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*Addis Ababa, ETHIOPIA P. O. Box 3243 Tele: +251-115 517 700 Fax: +251-11-5 517844*  
*Website: [www.au.int](http://www.au.int)*

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**AIDS WATCH AFRICA (AWA) CONSULTATIVE  
EXPERTS COMMITTEE MEETING  
ADDIS ABABA, ETHOPIA  
24 APRIL 2013**

**DRAFT REPORT OF PROCEEDINGS**

**AIDS WATCH AFRICA (AWA) CONSULTATIVE EXPERTS COMMITTEE MEETING  
ADDIS ABABA, ETHIOPIA, 24 MAY 2013**

**REPORT OF PRECEEDINGS**

**INTRODUCTION**

1. The Meeting of the AIDS Watch Africa (AWA) Consultative Experts Committee was held at the African Union Commission Headquarters in Addis Ababa, Ethiopia on 24 April 2013. The main objective of the Consultative Experts Committee Meeting was to review; a) the Update on progress on the implementation of the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria; b) the Practical Guidelines on the implementation of the Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa and; c) make preparations for the annual Meeting of the AWA Action Committee of Heads of State and Government.

2. Created in 2001 as an advocacy platform for mobilization of action and resources for the fight against AIDS in Africa, AWA was revitalized in January 2012 for stronger leadership to mobilize action and resources, and promote accountability in the response to HIV/AIDS, as well as Malaria and TB during 2012-2015.

**ATTENDANCE:**

3. The Consultative Experts Committee meeting was attended by representatives of the following 32 AU Member States: Algeria, Angola, Benin, Botswana, Burundi, Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, Djibouti, DR Congo, Egypt, Eritrea, Ethiopia, Gabon, Kenya, Lesotho, Liberia, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Kenya, Rwanda, Sierra Leone, Seychelles, South Africa, Uganda, and Zimbabwe.

Representatives of diverse Health Organizations, African Union Commission organs, UN Agencies and other International Organizations, Development Partners, and Civil Society Organizations also attended: UNAIDS, UNDP, WHO, World Bank, Global Fund, OAFILA, ALMA, IPPF, Plan International, AIDS Accountability International, Sanofi Access to Medicines, African Palliative Care Association-Uganda, and University of Texas-School of Public Health, NEPAD Agency and AU Commission.

**OPENING SESSION**

4. Amb. Olawale Maiyegun, AU Director of Social Affairs, chaired the Opening Session. The meeting was then addressed by the following officials who set the pace for the meeting:

**i. Remarks by UNAIDS Representative to AU and UNECA**

UNAIDS expressed its appreciation for the opportunity to participate in the annual AWA Experts meeting which overall provides a platform of honoring leaders' commitments to the people of Africa.

It observed that even with the global solidarity that Africa has experienced, the continent is still burdened by over 75% of the global AIDS epidemic. . Africa imports over 80% of antiretroviral drugs, but still experiences inconsistencies with the delivery mechanisms, largely because of its dependence on external funding for response to HIV/AIDS, TB and Malaria.

UNAIDS identified countries on the continent that have embraced sustainable innovative financing models, whose experiences can be incorporated into the AWA framework and UNAIDS renewed its commitment to strengthening its partnership with AU at all its institutional levels, and in the implementation of the three pillars of the AU Roadmap. UNAIDS raised critical questions on how we use the AU Roadmap to bolster local pharmaceutical industry and how we ensure trade and investment arrangements are negotiated to promote PMPA and attract partners in pharmaceutical manufacturing on the continent.

**ii. Remarks by WHO Representative**

Recognizing the effort of the former Nigerian President, H.E. Olusegun Obasanjo in the establishment of AWA, the WHO representative highlighted Africa's progress in reducing new HIV infections as well cutting down morbidity and mortality associated with TB and Malaria.

**iii. Remarks by the Global Fund Representative**

The Global Fund representative reiterated that the organization is currently going through a replenishment period with a target to raise 15 billion USD for the period 2014 – 2016 and has identified certain countries in the continent to champion this process. Global Fund further acknowledged the increase in domestic financing for the three diseases, and called on continued efforts in this regards. It also requested AU member states to play a pivotal role on the Governance structures of the Global Fund as well further committed to sponsor and supports actions that play significant role in reducing AIDS, TB and Malaria in Africa, including AWA and the implementation of the AU roadmap.

**iv. Statement by AU Commissioner for Social Affairs**

Welcoming the experts, H.E. Dr Mustapha Sidiki Kaloko stressed the importance of the meeting as it is taking place against significant development for HIV/AIDS, TB and Malaria. He urged the experts to come up with concrete recommendations to the Heads of States and Government Committee on AWA in order to entrench accountability for commitments made by AU member states.

**v. Opening Remarks by the Representative of Ethiopia, Chairperson of AWA Experts Committee**

The chairperson of AWA Experts' Committee reiterated that AWA has played a pivotal role towards the universal access to health services. He also highlighted the integral role of partnerships in fighting AIDS, TB and Malaria, and continued and increased financing for the three diseases.

**PROCEDURAL MATTERS:**

**Adoption of Provisional Agenda and Provisional Programme of Work:**

5. The provisional Agenda and provisional Programme of Work were adopted as presented.

**SUMMARY OF TECHNICAL DELIBERATIONS**

**1. CONSIDERATION OF WORKING DOCUMENTS:**

**A. Update on progress on the implementation of the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria;**

6. The AU Commission representative presented the Draft Report on the Update on progress on the implementation of the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria. The progress made was presented under each of the three pillars of the Roadmap.

- I) Diversified, balanced and sustainable financing models;
- II) Access to medicines through local production and regulatory harmonization;
- III) Leadership, governance and oversight for sustainability. It emerged that innovative financing examples that countries have developed so far to boost financing for their health sector and three disease responses include charging levies on mobile phone usage, airline levies and alcohol excise taxes.

Progress has been made to enable countries to scale up pharmaceutical manufacturing, especially in ARVs and ACTs, as well as other malaria commodities (e.g. ITNs).

7. The discussion that ensued was productive. The following issues were raised:

- i. The meeting commended the progress made in the implementation of the AU Roadmap during the first year;
- ii. The need to find mechanisms to support local production of medicines in Africa;
- iii. The need for increased domestic health financing and implementation of health programmes;
- iv. Role of NGOs and CSO;
- v. Efficient use of existing resource;
- vi. Capitalization of best practices.

## **A. Practical Guide on the implementation of the Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa**

8. The Practical Guide was presented by representatives of the AU Commission. The Roadmap seeks to leverage the resources and enhance the AIDS, TB and Malaria response through a set of practical African Sourced Solutions. This current practical guide has been developed to assist the African Union Member States, African regional bodies, the African Union Commission and other relevant stakeholders to implement the Roadmap. Its purpose is to provide practical ideas for how to take the agreed Roadmap agenda forward in order to achieve rapid results, in both reducing the burden of these three diseases and in developing mechanisms to sustain national and regional programmes for the three diseases.

This practical guidance is not a set of prescriptive formulas to be applied uniformly across all AU Member States. This practical guide is then organized in three main sections according to the pillars of the AU Roadmap, with suggested interventions related to the locus of action: country level, regional level and continental level.

The discussion that ensued was productive. The following issues were raised:

- vii. Involvement of employers and inclusion of HIV in medical care insurance;
- viii. Africa is a largest market for drug producers around the world;
- ix. Qualitative data to complement quantitative data;
- x. Process to fast track the Roadmap and resource gap for its implementation;
- xi. Tax removal on health commodities;
- xii. Role and involvement of Regional economic Communities on the implementation of the Roadmap;
- xiii. Development of research especially on vaccination for AIDS, TB and Malaria issues;

## **2. CONSIDERATION OF OUTCOME OF THE CONSULTATIVE EXPERTS COMMITTEE MEETING:**

10. The proposed revisions were incorporated into the original detailed documents (Update on progress on the implementation of the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria and Practical Guide on the implementation of the Roadmap on shared responsibility and Global solidarity for AIDS, TB and Malaria in Africa) which were then adopted for necessary follow up action.

11. The draft Outcome of the Consultative Experts Committee Meeting, which will form documentation and recommendation for the 26 May 2013 AWA Action Committee Meeting was presented by the representative of the African Union Commission. These comprise the summaries of the original documents, plus the related communiqué and recommendations to Summit:

- A. Outcome summary document: Update on progress on the implementation of the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria
- B. Outcome summary document: Practical Guide on the implementation of the Roadmap on shared responsibility and Global solidarity for AIDS, TB and Malaria in Africa
- C. Draft Communiqué of AWA Action Committee of Heads of State and Government

12. One by one, the respective documents (A, B, C) were revised according to the advice and views of the Experts, and then recommended for onward transmission to the AWA Action Committee of Heads of State and Government.

### **CLOSING SESSION**

13. Closing remarks was delivered by the Director of Social Affairs and the Representative of the Federal Democratic Republic of Ethiopia and Chairperson of the Experts Consultative Committee.

### **RECOMMENDATIONS AND WAY FORWARD:**

- It was agreed that more consultations around the Roadmap indicators should be done in order to facilitate greater harmonization. It was also agreed that AWA Monitoring and Evaluation should focus on impact level indicators.
- The AU Roadmap should consider innovative ways to involve the private sector not only to support domestic resource mobilization but to play active role in prevention AIDS, TB and Malaria.
- The AU Roadmap should incorporate the issue of the mobile populations and cross border settings and provide guidance on the parameters for access health services in general and in particular to HIV/AIDS, TB and Malaria services.
- Advocate for BRICS partners to invest in African pharmaceutical manufacturing capacity, especially of generic essential drugs. There is need to extend the TRIPS flexibilities beyond 2015 in order to allow Member State that have not seized the opportunity it extends to do so.
- Develop strategy for engaging people living with HIV, civil society, key populations, and national and regional human rights entities and parliamentarians as partners in implementation and oversight of the Roadmap.

- Review current institutional arrangements to identify overlaps in functions, e.g. multiple coordination bodies. Streamline disease coordination and governance to make best use of limited national human and financial resources in Member States.
- Develop evidence based, well costed, sustainable national strategies using inclusive processes that prioritizes how national resources (financial, human, capital) will be invested for the coming the years and lays out clear lines of accountability for implementation.
- Develop a comprehensive plan to modernize the Health System Governance bodies to improve leadership, coherence, efficiency and performance of the health sector.