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**AWA CONSULTATIVE EXPERTS' COMMITTEE MEETING OF
COMMISSION OF THE AFRICAN UNION,
VICTORIA FALLS, ZIMBABWE
4 - 5 MAY 2015**

***Framing catalytic actions, securing gender inclusive and sustainable responses to end
AIDS, TB and malaria by 2030***

PROCEEDINGS REPORT & RECOMMENDATIONS

1. Introduction

AIDS Watch Africa (AWA) brought together Member State Health Experts from 4 to 5 May in Victoria Falls, Republic of Zimbabwe for the consultative meeting. The main objectives of the meeting were to consider the evaluative report on AU Roadmap, engage on a technical scoping exercise to discuss a sustainable response *catalytic framework* towards achieving the Abuja +12, 2030 targets, consider the framework for development of the Africa Scorecard on Domestic Financing for Health and review and validate the eMTCT Best Practices report.

The report is in line with the statutory provisions that require Member States Experts to discuss key policy advocacy issues to be considered annually by Heads of State and Government. These align with the 2000 and 2001 Abuja Declarations. The 2001 commitments were translated into an actionable plan in the 2006 Abuja Call and collectively these commitments demonstrate the African leadership compelling vision for the future and strong political commitment to control the three diseases.

This year's AWA statutory meetings' theme 'Framing catalytic actions, securing gender inclusive and sustainable responses to end AIDS, TB and malaria by 2030' resonates with the AU theme 'Year of Women's Empowerment and Development Towards Africa's Agenda 2063'. Agenda 2063 envisions Africa with women who are fully empowered and playing a rightful role in all spheres of life with guaranteed full access to education and health services.

In 2012 the African Union leadership adopted a Roadmap on Shared Responsibility and Global Responsibility for AIDS, TB and Malaria Response to fast track the implementation of the Abuja commitments. The Roadmap is a policy framework structured around three strategic pillars which include: (1) diversified financing, (2) access to medicines, and (3) enhanced health governance and accountability. The AU Roadmap Report presented to the AWA experts meeting highlight significant progress that has been achieved in implementing the three pillars. In 2013 African Heads of State and Government (HoSG) reaffirmed their commitment to the three diseases at the Abuja+12 Special Summit. The Declaration of the Special Summit of African Union on HIV/AIDS, Tuberculosis and Malaria calls for key actions toward ending AIDS, tuberculosis and malaria in Africa by 2030. This inspired one of the key highlights of the meeting, framing the catalytic actions to be implemented between 2016 and 2030.

Objectives of the Consultative Experts Committee Meeting

The main objectives of the Consultative Experts Committee Meeting were to:

1. Consider the Evaluative report on AU Roadmap in relation with Abuja Call report; and consider recommendations in the context of P2015 Development Agenda predicated on Common Africa Position
2. Consider and adopt the Sustainable Response Roadmap towards achieving the Abuja +12, 2030 targets.
3. Consider and validate Africa scorecard on Domestic Financing for Health
4. Review and Validation of eMTCT Best Practices report

5. Consider the Right to Care innovative technological models to expand health coverage and equitable access to medicine

2. Attendance

The meeting was attended by delegates from the following AU Member States: Republic of Botswana, Republic of Burundi, The Union of the Comoros, Republic of Chad, Republic of the Gambia, Republic of Kenya, Republic of Malawi, Federal Republic of Nigeria, Republic of Rwanda, Republic of South Africa, Republic of South Sudan, Kingdom of Swaziland, The United Republic of Tanzania and Republic of Zimbabwe. In addition AU Organs, Regional Economic Communities, UN Agencies, Inter-Governmental and Non-Governmental Organizations and cooperating partners were represented. (List of participants attached as annex 1).

3. Opening Session

i. Welcome Remarks by the Chairperson (Republic of Zimbabwe): Dr Owen Mugurungi – Head of AIDS & TB programme, Ministry of Health and Child Care

Dr Owen Mugurungi representing the Permanent Secretary of the Ministry of Health and Child Care provided the welcome remarks to all the delegates and highlighted the key objectives of the meeting as to prepare the AWA report to be considered by Heads of State and Government Summit at the June Summit in Johannesburg.

ii. UNAIDS Representative: Mr Michael Bartos, Country Director, Zimbabwe

Mr Michael Bartos noted that the African Union has played a pivotal role in the history of the global AIDS response. He made specific reference to the Abuja 2001 Declaration which was a catalytic moment for change, shaping the first ever UN General Assembly Special Session on AIDS in 2001. He noted four key priority areas for ending AIDS as health financing, addressing hotspots, addressing the HIV epidemic in women and girls and utilising delivery systems to maximise impact.

iii. Opening Statement by the Commissioner of Social Affairs: H.E. Dr Mustapha Sidiki Kaloko

The AU Commissioner for Social Affairs, HE Dr. Mustapha Sidiki Kaloko noted that an evidence informed framework to end AIDS, TB and malaria by 2030 is critical now more than ever before. He urged health experts to prepare robust policy documents and tools to develop resilient health systems in Africa for quality, equitable, sustainable, universal access to health.

iv. Key Note Address by the Hon Dr David Parirenyatwa, Minister of Health and Child Care, Republic of Zimbabwe

The Hon. Dr. David Parirenyatwa in his remarks recalled that at the AU Specialised Technical Committee on Health, Population and Drug Control meeting that took place in April in Addis Ababa, Ministers requested the Commission to develop a Roadmap

detailing milestones towards Ending AIDS, TB and Malaria in line with the 2030 targets set by Heads of State and Government at the Abuja +12 Special Summit in 2013. Concluding his key note address the Minister urged the AWA experts to prepare and produce key actions and a concrete path to translate the political commitments to end AIDS, TB and Malaria by 2030 as outlined by African Heads of State and Government in Abuja in 2013. The Minister underscored the need to ensure that AIDS, TB and Malaria remain high on the political agenda at the global, continental, regional and national levels.

4. Procedural Matters:

Adoption of Agenda and Organisation of work

The meeting adopted the agenda and programme of work with minor amendments in relation to the order of presentations.

Summary of Deliberation of Substantive Issues

5. Consider an Evaluative report on AU Roadmap Agenda- Dr Marie-Goretti Harakeye, AUC

The presentation provided the background of the AU Roadmap policy framework and further outlined three pillars upon which AU Roadmap is anchored. Subsequent to the presentation the plenary discussion ensued and the following recommendations were made:

Key Recommendations

- **Strengthening Health and Community Systems:** Member States should further strengthen health systems and community service delivery in order to make them more efficient with focus on integrated AIDS, TB and malaria services;
- **Prevention, Treatment, Care and Support** Member States should expand access to focussed, high impact prevention interventions for all three diseases with a focus on key locations, key interventions, underserved populations such as children, girls, adolescents, women and young people, key populations and evidence informed 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;
- **Research and Development:** Member States should continue with their commitment to invest and strengthen research and development capacity for improved AIDS, TB and malaria responses;
- **Partnerships:** The AUC and Member States should further diversify and strengthen partnerships with civil society, the private sector and international

community to advance the agenda of shared responsibility and global solidarity for responding to HIV, TB and malaria.

6. Strengthening partnerships and strategies to fast-track implementation towards ending AIDS by 2030
UNAIDS: Dr Pride Chigwedere

The presentation noted that developing a catalytic framework to end AIDS by 2030 should clearly define the goal, specify components of the goal (sub-goals), develop the strategy for attaining the goal, specify targets, milestones, and indicators for monitoring progress, and estimate the costs required as well as anticipated financing. It further noted that the continental catalytic framework for Ending AIDS should leverage existing strategies such as the Global Plan for to eliminate New HIV Infections among Children and Keeping their Mothers Alive by 2015, focus on solutions to the gaps and challenges identified in the implementation.

Key Recommendation/s

- To finance the end of AIDS, drawing on principles of global solidarity and shared responsibility there is need to increase domestic funding for health and;
- Additional support from the donor community should be mobilised over the next several years and should be aligned with national priorities.

7. Making Africa a competitor in the Global Pharmaceutical Industry - Implementation of the Pharmaceutical Manufacturing Plan for Africa (PMPA) Business Plan -NEPAD: Mr. Paul Tanui

The presentation provided a background on the Pharmaceutical Manufacturing Plan for Africa (PMPA) highlighting key issues and challenges in the promotion of Africa's pharmaceutical manufacturing agenda to promote the industry and public health. The presentation further highlighted the NEPAD Agency's interventions in implementing the PMPA Business Plan and the African Medicines Regulatory Harmonisation (AMHR). These two initiatives seek to address industrial and regulatory gaps in improving access to affordable and quality assured medicines.

Key Recommendations

Pursuant to plenary discussion the following lessons and recommendations came up:

- Member States should consider utilising the AU Model Law on Medicines Regulation and Harmonisation as a reference guide for regulatory reforms;
- AU, RECS, Member States and partners should participate in consultation processes for elaboration of the structure and functions of the African Medicines Agency;
- AU Member States and RECs should review their Pharmaceutical Manufacturing Policies and Plans in alignment with the PMPA and PMPA-BP;

- Progress in regulatory harmonisation has been achieved in Africa through RECs and the process for establishing AMA should be strengthened.

8. Innovative financing for health, accountability of Private Sector, integration of HIV, Health and Gender into Environmental Impact Assessments of Capital Projects, *Mr Benjamin Ofosu-Koranteng and Dr. Rosemary Kumwenda- UNDP*

UNDP noted that recognising and taking advantage of the massive infrastructure projects currently taking place across the African continent various policy options and actions are required. The UNDP presentation provided an update on how Environmental Impact Assessment processes contribute to expanding access to health (HIV) and gender interventions in an African context. UNDP also proposed options which could be explored by Member States to leverage capital development to further contribute to domestic health financing.

Key Recommendations

The following recommendations were made:

- At a country level, map Africa's on-going large capital projects particularly those in the areas of transport, energy, oil and gas, mining and agriculture that have started in the past two years and all capital development planned within national development plans;
- Identify opportunities for multi-country, cross-border collaboration and for leveraging capital development to increase investments in health. Provide additional implementation capacity to relevant institutions;
- Sustain advocacy at continental level on the overall benefits of investing in health and domesticate options at regional level for increasing investments in health using Environmental Impact Assessment as a key entry point.
- Provide support for monitoring and documenting continental results and encourage south-south learning and exchange.

9. Review and Validation of Africa eMTCT Best Practices report

Preventing HIV infection among women and meeting family planning needs of women living with HIV can significantly contribute to reducing the incidence of paediatric HIV infections. Postnatal HIV transmission through breastfeeding can also be reduced from an estimated 22.3% at 24 months in the absence of ARVs to less than 5% with appropriate ARVs and infant feeding practices. The African Union Commission and UNICEF thus collaborated to document best practices in Emtct. The purpose of documentation of the programming and service delivery, resource allocation, implementation of policy framework, practices of identified countries Best Practices is to complement and bolster existing frameworks on eMTCT in order to support AU regions and countries with evidence-based eMTCT approaches to advance improved maternal and child health and survival in the context of HIV.

This is in alignment with the AIDS Watch Africa (AWA) Heads of States and Government (HoSG) “AWA Decision” which recommended that best practices amongst Member States in the prevention and control of HIV/AIDS, Tuberculosis, Malaria and Other Related Infectious Diseases are identified, propagated and adopted by all. Accordingly, five Member States selected from the five AU regions – Chad, Nigeria, Rwanda, South Africa and Tunisia – made presentations on eMTCT Best Practices. The elimination of Mother to Child Transmission (eMTCT) Best Practices was presented to the AWA Experts Meeting for consideration.

Key highlights

- **Republic of Rwanda** has achieved phenomenal progress in eMTCT as a result of effective planning and leadership, decentralization to the district level, task shifting, and performance based financing, male involved in PMTCT, and involvement of private sector;
- **Republic of South Africa** shared the “The 20 000+ initiative” in KwaZulu Natal province on quality improvement and cost tracking and containment, where key innovations include a “PMTCT dashboard”, sharing key change ideas, monthly conference calls with the 11 PMTCT district coordinators and information officers, and training of Community Workers;
- **Republic of Chad** highlighted decentralization strategy as a catalyst for efficiency and effectiveness of the eMTCT interventions and financing. It was noted that the decentralization approach eventually improved ability to deal with eMTCT needs based on geographic disparities;
- **Republic of Tunisia’s** best practice is anchored on innovative coordination model that created unique synergies between the central and the regional levels. Tunisia underscored that this approach enhanced many sub-functions particularly data collection.
- **Federal Republic of Nigeria** presentation outlined the best practice stemming from the innovative approach on Partnership to Reduce Turnaround-time (TAT) for Early Infant HIV Diagnosis (EID) in Nigeria - The SPEEiD Model.

Key Recommendations

- In the future the AUC Best Practice documentation process should strike a balance by undertaking documentation across the three diseases – HIV/AIDS, TB and Malaria;
- The Best Practices should be constituted by unique innovative actions and process that can be replicated elsewhere and should have the potential to strengthen health systems not routine processes.

10. Sectorial (ATM) Consultation on Sustainable-High Impact Response Roadmap to End HIV/AIDS and TB and eliminate malaria in line with Abuja +12, 2030 target
AUC: Mr Sabelo Mbokazi & Group Discussion

The African Union has embarked on setting in motion a framework to end the three epidemics by framing sustainable responses for AIDS, TB and malaria for Africa to be implemented between 2016 and 2030. Anchored on Abuja +12 Declarations, a new “Catalytic Framework” proposes to eliminate the three diseases by 2030.

The AWA Experts Meeting thus began the process of consultation with Member States on the key priorities to be implemented between 2016 and 2030. Thus the introduction for the technical scoping exercise underscored that the Abuja +12 commitments compel Africa to come up with transformative actions that will lead to the elimination of AIDS, TB and Malaria by 2030. The presentation pointed out that the 1st Ministerial meeting of the Specialised Technical Committee on Health Population and Drug Control (STC-HPDC-1), that took place in April 2015, recommended that the AUC should facilitate development of a “*Catalytic Framework*” detailing milestones to End HIV/AIDS, TB and Malaria in line with the Abuja +12 2030 target. This framework should be submitted during the next joint AUC – WHO African Ministers of health meeting in Tunisia, in 2016.

To facilitate the development of the “*Catalytic Framework*” to End HIV/AIDS, TB and Malaria by 2030 the presenter requested the participants to break into three groups according to the epidemics. The groups undertook scoping exercise which culminated into key priority areas recommended for implementation between 2016 to 2020 and 2021 to 2030.

The groups made sector specific recommendations that were documented to be utilized as a base line for further in Technical Scoping consultative processes with various other groupings for further consideration and refinement. Subsequently the “*Catalytic Framework*” will be presented to the AWA Heads of State and Government in June 2016. The following are the key recommendations submitted by each group.

Key actions for 2016-2030

- Health systems- address human resources for health (numbers and skills) and strengthen health information systems and research;
- Increase financing for AIDS, TB and malaria- to ensure that responses are sustainable and predictable;
- Increase access to medicines and diagnostics- fast track harmonisation of regulatory systems, have a single medicines regulatory agency by 2018. Individual countries should commit resources for procurement of medicines and reagents, diagnostics (currently donor dependent) and quality assurance;
- Accountability framework- put in place an accountability framework, mandate AU and Member States to develop indicators and scorecard to monitor uptake and implementation of high level declarations at country level, used to measure progress and ensures accountability of Member States.

- Community systems- invest in demand creation, community empowerment, understanding and addressing vulnerabilities and socio-cultural drivers of the epidemic and strengthening of existing / traditional family and leadership structures.

Diseases specific actions: AIDS response

- HIV prevention- continue to conduct the Know Your Epidemic/ Know Your Response studies, combination prevention and ensure that eMTCT remains a priority.
- Ensure programmes are in place that target those that contribute to the high numbers of new infections this includes eMTCT and strengthening within MNCH, youth, young women and girls , key populations and prevention among children born with HIV
- Creating an enabling legal environment that promote access to prevention/ addressing legal barriers that hinder access;
- HIV treatment- prioritise access for treatment for children and adolescents, 90% of all children living with HIV are in SSA , with only 23% accessing treatment and AIDs related deaths are increasing in adolescents compared to other populations where AIDS related deaths are declining.

Diseases specific actions: Tuberculosis

- Strengthen TB diagnosis, treatment and TB-HIV collaborative activities;
- Take drastic measures to reduce the incidence of DR-TB;
- Need for strong advocacy for the TB disease to attract more funding especially from government sources;
- Strengthen TB diagnosis in children;
- Address structural determinants of HIV/TB co-infections;
- Intensify efforts towards vaccine development.

Diseases specific actions: Malaria

- Maintain or scale-up to universal coverage of key priority interventions for malaria;
- Commit adequate funding for and uninterrupted supply of life-saving malaria commodities;
- Establish accountability mechanisms for malaria elimination at regional, sub-regional and country level including use of scorecards for accountability and action;
- Establish effective monitoring of effective insecticides and appropriate use inappropriate including research and development on alternative insecticides;
- Member states implement the WHO T3 initiative by ensuring universal access to diagnostic, testing for all suspected malaria cases and quality-assured anti-malaria treatment for confirmed infections and tracking the diseases through timely and accurate surveillance;

- Establish the policy environment and regulatory systems and mobilise funding to promote investment in the local production of quality essential antimalarial commodities. (including antimalarial medicines, insecticides, nets and diagnostics)

11. Consider Africa scorecard on Domestic Financing for Health

Consultant: Paul Booth

The paradigm shift over the decade has seen global health invariably gravitating towards strong emphasis on the notion of vigorous leadership and accountability. This has great resonance as accountability ensures that all partners deliver on their commitments, demonstrates how actions and investment translate into tangible results and better long-term outcomes, outlines what works, what needs to be improved and what requires more attention. Based on the AU Assembly Decision Assembly/AU/Dec.413 (XVIII) which requested the AUC to work out a roadmap of shared responsibility to draw on African efforts to viable health funding with support of traditional and emerging partners to address the dependency of the AIDS response, a scorecard is being developed to measure progress. The AUC in implementing the roadmap has started the process of developing the scorecard whose main objectives are to track action of how countries:

- Increase domestic investment in health;
- Introduce new, sustainable sources of financing for the AIDS response – explore and adopt innovative financing mechanisms;
- Increase donor funding;
- Prioritise efforts to decrease the cost of current response by improving the efficiencies in existing programmes;
- Effectiveness of Official Development Assistance

The presenter proposed 14 indicators (to be trimmed preferably to 10) to measure progress towards these objectives and these will be used in further consultations. The scorecard will take a macro view of all 54 Member States and also present the RECs level by country and each indicator also presented on the continental map.

12. Pioneering innovations and technology to improve efficiency, quality and affordable access to health

Right to Care: Prof Shabir Banoo

Professor Banoo a representative of Rights to Care (RTC) noted that his organisation supports government, private and community treatment facilities and aims to build partner's capacity to deliver safe, effective and affordable antiretroviral therapy. He further shed light on RTC operations that since 2004 have grown to be one of the largest treatment groups in South Africa. He also pointed out that the RTC focuses on the Pharmaceutical Support Services. He mentioned that RTC provides technical assistance at national, provincial and district level to improve implementation of pharmaceutical services. He indicated that RTC provides training and capacity-building of pharmacy personnel and innovation and research to support service delivery and improve public health outcomes.

The presentation also outlined the pharmaceutical programme outcomes as follows: improved pharmacy operational efficiencies; prescriptions are being validated; prescription picking is error free; patient satisfaction is improved; patient monitoring and counselling is intensified; newly-initiated patients given specialised attention; improved focus on patient medication needs; improved stock management and reporting; better forecasting and staff fatigue and burnout reduced.

13. Adoption of the Experts report

The report was presented and discussion ensued followed by adoption of the report with amendments

14. Closing Ceremony

Remarks by Representative of Partners Ms. Amina Egal – Global Fund

The Global Fund representative presented the greetings from Dr Mark Dybul, Executive Director. She indicated that domestic financing for health remains paramount in global health as it is a cornerstone for access to health. She also acknowledged the pivotal role that AU played in the previous Global Fund replenishment cycle and invited AU Member State to continue the same global solidarity spirit in the next replenishment.

Closing Remarks by the representative of the CSOs Mr. Elias Rusike–Community Working Group on Health

The representative of the CSOs appreciated the opportunity and space given to the CSOs to participate in a health experts meeting. He further pointed out that the health sector has taken a lead in the involvement of the CSOs in most of their sectoral developmental work.

Remarks by the representative of the AUC Director for Social Affairs – Dr Marie-Goretti Harakeye Ndayisaba

The AUC representative acknowledged the successful conclusion of business for AIDS Watch Africa (AWA) experts meeting. She expressed heart-felt appreciation to all for not sparing efforts to contribute towards shaping the health development agenda particularly assisting the preparation of documents to be considered by the AWA Heads of State and Government.

In conclusion and on behalf of the African Union Commission she thanked the government of the Republic of Zimbabwe for hosting the AWA experts meeting and continuing to demonstrate leadership particularly in the area of domestic resource mobilisation for health. She also commended the Member States experts for active participation and invaluable contribution. Turning to the CSOs and business sector she asserted that with their support, AUC would not have had diverse voices, and she invited both sectors to work closely with governments, RECs and AU. Finally she extended her appreciation to development partners for showing unwavering commitment and collaborative spirit.

**Closing Remarks by Representative of AWA Chairperson (Govt. of Zimbabwe) -
Dr Owen Mugurungi – Head AIDS & TB programme**

Closing the meeting on behalf of the host country Dr. Mugurungi appreciated the confidence that AU has shown to Zimbabwe in the recent past that has been demonstrated by bringing several continental meetings to Zimbabwe. He further expressed a vote of thanks to all Member States, partners and CSOs for active participation that culminated in a successful meeting.