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UNIÃO AFRICANA

Addis Ababa, ETHIOPIA   P. O. Box 3243   Tel: (251 11) 550 4988   Fax : (251 11) 550 4985
Website: www. africa-union.org

Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa By 2030

Stride towards sustainable health in Africa

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1.   Introduction

The African continent has made significant progress in responding to AIDS, TB and Malaria since the 2000 Abuja Declaration on Roll Back Malaria and 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases.

Highest-level Political Leadership to End AIDS, TB and Malaria

The African leadership has demonstrated strong and sustained political commitment to end these three major public health threats on the continent since 2000.

2000 - The **Abuja Declaration on Roll Back Malaria in Africa** committed Africa to undertake health systems reforms to eliminate malaria **2001 -** The Abuja Declaration declared the AIDS epidemic as a state of emergency on the continent. It also pledged to allocate 15% of the national budgets to health by 2015.	**2003** The **Maputo Declaration on Malaria, HIV/AIDS, TB and Other Related Infectious Diseases** reaffirmed Abuja Commitments and noted the significant progress made in mobilising resources to respond to the three diseases.	**2006** The **"Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa"** reinforced action by AU Member States against the three diseases. The Abuja Call translated political declarations into concrete action.
2010 In 2010, a five-year review of the "Abuja Call" acknowledged the progress achieved while recognising the need to address the remaining gaps. The Call was thus extended to 2015 to coincide with the end of the MDGs	**2012** Heads of State and Government adopted the **AU Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria** Response to further advance the fight against the three diseases.	**2012** **AIDS Watch Africa** revitalised as an Africa-led instrument to stimulate leaders into action and mobilise the resources needed to address AIDS, TB and Malaria in an effective, sustainable and accountable manner.
2013 In the "**Abuja + 12 Declaration"** the African Heads of State and Government committed to key actions towards the elimination of AIDS, Tuberculosis and Malaria in Africa by 2030.	**2014** **The Luanda Declaration** by African Ministers of Health came up with key commitments including Universal Health Coverage; African Medicines Agency; Preventing NCDs; MNCH, Africa CDC and Accountability mechanisms to assess progress.	**2015** The Abuja Call and AU Roadmap reviewed and extended to 2030.

As a result of the leadership and support from many stakeholders, Africa is leading the world in expanding access to antiretroviral therapy, with 10.7 million people on ART, up from fewer than 100,000 in 2002 – a more than 100 fold increase. As a result, AIDS-related deaths fell by 48% between 2005 and 2014. Similarly, new infections declined by 39% between 2000 and 2014, and since 2009, there has been a 48% decline in new HIV infections amongst the 21 priority countries of the Global Plan. Malaria incidence in children aged 2–10 years fell from 26% in 2000 to 14% in 2013, a relative decline of 48%. This drop was more pronounced in regions of stable transmission with a reduction from 35% to 18% for the same period. Between 2000 and 2015, the estimated number

of cases per 1000 persons at risk of malaria declined by 42% in Africa south of the Sahara. Malaria mortality rate on the continent declined by 66% during the same period.**Error! Bookmark not defined.** Africa's TB treatment success rate reached 86% in 2013. Similarly the case detection rate had slightly improved at 52% as Africa outpaced other regions in determining the HIV status of all people with TB.

Despite the significant progress, Africa still confronts the world's most acute public health threats. AIDS remains one of the leading causes of death in Africa, killing 800,000 people on the continent in 2014, and an estimated 1.4 million people were newly infected with HIV in 2014. An African child still dies almost every minute from malaria. The TB response will need to reach about 1.3 million people in Africa. It is in this context of the fragile gains and enormous unmet challenges that African leaders, in the 2013 Abuja Declaration, committed to accelerate efforts to control and end AIDS, tuberculosis and malaria in Africa by 2030.

The African Union (AU) Agenda 2063 [1] aspirations, as well as the Sustainable Development Goals (SDGs) provide new opportunities to accelerate efforts to end the three diseases and strengthen health systems. The multi-sectoral response to the three diseases has highlighted the inter-linkages between development priorities across Agenda 2063 and the SDGs. By building on current achievements, adapting approaches to a rapidly changing landscape, the response to the three diseases has the potential to mobilise the resources needed, invigorate leadership and promote accountability. This will provide the foundation towards the achievement of universal health targets to end the three diseases as public health threats.

2.   Situational analysis

2.1 Why a Catalytic Framework Now?

Despite the significant progress made in implementing the Abuja Call and the health-related Millennium Development Goals (MDGs) many African countries have missed the targets. Pervasive levels of poverty, inequality and weak health systems are among the major factors that impact on many African countries' ability to achieve universal health coverage and respond effectively to disease emergencies. The interrelationship between national economic dynamics and access to health as well as delivery should be emphasised. African countries need to continue on a path to sustained economic growth to increase their Gross Domestic Product, which will ultimately result in more resources being provided to strengthen health systems and to achieve universal health.

The 2013 Abuja Declaration[2] accords priority to the area of health in the Post-2015 Development Agenda and the AU Agenda 2063. The Declaration sets the targets of ending AIDS, TB and Malaria in Africa by 2030. It further highlights the importance of fully implementing the AU Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa. Furthermore, it supports the reinforcement of the policy environment and regulatory systems, including active cooperation among Member States to boost investment in the local production of quality essential medicines.

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[1] Agenda 2063 Framework Document, The Africa We Want-"A Shared Strategic Framework For Inclusive Growth And Sustainable Development & A Global Strategy To Optimize The Use Of Africa's Resources For The Benefit Of All Africans".
[2] Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria- Abuja Actions Toward the Elimination of HIV and AIDS, Tuberculosis and Malaria in Africa by 2030".

The framework directs the AU Commission, the UN system and other development partners to cooperate with Member States for implementation of these commitments.

Subsequently the AIDS Watch Africa (AWA) Decision[3] of the AU Assembly in June 2015 in Johannesburg requested the Commission working with the New Partnership for Africa's Development (NEPAD) Agency and in consultation with Member States and partners to develop a "Catalytic Framework" detailing milestones towards ending AIDS, TB and malaria in line with the Abuja +12 targets. The Decision further requested the Commission to work in consultation with Member States and partners to develop accountability framework with clear targets and indicators to monitor and measure progress.

The objective of the Catalytic Framework is to intensify the implementation of the Abuja +12 commitments by building Africa-wide consensus on the key strategic actions within the context of the existing targets and milestones.

The Catalytic Framework is aligned with the set goals and targets in the Sustainable Development Goals (SDGs)[4] and AU Agenda 2063. These reflect the interdependence and complexity of a changing world, and the imperative for global collective action. By shifting from development for the poorest countries to sustainable development for all, the global agenda has expanded its scope. As a set of indivisible goals, the SDGs provide all stakeholders with a mandate for integration of efforts. The Catalytic Framework places the vulnerable populations at the centre of the proposed accelerated actions towards sustainable development.

The Agenda 2063 framework adopted by the African Union Assembly in 2015, guides the continent towards a common focus in the developmental and political evolutionary process for Africa's growth. Agenda 2063 articulates the AU's 50 year vision and is based on seven aspirations derived from extensive continental consultations. These are (1) a prosperous Africa based on inclusive growth and sustainable development; (2) an integrated continent, politically united, based on the ideals of Pan Africanism and the vision of Africa's Renaissance; (3) An Africa of good governance, respect for human rights, justice and the rule of law; (4) a peaceful and secure Africa (5) An Africa with a strong cultural identity, common heritage, values and ethics; (6) an Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children; and (7) Africa as a strong, united, resilient and influential global player and partner. The health track is embedded in the first aspiration under goal 3- healthy and well-nourished citizens. Africa's development framework, Agenda 2063 includes the following health targets- access to quality basic health care and services; maternal, neo-natal and child mortality rates; HIV/AIDS, malaria and TB; child stunting and malnutrition; Africa Centres for Disease Control; African Medicines Regulatory Harmonisation and domestic financing for health.

2.2 Force Field Analysis

The force field analysis deepens understanding of the environment that informs decision making through identifying positive and negative forces affecting social change.

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[3] Decision on the Report of the AIDS Watch Africa (AWA) Doc. Assembly/AU/14(XXV)

[4] Transforming our World: the 2030 Agenda for Sustainable Development: Resolution adopted by the General Assembly on 25 September 2015 A/RES/70/1

The development of this "Catalytic Framework" is informed by this approach as shown in the table below:

Positive forces (Driving)	Negative forces (Restraining)
• The 2013 Abuja Declaration **renewed commitments with the historic target of ending three diseases by 2030;**	• Low submission by AU Member States of their progress reports on Abuja Commitments;
• **The** 2001 **Abuja 15% target galvanises all AU Member States to a common target of Domestic Financing for Health;**	• Low adherence to Abuja 15% target, Member States varying economic status levels;
• **Political will, strong governance and leadership demonstrated;**	• Health Systems remain weak by international standards;
• **Health systems are being strengthened;**	• Health programmes in Africa are largely dependent on Official Development Assistance , thus threatening sustainability;
• **Universal health access/coverage principle**s **inform health policies of African countries;**	• Health service delivery is generally constrained by inadequate availability and allocation of resources;
• **Domestic Financing for Health is gradually increasing in Africa;**	• Lack of adequate resources and poor adherence compromise response efforts;
• **Biomedical responses** and technological advancements **to** respond to the **three diseases advance**d significantly **in the past** fifteen years**;**	• Funding for research an innovation is not prioritised;
• **Socio-cultural approach for response to three diseases has been researched and evidence is available;**	• Uptake of social and behaviour change communication is relatively low and lack consistency;
• **Partnerships under the principle of Shared Responsibility and Global Solidarity have gained momentum.**	• . Intra-Africa cooperation lags behind and most partnerships are still largely drawn outside Africa.
• Regional integration is creating more opportunities for cross-border and cross country collaboration in addressing the three diseases.	• Significant barriers remain in addressing cross-border and cross-country access to universal health access.
• Governments are working on creating conducive environment for promoting gender equality and equity.	Women and girls are disproportionately affected by conflict and post conflict situations that increase their vulnerability to the three diseases and lack of access to health services.

3. Contextual analysis

Contextual analysis highlights the broader socio-political, economic and technological environment within which the framework is developed.

Category	Factor	Effect
Political	The highest political stratum in Africa – the AU Assembly requested the development of the Catalytic Framework;	High level ownership and political commitment has firmed up;
Economic	The Africa Arise narrative is yielding positive economic spin-offs. Today the bank balance of many countries is healthier due to economic growth seen by Africa in the recent past;	As economies grow, domestic financing for the three diseases is expected to increase. The robust rate of economic growth will enable national revenues to increase, providing space for countries to augment domestic health spending.
	Exponential growth rate of Foreign Direct Investment (FDI) into the continent continues to facilitate the expansion of fundamentals of growth such as health, education, information and communications technology as well as public infrastructure in Africa.	The investment approach pioneered by the AIDS response, which aims to ensure that finite resources achieve maximum impact, is increasingly being taken on board to accelerate gains on other global health and development issues.
Social	Inequalities remain high in Africa with very high scores on the Gini index [5]. Notwithstanding, communities have benefited from the response to the three diseases. Reports record significant progress in service delivery, promoting universal health coverage, services, commodity access and security;	Unprecedented expansion of core service delivery, access to testing, prevention and treatment at community level is unmatched; health access inequalities have declined dramatically;
	Harnessing Africa's youthful population is a compelling case for development post 2015. Africa recognises that the youth bulge needs to be translated into a demographic dividend and is putting relevant policies in place;	The youth bulge is being translated into an engine for rapid economic production and development by providing youth entrepreneurial skills, access to financial access, decent jobs and participation in decision making.
	Gender equality is superseding patriarchy giving way to entrenchment of women and girls right to health and social protection.	Gender transformative policies, programmes and campaigns adopted continue to influence attitude change. Women and girls empowerment and development improve equitable access to health services, livelihoods and economic opportunities and amplify their voices.
Technology	Significant technological advancement in the clinical and diagnostics have contributed to quality health care. Most African countries already have access to high quality, rapid-turnaround laboratory services for key diagnostics. Pharmaceutical manufacturing capacity is steadily increasing due to technology transfer through north to south and south-south cooperation.	Countries increasingly recognise the long term goal of sustaining access to health through advancing Africa's local production. Innovation, research and development has created new opportunities for strengthening health service delivery. Technology supporting primary health care and biotechnology to strengthen clinical services is on the increase thus affording infected people better health services.

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5 Gini index is a measure of statistical dispersion intended to represent the income distribution of a nation's residents, and is the most commonly used measure of inequality.

4. Principles underpinning the Catalytic Framework[6]

The following principles are critical success factors for the successful implementation of this framework:

- African leadership and ownership of development strategies and accountability for implementation are the foundation of success.

- The state has a central role to play in development.

- Effective development partnerships are essential, as is co-ordination and collaboration between communities, governments and development partners.

- Health is both a social and an economic asset that should be invested in and prioritised by governments.

The core health sector values underpinning this Catalytic Framework are:

- Health and access to quality affordable health care is a human right;

- Health is a developmental concern requiring a multi-sectoral response;

- Equity in health care is a foundation for all health systems;

- Effectiveness and efficiency is central to realising the maximum benefits from available resources;

- Evidence is the basis for sound public health policy and practice;

- New initiatives will endeavour to set standards that go beyond those set previously;

- Solidarity is a means for facilitating universal access;

- Overcoming socio-cultural and economic barriers to accessing services;

- Prevention is a very cost-effective way to reduce disease burden;

- Investing in health is productive;

- Diseases know no Boundaries hence cross border cooperation in disease management and control is required.

5. Strategic Framework

Vision
Africa free of AIDS, tuberculosis and malaria

Overall Goal
To end AIDS and tuberculosis and eliminate malaria in Africa by 2030

Objectives

- To eliminate malaria incidence and mortality, prevent its transmission and re-establishment in all countries by 2030;
- To end the AIDS as a public health threat by 2030;

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6 Adapted from the Africa health strategy (2007)

- To end TB deaths and cases by 2030.

6.   Business model– Investing for Impact

Within each country investing for impact should place a specific focus on increasing domestic health financing with a specific focus on these three major disease burdens in Africa. To invest for impact we should ensure that available resources are targeted where the disease burden is highest.

Strategic information that stratifes disease incidence and prevalence at national, district and community levels is critical in enabling appropriate targeting of interventions and more effective investment.

Specifically investing for impact on AIDS, TB and Malaria consists of three strategic investment areas (each with clear catalytic actions).

- Strategic investment area one: Health systems strengthening;
- Strategic investment area two: Generation and use of evidence for policy and programme interventions;
- Strategic investment area three: Advocacy and capacity building.

6.1. Strategic investment area one: Health Systems Strengthening

Catalytic actions

Prioritise and scale up the following elements of health systems to catalyse actions to end the three diseases:

- Health Management Information Systems (HMIS) and surveillance through data quality monitoring and improvement;
- QoC monitoring/improvement aimed at enhancing the ATM CM systems;
- Procurement and supply management systems audit and strengthening;
- Strategic & operational planning strengthening at national/district levels;
- Resource mobilisation, management, absorptive capacity monitoring and improvement.
- Provision of appropriate technologies and equipment.
- Health workforce training, deployment and retention.

6.2 Strategic investment area two: Generation and use of evidence for policy and programme interventions

Catalytic actions
Prioritise generation and use of evidence for catalysing actions to end the three diseases through:

- Regular household surveys for HIV; TB and Malaria;

- Annual data peer review and surveillance strengthening meetings at various levels;
- Development and dissemination of annual country outlook based on available data with focus on tailored interventions based on evidence;
- Annual, mid-term and end-term programme reviews;
- Special studies and operational researches including drug and vector resistance; monitoring and vector bionomics studies;
- Documentation and dissemination of best practices;
- Strengthen reporting and availability of data for National Health Accounts including government allocated funds, donor & private sector contributions.

6.3 Strategic investment area three: Advocacy and capacity building

Catalytic actions

Prioritise catalytic actions that create an enabling environment and build competencies to end the three diseases through:

- Champion sustainable political will, ownership and accountability;
- Training of health workers in key priority areas including stratification and programme management;
- Development and adoption of appropriate implementation guidelines and tools;
- Consultative and information sharing platforms for health workers;
- Development and adoption of appropriate norms and standards.

7. Strategic approaches to the Catalytic Framework

Increased investment in health systems is critical for ending AIDS, TB and eliminating Malaria. Member States should therefore ensure that all pillars of their health systems discussed below operate optimally. Member States should foster synergies in the health system pillars to attain equity, efficiency, access including coverage, quality including safety, and sustainability.

7.1 Leadership, country ownership, governance and accountability

While Africa has achieved significant progress in responding to the three diseases in the last 15 years, political commitment needs to remain a key priority. Governments should reinforce leadership, ownership, integration, governance and management of disease programmes to promote accountability. Coordination and planning within national, regional and continental platforms should be strengthened through a multi-sectoral approach.

7.2 Universal and equitable access to prevention, diagnosis, treatment, care and support

Universal health access is a fundamental human right and should be equitably accessible and affordable. While talking into consideration structural and operational barriers to achieve universal access, countries should accelerate the implementation of comprehensive policies, multi-sectoral approaches and strengthened health systems to

protect the poor and the vulnerable. Member States should accelerate efforts toward universal and equitable quality health services including social protection for people of all ages. Countries should address cross border barriers related to the three diseases to ensure universal access to services.

7.3 Access to affordable and quality assured medicines, commodities and technologies

The pharmaceutical industry in African countries is not fully developed and is highly heterogeneous with a wide range of quality standards and regulations to which firms adhere. In order to strengthen and sustain the African pharmaceutical industry, African Union Member States should prioritise investment, regulatory harmonisation, creating an enabling environment for local production, and addressing weak market integration. Member States should build in-country essential skills in manufacturing and management through technology transfers and south-south and north-south cooperation. Regional Economic Communities should serve as regional platforms for information sharing and for implementing the AU Model Law[7]. This includes enforcement of standards, building capacity and promoting greater regional legislative and regulatory harmonisation.

7.4 Health financing

Various commitments by African governments including the Abuja Declarations have recognized the need to invest in health for sustainable development. In order 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 paradigm shift towards optimal domestic financing for health and diversifying sources of financing.

7.5 Community participation and involvement

Community-based strategies have the potential to improve access and utilisation of comprehensive services that result in improved quality of life. Member States increase efforts to empower communities as agents of change for their own health. African countries should support the development of community driven systems to expand health service delivery in particularly hard-to-reach areas in the context of leaving no one behind. Member States should integrate and mainstream community health systems into the national system.

7.6 Research and development & innovation

Health research provides the tools and evidence for effective policy and decision making at all levels. African countries should intensify research aimed at strengthening preventive and curative measures to curb the spread of the three diseases in line with the Abuja +12 commitments. African countries should increase investments in research and innovation[8] to address the health needs of the continent. Governments should strengthen collaboration with universities and research institutions to enhance innovation and evidence informed policies and programmes.

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[7] African Union Model Law on medical Products Regulation and Harmonisation in Africa
[8] The AU STISA requires Member States to allocate 2% of the national budget to research and development

7.7 Promotion of human rights and gender equality

Inequalities based on gender and vulnerable populations are widespread in many African countries despite various efforts to address the situation. African countries should foster respect, promotion and protection of human rights with particular focus on women and girls. Governments should accelerate efforts to address all forms of violence, stigma, discrimination, social exclusion and ensure access to services for key populations and vulnerable groups.

7.8 Multi-sectoral collaboration and coordination

Strong partnerships and collaborative initiatives for health and development influenced by the spirit of shared responsibility and global solidarity have resulted in significant progress in AIDS, TB and malaria responses. However, there is need to harmonise priorities of recipient countries with those of donor countries to avoid conflicting focus in programme implementation. Member States should champion all-inclusive partnerships in areas of programming, management and equitable access to health. More emphasis is needed in strengthening partnership with the private sector with a particular focus on public private partnerships. Strengthening South-South cooperation and alliances towards ending the three diseases remains critical.

7.9 Strategic information

Accountability mechanisms are critical to ensure that AIDS, TB and malaria related commitments and results are realised. Strengthening national data management systems, civil registration and vital statistics at various levels is a prerequisite for measuring results and improving equity in health. Governments should strengthen evidence informed mechanisms in response to the three diseases at various levels.

8. Roles and Responsibilities

Strong coordination and management structure for the catalytic framework is critical for the attainment of the set strategic objectives through strengthened collaborative partnerships among the different stakeholders. The African Union and its stakeholders play the following roles and responsibilities in the implementation of the Catalytic Framework:

8.1 The African Union Commission

The African Union Commission will coordinate the operationalisation of the Catalytic Framework. This will include strategic advocacy with the AU organs and key policy makers on the continent and beyond. The Commission will support resource mobilisation, monitoring and evaluation, dissemination of good practices and harmonisation of policies and strategies.

8.2 Regional Economic Communities and Regional Health Organisations

Regional Economic Communities (RECs) and Regional Health Organisations (RHOs) will facilitate the provision of technical support to Member States to ensure a coherent and coordinated approach to the implementation of the Catalytic Framework. RECs and

RHOs will support countries in monitoring and reporting of this framework and promote accountability. The RECs and RHOs will continue supporting advocacy, development and management of cross-border and cross-country initiatives and projects.

8.3 Member States

Member States will take overall responsibility, ownership and leadership for the coordination of AIDS, TB and malaria responses. This will include aligning AIDS, TB and malaria strategic plans with the Catalytic Framework and implementation and reporting at country level. They will also provide an enabling environment for broad based participation of all stakeholders. National governments will undertake the mobilisation of adequate domestic resources for the implementation of the framework. Parliaments will continue to provide legislative oversight, budget appropriation, expenditure tracking, promoting accountability and representing constituencies.

8.4 Partners

In line with the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, partners will align their financial and technical assistance and cooperation plans with national priorities for implementation of the Catalytic Framework. Various partners will support countries in the development of policies, normative guidelines, strengthening M&E systems, and investment frameworks for AIDS, TB and malaria responses in Africa.

8.5 Role of academic and research Institutions

The African and global malaria, TB and AIDS research community shall be responsible for generating and sharing evidence for programming. This includes data on epidemiology, socio-cultural aspects, economics, health systems as well as support for knowledge generation and its translation to policy, practice and innovation.

8.6 Communities

Communities are increasingly becoming change agents in health care and service delivery. Community health systems are being integrated into public health systems at country level and health coverage is expanding. Communities are expected to strengthen ownership in health programmes including in psycho-social support, adherence to treatment and case management.

8.7 Non-Governmental Organisations, Civil Society Organisations and Faith Based Organisations

Non state actors play an important role in supporting the implementation of policies and advocating for accountability and community mobilisation. Besides these traditional roles non-state actors should play an increasing role in strategic information, capacity development and resource mobilisation to address the three diseases.

9. Funding the catalytic framework implementation

In order to meet the funding requirements of the Catalytic Framework there is a need to build on the progress made in the implementation of the AU Roadmap. Pillar one of the AU roadmap stresses the need to develop country-specific financial sustainability plans with clear targets. This includes ensuring that partners meet existing commitments and align funding with Africa's priorities. Identifying and maximising opportunities to diversify funding sources to respond to the three diseases remains vital. The resource mobilisation strategy for the implementation of the Catalytic Framework is aligned with

Africa's Agenda 2063 funding framework. The framework emphasises a paradigm shift towards African led initiatives for funding disease responses. To finance the Catalytic Framework attention will be paid to the following:

9.1 Domestic Financing

Emphasis will be placed on increasing domestic financing for health including innovative mechanisms in line with African Union and global commitments. Ensuring value for money through cost effective interventions is recommended in areas such as surveillance, reporting, procurement, and supply chain management. Results-based financing at the local level should be used to leverage more resources thus contributing to health systems strengthening. Private-public partnerships are critical in unlocking further resources and delivering health. Other potential sources of funding for increased financing at country level include tobacco and alcohol tax, airport levy, bonds and trust funds.

9.2 International Financing

The international community is expected to honour commitments to strengthen health systems and finance the three diseases in Africa. This includes enhancing grant mechanisms to countries from the Global Fund, Global Financing Facility (GFF), and other multilateral and bilateral donors. It is the responsibility of recipient countries to strengthen accountability processes, governance and absorptive capacities.

10. Estimated costs of ending the three diseases

10.1 Estimated costs of ending AIDS in Africa[9]

According to the UNAIDS Fast Track the resources required for the AIDS response in Africa will increase from 14 billion in 2015 to 20 billion by 2020. The cost is expected to decrease gradually to 18 billion by 2030.

10.2 Estimated costs of TB control in Africa[10]

Stop TB Partnership estimates that between 2016 and 2030Africa's TB response will cost…

10.3 Estimated costs of Malaria elimination in Africa

Based on the costing projections of the Global Technical Strategy (GTS), the 2015 estimate of the 15 year costs for malaria elimination in Africa is $66 billion[11]. At a fixed 2013 population at risk of malaria in Africa[12] of 800 million applied to each year, the per capita investment required each year will rise from USD 3 in 2016 to USD 7 in 2030.

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[9] UNAIDS, Strategy for 2016-2021: *Fast Tracking to Zero, 3 August 2015*

[10] Global Tuberculosis Report, 2014 and the Global Technical Strategy for Malaria
[11] Global Malaria Technical Strategy
[12] Africa Malaria Strategy

11. Implementation plan

The implementation plan outlines the diseases specific targets and milestones to operationalise the Catalytic Framework. The plan is attached hereto as annex 1.

12. Monitoring and Evaluation of the Catalytic Framework

Assessing progress in addressing the three priority diseases in Africa requires strong national and regional M&E mechanisms. In accordance with the milestones of the implementation plan an M&E framework will be put in place to track progress. The framework will benefit from the existing accountability mechanisms attached as Annex 2. In line with the AU Statutory meetings and as part of the AU accountability, the progress report on implementation of the Catalytic Framework will be considered by the Specialised Technical Committee on Health, Population and Drug Control every two years.

Annex 1: Implementation plan

1. **Proposed targets and milestones for the catalytic framework implementation plan**

AIDS[13]

A. VISION		
An Africa free of AIDS		

B. GUIDING PRINCIPLES		
1. National ownership and involvement of all key stakeholders at various levels; 2. Universal access to HIV services; 3. Protection and promotion of human rights; 4. Adaptation of the Catalytic Framework and targets at country level, with regional and global collaborations.		

C. GOAL		
End AIDS as a public health threat by 2030[14]		

D. OBJECTIVES, MILESTONES AND TARGETS		
	Milestones and Targets	
Objectives	**2020**	**2030**
1. **Reduce AIDS-related deaths**	**Less than 375,000 per year with a treatment coverage of 90-90-90**	**Less than 150,000 per year with a treatment coverage of 95-95-95**
2. **Reducing New HIV infections**	**Less than 375,000 per year**	**Less than 150,000 per year**
2.1 EMTCT	Less than 40,000 infections in children and mothers well[15]	Zero infections in children and mothers well
2.2 Young People	90% of young people are empowered with skills to protect themselves from HIV	All young people are empowered with skills to protect themselves from HIV
2.3 Men and women	90% of men and women have access to HIV combination prevention and SRH services	All men and women have access to HIV combination prevention and SRH services
2.4 Circumcision	27 million additional men in high prevalence settings are voluntarily medically circumcised	
2.5 Key Populations	90% of key populations have access to HIV combination	All key populations have access to HIV combination

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[13] Global AIDS Strategy

[14] Defined as reducing AIDS-related deaths and new HIV infections to less than 10% of 2010 baseline levels

[15] Based on full implementation of Global Plan and reduction of infections from MTCT by 90% compared to 2009 levels

	prevensions services	prevensions services
3. End Discrimination	**90% of PLHIV and at risk of HIV report no discrimination especially in health, education and workplace settings**	**All PLHIV, key populations and other affected populations fully enjoy their HIV-related rights**
3.1 Discrimination in Health Settings	90% of PLHIV and at risk of HIV report no discrimination in healthcare settings	All PLHIV and at risk of HIV report no discrimination in healthcare settings
3.2 HIV Related Discriminatory Laws, Policies and Regulations	No new HIV-related discriminatory laws, regulations and policies are passed; 50% of countries that have such laws, regulations and policies repeal them.	No new HIV-related discriminatory laws, regulations and policies are passed; All countries that have such laws, regulations and policies repeal them.
3.3 Full access to justice	90% of PLHIV, key populations and other affected populations who report experiencing discrimination have access to justice and can challenge violations.	All PLHIV, key populations and other affected populations who report experiencing discrimination have access to justice and can challenge rights violations.
3.4 Gender violence	90% of women and girls live free from gender inequality and gender-based violence to mitigate risk and impact of HIV.	All women and girls live free from gender inequality and gender-based violence to mitigate risk and impact of HIV.
3.5 Social protection	75% of PLHIV and at risk or affected by HIV, who are in need, benefit from HIV-sensitive social protection.	All PLHIV and at risk or affected by HIV, who are in need, benefit from HIV-sensitive social protection.

E. STRATEGIES

Objectives	Strategies
Objective 1: Reduce all AIDS-related deaths Objective 2: Reducing New HIV infections Objective 3. Discrimination	1. Increase coverage of antiretroviral treatment to achieve 90-90-90
	2. Eliminate new HIV infection in children and keeping mothers alive
	3. Increase access to Combination Prevention Services including HIV and SRH services to young people, men and women, and key populations.
	4. Address HIV and human rights, gender inequality, and offer HIV-sensitive social protection

F. STRATEGIC DIRECTIONS AND APPROACHES

1. Ensure political commitment and ownership;
2. Strengthen strategic information;
3. Increase domestic and international financing for AIDS
4. Support community ownership

5. Health Systems Strengthening to ensure Universal Health Coverage	
6. Address HIV and Human Rights Issues	
7. Enhance research and innovation to end AIDS	
8. Strengthen HIV interventions for cross-border and cross-country populations	

Tuberculosis[16]

A. VISION
An Africa free of tuberculosis

B. GUIDING PRINCIPLES
1. Government stewardship and accountability, with monitoring and evaluation
2. Strong coalition with communities and civil society organizations
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the Catalytic Framework and targets at country level, with regional and global collaborations

C. GOAL
To end TB deaths and cases by 2030.

D. OBJECTIVES, MILESTONES AND TARGETS			
Objectives	**Milestones and Targets**		
	2020	**2025**	**2030**
1. Reduce the number falling ill with TB	20%	50%	80%
2. Reduction in number of TB deaths	35%	75%	90%
3. Reduction in TB incidence rate	20% (<85/100 000)	50% (<55/100 000)	80% (<20/100 000)
4. Reduction of TB-affected families facing catastrophic costs due to TB	Zero	Zero	Zero

[16] Global TB Strategy

E. STRATEGIES

Objectives	Strategies
Objective 1: Reduce the number of people falling ill with TB	1. Universal access to TB diagnosis and treatment
Objective 2: Reduction in the number of TB deaths	2. Collaborative tuberculosis and HIV activities
Objective 3: Reduction in TB incidence rate	3. Preventive treatment and vaccination of high risk persons
Objective 4: Reduction of TB-affected families facing catastrophic costs due to TB	4. Political and community ownership
	5. Research, innovation and inter country cooperation for Laboratory testing
	6. Awareness on TB and Infection control

7. PILLARS AND COMPONENTS

1. Integrated, patient-centred care and prevention

a. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups, awareness creation;
b. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support including uninterrupted treatment for free to all patients ;
c. Collaborative tuberculosis/HIV activities, and management of co-morbidities;
d. Preventive treatment of persons at high risk, vaccination against tuberculosis and other determinants of tuberculosis;
e. Develop M&E framework with countries to track progress in the implementation of the Catalytic Framework;
f. Establish forums for interaction and good practices at country, regional and continental levels.

2. Bold policies and supportive systems

a. Political commitment with adequate resources for tuberculosis care and prevention;
b. Engagement of communities, civil society organisations, public and private care providers;
c. Universal health coverage policy, regulatory frameworks for case notification, vital registration; quality and rational use of medicines and infection control;
d. Social protection, poverty alleviation and actions;
e. Advocate for free diagnosis and treatment of TB cases;

3. Intensified research and innovation

    a. Discovery, development and rapid uptake of new tools, interventions and strategies;

    b. Research to optimise implementation and impact and promote innovations.

Malaria[17]

A. VISION
Africa free of malaria

B. GUIDING PRINCIPLES
The following principles will guide the implementation of the Africa Malaria Strategy:

    i. Country ownership and leadership with optimal financial and political commitment as the minimum requirements for accelerating to and sustaining a malaria free future;

    ii. Equity in access to health services, especially for the most vulnerable and hard-to-reach populations; and

    iii. Operationalisation of malaria elimination at district level guided by robust malaria surveillance and response system.

C. GOAL
To eliminate malaria incidence and mortality, prevent its transmission and re-establishment in all countries by 2030

D. OBJECTIVES, MILESTONES AND TARGETS

Objectives	Milestones and Targets[18]		
	2020	**2025**	**2030**
1. To reduce malaria mortality rates to zero in all countries	At least 40%	At least 75%	Zero malaria death
2. To reduce malaria case incidence to zero in all countries	At least 40%	At least 75%	Zero malaria case
3. To eliminate by 2030 in all countries with	At least 8 countries[19]	At least 13 (8+5) countries[20]	In all 47 (13+34) countries[21]

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[17] Africa Malaria Strategy (2016-2030)

[18] Compared to 2015 baseline for all indicators

[19] Algeria; Cabo Verde; Swaziland; Botswana; South Africa; Comoros; Eritrea; Djibouti (+ Zanzibar);

[20] Algeria; Cabo Verde; Swaziland; Botswana; South Africa; Comoros; Eritrea; Djibouti (+Zanzibar) Sao Tome; Namibia; Rwanda; Zimbabwe; Ethiopia

[21] Algeria; Cabo Verde; Swaziland; Botswana; South Africa; Comoros; Eritrea; Djibouti (+ Zanzibar) Sao Tome; Namibia; Rwanda; Zimbabwe; Ethiopia; Benin; Liberia; Gambia; Mauritania; Malawi; Uganda; Kenya; Zambia; Tanzania; Madagascar; Angola; Cameroun; Burundi; Somalia; Burkina Faso; Cote

transmission			
4. To prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented in malaria-free countries[22]	Re-establishment prevented in malaria-free countries	Re-establishment prevented in malaria-free countries

E. STRATEGIES

Objectives	Strategies
Objective 1: To reduce malaria mortality rates to zero in all countries by year 2030 Objective 2: To reduce malaria case incidence to zero in all countries by the year 2030	1. Universal access to malaria prevention, diagnosis and treatment
	2. Transform malaria surveillance into a core intervention
	3. Harnessing innovation and expanding research
	4. Strengthening the enabling environment
Objective 3: To eliminate by 2030 in all countries with transmission in 2015.	5. Acceleration of efforts towards elimination
Objective 4: To prevent re-establishment of malaria in all countries that are malaria-free	6. Malaria-free status maintained in all countries with no malaria transmission in 2015 and all that become malaria-free subsequently

F. STRATEGIC DIRECTIONS AND APPROACHES

Strategic Directions

i. Transformation of current malaria control and elimination efforts into a continental movement aimed at rapid deployment of interventions based on evidence;
ii. Deployment of Africa's resources and infrastructure for malaria elimination operations in all countries and sub-nationalities within a set time.

Strategic Approaches

i. Programme phasing, staging and transitioning consisting of five programme phases;
ii. Evidence based programme stratification and targeting of interventions;
iii. Maximal political commitment;
iv. Optimal community engagement;
v. Proactive stewardship and accountability; and
vi. Development and uptake of new technologies and tools.

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d'Ivoire; Ghana; Niger; Nigeria; Mali; Guinea; Guinea Bissau; Senegal; Sierra Leone; Togo; Equatorial Guinea; Chad; DRC; Gabon; CAR; Congo; South Sudan; Mozambique; Sudan
22 Egypt; Morocco; Saharawi Arab Democratic Republic; Tunisia; Libya; Seychelles; Lesotho; Mauritius

Annex 2: Accountability Mechanisms

	Monitoring and Evaluation Frameworks	Responsible	Status/Frequency
1.	Abuja Call Monitoring and Evaluation Reference Guide	AUC	Needs Review
2.	Africa Health Statistics online platform	AUC	Development ongoing
3.	Member States Country Reports	MS	Annual reporting
4.	Agenda 2063 Measurement Framework under, Aspiration No.1,Goal No.3	AUC	Development ongoing
5.	AU Roadmap M&E Framework	AUC	Annual reporting
6.	WHO Reports	WHO	Annual reporting
7.	UNAIDS Reports	UNAIDS	Annual reporting
8	African Plan on eMTCT	AUC	Bi-annual
9.	ALMA Scorecard on Malaria Elimination	ALMA	Quarterly
10.	Africa Scorecard on Domestic Financing for Health[23]	AUC	Annual
11.	Mid-Term and Final Review Reports of the Abuja Call for accelerated action towards universal access to HIV/AIDS, TB and Malaria services & of the AU Roadmap on shared responsibility and global solidarity for HIV/AIDS, TB and Malaria	AUC	Bi-annual
11.	Documentation of Best Practices	AUC	Annual
12.	APRM Reports	APRM	-

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[23] Currently in progress.

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