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**REPORT OF THE COMMISSION ON THE REVITALIZATION  
OF AIDS WATCH AFRICA (AWA)**

## WATCH AFRICA (AWA)

### I. PREAMBLE

#### REPORT OF THE COMMISSION ON THE REVITALIZATION OF AIDS WATCH AFRICA (AWA)

1. To continue to expand Africa's leadership and to mitigate the risk of backtracking on progress being made to combat HIV/AIDS, TB, and malaria over the past decade, African Heads of State and Government and the African Union launched a process in 2011 to revitalize AIDS Watch Africa (AWA).

2. At the 2001 Abuja Summit on HIV/AIDS, TB and Other Related Infectious Diseases, eight Heads of State and Government got together and created AIDS Watch Africa (AWA) as an advocacy platform at Head of State level to monitor the African response and mobilize resources. Originally coordinated from Abuja, AWA was recognized as an African Union structure and the AWA Secretariat was relocated to the AU Commission by the July 2004 African Union Summit Decision. Since 2005, an AWA Secretariat was established in the Department of Social Affairs of the African Union Commission (AUC) as part of the Division on HIV/AIDS, Tuberculosis, and Malaria. See description of AU Organs in Annex 2 and organizational chart in Annex 2.

3. Over the past ten years, AWA has served as an African-led advocacy and accountability platform to press for the urgent acceleration of continental action to combat HIV/AIDS. AWA convened several meetings in conjunction with the biannual AU Summits bringing a focus on the HIV/AIDS crisis as a top priority of African leaders. To implement decisions of African Heads of State and Government, AWA subsequently convened continental meetings of National HIV/AIDS Commission that galvanized the design and implementation of the AU's Continental HIV/AIDS Strategic Plan.

4. For the period of 2012- 2015, AWA will build on this experience and mobilize continental action to address the triple scourges of HIV/AIDS, tuberculosis, and malaria, and to ensure that political commitments made to date are kept. The response to HIV/AIDS, tuberculosis, and malaria is seen as an integral component of Africa's Health Strategy, 2007-2015, which aims to ensure that a coordinated response to health crises is implemented to ensure maximum benefit from the resources mobilised and to prevent fragmentation and duplication and ensures local governance of strengthened health systems.

5. This concept document provides a road map for AWA's revitalisation, including a review of progress made to date, outlines the strategic directions for AWA revitalisation during 2011-2015 and an implementation plan, while maintaining the framework for AWA that is already approved by the African Union Heads of State and Government.

## II. RATIONALE

6. The challenge of the HIV/AIDS, TB, and malaria pandemics to Africa's growth and development is clear, and reversing the spread of these diseases is central to sustainable socio-economic development, social cohesion, political stability, food security and continuing the critical flow of international trade and foreign investment in the continent. In response to this crisis, eight African Heads of State and Government joined together in 2001 to create AIDS Watch Africa (AWA) to monitor progress of the Abuja Declaration implementation and to galvanize subsequent advocacy action. See timeline of major activities 2001-2011 in chart below. With the advent of the Africa Union, during 2004 these leaders decided to integrate AWA into the efforts of the Africa Union Commission.

<b>TIMELINE OF AFRICAN UNION &amp; AIDS WATCH AFRICA (AWA) KEY MILESTONES, 2001-2011</b>	
2001:	Abuja Summit on HIV/AIDS, TB and Other Related Infectious Diseases, eight Heads of State and Government; AIDS Watch Africa (AWA) created as an advocacy platform at Heads of State level to monitor the African response and mobilize resources.
2004:	AWA Secretariat was relocated to the AU Commission
2005:	Continental HIV/AIDS Strategic Framework and AWA Action Plan approved
2005:	Maputo Plan of Action for implementing the Continental Policy Framework on Sexual Reproductive Health and Rights (SRHR)
2006:	Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS prevention, treatment, care and support in Africa by 2010
2006:	Adoption of the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, TB and Malaria Services by 2010
2007:	African Union Ministers of Health adopt Africa's Health Strategy;
2009:	African Union launches Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA)
2010:	AU Heads of State and Government extended the "Abuja Call" to 2015 AU Heads of State and Government approve "A Partnership For The Elimination of Mother-Child Transmission of HIV in Africa"
2011:	AU adopts Common Position on HIV/AIDS in activities pertinent to the prevention and resolution of conflict and post-conflict peace-building

7. In 2005 the African Union Commission developed a Continental HIV/AIDS Strategic Framework and AWA Action Plan to support efforts to galvanize continental efforts to achieve universal access to HIV/AIDS programmes and services.

Subsequently, in 2005, African leaders approved the Maputo Plan of Action for implementing the Continental Policy Framework on Sexual Reproductive Health and Rights (SRHR) to ensure universal access to sexual and reproductive health by 2015 in all countries. These efforts led to the 2006 Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS prevention, treatment, care and support in Africa by 2010.

**8.** In 2006, a Special Summit of the AU on HIV/AIDS, TB, and Malaria (ATM) was held to reaffirm Africa's commitment and to define a forward looking agenda for action. At this summit, an African Common Position and a reaffirmation of Abuja Declaration Plan of Action were adopted. Additionally, the AU led pan-African efforts to achieve universal access to HIV/AIDS prevention, care, and treatment programmes.

**9.** In 2007, African Union Ministers of Health met to harmonize all the existing health strategies by drawing an Africa Health Strategy which Regional Economic Communities (RECs) and other regional entities and Member States could use to enrich their strategies, depending on their specific challenges. The overall objective of this strategy is to strengthen health systems in order to reduce ill-health and accelerate progress towards attainment of the Millennium Development Goals in Africa. The African Union Health Strategy recognizes that AIDS, tuberculosis and malaria continue pose the greatest challenge, however, the strategy aims to ensure that HIV/AIDS, Tuberculosis, and malaria response efforts also simultaneously strengthen health systems, to improve capacity of those systems to address other nationally-determined communicable and non-communicable disease priorities.

**10.** Building on those efforts, in 2010, at the African Union Summit in Kampala, Heads of State and Government adopted key actions on MNCH and approved EX.CL/Dec.584 (XVII) Decision on the item Proposed by the Republic of Senegal "A Partnership For The Elimination of Mother-Child Transmission of HIV in Africa". To address other pressing health priorities, in 2009, the African Union successfully launched the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA), which is now active in over 30 countries. In June 2011, at 5th Session of the African Union Conference of Ministers of Health the AU and AWA supported the development of Africa's Common Position to the High-level Meeting of the UN General Assembly Session on HIV/AIDS (Common Position).

**11.** At the African Union Summit held in Malabo in June-July 2011, the AU Common Position also acknowledged the recently UN Security Council Resolution 1983 that focused on ensuring that HIV-related needs of people living with, affected by, and vulnerable to HIV, including women and girls, are addressed in UN activities pertinent to the prevention and resolution of conflict, the maintenance of international peace and security, the prevention and response to sexual violence related to conflict, and post-conflict peace-building.

**12.** These milestones over the past ten years reflect just a few of the achievements of the unprecedented mobilisation of African governments, the private sector and civil society to address these pandemics, whilst simultaneously strengthening community and health systems to prevent and treat a wide range of infectious diseases. African Heads of State and Government have shown an historical level of leadership, by building and sustaining the political will for stopping the pandemics.

**13.** Additionally, it should be noted that national and sub-regional strategies and programmes have greatly benefitted from the international technical and financial support of the UN system, the Global Fund to Fight AIDS, TB & Malaria, the Stop TB Partnership, Roll Back Malaria, and bilateral programmes, such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the European Union, the Swedish-Norwegian HIV/AIDS Team, and the UK Department for International Development (DfID), among others, to go to scale with HIV/AIDS, TB, and malaria programmes that are saving millions of African lives.

**14.** Nevertheless, the progress made to date is extremely fragile. The recent global financial economic crisis has brought challenges to African governments and international partners in being able to sustain and expand the financial requirements necessary to combat the three diseases. Subsequent to the Abuja Declarations, some countries have increased their health expenditure, while development partners have increased their development aid for health beyond US\$10 billion per annum. However, health funding in most countries remains below what is required to support a minimum standard for an effective health system. Only four out of the 53 African countries have met the Abuja 2001 target of 15% of total government expenditure to be allocated to health, leaving a large gap in health spending. Additionally, there are competing challenges, such as food shortages, conflicts and democratic transitions, and climate adaptation—which are also pressing matters on the Continent.

#### **A. AWA: A Review of Experience from 2001-Present**

**15.** As ten years have passed since the historic Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases was approved in April 2001, the African Union Commission conducted a rapid review during January – June 2011 of AIDS Watch Africa (AWA) experience during the period of 2001-2011, in order to develop a road map for AWA revitalisation process going forward. The following methodologies were used to conduct this review:

1. Key informant interviews were held with stakeholders involved in the formation of AWA and the revitalisation, including:
  - a. AU Heads of State and Government;
  - b. AUC Chairperson;
  - c. AUC Commissioner of Social Affairs, Director, Division Directors, and staff;
  - d. UNAIDS Executive Director and key UNAIDS staff;
  - e. UN Family (e.g. including UNECA, UNICEF);
2. A rapid SWOT Analysis methodology (see Table 1) was used to synthesize the information collected above and to determine priorities for AWA revitalisation during 2011-2015;

3. Key documents were reviewed, including AWA Strategic Plans, AU Decision Points regarding AWA, meeting notes available from 2001-2006, and reports on progress and recommendations by AUC staff.

**B. Principles for AWA Revitalisation, 2012-2015**

**16.** Building on AWA's ten years of experience, key stakeholders have determined that AWA should remain a vibrant and dynamic entity through which African Union Heads of State and Government can continue to assert leadership to combat HIV/AIDS, Tuberculosis, and malaria. The specific rationale and recommendations for AWA revitalisation are:

1. AWA revitalisation is vital for building and sustaining political will to win the battles against HIV/AIDS, Tuberculosis, and Malaria in Africa during the period of 2012-2015, and beyond;
2. AWA should seek to harmonize efforts to combat HIV/AIDS, tuberculosis, and malaria in line with other related commitments, e.g. the Maputo Declaration, the African Health Strategy, and the Kampala Commitment to Accelerate Prevention of HIV Mother-to-Child Transmission;
3. AWA, housed within the African Union Commission, has immense convening power and has the ability to directly leverage the African Heads of State and Government; and there is no other African Union led institution that is mandated with the responsibility of setting the agenda and holding leaders accountable for their HIV/AIDS, Tuberculosis, and malaria commitments;
4. AWA must overcome significant gaps in capacity (see SWOT analysis below) in order to succeed as an Africa Regional advocacy and accountability mechanism. Once AWA capacity is strengthened, stakeholders recommended that AWA should identify one or two main priorities during 2011-2012 in order to establish a renewed foundation of success from which to build on in subsequent years;
5. AWA Revitalisation should ensure broader regional representation from each sub-region, and promote linkages to the ongoing efforts of the Regional Economic Communities (RECs) as appropriate;
6. AWA should further develop operational collaborations with other AU Organs, with a focus on the African Peer Review Mechanism (APRM), NEPAD, the Pan-African Parliament;
7. Building strategic partnerships with UN Agencies, global and regional partnerships, and international donor partners should be developed;
8. A strong AWA Secretariat, with 3 fully dedicated AWA staff, is an essential prerequisite for the successful revitalisation of AWA.

**Table 1: SWOT Analysis of AWA Experience, 2001-2011****Strengths**

- High level of African Union political commitment, as AWA is approved by Heads of State and Government Assembly;
- African Unions has a unique convening role and responsibility;
- Potential to empower continental response to HIV/AIDS, TB, and Malaria;
- Ability to promote synergy and integration of programmes of all stakeholders, including donor programmes;
- Potential to strengthen African Union's continental and global advocacy roles;
- AWA Secretariat in African Union Commission /Dept. of Social Affairs allows for opportunities for cross-departmental coordination (e.g. Gender, Economic Affairs, Human Resource Science & Technology (HRST));
- AWA can leverage links with African Union frameworks, e.g. Abuja, Maputo Declarations;
- AWA can leverage African Union organs (e.g. RECs, Pan African Parliament, and others);
- AWA can leverage other African Union Programmes (e.g. APRM, NEPAD);
- AWA can create opportunities to encourage high-level commitment of African leaders to improve performance, including mobilisation of resources;

**Opportunities**

- AU commitments on HIV/AIDS, TB, Malaria, Maternal New-born and Child Health (MNCH), MDG agendas;
- Renewed focus on African development in global arena;
- Economic growth in Africa offers opportunities for expanding domestic resource and commitment to combating HIV/AIDS, TB, and Malaria;
- Increasing awareness of accountability on African Union agenda as a critical priority;
- African Union Commission Department of Social Affairs, HIV/AIDS Division with high qualified staff;
- Expanding African youth leadership commitment to HIV/AIDS;
- AWA can link continental efforts of Elders, Champions for an HIV Free Generation, Organization of African First Ladies Against HIV/AIDS, Stop TB Partnership, African Leaders Malaria Alliance (ALMA);
- AWA can galvanize African leadership commitment to the Global Plan Towards Elimination of New HIV Infections Among Children by 2015 & Keeping Their Mothers Alive;
- AWA can leverage involvement of African academic and think tanks;
- AWA can leverage influence of African civil society, the private sector, and foundations;

**Weaknesses**

- African Union Commission absence of dedicated AWA staff and resources;
- Absence of mechanism to ensure continuity of AWA's leadership;
- AWA Heads of State unclear of their roles and responsibilities due to poor communications;
- Weak coordination among HIV/AIDS advisors to AWA Heads of State;
- Weak African Union-United Nations mechanism for convening of HIV/AIDS, TB, Malaria experts ;
- Lack of on-going monitoring of AWA performance;
- Lack of AWA ownership and work plans the African Union;
- No AWA advocacy materials, activities were properly planned;
- Unclear AWA processes for support to the participating Heads of State;
- AWA never implemented in partnership with other AU organs and stakeholders;
- African Union Commission internal procedures are cumbersome;
- Weak M&E mechanisms on the continent.

**Threats/Challenges**

- HIV/AIDS fatigue by key stakeholders;
- Economic crisis is reducing donor funding, leading to organizational financial constraints by key AWA stakeholders;
- Frequent changing of AU leadership;
- UN Regional Coordination Mechanism is perceived as ineffective by some stakeholders;
- Competing AUC priorities;
- Cumbersome African Union Commission internal procedures;
- Gaps in perception of AWA's added value;
- Civil Society Organisations not effectively integrated into AWA activities

### III. AWA VISION, MISSION & OBJECTIVES

#### A. AWA Vision:

17. AWA's vision is to hasten the end of the HIV/AIDS, tuberculosis, and malaria pandemics in Africa.

#### B. AWA Mission:

18. AWA's mission is to lead advocacy and accountability efforts to accelerate the African response to HIV/AIDS, tuberculosis, and malaria, thereby ensuring that African countries achieve the Millennium Development Goals (MDGs) throughout Africa by 2015 and beyond.

#### C. AWA Objectives:

1. **Leadership:** AWA will advocate to mobilize the political will of African Heads of State and Government to adhere to their commitments on HIV/AIDS, TB, and Malaria;
2. **Ownership:** AWA will advocate for national level ownership by governments, the private sector, and civil society to ensure ownership by stakeholders in African countries to combat AIDS, TB, and Malaria;
3. **Mobilisation of an Effective Response & Sufficient Resources:** AWA will advocate to ensure that an effective response to HIV/AIDS, tuberculosis, and malaria is developed. Additionally, AWA will advocate to mobilize the necessary domestic and international resources to meet national, regional, and international commitments and targets to combat HIV/AIDS, TB, and Malaria;
4. **Accountability for Targets:** AWA will ensure that national governments are held accountable for agreed upon targets that have been adopted by the African Union;
5. **Information for Action:** AWA will facilitate continental and country decision-making processes and disseminate information widely to galvanize action to achieve agreed upon commitments and targets.

#### D. Strategic Directions

19. To reflect the changing environment in which AWA is operating, the following strategic directions are prioritized:

##### 1. Integration of HIV/AIDS, Tuberculosis, and Malaria Efforts

20. AWA's mandate includes HIV/AIDS and now will be broadened to include tuberculosis and Malaria. AWA's new mandate will seek synergies between the combined programmes of HIV/AIDS, tuberculosis, and malaria and the strengthening of health systems, through national and sub-regional efforts, in accordance with Africa's Health Strategy.



## **2. AWA Continent-wide Representation**

**21.** AWA's leadership will be strategically expanded to ensure that all regional bodies are represented. Strategic partnerships will be established with the African Union's Regional Economic Communities (RECs) to harmonize and coordinate efforts. AWA will provide an annual report to the July Summit of Heads of State and Government;

## **3. Strategic Partnerships with AU Organs**

**22.** AWA experience to date indicates that further strengthening of strategic partnerships with other African Union organs is vital for the next phase of action. Specifically, AWA should ensure coordinated advocacy with the ongoing HIV/AIDS, tuberculosis, and malaria initiatives of the Regional Economic Communities (RECs) and promote new initiatives where gaps are identified.

**23.** Additionally, AWA should promote an intensified engagement with the African Peer Review Mechanism (APRM) so that HIV/AIDS, tuberculosis, and malaria commitments can be assessed by the APRM self-assessment processes, by the Independent review panel of the APRM, as well as, monitored through the annual review of the APRM National Plans of Action.

**24.** AWA should seek to identify opportunities to support ongoing efforts of NEPAD and the African Union Commission, such as advancing the advocacy for the recommendations of the Pharmaceutical Manufacturing Plan for Africa (PMPA) and the Africa Health Strategy.

**25.** Finally, AWA should seek to coordinate advocacy and accountability with the Pan African Parliament. Specifically, the Committee on Health, Labour, and Social Affairs is mandated to consider strategies and programmes for the improvement of the lives of African peoples and to consider issues relating to regional and international cooperation in strategic planning and implementation of social development and health policies and programmes.

## **4. Strategic Initiatives to Accelerate Action to Achieve AU Commitments on HIV/AIDS, Tuberculosis, and Malaria**

**26.** To amplify the opportunities to support integration of services, AWA will develop strategic initiatives with key partners, such as the UN Special Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), Global Fund to Fight AIDS, TB, & Malaria, the Stop TB Partnership, Roll Back Malaria partnership, and others.

**27.** For example, the African Union-approved "Partnership For The Elimination of Mother-Child Transmission of HIV in Africa" approved at the 2010 African Union Kampala Summit, will be advanced through a strategic partnership with the Global Plan Toward the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive (Global Plan), that was launched by stakeholders at the UN High Level Meeting on HIV/AIDS held in June, 2011. As 21/22 of the high burden countries prioritized by the Global Plan are in Africa, AWA will position itself as a regional accountability mechanism for the Kampala Commitment, as a contributing component to the Global Plan.

28. Strategic opportunities will also be sought to advance the Abuja Commitments and Africa's Health Strategy in concert with the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund), the Global Plan to Stop Tuberculosis, 2011-2015 and the Global Malaria Action Plan, 2011-2015.

29. Efforts will also be made to coordinate AWA efforts with the Health, HIV/AIDS, TB, and Malaria sub-cluster of the AU-UN Regional Coordination Mechanism (RCM).

#### **IV. AWA STRUCTURE**

30. AWA's implementation structure is being streamlined and updated for the period of 2012-2015 as outlined below :

##### **A. AWA Heads of State and Government Action Committee**

31. The AWA Heads of State and Government Action Committee (AWA Action Committee) will continue to serve as the primary structure of AWA. The African Union Chairperson will serve concomitantly as the Chairperson of AIDS Watch Africa (AWA), or his/her designate from the AU Heads of State and Government Assembly. The AWA Action Committee will meet on an annual basis at the mid-year African Union Summit. Each year, the AWA Action Committee will identify appropriate agenda items to be included on the agenda of the Heads of State and Government Assembly for consideration.

##### **Functions of the AWA Action Committee**

- Spearhead political advocacy on AWA priorities;
- Review continental progress;
- Identify policy priorities for consideration and report to the African Union's Heads of State and Government Assembly on an annual basis.

##### **Membership Criteria:**

- Prior membership on the AWA Heads of State and Government Action Committee;
- Strong leadership on combating HIV/AIDS, TB, and/or Malaria;
- High burden of disease requiring intensive efforts;
- Strong national, regional, and international partnerships within the country and between the country and other stakeholders.

32. Representatives from the African Union Heads of State and Government Assembly will voluntarily agree to serve on the AWA Action Committee.

**Prospective Members by Region of the AWA Heads of State and Government Action Committee**

33. The AWA Heads of State and Government Action Committee functioned with 8 participants during the period of 2005-2011. As part of the AWA revitalisation process, stakeholders will be seeking the involvement of approximately 15 Heads of State & Government with balanced regional representation. The following chart is listing of prospective members as of August 2011.

<b>Africa Union Region</b>	<b>Countries</b>	<b>Head of State or Government</b>
<b>North Africa</b>		
	People's Democratic Republic of Algeria	President Abdelaziz Bouteflika
	Arab Republic of Egypt	Chairman of Armed Forces Mohamed Hussein Tantawi
	Tunisian Republic	President Fouad Mebazaa
<b>West Africa</b>		
	Republic of Côte D'Ivoire	President Alassanne Ouattara
	Republic of Mali <sup>+</sup>	President Amadou Toumani Touré
	Federal Republic of Nigeria <sup>+</sup>	President Goodluck Jonathan
	Republic of Ghana	President John Atta Mills
	Republic of Sierra Leone	President Ernest Bai Koroma
<b>Central Africa</b>		
	The Republic of Chad	President Idriss Deby Itno
	Democratic Republic of the Congo	President Joseph Kabila
	Republic of Equatorial Guinea	President Teodoro Obiang Nguema Mbasogo
	Gabonese Republic	President Ali Bongo Ondimba
<b>Eastern Africa</b>		
	Republic of Djibouti	President Ismail Omar Guelleh
	Federal Democratic Republic of Ethiopia <sup>+</sup>	Prime Minister Meles Zenawi
	Republic Kenya <sup>+</sup>	President Mwai Kibaki
	Republic of Rwanda <sup>+</sup>	President Paul Kagame
	Republic of Uganda <sup>+</sup>	President Yoweri Museveni
	United Republic of Tanzania	President Jakaya Kikwete
<b>Southern Africa</b>		
	Republic of Botswana <sup>+</sup>	President Ian Khama
	Republic of Mozambique	President Armando Guebuza
	Republic of South Africa <sup>+</sup>	President Jacob Zuma

<sup>+</sup>=AWA Participating Country since 2005

## **B. AWA Consultative Expert Committee**

**34.** An AWA Consultative Expert Committee will be formed to review continental progress towards meeting commitments on HIV/AIDS, TB, and malaria, and to determine policy priorities and make recommendations to the AWA Secretariat on priorities for consideration by the AWA Action Committee, and subsequently for priorities to be considered by the African Heads of State and Government Assembly and/or the African Ministers of Health.

**35.** Approximately 25 experts will be identified to serve as Members of the AWA Consultative Expert Committee. Experts of the Committee will serve for a 3 year term of responsibility. The AWA Consultative Expert Committee is designed to ensure continental representation of executives, leaders, and stakeholders from a subset of governments, civil society, private sector, and multilateral organizations, including :

- Selected representatives of National AIDS Commissions or Programmes; and/or
- Selected representatives of National TB Programmes; and/or
- Selected representatives of National Malaria Programmes; and/or
- Selected Chairs of Country Coordinating Mechanisms (CCMs); and
- Selected Representatives of Civil Society, including youth and other vulnerable groups;
- Representatives, Private Sector and foundations;
- Representatives of NEPAD, APRM, and/or the Pan-African Parliament;
- Representatives, UN Agencies, Stop TB Partnership, Roll Back Malaria and/or the Global Fund to Fight AIDS, TB, and Malaria; and
- Representatives of the Organization of the First Ladies Against AIDS in Africa (OAFILA); the African Leaders Malaria Initiative (ALMA), and Champions for an HIV Free Generation.

### **Functions of the AWA Consultative Expert Committee**

- Develop recommendations for consideration by:
  1. the AWA Secretariat;
  2. the African Union Ministers of Health for submission to the Assembly,
  3. the AWA Heads of State and Government Action Committee.
- Monitor AWA effectiveness and make recommendations to the AWA Secretariat for strengthening AWA's impact.

## **C. AWA Secretariat**

**36.** To ensure the revitalised AWA has the full capacity to fulfil its functions, the AWA Secretariat, housed within the Division of HIV/AIDS, TB, and Malaria of the

Department of Social Affairs of the African Union Commission (AUC) will be strengthened and will include three full-time dedicated staff.

### **Functions of the AWA Secretariat**

- Develop and revise the AWA 3-year Strategic Plan;
- Develop and Implement AWA Annual Action Plans;
- Develop and Implement AWA Resource Mobilization Plan;
- Implement communications strategies, including media strategy to achieve the AWA agenda;
- Facilitate data collection and disseminate continent-wide country-level performance monitoring reports, such as the Scoring African Leadership report;
- Serves as Secretariat for the AWA Heads of State and Government Action Committee and the AWA Consultative Expert Committee;
- Conduct periodic monitoring and evaluation of AWA effectiveness and progress towards implementation of AWA Implementation plans.

#### **• AWA Programme Coordinator**

**37.** The AWA Programme Coordinator is envisioned to function as a senior policy expert who can lead implementation of the AWA implementation plan on a day-to-day basis.

#### **• AWA Advocacy and Partnerships Advisor**

**38.** The AWA Advocacy and Partnerships Advisor will support the AWA Programme coordinator with implementation of AWA communications and outreach activities.

#### **• Administrative Assistant**

## **V. AWA ANNUAL ACTIVITIES**

**39.** AWA implementation is envisioned to be institutionalized within the functioning of the African Union.

### **A. Annual AWA Consultative Expert Meeting**

**40.** The AUC with the support of the AWA Secretariat will host an annual meeting of the AWA Consultative Committee. This meeting will be designed to generate an action agenda for consideration by the AWA Heads of State and Government Action Committee.

**Outputs:**

- Annual Review of Progress;
- Recommendations to the AWA Secretariat for priorities for action by the AWA Heads of State and Government Action Committee and the AU Heads of State and Government Assembly.

**B. Annual Meeting of AWA Heads of State and Government Action Committee**

41. The AWA Action Committee meeting will be convened in coordination each year with the July Heads of State and Government Assembly.

**Outputs:**

- Annual Review of Progress;
- Review and Approve prioritized policies and actions;
- Annual Report to AU Heads of State and Government Assembly

**C. AWA Strategic Plan, 2013-2015 & Annual Implementation Plan**

42. The AWA Secretariat will develop and implement a multi-year Strategic Plan, 2013-2015 and an Annual Implementation Plan. A monitoring and evaluation plan for AWA will be included as part of the multi-year Strategic Plan and will include a midterm evaluation of progress.

**D. Report on Scoring African Leadership for Better Health**

43. The AWA Secretariat and the AWA Consultative Expert Committee will contribute to the Report on Scoring African Leadership for Better Health.

**VI. AWA FUNDING**

44. Member States will be encouraged to finance the activities and programmes of AWA. Additionally, the UN family, international donors, and the private sector will be encouraged to provide additional support.

45. The African Union Commission, in partnership with key stakeholders, will develop an intensive resource mobilization strategy to support implementation of activities of AWA during this re-launch phase and beyond. Direct revenues from the African Union have to be requested by March 2012 for the 2013 Annual African Union budget. Extra-budgetary funds to support AWA implementation can be mobilized immediately.

## VII. AWA Revitalization Action Plan: August 2011-December 2012

### A. August 2011-January 2012 : Design and Approval Phase AWA

#### 2011

- 15 August AWA Revitalization Concept Document and Implementation Plan with Budget finalized
- Aug-Sept Phase 1 Sensitization, Before October 2011 PRC Meeting  
African Union Commission Department of Social Affairs (AUC/DSA) conducts sensitization meetings and/or seminars with key Ambassadors, AUC Departments, RECs, UN Agencies, and other key stakeholders
- 30 Sept AUC DSA submit AWA Revitalisation Concept Document and Implementation Plan with budget to AU Permanent Representatives Committee (PRC) for consideration  
  
AUC DSA proposes for consideration to the AU PRC that AWA Revitalisation be an agenda item for the 18<sup>th</sup> African Union Summit in January 2012
- Sept-Dec AUC DSA and UNAIDS develop TOR and/or recruitment for AWA Secretariat Staff and/or short-term consultants
- Sept-Dec AUC DSA develops and Implements AWA Resource Mobilisation Strategy
- Sept-Dec AUC DSA identifies & mobilizes champions, and confirms Membership on the AWA Heads of State and Government Action Committee
- Sept-Dec AUC DSA conducts sensitization meetings and/or seminars with AUC Departments, RECs, Ambassadors, UN Agencies, and other key stakeholders, (e.g. AU-UN Cluster Meetings)
- Oct-Dec Phase 2 Sensitization, After October 2011 PRC Meeting:  
AUC DSA conducts broader range of sensitization meetings and/or seminars with key Ambassadors, AUC Departments, RECs, UN Agencies, and other key stakeholders, (e.g. AU-UN Cluster Meetings), AU Missions in NY and/or Geneva
- Oct-Nov AUC DSA & UNAIDS develop plan for AWA Consultative Committee Meeting in March/April 2012

**2012**

Jan-Feb AWA Revitalisation on the Agenda of the AU Heads of State and Government Assembly for consideration and approval at Jan 2012 18<sup>th</sup> African Union Summit

AWA Action Committee, AUC, & UNAIDS Breakfast Meeting at Jan 2012 18<sup>th</sup> African Union Summit

**B. February – December 2012: AWA 2012 Annual Implementation Plan**

- February AUC DSA includes an AWA Budget Line Item in the 2013 Budget
- February Interim Review and Revision of AWA Resource Mobilisation Strategy
- Mar-Apr AUC DSA Convenes First Meeting of AWA Consultative Committee
- July AWA Event at the International AIDS Conference, Washington, D.C.  
(\*explore possibility for joint event with President Obama and AWA Action Committee)
- July AWA Heads of State and Government Action Committee Meeting in conjunction with AU Heads of State and Government Assembly, July 2012, at the 19<sup>th</sup> African Union Summit
- Aug Interim Review and Revision of AWA Resource Mobilisation Strategy
- Aug– Dec Develop AWA Strategic Plan 2013-2015 and AWA Annual Implementation Plan for 2013



VIII. AWA Revitalisation Budget, 2011-2012

	DESCRIPTION	2011	2012	TOTAL
<b>1</b>	<b>Human Resources<sup>2</sup></b>			
1.1	AWA Programme Coordinator (P3) AWA Programme Advocacy & Partnerships	13,000.00	89,500.00	102,500.00
1.2	Advisor (P2)	0.00	77,500.00	77,500.00
1.3	AWA Administrative (GS5)	2,500.00	23,000.00	25,500.00
	<b>Sub-total</b>	<b>15,500.00</b>	<b>190,000.00</b>	<b>205,500.00</b>
<b>2</b>	<b>Consultancies</b>			
2.1	Short-term Consultancy <sup>3</sup>	25,000.00	25,000.00	50,000.00
	<b>Sub-total</b>	<b>25,000.00</b>	<b>25,000.00</b>	<b>50,000.00</b>
<b>3</b>	<b>Travel</b>			
3.1	Africa regional trips <sup>4</sup>	3,000.00	6,000.00	9,000.00
3.2	International trips <sup>5</sup>	0.00	21,000.00	21,000.00
	<b>Sub-total</b>	<b>3,000.00</b>	<b>27,000.00</b>	<b>30,000.00</b>
<b>4</b>	<b>Meetings, Workshops &amp; Activities</b>			
	Consolidation of AWA Strategic Plan and Implementation Plan	0.00	0.00	0.00
4.1	Implementation Plan	0.00	0.00	0.00
4.2	Sensitization Meetings, Seminars AWA Action Committee breakfast meeting with AWA Champions, AUC and UNAIDS at 18th African Union Summit, January 2012, Addis Ababa	1,000.00	1,000.00	2,000.00
4.3	Extra-ordinary AWA Consultative Meeting in preparation for next African Union Summit in Lilongwe, Malawi. Feb/Mar 2012 <sup>6</sup>	0.00	5,000.00	5,000.00
4.4	AWA Action Committee Meeting (Side event at 19th African Union Summit), July 2012, Lilongwe, Malawi	0.00	101,000.00	101,000.00
4.5	International Aids Conference Event (ICASA Dec 2011)	0.00	15,000.00	15,000.00
4.6		15,000.00	0.00	15,000.00
	<b>Sub-total</b>	<b>16,000.00</b>	<b>122,000.00</b>	<b>138,000.00</b>
<b>5</b>	<b>Publications<sup>7</sup></b>			
	AWA Brochure	0.00	1,000.00	1,000.00
	AWA Accountability Scoring Leadership Report 2012	0.00	10,000.00	10,000.00
	<b>Sub-total</b>	<b>0.00</b>	<b>11,000.00</b>	<b>11,000.00</b>
<b>6</b>	<b>Office Equipment</b>			
6.1	Lap-tops (3) Printers Scanner Photocopier	3,000.00	0.00	3,000.00
	<b>Sub-total</b>	<b>3,000.00</b>	<b>0.00</b>	<b>3,000.00</b>
<b>GRAND TOTAL</b>		<b>62,500.00</b>	<b>375,000.00</b>	<b>437,500.00</b>

**Detailed Budget Notes:**

1. All budget estimates are based on African Union Commission rates;
2. Short-term Project Staff position are those funded through extra-budgetary support to the AUC and/or secondments from partner organizations; AWA Programme staff are envisioned to be international hires, while the administrative staff are envisioned to be local hire;
3. Consultant staff in 2011 will focus on implementing AWA revitalisation priorities; Consultant staff in 2012 will focus on developing the AWA Implementation Plan, 2013-2015;
4. African regional travel: Estimated at 3 Trips In Region for 2 staff = 6 trips; estimated each trip at \$1500.00;
5. International travel: 3 International Trips for 2 staff = 6 trips; estimate each trip at \$3500.00;
6. AWA Consultative Committee is planned to be held in Addis Ababa, Ethiopia, with approximately 50 participants receiving financial support to travel and attend meeting, and a total of 70 participants;
7. AWA Publications will be produced in four languages: English (40 percent), French (40 percent), Portuguese (10 percent), and Arabic (10 percent).

## **ANNEX 1: The Organs of the AU**

### **The Assembly**

Composed of Heads of State and Government or their duly accredited representatives. The Assembly of Heads of State and Government is the supreme organ of the Union.

### **The Executive Council**

Composed of Ministers or Authorities designated by the Governments of Members States. The Executive Council is responsible to the Assembly.

### **African Union Commission AUC**

Composed of the Chairperson, the Deputy Chairperson, eight Commissioners and Staff members; Each Commissioner shall be responsible for a portfolio. The Commission is the key organ playing a central role in the day-to-day management of the African Union. Among others, it represents the Union and defends its interests; elaborates draft common positions of the Union; prepares strategic plans and studies for the consideration of the Executive Council; elaborates, promotes, coordinates and harmonizes the programmes and policies of the Union with those of the RECs; ensures the mainstreaming of gender in all programmes and activities of the Union.

### **Directorate of Social Affairs (DSA)**

The Department of Social Affairs (DSA) is one of several Departments, Directorates, and autonomous units with the AU, and is headed by the Commissioner of Social Affairs. It is the focal point for initiating, planning, coordinating, harmonizing, and monitoring accelerated and sustained continental policies, programmes and projects that promote human development and social justice and the well-being of all Africans. Within the Directorate, there are five divisions, including the Division of HIV/AIDS, Malaria, TB and Other Related Infectious Diseases. The AIDS Watch Africa (AWA) Secretariat sits within this Division. See organizational chart in Annex 2.

### **The Permanent Representatives' Committee (PRC)**

Composed of Permanent Representatives of Member States accredited to the Union. The Permanent Representatives Committee is charged with the responsibility of preparing the work of the Executive Council.

### **Pan-African Parliament**

A Pan-African Parliament, and organ to ensure the full participation of African peoples in governance, development and economic integration of the Continent. The protocol relating to the composition, powers, functions and organization of the Pan-African Parliament has been signed by Member States and is in the process of ratification.

## **ECOSOCC**

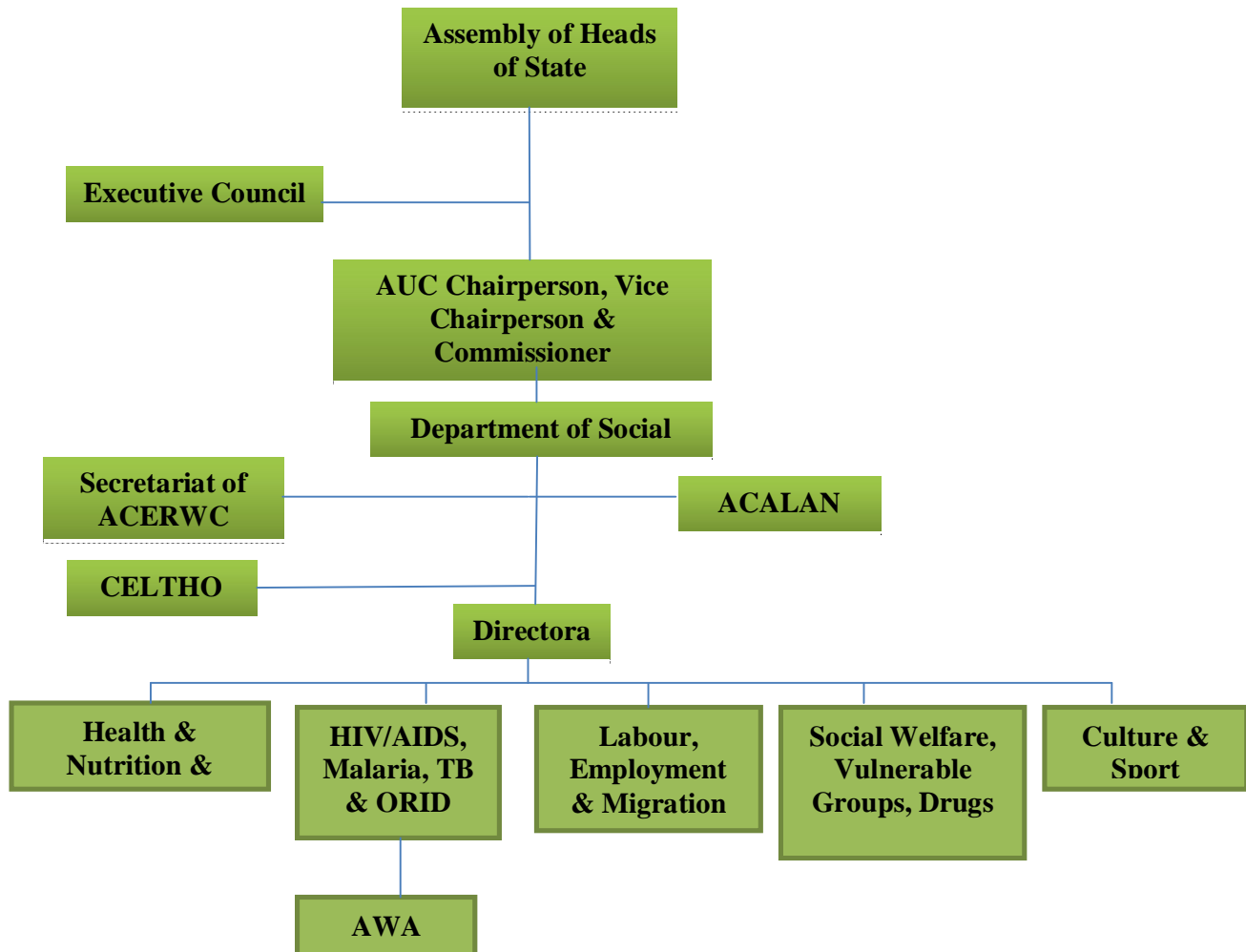
The Economic, Social and Cultural Council, an advisory organ composed of different social and professional groups of the Member States of the Union. The statutes determining the functions, powers, composition and organization of the Economic, Social and Cultural Council have been prepared and will be submitted to Maputo Summit.

### **The Specialized Technical Committees**

The following Specialized Technical Committees are meant to address sectoral issues and are at Ministerial Level:

1. Committee on Agriculture, Rural Development, Water and Environment;
2. Committee on Finance, Monetary Affairs, Economic Planning and Integration;
3. Committee on Trade and Industry and Minerals;
4. Committee on Transport, Transcontinental and Interregional Infrastructures, Energy and Tourism;
5. Committee on Gender and Women Empowerment;
6. Committee on Justice and Legal Affairs;
7. Committee on Social Development, Labour and Employment;
8. Committee on the Public Service, Local Government, Urban Development and Decentralization;
9. Committee on Health, Population and Drug Control;
10. Committee on Migration, Refugees and IDPs;
11. Committee on Youth, Culture and Sports;
12. Committee on Education, Science and Technology;
13. Committee on Communication and ICT;
14. Committee on Defence, Safety and Security.

ANNEX 2: AUC Organizational Chart, including AWA Secretariat



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# Report of the commission on the revitalization of Aids watch Africa (Awa)

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