to access essential services. Scale up condom and lubricant programs to increase accessibility and usage among priority and vulnerable populations, promoting safer sex practices.

- **PrEP and PEP Programming**: Expand pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programming, integrating virtual interventions to enhance accessibility and effectiveness for high-risk individuals and their partners.
- **Emerging Prevention Approaches:** Promote and implement new prevention approaches, such as long acting injectables for HIV prevention, to diversify options available for at-risk populations.
- **Expanded VMMC Package:** Expand the comprehensive Voluntary Medical Male Circumcision (VMMC) package by prioritizing patient safety through enhanced HIV/STI testing, counselling, surgical methods, post-operative education, follow-up care, and nurse safety training.
- **Strengthen Program Stewardship:** Strengthen prevention program stewardship among member states by enhancing national oversight and accountability to achieve scale and precision in prevention service delivery.

6.7.1.2 Eliminate Vertical Transmission of HIV, STI And Hepatitis.

The elimination of vertical transmission strategic approaches will align with new global shifts, embracing the "Triple Elimination Initiative" to eliminate vertical transmission of HIV, syphilis, and hepatitis B in Africa through an integrated approach, focusing on following priority actions[16],[17],[18]:

Priority Actions:
- **Integrated Testing for Pregnant Women**: Implement integrated screening and testing for HIV, syphilis, and hepatitis B during antenatal visits. This ensures early detection and treatment, reducing transmission risks and improving maternal and infant health outcomes.
- **Male Partner Involvement in Reproductive Health:** Promote male partner involvement in reproductive and maternal health to ensure a family-centred approach. Male engagement encourages shared responsibility, improves maternal health decision-making, and fosters stronger support systems for women.
- **Prevention of HIV Among Pregnant and Breastfeeding Women:** Strengthen HIV prevention strategies for pregnant and breastfeeding women to reduce new infections. This includes Pre-Exposure Prophylaxis (PrEP) and ensuring safe breastfeeding practices, combined with regular testing and counselling.
- **Early Infant Diagnosis and Follow-up HIV Testing:** Expand early infant diagnosis (EID) programs to test HIV-exposed infants at birth and ensure continued follow-up testing for timely detection and intervention, reducing paediatric HIV infections.
- **Post-natal Infant Prophylaxis and Paediatric ART**: Provide post-natal prophylaxis for infants born to HIV-positive mothers to prevent mother-to-child transmission (PMTCT). Additionally, introduce simplified paediatric antiretroviral therapy (ART) regimens to ensure that infants and young children receive appropriate and effective treatment.
- **Support for Treatment Continuity and Retention:** Strengthen treatment continuity and retention for pregnant and breastfeeding women through facility-based and community-based support

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[16] Global Health Sector Strategy for HIV, Viral Hepatitis and STIs (2022-2030)

[17] The global shifts are i) Putting people at the centre of response ii) Addressing Unique priorities for each disease area iii)Taking a s shared approach towards strengthening health and community systems iv)Responding to swiftly to a changing health and development landscape v) Eliminating stigma, discrimination and other structural barriers vi) Related shared global 2030 targets

[18] The rationale for Triple Elimination of MTCT of HIV, syphilis and hepatitis B virus are: i) All are transmitted sexually and vertically (mother to child), ii) Can cause significant maternal and child morbidity iii) Are often silent with long latency period and infected mothers may be unaware and have no symptoms iv) Can be identified during ANC and treated to prevent vertical transmission.

systems. This includes tailored counselling, peer support groups, and adherence support, ensuring that women remain on treatment throughout pregnancy and the breastfeeding period.

6.7.1.3 Scale up differentiated HIV testing services targeting general, priority and vulnerable populations.

Priority Actions:
- **Targeted Facility-Based Testing**: Offer facility-based testing services in healthcare centres, clinics, and hospitals for general, priority, and vulnerable populations. This approach ensures that individuals accessing healthcare for other services are routinely screened for HIV, TB, STIs, or other conditions. It's vital for reaching pregnant women, individuals presenting with symptoms, and those at higher risk.
- **Targeted Community-Based Testing:** Expand community-based testing by setting up mobile clinics or conducting door-to-door campaigns to reach individuals who might not visit healthcare facilities regularly, particularly priority and vulnerable populations.
- **Targeted Self-Testing**: Promote and distribute self-testing kits for general, priority, and vulnerable populations to allow individuals to test in private, which can be crucial for those who may fear stigma or are hesitant to visit a healthcare facility.
- **Targeted Index and Social Network Testing**: Implement index testing (testing the contacts of known HIV-positive individuals) and social network testing (engaging individuals in priority populations to refer their social networks for testing) for both general and priority populations.

6.7.1.4 Expand and scale up Treatment, Care and Support

Priority Actions:
- **Expand HIV treatment services** and implement differentiated care models tailored for children, adolescents, and adults.
- **Strengthen monitoring systems** to detect and manage drug resistance through regular viral load testing.
- **Scale up pharmacovigilance efforts** to track antiretroviral toxicity and manage adverse drug reactions effectively.
- **Improve the management of co-infections and co-morbidities**, integrating care for TB, hepatitis, and non-communicable diseases within HIV services.
- **Enhance diagnosis and treatment** of advanced HIV disease, prioritizing both adults and children.
- **Integrate early childhood nurturing care into HIV treatment** for exposed and infected children, promoting holistic development.
- **Embed mental health services into HIV chronic care**, ensuring comprehensive support for affected individuals.

6.7.2 TB/HIV

6.7.2.1 Expand and scale up services for TB/HIV Co-infection Care

- **Support the implementation of integrated TB/HIV policies**, ensuring comprehensive coordination, development, and monitoring for quality care.
- **Expand and scale up TB/HIV screening and testing,** ensuring early initiation of ART, CPT, and anti-TB treatment for co-infected patients of all ages.
- **Scale up TB preventive treatment** for eligible HIV-positive individuals using patient-centred care approaches.

6.7.2.2 Reduce stigma- related Barriers to HIV/TB Services

- **Eliminate Stigma and Discrimination:** Take proactive measures to eliminate stigma and discrimination in individual, household, workplace, and educational settings, thereby improving access to HIV and TB services.
- **Enhance Legal Literacy and Access to Justice:** Implement initiatives aimed at enhancing legal literacy, particularly among vulnerable populations and marginalized groups, to empower them and improve their access to justice.
- **Improve Laws and Policies:** Strengthen laws and policies concerning HIV, TB, and gender discrimination. This includes bolstering community mobilization and advocacy efforts to address issues that create barriers to case management and service delivery.

6.7.3 TB

Strategic Approaches and Priority Actions:

6.7.3.1 Expand and scale up TB Diagnosis, Treatment and Care

- **Scale Up TB Screening and Diagnosis:** Enhance the screening and diagnosis of all forms of TB by implementing community-based active case finding and intensified case finding within health facilities, ensuring early detection for individuals of all ages.
- **Expand TB Treatment and Support:** Increase the scale of TB treatment, care, and support, particularly for patients with drug-susceptible TB, by adopting patient-centred care approaches and standardizing treatment with first-line drugs.
- **Implement TB/DR-TB Prevention Strategies:** Broaden the prevention efforts for TB and drug-resistant TB (DR-TB) through systematic screening and testing for TB infection in at-risk groups, providing TB preventive treatment, and enforcing infection prevention and control (IPC) measures.

6.7.3.2 Expand and scale up Drug-resistant (DR)-TB Diagnosis, Treatment and Care

- **Enhance Access to DR-TB Diagnosis**: Rapidly expand and enhance capacity for drug-resistant TB (DR-TB) diagnosis and drug susceptibility testing (DST), ensuring early detection of individuals with DR-TB, including rifampicin-resistant (RR), multidrug-resistant (MDR), and pre/extensively drug-resistant (pre/XDR) TB.
- **Broaden DR-TB Treatment and Support**: Scale up treatment, care, and comprehensive support services for patients with drug-resistant TB, ensuring access to effective therapies and holistic care throughout the treatment process.
- **Establish Standards for DR-TB Management**: Develop and implement minimum standards for the prevention, care, and treatment of drug-resistant TB, ensuring consistent quality and effectiveness across healthcare settings.

6.7.3.3 Collaboration and Coordination with Other Providers and Sectors for TB services

- **Enhance Private Provider Engagement**: Expand and scale up the involvement of both private-for-profit and not-for-profit providers in delivering TB and drug-resistant TB (DR-TB) services across the entire care cascade. This includes prevention, diagnosis, treatment, referral, and follow-up services, ensuring a comprehensive approach to care delivery.

- **Promote Community-Based TB Care:** Scale up community engagement in the planning and delivery of TB and DR-TB services. Foster community involvement in areas such as diagnosis, treatment, care, prevention, and monitoring and evaluation, ensuring that services are accessible and tailored to local needs.
- **Facilitate Intersectoral Collaboration:** Expand and strengthen collaboration with programs and sectors beyond health to create a more integrated approach to TB care. Establish mechanisms for cooperation with service providers addressing co-morbidities (such as diabetes) and other sectors including justice, labour, mining, finance, insurance, and social services.
- **Standardize TB Surveillance:** Harmonize TB surveillance standards across regions and establish regional partnerships or committees aimed at enhancing cross-border TB control efforts, facilitating data sharing, and coordinated response strategies.
- **Build Capacity for Electronic Reporting:** Support the development and capacity-building for electronic reporting and referral systems across the continent, enhancing the efficiency and effectiveness of TB service delivery and monitoring.

6.7.3.4 11. Address the needs of Vulnerable Populations for TB/DR-TB

- **Expand targeted Case Finding:** Expand and scale up targeted TB and drug-resistant TB (DR-TB) case finding initiatives specifically designed for high-risk and vulnerable populations, including children, adolescents, prisoners, miners, migrants, internally displaced persons, refugees, urban poor, slum dwellers, ethnic minorities, indigenous populations, health workers, and individuals with mental health issues or substance use disorders.
- **Improve accessible and Appropriate Services:** Ensure that TB and DR-TB services are accessible and culturally appropriate for these populations. This includes tailoring diagnostic, treatment, and prevention approaches to meet the unique needs and circumstances of each group, facilitating easier access to care.
- **Implement Outreach and Education:** Implement outreach programs and educational campaigns aimed at raising awareness about TB and DR-TB within these communities. Focus on the importance of early diagnosis, treatment adherence, and preventive measures, utilizing community leaders and local organizations to enhance trust and engagement.
- **Integrated Care Models:** Develop and implement integrated care models that combine TB services with other health and social services relevant to high-risk populations, ensuring a holistic approach to health care that addresses the broader determinants of health.
- **Strengthen Monitoring and Evaluation**: Establish robust monitoring and evaluation frameworks to track the effectiveness of TB and DR-TB interventions among targeted populations. Utilize data to continuously improve service delivery, ensuring that programs remain responsive to the evolving needs of these vulnerable groups.

6.7.4 Malaria

6.7.4.1 Implement Vector Control for Malaria Prevention

- **Enhance Comprehensive ITN Distribution System**: develop and implement a robust and continuous distribution system for Insecticide-Treated Nets (ITNs) that integrates various delivery channels such as mass campaigns, antenatal care (ANC), the Expanded Program on Immunization (EPI), school-based initiatives, and community-based channels. This multi-faceted approach aims to ensure universal coverage and sustained access to ITNs for effective malaria prevention.
- **Strengthen Comprehensive Vector Control Strategy**: formulate and execute a comprehensive vector control strategy that includes various methods such as Indoor Residual Spraying (IRS) and Larval Source Management (LSM) where applicable. Incorporate additional vector control

measures, including environmental management strategies and entomological monitoring activities, to effectively combat malaria transmission and minimize the risk of outbreaks.

- **Expand Social and Behaviour Change (SBC) Initiatives**: implement advocacy, communication, and social mobilization activities focused on promoting universal and equitable access to vector control measures. These initiatives should aim to raise awareness about malaria prevention methods, encourage community engagement, and foster behavioural changes that support the use of ITNs and other vector control strategies.

6.7.4.2 Implement Malaria Case Management

- **Strengthening Facility-Based Treatment: enhance** equitable access to quality-assured testing and treatment for malaria cases, including severe malaria, at healthcare facilities. Implement standardized protocols and quality assurance measures to ensure patient outcomes are significantly improved.
- **Improving Case Management at Primary Care Levels:** integrate the Integrated Management of Childhood Illness (IMCI) guidelines into primary care practices, focusing on improving the pre-service training of health workers. This will ensure that healthcare providers are well-equipped to manage malaria cases effectively and provide comprehensive care.
- **Integrated Community Case Management (iCCM):** plan and implement an integrated community case management (iCCM) strategy that encompasses all age groups, including malaria case management. This approach will expand access to care in remote areas, ensuring that community health workers are trained to diagnose and treat malaria effectively.
- **Expanding Private Sector Case Management**: encourage private sector involvement in malaria case management by enhancing testing and treatment capacities. Develop strategies for epidemic preparedness that include response planning and the provision of protective equipment to ensure effective management of malaria outbreaks.
- **Comprehensive Surveillance and Monitoring Activities:** conduct thorough surveillance and monitoring activities, including therapeutic efficacy surveillance, HRP2/3 gene deletion surveys, and quality control measures for malaria diagnostics and medicines. These efforts are essential to ensure the effectiveness of malaria case management programs and to adapt strategies based on emerging data.

6.7.4.3 Implement Specific Prevention Interventions (SPI)

- **Targeted Preventive Treatments**: Implement targeted preventive treatments such as Intermittent Preventive Treatment (IPT) for pregnant women, seasonal malaria chemoprevention in areas with high seasonal transmission, and Perennial Malaria Chemoprevention (PMC) for children in endemic areas. Additionally, introduce Intermittent Preventive Treatment for school children (IPTsc) to reduce malaria transmission among children over five years old, particularly in non-elimination settings.
- **Mass Drug Administration Campaigns**: Conduct mass drug administration campaigns when necessary to significantly reduce disease burden and interrupt transmission in malaria elimination settings.
- **Social and Behaviour Change Initiatives:** Implement differentiated advocacy, communication, and social mobilization activities focused on social and behaviour change (SBC), ensuring that gender, equity, and approaches are integrated to guarantee equitable access to malaria prevention interventions.

6.7.5 Neglected Tropical Diseases

6.7.5.1 Preventive Chemotherapy:
- **Strengthen Community Sensitization**: Promote community sensitization initiatives to increase awareness and understanding of preventive chemotherapy for neglected tropical diseases (NTDs). This will help ensure widespread acceptance and participation in mass administration programs.
- **Improve Mass Administration** of Safe Medicines: Focus on the mass administration of quality-assured and safe medicines in endemic areas targeting several NTDs, including:
    - **Foodborne Trematode Infections**: Administer medications to prevent and ultimately eliminate these infections.
    - **Lymphatic Filariasis (LF):** Implement mass drug administration (MDA) using a combination of ant filarial drugs to interrupt transmission and work toward the elimination of LF.
    - **Onchocerciasis**: Employ community-directed treatment with ivermectin (CDTI) to reduce transmission and control the prevalence of onchocerciasis.
    - **Schistosomiasis**: Implement mass treatment campaigns with praziquantel to control and aim for the elimination of schistosomiasis in endemic regions.
    - **Soil-Transmitted Helminthiases**: Conduct deworming campaigns using albendazole or mebendazole to effectively control these infections.
    - **Trachoma**: Facilitate mass distribution of antibiotics, specifically azithromycin, to treat active trachoma cases and reduce transmission within communities.

6.7.5.2 Intensified Case Management:
- **Strengthen Integrated Case Management for NTDs**: Implement intensified case management strategies for neglected tropical diseases (NTDs) where simple tools and treatments are limited, focusing on comprehensive approaches to prevent long-term complications and transmission.
    - **Buruli Ulcer**: Execute integrated active case-finding, diagnosis, and treatment protocols for Buruli ulcer cases to prevent disabilities and deformities, ensuring timely intervention and care.
    - **Yaws**: Conduct integrated active case-finding and administer single-dose azithromycin treatment to effectively interrupt transmission and work towards the elimination of yaws.
    - **Leprosy**: Promote integrated early detection and treatment programs for leprosy cases to prevent disabilities and deformities, while actively combating stigma and ensuring respect for vulnerable groups in all interventions.
    - **Cysticercosis**: Implement targeted interventions aimed at preventing the transmission of cysticercosis and providing treatment to affected individuals to minimize health impacts.
    - **Echinococcosis**: Develop and execute prevention strategies alongside treatment options for individuals affected by echinococcosis to significantly reduce morbidity and mortality associated with the disease.

6.7.5.3 Additional Measures for NTDs on the Brink of Elimination/Eradication:
For diseases like human African trypanosomiasis (sleeping sickness) and leishmaniasis, which are nearing elimination, and Dracunculiasis targeted for eradication, coordinated targeted action is essential. This includes:
- **Innovative Diagnostic Tools**: Develop and deploy novel diagnostics that enhance case detection and surveillance for diseases like human African trypanosomiasis (sleeping sickness) and leishmaniasis. This should include utilizing environmental samples to improve detection rates.

- **Advanced Treatment Regimens**: Research and implement new treatment protocols aimed at improving patient outcomes for these diseases while also minimizing transmission risks.
- **Effective Vector Control Measures**: Implement targeted vector control strategies to reduce transmission rates and prevent any resurgence of human African trypanosomiasis, leishmaniasis, and Dracunculiasis, ensuring sustained progress towards their elimination and eradication.

6.7.6 Non-Communicable Diseases

6.7.6.1 Integration of NCD Services at the Primary Healthcare level
- **Enhance Infrastructure and Workforce Capacity**: Strengthen primary health care (PHC) infrastructure and build workforce capacity to effectively deliver screening, diagnosis, prevention, and treatment services for non-communicable diseases (NCDs).
- **Standardized Protocols and Guidelines:** Develop and implement standardized protocols and guidelines for integrating NCD services into existing PHC platforms, ensuring continuity of care for patients.
- **Training Programs for Providers:** Implement comprehensive training programs for primary care providers focused on NCD management and counselling to enhance quality-of-service delivery.

6.7.6.2 Enhancement of Secondary and Tertiary Healthcare Systems:

- **Expansion and Upgrading of Facilities:** Invest in the expansion and upgrading of secondary and tertiary healthcare facilities to enhance their capacity to provide specialized care for complex non-communicable disease (NCD) cases and mental health disorders.
- **Improve Referral Pathways and Networks:** Establish clear referral pathways and networks between primary, secondary, and tertiary healthcare facilities to ensure seamless patient transitions and continuity of care throughout the healthcare system.
- **Strengthen Specialized Training for Professionals:** Provide specialized training programs for healthcare professionals in secondary and tertiary care settings, focusing on advanced diagnosis, treatment, and rehabilitation services for NCDs and mental health disorders.

6.7.6.3 Integrated Screening, Diagnosis, Prevention, and Treatment Services:

- **Expand Comprehensive Screening Programs**: Develop and implement comprehensive screening programs for non-communicable diseases (NCDs) and mental health disorders, focusing on high-risk populations and underserved communities to ensure early detection and intervention.
- **Strengthen Diagnostic Capacity**: Enhance the diagnostic capacity of healthcare facilities by equipping them with essential medical equipment, laboratory facilities, and ensuring that personnel are adequately trained to perform and interpret diagnostic tests.
- **Deploy Evidence-Based Prevention Strategies**: Implement evidence-based prevention strategies that include health promotion campaigns, vaccination programs, and lifestyle interventions aimed at reducing the incidence and impact of NCDs.

6.7.6.4 Integration with TB/HIV Services and Mental Health Care:
- **Integration of NCD Services**: Integrate non-communicable disease (NCD) screening, diagnosis, and treatment services into existing tuberculosis (TB) and HIV programs to ensure

that individuals with co-morbid conditions receive comprehensive care that addresses both their infectious and chronic health needs.

- **Strengthening Mental Health Services**: Enhance mental health services within the healthcare system by providing robust screening, counselling, and psychosocial support, to address the mental health burden that often accompanies NCDs and HIV, thereby improving overall patient well-being.
- **Training Healthcare Providers**: Implement training programs for healthcare providers focused on identifying and managing mental health issues in patients with NCDs and HIV to promote holistic and patient-centred care, enabling providers to address both physical and mental health challenges effectively.

6.7.6.5 Addressing the common social, economic and environmental risk factors for NCDs and TB/HIV

- **Establishment of an African Union Multi-Sectoral Task Force**: Create a dedicated African Union task force that focuses on leading and coordinating multi-sectoral actions across various sectors to address the prevention and control of non-communicable diseases (NCDs). This task force will serve as a platform for collaboration and resource sharing among member states.
- **Strengthening National Multi-Sectoral Mechanisms**: Enhance the capacity and capability of national multi-sectoral mechanisms for NCD prevention and control, building on existing frameworks established for HIV and TB to ensure a cohesive approach that leverages existing resources and expertise.
- **Promotion of Local and Regional Initiatives**: Initiate and support local and regional programs targeting risk factors for NCDs within schools, workplaces, and neighbourhoods focused on promoting healthy lifestyles from an early age, thereby instilling preventive health practices within communities.
- **Joint Initiatives for High-Risk Groups**: Foster joint initiatives among various sectors to implement early interventions for high-risk groups and vulnerable populations to facilitate comprehensive strategies tailored to the unique needs of these communities, enhancing their access to preventative care and health education.

6.7.6.6 Strengthen workforce for NCDs and mental health and link them in continent-wide networks of practitioners and researchers

- **Support for Task-Shifting and Task-Sharing**: Assist Member States in developing and implementing strategies for task-shifting and task-sharing to enhance the capacity of healthcare systems in addressing person-centred non-communicable diseases (NCDs) and mental health care; to optimize the use of available healthcare resources and reduce treatment gaps by allowing trained non-specialist health workers to provide essential services.
- **Establishment of a Field Epidemiology Training Program (FETP)**: Create a dedicated Field Epidemiology Training Program for NCDs or strengthen the existing NCD components in current FETP programs with focus on building epidemiological capacity to better understand, prevent, and manage NCDs, thereby enhancing public health responses across the continent.
- **Enhancing Research Capacity for NCDs and Mental Health:** Improve the continental capacity to produce and apply contextually relevant research that addresses Africa-led priorities in NCDs and mental health, including fostering partnerships between research institutions, healthcare providers, and policymakers to ensure that research findings are translated into effective interventions and policies tailored to the unique challenges faced by African countries.

6.7.6.7 Ensure continental and regional funding mechanisms for the prevention and control of NCDs and the promotion of mental health.

- **Advocacy for Inclusion of NCDs in Funding for Infectious Diseases**: Engage with partners who traditionally fund infectious diseases to advocate for the inclusion of non-communicable diseases (NCDs) in their funding portfolios. This involves demonstrating the interconnectedness of infectious diseases and NCDs, particularly in areas such as co-morbidities and shared risk factors.
- **Promoting Dedicated Funding for NCDs and Mental Health**: Work to secure dedicated funding streams for NCD and mental health initiatives within broader emergency preparedness and response programs to enhance resilience in health systems by ensuring that NCDs are addressed even during crises, leading to improved overall health outcomes.
- **Development of a Continental Investment Case**: Create a comprehensive investment case for multisectoral action on NCDs and mental health outlining the economic and health benefits of investing in NCD prevention and control, highlighting successful models and strategies that can be adopted across the continent.
- **Advocacy for Prioritization of NCDs**: Mobilize efforts to prioritize NCDs and their risk factors in health policy and funding agendas, including promoting policies that improve access to care for NCDs, ensuring that these diseases receive the attention and resources necessary to address their growing burden on public health systems.

6.7.7 STI/Viral Hepatitis

6.7.7.1 Comprehensive Prevention and Education:

- **Comprehensive Public Health Campaigns**: Design and implement targeted public health campaigns to raise awareness about sexually transmitted infections (STIs) and viral hepatitis, focusing on their modes of transmission, prevention strategies, and the importance of early detection and treatment. Utilize various media platforms, including social media, community events, and traditional media, to reach diverse audiences effectively.
- **Education and Outreach Programs**: Develop tailored education and outreach programs for high-risk populations, such as adolescents, young people, and vulnerable groups, focusing on promoting safer sexual practices, providing information on STIs and viral hepatitis, and encouraging regular testing. Engage community leaders and organizations to facilitate trust and increase participation in these initiatives.
- **Condom Distribution and Promotion**: Implement a comprehensive prevention strategy that includes the distribution of condoms as a primary tool for preventing STIs and HIV. Promote their use through educational campaigns that emphasize the importance of condoms in reducing transmission rates, particularly among high-risk populations. Collaborate with healthcare providers, schools, and community organizations to ensure accessible condom distribution points.

6.7.7.2 Accessible Testing and Diagnosis:

- **Expanded Access to Testing Services**: Increase access to affordable and confidential testing services for STIs and viral hepatitis by establishing testing centres in community health facilities, mobile clinics, and through outreach programs in high-burden areas. Implement sliding scale fees or free testing initiatives to ensure affordability and encourage individuals to seek testing without financial barriers.
- **Healthcare Provider Training**: Develop and conduct training programs for healthcare providers on the accurate diagnosis, management, and treatment of STIs and viral hepatitis. Ensure that these training sessions include updated guidelines, best practices for patient communication, and strategies for providing culturally sensitive care. Continuous professional development opportunities should be made available to keep providers informed about emerging trends and treatment options.
- **Routine Screening Protocols**: Implement routine screening protocols for STIs and viral hepatitis within high-burden populations, integrating these testing services with existing HIV and TB

programs. Establish clear referral pathways to ensure individuals who test positive are linked to appropriate care and treatment services. Utilize data from routine screenings to monitor prevalence rates and inform targeted public health interventions.

6.7.7.3 Integrated Treatment and Care:

- **Improve Timely Access to Treatment Regimens:** Ensure that healthcare facilities are stocked with effective treatment regimens for STIs and viral hepatitis, including making antibiotics readily available for bacterial STIs, providing antiretroviral therapy (ART) for individuals co-infected with HIV and hepatitis B (HBV), and ensuring access to direct-acting antivirals (DAAs) for hepatitis C. Establish protocols for immediate initiation of treatment upon diagnosis, including support for navigating any financial or logistical barriers to accessing medications.
- **Design Comprehensive Care Packages**: Develop and implement comprehensive care packages that address the diverse needs of individuals living with STIs and viral hepatitis that include physical health services (treatment for infections), mental health support (counselling and psychological services), and social support services (adherence support, assistance with navigating healthcare systems, and community-based stigma reduction interventions) in order to enhance overall patient well-being and improve health outcomes.
- **Strengthening Referral Systems:** Strengthen referral systems and partnerships between primary, secondary, and tertiary healthcare facilities to facilitate seamless transitions of care for patients with complex needs and establish clear communication channels and collaborative agreements between different levels of care to ensure that patients receive timely follow-up, specialty services, and continuous support. This may involve creating multidisciplinary teams that include healthcare providers, social workers, and community health workers to coordinate care effectively.

6.7.7.4 Prevention of Co-infections and Complications:

- **Strengthen the Integration of Screening and Management of Co-infections:** Integrate the screening and management of co-infections, particularly TB/HIV and HIV/hepatitis co-infections, into existing healthcare programs by training healthcare providers to recognize and manage these co-infections effectively and by establishing standardized protocols that ensure routine screening for all patients at risk and utilizing health information systems to facilitate data sharing and ensure that patients receive holistic care that addresses all aspects of their health.
- **Improve Access to Comprehensive Healthcare Services**: Ensure access to comprehensive healthcare services for high-risk populations, including people who inject drugs (PWID) and other vulnerable groups. This includes providing vaccinations for preventable diseases like hepatitis B, implementing harm reduction programs that offer clean needles and syringes, and facilitating access to substance use treatment services.
- **Enhance Collaboration with Community Organizations**: Collaborate with community-based organizations to reach vulnerable populations effectively through the identification of at-risk individuals, providing education, and facilitating access to healthcare services.

6.7.8 Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)

6.7.8.1 Scale up interventions to promote child health and Development:

- **Enhancing Immunization Outreach**: Implement community-based vaccination campaigns to increase immunization coverage, particularly in underserved and hard-to-reach areas through the deployment of mobile health teams, engaging community health workers, and collaborating with local leaders to raise awareness and encourage participation in vaccination drives.

- **Integrating Immunization with Childhood Illness Management**: Establish integrated programs that combine immunization services with clinical and nutritional assessments which offer a comprehensive approach by addressing not only vaccination but also childhood illness management and nutritional needs during immunization visits.
- **Strengthening surveillance and Data Collection and Monitoring**: Improve data collection, surveillance, and monitoring systems to accurately track immunization rates, monitor childhood illness patterns, and assess the nutritional status of children.

6.7.8.2 Comprehensive Antenatal, Perinatal, Postpartum, Newborn Child and Adolescent Care:

- **Strengthening Primary Health Care (PHC) Systems**: Invest in PHC infrastructure to ensure accessibility and high-quality integrated services, particularly in sexual and reproductive health, skilled delivery, and essential newborn services. This includes the establishment of health centres equipped with essential medical supplies, trained personnel, and referral systems to higher levels of care.
- **Skills Training for Healthcare Providers:** Enhance pre-service and in-service training programs for healthcare providers to equip them with evidence-based practices, focusing on the health and well-being of women, children, adolescents, and older persons, incorporating the use of technology and telehealth solutions to improve the quality and reach of training programs.
- **Community health Systems strengthening**: Promote interventions that improve maternal, neonatal, and child health outcomes, such as ante-natal care, birth preparedness, and postnatal home visits conducted by trained health workers. Facilitate linkages to sexual and reproductive health services to ensure comprehensive care and implement health education initiatives targeting teenagers and young adults to reduce rates of teen pregnancy and improve reproductive health literacy.
- **Quality of Care Improvements:** Establish maternal and perinatal death surveillance and response systems to identify causes of mortality and implement evidence-based interventions to improve care quality and implement the CARMMA Plus initiative and other proven Sexual and Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) interventions.
- **Minimum Initial Service Package (MISP) for SRH**: Prioritize the implementation of the MISP for Sexual and Reproductive Health in emergency settings to ensure that critical health services are maintained during crises including training healthcare providers to deliver essential SRH services and ensuring the availability of necessary supplies.
- **Enhanced Financing for PHC**: Advocate for increased domestic financing for PHC initiatives to achieve UHC involving the engagement of policymakers and stakeholders to allocate more resources to primary healthcare, particularly in maternal and child health programs and exploring innovative financing mechanisms, such as public-private partnerships and community-based health financing models, to ensure sustainable funding for PHC initiatives.

6.7.8.3 Family Planning and Reproductive Health Services:

- **Expanding Access to Family Planning Methods**: Implement strategies to increase access to a wide range of modern family planning methods, ensuring that counselling and contraceptive services are available through rights-based approaches. This includes establishing community-based clinics, mobile health units, and telehealth services that cater to the diverse needs of women, girls, men, boys, and adolescents, especially in underserved and marginalized communities, focusing on reducing barriers to access, such as costs, stigma, and lack of information, to meet the unmet needs for family planning across the humanitarian, peace, and development continuum.

- **Strengthening Health Education and Awareness Programs:** Develop and enhance health education and awareness initiatives that focus on family planning, sexual and reproductive health, and contraceptive options. Utilize various platforms, including community workshops, school-based programs, and social media campaigns, to empower individuals with the knowledge necessary to make informed decisions about their reproductive health.
- **Integrating Family Planning Services**: Integrate family planning and sexual and reproductive health services into existing health and developmental programs, such as maternal and child health, HIV prevention, and treatment initiatives to facilitate continuity of care and ensure that women's unique reproductive health needs are addressed throughout their life course.
- **Promoting Reproductive Health Commodity Security:** Advocate for and implement measures to promote reproductive health commodity security by encouraging local manufacturing of contraceptives and reproductive health products to strengthen local supply chains through pooled procurement strategies and last-mile delivery systems to ensure that essential contraceptive methods are consistently available and accessible in communities. Collaborate with local manufacturers and stakeholders to enhance production capacity and reduce reliance on external suppliers, thereby improving the sustainability of family planning services.

6.7.8.4 Prevention of Unsafe Abortion and Management of Complications:

- **Improving Access to Sexual and Reproductive Health (SRH) Services:** Advocate for comprehensive reforms of restrictive laws and policies that limit access to sexual and reproductive health services, particularly safe and legal abortion services, including collaborating with policymakers, health professionals, and community organizations to raise awareness about the importance of SRH services in reducing unintended teen pregnancies, unsafe abortions, and the associated maternal mortality and morbidity rates.
- **Strengthening Post-Abortion Care Services:** Enhance post-abortion care services by adopting and implementing up-to-date guidelines for abortion care that include training healthcare providers on the management of complications arising from unsafe abortions and ensuring they are equipped to provide emergency obstetric care, facilitating access to contraceptive counselling and services for individuals post-abortion to prevent future unintended pregnancies and establishing referral systems and partnerships between facilities to ensure continuity of care for individuals requiring follow-up services.
- **Implementing Comprehensive Sexuality Education:** Roll out age-appropriate comprehensive sexuality education programs that encompass topics such as reproductive rights, contraception, safe sex practices, and the legal aspects of abortion, with the goal of empowering individuals, particularly adolescents and young people, to make informed choices regarding their sexual and reproductive health.

6.7.8.5 Promotion of Adolescent Sexual and Reproductive Health (ASRH) and Rights:

- **Advocating for Adolescent Sexual and Reproductive Health (ASRH):** Push for the development and implementation of policies and programs that safeguard and promote the sexual and reproductive health and rights (SRHR) of adolescents, ensuring that adolescents have access to age-appropriate information and services, such as comprehensive sexual education, family planning options, and health services.
- **Strengthening Youth-Friendly Health Services:** Ensure that health services for adolescents are accessible, confidential, and non-judgmental, designed to meet the unique sexual and reproductive health needs of young people, including access to contraception, STI testing and treatment, mental health counselling, and comprehensive SRH services.
- **Engaging Adolescents as Partners:** Actively involve adolescents in the design, implementation, and evaluation of ASRH programs to ensure their perspectives, needs, and preferences are incorporated to ensure that programs are relevant, culturally sensitive, and tailored to the real experiences of young people.

- **Promoting Adolescent Health Programming:** Align national and regional adolescent health programming with the Global Accelerated Action for the Health and Well-being of Adolescents (AA-HA!), using its recommendations as a framework to guide strategies that improve adolescent health outcomes.
- **Strengthening Health Information Systems**: Improve health information systems to collect and analyse age-disaggregated data on adolescents, which is crucial for evidence-based decision-making and program development to identify gaps in care, monitoring progress, and tailoring interventions to meet the specific health needs of young people.

7 MONITORING, REPORTING AND ACCOUNTABILITY FRAMEWORK

7.1 Actions and Resources to Strengthen Accountability and Partnerships

To enhance accountability and partnerships in achieving the goals and objectives of the AU Roadmap to 2030 & Beyond, the accountability framework commences with the approval of the AU Roadmap to 2030 & Beyond by Member States in 2024. The African Union Commission (AUC), the African Union Development Agency (AUDA), NEPAD, and the Regional Economic Communities (RECs) are essential in providing coordination, support, facilitation, and monitoring and evaluation. However, effective implementation necessitates more than merely defining the roles and responsibilities of stakeholders.

Member States, the AUC, and the RECs will require substantial technical and financial support from countries, development partners, and other regional actors to effectively fulfil their respective roles in advancing the AU Roadmap to 2030 & Beyond.

To improve the partnership landscape, the AUC, AUDA, and NEPAD will leverage existing mechanisms to harmonize and align the actions and resources of all stakeholders, ensuring that the activities of all partners in the health sector are synchronized with the strategic directions outlined in the AU Roadmap to 2030 & Beyond. This collaborative approach will guarantee the efficient utilization of resources, maximize expertise, and collectively direct efforts towards achieving the shared objectives of the AU Roadmap to 2030 & Beyond.

7.2 Monitoring, Reporting and Accountability of Roadmap to 2030

The Monitoring, Reporting, and Accountability (MRA) framework for the AU Roadmap to 2030 & Beyond is designed to guide and ensure the effective implementation of strategic priorities across the continental, regional, and Member State levels. This framework leverages a comprehensive results matrix, incorporating a baseline situation, outcomes, outputs, indicators, and targets to track the progress of key priority activities. Achieving the intended outcomes and outputs depends on the successful execution of these activities and the establishment of harmonized data collection and aggregation systems to accurately calculate the indicators.

In addition to the matrix, the African Union Commission (AUC), AU Development Agency (AUDA)-NEPAD, Africa CDC will develop strategies to address potential epidemics and pandemics that may arise during the Roadmap to 2030. This will require harmonized planning, monitoring, and evaluation systems. Performance and progress monitoring will involve continuous indicator analysis, supported by a continental scorecard/dashboard for biennial reports, presented through the Specialized Technical Committee on Health, Population, and Drug Control to the AU Summit. Member States will engage in regular data collection, analysis, and reporting to provide vital insights for strategic and managerial decision-making at all levels.

Mid-term and end-of-strategy evaluations will be conducted and shared internally, incorporating feedback from relevant external stakeholders. Recommendations from mid-term evaluations will guide adjustments to plans for the following years. Annual progress reviews will assess target achievements, with equity considerations integrated to ensure that the AUC and AUDA-NEPAD collaborate closely with Member States to embed equity concerns into health programs and policies.

To ensure accountability and transparency throughout the implementation process, the AUC and AUDA-NEPAD will institutionalize a robust performance management system. This system will facilitate the

systematic delivery and monitoring of prioritized plans, identify challenges, and enable corrective actions as needed. This comprehensive approach fosters accountability, transparency, and adaptability, ensuring the successful implementation of the AU Roadmap to 2030 & Beyond.

7.3 Dissemination, Advocacy and Communication Strategy for Roadmap to 2030

The Dissemination, Advocacy, and Communication Strategy for the AU Roadmap to 2030 & Beyond will prioritize garnering ownership from the AUC, AU Member States, and RECs through deliberate and concerted efforts to mobilize support for its strategic directions. Recognizing the Roadmap's significance as a consolidation of continental and global health commitments, a focused set of actions is imperative to ensure understanding and support from diverse stakeholders, including government officials, citizens, media, society, private sector, opinion makers, civil society, international development partners, and global development institutions.

The advocacy and communication strategy, developed by the AUC, will build on the momentum generated by Agenda 2063, the Abuja Call, and other AU successful commitments. Dissemination and mobilization approaches will utilize various channels, including traditional media (print, TV, radio), online media with regular updates and metrics on relevant websites, social media platforms (Facebook, Twitter/X-platforms etc.), and interactive online consultations to gather feedback, particularly from adolescents, young adults, women, and vulnerable populations.
Engagement strategies will involve officials, parliamentarians, sports celebrities, and other influential figures at events such as sporting tournaments, town hall meetings, political rallies, and informal platforms like traditional theatre and music gatherings. The strategy aims to raise awareness among the African citizens about their rights, health-seeking behaviours, service availability, community health responsibilities, and their ability to contribute ideas and actions for the domestication of the AU Roadmap to 2030 & Beyond in response to national, sub-national and community needs.

The AUC, in developing and implementing the strategy, will leverage its successes and seek technical and financial support from partners. This support will refine messages for specific target groups, broadcast/publicize messages, receive and analyse citizen feedback, and regularly update metrics demonstrating progress toward achieving the Roadmap's targets. Partners may include continental advocacy groups, African media enterprises, ICT companies, sports bodies, civil society groups, and others, operating in Africa. This collaborative effort ensures a widespread understanding and commitment to the AU Roadmap to 2030 & Beyond across diverse sectors and communities.

8 INSTITUTIONAL ROLES AND RESPONSIBILITIES

8.1 The African Union Commission (AUDA-NEPAD, Africa CDC)

The African Union Commission-AUDA-NEPAD and Africa CDC has pivotal roles and responsibilities in the operationalization of the AU Roadmap to 2030 & Beyond. This includes:

- Coordination: AUC-AUDA-NEPAD will take the lead in coordinating the various aspects of the AU Roadmap to 2030 & Beyond to ensure seamless collaboration among stakeholders. This involves facilitating communication and collaboration between different entities involved in the implementation process.
- Advocacy: AUC-AUDA-NEPAD will engage in strategic advocacy efforts with AU organs, key policymakers across the continent, and international stakeholders. This aims to build consensus, garner support, and raise awareness about the importance and objectives of the AU Roadmap to 2030 & Beyond. The Chairperson of the Commission may appoint a special envoy to garner support for the implementation of the Roadmap.
- Resource Mobilization: A key responsibility of AUC-AUDA-NEPAD is to support resource mobilization efforts. This involves identifying and securing the necessary financial and technical resources required for the successful implementation of the Roadmap.
- Implementation: The AUC, AUDA-NEPAD and Africa CDC shall support technical implementation of the strategy. Its specific roles will include: (a) mobilizing and directing technical expertise to implement agreed regional and national programs and projects; and (b) supporting research and knowledge management. Monitoring, Evaluation and reporting: AUC-AUDA-NEPAD and Africa CDC will play a crucial role in monitoring and evaluating the progress of the AU Roadmap to 2030 & Beyond. This includes developing and implementing effective monitoring and evaluation frameworks, tracking key performance indicators, and regularly reporting through the various Africa Union organs on the achievements and challenges encountered during the implementation process.
- Dissemination of Best Practices: The AUC-AUDA-NEPAD and Africa CDC will be responsible for disseminating best practices emerging from the implementation of the roadmap. This involves sharing success stories, lessons learned, and innovative approaches to inspire and guide other stakeholders.
- Harmonization of Policies: AUC will work towards harmonizing policies, strategies, guidelines, and protocols related to healthcare and the specific goals outlined in the AU Roadmap to 2030 & Beyond. This ensures coherence and alignment of efforts across different regions and countries.
- In summary, the AUC, serves as a central coordinating body, driving advocacy, supporting resource mobilization, monitoring and evaluating progress, disseminating best practices, and ensuring policy harmonization in the implementation of the AU Roadmap to 2030 & Beyond. The Commission, if need be, establish ad hoc working groups to support the follow-up of the implementation of the Roadmap to 2030.

8.2 Regional Economic Communities (RECs) and Regional Health Organizations (RHOs)

The Regional Economic Communities (RECs) and Regional Health Organizations (RHOs) play crucial roles in supporting the implementation of the AU Roadmap to 2030 & Beyond. Their roles and responsibilities include:

- Technical Support to Member States: RECs and RHOs will provide technical assistance to Member States to ensure a coherent and coordinated approach in implementing the AU Roadmap to 2030 &

Beyond. This involves offering expertise, guidance, and support to countries to enhance their capacity for effective healthcare delivery.

- Advocacy for Increased Resources: RECs and RHOs will advocate for increased resources dedicated to disease responses and health system strengthening. This involves engaging with relevant stakeholders to mobilize financial and technical resources to support the implementation of the Roadmap to 2030.
- Adaptation of AU Roadmap to 2030 & Beyond into National Action Plans: RECs and RHOs will support countries in adapting the AU Roadmap to 2030 & Beyond implementation into the National Action Plans. This ensures consistency and alignment of efforts across countries within the respective regions.
- Monitoring and Reporting: RECs and RHOs will support countries in monitoring and reporting the progress of the AU Roadmap to 2030 & Beyond; this includes developing and implementing effective monitoring and reporting mechanisms, as well as facilitating the sharing of progress reports among Member States.
- Identification and Sharing of Best Practices: RECs and RHOs will play a role in identifying and sharing best practices emerging from the implementation of the Roadmap to 2030. This involves capturing successful approaches, lessons learned, and innovative strategies to inform and inspire other Member States.
- Promotion of Accountability: RECs and RHOs will promote accountability in the implementation of the Roadmap to 2030 by encouraging transparency, adherence to set targets, and the effective use of allocated resources.
- Support for Cross-Border Initiatives: RECs and RHOs will continue to support the advocacy, development, and management of cross-border and cross-country initiatives and projects. This includes facilitating collaboration between neighbouring countries to address health challenges that transcend national borders.

In summary, RECs and RHOs serve as crucial regional entities that provide technical support, advocate for resources, harmonize national plans, monitor and report progress, share best practices, promote accountability, and support cross-border initiatives in the implementation of the AU Roadmap to 2030 & Beyond.

8.3 Member States

Member States play a central role in the successful implementation of the AU Roadmap to 2030 & Beyond, with various key responsibilities:

- Country Ownership: Member States are expected to adapt and incorporate the key strategic priorities of the AU Roadmap to 2030 & Beyond into their national health and multi-sectoral policy instruments. This involves aligning national policies with the overarching goals and objectives of the Roadmap.
- Leadership and Advocacy: Member States are responsible for providing leadership to ensure effective advocacy, governance, legislative frameworks, and actions. This includes resource mobilization and allocation efforts to demonstrate ownership and commitment to the AU Roadmap to 2030 & Beyond.
- Monitoring and Reporting: Member States will undertake monitoring and reporting at the country level to the Regional Economic Communities (RECs) and the AU Commission. This involves tracking progress, identifying challenges, and reporting on the implementation of strategic priorities.

- Good Governance and Engagement: Member States are required to ensure good governance, participatory, and inclusive approaches, engaging communities, Civil Society Organizations (CSOs), and the private sector. They must create a conducive environment for the implementation of the AU Roadmap to 2030 & Beyond, including harmonizing and streamlining their own policies, strategies, standards, and plans to ensure coherence.
- Coordination and Leadership: Member States will take overall responsibility, ownership, and leadership for coordinating the strategic priorities outlined in the AU Roadmap. This includes aligning plans related to HIV, TB, malaria, Non-Communicable Diseases (NCDs), Neglected Tropical Diseases (NTDs), and Pandemic Preparedness and Response (PPR) with the Roadmap's objectives and reporting on the progress at the country level.
- Enabling Environment: Member States will provide an enabling environment for broad-based participation of all stakeholders, fostering collaboration and cooperation among different entities involved in the implementation process.
- Resource Mobilization: National governments are tasked with mobilizing adequate domestic resources for the implementation of the AU Roadmap to 2030 & Beyond. This involves allocating funds, ensuring financial sustainability, and exploring innovative financing mechanisms.
- Parliamentary Oversight: Parliaments will continue to provide legislative oversight, budget appropriation, expenditure tracking, and promoting accountability in line with the AU Roadmap to 2030 & Beyond. They play a crucial role in representing constituencies and ensuring that government actions align with the strategic priorities outlined in the Roadmap to 2030.

In summary, Member States are pivotal in translating the AU Roadmap to 2030 & Beyond into actionable policies and programs, demonstrating leadership, ensuring accountability, and creating an inclusive and supportive environment for the successful realization of the Roadmap's goals and objectives.

8.4 Partners

Partners, including International Development Partners, Civil Society Organizations, and the Private Sector, play crucial roles in the successful implementation of the AU Roadmap to 2030 & Beyond:

8.4.1 International Development Partners:
- Strengthen Health Financing for frameworks for Equity: UN agencies, bilateral and multilateral organizations, philanthropic foundations, international partnerships, and financing institutions to improve, strengthen and leverage financing frameworks for equitable and mutually beneficial partnerships for health in alignment with the priorities of the AU Roadmap to 2030 & Beyond.
- Support National and Regional Priorities: international partners direct their financial and technical assistance to support national and regional needs, ensuring coherence with the priorities outlined in the AU Roadmap to 2030 & Beyond.

8.4.2 Civil Society Organizations:
- Active Stakeholder Engagement: National and international NGOs, Faith-Based Organizations (FBOs), CBOs, trade unions, professional associations, traditional leaders, and other civil society entities are considered key stakeholders and actively participate in the conceptualization, advocacy, mobilization, technical assistance, implementation, and oversight of the AU Roadmap to 2030 & Beyond.

- Inclusive Participation: Civil society organizations contribute to an inclusive and participatory approach to healthcare improvement, bringing diverse perspectives, grassroots insights, and community engagement to the implementation process.

8.4.3 Private Sector:
- Innovation and Co-Financing: The private sector, comprising pharmaceutical and medical equipment manufacturers, medical service providers, large companies, small and medium enterprises, and other actors, contribute innovation, material resources, and co-financing inputs. This enhances the financial, human, infrastructural, and technological resource base necessary to improve health sector performance in Africa.
- Collaboration for Social Impact: Partnerships and groups involved in innovative financing for social impact, charitable foundations, private health service providers, and industrial/business coalitions collaborate to support the goals of the AU Roadmap.
- Expertise and Resources: The private sector brings expertise, resources, and technological advancements to healthcare, contributing to the expansion and enhancement of healthcare services across the continent.

In summary, these partners complement the efforts of Member States, RECs, and the AUC in driving the successful implementation of the AU Roadmap to 2030 & Beyond by providing financial support, technical assistance, innovative solutions, and inclusive engagement at various levels of the healthcare system. Their collaborative efforts contribute to building a more resilient and accessible healthcare infrastructure in Africa.

9 COSTING

9.1 Methodology

This section provides estimates of the full cost of financing the African Union Roadmap. The costing used a mixed-method approach, which is a convenient approach to estimate and aggregate costs from mutually exclusive cost data from various sources. This involved the use of secondary data sources from various organisations that costed some of the services. Modelled data for HIV and AIDS Tuberculosis were obtained from the UNAIDS and Stop TB Partnership respectively, while data for the cost of ending malaria was sourced from the African Leaders Malaria Alliance (ALMA)[19]. Data for the RMN was sourced from the Maputo Plan of Action 2016-2030[20], while the child health and nutrition expenditures were estimated using historical expenditure data from the World Health Organisation Global Health Database (GHED). Infrastructure costs were sourced from the African Development Bank Strategy for Quality Health Infrastructure in Africa - 2022-2030. The organisation for Uniting to Combat NTDs provided costed data for ending NTDs by 2030 which was sourced from country Master Plans. This ensured consistency in the reporting of costs from single sources. Cost data for the Health Systems Strengthening (Human Resources, Laboratory Systems, Leadership and Governance and Financing), Community Systems Strengthening, Health Products and Health Security was sourced from Global Fund country request forms for Resilient and Sustainable Systems for Health (RSSH) funding. The data was also adjusted for missing countries. Estimates and transformations for Non-Communicable Diseases[21] and Pandemic[22] preparedness were done using data from the literature. When costed data was unavailable from reliable sources, World Health Organisation Global Health Database (GHED) expenditure data was projected using linear regression; and in the absence of suitable trend data, the most recent year's expenditure data was modified for Gross Domestic Product growth and future annual average inflation. The cost data was compared to the Institute of Health Metrics and Measure Evaluation's projected costs to 2050 as a consistency check, and it was discovered that they fell close to their predicted range of yearly averages of US$156 billion and US$186 billion for the AU Countries[23]. The GDP per capita, total health spending, overall fertility rates, and the percentage of the population over 65 were some of the factors taken into account by the IHME in their expenditure projections.

The report presents the trends in health expenditure and costs by major disease/programme area and then by Strategic Pillar. The strategic pillar approach seeks to provide a paradigm shift in the reporting of costs by moving away from the normally used traditional cost input or functional approach. The Pillar approach sought to provide more emphasis on the integration of health services in both service provision and financing and also emphasise the social enabling environment and governance factors such as the focus on the adolescent youth and women empowerment, equity and social determinants of health, Health Security, Health Financing, and Leadership and Governance.

9.2 Trends in Health Expenditure

Even with 15% of the world's population and a disproportionate incidence of illness, the burden of health spending still heavily falls on the more impoverished and low-income nations in Africa. The WHO Global Health Expenditure Report estimates that in 2021, global health spending amounted to development

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[19] ALMA, 2023 Malaria Progress Report, page ii
[20] African Union: Maputo Plan of Action 2016-2030 for the Operationalization of the Continental Policy Framework for sexual and Reproductive Health and rights
[21] https://ncdalliance.org/why-ncds/financing-ncds Accessed 23 April 2024
[22] Report of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response, 2021
[23] https://ghdx.healthdata.org/record/ihme-data/global-expected-health-spending-2020-2050 accessed on 23 April 2024

US$9.8 trillion, or 10.2% of the world's gross domestic product. Nevertheless, high-income nations accounted for 80% of total worldwide spending, followed by upper-middle-income nations (16%), lower-middle-income nations (4%), and low-income nations (0.2%). A total of US$140 billion was spent by African nations, the bulk of which are low-income countries; this translates to about 1.4% of total global health expenditure.

The incidence of catastrophic health expenditure is high for AU countries – more than 10% as measured by the SDG Indicator 3.8.2. A majority of AU countries still rely on Out-of-Pocket (OOPs) funding, Yet, if countries have to move towards Universal Health Coverage, their government funding must increase substantially. Most African countries still rely on Out-Of-Pocket Payments (OOPS) and external aid. In 2021 an estimated US$48 billion came from OOPS, representing 34% of the total health expenditure, although significant increases in government funding are required if nations are to transition to UHC.

Although the trend in the figure below shows the increase in general government health expenditure in nominal terms, on account of COVID-19, there has been a discernible increase in government financing in recent years. It is hoped that this response will be sustained going forward rather than being temporary.
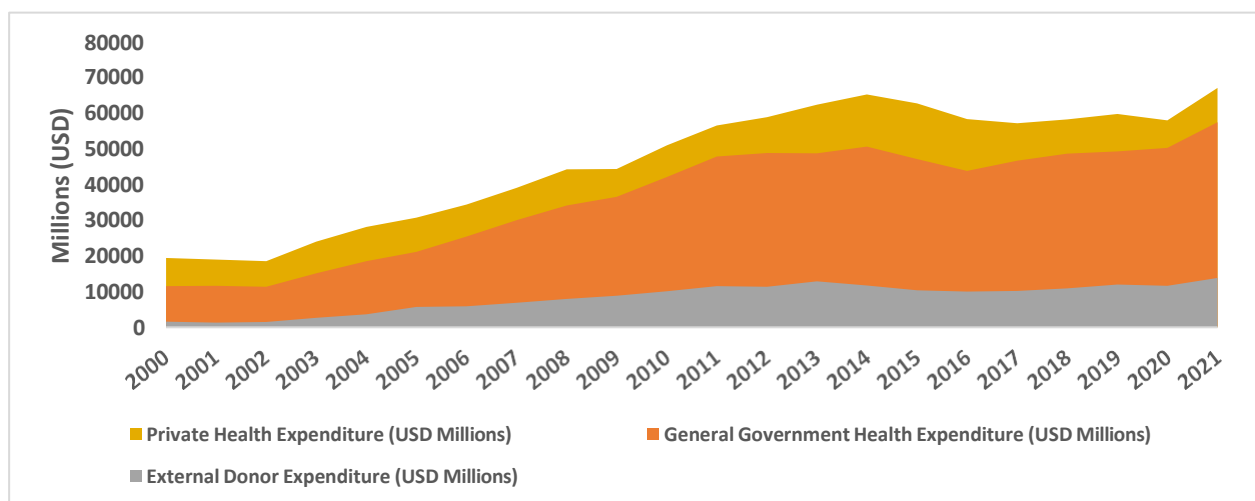
Source: WHO GHED Database, 2024
Figure 8: Trends in Government General Health Expenditure 2000-2021

Lack of health expenditure prioritisation has remained a challenge for most African Countries, even though overall government health expenditure has increased. The African Union mandated that countries allocate 15% of their yearly budgets to health care; nevertheless, many countries still struggle to meet this target because of weak economic growth and low levels of tax revenues. The sharp rise in domestic expenditure in 2020 as shown in the graph below came because of the increased COVID-19 and social security expenditures.
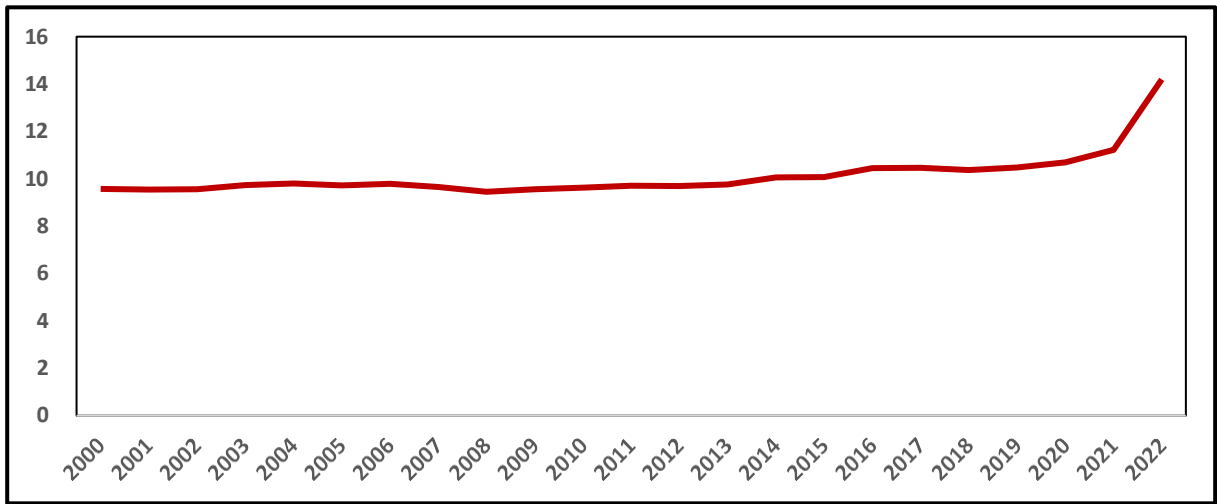
Mean (%)	Median (%)	Standard Deviation	Minimum (%)	Maximum (%)
10.1	9.8	1.0	9.5	14.2

Figure 9: AU Average General Government Health Expenditure as a share of CHE

9.3   Trends in HIV and AIDS Expenditure

Despite a positive shift towards increased domestic expenditure for HIV and AIDS, external Partners expenditure remains very significant. The graphs below show a visible shift in funding sources for AU countries, with increased funding from domestic funding and a reduction in the share of external partner funding. Despite this shift, external partner funding remains very significant and accounts for a greater share of HIV/AIDS expenditure on the continent. Therefore, AU countries must simultaneously work to increase efficiency and value for money in their current expenditures and secure more domestic resources for funding the HIV and AIDS response through other non-traditional revenue streams, such as earmarked taxes on harmful products.
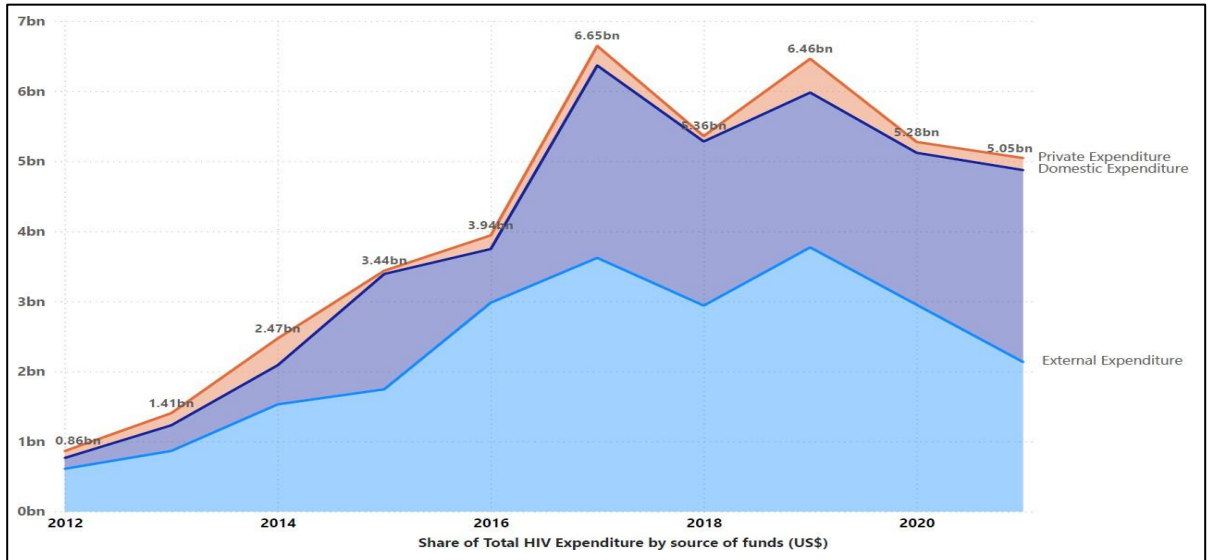
Source: UNAIDS GARPR
Figure 10: Trends in HIV Expenditure by Source

AU countries need approximately US$85 billion (US$12 billion annually) between 2024 and 2030 to end AIDS as a public health threat by 2030. T SDG 3's primary goal is to eradicate AIDS by 2030, and this can only be accomplished by securing the necessary funding and making the appropriate spending decisions. Since HIV and AIDS is increasingly becoming a generalised endemic, investments in health systems (above site level costs) and social enablers of health should rise in tandem with treatment costs as they progressively decline. With this paradigm change in HIV and AIDS financing, verticalization should give way to greater integration with the broader health system.
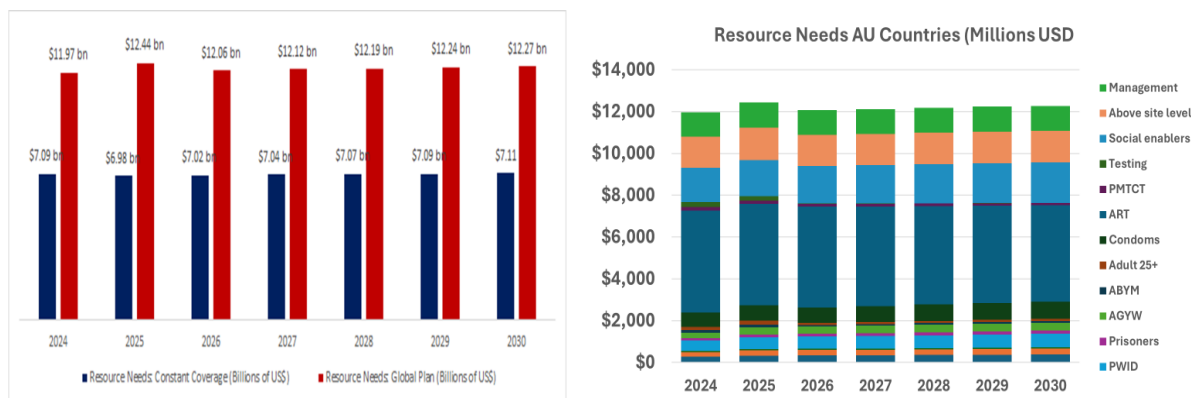
Figure 11: Resource Needs for HIV and AIDS 2024-2030

9.4   Trends and forecast in Tuberculosis Expenditure

TB funding remains a huge challenge in AU countries. At least US$ 1.3 billion is required for TB prevention and treatment in Africa[24], yet on average less than 40% is spent annually. The goal of eradicating tuberculosis by 2030 will remain a pipe dream if insufficient funds are available for testing and treatment. Therefore, the AU countries must raise additional domestic resources outside of the conventional sources.
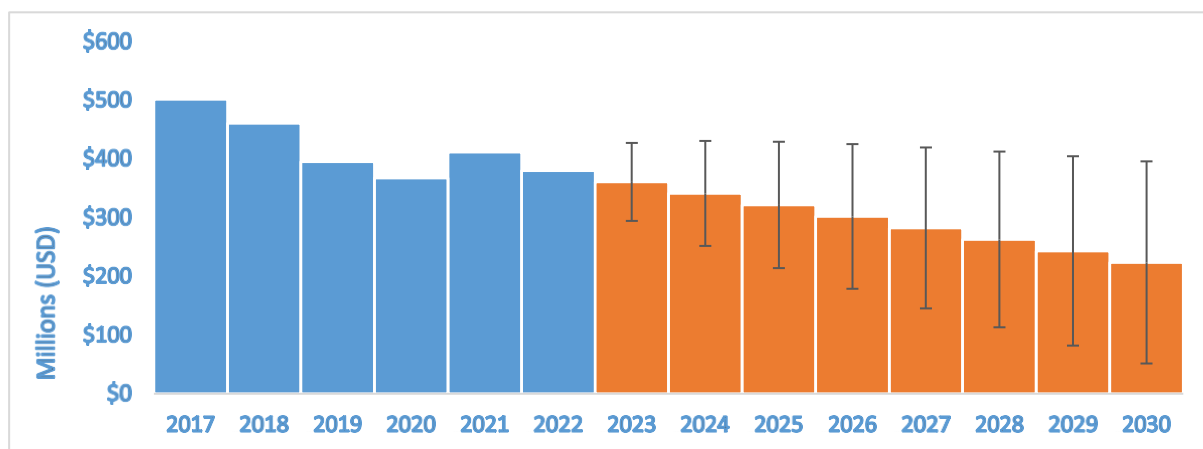
Figure 12: Trends in TB Expenditure and forecast 2017 - 2030

The financing of tuberculosis (TB) is still heavily reliant on outside assistance, with the Global Fund and the US government (via USAID) providing the majority of the funding. Roughly 76% of all worldwide resources for tuberculosis are provided by the Global Fund.

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[24] Low funding, COVID-19 curtail tuberculosis fight in Africa | WHO | Regional Office for Africa accessed on 2 May 2024
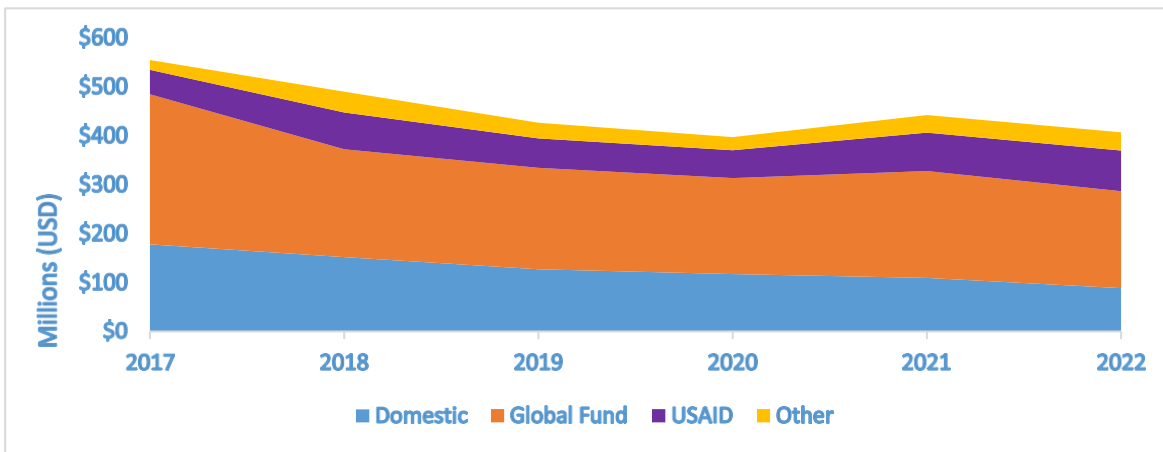
Figure 13: TB Funding by Source of Funds

Households still bear a disproportionate cost for TB care and treatment. Poor households in Africa still bear disproportionately high costs for TB treatment and care. According to the WHO, on average 49% of households in TB-endemic countries face total costs that exceed 20% of the annual household income[25].

AU countries therefore need to raise at least US$60 billion in the next seven years to address the TB priority areas and achieve the objective of ending TB as a threat by 2030. This investment in TB will not only move the AU countries towards their objective but will also improve countries' investment returns. *The High-Level Panel for the UN's SDGs estimated that an investment of US$ 1 in TB care would yield a return of US$ 30.* TB investments in TB-affected communities and other social enablers such as demand generation, governance and accountability will go a long way in realising the goal to end TB by 2030.
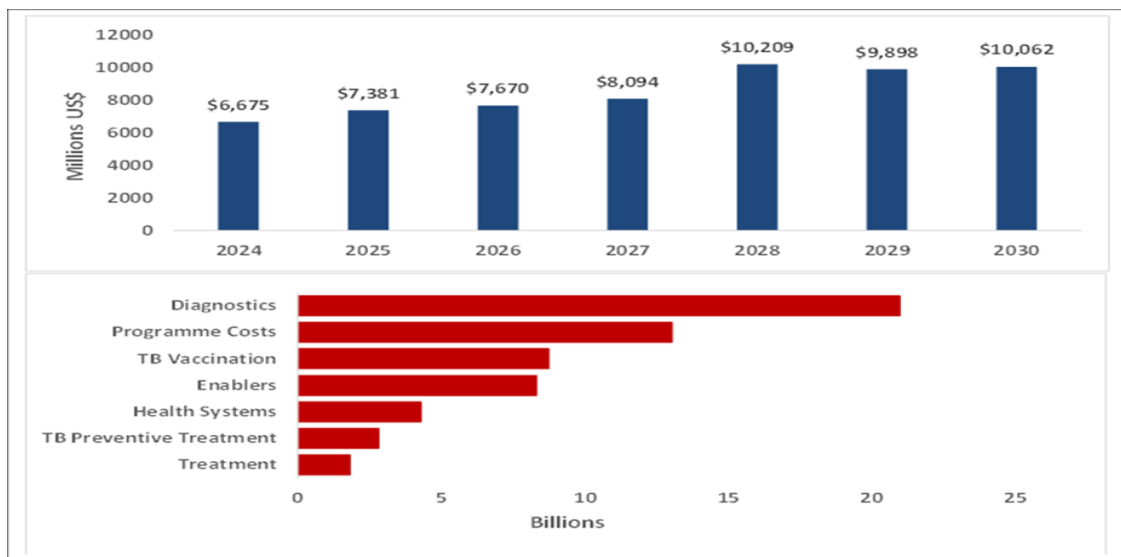
Figure 14: Estimated TB Resource Needs by Function

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[25] End TB Strategy: Progress in implementing the global strategy and targets for tuberculosis prevention, care and control after 2015 – Report by the Director General

To reach the ambitious TB targets and end TB by 2030, mobilization of sufficient resources for universal access to quality prevention, diagnosis, treatment, and care of tuberculosis is required. This will enable scale-up of priority interventions: early diagnosis with an increased role of active case finding through equitable, people-centred approaches; the use of modern screening and diagnostic tools, TB prevention diagnosis, treatment and care for Vulnerable Populations and reducing TB-related stigma, discrimination, and gender-related barriers to care.

9.5 Trends and Forecasts in Malaria Expenditure

Africa accounts for almost 94% of the global malaria cases and 95% of the global deaths, yet the expenditure on malaria lags far behind the estimated need to end Malaria as a public health threat by 2030. In addition to the lack of resources, most African nations have also been impacted by rising malaria commodity costs and the expense of providing care to afflicted populations. According to a report published by the African Leaders Malaria Alliance, the AU's member nations must find a minimum of US$1.5 billion per year to cover the costs of critical malaria interventions.

Despite higher public spending, households continue to bear the brunt of the financial burden associated with malaria, which results in catastrophic health costs. Even with an increase in domestic financing to US$300 million in 2022, households and external partners continue to provide most of the funding for malaria, with external partners providing about 70% of all malaria funding. Without significant resource flows, and with a business-as-usual approach, malaria expenditure will likely go down as shown in the graph below – putting into jeopardy the fight to eliminate malaria.
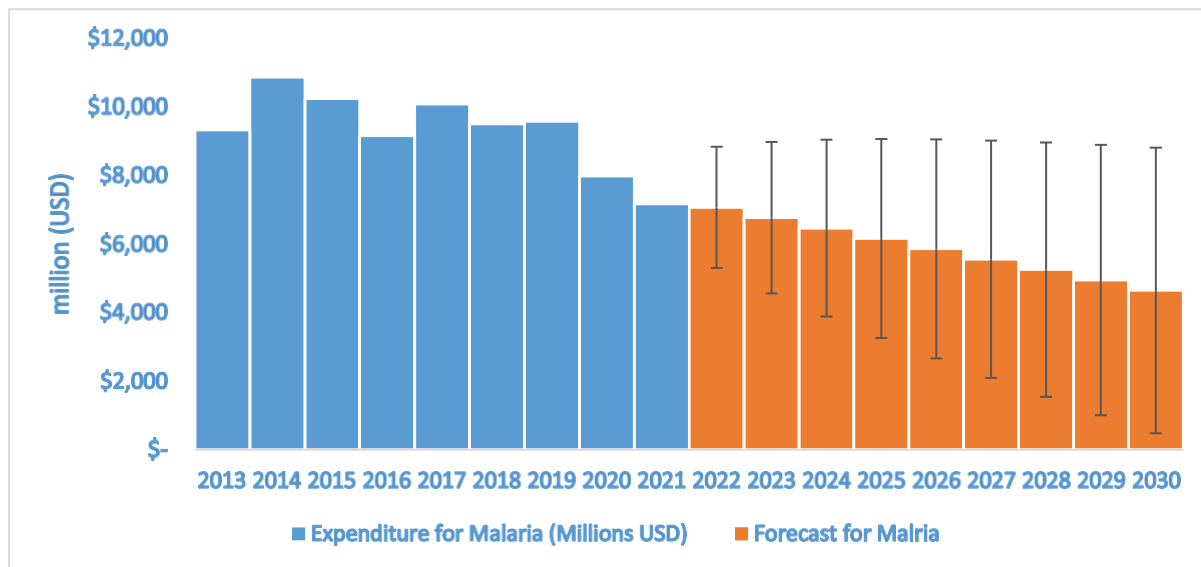

Figure 15: Trends and forecast in Malaria Expenditure 2013 - 2030

> **Given the objective to eliminate malaria as a public threat significant resources are needed to eliminate malaria by 2030**
>
> " Member States are particularly impacted by the global financial crisis and will be unable to sustain existing levels of essential malaria interventions—especially in 2026. Malaria faces at least a **$1.5 billion USD budget gap** just to sustain basic malaria services, especially for vector control.
>
> Countless experiences across Africa tell us that malaria comes roaring back when funding stops and interventions cease. We foresee significant upsurges in cases and deaths—particularly amongst vulnerable populations like pregnant women and children—unless urgent action is taken. **An additional $5.2 billion USD** is needed annually to make progress towards elimination and another **$11 billion USD annually to support climate adaptation** in the Health Sector" ALMA, 2023 Malaria Progress Report, page ii

9.6   Trends and Forecast in NTD Expenditure

Nearly 40% of the world's NTD cases are in Africa, while the continent spends a disproportionately smaller amount on NTDs than the rest of the world. The WHO estimates that missed productivity due to NTDs is costing Africa US$33 billion a year; yet, with prudent investment, Africa may probably realise US$25 for every dollar invested. Nonetheless, there are hopeful and favourable spending patterns for the few AU countries that have statistics on NTD expenditure in their National Health Accounts (NHA). In the few countries where expenditure figures on NTDs are available, it is envisaged that this trend will continue until 2030.
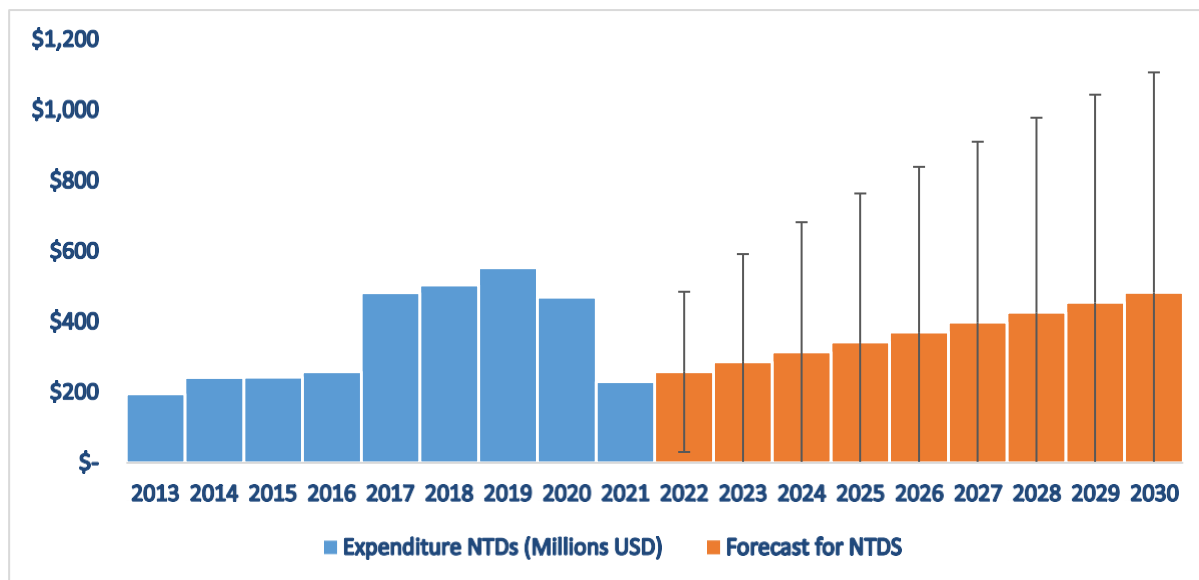

Figure 16: Trends in NTD Expenditure and forecast 2013 – 2030

Between 2024 and 2030, an additional US$5.6 billion is needed to eradicate NTDs in Africa. This investment is expected to massively improve coverage in mass treatment; morbidity management and other activities that are required to reach elimination, such as vector control or WASH. This additional financing will also go towards the reduction of dependence on donated drugs and the support to manufacturing of drugs by AU countries. Additionally, Africa needs to deal with the scourge of

pandemics and hence must pledge to contribute at least 1% of its GDP to pandemic financing. Over the following seven years, this would raise at least US$55 billion for pandemic preparedness.

9.7   Trends and forecast in NCDs Expenditure

The WHO Best Buys for effective management of NCDs requires that every country in LICs and LMICs invest an additional US$0.84 per year, per person.
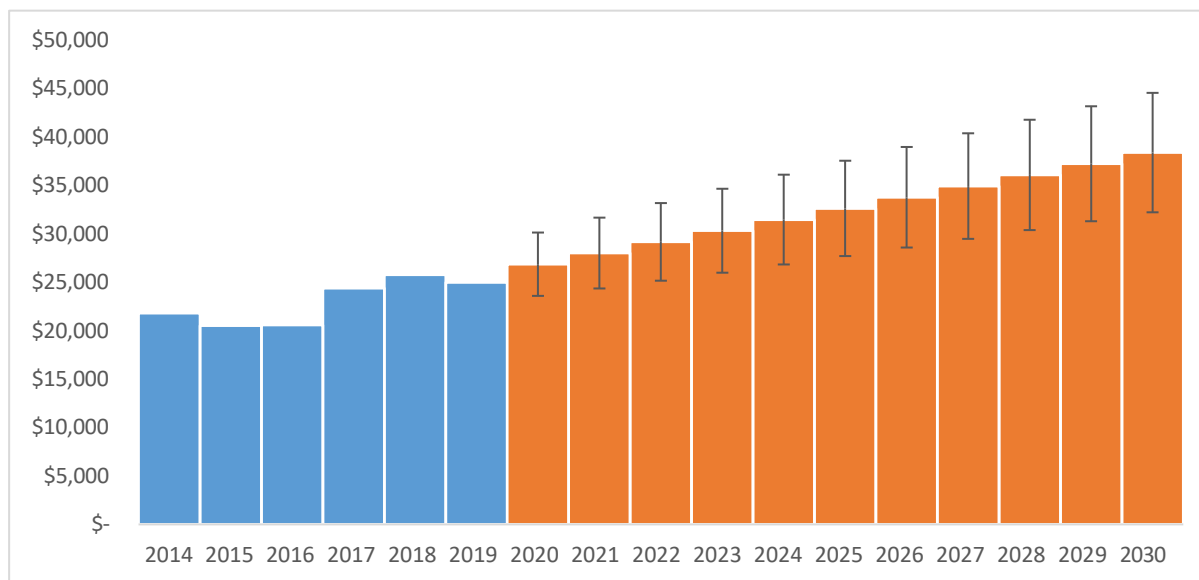

Figure 17:Trends in NCDs Expenditure and Forecast 2014 – 2030

Africa requires an additional US$14 billion for the next 7 years to reduce NCDs and move towards achieving Universal Health Coverage and Sustainable Development Goal 3.4. This cost reflects the budget projection designed to support sustained efforts in NCD prevention and control, factoring in the gradual changes in implementation scales and the varying financial capacities of the countries involved.

9.8   Trends and forecast in RMNCAH expenditure

Lack of smart and sustainable investments in reproductive, maternal, neonatal, child, and adolescent health (RMNCAH). Despite making up less than 15% of the world's population, maternal, neonatal, and child mortality rates are greatest in Africa. AU countries' efforts to lower maternal mortality to less than 70 deaths per 10,000 live births and newborn and under-five mortality to less than 12 and 25 per 1000 live births have been hampered by underinvestment in human resources, availability and access to at least the vital and essential medications, lifesaving vaccines, and equipment. Although there is a dearth of information on RMNCAH in the GHED, the graphs below illustrate trends in spending for the countries where data is available. These trends reveal inconsistent and variable spending. Current annual expenditure is estimated at US$30 billion, which is far less than the US$42 billion required annually.
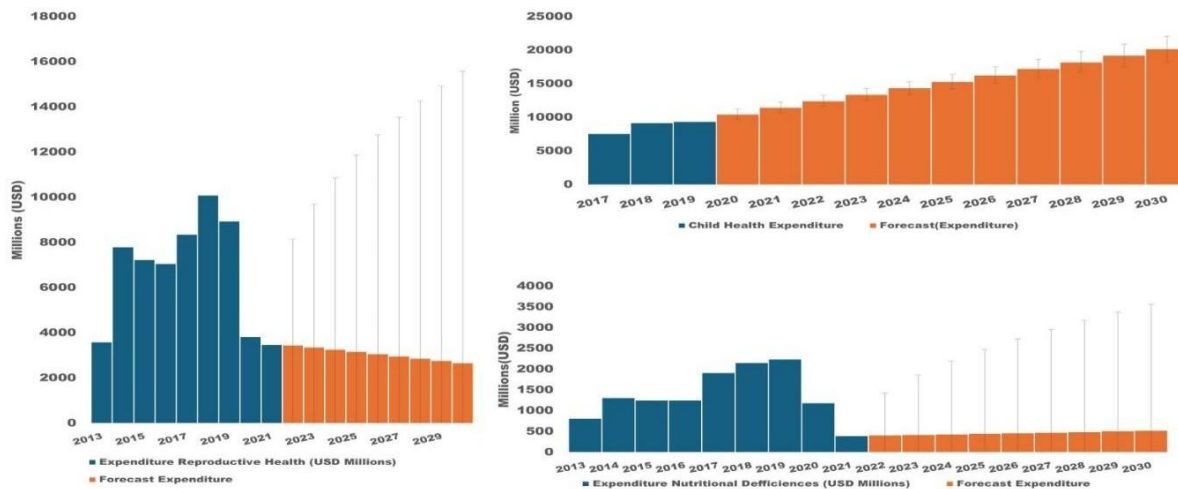
Figure 18:Trends in RMNCAH Expenditure and Forecast 2013 – 2030

The accomplishment of the RMNCAHN SDG targets has also been impacted by a lack of coordination and efficient execution commitments. AU countries still dedicate less than 15% of their domestic public resources to health, as was shown in prior sections. This has also been exacerbated by vertical programming has resulted in cross-programmatic inefficiencies, and funding is still severely fragmented due to a lack of coordination.

To sustain RMNCAH in Africa an investment of at least US$295 billion will be required between 2024 and 2030. Most of this investment will go towards human resources, health products and health systems strengthening.
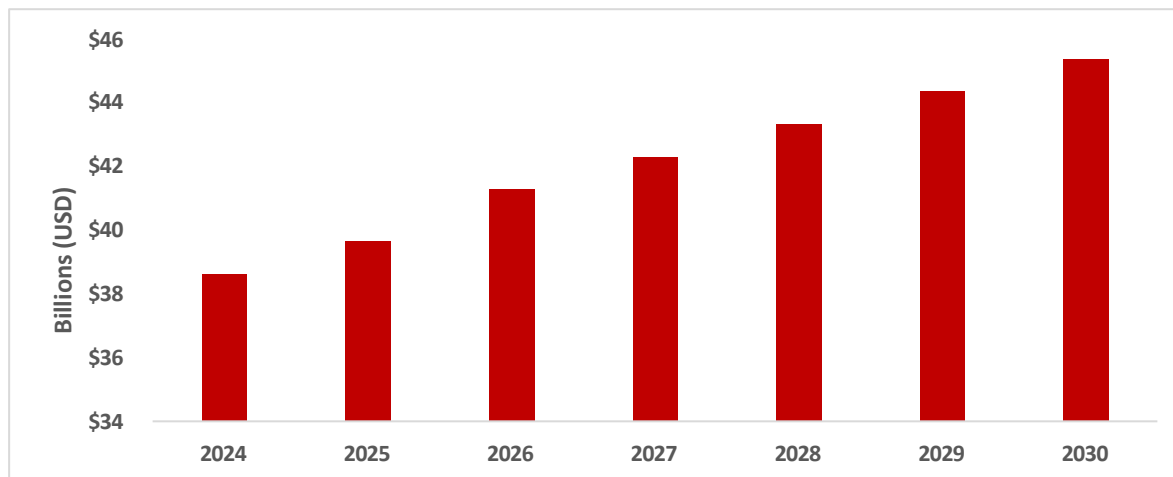

Figure 19: Resource needs for RMNCAH 2024 - 2030

These estimated resource needs are in line with the Maputo Plan Action 2016-2030 which recognised that SRH and RR "*… must be built into and on an effective health system with sufficient infrastructural, financial and human resources and that SRH&RR interventions will be impeded until the crisis in these is resolved. It is therefore essential to mobilize domestic resources to support health programmes including complying with the Abuja commitments".* Thus, funding for RMNCAHN will go towards high-impact initiatives that address all types of discrimination and vulnerability, including gender and geographic disparities, and also specifically target youth and vulnerable women who are particularly vulnerable, as well as groups of displaced people, migrants, and refugees.

9.9 Estimated Costs by Strategic Pillar

Between 2024 and 2030, African Union countries are expected to spend at least US$1.145 trillion. This would leave a US$180 billion shortfall needed to cover the US$1.325 trillion estimated cost of the AU Roadmap, eradicate AIDS, and TB, and eliminate malaria, STI and Viral Hepatitis, NTDs as threats to public health and to improve management of NCDs and RMNCAH by 2030. Most of the funds would be required for programmes that target equity, vulnerable populations, adolescents, women, and the youth, as well as for service delivery, and access to medications, immunisations, and diagnostics.
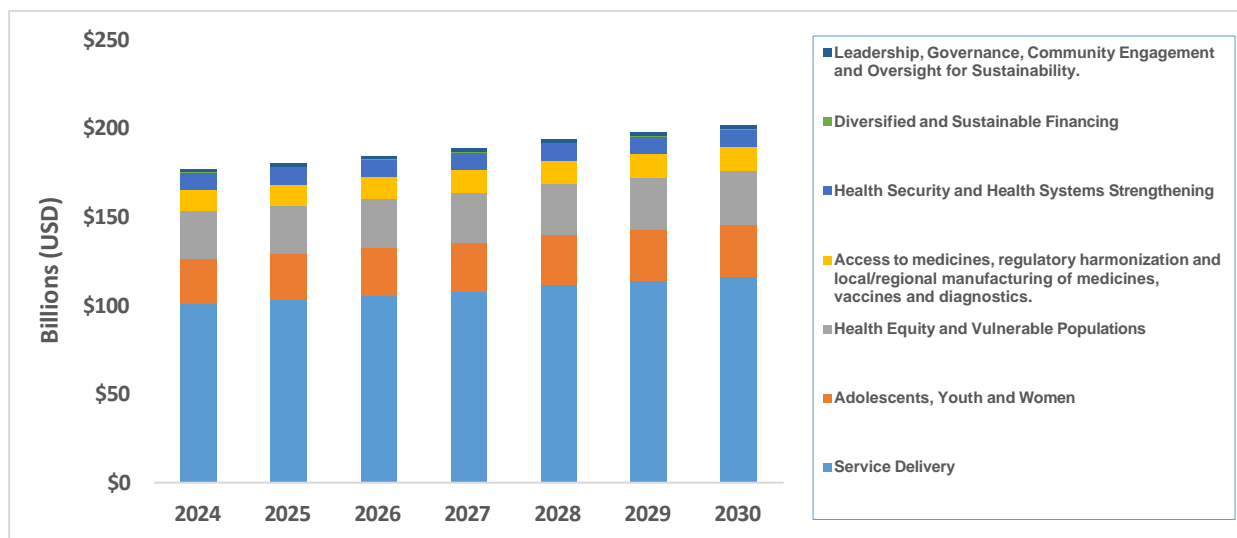

Figure 20: Estimated Resource Needs by Strategic Pillar 2024 – 2030

To address all the priority areas under the proposed seven strategic pillars and end the triple threat of HIV and AIDS, tuberculosis, and malaria, eradicate NTDs and manage RMNCAHN, and NCDs, and prepare for future pandemics, the AU countries will need to spend a minimum of US$1.325 trillion between 2024 and 2030. In addition, by purposefully building health infrastructure, this investment aims to reduce disparities and strengthen health systems as well as establish manufacturing hubs for medications, diagnostics, and supplies.

Strategic Pillar	Priority Areas	Estimated Resource Needs 2024-2030
1.Adolescents, Youth and Women	• Strengthening HIV Prevention and Treatment for Adolescents, Youth, Women and Vulnerable Populations • Holistic Empowerment for Sexual and Reproductive Health Among Adolescents, Youth, and Women • Tackling Non-Communicable Diseases (NCDs) and addressing Mental Health Challenges Among Adolescents and Youths • Comprehensive Youth Empowerment for Health and Well-being	**US$194 billion**

Strategic Pillar	Priority Areas	Estimated Resource Needs 2024-2030
	• Leveraging Innovative Communication for Health Promotion • Community Systems and Responses	
2.Health Equity and Vulnerable	• Reducing Health Disparities and Strengthening Healthcare Systems • Social Innovation and Entrepreneurship for Inclusive Health Systems • Addressing Social Determinants of Health • Vulnerable Populations to HIV, TB, and Malaria • Enact Policy and Regulatory Environment Reforms	**US$198 billion**
3.Access to medicines, regulatory harmonization and local/regional manufacturing of medicines, vaccines, and diagnostics	• Establish regional manufacturing hubs and promote local production capacity. • Enhance regulatory harmonization and define the role of continental entities. • Implement regional procurement frameworks to shape the demand market and provide financial support and innovative financing mechanisms	**US$90 billion**
4.Health Security and Health Systems Strengthening Pillar requires at least	• Health Sector Planning, Leadership, and Governance • Health Financing and Financial Management Systems • Health Information, Monitoring, and Evaluation Systems • Health Workforce and Quality of Care • Laboratory Systems Strengthening • Health Products • Global Health Security	**US$68billion**
5.Diversified and Sustainable Financing	• Enhance domestic resource mobilization and advocate for the inclusion of services for HIV, TB, malaria, STIs, viral hepatitis, NCDs, NTDs, and other pandemics in social health insurance • Strengthen international collaborations and foster partnerships between the public and private sectors • Prioritize prevention interventions and enhance allocative efficiency to achieve diversified and sustainable financing for HIV, TB, Malaria, STIs, Viral hepatitis, NCDs, NTDs, and other pandemics • Prioritize monitoring and evaluation of sustainability, and support research and innovation to support diversified and sustainable financing for HIV, TB, Malaria, STIs, Viral hepatitis, NCDs, NTDs, and other pandemics	**US$2.9 billion**
6.Leadership, Governance, Community	• Enhance leadership and governance by mobilizing leaders at all levels	**US$12.6 billion**

Strategic Pillar	Priority Areas	Estimated Resource Needs 2024-2030
Engagement and Oversight for Sustainability	• Enhance oversight to ensure sustainability, improve efficiency, optimize value for money, and actively involve AUDA-NEPAD and RECs in governance and oversight • Promote the integration of health system strengthening by aligning with national systems • Empower communities through governance and advocacy initiatives to address barriers to accessing essential services	
7.Health Service delivery	• Prevention, Treatment, care and support for HIV, TB, malaria, STIs, viral hepatitis, NCDs, NTDs, RMNCAH and other emerging pandemics. This support includes medicines and supplies costs for all the prioritised cost-effective prevention, treatment and care interventions.	**US$760.2 billion**

Table 2: Summary of Strategic Pillar by Estimated Resource Needs 2024 –2030

9.10 Sustaining Financing of the AU Roadmap to 2030

1.Increase fiscal space for health. To sustain the financing of the AU Roadmap, AU countries need to create more fiscal space for health by exploring the 5 sources of expanding fiscal space.

- Improving the macroeconomic conditions (GDP growth) and ensuring greater domestic revenue mobilisation and tax administration;
- Prioritising health within the government budget;
- Taxes earmarked for health and other health sectors specific resources;
- Official Development Assistance (ODA) (including aid and debt relief);
- Efficiency improvements in health, which decrease the resources required.

2.Political Commitment: The governments of the African Union are becoming more politically committed to addressing the health problems that their nations face. Many commitments and frameworks have been made. The 2011 UN Political Declaration on HIV and AIDS: intensifying Our Efforts to Eliminate HIV and AIDS by the international community, the 2012 African Union Roadmap for Shared Responsibility for AIDS, TB, and Malaria, and the Abuja Declaration of 2001 all show the increased political commitment towards country ownership, efficiency, and sustainable financing.

3.Increasing domestic funding: Africa bears the brunt of the world's illness burden yet contributes less than 2% of global spending. Increasing domestic resource mobilisation should be the primary goal of AU countries' health financing agendas if they are to develop robust health systems. African countries are required by African Agenda 2063 to devise plans for funding their healthcare systems as emphasised in the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030:

"Various commitments by African governments including the Abuja Declarations have recognized the need to invest in health for sustainable development. To achieve the Agenda 2063 and SDGs health outcomes, Member States should fully implement their costed National Strategic Plans for the three diseases to ensure efficient utilisation of the allocated resources. African countries should continue to champion true transformation and a paradigm shift towards optimal domestic financing for health and diversifying sources of financing." Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030 Pg.13[26].

The earmarking of domestic taxes and other non-tax revenue streams are examples of intentional strategies that support the establishment of new domestic funding streams in AU countries. These strategies are necessary to generate domestic financing. Taxes on harmful goods and services could be some of the best, most feasible and publicly favourable examples of tax initiatives.

4. Reduce out-of-pocket expenditures, increase financial risk protection, and reduce fragmentation to achieve universal health coverage. Many AU countries continue to rely on individual/private household funding for health. Such health systems that are heavily privatised are likewise thought to be less efficient than those that are public, therefore, to increase efficiency, AU countries should work to lessen fragmentation and transition to publicly supported, unified health systems[27].

5. Promote the integration of health services and improve cross-programmatic efficiencies. AU countries should vigorously promote the integration of services and reduce programmatic fragmentation and vertical programming. This will not only generate efficiency gains for the countries but will also reduce demand side costs and increase access to care and utilisation of health services.

6. Improving Infrastructure in Africa: The "Strategy for Quality Health Infrastructure in Africa 2022 – 2030"[28] by the African Development Bank estimated in addition to the current expenditure of about US$4.5 billion, AU countries will need an estimated US$26 billion annually to finance new health facilities. The ADB proposed an ambitious plan to finance several initiatives, with particular emphasis on "greenfield" and "brownfield" investments. In addition, the G7 leaders established the Partnership for Global Infrastructure and Investment (PGII) in June 2022 intending to raise hundreds of billions of dollars to construct high-quality, long-lasting infrastructure, which includes enhancing and modernizing health system infrastructure and promoting global health security. Since January 2021, DFC has provided more than $253 million to initiatives aimed at enhancing pandemic preparedness and health system resilience in Africa as part of its Global Health and Prosperity effort and in support of the PGII effort. Additionally, DFC aims to fund qualified private sector initiatives that increase the region's capacity for producing pharmaceuticals, diagnostics, and ancillary supplies in developing nations, primarily in Africa.

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[26] Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030

[27] Jordi E, Pley C, Jowett M, *et al*. Assessing the efficiency of countries in making progress towards universal health coverage: a data envelopment analysis of 172 countries. *BMJ Global Health* 2020;5:e002992. doi:10.1136/ bmjgh-2020-002992

[28] African Development Bank: Strategy for Quality Health Infrastructure in Africa - 2022-2030

AFRICAN UNION (AU) ROADMAP TO 2030 & BEYOND

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