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**AIDS WATCH AFRICA (AWA) CONSULTATIVE
EXPERTS COMMITTEE MEETING,
ADDIS ABABA, ETHIOPIA,
21-22 JUNE 2012**

DRAFT REPORT OF PROCEEDINGS

**AIDS WATCH AFRICA (AWA) CONSULTATIVE EXPERTS COMMITTEE MEETING,
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DRAFT REPORT OF PRECEEDINGS

INTRODUCTION

The Meeting of the AIDS Watch Africa (AWA) Consultative Experts Committee was held at the African Union Commission Headquarters in Addis Ababa, Ethiopia from 21 to 22 June 2012. The meeting was a prerequisite and preparatory for the annual Meeting of AWA Action Committee of Heads of State and Government, due on 14 July as a side event of the regular session of the AU Summit.

At the 2001 African Summit of AU Heads of State and Government on HIV/AIDS, Tuberculosis (TB) and Other Related Infectious Diseases, eight Heads of State and Government created AIDS Watch Africa (AWA) as an advocacy platform for mobilization of action and resources for the fight against AIDS in Africa. In 2006, AWA leadership convened the Special Summit that led to the adoption of the Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, TB and Malaria Services in Africa. In January 2012 AWA was revitalized for stronger leadership to mobilize action and resources, and promote accountability in the response to HIV/AIDS, as well as Malaria and TB during 2012-2015.

By Decision No: Assembly/AU/Dec.413 (XVIII), the AU Commission, NEPAD Planning and Coordination Agency (NPCA) in collaboration with UNAIDS, were also requested to work out a roadmap of shared responsibility for a viable response including Health Financing for AIDS (paragraph 21). This is in line with the priority areas in the Abuja commitments on HIV/AIDS, TB and Malaria as well as international partnerships for health in Africa.

The main objective of the Consultative Experts Committee Meeting was to share views on AWA and accountability for HIV/AIDS, TB and Malaria, and make preparations for the annual Meeting of the AWA Action Committee of Heads of State and Government, as mentioned above. Specific objectives included: (i) To develop the draft Report on strategies and action plans for the Future Direction of AWA 2012-2015; (ii) To review the draft Report on Shared Responsibility and Global Solidarity for Africa's Response to AIDS, TB and Malaria: Roadmap 2012-2015; and (iii) To draft recommendations for consideration by the Meeting of AWA Heads of State and Government Action Committee.

ATTENDANCE: List of Participants annexed to this Report.

The Consultative Experts Committee meeting was attended by representatives of the following sixteen (16) AU/AWA Member States: Algeria, Benin, Botswana, Chad, Egypt,

Eritrea, Ethiopia, Gabon, Ghana, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Uganda and Zimbabwe.

Representatives of the following Regional Economic and Health Organizations, African Union, UN Agencies and other International Organizations, Development Partners, and Civil Society Organizations also attended: America ALESEC, COMESA, EAC, ECSA, Holy See, PAP, UNAIDS, US Embassy (PEPFAR), WHO, ILO, UNECA, Global Fund, MSF International, AAVP, SAfAIDS, Elisabeth Glaser Pediatric Foundation, IPPF and AU Commission.

OPENING SESSION

H.E Adv. Bience Gawanas, AU Commissioner for Social Affairs, chaired the Opening Session. She called the meeting to order and gave brief welcome and introductory remarks. The meeting was then addressed by the following whose statements are summarized below:

i. Mrs Rosemary Museminali, UNAIDS Representative to AU and UNECA

Mrs Museminali addressed the opening session on behalf of UNAIDS and UN Agencies. She recalled that the AWA process began in 2001 under the Chairmanship of Nigeria and a membership of eight AU Member States. It is a good sign that when AWA was revitalized and strengthened, its membership was expanded to cover the whole continent. This is timely and is crucial as the targets of MDGs approach and in view of the current global and economic crisis. She emphasized that although Africa has made progress in promoting access to services and thus reducing the incidence of AIDS, TB and Malaria, it is very important to sustain and improve on these gains to rid this continent of these pandemics. Africa needs to work towards filling the resource gap through increased domestic funding, improving South-South partnership and better utilization of available resources as well as instituting local solutions to promote access to medicines.

The UNAIDS Representative explained that the AWA Consultative Experts' Committee Meeting is an important step for deliberating on the shared responsibilities in the response to HIV/AIDS, TB and Malaria and the future direction for AWA. The Meeting would also make preparations for the forthcoming AWA Heads of State and Government Action Committee. She added that the UNAIDS and indeed the UN family and other partners are committed to supporting Africa in fight against the three diseases. She concluded by reminding the audience that they all have a role to play and a responsibility to uphold, within the concept of shared responsibilities and solidarity.

ii. Opening Statement by Adv. Bience Gawanas, AU Commissioner for Social Affairs

After welcoming the delegates, Commissioner Gawanas recalled that African leaders have consistently kept AIDS, TB and Malaria high on their agenda. She said that AWA was created in 2001, initially as an advocacy platform to mobilize action and resources

for the fight against AIDS, but later extended to TB and Malaria. She explained that, although a lot has been achieved in the fight against these diseases during the last decade, their burden on Africa remains immense and yet, Africa does not produce the required medicines locally. Therefore, for a more effective response to AIDS, TB and Malaria as the target of the Millennium Development Goals (MDGs) approaches, the AU took a decision to revitalize AWA to enable it lead the renewed drive. She encouraged the participants to revisit the 2001 Abuja Declaration and digest all the important commitments therein, which have been reaffirmed and therefore still stand.

The Commissioner noted that AWA structures comprise the Action Committee of Heads of State and Government, the Consultative Committee of Member State Experts and the Secretariat based at the AU Commission. She added that, in preparation for the Meeting of the Action Committee, the Experts Meeting would consider two main documents: the Future Direction of AWA and the Shared Responsibility and Global Solidarity for Africa's Response to HIV/AIDS, TB and Malaria Roadmap. The first AWA Action Committee Meeting would be historic as a re-commitment by African leaders to take action, promote accountability and transparency. The Commissioner urged Member States and partners to each play their respective roles, working in coordinated manner. She then wished the meeting fruitful deliberations and concluded by expressing her appreciation to partners for their support, particularly the UNAIDS.

PROCEDURAL MATTERS:

Adoption of Provisional Agenda and Provisional Programme of Work: The Provisional Agenda and Provisional Programme of Work were adopted as presented.

Introduction of participants: The participants were invited to introduce themselves. The presence of the Representative of the Pan African Parliament was particularly recognized as it is an advisory body that links AU organs to member states parliaments and the people.

SUMMARY OF TECHNICAL DELIBERATIONS

1. CONSIDERATION OF WORKING DOCUMENTS:

A. Report on Future Direction of AIDS Watch Africa (AWA) 2012-2015

Dr. Marie-Goretti Harakeye-Ndayisaba, the AU Commission Head of Division of HIV/AIDS, TB, Malaria and Other Infectious Diseases chaired this Session. She outlined AU commitments on HIV/AIDS, TB and Malaria, which were adopted through the leadership of AIDS Watch Africa (AWA), presented the Draft Report on the Future Direction of AWA 2012-2015. She then provided a background to the evolution of AWA from its creation in 2001 to date, including its revitalization in January 2012 by the AU Assembly. She noted the achievements in implementation of these commitments during the last decade, as well as the challenges to the effective response to HIV/AIDS, TB and Malaria in Africa. On the future direction of the AWA, the AUC representative listed the priority strategic areas on which the AWA Implementation Plan is based. The

implementation Plan was then presented, and for each priority strategic area, the corresponding activities, responsible agency, timeframe, and indicators for monitoring noted. The Plan is in line with the commitments of the Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, TB and Malaria Services by 2015 and other related AU commitments.

The AU Commission representative indicated that an AWA Communication Strategy had been developed and is very important to facilitating AWA to play its role, which is advocacy for action, resources and accountability. A Resource Mobilization Strategy and the estimated budget have also been developed to facilitate implementation of the AWA Programme 2012-2015. The reporting mechanism, which AWA will follow, was also outlined. The AU representative finally presented the draft recommendations on the Future Direction of AWA 2012-2015, which would be considered by the Consultative Experts Committee and subsequently presented to the decision-making AWA Action Committee.

After the presentation, the debate that ensued was constructive. The following issues were discussed:

- i. Currently, there are many high level forums (such as AWA, ALMA, Champions for an AIDS Free Generation) but there is need to clarify their linkage to AWA and improve coordination and collaboration;
- ii. Mechanisms to ensure domestic resource mobilization should be developed as international resources are not assured nor sustainable;
- iii. Local production of medicines in Africa is an important strategy to promote access to medicines and should be promoted, in spite of related challenges;
- iv. Structures of AWA: on the request for clarification on how the experts were selected, it was indicated this was a prerogative of Member State, although they were encouraged to ensure coverage of AIDS, TB and Malaria. For AWA Meetings, it was proposed that the Experts Meeting convenes twice a year and the annual Action Committee of Heads of State and Government alongside the July Summit. Messages for high-level advocacy should be prepared or agreed.
- v. On the need to link AIDS, TB and Malaria to other health priorities (such as sexual and reproductive, health systems, primary health care, access to medicines), it was clarified that these concerns are already catered for under Abuja Declaration, Abuja Call, Maputo Plan of Action on Sexual and Reproductive Health and rights, Pharmaceutical Manufacturing Plan for Africa (PMPA), etc.
- vi. Coordination at regional, continental and international level (Inter-Agency Platform)

The following recommendations were then made:

- i. AIDS Watch Africa National Working Group should be established to coordinate and promote AWA at national level. The Experts Committee should ensure it plays its role, facilitate and keep their respective Head of State updated.
- ii. AWA Experts Consultative Committee to meet twice in a year, rather than once, resources allowing.

- iii. In addition to good planning, advocacy for efficient utilization of resources should be actively promoted.
- iv. More local and international resources for AIDS, TB and Malaria should be mobilized, and partners encouraged to deliver on their pledges.
- v. In the Implementation Plan matrix, a column of “Key Assumptions” should replace the section on ‘Remarks’;

B. Report on the Shared Responsibility and Global Solidarity for Africa’s Response to AIDS, TB and Malaria: Roadmap 2012-2015

This session was chaired by the Dr. Kent Buse, representative of UNAIDS who provided a background to the Roadmap on the Shared Responsibility and Global Solidarity for Africa’s Response to AIDS, TB and Malaria. He made proposals for a paradigm shift in the fight against these diseases, which could facilitate Africa to meet the set. He added that the example of the response to AIDS can be used as a ‘pathfinder’ for the response to TB and Malaria.

The Report, which is linked to and is a supplement to the AWA Future Direction Report was presented by Dr. Ademola Olajide, Head of Health, Nutrition and Population, AU Commission. In his introduction, he recalled AU commitments on HIV/AIDS, TB and Malaria and said that for a more effective response, a new partnership paradigm is called for, based on shared responsibility and global solidarity but led by Africa. He recalled the January 2012 AU Assembly Decision that requested for the AU Commission, NEPAD and UNAIDS to develop a roadmap for shared responsibility for the response to AIDS in Africa. In line with the request by Africa’s Leaders in the Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, TB and Malaria Services by 2015, and the current mandate AIDS Watch Africa, the “Draft Roadmap” covers the three diseases. He explained that due to the consequences of the current financial and economic crisis and global trade dynamics, Africa needs to plan for viable domestic health financing that can be supplemented by maintaining external sources.

The AUC representative emphasized that it is important that past achievements in the response to these diseases are not compromised, but rather, built on and improved through shared responsibility and global solidarity. This means that the countries will ensure political commitment and leadership, while both development partners and African countries jointly invest in AIDS, TB and Malaria, and resources get re-allocated as per country needs and priorities. The Roadmap is structured into three pillars: Ensuring country leadership for sustainable health financing; Promoting access to medicines and health commodities in line with the Pharmaceutical Manufacturing Plan for Africa (PMPA); and Enhancing leadership, governance and oversight towards sustainable African solutions. To ensure implementation and in the spirit of partnership and mutual accountability, different bodies will be held accountable for discharging their roles and responsibilities for each priority activity in the three pillars. The AUC and NEPAD will coordinate follow up and reporting on implementation.

The presentation was followed by a rich discussion in which the following issues were raised:

- i. Local production should be promoted for sustainability and accessibility to drugs;
- ii. Local production of TB medicines lags far behind that of ARVs and malaria drugs.
- iii. The scourge of counterfeit medicines needs urgent attention at national and regional levels;
- iv. Capacity building including investing in human resources for health should be addressed, among others, in the framework of south-south cooperation.
- v. An Implementation Plan with a Monitoring and Evaluation mechanism could be added to the Shared Responsibility Roadmap, although M&E frameworks for related AU commitments exist;
- vi. Regional integration and cross-border issues, including cooperation and coordination need attention in the response to AIDS, TB and Malaria;

The following recommendations were also made:

- i. The Roadmap should, among others, highlight the social determinants of health;
- ii. Cross-border, regional cooperation and surveillance should be promoted, to among others control trafficking of counterfeit medicines;
- iii. An implementation and M&E framework should be developed, and the Roadmap aligned to the “Abuja Call for Accelerated Action”;
- iv. Effort towards universal access to AIDS, TB and Malaria Services should be scaled up.

2. PERSPECTIVES BY PARTNERS ON AWA AND ACCOUNTABILITY:

Dr. Tebogo P Madidimalo, Representative of Botswana, chaired this Session. After brief introductory remarks on the important role of partnerships in the response to AIDS, TB and Malaria, he invited representatives of other AU Organs and partners to give their perspectives on AWA and accountability:

i. Pan African Parliament (PAP)

The Chairperson of the Pan African Parliament Committee on Labor and social Affairs expressed his appreciation on the establishment of this platform. He reiterated that PAP is an advisory body in the process of developing legal instruments to guide the organs. He said that the PAP would lobby at national level for increasing AWA membership. The PAP would disseminate information on AWA and collaborate in the implementation of AWA agenda.

ii. COMESA

The representative of COMESA said that the RECs are committed to the Abuja commitments. She explained that COMESA has a cross-border multisectoral programme on HIV/AIDS and TB, but needs support to integrate malaria into that programme. She proposed that the AU Commission and RECs should meet to work out a collaboration mechanism. It is implementing a joint project with EAC and IGAD, and also collaborates with SADC. The main challenge COMESA faces is inadequate financial and human resources.

iii. East African Community (EAC)

The representative of the EAC mentioned that it has already achieved the humanitarian and customs union and is now working towards political integration. She indicated that the Community is coordinating cross-border issues including HIV/AIDS, TB and Malaria, which are included in the Community's development strategy. The EAC is collaborating with IGAD and COMESA. It is also developing a common drug policy. She concluded by emphasizing that AWA is in line with EAC programme, and concluded by calling for advocacy to mobilize high-level commitment and joint effort.

iv. East, Central and Southern Africa Health Organization (ECSA)

The representative of ECSA provided the organization's background and the strategic direction, which are related to those of the AU Commission. He reiterated that ECSA as a regional Health organization works closely with AU Commission and will extend this to AWA. On the Future direction of AWA, he made the following inputs: To add another objective on monitoring the implementation of strategies; made proposals on the implementation phases and plan. Concerning the Shared Responsibility Roadmap, the inputs were as follows: The heading of the Document to read "Roadmap on Accountability, Shared Responsibility & Global Solidarity for HIV/AIDS, TB & Malaria Response in Africa"; and the activities and priority actions should have clear indicators that can be monitored. He indicated that ECSA is committed to ensuring that AWA succeeds in participating in all planned events in the spirit of shared responsibility and accountability.

v. WHO

The representative explained that WHO had already submitted its contributions to the Shared Roadmap document. He also explained that WHO would continue to provide technical support to Member States and coordinate development partners for AIDS, TB and Malaria as well as M&E, policy formulation and operational research. WHO would also continue collaborating with the AU Commission.

vi. UNAIDS

As a supplement to the earlier contribution by the Agency, the UNAIDS representative reminded the meeting of the contribution to the revitalization of AWA and the development of working documents by UNAIDS. He added that it would ensure continue to provide support up to AU Summit when the Action Committee would meet.

vii. MSF International

The representative of MSF welcomed the revitalization of AWA and the expansion of AWA membership. He underscored the financing gap for AIDS, TB and Malaria and indicated that this is reversing the gains of the last decade. He called for greater funding by the international community adding that this advocacy can be led by AWA. However, Member States have to show their commitment and also mobilize domestic resources. He noted the added challenges some countries face, especially those in conflict situations. Therefore, AWA will provide an opportunity to accelerate required action.

viii. African AIDS Vaccine Partnership (AAVP)

The representative of AAVP noted that AWA, as an Africa-led advocacy and accountability platform aimed at accelerating continental action against HIV, TB and malaria, provides a unique opportunity for promoting HIV vaccine research and development (R&D) in Africa. The African AIDS Vaccine Partnership (AAVP) was founded in 2000 to address the need for increased African participation in the global HIV vaccine agenda. The AWA platform can facilitate and enhance the efforts of AAVP by making HIV vaccine R&D agenda one of its top priorities and promoting closer collaboration of the Ministries of Health, Finance, and Science and Technology for the development, funding and implementation of National HIV Vaccine Plans. He concluded by calling for capacity building for R&D in Africa.

ix. Global Fund to fight AIDS, TB and Malaria

The representative of Global Fund reminded the meeting of the need to raise more resources, and allocate them more efficiently. In spite of inadequate resources, there are countries in which the absorption capacity is limited. Efforts should therefore be focused on implementation. He explained that the Global Fund encourages the counterpart financing whereby governments also have to make contributions. He reminded the participants of the meeting due to take place soon in Tunis between African Ministers of Health and Finance. He concluded by reiterating that the Global Fund would continue to work with and support Member States.

x. SAFAIDS

The Representative of SAfAIDS gave assurance civil societies are very committed to this agenda, which is seeking for African solutions, the only sure way for solving African issues. She said that even though CSOs cannot contribute financial resources, their energy, expertise and experience as well as strong strategic alliances can be leveraged as comparative advantages for the AWA agenda. She explained that SAfAIDS already has strong relations with SADC Member States. She recommended as follows: To add M&E and surveillance reporting as another objective of AWA; to document and share best practices and lessons from partners so as to realize AWA objectives; to bridge the divide between policy and service delivery levels; to develop capacity to translate these documents into action and conduct advocacy; and to build greater synergy between civil society, government and the coalition of Members of Parliament, alongside the AWA agenda. In this regard, civil societies should also be included in activities of the AU and its various organs.

xi. IPPF

The Representative of IPPF emphasized the need for track and inform stakeholders on AWA and the two documents. He said that Civil Society Organizations can contribute through their respective comparative advantages. This is particularly so for IPPF since it has representations in all African countries and works with government to account on commitments. Member State should tap into in-country resources through South-South and North-South cooperation. He gave assurance that IPPF is committed to supporting AWA.

xii. Elisabeth Glaser Pediatric AIDS Foundation (EGPAF)

The representative of EGPAF reminded the meeting of the need to recognize and address the concerns of vulnerable groups including children, in the various strategies and frameworks for response to AIDS, TB and Malaria. The CSOs are channels to reach communities and need support and cooperation to do this.

General Discussion

During the general discussion, which followed the presentations of partners' perspectives on AWA and accountability, the following issues were considered:

- i. Advocacy for resource mobilization as well as effective and efficient use of funds was reiterated;
- ii. Member States were urged to strengthen health systems, capacity building and research;
- iii. The AIDS, TB and Malaria response should be clearly linked to sexual and reproductive health and other relevant strategies, although this is already the case in policy documents;
- iv. Current strategies and programmes should be geared towards delivery accountability on MGDs by 2015 and beyond;
- v. It was reiterated that AWA is an advocacy platform for implementation and accountability at national and other levels. Member States and partners should follow up on some of the recommendations that require action on the ground.

The following recommendations were made:

- i. Cross- border issues should be promoted and harmonized;
- ii. Resource mobilization, both domestic and international should be addressed;
- iii. M&E tools, linked to accountability should be developed;
- iv. The proposed AWA National Consultative Experts Committee should be linked to existing mechanisms at country level, rather than creating new ones

3. CONSIDERATION OF OUTCOME OF THE CONSULTATIVE EXPERTS COMMITTEE MEETING:

Dr Mariam Oke, chaired this Session as representative of the Chairperson of Awa Government of the Republic of Benin. She commended the Consultative Experts Committee for its efforts so far to realize the objectives of the meeting. Dr. Benjamin Djoudalbaye, AU Commission Senior Health Officer, presented the draft reports and recommendations.

Following the discussions that ensued, the proposed amendments were incorporated into the original working documents which were then approved for consideration by the Awa Action Committee of heads of State and Government on 14 July 2012:

- i. Draft Report on the Future Direction of AWA 2012-2015; and
- ii. Draft Shared Responsibility and Global Solidarity for Africa's response to HIV/AIDS, TB and Malaria: Roadmap 2012-2015.

The draft Recommendations of AWA Consultative Experts Meeting were considered paragraph by paragraph and then adopted as amended. The Recommendations are annexed to this Report.

A summary of the Report of Proceedings of the Meeting of the Consultative Experts Committee Summaries, together with executive summaries of the two working documents as well as the adopted recommendations will be presented to the Action Committee on 14 July 2014.

CLOSING SESSION

Closing remarks and vote of thanks were delivered by the Representative of UNAIDS, Director of Social affairs and the Representative of the Republic of Benin and Chairperson of the Experts Consultative Committee.

i. Mrs. Rosemary Museminali, Representative of UNAIDS to AU and UNECA on behalf of UN Agencies

Mrs. Museminali thanked the AU Commission, the Republic Benin, Chair of the meeting and AWA Experts for the commendable work. She felt encourage by the turn up and the quality of debate. She however, emphasized that the work just beginning and that there are lot of expectations of AWA. The efforts will determine the success of the AWA Action Committee Meeting. Upon return home, the delegates should ensure that the outcome of the meeting reaches the Ministers of Health and the AWA Heads of State and Government. She expressed the commitment of UNAIDS and UN Agencies to continue supporting AWA, and expressed hope that these efforts will impact on the AIDS, TB and Malaria response in Africa. The UN family feels privileged to be part of the re-birth of AWA. All partners should continue playing their role follow up on the future direction AWA and the Shared Roadmap. She concluded by thanking all participants for their contributions.

ii. Dr. Olawale Maiyegun, AU Commission Director of Social Affairs

Dr. Maiyegun thanked all participants for their hard work and diligence. He expressed his appreciation to their efforts and contribution to the fight against AIDS, TB and Malaria in Africa. He noted his concern that the progress so far would be impeded unless efforts are scaled up through high-level leadership and commitment. He said that the conclusions and recommendations from this meeting would assist AWA Heads of State and Government make viable decisions. He reiterated that the roadmap has three pillars which are important for the response to the three diseases: diversified funding, access to quality and affordable medicines and enhanced leadership and governance. He called on Member States and AWA partners to make noteworthy contribution to the final push to achieve MDGs by 2015, and emphasized that this should be a shared responsibility and an expression of global solidarity. He commended all participants for their efforts, and thanked the experts who made technical preparations for the meeting as well as interpreters and support staff. Finally, he thanked the Dr. Oke for ensuring

she played her leadership role in the Experts Committee Meeting, as Representative of AWA Chairperson, H.E President of Benin.

iii. Dr. Mariam Oke Sopoh, Representative of the Republic of Benin and Chairperson of the Experts Consultative Committee

As Representative of the Chairperson of AWA, Dr. Oke thanked all participants for their contribution to the success of the meeting, and the AU Commission for inviting her to chair and participate in the meeting. She felt honored to chair the meeting on behalf of H.E Boni Yayi, President of the Republic of Benin, Chairperson of AU and AWA, as well as representative of the Minister of Health of Benin. She advised the participants to ensure that the recommendations made on the Future Direction of AWA and the Shared Roadmap were immediately disseminated and implemented. She assured the meeting that Benin was committed to playing its role as chair of the AU and AWA. She wished participants bon voyage and then declared the meeting adjourned.

RECOMMENDATIONS AND WAY FORWARD:

To realize the objectives of AWA, the following recommendations were made:

1. The Draft Report on the Future Direction of AIDS Watch Africa (AWA) is adopted for consideration by AWA Action Committee of Heads of State and Government. In this regard, the following are recommended:
 - i. After due consideration, it is recommended that AWA be open to all AU Member States for membership, but that each region selects a regional chairperson from the Action Committee of Heads of State and Government;
 - ii. It is proposed that the annual meetings of AWA Action Committee be held during the July Summit;
 - iii. At country level, a National Working Group on AWA, which can be an existing national level forum should serve as an advisory body to the AWA Head of State;
 - iv. The Consultative Experts Committee will hold bi-annual meetings, one at least two (02) months before the Action Committee Meeting and the other one about six months for follow up. After each meeting the AWA Experts should submit a report and brief the Head of State and the Minister of Health;
 - v. AWA will work in close collaboration with the AU Conference of Ministers of Health;
 - vi. Other AU organs will be involved in AWA activities and meetings;
 - vii. Dignitary Observers or their representatives will participate in all AWA meetings and activities as observers and partners respectively.
2. As was approved by Decision No: Assembly/AU/Dec.395 (XVIII), and in the spirit of taking full ownership, it is reiterated that the budget of AWA Secretariat should be included under the regular AU budget.
3. Through the leadership of AWA Action Committee, advocacy will be revived and improved, building on previous successes in mobilizing society, particularly towards prevention of these diseases. National campaigns for prevention, treatment, care and support should be revitalized and accountability promoted actively. The Experts of the Consultative Committee will ensure that public statements of respective Action Committee Members carry strong messages on HIV/AIDS, TB and Malaria control.
4. AWA members will facilitate the media and civil society organizations (CSOs) including people living with and affected by HIV and other diseases at national level to ensure that strong, coherent and timely messages, as well as health services reach all communities. The Media and CSOs are also called upon to renew and intensify advocacy on the fight against AIDS, TB and Malaria.
5. Advocacy for Domestic and International Mobilization of Resources:

- a. As was committed in the 2001 Abuja Declaration on HIV/AIDS, TB and other infectious diseases, AWA will advocate for long-term reliable and sustainable mobilization of domestic resources through agreed and recommended channels;
 - b. The African Development Bank and other regional financing initiatives are called upon to invest more in health and development in Africa.
 - c. Individually and collectively, AWA Members will continue to seek international support and to mobilize external resources aligned with national priority programmes and for the sustenance of contributions to the Global Fund to fight HIV/AIDS, TB and Malaria, plus the HIV/AIDS, TB and Malaria Medicines facilities. Donor countries are urged to fulfill the target of 0.7% of their GNP as ODA to developing countries.
 - d. AWA will advocate for better planning, coordination and effective, efficient and innovative use of existing resources at national level;
6. The Roadmap on Shared Responsibility and Global Solidarity for Africa's Response to HIV/AIDS, TB and Malaria 2012-2015 is approved for consideration by AWA Action Committee, in the spirit of national, regional and international partnerships on health in Africa, including the three diseases. In this regard, AWA will advocate for new health financing partnerships, initiatives to promote access to affordable medicines and commodities, and promote innovative approaches to health governance and accountability. The international community is called upon to express solidarity with Africa and play its role, so that together, the burden of HIV/AIDS, TB and Malaria in Africa can be contained by 2015.
 7. To speed up implementation and follow up on the above recommendations, the following actions will be undertaken:
 - a. The AU Commission is requested to ensure that this Communiqué, and the Reports and recommendations on the Future Direction of AWA and the 'Roadmap on Shared Responsibility' are disseminated widely to stakeholders for implementation, and to coordinate follow up and reporting;
 - b. A Special Session of AWA Action Committee Heads of State and Government is proposed in 2012/13 to provide a better chance for dialogue to share updates on progress and challenges faced by AWA, and agree on the way forward for intense advocacy between now and 2015;
 - c. The Regional Economic Communities and other regional and international partners are requested to continue cooperating with and provide necessary support to this process;
 - e. The AWA Action Committee will undertake advocacy for resource mobilization and acceleration of implementation at global and regional high level forums on review of MDGs, as well as HIV/AIDS, TB and Malaria;
 - f. The AWA Secretariat and the AWA Consultative Experts Committee, in collaboration with partners, will coordinate this process, keep AWA Action Committee updated, and also submit progress reports to its Annual Meetings.