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Review of the Abuja call for accelerated action towards universal access to HIV/AIDS, TB and Malaria services & the AU Roadmap on shared responsibility and global solidarity for HIV/AIDS, TB and Malaria

Table of Contents

| | |
|---|-----------|
| EXECUTIVE SUMMARY | 4 |
| 1. INTRODUCTION & BACKGROUND | 6 |
| 2. FINDINGS OF THE ASSESSMENT | 6 |
| 3. CHALLENGES | 14 |
| 4. OPPORTUNITIES | 15 |
| 5. EMERGING ISSUES POST-2015 | 15 |
| 6. CONCLUSIONS..... | 16 |
| 7. RECOMMENDATIONS..... | 16 |

ABBREVIATIONS

| | |
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| ACT | Artemisinin combination therapies |
| AIDS | Acquired Immune Deficiency Syndrome |
| ALMA | African Leaders Malaria Alliance |
| AMRH | African Medicine Regulatory Harmonisation Initiative |
| ART | Antiretroviral therapy |
| ARV | Antiretroviral medicine |
| AU | African Union |
| AUC | African Union Commission |
| AWA | AIDS Watch Africa |
| CSO | Civil Society Organization |
| EAC | East African Community |
| EALA | East African Legislative Assembly |
| ECOWAS | Economic Community of West African States |
| GFATM | Global Fund to Fight AIDS, TB and Malaria |
| HIV | Human Immunodeficiency Virus |
| IPTp | Intermittent preventive treatment for pregnant women |
| ITN | Insecticide treated bed net |
| M&E | Monitoring and Evaluation |
| MDR-TB | Multi drug resistant TB |
| MMC | Medical Male Circumcision |
| NCDs | Non communicable diseases |
| NEPAD | New Partnership for Africa's Development |
| NSP | National strategic plan on HIV |
| PLHIV | People living with HIV |
| PMPA | Pharmaceutical Manufacturing Plan for Africa |
| PMTCT | Prevention of Mother-to-Child Transmission of HIV |
| RBM | Roll Back Malaria |
| REC | Regional Economic Communities |
| RHO | Regional Health Organization |
| SADC | Southern African Development Community |
| SADC PF | Southern African Development Community Parliamentary Forum |
| TB | Tuberculosis |
| TRIPS | Trade-related Aspects of Intellectual Property Rights |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNDP | United Nations Development Programme |
| UNGASS | UN General Assembly Special Session on HIV/AIDS |
| WHO | World Health Organisation |

EXECUTIVE SUMMARY

In 2006, the Abuja Special Summit adopted the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, TB and Malaria (“the Abuja Call”) committing AU Member States to achieving universal access to health care for the three diseases. In 2012 the African Union Commission developed the African Union Roadmap (“the AU Roadmap”) on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response to support African countries to meet their commitments in terms of the Abuja Call by 2015.

This Review identified signs of significant progress across Africa in implementing the targets set out in the Abuja Call and AU Roadmap. Additionally, Africa’s strong economic growth has provided a great sense of optimism for increasing financing for health on the continent that will make disease responses more sustainable.

Health funding has increased substantially since 2001 and 6 Member States, Liberia, Madagascar, Malawi, Rwanda, Togo and Zambia, achieved the Abuja target of allocating 15% of public expenditure to health. Significant progress has been achieved in preventing and treating AIDS, TB and malaria. There was a 33% drop in new HIV infections in the region and a 39% decline in AIDS-related deaths between 2005 and 2013, with antiretroviral therapy reaching over 10 million people by June 2014. The number of TB patients tested for HIV in Africa increased from 3% in 2004 to 69% in 2011 and between 2013 and mid-2014 the number of individuals receiving dual HIV and TB treatment with the support of the Global Fund rose by 38%. Malaria prevention interventions resulted in 8 sub-Saharan African countries achieving declines of more than 75% in the plasmodium falciparum parasite rate and another 14 countries achieving declines of more than 50% between 2000 and 2013.

However Africa remains heavily affected by the three diseases. AIDS remains the major public health threat on the continent killing more than a million people each year. In 2013, there were an estimated 24.7 million people living with HIV in Africa south of the Sahara which is approximately 70% of the global total. Africa has the highest proportion of TB cases co-infected with HIV (39%) and remains the only continent not yet on track to achieve a 50% reduction in TB mortality by 2015. Of the 198 million cases of malaria globally in 2013, 82% were in the African region.

Currently and moving forward post-2015, various challenges remain. Generating sustainable financing for HIV, TB and malaria is critical. A further challenge is the need to strengthen various aspects of Africa’s health systems, including institutional and human resource capacity and access to essential medicines and technologies within broader development frameworks that consider issues such as poverty and food security. Developing protective legal and regulatory frameworks to prohibit discrimination and promote human rights and gender equality for all vulnerable and key populations at higher risk of HIV, AIDS, TB and malaria requires priority support. Post-2015 critical health concerns include managing non-communicable diseases and diseases surveillance and control; responding to the Ebola outbreak and establishing the African Centre for Disease Control and Prevention.

African Heads of State and Government reaffirmed their commitments in the 2013 Abuja+12 Declaration and set new bold targets to end the three diseases by 2030. Recommendations for achieving this vision in 9 key areas are:

- Strengthening **leadership and governance** at various levels;
- Maintaining advocacy and **resource mobilisation** for the three diseases, including for domestic financing for health;
- Promoting **human rights** through enacting protective laws, reviewing punitive laws and strengthening access to justice and law enforcement to protect the rights of vulnerable and key populations;
- **Strengthening health and community systems** for greater efficiency with a focus on integrated AIDS, TB and malaria services;
- Extending the Abuja Call and AU Roadmap 2015 to 2030 for strengthened **prevention, treatment, care and support** for AIDS, TB and malaria;
- Developing national action plans for reliable **access to affordable, quality assured medicines and technologies**;
- Strengthening capacity for biological, clinical and socio-cultural research and development for HIV, TB and malaria;
- Diversifying and strengthening **partnerships** amongst all stakeholders at national, sub-regional and continental level; and
- Strengthening **monitoring, evaluation and reporting** mechanisms for more effective responses.

1. INTRODUCTION & BACKGROUND

The Abuja Special Summit of May 2006 reviewed African Member States' progress in implementing the 2000 and 2001 Abuja Declarations and Plans of Action on HIV, tuberculosis (TB) and malaria. The Special Summit subsequently adopted a renewed commitment to the three diseases with the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, TB and Malaria ("the Abuja Call").

In January 2012 and at the request of the AU, the African Union Commission (AUC) developed the African Union (AU) Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response ("the AU Roadmap") to support African countries to meet their commitments in terms of the Abuja Call and related AIDS, TB and malaria targets by 2015.

This Review identifies Africa's progress in implementing the targets set out in the eleven pillars of the Abuja Call and the three pillars of the AU Roadmap, since 2006. It sets out key lessons learnt, documents remaining challenges and opportunities and identifies recommendations for accelerating action for universal access to HIV, TB and malaria services in the post-2015 development agenda.

2. FINDINGS OF THE ASSESSMENT

The review of the Abuja Call found the following:

Leadership at national, regional and continental level: There are a number of signs of consistently renewed political commitment and strengthened leadership for AIDS, TB and malaria at continental, regional and national level across Africa.

At the continental level, the AU and its Member States have expressed their leadership in the adoption of commitments such as the Abuja Call, various continental health and social policy frameworks, strategies and implementation plans. The AU has mobilised resources and consolidated partnerships and alliances for harmonised responses to AIDS, TB and malaria. An influential advocacy and accountability platform has been created through AIDS Watch Africa (AWA).

At the sub-regional level, regional economic communities (RECs) and regional health organisations (RHOs) have adopted regional expressions of commitment to AIDS, TB and malaria; formed networks and partnerships, mobilised financing and regional support and harmonised responses in laws, policies, plans, programmes and guidelines across Member States in their regions for responding to all three diseases.

At the national level AU Member States have exercised leadership through setting up and providing ongoing political support for national coordinating bodies for AIDS, TB and malaria and increasing sustainable financing for the three diseases.

Resource Mobilisation: The Abuja Call committed Member States to mobilising local resources for sustainable and predictable financing for AIDS, TB and malaria.

Resources for health have more than doubled over the past five years. Domestic investments in health in low and middle-income Member States exceed global

donations for the first time. Domestic government spending in sub-Saharan Africa increased by 32% from 2006 to 2008. Predictability of aid from international donors such as funding from G8 countries through the Global Fund to Fight AIDS, TB and Malaria (GFATM) further contributed to improved responses to the three diseases.

Despite the increase in domestic expenditure, only 6 Member States – Rwanda (24%), Liberia (19%), Malawi (19%), Zambia (16%), Togo (15%) and Madagascar (15%) – have met the Abuja Call target of allocating 15% of their public expenditure budget to health. Another 4 countries – Djibouti, Ethiopia, Lesotho and Swaziland – are slightly below the target. While international investments still remain indispensable, they require complementing with domestic financing from diverse sources and the implementation of cost-effective and efficient national programmes.

Resource mobilisation will remain a critical challenge towards sustaining progress to achieve targets and address health within the new Sustainable Development Goals framework. Key priorities for increased investment include basic prevention programmes, antiretroviral therapy (ART) for HIV and AIDS; increased funding for TB prevention and treatment, particularly costly drug resistant TB and collaborative TB and HIV activities, and increasing funding to achieve and maintain malaria targets.

Protection of Human Rights: The Abuja Call commits Member States to promoting an enabling policy, legal and social environment to reduce vulnerability and promote human rights in the context of AIDS, TB and malaria. At continental, regional and national level, there are signs of strengthened rights-based responses in health law and policy, albeit primarily in response to HIV and less so for TB and malaria.

The AU has emphasised the critical role of protecting human rights in responses to AIDS, TB and malaria over the years. In 2011, AU Member States committed to developing national AIDS strategies that promote and protect human rights, eliminating gender inequalities, reviewing inappropriate laws and addressing the specific needs of vulnerable populations in the United Nations General Assembly Special Session (UNGASS) Political Declaration on HIV. In 2012, the African Commission on Human and People's Rights renewed the mandate of the Committee on the Protection of the Rights of People Living with HIV and those at Risk, Vulnerable to and Affected by HIV, to promote the rights of those affected by HIV in Africa. In 2013, the Pan-African Parliament committed to continue working with legislators to promote rights-based responses to HIV.

Regionally, the East African Legislative Assembly and the Southern African Development Community Parliamentary Forum (SADC PF) have adopted rights-based laws for PLHIV, vulnerable and key populations. The East African Community (EAC) HIV and AIDS Prevention and Management Act was assented to by 3 of the 5 Partner States, Burundi, Kenya and Uganda. The SADC PF Model Law on HIV & AIDS for Southern Africa 2008 guides rights-based HIV law in SADC countries. Additionally, the Economic Community of West African States (ECOWAS) is currently developing a Minimum Legal Framework for HIV for its member states.

At national level, thirty-five Member States report having laws to protect PLHIV from discrimination and almost all countries commit to rights-based responses to HIV and include stigma and discrimination reduction programmes in their NSPs. Countries

across Africa are taking steps to assess their legal and regulatory frameworks for HIV and to review punitive provisions such as those criminalising HIV transmission.

Challenges remain in the continued existence of punitive laws targeting people living with HIV and key populations at higher risk of HIV exposure as well as in the limited response to rights-based issues relating to TB and malaria. Twenty-five countries in Africa still have existing or draft laws criminalising HIV transmission with the most recent enactment in May 2014.

Poverty Reduction, Health and Development: AU Member States recognised and committed to addressing the link between poverty, health and development in the Abuja Call, by integrating AIDS, TB and malaria programmes into poverty reduction strategies and programmes.

To date 42 African countries developed full or interim Poverty Reduction Strategy Papers and by 2013, 28 countries benefited from debt relief under the Heavily Indebted Poor Countries Initiative. However, more is required to address poverty and strengthen social protection for all populations, particularly those populations vulnerable to HIV, AIDS, TB and malaria.

Strengthening Health Systems: Health systems strengthening remains a critical priority in responding to AIDS, TB and malaria in Africa. The AU has shown commitment to health systems strengthening through encouraging Member States to implement the Africa Health Strategy (2007-2015), the Global Health Workforce Alliance Strategy (2013-2016), the Call for Accelerated Action for the Implementation of the Plan of Action Towards Africa Fit for Children and the African Health Initiative. The G8 is actively assisting the AU's efforts. The United States' African Health Capacity Investment Act of 2007 authorised US\$ 650 million over three years for training and retaining health workers and building basic health infrastructure in Africa and to date 22 of 36 eligible African countries received a total of US\$ 300 million from GFATM for health systems strengthening activities. Initiatives currently underway in Member States and regions include the development and accreditation of harmonised health personnel training curricula across countries; health worker training by Ministries of Health and the African Medical & Research Foundation and the integration of services, such as HIV and sexual and reproductive health services and HIV and TB services.

Prevention: AU Member States committed to increasing investments in evidence-based prevention, in particular for young people, women, girls and other vulnerable populations in the Abuja Call. There has been significant progress in scaling up prevention interventions and new infections of HIV, TB and malaria have declined.

In terms of HIV, reports show increased prevention services and facilities for HIV in AU Member States as well as reduced rates of HIV infection. UNAIDS reports that between 2001 and 2013 the incidence of HIV fell by 73% in Malawi, 71% in Botswana, 68% in Namibia, 58% in Zambia, 50% in Zimbabwe, 41% in South Africa and 37% in Swaziland. In Ghana, rates of new HIV infections fell by 66%, 60% in Burkina Faso and 58% in Djibouti, with reductions of over 50% in Central African Republic, Gabon, Rwanda and Togo. The proportion of pregnant women living with HIV who received antiretroviral medicines for prevention of mother-to-child

transmission (PMTCT) has doubled over the past five years, from 33% to 68%. In Botswana, Namibia, South Africa and Swaziland 90% or more of pregnant women living with HIV were receiving PMTCT services. Declines in new HIV infections in children were recorded, but at varying rates. Great strides were made in 21 African countries¹ covered by the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. Botswana appears to have accomplished the goal of virtual elimination of mother-to-child transmission, and South Africa is not far behind at 6% infection rates. However, there is concern over stagnation in prevention services in recent years.

Ongoing challenges include reaching vulnerable and key populations at higher risk of HIV exposure such as young women and girls, sex workers, gay men and other men who have sex with men, people who inject drugs and transgender people. Condom use is still below target in most countries reporting. Access to HIV testing and the scale-up of medical male circumcision (MMC) services remain a challenge.

The number of new TB cases has been decreasing for several years and fell by about 2% between 2010 and 2011. However, Africa is not yet on track to meet the goal of halving TB mortality from 1990 to 2015 and of particular concern is the slow progress towards diagnosis of multi-drug resistant TB (MDR-TB).

Significant progress was made to strengthen preventive measures against malaria, leading to remarkable reductions in incidence rates since 2006. Data from 2012 shows an average incidence rate of 19 200 Malaria cases per 100 000 inhabitants across the 54 AU Member States, down from over 23 000 cases per 100 000 inhabitants in 2010. In sub-Saharan Africa, the proportion of the population with access to an insecticide treated bed net (ITN) in their household increased dramatically from 2005 to 2011. In 2012, in the African region, the proportion of the population at risk that was protected by indoor residual spraying rose from less than 5% in 2005 to 11% in 2010 and 8% in 2012, with 58 million people benefiting from the intervention. A total of 58 countries reported adopting a policy of routine monitoring of insecticide resistance. By the end of 2013, 37 sub-Saharan African countries with moderate to high malaria transmission adopted intermittent preventive treatment for pregnant women (IPTp).

However in 2013 around 278 million people in sub-Saharan Africa lived in households without an ITN, 15 million pregnant women did not receive IPT, and 56-69 million children with malaria did not receive Artemisinin combination therapies (ACT).

Treatment, Care and Support: AU Members States committed to promoting and integrating access to treatment, care and support for AIDS, TB and Malaria in the Abuja Call. Measurable progress was achieved from 2010 to 2014 in terms of access to ART for HIV, the number of TB cases detected and treated and in access to malaria treatment, although challenges remain.

Access to ART has shown significant gains in recent years with corresponding declines in AIDS-related deaths. In sub-Saharan Africa the number of AIDS-related

¹ Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Uganda, United Republic of Tanzania, Swaziland, Zambia and Zimbabwe.

deaths fell by 39% between 2005 and 2013 with major declines in South Africa (48%), Rwanda (76%), Eritrea (67%), Botswana (58%), Burkina Faso (58%), Ethiopia (63%), Kenya (60%), Zimbabwe (57%), Malawi (51%) and Tanzania (44%). However, treatment coverage is 37% of PLHIV in sub-Saharan Africa, with an estimated 67% of men and 57% of women still not receiving ART.

Detection and successful treatment of TB has improved significantly, with the number of TB cases globally detected and treated through GFATM grants having risen by 30% in the 18 months prior to 2014 and the number of MDR-TB patients receiving treatment, by 42%. The number of TB patients tested for HIV in Africa increased from 3% in 2004 to 69% in 2011, and in 2011 46% of TB patients known to be living with HIV were started on ART.

However, notification of new TB cases has stabilised in recent years and significant efforts are required to reach those not detected or not reported to national TB programmes, particularly in the case of MDR-TB where the gap between diagnoses and treatment widened between 2012 and 2013 in several countries. Funding to address treatment gaps is insufficient and integration of TB and HIV services also remains an ongoing challenge.

The continent has made significant progress in diagnosing and treating malaria. By 2011, 41 AU Member States adopted a policy to provide parasitological diagnosis for malaria for all age groups, as against 39 countries in 2010. The number of treatments of ACT delivered to public and private sectors in the world increased from 11 million in 2005 to 278 million in 2011. This resulted in the proportion of children in sub-Saharan Africa with plasmodium falciparum malaria receiving an ACT increasing markedly from less than 5% in 2005 to 9-26% in 2013. Several initiatives and sub-regional Roll Back Malaria (RBM) partnerships across Africa have emerged to increase access to affordable malaria control.

Ongoing challenges include difficulties with supply and distribution of treatment, the ongoing use of mono-therapies to treat malaria in many AU Member States, despite the adoption of ACT treatment policies and the failure to reach targets for treating children below 5 years of age (below 20% of children were treated in 2013 with between 56 million and 69 million children not receiving an ACT.)

Access to Affordable Medicines and Technologies: The Abuja Call committed AU Member States to put in place measures to increase access to affordable medicines and technologies for AIDS, TB and malaria, through appropriate legislation and use of international trade regulations and flexibilities.

There have been important recent developments to harmonise regulation and strengthen the manufacturing of pharmaceuticals for AIDS, TB and malaria in Africa through the support of UNITAID, the creation of the African Medicines Regulatory Harmonisation (AMRH) Initiative, the development of a model law on medicines regulation and the Pharmaceutical Manufacturing Plan for Africa (PMPA), with complementary SADC and EAC pharmaceutical business plans also developed.

The price of first-line antiretroviral medicines (ARV) in low and middle-income countries has decreased substantially with the price of the most widely used first-line

ARVs around 10% lower in price in 2013 than in 2007. The availability of first-line TB medications has significantly improved as have unit prices for diagnostic tools for TB, as a result of innovative market interventions. Similarly, access to affordable malaria treatment has improved through various initiatives including increased production of generic drugs, eliminating taxes on anti-malarials, voluntary pooled procurement of commodities and establishing strict pre-qualification production processes managed by the World Health Organisation (WHO). The establishment of the Affordable Medicines Facility for Malaria Fund, managed by the GFATM with the support of UNITAID, the United Kingdom Department for International Development and other donors has subsidised nearly 320 million doses of ACT to help drive prices down.

Research and Development: The Abuja Call committed AU Member States to promoting ethical research and development of evidence-informed prevention, diagnosis, treatment and surveillance for HIV, TB and malaria. There are some selected examples of important research in the field of HIV, TB and malaria as well as partnerships across the continent, to strengthen research and development.

The AUC is currently working with the WHO Public Health, Innovation and Intellectual Property Team and the WHO Consultative Expert Working Group to identify innovative financing mechanisms for health research and development in Africa. The 2010 launch of the African Network for Drugs and Diagnostics seeks to strengthen national research capacity to address local health needs.

In the field of HIV and AIDS, MMC research has led to the implementation of MMC in 13 priority countries. Research has strengthened evidence that social protection, especially cash transfers to young women and girls can help reduce HIV incidence. Additionally, research confirming the preventive possibilities of ARVs brings hope for the prospect of a preventive microbicide containing an ARV for women in Africa.

In TB research, efforts to develop new TB diagnostics, drugs and vaccines intensified during the past decade. Four countries in East and Southern Africa undertook pilot tests on rapid tests for MDR-TB; based on early research results South Africa is scaling up this approach with other countries in Africa also earmarked for development of the technology. There are 10 new or repurposed anti-TB drugs currently in late phases of clinical development and there were 15 vaccine candidates in clinical trials in 2014. Innovative regimens to treat drug-susceptible TB and MDR-TB and shorten the duration of treatment have shown promising results.

There is continuing collaboration aimed at the development of novel technologies and improving implementation of malaria interventions through initiatives such as the Malaria Vaccines Initiative, the Medicines for Malaria Venture and the Innovative Vector Control Consortium. There are currently 11 clinical trials underway in 7 countries with the most advanced malaria candidate vaccine.

Implementation: AU Member States committed to strengthen and support the implementation of generalized strategic programs against AIDS, TB and malaria at country and regional levels. Across all three disease areas, improvements in policies to promote better preventive measures, deliver more-effective medicines, and increase access to treatment and services has been significant. Progress in general

in relation to HIV and AIDS, TB and malaria, as well as the on-going challenges, were set out above in related sections of this report.

Partnerships: AU Member States committed to supporting partnership mechanisms to coordinate the contributions of stakeholders, from public sector, private sector and civil society at all levels. There is evidence of successful global, continental, sub-regional and national partnerships for HIV, TB and malaria in Africa.

At a global level, critical partnership mechanisms that have helped to mobilise resources and accelerate progress in addressing HIV, TB and malaria include GFATM, the President's Emergency Plan for AIDS Relief, the Stop TB Partnership, the RBM Partnership, UNITAID, WHO as well as the G8 and AU partnership.

At the continental level, the AUC co-ordinates a consortium of partners to facilitate the implementation of the PMPA. AWA has also fostered partnerships between African political leaders, civil society organisations (CSOs), academics and development agencies. With regard to malaria, the African Leader's Malaria Alliance (ALMA) is a coalition of 49 African Heads of State and Government working across country and regional borders to achieve "near zero malaria deaths in Africa by 2015".

Important sub-regional partnerships were established in different countries such as the Esther Programme and the Clinton Health Access Initiative for HIV and AIDS and the Malaria Elimination Group's Southern African Partnership known as 'E8' focussing on regional malaria elimination targets.

At national level, Africa has recognised and responded to the critical importance of working partnerships with CSOs. As of 2012, 48 countries reported the full participation of CSOs, including networks of PLHIV, in the development of NSPs. The private sector has also been an important, if under-utilized partner in HIV responses, with national AIDS Business Councils in many countries providing a platform for their engagement. Since the Abuja Declaration on RBM in 2000, all endemic countries in sub-Saharan Africa established country-based RBM partnerships.

Monitoring, Evaluation and Reporting: AU Member States committed to strengthening monitoring, evaluation and reporting of the three diseases. Subsequently a monitoring and reporting mechanism with target indicators was developed for reporting of the implementation of the Abuja Call.

National HIV monitoring and evaluation (M&E) systems were rapidly scaled up and strengthened with the support of the Joint United Nations Programme on HIV and AIDS (UNAIDS). The reporting framework developed for the UNGASS Political Declaration on HIV/AIDS 2011 has been cited as a model for accountability mechanisms for other diseases – over 90% of high prevalence countries and 50% of North African countries report in terms of this framework. TB surveillance systems tend to be weaker than those developed for HIV, although the existence of a TB monitoring mechanism in 94% of countries is encouraging. Similarly, while improvements have been made in malaria surveillance and M&E and all malaria endemic countries now have functional health information systems, malaria has not experienced gains commensurate with those reported in the case of HIV and AIDS.

The Review of the AU Roadmap found the following:

Progress on Pillar 1: Financing for Health: With sustained commitment and ownership by African leaders, most African countries recognised and responded to the need to diversify and expand funding sources for health generally and HIV specifically to reduce aid dependency. AU Member States have quantified country-level funding gaps and identified policy options to increase domestic resources, resulting in novel approaches in domestic financing for health being adopted. Measures include increased financial commitment by the private sector and the inclusion of malaria and HIV services in health insurance and health financing schemes. However, the contribution of AU Member States remains on average below the 15% target agreed in the Abuja Call.

Progress on Pillar 2: Access to Medicines: Considerable progress has been made to scale up pharmaceutical access and manufacturing, with a particular focus on ARVs and ACT as well as other malaria commodities such as ITNs. The implementation of the PMPA Business Plan and related EAC, SADC and ECOWAS sub-regional plans will further support increased pharmaceutical capacity in Africa.

Progress is also being made in improving regulatory harmonisation across the continent. In 2012, the New Partnership for Africa's Development (NEPAD) began developing an AU model law to harmonise medicine regulation in Africa. The AMRH Initiative, supported by NEPAD, is promoting the establishment of regional centres of regulatory excellence, working through the existing structures of RECs and supporting them to develop or adapt harmonised tools for regulatory activities. The AUC, NEPAD and WHO are also pursuing the creation of the African Medicines Agency to harmonise regulatory frameworks.

At country level, there are various initiatives that have strengthened access to medicines. Some African countries are leveraging on south-south cooperation for the development of pharmaceutical industries. For instance Mozambique's partnership with Brazil involves the development of a new pharmaceutical plant that will produce ARVs for people living with HIV in Mozambique and the region. Tunisia is taking active steps to make the technical capacity of its pharmaceutical industry available for the production of ARVs for Africa. Countries like Kenya, Nigeria, South Africa, Tunisia, Uganda and the United Republic of Tanzania negotiated public-private partnerships that will allow for more rapid prequalification by WHO of locally manufactured essential drugs and malaria commodities. Kenya, South Africa, Uganda and Zimbabwe now produce WHO pre-qualified ARVs. The South African state-owned company Pelchem is embarking on a joint venture with the Swiss Lonza Group to produce antiretroviral APIs by 2016. Nigeria is strengthening regulations in its pharmaceutical market, thereby increasing consumer confidence and decreasing illegal distribution networks. The Kenyan Government has identified pharmaceutical manufacturing as a key industrial sector for development.

Progress on Pillar 3: Leadership, Governance and Oversight: The AUC and organs of the AU, RECs, AU Member States and their partners have provided leadership for the implementation of the AU Roadmap. AWA and the ALMA are also providing leadership for high-level advocacy and accountability on AIDS, TB and malaria responses across the continent. Member States are developing more robust,

inclusive, results-focused national strategies and related investment cases. In addition they are working on streamlining disease coordination and governance with the support of the United Nations Development Programme and other partners to make the best use of limited national human and financial resources. At continental, sub-regional and national level, there are also signs of strengthened protection in law and policy for rights-based responses to HIV, AIDS, TB and malaria. It is critical to continue prioritising human rights-based and gender equality responses by reducing stigma and discrimination, strengthening protection in law and policy, reviewing punitive laws that create barriers to access to services for all vulnerable and key populations, continuing efforts to create enabling legal and regulatory frameworks for access to medicines and strengthening access to justice and law enforcement.

3. CHALLENGES

Ongoing challenges include the following:

Leadership: Co-ordination and harmonisation of partnerships at various levels remain inadequate. A co-ordination and oversight mechanism is required to translate political declarations and commitments to concrete and measureable actions.

Resource Mobilisation: Strengthening domestic financing for health diseases through innovative approaches, remains an ongoing challenge in order to achieve HIV, TB and malaria targets. Dependency on external resources remains high.

Protection of Human Rights: It is critical to ensure the review and adoption of protective laws and the implementation and enforcement of existing protections, in order to promote the rights of all vulnerable and key populations.

Poverty Reduction, Health and Development: Poverty is a major determinant of health in the context of HIV, TB and malaria. It is critical that countries strengthen their responses to poverty, nutrition, food security, mobility and migration.

Strengthening Health Systems: Health systems require strengthening on various levels including human resource capacity, health infrastructure, equipment as well as access to medicines, commodities and services.

Prevention, Treatment, Care and Support for AIDS, TB and malaria need require strengthening to meet the targets and needs of vulnerable and key populations.

Access to Affordable Medicines and Technologies remains a key challenge. Incorporating Trade-related Aspects of Intellectual Property Rights Agreement (TRIPs) flexibilities within national laws will reduce prices of medicines in countries.

Research and Development is required to focus on priority challenges such as ARVs for HIV prevention, pre-exposure prophylaxis and microbicides, new TB and MDR-TB diagnostics, drugs and vaccines and the development of a malaria vaccine.

Implementation: There is a need for evidence that investments are being done in high impact interventions at the lowest cost to ensure efficiency and effectiveness.

Partnerships: Poor or inadequate co-ordination of national, regional and international partnerships remains a challenge.

Monitoring, Evaluation and Reporting remains weak in many countries and is critical to effective implementation.

4. OPPORTUNITIES

Currently, there are a number of opportunities which may be built on moving forward post-2015.

The high-level political commitment to and leadership for the response to AIDS, TB and malaria is important; AU Member States should leverage this commitment to galvanise concrete action, particularly during this period of relatively strong economic growth on the continent and with the existence of strong regional and global partnerships on the continent to respond to AIDS, TB and malaria

Another opportunity exists in the reduction of prices of ARVs and other medicines. The flexibilities contained in the TRIPs Agreement – reaffirmed by the 2001 Doha Declaration – provide important opportunities for further reductions in prices of, and expanded access to, HIV medicines, viral load tests and other diagnostic equipment.

A further opportunity for increasing domestic financing is through integrating health into Environmental Assessments for capital development. Environmental Assessment requires all environmental and social impacts to be addressed in costed mitigation plans - financing health, HIV and related social interventions during and after the execution of large capital projects.

5. EMERGING ISSUES POST-2015

The following are critical issues for the post-2015 health and development agenda:

Non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are responsible for 63% of all deaths worldwide and 80% of NCDs occur in low- and middle-income countries, posing a development challenge for these countries.

The 2014 Ebola Outbreak in West Africa has had serious consequences for the social, political, economic and cultural development of West African countries and on all of Africa, exposing the fragility of Africa's health systems.

Establishment of the African Centre for Disease Control and Prevention was identified as a priority by the AU Heads of State and Government in July 2013 at the African Union Special Summit on AIDS, TB and Malaria. The AU Assembly was requested to collaborate with the Multinational Taskforce in considering the practical modalities for the operationalization of the Centre by mid-2015.

Post-2015 Sustainable Development Goals: The Common African Position on the Post 2015 Development Agenda defines the key priorities for Africa in the new global development framework for improving the health status of people living in vulnerable situations such as mothers, new-borns, children, youth, the unemployed, the elderly and people with disabilities.

Promoting innovation and making smarter investments for greater health returns: AU Member States should use investment tools to improve planning, overcome access barriers and focus services on populations in greatest need. Spending should be prioritised on the most cost-effective interventions with the greatest health impact and efforts should be increased to develop innovative uses of new technology. Rigorous tracking of inputs, costs and health outcomes will be essential to promote greater efficiency. Increased training capacity for health care professionals is another critical investment during this period.

6. CONCLUSIONS

Significant progress has been made in meeting the targets set by both the Abuja Call and the AU Roadmap.

There is clear political commitment and will to achieving universal access to health care for AIDS, TB and malaria. Funding increased measurably in recent years with commensurate gains in impact. Scaling up of proven HIV prevention interventions in high-prevalence countries in Africa resulted in the reduction of new infections; significant progress was made in basic TB control and investments in highly effective malaria preventive interventions coupled with treatment with ACT has led to notable reduction in malaria cases and deaths in some countries.

In spite of the above, the progress made is still insufficient to attain the Abuja target of universal access to AIDS, TB and malaria services by 2015. The 'final push' towards universal access and ultimately ending the three epidemics should be advanced through the intensified implementation of national programmes with the support of the AUC and AU organs, RECs, RHOs, the United Nations and other international partners. Greater emphasis should be placed on longer-term sustainable financing through efficiency gains and mobilising greater domestic resources. Future efforts by the AU Member states and its partners to sustain and accelerate progress in the response to AIDS, TB and malaria should be grounded in human rights, gender equality and solidarity with marginalised and key populations.

7. RECOMMENDATIONS

The AU Roadmap and the Abuja Call should be integrated, operationalised and extended to 2030 in a final effort to end AIDS, TB and malaria. The following aspects of the Abuja Call and AU Roadmap require prioritised commitment post-2015:

Leadership and governance: Member States should further strengthen leadership and co-ordinated governance mechanisms through greater involvement of sectors such as members of parliament, cities, and the private sector. National policies and strategies should be harmonised with regional and continental policy instruments. The AUC, in close collaboration with the Pan-African Parliament and the NEPAD

Agency, should support African leaders and civil society to dialogue on issues of common interest and work towards ratification, domestication and monitoring of AU policy frameworks and decisions.

Resource Mobilisation: Member States should further strengthen advocacy and resource mobilisation for the three diseases including increased domestic resources with middle-income countries moving towards self-financing. Member States should promote global solidarity with increased donor funding directed towards low income countries. This should be aligned with efforts to increase the use of innovative financing methods and seeking value for money, efficiency and strategic investments through efficient implementation of high impact interventions in relevant populations and health systems strengthening.

Protection of Human Rights Member States should continue to protect and prioritise rights-based responses to AIDS, TB and malaria in law and policy, access to justice and law enforcement, with a particular focus on protecting human rights, promoting gender equality and on removing barriers to universal access for vulnerable and key populations at higher risk of HIV exposure.

Poverty Reduction, Health and Development: Member States should continue promoting effective, targeted poverty reduction strategies including stigma and discrimination reduction programmes and social protection programmes to mitigate the impact of the three diseases on vulnerable and key populations.

Strengthening Health and Community Systems: Member States should further strengthen health systems and community service delivery to improve efficient and integrated AIDS, TB and malaria services. Training of health workers and rigorous tracking of inputs, costs and health outcomes is essential to increased efficiency.

Prevention, Treatment, Care and Support: Member States should expand access to focused, high impact prevention interventions for all three diseases with a focus on key locations, key interventions, key populations and rights-based responses.

Access to Affordable Medicines and Technologies: Member States should accelerate development and implementation of national action plans to ensure reliable access to affordable and quality-assured medicines and health-related commodities. The recommendations of the PMPA and AU Roadmap for promoting local production of pharmaceuticals, harmonising regulatory practices and measures for efficient procurement and supply-chain management should be fully implemented.

Research and Development: Member States should commit to continued investment in research and development capacity for improved AIDS, TB and malaria responses. The AUC should advocate for closer collaboration between governments, partners, private sector and research institutions to develop a cure for HIV and vaccines for HIV, TB and malaria.

Partnerships: The AUC and Member States should further diversify and strengthen partnerships with civil society, the private sector and the international community to advance the agenda of shared responsibility and global solidarity for responding to HIV, TB and malaria.

Monitoring, Evaluation and Reporting: Member States should strengthen mechanisms and strategies to prevent, detect, and treat all confirmed cases of HIV, TB/HIV co-infection, MDR-TB and malaria, to improve M&E at country level as well as at regional level to RECs and the AU. The AUC should enhance M&E and accountability mechanisms through requiring regular reporting from Member States and RECs every 5 years and overseeing the implementation of the policy instruments, in alignment with the post-2015 health and development agenda.