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**ASSEMBLY OF THE UNION**  
**Thirty-Second Ordinary Session**  
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**Addis Ababa, ETHIOPIA**

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**REPORT OF H.E. PAUL KAGAME, PRESIDENT OF THE REPUBLIC  
OF RWANDA, ON AIDS WATCH AFRICA (AWA) PROGRESS  
REPORT: OUTCOME OF THE LEADERSHIP IN HEALTH  
FINANCING FUNDS HIGH LEVEL MEETING**

**REPORT OF H.E. PAUL KAGAME, PRESIDENT OF THE REPUBLIC OF  
RWANDA, ON AIDS WATCH AFRICA (AWA) PROGRESS REPORT:  
OUTCOME OF THE LEADERSHIP IN HEALTH FINANCING  
FUNDS HIGH LEVEL MEETING**

**Introduction**

1. The objectives of Aids Watch Africa (AWA) include leadership and ownership of Africa's response to AIDS, TB and Malaria, mobilization of action and an effective response and sufficient resources, accountability in meeting agreed targets, and disseminating information on decisions for timely action.

2. At the 31<sup>st</sup> AU Summit in Nouakchott, AWA Heads of State and Government statutory meeting took place, the decision Assembly/AU/Dec.709(XXXI) was adopted and since implementation focused on the following themes;

3. This report provides an update on the implementation of the AIDS Watch Africa Assembly Decision on the Report of AIDS Watch Africa which was considered in July 2018 by the Heads of State and Government in Nouakchott, Islamic Republic of Mauritania. The report updates on the key deliverables, highlighting the leadership, advocacy and accountability role it can still play in improving the health of Africa's people as follows:

**I. INCREASED DOMESTIC INVESTMENTS IN HEALTH**

**THE AFRICA LEADERSHIP MEETING: INVESTING IN HEALTH**

4. The Republic of Rwanda and the African Union Commission are organizing the Africa Leadership Meeting: Investing in Health to take place on 9 February 2019.

5. The meeting is bringing together Heads of State and Government, Ministers of Health and Finance, Parliamentarians, Private Sector Leaders and Global Health Financing Mechanisms and seeks to achieve the following objectives:

- Commitments by African Heads of State and Government to increase domestic finance, and where appropriate, make pledges to participating organizations;
- Commitments by the private sector – specifically, African companies, and;
- Commitments by participating organizations to collaborate/cooperate/co-invest, including in innovative finance and key systems pieces (e.g., supply chain, data systems, etc.)

**THE STATEMENT REPORT ON DOMESTIC HEALTH FINANCING as follow:**

**INCREASING DOMESTIC INVESTMENTS IN HEALTH TO REALISE *THE AFRICA WE WANT***

- Africa is home to 16% of the world's population and accounts for 24% of the world's disease burden. Although it confronts about 100 public health events every year the health sector is heavily underfunded, receiving just 1% of global health spending;
- To address the decades of underinvestment in health AU Member States have committed to increasing domestic investment in health and to tracking these investments annually at the Heads of State level through the *Africa Scorecard for Domestic Financing for Health*;
- Against the target of increasing the percentage of the government budget dedicated to health, 30 member states increased their investment in health while 21 member states decreased their investment between 2015-2016;
  
- But domestic investment is increasing too slowly. To address this, we, the Heads of State and Government of the African Union, convened the *Africa Leadership Meeting – Investing in Health* in Addis Ababa, Ethiopia on 9 February 2019 to review the progress, challenges and next steps needed for increased financing to strengthen health systems and achieve universal health coverage.

We:

- **Assert** that AU member states can and must do more to meet their commitments by making meaningful annual increases to domestic investment in health and urge the private sector and global health financing mechanisms to increase investments to address Africa's health priorities;
- **Note with concern** that only four developed countries consistently meet the commitment to allocate 0.7% of Gross National Income (GNI) to Official Development Assistance and **call upon** development partners to meet their commitments;
- **Undertake** to enhance national health financing systems, including by reducing fragmentation, exploring national health insurance (where appropriate), strengthening capacities to purchase services effectively and increasing efforts to improve prevention, cost-effectiveness and allocative efficiency;
- **Commit** to improving coherence between the public and private sectors and with multilateral and bilateral development partners to create synergies for delivering sustainable, effective, efficient and equitable health for all;
- **Request** member states to reorient health spending and health systems to target the diseases and conditions across the lifecycle that have the greatest impact on mortality and human capital development;

- **Call upon** Member States to strengthen public financial management capacity to help improve tax collection and/or increase the proportion of tax revenue collected as a percentage of GDP, through equitable and efficient general taxation and improved revenue collection, and to strengthen the capacities of ministries of finance and tax revenue authorities to achieve this.

### **Other 2018 AWA KEY ACHIEVEMENTS**

#### **1. Africa Scorecard on Domestic Financing**

6. Following adoption by the Assembly, the African Union Commission widely disseminated with the support of partners the 2018 Africa Scorecard on Domestic Financing for Health to promote transparency and accountability on domestic private and public investments and international support.

7. The Africa Scorecard for Domestic Financing for Health will be digitized soon, providing a solid foundation for a digital knowledge hub for health financing in Africa to provide evidence for policy and decision makers across Africa.

#### **2. Establishment of the Africa Medicines Agency to support regulatory harmonization, medical product registration and implementation of the PMPA business plan**

8. The AMA Treaty document is planned to be endorsed during the current 32 AU Summit.

9. The Treaty for the establishment of the African Medicines Agency (AMA) will be critical to improve the coordination and strengthening of continental initiatives to harmonise medical products regulation, provide guidance and technical support to improve access to quality, safe and efficacious medical products and health technologies on the continent.

10. The African Union Commission is already engaging with Regional Economic communities (RECs) and Regional Health Organizations (RHOs) towards its implementation.

11. The NEPAD Agency of the African Union and the African Union Commission is working with AU Member States, supporting the strengthening of Regional Centres of Regulatory Excellency in order to develop the capacity of medical products regulatory professionals. Member States are also being supported in implementing the AU Model Law on Medical Products Regulation with RECs facilitating regulatory and legal reforms at continental, regional and national levels.

#### **3. Common African Position to the High-Level Meeting and UN HLM on TB**

12. The African Union Commission engaged with Member State Programme Managers, Ministers of Health, AU Organs, RECs, RHOs, civil society, private sector and development partners and developed the Common Africa Position on TB which

was subsequently endorsed by Heads of State and Government in Nouakchott.

**13.** The African Union Commission widely disseminated the Common Africa Position on TB to key stakeholders. It was presented in New York as Africa contribution during the negotiations toward adoption of the UN political declaration endorsed in September 2018 (the UN General Assembly).

#### **4. Launch and roll out of the Zero Malaria Starts With Me campaign**

**14.** Following the request by Heads of State and Government for the African Union Commission and the RBM Partnership to End Malaria to coordinate with Member States and facilitate the launch and roll out of the Zero Malaria Starts with Me.

**15.** To date, nine countries have launched the Zero Malaria Starts with Me Campaign and more than thirty others have expressed interest to launch and roll out the campaign.

**16.** Thirty-nine countries have rolled out national and subnational malaria control and elimination scorecards and action trackers.

**17.** Key priorities will also include the removal of bottlenecks for next generation commodities to address resistance and promote local production, addressing vector resistance, strengthening national malaria control and elimination scorecards and action trackers; and developing a monitoring and evaluation framework for the Zero Malaria Starts with Me Campaign.

#### **5. African Continental End TB Accountability Framework for Action and the End TB Scorecard**

**18.** Following adoption by the Assembly, the African Union Commission widely disseminated the Accountability Framework and Africa TB Scorecard to Member States and will follow up on its implementation.



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**DRAFT**  
**DECLARATION OF THE AFRICA LEADERSHIP MEETING –**  
**INVESTING IN HEALTH**

**“ADDIS ABABA COMMITMENTS TOWARDS SHARED RESPONSIBILITY AND  
GLOBAL SOLIDARITY FOR INCREASED HEALTH FINANCING”**

**We**, the Heads of State and Government of the African Union, meeting at the 32<sup>nd</sup> Ordinary Session of the Assembly of the Union in Addis Ababa, Ethiopia from 10 to 11 February 2019 reviewed the progress, challenges and next steps needed for increased financing to strengthen health systems and achieve universal health coverage (UHC);

**Taking Note** of the key outcomes of the Africa Leadership Meeting – Investing in Health, we recommitted to increase domestic investments in health and urged the private sector and global health financing mechanisms to increase investments to address Africa’s health priorities;

**Recalling Further Agenda 2063**, Africa’s blueprint for socio-economic transformation that calls for increased domestic investments to strengthen health systems as a foundation for solid inclusive growth, prosperity, peace and structural transformation, the *Africa Health Strategy (2016-2030)* that seeks to strengthen health systems and achieve universal health coverage and ensure Africa’s health security, the *Catalytic Framework to end AIDS, TB and Malaria in Africa by 2030*, the *Maputo Plan of Action (2016-2030) for Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa* all endorsed by the Assembly in 2016 and the Declaration on “*Universal Access to Immunization as a Cornerstone for Health and Development in Africa*” adopted by African Ministers of Health in 2016 and the 2017 Declaration committing to accelerate implementation of the International Health Regulations (IHR);

**Recognizing** the broader health and development agenda of *Agenda 2030* and the continued efforts to advocate for, and prioritise health as central to sustainable development and economic security;

**Recognizing Also** that Sustainable Development Goal 3 (SDG3) to achieve universal health coverage can only be achieved with strong country leadership, multisectoral collaboration, and the support of multi-lateral and bi-lateral partners, and the private sector;

**Noting** that the 2018 Africa Scorecard on Domestic Financing for health demonstrates that 36 of 55 AU Member States (65.5%) have increased the percentage of GDP invested in health over the previous financial year;

**Noting With Concern** that despite this increased investment in health, only 2 of the 55 AU Member States meet Africa’s target of dedicating at least 15% of the government budget to health and that in no case does this investment reach the target of \$86.30 USD per capita;

**Also Noting With Concern** that only four high income countries consistently meet the commitment to allocate 0.7% of Gross National Income (GNI) to Official Development Assistance;

**Bearing In Mind** that the achievements of the last eighteen (18) years towards achieving Universal Health Coverage depended largely on the political will and commitment by Africa's top leadership as well as strategic partnerships at all levels;

**Cognizant** of the importance of health, alongside education, in developing the human capital needed to drive economic growth, stability, peace and security;

**Taking Note** of the upcoming Replenishments of the Global Fund to Fight AIDS, TB and Malaria and Gavi- the Vaccine Alliance and of the importance of the recent Global Financing Facility (GFF) Replenishment and requests African Union Member States and development partners to actively support these Replenishments and the development of the Global Action Plan;

**Affirming** that sustainable and diversified health financing is a shared responsibility which cannot be achieved without global solidarity and collective effort;

**DO HEREBY SOLEMNLY:**

1. **COMMEND** the continued global, continental, regional and national efforts to keep health financing high on the political agenda;
2. **COMMEND FURTHER** the support of international development partners and Global Health Financing Mechanisms to increase investments in health in the context of competing development priorities;
3. **RE-AFFIRM** our commitment to increase domestic health resource mobilisation and progressive taxation;
4. **CALL UPON** the private sector to support and invest in expanding access to quality health care services, achieving universal health coverage, and ensuring the health security of the continent;
5. To this end, we **UNDERTAKE** to:
  - i) **Increase** domestic investment in health, improve health financing systems and further expand efforts to increase prioritisation and efficiency in a context-appropriate manner so that each country can pursue its own path to achieving and sustaining universal health coverage and that the people of the African continent can receive the quality, accessible and affordable prevention, diagnosis, treatment and care services they need without suffering financial hardships;
  - ii) **Mobilise** sufficient and sustainable financing to strengthen health systems, especially primary health care and national public health institutions, and achieve universal health coverage;
  - iii) **Foster** greater cooperation between the public and private sectors to create synergies for delivering sustainable, effective, efficient and equitable health for all and safeguard the health security of the people;

- iv) **Request** the African Union Commission and partners to ensure that strategies are in place for diversified, balanced and sustainable financing for health through the development of strategic health investment plans and strategies that include the private sector;
- v) **Request** the African Union Commission to work with partners to create regional health financing hubs to support relevant ministries (including finance and health) and partners to catalyse, capture and scale innovations and best practices and to address gaps in domestic health financing; and request multilateral, bilateral and private sector partners to support the hubs and to use them to align their efforts to those of Member States to increase domestic financing, including through improved taxation and other financing mechanisms;
- vi) **Request** the African Union Commission to work with partners to improve the monitoring of health financing through greater annual implementation of National Health Accounts and wider dissemination;
- vii) **Request** the African Union Commission to lead the development of a '*Progress Tracker*' that will complement the *Africa Scorecard on Domestic Financing for Health* by enabling AU Member States to track step-by-step progress towards increased domestic financing and its efficient and effective allocation, pooling and use;
- viii) **Call upon** Member States to strengthen public financial management (PFM) capacity to help improve tax collection and/or increase the proportion of tax revenue collected as a percentage of GDP, through equitable and efficient general taxation and improved revenue collection, and to strengthen the capacities of ministries of finance and tax revenue authorities to achieve this;
- ix) **Call upon** Member States to reorient health spending and health systems to target the diseases and conditions across the lifecycle that have the greatest impact on mortality and human capital development with the mix of interventions that will deliver the greatest impact in combatting them;
- x) **Enhance** national health financing systems, including by exploring options to reduce fragmentation, exploring national health insurance (where appropriate), strengthening capacities to purchase services effectively and increasing efforts to improve prevention, cost-effectiveness and allocative efficiency. Member States should also foster greater coordination with multilateral and bilateral partners, including the African Development Bank, Gavi- the Vaccine Alliance, the Global Fund to Fight AIDS, TB and Malaria and the Global Financing Facility; In turn these organisations will work with a few pioneer countries to develop mechanisms for countries to access these funds to support national

health platforms and systems (e.g. procurement, supply chain, etc) and, where appropriate, public and private health insurance systems;

- xi) **Request** the Commission to monitor the implementation of the recommendations of the Africa Leadership Meeting – Investing in Health and report to the Assembly regularly;
- xii) **Also Request** the Commission and partners to support the implementation of the commitments on health financing and to develop an accountability framework to monitor implementation of this Declaration;
- xiii) **Express** our gratitude to H.E. President Paul Kagame of the Republic of Rwanda for hosting the Africa Leadership Meeting-Investing in Health;
- xiv) **Appoint** His Excellency President Paul Kagame as a champion for domestic health financing.

**Done at Addis Ababa, Federal Democratic Republic of Ethiopia, this 11<sup>th</sup> day of February 2019**

2019-02-10

# Report of H.E. Paul Kagame, President of the Republic of Rwanda, on AIDS Watch Africa (AWA) progress report : Outcome of the leadership in health financing funds high level meeting

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