

AFRICAN UNION

الاتحاد الأفريقي



UNION AFRICAINE

UNIÃO AFRICANA

Addis Ababa, ETHIOPIA P. O. Box 3243 Telephone 251-11-5517 700 Fax 251-11-5517 844

Website: www.au.int

Report

AWA Consultative Experts Committee Meeting

8-9 May 2017

1. Introduction

The AIDS Watch Africa Statutory Consultative Experts Meeting took place in Conakry, Republic of Guinea from 8 to 9 May 2017. The objectives of the meeting were to consider the AIDS Watch Africa Progress Report, review the AWA Strategic Framework (2016-2030) and review the Africa Scorecard on Domestic Financing for Health. The meeting also reviewed the Draft AWA Decision to be considered by AIDS Watch Africa Heads of State and Government Action Committee on 3 July 2017 before being submitted for consideration to the Assembly of the Heads of State and Government for the 28th Assembly of the Heads of State and Government. The Commission also briefed the AWA Experts on the AU Health Policy Frameworks adopted during the Kigali Summit in July 2017.

2. Opening Session

2.1 Opening Remarks by the Representative of Development Partners, UNAIDS Representative to the African Union

Speaking on behalf of development partners, Ms Rosemary Museminali, UNAIDS Representative to the African Union noted the significant progress that has been made in responding to AIDS, TB and Malaria in Africa that has been a result of strong leadership, partnerships, shared responsibility and global solidarity. She commended the African Union for providing a clear policy and strategic direction for the three diseases that will require sustained partnerships and multisectorality to achieve the ambitious targets set. She emphasised the continued importance of Heads of State and Government advocacy to catalyse action, allocate adequate resources, and strengthen health systems. She further noted the continued importance of global solidarity and accountability for maximum impact. Ms. Museminali noted that an emergency plan is required for the West and Central Africa sub-region that is lagging behind in treatment and prevention of new infections.

2.2 Remarks by Ambassador Olawale I. Maiyegun, Director for Social Affairs, African Union Commission.

Ambassador Olawale Maiyegun highlighted that the maternal mortality and morbidity rate between 15 and 19 years remain very high in Africa. He pointed out that the need to increase low cost and high impact investments and catalyse action to address these challenges that threaten Africa's demographic dividend and the achievement of Agenda 2063. He further noted that to respond more effectively to AIDS, TB and Malaria there is need to address human resources for health in Africa including retention and training more medical personnel to deal with the issue of brain drain. He emphasised the need to ensure that immediate action is taken to step up efforts in responding to AIDS in the West and Central Africa sub-region that is now remaining behind. He further noted that the meeting would review the Draft AIDS Watch Africa Strategic Framework (2017-2030) that will provide a direction for AIDS Watch Africa Heads of State and Government to stimulate

action and mobilise the resources needed to address AIDS, TB and Malaria in an effective, sustainable and accountable manner.

2.3 Remarks by Dr. Georges Alfred Ki-Zerbo, WHO Representative, Republic of Guinea

Dr. Georges Alfred Ki-Zerbo, WHO Representative to the Republic of Guinea noted that addressing the broader health and development agenda is critical in achieving the Agenda of Sustainable Development. He noted the need to accelerate the implementation of the Abuja Declaration as major gaps still exist, especially with regards to the West and Central Africa region. He further noted that AIDS Watch Africa plays an important role in advocacy to accelerate actions by Member States to accelerate programmes. He further highlighted the need to accelerate efforts for domestic resource mobilisation including an increased role for the private sector and public private partnerships. He pointed out that sharing best practices and strategic information among countries is important in facilitating learning across countries. He emphasised the need to develop human capital to transform health systems, improve outcomes and achieve the Sustainable Development Goals.

2.4 Remarks by Michel Sidibe, UN Under Secretary General and UNAIDS Executive Director

Mr Michel Sidibe, UNAIDS Executive Director and UN Under Secretary General Michel Sidibe noted that through shared responsibility and global solidarity Africa has achieved significant progress in responding to the AIDS epidemic and highlighted the need for concerted efforts at various levels to end achieve the 90-90-90 targets and end AIDS by 2030. He highlighted the need for a new initiative with WHO and partners to have 2 million community health workers in Africa. He noted the need to transform the interface between the last service provider and the community to better manage health risks at the family and community levels through job creation for community health workers. He noted that the traditional benevolent community health workers model was no longer tenable hence the need to create a new cadre of community health workers that would create a working sub-system of health that will create new jobs and transform the health architecture.

2.5 Remarks by Professor Jeffrey Sachs, Special Advisor to UN Secretary General, António Guterres

Professor Jeffrey Sachs pointed out that we have a historic opportunity to end AIDS, TB and Malaria in this generation due to advancements in technology and improved delivery systems at the community level. He pointed out that with better diagnostics, medicines, information and systems there is need to mobilise community workers and train them to end epidemics. He noted that the Ebola epidemic teaches us that there will be new threats and hence the need to ensure that systems are engaged at the community level to prevent, manage and respond quickly. He pointed out that the United Nations Secretary General is committed to the 90-90-90 agenda and community health workers is at the top of his list of priorities and that the UM will in July 2017 push for the G20 in July to respond to Africa's

needs for community health. He noted that the UN will support African countries technically and in resource mobilisation efforts to support Africa's leadership, commitment and forward movement.

2.6 Key note address by Hon. Abdourahmane Diallo, Minister of Health, Republic of Guinea

Hon. Abdourahmane Diallo, Minister of Health, Republic of Guinea noted that African countries have demonstrated commitment to fight the three diseases. He highlighted the key targets that the African Union has set to respond to achieve continental commitments to fight AIDS, TB and Malaria. He urged countries and partners working in health to achieve the global objectives of 90-90-90, eliminating Malaria and reducing TB by 75% by 2030. He highlighted the need to ensure that families are protected from out of pocket expenditures. He noted that AIDS Watch Africa has played an important role in advocacy, resource mobilisation and promoting accountability. The Minister pointed that in line with the AWA decision of the 29th session of the AU Assembly to strengthen health systems the 2 UN million jobs community health workers initiative. He pointed out that the initiative will contribute sustainable health for Africa and the achievement of Agenda 2063 and Agenda 2030. He pointed out that the work of AWA experts will help move forward the fight against the three diseases.

3. Procedural Matters

The Programme of Work was presented and adopted with no amendments.

4. Attendance

The meeting was attended by Experts from Ministries of Health representing the following Member States: Democratic Republic of the Congo, Republic of Zimbabwe, Republic of Guinea, Republic of Namibia, Islamic Republic of Mauritania, Republic of Madagascar, Republic of South Africa, Republic of Togo, Republic of Niger, Republic of Benin and Republic of Angola.

The NEPAD Agency and the following partners were also represented: Organisation of African First Ladies Against HIV/AIDS, the Global Fund to Fight AIDS, TB and Malaria, Joint United Nations Programme on HIV/AIDS, World Health Organisation, UNDP, Stop AIDS Now, WACI Health, All Africa Conference of Churches, the East, Central and Southern African Health Community, International Labour Organisation, Elizabeth Glaser Paediatric AIDS Foundation, GILEAD Science, All Africa Conference of Churches, Africa Leaders Malaria Alliance, International HIV Alliance, AIDS Accountability International and Africa Civil Society Platform for Health.

5. Session 1: Africa's Health Architecture to end AIDS, TB and Malaria in Africa by 2030

The African Union Commission presented on the Africa Health Policies guiding the continental response between 2016 and 2030. The health agenda and framework were located with the broader framework for Africa's socio-economic development and structural transformation, Agenda 2063. It was highlighted that the framework puts health at the centre with Goal 3 on Health and Nutrition under the first aspiration on a prosperous Africa, based on inclusive growth and sustainable development. The presentation highlighted the strategic approaches of the Africa Health Strategy with a specific focus on its ultimate goal to strengthen health systems and achieve universal health coverage. The presentation further highlighted the vision, mission and strategic objectives of the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030. These objectives are to eliminate malaria incidence and mortality, prevent its transmission and re-establishment in all countries by 2030, end AIDS as a public health threat by 2030 and end TB deaths and cases by 2030. The presentation further highlighted the business investment case for maximum impact in addressing the three diseases including health systems strengthening, generation and use of evidence for policy and programme interventions and advocacy and capacity building. The presentation further highlighted the strategic approaches, the monitoring and evaluation framework and the implementation plan with clear targets and milestones for each of the three diseases.

6. Session 2: Consideration of AWA Report

The presentation provided an update on the implementation of the 2016 key AWA experts report recommendations and highlighted some key strategic results based on the AWA pillars and provided a summary of the implementation of the 2016 Africa Heads of State and Government Decision. Some of the key milestones noted in the presentation included the development of AWA Strategic Framework (2016-2030); Africa Scorecard on Domestic Financing for Health, alignment of the Catalytic Framework with Regional and National Strategic Plans; commissioned studies on health financing and strategic partnerships for the implementation of the Strategy. The questions that were raised regarding the 2030 targets were clarified by the Commission.

7. Session 3: Presentation of the Africa Scorecard on Domestic Financing for Health

The presentation provided an overview of the AU process to develop the Scorecard and located the Scorecard in the decisions of the AU since 2001 to reduce member state dependency on development partner funding and to increase domestic investment in health. The presentation reiterated that the Scorecard is a management tool for governments that will help with financial planning and expenditure tracking.

7.1 Recommendations

AWA experts agreed the following general improvements:

- Scorecard needs to remain simple with few indicators and complimented by summary country profiles providing more detail. The backside should be used for more detailed information and graphics.
- The red, yellow and green colour scheme should be maintained in the scorecard to ensure simplicity. All colours should be classified according to a scale to highlight different levels of implementation of the commitments.
- Scorecard should include an indicator that tracks country progress in adopting System of National Health Accounts (SHA) 2011 and implementing NHA annually.
- Member States were urged to adopt the SHA2011 accounting methodology and countries were reminded of the importance of conducting National Health Accounts annually from 2017.
- The AUC should investigate the feasibility of commissioning an Efficiency / Value for Money indicator which would provide member state data annually.

8. Session 4: Presentation of the AIDS Watch Africa Strategic Framework

The African Union Commission presented on the new AIDS Watch Africa Strategic Framework highlighting its goal to 'work together with our partners, to catalyse transformative action that solidifies our evidence-based advocacy, data-driven accountability and resource mobilisation to end AIDS, TB and Malaria by 2030' and further highlighted its vision, mission and strategic objectives in advocacy, resource mobilisation and accountability. The presentation highlighted the five key outcomes of AWA which are (1) leadership and governance, (2) political support and ownership, (3) mobilisation of an Effective Response and Sufficient Resources, (4) Accountability and Oversight for Results and (5) Information for Action. The presentation further highlighted the AWA Strategic Framework strategic pillars (1) bold policies, coordination and supporting systems, (2) strategic partnerships and multisectoral approach, (3) institutionalisation of AWA, (4) health financing strategic initiatives and accountability and (5) strategic information and public communication towards the achievement of the Catalytic Framework targets and milestones.

8.1 Recommendations

- AIDS Watch Africa Champions- It was noted that there is a need to review the implementation structure of the AWA Champions either by region or by disease-specific.
- Consider appointing Ministers, Former Heads of State and other influential opinion leaders as champions.
- The African Union Commission should explore the rebranding of AWA to reflect on the three diseases.
- Proposal for the development of annual report on the status of the three diseases for accountability and action.
- Gender dimension need to be included in the strategy.

- Emphasise the need for highlighting prevention in young people to close the tap of new HIV infections working with various stakeholders.

9. Session 5: Health Financing

9.1 Role of Political Leadership and Civil Society Organisations on Domestic Financing: Lessons from the 5th Global Fund Replenishment

The Global Fund presentation highlighted that political leadership is crucial to increase domestic financing for health. It further highlighted the need for leaders to take action to ensure that governments invest more in health through direct budget allocation and more value for money invested. The presentation emphasised the need for civil society to advocate for more funding, ensure that investments go where they are most needed, and hold leaders accountable for their commitments. The presentation highlighted that investments in health have increased significantly in countries where the Global Fund invests, with an additional 6 billion dollars allocated for the 2015 to 2017 period compared to 2012 to 2014.

The presentation also highlighted that in the Global Fund 5th replenishment cycle, countries around the world pledged 12.9 billion dollars for the 2017-2019 period, with significant increases for most major donors. It was noted that implementing countries played a key role as Champions during the advocacy campaign but also contributed as donors with Benin, Côte d'Ivoire, Kenya, Namibia, Nigeria, Senegal, South Africa, Togo, Uganda, Zambia and Zimbabwe making pledges. The private sector was also instrumental in this effort as private sector players doubled their pledge as compared to the last replenishment. The Global Fund reported that it has developed a resource mobilisation action plan to build on this momentum and secure enough resources to support countries in ending the epidemics by 2030.

9.1.1 Recommendations

- Sustain on-going efforts towards the achievement of the successive Abuja commitments.
- Ensure that civil society messages on domestic financing advocacy and accountability efforts are aligned to support on-going efforts;
- Ensure that roles and contributions of civil society organisations are effectively integrated in national and continental policies and programmes

9.2 Mapping large capital projects in Africa and its implications for health

The presentation highlighted that African Union, AfDB and UNECA and the NEPAD Agency are spearheading the implementation of the programme of infrastructure development in Africa to reduce the infrastructure deficits resulting in increased production and transaction costs, reduced competitiveness of businesses and a negative impact on foreign direct investment flows to the continent. The presentation further highlighted that the implementation of the 51 PIDA projects, especially those in the areas of energy and transport has the potential to contribute positively to addressing social and economic determinants of health (especially access to portable water). Such links must be clearly identified and integrated into the EIA process.

The existence and local experience of CSOs was highlighted together with their crucial roles of community mobilization, advocacy and watchdog functions within the EIA process. The deliberations also emphasised the need to clearly package messages on the importance of integrating health in EIA processes for capital projects for the understanding of key decision makers. The role of the UN family (WHO, ILO, UNAIDS), AUC and NEPAD agency in revising and contributing to the implementation of the 2016 AWA decision on EIA was highlighted.

9.2.1 Recommendations

- Strengthen the role and capacity of relevant sector ministries in EIA to ensure that the socio-economic and health impacts of large capital projects are taken into account;
- Ensure that the capacities of National Environmental Management Agencies and relevant ministries understand health benefits of large capital projects and work together to ensure that these are highlighted/integrated in all EIAs for all large capital projects.
- Develop partnerships and strengthen the capacities of local CSOs to enable them to support the campaign to better integrate health issues in EIA processes for all capital projects including PIDA related ones.

10. Session 6: Africa Campaign to Eliminate New HIV infections and Keep Mothers Alive

The Africa First Ladies Against HIV/AIDS secretariat presented a continental campaign on Elimination of New HIV infections in Children and Keeping Mothers Alive that is being proposed to OAFLA members and the African Union Commission for launching in January 2018. The campaign will be implemented within the framework of the MoU of the two organisations. The objectives and key messages of the campaign as well as the partners (UNICEF, EGPAF and AUC) was presented. The presentation highlighted the efforts made by OAFLA members in the past on PMTCT and EMTCT in the form of regional and national campaign since 2002.

10.1 Recommendations

- Ensure synergies between the continental campaign and the global initiative to start free, stay free, AIDS free.
- Emphasize the need for OAFLA and civil society to work together at both continental and national levels for greater effectiveness of programmes.
- OAFLA to consult on broadening its membership to include other influential people.
- OAFLA should incorporate sustainability planning working with the ministry of health to ensure continuity.
- Involvement of first ladies and other women leaders in the fight against Malaria and TB.

11. Session 7: Human Resources for Health

UNAIDS presented on the 2 million Community Health Workers (CHWs) initiative to meet the 90-90-90 AIDS target. The presentation highlighted the need to rapidly train and deploy 1 million CHWs to end AIDS by 2030. In addition the presentation highlighted the direct health benefits of paying CHWs including reducing poverty, empowering women, supporting decent work and encouraging broader economic development. The presentation further emphasised the need to allocate domestic resources, reach out to traditional donors, as well as explore innovating financing, for the CHWs initiative. In the discussion an example from Ghana was shared where the government pays 20,000 CHWs. Member States welcomed the initiative and emphasized the importance of strengthening health systems. Various countries shared experiences in training health extension workers and other community workers, and raised important questions on sustainability and financing of the CHW initiative.

11.1 Recommendations:

- Support the 2 million community health workers initiative with the aim to build strong human resources for health, create decent employment, and harness the Africa demographic dividend.
- Ensure that training of CHWs does not imply substitution in the training of doctors, nurses, midwives and other higher-level Health Workers.
- Mobilise domestic and international resources and support a multisectoral approach to support human resources for health including the 2 million community health workers initiative.

12. Session 8: Viral hepatitis and HIV co-infection

Gilead Sciences presented data on the impact of viral hepatitis (hepatitis B and C) in Africa. The presentation made reference to the WHO- AFRO report that notes that viral hepatitis is responsible for an estimated 1.4 million deaths per year, mostly hepatitis-related liver cancer and cirrhosis. It further highlighted that in Africa hepatitis B is highly endemic and affects an estimated 5–8% of the population, mainly in West and Central Africa. The presenter highlighted the existing policy guidance from WHO as well as the African Union (Assembly/AU/14(XXIII)) and encouraged all stakeholders to develop linkages between viral hepatitis and ATM programming and policies.

12.1 Recommendations

- Member States should increase attention and action to viral hepatitis B and C by prioritising linkages with other relevant health initiatives in ATM.

13.Session 9: Access to affordable and quality assured medicines, commodities and technologies

The NEPAD Agency presented on the progress made in the African Medicines Regulatory Harmonisation (AMRH) initiative that has been implemented since 2009. The presentation highlighted that the initiative, which is implemented through RECs has so far facilitated the adoption of regionally harmonized standards and guidelines for registration of medicines in the East African Community which came into force in January 2015. It further highlighted the Regional Medical Products Regulatory Harmonisation projects for West, Southern, Central and East Africa that have been initiated. Further to the regional progress, following the adoption of the AU Model Law on Medical Products Regulation in January 2016, six countries have utilised it to review their laws on medical products regulation.

Progress has also been registered on the milestones towards the establishment of the African Medicines Agency (AMA) in 2018 as endorsed by the 26th Ordinary Session of the Executive Council in its decision EX.CL/Dec.857 (XXVI). On efforts towards improving local production of pharmaceuticals in Africa, the Specialised Technical Committee on Health, Population and Drug Control endorsed the establishment of a fund for the development of the African pharmaceutical manufacturing sector. As part of supporting research efforts on vector control toward elimination of Malaria by 2030, the NEPAD Agency, AUC and Partners are supporting efforts on technology prospecting for disease control. Multi-sectoral collaborative and coordinated effort have also been initiated on TB control through the regional economic communities.

13.1 Recommendations

- Member States to utilise the AU Model Law on Medical Products Regulation in reviewing and/or enacting the national legislation on medical products for strengthening national regulatory systems.

- Member States and stakeholders to support the finalisation of the processes for the establishment of the African Medicines Agency by 2018.
- Member States and partners requested to support the establishment of the fund for the development of the African pharmaceutical manufacturing sector which will facilitate access to affordable and quality assured medicines, commodities and technologies.
- Member states and partners should support the creation of the necessary regulatory capacity for utilising technologies such as the Gene drive technology for mosquito control.
- Ensure civil society engagement with the NEPAD.

14. Session 10: Closing remarks

The Director of Social Affairs thanked all the participants for the fruitful discussions and for the work in preparing the documents for the AWA Heads of State and Government Meeting taking place on 3 July 2017.