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EXECUTIVE COUNCIL

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**PROGRESS REPORT AND DECISION OF THE
2019 AIDS WATCH AFRICA (AWA)**

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**AWA Consultative Experts' Committee Meeting
Kigali, Rwanda**

13 - 14 November 2019

1. Introduction

AIDS Watch Africa convened health experts from African Union Member States working in the field of AIDS, tuberculosis (TB) and malaria for a statutory consultative meeting in Kigali, Republic of Rwanda from 13 to 14 November 2019 to prepare a report with key advocacy, resource mobilisation and accountability issues posed by the three diseases for the consideration of the AWA Heads of State and Government Action Committee. The meeting considered the AWA progress report, the review of the implementation of the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, the update of the AWA Concept Document from 2012-2015 to 2020-2025 and the revised TB Scorecard. The meeting also prepared the draft AWA Decision for consideration by Heads of State and Government.

2. Opening Session

2.1. Opening Statement by the representative of the Ministry of Health Rwanda

Due to other competing commitments, the representative from the Ministry of Health, Rwanda was unable to attend the opening session of the meeting. However, the delegation joined the meeting at a later stage to endorse the report.

2.2. Opening Statement by Mr. Fitsum Lakew, WACI_Health Liaison Officer to the African Union

Speaking on behalf of the CSOs working in the area of the three diseases, Mr. Lakew recognised that Africa had come a long way in addressing the epidemics of HIV, TB and malaria, yet more efforts are needed to ensure equitable access to quality health services. He then concluded by commending the Commission for providing a platform for civil society to play a key role in health response. Mr. Lakew also encouraged AU Member States to ensure sustained and adequate availability of resources for health in Africa.

2.3. Remarks by Dr. Clémence Aissatou Bare Habi, Director UNAIDS Liaison Office to the African Union and UNECA

Representing the UN Agencies and development partners, Dr. Bare emphasised on the importance of fostering strong synergies between Member States to advance and monitor collective efforts in the implementation of the Catalytic Framework to end AIDS, TB and malaria by 2030 and Africa Health Strategy (2016-2030). She called for regular follow up with champions of various health issues, including health financing, community health workers involvement, Campaign on Accelerated Reduction of Maternal Newborn and Child Mortality in Africa (CARMMA) to ensure that Africa's promptness and sustenance in the efforts to protect its citizens. She concluded by calling for intensified involvement of the youth of the continent as a strength, embrace innovation, synergies, scientific knowledge and reinforce strategic partnerships.

2.4. Opening remarks by the Representative of the African Union Commission, Dr. Benjamin Djoudalbaye Head of Health Policy and Diplomacy Africa CDC & Ag. Head of Division, AIDS, TB, malaria and Other Infectious Diseases

Dr. Djoudalbaye drew the attention of experts to the objectives of the meeting that among others, is to allow Member States to take stock on the key health matters on the continent that require renewed political commitment from AU Heads of State and Government. He also urged the experts and partners to use their humanly possible strength, wisdom and technical expertise to assist the African Union Commission to achieve the set objectives of the meeting. He noted that their contribution will shape strategic undertaking of the Commission to enhance regional integration and facilitate policy and strategy setting, coordination, consensus building and advocacy, as well as monitoring and reporting on progress in implementing decisions and continental strategies.

2.3 Opening Statement by the AWA Chairperson Representative, Dr. Ayat Haggag, Undersecretary for Endemic Diseases, Ministry of Health and Population, Arab Republic of Egypt

Dr. Haggag welcomed all the participants to the meeting and emphasised that Egypt's commitment to supporting the health agenda on the continent. She highlighted the health was a development issue and there was need to ensure that the continent collaborates to address HIV/AIDS, TB, and malaria for elimination by the year 2030. She concluded by encouraging full participation and fruitful deliberation.

3. Procedural Matters

The programme of work was adopted with no amendments.

4. Attendance

The meeting was attended by Health Experts from the following African Union representing the following Member States: Republic of Angola, Republic of Benin, Republic of Burkina Faso, Republic of Cameroon, Union of the Comoros, Arab Republic of Egypt, Federal Democratic Republic of Ethiopia, Republic of Guinea, Republic of Liberia, Republic of Madagascar, Republic of Mauritius, Republic of Namibia, Republic of Niger, Republic of Rwanda, Sahrawi Arab Democratic Republic, Republic of Seychelles, Republic of South Africa, Republic of South Sudan, Republic of Uganda, Republic of Zambia and Republic of Zimbabwe.

The AUDA-NEPAD, WAHO, IGAD, EAC, SADC And Following Partners were also represented: ALMA, Global Fund, UNAIDS, WHO, RBM Partnership To End Malaria, ONE Campaign, WACI Health, Safaids, Elisabeth Glaser Pediatric Aids Foundation,

Organisation of African Frst Ladies for Development, ,Stop TB Partnership, African Leaders Malaria Alliance, UN Foundation, Institution Aids Healthcare Foundation, Speak Up Africa, Résultats de recherche, Norwegian Agency for Development Cooperation, Stop Aids Alliance, International Planned Parenthood Federation, UNFPA, Weill Cornell Medical Centre and PharmAccess.

5. Presentation of AWA Strategic Framework 2016-2030

The representative of African Union Commission presented the AWA Strategic Framework (2016-2030). In her presentation, she highlighted the background of AIDS Watch Africa, the structure, mandate and role of AIDS Watch Africa Experts Consultative Meeting. She also highlighted the various decisions by the Heads of State that led to the development of the AWA strategic framework and its key objectives which include advocacy, accountability and resource mobilisation and utilisation. She concluded her presentation by highlighting AWA's theory of change and its impact in the journey to ending HIV/AIDS, TB and malaria by 2030.

6. Consideration of the 2018 AWA Experts Report

The represented presented the 2018 AWA progress report which highlighted some of the key successes that had been attained in addressing the three diseases since 2017. He also noted that despite the successes, some challenges were faced and there was need for intensified efforts by Member States, developmental partners, and the AUC if Africa is to be free from HIV/AIDS, TB and malaria by the year 2030.

7. Catalytic Framework Mid-term Review

The representative of the African Union Commission presented the Catalytic Framework Review Plan for 2020, highlighted the key components of the Catalytic Framework which was adopted by the Heads of State in 2016 as the continental guiding document for addressing the three diseases. In her presentation, she noted that the Framework had a business model, strategic approaches, financing mechanism and expected interventions from the different stakeholders which would be beneficial in shaping efforts towards addressing these diseases.

The following observations were made during plenary discussion:

1. Member States should undertake a pilot study to sample the progress in implementing the Catalytic Framework.
2. The experts observed that the Catalytic Framework had four key indicators from TB whereas the End TB Strategy only had three indicators. Clarification was made stating the Catalytic Framework had broken down one indicator into two components.

Recommendations

The Consultative Experts Committee made the following recommendations:

1. The AUC to consider the source of data at the country level in designing the mid-term review of the catalytic framework including data validation process.
2. Report on progress made by the Member States with regards to the TB section of catalytic framework by 2020 to inform the upcoming UNGA 2020.
3. Implement the AU catalytic framework review plan and consider extensive consultation with the relevant stakeholders.

8. Presentation of UN High Level Meeting on TB Recommendations

Dr. Suvanand Sahu, Deputy Executive Director, Stop TB Partnership, Geneva, highlighted the commitments and targets in the Political Declaration of the United Nations High Level Meeting on TB (UNHLM-TB) 2018 which were endorsed by Heads of State. Dr Sahu highlighted that TB prevention and treatment targets in the declaration. To achieve these targets, he emphasised the need for finding the missing people with TB including drug-resistant TB and children to scale up TB preventive therapy. He highlighted the need to scale up rapid molecular tests (e.g. GeneXpert), other new tests (e.g. urine LAM test for TB in PLHIV), universal access to drug sensitivity testing and use of new diagnostics and new drugs which are available for Member states to procure from the Global Drug Facility. He emphasised the need for Member states to update National Strategic Plans and Policy documents to include the UNHLM-TB targets, new drugs and diagnostics. Dr. Sahu pointed out seven priority actions to be implemented if the UNHLM targets are to be attained. He pointed out that in the 2020 UN General Assembly, a report on progress made will be presented by Member states against the UNHLM-TB targets. There will be further review in UN General Assembly in 2023. This is in line with the Agenda 2063 and the Catalytic Framework targets for TB. It is therefore important some of the UNHLM-TB prevention, treatment and financing targets are included in the Africa TB Score Card. The presenter outlined that the UN Secretary-General will issue an Accountability Report to Heads of State on progress towards the UNHLM targets at the UN General Assembly in September 2020. No objections were made to the recommendation that AU Heads of State Summits in 2020 prioritize TB as an agenda item.

Following the presentation, these observations were made from the session:

1. Member States raised the concern regarding challenges that the countries faced on HIV/TB integration at the point of care delivery.
2. Member States also raised concerns on the frequent use of disease estimate which is not accurate when estimating prevalence.

3. Member States raised concern on the challenges faced in scaling up TB preventive therapy.

Recommendations

The Consultative Experts Committee made the following recommendations:

1. Focus on reducing and eliminating missing people with TB and drug-resistant TB, by scaling up access to TB screening and testing, changing to better diagnostics, such as GeneXpert, LAM (in full please) and tests for drug resistance.
2. Scale up the use of digital technologies in Member States.
3. Prioritize and scale up TB Preventive Therapy among people living with HIV (PLHIV), contacts of TB patients and other at risk groups.
4. Mobilize domestic funding and work with partners in implementing the above interventions.
5. Include in the TB scorecard the UNHLM-TB targets –treatment numbers, including in children, and numbers receiving TB preventive therapy.

9. Presentation of 2018 TB scorecard

Dr. Wilfred Chalamira Nkhoma, Public Health Specialist WHO presented the 2018 Africa continental End TB Accountability framework of Action scorecard. He highlighted the SGD Goal 3.3 to end the TB epidemic by 2030, also presented the status of the TB epidemic in Africa and progress made in addressing it in Africa. He recalled the AU Heads of the State and Government decision on the Africa Accountability Framework and the Scorecard. He further made reference to the End TB Strategy top 10 indicators and targets and pointed out that despite progress, Africa still has the highest TB rates; high burden of TB/HIV co-infection; hugely underfunded TB response, especially from domestic sources; and evidence of missed TB cases due to low treatment coverage. He finally highlighted the following aspect if elimination of TB is to be attained by the year 2030: accurate estimation of the diseases burden; improving TB diagnosis through the utilisation of the most sensitive test and recommended latest treatment regimen; Combating TB/HIV co infection; scaling up TB preventive therapy and financing the response through increased domestic funding to minimum the gap, and assessing the impact of interventions and tracking the epidemic.

The following observations were made during the plenary discussion:

1. During the deliberation, it was observed that there are countries that face challenges with compliance with Isoniazid Preventative Therapy for people living with HIV prophylaxis compliance.

2. There was limited data on the proportion of TB affected families facing catastrophic costs.
3. The meeting also observed that there is need for integrated use of the GeneXpert diagnostic platform to serve other programs such as for viral load testing for HIV and Hepatitis.

Recommendations

The Consultative Experts Committee made the following recommendations:

1. Embark at country level on quality improvement initiatives such as assessment of surveillance systems using the WHO Standards and benchmarking tool to improve quality of data collected.
2. Revise the guidelines in line with the new WHO recommendations for TB preventive therapy.
3. Leverage on the use of the GeneXpert machine to address multi-disease diagnostics.
4. AU to advocate for reduced cost of molecular testing and sensitive diagnostics such as GeneXpert Line Probe Assay (LPA).
5. Assess country performance through disease prevalence.
6. Address social determinants of TB through multi-sectoral actions; addressing latent TB infection through surveillance, screening, and preventive therapy especially among child contacts and people living with HIV/AIDS.
7. Address active disease through timely and precise diagnosis and treatment and social support through patient centred care models.
8. Conduct patient cost surveys for TB at country level.

10. Cross Border TB Management

The presentation was made by Mrs Chimwemwe Chamdimba Principal Programme Officer AUDA -NEPAD. She shared experiences on cross border TB program management. She highlighted that the continent was becoming global village with the ratification of the Continental Free Trade Area (CFTA). The creation of a single continental market for goods and services though a positive initiative in Africa, presents challenges in the with regards to communicable diseases across borders. She referred to the TB across the southern Africa region and noted the challenge in its control, specifically in those co- infected with HIV/AIDS or employed in the mining sectors. In addition, Dr. Charles Sandy Deputy Director AIDS/TB Programmes (National TB Control) from SADC Secretariat presented the cross-border referral system for TB where he highlighted the new electronic platform that captured medical information through cloud storage and can be accessed anywhere in the countries implementing the project in the region.

The following observations were made during plenary discussion:

1. Member State raised concerns about of lost to follow-up patients among the migrants.
2. There is a need to specify indicators and their linkages to health systems to monitor individuals with high mobility.
3. There was a possibility of duplication of information with countries in the region.
4. RECs working on cross border surveillance are facing challenges on how to link national health systems with the migrants' data as a result of high mobility.

Recommendations

The Consultative Experts Committee made the following recommendations:

1. Strengthen collaboration and coordination between RECs through a forum to address cross border challenges and propose strategic solution.
2. Use common approach between the different Regional Economic Communities on coordination through information sharing and cross border monitoring on migration issues.
3. AUDA-NEPAD to leverage on the experience of RBM Partnership to End Malaria and Elimination 8 on cross border intervention on HIV/AIDS, tuberculosis, and malaria prevention at the regional level.

11. Presentation on Health Financing Score Card, Regional Hubs, Health Financing Trackers and Accountability framework

Mr Paul Booth briefed the meeting on the outcome of the STC regarding the Africa Leadership Meeting regarding the implementation of the road map and establishment of Regional Health Financing Hubs, the development of the Tracker to compliment the Domestic Health Financing Scorecard as well as the ALM-Investing in Health Accountability Framework. Mr Booth also explained the tools that have been developed to monitor interventions towards health financing and provide accountability. Furthermore, the Scorecard for the Domestic Health Financing (DHF) 2019 was presented to the experts. The presentation underscored the importance of enhancing the availability of data within Member States as well as reviewing the methodology of the NHA used to compile the Scorecard on DHF.

During plenary discussion the following observations were made:

1. Experts acknowledged AU efforts in promoting and monitoring Health Financing on the continent. However, concerns were raised regarding the modality of implementation through the RECs as there was a need to obtain the consent from Member States for the process.
2. The Member States welcomed the need to create a tracker;
3. The meeting noted the need to involve of Ministries of Finance in the process.
4. Other observations included the need to streamline all the health financing tools for greater impact. Emphasis was placed on reinforcing the use of the accountability mechanisms.
5. The inclusion of Health insurance indicator in the score card was raised. The presenter highlighted that health insurance does not allow for equity as there was more emphasis on having the population covered than the access to services.
6. The meeting requested for clarity on whether any feedback was provided by Member States before the scorecard was published.

Recommendations

The Consultative Experts Committee made the following recommendations:

1. Undertake consultation with member States for the development of the tracker from its inception through implementation;
2. Involve Member States from the initial process as co-developers of the initiative.
3. Put in place mechanisms/policies for Health Financing data sharing and protection.
4. Review of the methodology used to compile data from the Member States.
5. African Union Commission to set up a Taskforce comprised of Member States expert in Planning, Statistics and Health Financing and partners to revise the national Health Accounts (NHA) methodology.

12. Panel Discussion: The Power of Advocacy in the Journey to End AIDS, TB and Malaria

The panel discussion chaired by Ms. Yacine Djibo Director SpeakUp Africa, focused on the role of advocacy in addressing HIV/AIDS, TB and Malaria. The panel comprised of participants from the OAFLAD, RBM Partnership to End Malaria, Uganda, Zimbabwe, and Mauritius. Participants provided comments on advocacy as catalyst to end AIDS, TB and malaria. They highlighted successes and challenges related to advocacy in tackling these diseases.

Key comments from the discussions included the following:

1. The gap in the HIV/AIDS response to adolescents and children have been left unattended to hence the launch the free to shine campaign in 23 countries. There are strategies being implemented based at individual country level. Outcomes of these interventions include – conversations around EMTCT, working on innovation, co-infections such as with syphilis and building on capacity through communication workshops.
2. Zero Malaria Starts With Me Campaign has expanded to include 11 countries because of the prevailing political will, mobilization of resources and community involvement. Political will and ownership and community engagement have been the driving factors leading to the success of the campaign.
3. Member States shared their experiences in advocating for the three diseases which have led to eliminating Malaria in Mauritius and adopting the strong surveillance system as well as lab systems, vector control measures, in addition to providing chemoprophylaxis.
4. Additionally, it was noted that effective advocacy components which led to the success of the Free to Shine campaign were partnership at the continental, regional and community level.

Recommendations

The following recommendations arose from the panel discussion:

1. Campaigns should have country ownership with their own customized and localized versions to be successful.
2. Political leadership/will is key to ensure that activities and campaigns have an impact on society.
3. After eradication of the disease, there is need for continued efforts to maintain the results.
4. The church and religious leaders are key in demystifying and encouraging the people.
5. Advocacy needs to use existing structures that go all the way to the community level.
6. There is need to building networks for support and coordination at the continent level.
7. Member States should incorporate co-infections of tuberculosis and HIV/AIDS and prioritize MTCT in advocacy messaging.
8. Member States should draw lessons from collaborations and develop a approach which involves use of champions.
9. There has been focus on resource mobilization as well as increasing political will and not community engagement which should also be prioritized.

13. Panel Discussion: Communities at the Heart of Interventions

The panel chaired by a representative of the AUC was constituted of representatives from UNAIDS, Ethiopia and Burkina Faso. Panellists provided an overview on community health workers (CHWs) and some of the highlights that their country or organisation was implementing in the subject matter. The panellists also shared thoughts on the sustainability plan for CHWs.

Key highlights during the panel discussion were as follows:

1. Community health worker represent the first point of contact between the healthcare system and community. Interventions at the community level lead to reduction of disease transmission and mortality.
2. CHWs have a critical role in providing psycho-social support, information, and health education to the population. CHW also assist with data collection.

Recommendations

The following recommendations were made arose from the panel discussion:

1. Engagement of the community to address the three diseases is very critical and there is need for the AUC, Member States, development partners and private sector to collectively address this issue providing the needed financial support.
2. There is need to creating a framework for monitoring community health programs.
3. There is need for more concerted efforts to invest in programs for the community health workers.

5. Consideration of AWA Heads of State and Government Meeting draft working documents

The draft AWA Decision was presented to the AWA Experts, inputs were noted and incorporated in the final version.

14. Closing Session

- Closing Remarks by AUC Representative

In his closing remarks, Dr. Djoudalbaye Benjamin recalled that the three diseases are likely to impede Africa's progress in the attainment of the Catalytic Framework targets. He then noted that although the challenges are not insurmountable, they will require more leadership and commitment at high level, more accountability and transparency and more ownership of the response of the three diseases. Dr Djoudalbaye Benjamin thanked the Republic of Rwanda for hosting the meeting, the Arab Republic of Egypt as chair and Member States' Experts as well as partners for making valuable contributions. He concluded on a satisfactory note for how the contribution of all has

helped to finalize the documents for the AWA Action Committee meeting of Heads of State and Government and the Assembly of HSOG for consideration.

- **Closing remarks by the AWA Chairperson Representative**

Dr. Ayat Haggag recognized that it was an honour for Egypt for chairing the meeting. She thanked the Government of Rwanda for accepting to host the meeting and her fellow Experts for the fruitful deliberations. She urged all the participants to implement the recommendations to accelerate progress towards the fight against HIV/AIDS, Malaria and Tuberculosis in Africa.

DRAFT DECISION ON THE REPORT OF THE AIDS WATCH AFRICA (AWA)**The Assembly,**

1. **RECALLS** AU Assembly Decision Assembly/AU/Dec.395(XVIII) on the revitalization of AWA as an AU Heads of State and Government Advocacy and Accountability Platform, as well as mobilize resources to fight these diseases;
2. **RECALLS ALSO** Member States commitments to further strengthen their health systems and align their National Strategic Plans with the Africa Health Strategy and the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030;
3. **TAKES NOTE** of the 2019 AIDS Watch Africa (AWA) Report and the recommendations contained therein;
4. **NOTES** the continued efforts by AU Member States and partners in the fight against AIDS, TB and Malaria and **URGES** them to redouble efforts to end these three diseases as public health threats by 2030 in line with the Catalytic Framework to end AIDS, TB and eliminate Malaria targets;
5. **NOTES WITH SATISFACTION** the progress made in the implementation of the Declaration of the Africa Leadership Meeting – Investing in Health;
6. **COMMENDS** the 23 AU Member States who have pledged to the 6th Global Fund to fight HIV/AIDS, Tuberculosis and Malaria Replenishment;
7. **REQUESTS** the Commission and relevant partners to report on the status of implementation of the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030.
8. **REQUESTS ALSO** the African Union Commission to update the AWA Concept Document (2012-2015) for the period 2020-2023;
9. **ENDORSES** the 2019 Tuberculosis scorecard and **URGES** Member States to accelerate efforts in addressing Tuberculosis threats in Africa.

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