

AIDS Watch Africa

Strategic Framework (2016-2030)



Table of contents

1. FRAMEWORK SUMMARY	4
2. BACKGROUND	5
3. SITUATIONAL ANALYSIS	6
3.1. Africa's HIV situation	6
3.2. Africa's malaria situation	8
3.3. Africa's TB situation	8
4. LESSONS LEARNED FROM AWA STRATEGIC FRAMEWORK (2012-2015)	10
5. STRATEGIC FRAMEWORK	10
5.1. Vision	10
5.2. Mission	10
5.3. Objectives	10
6. AWA THEORY OF CHANGE	11
7. PRINCIPLES OF THE AWA STRATEGY	12
8. STRATEGIC OUTCOMES	12
8.1. Stronger Leadership and Governance	12
8.2. Increased Political Support and Ownership	12
8.3. Developed and Disseminated Information for Action	12
8.4. Established Accountability and Oversight for Results	12
8.5. Mobilisation of an Effective Response & Sufficient Resources	12
9. STRATEGIC PILLARS	13
9.1. Develop Bold Policies; Coordinate Implementation of Catalytic Framework and Supporting Systems	13
9.2. Forge Strategic Partnerships and Multisectoral Approach	13
9.3. Foster Health Financing Strategic Initiatives and Accountability	13
9.4. Deploy Strategic Information and Strengthen Public Communication	14
9.5. Institutionalization of AWA	14
10. AWA STRATEGIC ENABLERS	15
11. ROLES AND RESPONSIBILITIES	15
12. TOWARDS THE "AFRICA WE WANT" – MILESTONES AND TARGETS TO END ATM BY 2030	16
13. AWA IMPLEMENTATION FRAMEWORK	17

1. Framework Summary



This strategic framework focuses on specific high impact interventions that will galvanize Heads of State and Government to act

This Strategic Framework is the foundation for AIDS Watch Africa (AWA) to achieve its goal to: “Work, together with our partners, to catalyze transformative action that solidifies our evidence-based advocacy, data-driven accountability and resource mobilization to end AIDS, TB and Malaria by 2030.” Building on lessons learned, success stories, AWA will strategically focus on what advocacy and resource mobilization efforts will significantly move the needle on ending AIDS, TB and Malaria to bring Africa to the 2030 goal. To do so, AWA must obtain high level Africa-wide stewardship and accountability, strengthen its relationship with partners and Member States and redouble its advocacy work to raise awareness and ensure that decisions made are decisions kept. Through these efforts and approaches, AWA will advance the vision 2063 of the African Union of “An integrated, prosperous and peaceful Africa, driven by its own citizens and representing a dynamic force in international arena”.

AWA will continue to dedicate itself to highlighting people-centered solutions that demonstrate measurable results to encourage Heads of State and Government to make critical choices about sustainable health financing as it relates to AIDS, TB and Malaria and extends to universal health coverage. AWA's advocacy work will be focused on making the most compelling evidence-based case on why smart investments will end the three diseases if used efficiently and create stronger and resilient health systems that will have positive impact in reducing the impact of infectious and non-communicable diseases and put Africa on the road to achieving universal health coverage and achieving Agenda 2063, Africa's broader socio-economic and structural transformation blueprint.

This strategic framework focuses on specific high impact interventions that will galvanize Heads of State and Government to act. One consistent intervention across all three-disease platforms is prevention and treatment. Prevention is key to closing the tap of new infections, while treatment is measurable, an excellent advocacy tool and, obviously indispensable in working to reach 2030 goals. A “Treat to Defeat” message frame would allow AWA to have a simple, clear message that also works with other priorities including prevention, access to medicines, health systems strengthening, gender equality and value for money. Delivering essential prevention and treatment strategies will require innovative approaches to link services with the hardest-to-reach who are at risk of being left behind, including through the recruitment, training and deployment of 2 million community health workers. It will also require stronger engagements of communities, those affected and an increased attention to the structural, legal and human rights barriers to effective responses.

Finally, AWA's advocacy, resource mobilisation and promotion of accountability will be based on targets derived from the Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030. AWA will release periodic reports on progress being made in meeting the 2020, 2025 and 2030 goals, to raise awareness and hold leaders accountable.

2. Background

AIDS Watch Africa (AWA) was created during the 2001 Abuja Summit on HIV/AIDS, TB and Other Related Infectious Diseases. Eight Heads of State and Government established AWA as the arm of the AU focused on African-led advocacy and accountability to press for the urgent acceleration of action to combat the AIDS epidemic. AWA's mandate was expanded to include Malaria and TB during its revitalisation in 2012. During the Millennium Development Goals (MDGs) era, the AWA platform changed the Africa response to HIV/AIDS, TB and Malaria from traditional biomedical and behavioural approaches and catapulted it to transformative enablers focusing on diversified health financing, access to affordable and quality assured medicines, leadership, governance and accountability as the path to universal access to health.

AWA's unique mandate empowers it with a role as a convener, directly leveraging the highest-level leadership of the AU Member States into action. Across the globe, there is compelling evidence and proof that top political leadership is paramount to build and sustain actions to defeat AIDS, TB, and Malaria. AWA has a "seat at the table" and occupies a distinct space in global health. AWA is recognised as a historic triumph of Africa's visionary leadership on health development and governance. The platform has played an influential advocacy role by increasing resource allocation to health in countries and mobilising global resources including the establishment of global institutions supporting programmes in AIDS, TB and Malaria. These programmes include the Global Fund to Fight AIDS, TB and Malaria, established in 2002, which has had a profound effect on reducing the incidence of these three deadly diseases. AWA's role in working with Heads of State to provide financial resources to the Global Fund continues to help the Fund leverage global contributions during its replenishment cycles.

AWA has been critical in helping to catalyse implementation of successive Abuja Declarations (2000, 2001, 2006, 2013) committing to sustained actions to end AIDS, TB and Malaria as public health threats. AIDS Watch Africa is now a statutory structure of the African Union with all African Heads of State and Government attending its meetings annually to deliberate on key policy issues to promote resource mobilisation, accountability and follow up action. The AIDS Watch Africa Statutory meetings provide a platform for forging partnerships to define continental policies, share best practices and monitor implementation. In order to effectively implement continental policies and Heads of State and Government decisions AIDS Watch Africa has established a collaborative framework with all the key AU organs, Regional Economic Communities, Regional Health Organisations, Civil Society, the private sector and development agencies including UN entities who all participate in the African Union coordination forums for the development, joint planning and review of the implementation of continental policies.

AIDS Watch Africa advocacy at the Global level including continued engagement with major donor governments through working with global advocacy constituencies in the United States of America, Europe and Japan contributed to the successful USD15 billion ask to the Global Fund. Furthermore, through continental advocacy efforts with

Member States African countries contributed USD32 million to the 5th Global Fund Replenishment. AIDS Watch Africa has led advocacy efforts on health financing on the continent including the development of the Africa Scorecard on Domestic Financing for Health. The Africa Scorecard is being utilised in ongoing advocacy efforts to increase domestic investment in health and promoting and strengthening financial planning for the health sector in countries. AIDS Watch Africa has commissioned various studies on health financing and used various public information channels to improve information sharing on the continental response to AIDS, TB, Malaria and the broader health and development agenda.

These efforts are aligned with the Africa Health Strategy (2016-2030) that seeks to strengthen health systems and achieve universal health coverage and the Catalytic Framework that provides a business case, milestones, strategic approaches and targets to end these three diseases. The Catalytic Framework places an emphasis on investing for impact where the disease burden is greatest. The three key strategic investment areas are health systems strengthening, generation and use of evidence for policy and programme interventions and capacity building. Moreover, the AWA Strategic Framework is in sync with the UN's Sustainable Development Goals, which also calls for the end of these deadly diseases by 2030.

More broadly Africa's long term development strategy, Agenda 2063, prioritises health and well-nourished citizens in its first ten year implementation plan and sets key goals for the three diseases including reducing the 2013 incidence of AIDS, TB and Malaria by at least 80% by 2023 and reducing the 2013 proportion of deaths attributable to HIV/AIDS, TB and Malaria by at least 50% by 2023. Agenda 2063 also fosters health systems strengthening.

The Agenda 2030 for Sustainable Development emphasizes an approach of prioritizing the most vulnerable in leaving no one behind. It seeks to build synergies between sustainable development goals and targets. The linkage between social protection and the Sustainable Development Goals and targets, particularly target 3.3—by 2030 end the epidemics of AIDS, tuberculosis, malaria, neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases—presents a major opportunity for co-programming of HIV, social protection and broader development agenda. Social protection programmes that provide safety nets for vulnerable people across the Sustainable Development Goals (SDGs) are essential to meet these goals.

The AWA Strategic Framework (2016-2030) presented here builds on the Africa-led progress in advocacy, resource mobilisation and accountability in responding to the triple scourge of AIDS, TB and Malaria and works to implement the ultimate vision of the Africa Health Strategy and the Catalytic Framework to end the three diseases by 2030.

Overall, this Strategic Framework is designed to provide greater focus to AWA's work by basing advocacy, accountability and resource mobilization specifically on what interventions (i.e. treatment) will have the greatest impact on Africa's AIDS, TB and Malaria efforts without leaving certain sections of people behind.

3. Situational Analysis

3.1. Africa's HIV situation

Africa has made remarkable progress in the AIDS response with 12.1 million people on ART by 2015 in Africa, up from less than 100,000 in 2002. As a result, AIDS-related deaths decreased by 49% between 2005 and 2014. New HIV infections in Africa declined by 43% between 2000 and 2015, and since 2009, there has been a 59% decline in new HIV infections among children in the 21 priority countries of the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive (Global Plan). In addition, TB-related deaths in people living with HIV have fallen by 20% since 2004.

Nonetheless, significant challenges remain. At the end of 2015, there were 25.5 million [23.0 million – 28.4 million] people living with HIV in Africa. In 2015, there were an estimated 1.4 million [1.1 million – 1.6 million] new HIV infections, approximately 66% of the global total of new infections. Approximately 800,000 [650,000 – 980,000] people died of AIDS-related causes in Africa south of the Sahara in 2015. TB remains the leading cause of death among people living with HIV.

It is evident that while true progress has been made, there is still more work to be done. New infections have not declined fast enough in recent years, facilitated by the insufficient scale up prevention programmes and inadequate investments in getting people on treatment. Young people, women and girls on the continent are disproportionately infected with and affected by HIV. And violence against women and girls, especially in conflict and post conflict situations continues to be a major contributor to contracting HIV. More women than men are living with HIV in Africa. Stigma and discrimination and addressing HIV and human rights is critical to ensuring that no one is left behind in accessing HIV services. Progress continues to be undermined by various factors such as weak health systems including inadequate human resources for health, weak drug and commodities supply chains, insufficient quality control, inadequate integration of HIV services with tuberculosis, MNCH, Hepatitis B, Hepatitis C, Cervical Cancer and other health and development services, as well as structural challenges including stigma and discrimination, including in health care settings. The number of people on ART will need to reach 20 million in Africa, per the commitments of the 2016 UN Political Declaration on HIV/AIDS.

Challenges remain for children, adolescents and young people. In 2015, 1.6 million children under the age of 15 years in Africa were living with HIV, with 330 new HIV infections and 250 deaths every day. However, only 49% of the children needing treatment were actually receiving it, in large part because only 49% of HIV-exposed infants received early infant diagnostic services within the first two months of life as recommended. HIV is also the main cause of adolescent deaths in Africa and in 2015 alone, 670,000 young people between the ages of 15 to 24 were newly infected with HIV.

We have witnessed great success in financing the AIDS response, but a projected US\$14.8 billion will be necessary

to reach all African countries by 2020. It will then gradually decrease to US\$13 billion by 2030 if set targets are to be met. Africa needs to ensure that 90% of people living with HIV know their status; 90% of people living with HIV who know their status are on ART and 90% of people living with HIV on ART have suppressed viral load, all by 2020. Key actions include stopping new HIV infections, addressing human rights, gender and social protection, sustainable financing for the HIV Response, strengthening health systems to achieve treatment and prevention targets and ensuring access to affordable and quality assured medicines, commodities and technologies and sustained leadership and mutual accountability.

The Fast-Track agenda provides Africa with a unique opportunity to improve and protect the health and well-being of future generations. A review of progress to date in the partnership between African countries and international donors underscores the urgent need to front-load investments, improve efficiencies, reduce gaps across the treatment cascade, strengthen HIV prevention and ground the response more firmly in human rights.

The principles of shared responsibility and global solidarity are a solid foundation for building on these commitments including fully financing the Fast-Track approach to ending the AIDS epidemic. The strength of these commitments relies heavily on the willingness of AU Member states and donors to hold themselves and each other accountable, so that these ambitious targets are achieved.

► eMTCT

In 2011, the African Union endorsed the strategic framework for the elimination of new HIV infections among children in Africa by 2015 and keeping their mothers alive. The plan was developed in order to promote the goal of the elimination of mother to child transmission (EMTCT) of HIV on the continent. African governments also rallied behind the momentum of the Global Plan. This significant political commitment accelerated efforts to scale-up prevention of mother-to-child-transmission of HIV (PMTCT) services across Africa, where 90% of the world's pregnant women living with HIV in need of PMTCT services reside. As a result of this great political will and resulting policy change, remarkable, life-saving progress has been achieved in the last five years.

Collectively, the 21 highest-burden countries reduced new HIV infections among children by 60 percent, a public health accomplishment that they can demonstrate. Across these countries, 1.2 million new HIV infections among Africa's children have been averted since 2009, the baseline year for the Global Plan, and over 2 million more pregnant women have started receiving lifesaving antiretroviral therapy. Credit must go to these women who heard the call and responded, and to the health care providers who were available to help them. Countries like Uganda, South Africa, Burundi, Swaziland, Namibia, Mozambique, and Malawi reduced new HIV infections by over 70% between 2009 and 2015, the most recent period statistics are available. But these are much more than a statistics – they mean that thousands of Africa's children have had an HIV-free start, embedding hope to parents, families and communities, hope many parents would not have had a few years ago. These are outcomes the AU can embrace.

However, despite intensive efforts to position the elimination of mother-to-child transmission of HIV high on the continental development agenda, there were 120,000 new infections among children aged 0-14 in 2015 making a total of 1.6 million children living with HIV hence substantial gaps remain to achieve the end of the AIDS epidemic among children in Africa. Many countries, particularly in western and central Africa, continue to experience significant challenges to scale up programmes. Moreover, technological and programmatic advances in EMTCT continue to improve the efficacy of service delivery, and countries are learning how to achieve more with less. Therefore EMTCT is unfinished business that requires sustained political will and financial commitment in the era of Agenda 2063 aspirations and SDG targets.

Congruently, Africa has drawn array of lessons chief of which is that, it is possible to stop new HIV infections among children and keep their mothers alive if pregnant women living with HIV and their children have timely access to quality life-saving antiretroviral drugs for their own health, as well as for prophylaxis to stop HIV transmission during pregnancy, delivery and breastfeeding. When antiretroviral drugs are available as prophylaxis, mother-to-child transmission of HIV can be reduced to less than 5%. Africa has also provided important lessons on how to implement EMTCT services, harnessing experiences and scaling up tools and innovations. However, children whose parents are living with HIV but who were born free from HIV experience more health problems and twice the deaths than children whose parents are not living with HIV. Such children require systematic follow-up and care, which AWA will strongly advocate for. Particular attention will also be focused on prevention of mother to child HIV transmission among adolescents living with HIV where rates of MTC remain higher compared to older women living with HIV.

The advent of the Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030 has injected new impetus, there is an urgent call for action by Africa governments in collaboration with global bodies as well Not State Actors for the elimination of new HIV infections among children by 2030 and keep alive mothers and children living with HIV.

It is in this context that the African Union Commission and the Organisation of African First Ladies are working on the Africa Campaign to end new HIV Infections in Children and Keep Mothers Alive to be launched in 2018. The campaign seeks to mobilise African first ladies and other high level leadership to raise awareness of key issues in pediatric AIDS, cultivate partnerships and advocate for action to mobilise resources to address pediatric AIDS; develop key advocacy and public information messages to ignite action at community, national, regional, continental and global levels. The campaign will focus on prevention of HIV among women of childbearing age and providing services for prevention, diagnosis and treatment of sexually transmitted is the gateway to end AIDS; prevention of unintended pregnancies among women living with HIV through family planning can close the tap of new HIV infections to babies and provide added benefits to maternal and child health, prevention of transmission of HIV infection from pregnant women living with HIV to their children is best achieved when antiretroviral therapy is initiated by immediately following diagnosis and maintained during breastfeeding and provision of lifelong treatment and appropriate care as well as supporting women, children and their families is critical to ending AIDS.



Collectively, the 21 highest-burden countries reduced new HIV infections among children by 60 percent, a public health accomplishment that they can demonstrate

3.2. Africa's malaria situation

Malaria remains a major public health and development handicap in Africa. Sharply antagonistic to the demographic dividend, Malaria continues to kill Africa's children. Africa south of the Sahara carries a disproportionately high share of the global malaria burden. In 2015, Africa was home to 90% of malaria cases and 92% of malaria deaths. Most of these cases occur in children under five years of age. Data reported by the National Malaria Control Programmes indicate that the proportion of suspected malaria cases receiving a parasitological test among patients presenting for care in the public sector has increased significantly globally with Africa diagnostic testing increasing from 40% of suspected malaria cases in 2010 to 76% in 2015. This is primarily due to an increase in the use of rapid diagnostic tests, which accounted for 74% of diagnostic testing among suspected cases in 2015. The global burden of mortality is dominated by a few countries in Africa, with Democratic Republic of the Congo and Nigeria together accounting for more than 36% of the global total of estimated malaria deaths.

Africa is at a critical juncture for translating significant progress made to catalyse actions in the final race to end Malaria for good in line with the Catalytic Framework targets. The results that Africa celebrates to date include an estimated 23% drop in new malaria cases and a 31% decline in deaths. However Africa should be mindful that she continues to bear the biggest burden of the disease with 90% of cases in 2015 estimated at 212 million worldwide occurring in Africa. Furthermore 92% of malaria mortality in 2015 occurred in Africa. The gains against malaria are fragile as demonstrated by malaria resurgence in Southern and East Africa during the first quarter of 2017 and this requires governments and all actors to remain vigilant.

Africa should henceforth sustain its efforts and recognise that Malaria is a real threat that can unravel the gains made against this preventable and treatable disease. As much of the continent expands at unprecedented rates, enormous leadership and political will continue to play an increasingly critical role through domestic financing as the continent works to overcome pressing health challenges into a more prosperous and sustainable future.

3.3. Africa's TB situation

TB is the leading infectious disease killer in the world. In 2015 an estimated 10.4 million people fell ill with TB worldwide. Africa accounts for 26% of estimated incident TB cases but over 70% of HIV-associated incident TB cases. Overall, Africa accounts for more than 16 out of the 30 countries with high TB burden; 23 out of the 30 countries with high TB/HIV burden; and 9 out of the 30 countries with a high burden of multi-drug resistant (MDR) TB. The proportion of TB cases co-infected with HIV was highest in Africa (31%) and exceeded 50% in parts of southern Africa - hence the need to ensure that all people living with HIV are regularly screened for TB and receive treatment or TB preventive therapy as indicated. Similarly all TB patients should be offered HIV testing and immediate antiretroviral

treatment if found to be living with HIV. The case fatality ratio in 2015 varied from under 5% in a few countries to more than 20% in most countries in Africa. This shows considerable inequalities among countries in obtaining access to TB diagnosis and treatment, an issue that needs our urgent attention. Furthermore, we are facing a serious threat of drug-resistant TB (DR-TB).

If we are to defeat this centuries old disease, food security, better living and working conditions and economic growth are essential. We must strengthen our community and health systems to find all cases of TB disease, ensure that TB patients are supported and adhere to treatment and ensure that their family and household contacts have access to TB testing, treatment and prevention as necessary. There are many other issues to be addressed including: resources for TB care, prevention and research; ensuring adequate engagement of communities, civil society organisations and public and private care providers; regulatory frameworks for case notification; vital registration; quality and rational use of medicines and infection control; social protection; poverty alleviation; free diagnosis and treatment of TB cases; accelerated efforts towards early diagnosis of TB including universal drug-susceptibility testing; systematic screening of contacts and high-risk groups; and awareness creation. Moreover, treating all people with TB including drug-resistant tuberculosis, and patient support including uninterrupted treatment for free to all patients is crucial - as is access to services for detection and treatment of TB, Multi-Drug Resistant Tuberculosis (MDR-TB) and TB in children and vulnerable populations.

► MDR-TB

As noted in the "Africa Health Strategy 2016-2030," Africa's TB treatment rate reached 86% in 2013. The TB case detection rate slightly improved at 52% as Africa outpaced other regions in determining the HIV status of all people with TB (WHO2015). MDR-TB and extensive drug-resistant TB in Africa threaten to reverse the gains in combating TB and, thus is a cause of continuous concern. It is hoped that newly introduced rapid tests for both TB and HIV as well as strengthening of DOTS implementation can begin to improve this challenge.

The world is not adequately confronting the increasing resistance to drugs to tackle TB. The primary reasons why drug resistance occurs are inappropriate treatment or use of poor quality medicines. In places like Africa where there are already high levels of MDR-TB there are also significant levels of direct transmission of resistant TB bugs. Like TB, MDR-TB is treatable and curable. Unfortunately, the recommended medicines to treat MDR-TB have significant side effects, are often not available and/or are cost prohibitive. As a result, only 25% of MDR-TB patients are getting diagnosed and treated and only 50% of these patients are treated successfully.

Thus, in spite of the fact TB is curable, it is still the leading killer due to lack of funding to get the resources we have to people in need and support the development of new diagnostics and tools. Until there is the political will to support the approximately \$2 billion shortfall in TB funding, TB will continue to plague Africa and the rest of the globe.



The African Union has embraced a major new movement to recruit, train and deploy 2 million community health workers

► Pediatric Tuberculosis (source: PubMed)

Over one million children suffer from TB every year and 67 million are latently infected. TB infected children are not prioritized by national TB control strategies. Out-dated tools and practical challenges make diagnosis more challenging, particularly in resource poor settings.

The fact is that when clinical and programmatic obstacles are removed, mostly through education and diagnosis, successful outcomes have occurred. Furthermore, anti-TB drugs are generally better tolerated in children than adults, but determining the correct dose and ensuring adherence is a problem. After years of advocacy, child-friendly fixed dose combinations (FDCs) for the treatment of drug-sensitive TB are now available.

In spite of this breakthrough, there is much more that needs to be done to develop better treatments and improved diagnostics for children. Like adults, the answer lies in obtaining more resources for research. Between 2011 and 2015, the world spend \$80 million on pediatric TB research, just 40% of the \$200 million target outlined in the Roadmap for Childhood Tuberculosis.

► Advancing and harnessing technology to end the three diseases

Africa has a historic opportunity to end AIDS, TB and Malaria in this generation due to advancements in diagnostics, medicines, information and systems. In the HIV response drug formulations are increasingly simplified as we move towards one tablet per month, rapid tests and home test kits technologies and point of care diagnostics for CD4 count are now available. For malaria the development and regulation of the gene-drive technology as well as other new innovations including next generation insecticides for Indoor Residual Spraying and Long Lasting Insecticidal Nets, Rapid Diagnostic Tests and Artemisinin-based Combination Therapy for the elimination of malaria are all on the table. For TB there are newer tests that are available for the diagnosis of latent and active tuberculosis and rapid detection of drug resistance.

► Empowering communities, supporting accountability and dignity

Across all three diseases, efforts to build on and accelerate progress towards the 2030 target confront the acute, persistent shortage of trained health personnel. WHO projects that Africa, along with South Asia, will experience the greatest shortage of health care workers through 2030. While further and strengthened investments in traditional medical training programmes are essential, the costly, years-long process for training new doctors and nurses make it unlikely that existing programmes will close the health workforce gap in time to end AIDS, tuberculosis and malaria by 2030.

Although some sophisticated health services are not amenable to delivery by community health workers, many services can be delivered effectively by trained community workers. This has proven to be the case in Ethiopia, Botswana, Rwanda, Kenya, Namibia and Senegal, where the use of community health workers has been associated with dramatic improvements in national health outcomes.

Recognizing the urgency of action and innovation to help close the health workforce gap, the African Union has embraced a major new movement to recruit, train and deploy 2 million community health workers. In addition to the clear health benefits of community health workers, investments in a community workforce will also lower unemployment, provide new employment opportunities for young people, and generate 10:1 economic returns. The engagement of community health care workers will also put an emphasis on the importance of addressing discrimination in health care settings.

4. Lessons Learned from AWA Strategic Framework (2012-2015)

To continue to expand Africa's leadership and to mitigate the risk of backtracking on progress being made to combat AIDS, TB and Malaria over the past decade, African Heads of State and Government and the AU launched a process in 2011 to revitalize AWA. The Revitalisation Concept Document focused on building on its ten-year experience and mobilizing continental action to address the three deadly diseases and ensure that political commitments made to date are kept.

To strategically move forward on the current Framework, it is important to reflect upon what we learned from the Revitalisation Concept Document:

- The continent's approach to responding to AIDS, TB and Malaria shifts towards sustainability, underscoring the importance of domestic financing, access to medicines and strengthened governance and accountability. This has put even greater emphasis on the need to deploy AWA's advocacy, accountability and resource mobilization efforts.
- The sharp increase political will globally and on the continent, coupled with action by civil society, the private sector and others, progress recorded by the end of 2015 confirmed that ending AIDS, TB and Malaria by 2030 is possible with continued commitment.
- Africa recognises that other pressing health emergencies such as Ebola or emerging strategic development needs like climate change will result in less resources available for AIDS, TB and Malaria and that is likely to continue. It will be incumbent on AWA and all of its partners to continue to encourage and maintain political will in support of ATM.
- At all material time, as a pivotal point it has to be highlighted that the significant achievements reached by 2015 would not have been possible without cross-sector partnerships, coordination, cooperation and collaboration.
- It was critical for continued Global Fund that African countries started demonstrating ownership and global solidarity by making contributions to the Global Fund to Fight AIDS, TB and Malaria.
- AWA recognizes that strong cultural beliefs and traditions sometimes influence how the three diseases are perceived and treated. Therefore, actions to advance ATM should endeavor to be sensitive and responsive to differing cultures and advocacy efforts should be tailored accordingly. In addition, thought should be given to tailoring messages for each country;
- Collaboration with Regional Economic Communities, Member States and civil society strengthened;
- Aids Watch Africa has the potential to strengthen partnerships with the Private sector and already ongoing discussions with continental private sector platforms has ensued;
- Locating the Secretariat of AIDS Watch Africa within the African Union Commission provided key comparative advantages to influence and drive continental and global policies on health and resource mobilization;
- Collaboration with Regional Economic Communities (RECs) has proved to be crucial in the implementation of the AWA mandate because RECs have a regional reservoir of knowledge and provides contextual and geographical insight useful to bolster implementation of commitments and move the development agenda forward in a much more vigorous way;
- Partnerships with UN agencies remains strategic for AWA project implementation because of their presence at national, continental and international levels of development;
- Leverage the expertise subsidiary AU organs such as the African Commission on Human and Peoples' Rights to address structural, legal and human rights barriers to effective responses to HIV, TB and Malaria.
- Communities have played a critical role in the successes achieved to date, including through delivering services and generate innovations that have markedly improved service access and retention as well as health outcomes.

5. Strategic Framework

5.1. Vision

End AIDS, TB and Malaria by 2030.

5.2. Mission

Lead evidence-based advocacy, data-driven accountability and resource mobilization efforts to end AIDS, TB and Malaria by 2030.

5.3. Objectives

Advocacy

- Mobilise and sustain high level leadership and commitment in the fight against AIDS, TB and Malaria;
- Galvanise all stakeholders and actors to form partnerships to end AIDS, TB and Malaria by 2030;
- Generate and disseminate strategic, culturally sensitive information to partners and others to ignite action at the international, regional, national and grassroots levels

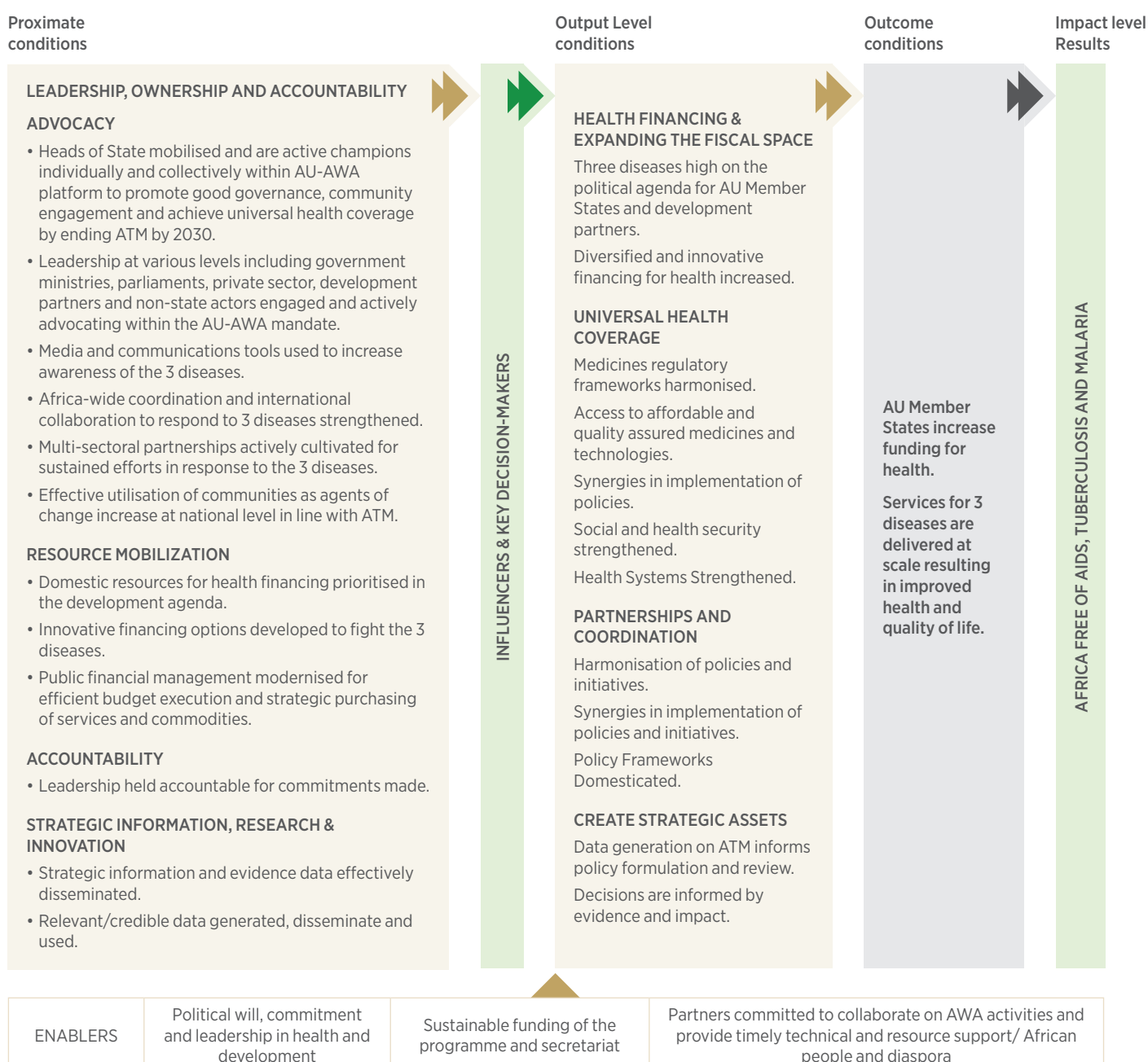
Accountability

- Strengthen accountability by Member States for measurable results and impact at the grass-root level;
- Hold ourselves accountable for delivering on advocacy, accountability and resource mobilisation efforts;
- Encourage community participation in monitoring health programs;
- Develop resources and tools such as the Scorecard for Domestic Financing that provide data-driven results to conduct evidence-based advocacy

Resource Utilization and Mobilisation

- Promote national level ownership among governments, the private sector and civil society;
- Mobilise domestic and international resources to accelerate implementation of AIDS, TB, and Malaria commitments
- Increase efficiency of funding flows and spending

6. AWA Theory of Change



7. Principles of the AWA Strategy

- Strengthen high level Africa-wide stewardship and accountability;
- Forge strong coalition and collaborative actions with key stakeholders;
- Adaptation of the components of the strategy to the national level;
- Embrace the data revolution through rigorous data generation, analysis and use;
- Support efforts to strengthen health systems and achieve universal health coverage as they relate to ending AIDS, TB and Malaria by 2030

8. Strategic Outcomes

The following are the ultimate outcomes of the Strategic Framework based on its principles (4.4) and the Theory of Change.

Advocacy

8.1. Stronger Leadership and Governance

The African Heads of State and Government demonstrate sustained political will to adhere to their commitments on AIDS, TB, and Malaria;

8.2. Increased Political Support and Ownership

Governments exhibit ownership through strong political support and increased funding for the three diseases. Additionally, greater involvement of key stakeholders such as the private sector and civil society to encourage that the spirit of collective action to ending AIDS, TB, and Malaria by 2030 will have been cultivated.

8.3. Developed and Disseminated Information for Action

AWA advocacy efforts will have significantly grown with increased earned and social media attention; closer relationships with strategic partners to amplify AWA message; leverage resources; and wide dissemination of strategic information. Decisions designed to galvanize action to achieve agreed upon commitments and targets will be a high priority. Furthermore, the strategic partnerships with diverse actors in various sectors and multilevel strategic platforms of engagement created by AWA will showcase a strong sphere of influence on messaging and advocacy including release of critical data-driven policy papers that will have made the evidence-based case for increasing action to end ATM by 2030.*

Accountability

8.4. Established Accountability and Oversight for Results

Governments are held accountable for health commitments and targets adopted at African Union and the International arena. AWA to provide periodic up-dates such as the Africa Scorecard for Domestic Financing of Health.*

Resource Mobilization

8.5. Mobilisation of an Effective Response & Sufficient Resources

AWA will have established a system to help coordinate efforts to mobilize support for domestic and international financing as well as innovative financing needed to end AIDS, TB and Malaria by 2030.*

* It is important to note in the context of the above that the statutory mid-year annual AWA Heads of State and Government meeting presents AWA with some measure of influence and control of agenda setting and issues framing.

9. Strategic Pillars

AWA will achieve its Strategic Outcomes through implementation of the following strategic pillars and action steps:

Advocacy/Accountability

9.1 Develop Bold Policies; Coordinate Implementation of Catalytic Framework and Supporting Systems

Through its idiosyncratic mandate, AWA has an opportunity to use its three pillars of advocacy, accountability and resource mobilization to develop policies and coordinate the implementation of the Catalytic Framework within the context of overarching policy frameworks, namely the Agenda 2063, the Africa Health Strategy the Sustainable Development Goals, the UN High Level Meeting on AIDS and Abuja Declarations. The policy propositions will be framed to project efforts in response to AIDS, TB and Malaria by 2030 and used as tools for monitoring and evaluation and advocacy.

AWA will focus on one or more interventions that will have the biggest impact on ending AIDS, TB and Malaria. If treatment is chosen as the message/intervention, the focus of AWA's advocacy efforts will be on getting treatment to more people with AIDS, Malaria and TB. As mentioned earlier, treatment can act as an "umbrella" for other issues, "Treat to Defeat" can help achieve universal health coverage and health systems strengthening. This strategic element, will be achieved through collaborative efforts with AWA's key partners. The following strategic repertoire of thematic areas will feature prominently in the framing of issues and shaping of policy direction including: high level advocacy, elevating leadership and widening ownership, prevention, treatment, multi-sectoral organizations and partnerships, human rights and gender equality, universal health coverage, access to medicines, diagnosis care and support, health systems strengthening, health emergency preparedness and response, domestic and international health financing and value for money, generation of data, strategic information, governance, leadership and accountability and monitoring and evaluation. Further AWA will work with a people-centered approach where messages/interventions are differentiated by factors such as gender, age, socio-economic position, and geographic location, to ensure that no-one is left behind.

Catalytic Actions:

- Intensify advocacy on treatment efforts to impact ending AIDS, TB and Malaria;
- Utilise policies to create positive impact and increased political will with Heads of State and Government;
- Strengthen AIDS, TB and Malaria interventions for cross-border and cross-country populations;
- Reinforce initiatives and efforts that strengthen health systems and community systems;
- Develop and promote evidence-based policy papers that make the case for increased investments in ATM;
- Drive strong oversight, accountability, monitoring and evaluation

Advocacy

9.2. Forge Strategic Partnerships and Multisectoral Approach

We cannot end AIDS, TB and Malaria by 2030 without establishing strong, strategic partnerships. Building on existing solid partnership, AWA will work through the Africa Partnership and Coordination Forum (PCF) and other existing partnerships and alliances in Africa and internationally to sustain momentum to stem the tide of the three diseases by 2030. Furthermore, when possible, AWA will establish new partnerships to expand the reach of its efforts.

Fundamentally, building and sustaining partnerships demonstrate the effectiveness of shared responsibility and global solidarity. No one entity can address AIDS, Tuberculosis and Malaria alone. AWA draws inspiration and technical expertise from diverse experiences and ideas of multisectoral partners from Government, Civil Society/Non-State Actors, Private Sector, and UN Agencies. Leveraging its advocacy and accountability mandate, AWA will strengthen coordination of partnerships through, among other things, holding partners accountable against the AU health policy targets geared towards ending AIDS, TB and Malaria by 2030.

Catalytic Actions:

- Partner with civil society and non-state providers to expand access to key health services and care;
- Actively promote partnerships on strengthening of community health systems;
- Intensify collaboration with local and international partner to strive for achievement of AIDS, TB and Malaria 2020/2030 targets through increased advocacy at both the country and national levels;
- Build new partnerships to increase base of advocacy;
- Ensure partners have latest policy papers/materials to use at country level to mobilize local support;
- Leverage partner resources to strengthen AWA advocacy efforts

Resource Utilization and Mobilization

9.3. Foster Health Financing Strategic Initiatives and Accountability

Strengthening health systems through investments in HIV/AIDS, TB and Malaria have a multiplier effect not only on people's overall health status, but also on countries' development as a whole. Historically international partners invested heavily in Africa's health particularly in response to efforts against HIV/AIDS, TB and Malaria. We are now seeing a world where external funding is neither sustainable, assured nor predictable. Against this backdrop, Africa should make domestic health financing a policy priority, fully align government budgets with national priorities and

strategies and ensure efficient and timely flow of funds in the system. Public financial management systems should be strengthened and modernized to provide the right incentives for efficient budget execution and purchasing of both commodities and health services. In addition domestic investments should be adequate and commensurate with the burden of disease and countries ability to pay. This necessitates further engagement between Ministries of Finance and Ministries of Health underpinned by principles of cost efficiency, value for money and equity as well as innovative partnerships with the private sector for innovative financing instruments. In addition international aid should provide relief to countries most in need and serve as a catalyst for more diversified funding in countries with increased economic development. In all cases, international aid should be fully aligned with countries priorities and as well as work towards building sustainable country systems and mechanisms. AWA stands on a unique platform to crystalize support of African countries for domestic health financing to end the three diseases by 2030.

Catalytic Actions:

- Scale up national and country level advocacy and support for adequate diversified and innovative domestic financing;
- Establish diversified and innovative domestic financing strategies including a framework for efficiency gains and quality of care.
- Advocate for better financial protection for the sick and pooling of funding streams for increased efficiency in purchasing of services and ultimately coverage rates.
- Build partnerships between MoF and MoH for improved efficiency of government budget formation and execution, funding flows and spending public and private health spending for better health outcomes and resource expansion;
- Improve effectiveness of official development assistance (ODA);
- Encourage countries to invest in the Global Fund;
- Establish diversified and innovative domestic financing that includes putting in place clear efficiency gains measures;
- Develop and disseminate periodic reports to hold governments accountable.

Accountability/Advocacy

9.4. Deploy Strategic Information and Strengthen Public Communication

It is imperative that AWA demonstrates impact achieved for investments made. Accountability mechanisms are critical to ensuring 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 use data driven, evidence informed mechanisms to monitor their response to the three diseases at various levels.

Communications advocacy is crucial to ensure that funding promises made are promises kept. This advocacy three-pronged strategy is comprised of increasing media exposure to AWA and its work; providing easily digestible material to all stakeholders to promote policy actions; and continuing its critical role as convener.

Catalytic Actions:

- Scale up monitoring, evaluation and reporting;
- Invest in documentation of best practices and disseminate results widely;
- Demonstrate results for investments made;
- Link to Health Data Collaborative to build capacity to track progress toward health-related SDGs;
- Engage with media and establish strong relations for wider coverage;
- Create array of digital platforms to disseminate information about ATM;
- Increase branding of AWA materials;
- Undertake vigorous generation of data to create evidence;;
- Explore disaggregating data by sex, age and geographic location;
- Utilize the Results Monitoring and Evaluation Framework being drafted by the African Health Strategy 2016-2030 to help inform accountability activity of AWA

9.5. Institutionalization of AWA

The Heads of State and Government decision for AWA to be institutionalized has not been fully implemented. The AWA Secretariat was established but incorporation of the AWA into the regular structures of the AU and full budget allocation in accordance with the 2012 AWA decision is still outstanding.

Catalytic Action:

- Engage the AU organs, draw attention to the Assembly Decision regarding incorporation AWA into the AUC operational budget.

10. AWA Strategic Enablers

- Statutory convening power at the Heads of State and Government Level;
- Cross-sectoral national, regional and international strategic partnerships;
- Health policy frameworks exist to guide the response;
- AWA has established itself as a leader on advocacy and accountability at the continental and global levels;
- All AU Member States are members of AWA;
- AWA sustainability is improved by AUC's operational budget allocation;
- Mobilization of the African people and the African Diaspora;
- Engagement of media

11. Roles and Responsibilities

Effective partnerships and coordination are critical towards the implementation of the AIDS Watch Africa Strategic Framework. The African Union and its stakeholders play the following roles and responsibilities in the implementation of the AWA Strategic Framework:

African Union Commission

The AIDS Watch Africa Secretariat will coordinate the implementation of the AWA Strategic Framework. The focus is on strategic advocacy for resource mobilisation and accountability including strategic advocacy with all key partners. AIDS Watch Africa takes a lead role in organising the Statutory AIDS Watch Africa Experts Meeting and the AIDS Watch Africa Heads of State and Government Meeting.

Regional Economic Communities and Regional Health Organisations

Regional Economic Communities and Regional Health Organisations support AWA joint advocacy, planning and coordination efforts to support partners in regions to implement the AWA advocacy strategy and work within the coordination mechanism for implementing health policies and programmes within the Catalytic Framework to end AIDS, TB and Eliminate Malaria by 2030.

Parliamentary Institutions

The Pan African Parliament, Regional Parliamentary Organs and National Parliaments play an important role in advocating and promoting accountability in accordance with their legislative oversight, budget appropriation and expenditure tracking.

Member States

Member States Experts will continue to take a lead role in defining key advocacy issues and providing technical support to the Secretariat in delivering their mandate. Member States Experts will continue to define this role through participating in the annual AIDS Watch Africa Experts Meeting and Community of Practice.

Development Partners

In line with the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action development partnerships will continue to support resource mobilisation efforts, effective coordination and promotion of accountability.

Non-State Actors and the private sector

Non state actors will play an important role in supporting the implementation of the AWA Strategic Framework and the Catalytic Framework and provide innovative solutions at the country level in advancing resource mobilisation, conducive policies and accountability.

12. Towards the “Africa We Want” – Milestones and Targets to end ATM by 2030

AIDS Watch Africa’s work in advocacy, resource mobilisation and promoting accountability will be based on the following targets derived from the Catalytic Framework to end AIDS, TB and Malaria in Africa by 2030.

HIV/AIDS Targets

Objectives	Milestones and Targets	
	2020	2030
1. Reduce AIDS-related deaths compared with 2015	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 compared with 2015	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	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 preventions services	All key populations have access to HIV combination preventions services
3. End Discrimination compared with 2015	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.

Tuberculosis Targets

Objectives	Milestones and Targets		
	2020	2025	2030
1. Reduce the number falling ill with TB compared with 2015	20%	50%	80%
2. Reduction in number of TB deaths compared with 2015	35%	75%	90%
3. Reduction in TB incidence rate compared with 2015	20% (<85/100 000)	50% (<55/100 000)	80% (<20/100 000)
4. Reduction of TB-affected families facing catastrophic costs due to TB compared with 2015	Zero	Zero	Zero

Malaria Targets

Objectives	Milestones and Targets		
	2020	2025	2030
1. To reduce malaria mortality rates to zero in all countries compared with 2015	At least 40%	At least 75%	Zero malaria death
2. To reduce malaria case incidence to zero in all countries compared with 2015	At least 40%	At least 75%	Zero malaria case
3. To eliminate by 2030 in all countries with transmission compared with 2015	At least 8 countries	At least 13 (8+5) countries	In all 47 (13+34) countries
4. To prevent re-establishment of malaria in all countries that are malaria-free compared with 2015	Re-establishment prevented in malaria-free countries	Re-establishment prevented in malaria-free countries	Re-establishment prevented in malaria-free countries

13. AWA Implementation Framework

