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**AIDS WATCH AFRICA (AWA) CONSULTATIVE EXPERTS  
COMMITTEE MEETING N'DJAMENA, CHAD  
28 to 29 June 2016**

**AIDS WATCH AFRICA PROGRESS REPORT  
2012-2015**

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## About AIDS Watch Africa

Created at the Abuja 2001 Special Summit, AIDS Watch Africa (AWA) is an Africa-led instrument to stimulate leaders into action and mobilise the resources needed to address AIDS, tuberculosis and malaria in an effective, sustainable and accountable manner.

### AWA Objectives

#### Leadership

Advocate to mobilise and sustain the political will of African Heads of State and Government to adhere to their commitments on AIDS, tuberculosis and malaria.

#### Mobilisation of resources

Advocate for the mobilisation of domestic and international resources to meet national, regional, and international commitments to respond to AIDS, TB and malaria.

#### Information for action

Maintain AIDS, tuberculosis and malaria as a priority on agendas at different levels. Facilitate continental and country decision-making processes and disseminate information widely to galvanise action to achieve the MDGs.

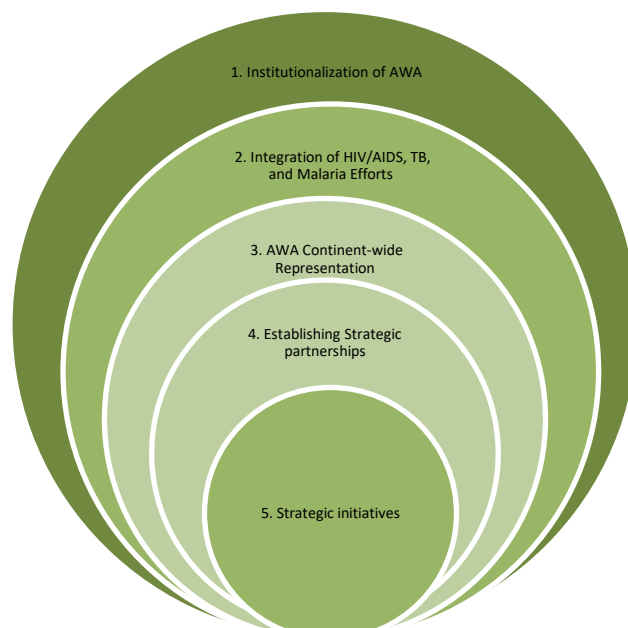
#### Ownership

Advocate for the promotion of national level ownership by governments, the private sector and civil society to ensure self-sufficiency of African countries to respond to AIDS, tuberculosis and malaria.

#### Accountability for results

Facilitate national governments' accountability for measurable results to ensure that people-level impact is achieved.

### AWA Future Directions at a glance



## **1. Introduction**

The AIDS Watch Africa (AWA) was created by the eight Heads of State and Government during the height of HIV/AIDS epidemic in 2001 in juxtaposition with the historic Abuja Declaration. Originally coordinated from Abuja, the AWA Secretariat was subsequently repatriated to the AU HQ, Addis Ababa in 2004.

The Meeting of the AIDS Watch Africa Consultative Experts Committee in Addis Ababa in June 2012 adopted the AIDS Watch Africa Strategic Framework (2012-2015). This followed the decision of Heads of State and Government to revitalise and broaden the mandate of AIDS Watch Africa (AWA) in January 2012 to include tuberculosis and malaria (Decision No: Assembly/AU/Dec.395 (XVIII)). The AIDS Watch Africa Strategic Framework (2012-2015) is based on four pillars which are institutionalisation within the African Union Commission (AUC), promoting integration of AIDS, TB and Malaria responses, strategic partnerships and strategic initiatives to accelerate the implementation of continental commitments on the three diseases. This report thus provides an update on the implementation of the AWA Revitalisation Strategy from 2012 to 2015 and implementation of AWA decisions. The report also highlights the future strategic directions for AWA.

## **2. Milestones on the implementation of the AWA Strategic Framework**

### **3. Pillar One-Institutionalisation of AWA**

African Heads of State and Government Decision on the Revitalisation of AIDS Watch Africa (Assembly/AU/Dec.395 (XVIII)) made four key decisions on the institutionalisation of AWA within the structure and processes of the African Union. These Decisions were to revitalize AWA as (1) an AU Heads of State and Government Advocacy and Accountability Platform, as well as mobilize resources to fight these diseases; (2) broaden the representation in AWA to be continent-wide; (3) extend the mandate of AWA to include Tuberculosis and Malaria in addition to HIV/AIDS and (4) strengthen AWA Secretariat at the Commission to enable it fulfil its new mandate. The first three components of the institutionalisation process were completed while the strengthening of the AWA Secretariat was partially achieved with recruitment of Short Term Staff to support AWA in 2013 and the full incorporation of AWA into the Commission's operational budget is yet to be achieved.

With the support of the AWA Secretariat the AIDS Watch Africa statutory meetings composed of Member State Experts and African Heads of State and Government have met four times<sup>1</sup> and deliberated on key advocacy issues.

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<sup>1</sup> The AWA Consultative Experts Committee met in Addis Ababa from 21-22 June 2012, 23-24 April 2013 in Addis Ababa, 27 to 28 May 2014 in Nouakchott and 4 - 5 May 2015 in Victoria Falls. The President of the Republic of Malawi convened an AWA Meeting during the 33rd Summit of Heads of State and Government in August 2013.

#### **4. Pillar Two-Integration of HIV/AIDS, TB and malaria efforts**

With AWA revitalised, Member State Experts and Heads of State and Government Meetings address the three diseases in an integrated and synergistic way. This is in alignment with the need to promote integration and streamlining of AIDS, TB and malaria within the framework of the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and malaria that responds to the three diseases by focusing on three action pillars (1) More diversified, balanced and sustainable financing models, (2) access to medicines-local production and regulatory harmonisation and (3) leadership, governance and oversight for sustainability. Additionally, the 2013 Abuja Declaration of the Special Summit of African Union on HIV/AIDS, Tuberculosis and Malaria Heads of State and Government undertook to accelerate the implementation of the earlier Abuja commitments which integrate the three disease responses with 30 catalytic actions to end the three diseases.

Similarly the Catalytic Framework to end AIDS, TB and Eliminate Malaria by 2030 that was endorsed by the Ministers of Health in May 2016 for adoption by Heads of State and Government in July 2016 provides for a continent wide business model to invest for Impact. Specifically the strategy consists of three strategic investment areas (each with clear catalytic actions). These are (1) health systems strengthening, (2) generation and use of evidence for policy and programme interventions and (3) advocacy and capacity building. The Catalytic Framework has nine strategic approaches to address the three diseases in an integrated way. These are (1) leadership, country ownership, governance and accountability, (2) universal and equitable access to prevention, diagnosis, treatment, care and support, (3) access to affordable and quality assured medicines, commodities and technologies, (4) health financing, (5) community participation and involvement, (6) research and development & innovation, (7) promotion of human rights and gender equality, (8) multi-sectoral collaboration and coordination and (9) strategic information.

To strengthen integrative approaches to responding to the three diseases at different levels, the African Union Commission convenes biannual meetings with UN Agencies, Regional Economic Communities and Civil Society Organisation to strengthen and harmonise approaches for effective responses to the three diseases.

To promote integration and coordination the AUC convened two editions of Inter-Agency Meetings which brought together different Agencies working on AIDS, TB and malaria. These organisations included the African Union, Regional Economic Communities, civil society organisations and development partners (including the UN). To streamline harmonisation and coordination of AIDS, tuberculosis and malaria responses the meetings developed continental action plans to guide integration of the three epidemics. The Inter-Agency platforms also assumed a think-tank role through defining policy pathways, practices, and proffering evidence based recommendations. For instance, the 4th Inter-Agency meeting provided key recommendations in four key areas which are (1) leadership and governance to achieve the health MDGs, (2) strengthening health and community systems to sustain and scale-up of key interventions, (3) resource mobilisation and sustainable funding to achieve the health MDGs and (4) accountability

for implementation of the recommendations of the 4th Inter Agency Meeting. The 5<sup>th</sup> Inter-Agency provided recommendations for the implementation of the of the Action Plan for Women, Girls and HIV/AIDS in Conflict and Post Conflicts Settings in Africa and the Abuja Call.

## **5. Pillar Three - AWA Continent-wide Representation**

The AIDS Watch Action Committee has achieved continent wide representation in alignment with the January 2012 AWA Heads of State and Government Decision (Assembly/AU/Dec.395 (XVIII)). All AU Member States are now members of AIDS Watch Africa.

## **6. Pillar Four-Establishing strategic partnerships**

AIDS Watch Africa has established a collaborative framework with all the key AU Organs (Pan African Parliament (PAP), New Partnership for Africa's Development (NEPAD), African Commission on Human and People's Rights (ACHPR) and the African Peer Review Mechanism (APRM) for the implementation of the African Union Roadmap and Africa's health policy instruments and decisions. The African Union has also established strategic partnerships with the United Nations Foundation and the Global Fund to Fight AIDS, TB and Malaria for collaborative work on Domestic Financing for Health and Replenishment Advocacy. Strategic Partnerships have also been established with the UNDP on health financing with a specific focus on EIAs, human rights and law. AIDS Watch Africa has similarly strengthened its relationship with Regional Economic Communities and Regional Health Organisations that include the Southern Africa Development Community (SADC), Economic Community of Central African States (ECCAS), West African Health Organisation (WAHO) and the Common Market for East and Southern African States (COMESA) who all participate in the African Union coordination forums for joint planning and reviews on implementation of continental policies. The AIDS Watch Africa Statutory meetings provide a platform for forging partnerships with Member States to define continental policies, share best practices and monitor their implementation.

### **6.1 African Union Organs**

AIDS Watch Africa has strengthened its relationships with key AU Organs (Pan African Parliament (PAP), New Partnership for Africa's Development (NEPAD), African Commission on Human and People's Rights (ACHPR) and the African Peer Review Mechanism (APRM) within the framework of the implementation of the AU Policy Frameworks through a partnership coordination forum and joint collaboration on the implementation of key continental commitments.

### **6.2 United Nations Foundation and the Global Fund**

Since 2014 AIDS Watch Africa, the United Nations Foundations and the Global Fund to

Fight AIDS, TB and Malaria have partnered for advocacy for increased financing of the AIDS, TB, and malaria replenishment and for Global Fund Replenishment. The African Union Advocacy efforts were successful during the Global Fund's Fourth replenishment in 2014 and thus contributed to the continuation of the Global Fund programmes throughout Africa. Similarly advocacy efforts were carried out to ensure that sources of domestic financing to fight the epidemics are sustained and grow in the longer term. The 2014 and 2015 show significant progress in domestic financing by Member States. AWA Statutory Meetings provided a continent wide strategic platform for Global Fund Replenishment and domestic financing for health. Similarly AIDS Watch Africa continues to implement advocacy activities to promote effective leadership, foster ownership, partnerships and multilateral action, mobilisation of domestic and international resources, accountability for results and good governance and information for action and development.

### **6.3 African Leaders Malaria Alliance**

The African Union and ALMA have established a collaborative framework for commemoration of World Malaria since 2014. ALMA has supported AWA statutory meetings and has been instrumental in the review of various strategic frameworks including recently support for the development of the Catalytic Framework to end AIDS, TB and Eliminate Malaria by 2030. ALMA has also supported the Working Group on Health of the Specialised Technical Committee of the African Union that supported key health policy frameworks.

### **6.4 UN Agencies**

#### **6.4.1 UNDP**

The AUC and UNDP continues to collaborate on Sustainable Health Financing and Integrating AIDS, TB and Malaria in Environmental Impact Assessments. The collaboration is done within the framework of AWA Statutory Meetings and in capacity development of various countries in these areas. UNDP and the African Union have jointly developed policy briefs and background papers on the two areas. These have been used effectively for policy advocacy and AU assembly decisions continue to highlight these key areas. The AUC and UNDP have since 2014 worked collaboratively in convening the Coordination Meetings of AU Organ and RECs for the implementation of the AU Roadmap.

#### **6.4.2 UNAIDS**

The AUC and UNAIDS have continued to collaborate on the review and development of strategic frameworks. UNAIDS has provided support for the development of the Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030. Recently UNAIDS and the African Union through a consultative process developed the Africa Common Position to the United Nations General Assembly High Level Meeting on AIDS. UNAIDS has also supported the Working Group on Health of the Specialised Technical Committee of the African Union that supported key health policy frameworks. The African Union Commission and UNAIDS continues to convene the Joint UN Programme of



Support to the African Union.

### **6.4.3 UNICEF**

In alignment with the African Plan Towards the Elimination of New Infections among Children by 2015 and Keeping their Mothers Alive and the 2013 Assembly Decision on the AIDS Watch Africa Report to document best practices amongst Member States in the prevention and control of HIV/AIDS, Tuberculosis, Malaria the AUC and UNICEF documented the experiences, lessons learnt and challenges of selected countries in the elimination of mother-to-child-transmission of HIV (EMTCT) from selected countries from the five regions of the AU.

### **6.4.4 WHO**

The African Union Commission and WHO have collaborated in the development of the Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030.

### **6.5 Parliamentarians**

Strategic partnership with the parliamentarians in implementing the AU Roadmap includes various meetings with parliamentarians. The African Union with support from partners has also convened parliamentarians during the international AIDS Conference in Harare in December 2013 to discuss the progress that has been achieved in the first year of implementation of the Roadmap. Notably an action plan with key strategic actions related to the AU Roadmap and other continental commitments was developed in Johannesburg in 2014 within the framework of the Pan African Parliament. The African Union is following up on the implementation of the Action Plan and will convene a follow up meeting. Similarly the African Union briefed the French Assembly in Paris in November 2014 on the implementation of the African Union Roadmap and the progress in meeting the Abuja call targets.

### **6.6 Regional Economic Communities**

The AUC with support from partners has been strengthening strategic partnerships with RECs on the implementation of AU policy frameworks. In 2013 National AIDS Commissions, Regional Economic Communities and development partners met to discuss the status and trends of AIDS response coordination in Africa. The meeting came up with key recommendations that include establishing coordination mechanism between RECs and the AUC on health policy and programmes. Following this meeting the AU Organs and RECs met in Nouakchott in 2014 and in Lusaka in 2015 for joint planning and review of the implementation of the AU Roadmap and other AU policy frameworks.

### **6.7 Africa Ambassadors Groups and Friends of the Global Fund**

The African Union Commission with support from partners has conducted various briefings of Ambassadors of the Africa Group in New York, Brussels, Washington, Geneva and Addis Ababa. These briefings provide a key framework for informing the

Ambassadors on Africa's key health policy instruments and Global Fund replenishment advocacy to better prepare them for negotiations on health in global forums and bilateral engagements.

The African Union Commission continues to engage with civil society actors to discuss priority strategies on health. Notably the AU with support from partners convened a meeting of civil society in October 2014 to ensure that the post 2015 Development Framework on health goals reflect a holistic, rights-based approach ensuring that it includes a target on ending AIDS by focusing on poor and marginalised populations.

## **6.8 Civil Society Organisations**

Various Civil Society Organisations continue to collaborate with the African Union Commission in the development and review of key continental policies on health. Civil Society Organisations have provided valuable input through various consultative process in the development of the Africa Health Strategy and the Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030. Civil Society Organisations also worked with the AU in defining the key priorities for human rights and in health in the Post 2015 development Agenda. Civil Society continues to play an important role and provide input in AWA Statutory Meetings.

## **7. Pillar five: Strategic initiatives to accelerate the implementation of continental commitments on AIDS, TB and malaria**

### **7.1 Commemoration of International Observances**

The African Union Commission initiated an approach in which it collaborates with Member States to jointly commemorate international observances for AIDS, TB and Malaria with high level leadership addressing the meetings. This provides an opportunity for key political advocacy messaging on continental priorities on the three diseases. Countries that have participated include Rwanda, South Sudan, Ethiopia, Zimbabwe and South Africa. The African Union Commission and partners organised the High Level Dialogue on Ending AIDS by 2030 in November 2014 ahead of the World AIDS Day and various partners provided key recommendations for a roadmap for ending AIDS in Africa by 2030. The Government of Zimbabwe and the African Union jointly convened a High Level Meeting on Domestic Financing for Health ahead of the continental World AIDS Day celebrations attended by SADC Member States. The African Union and partners organised the World AIDS Day Parliamentary and Leadership Colloquium during the 2015 International Conference on AIDS and STIs in Africa (ICASA) in Harare which was officiated by the Vice President of Zambia. In 2016 the continental World Malaria Day was officiated by the Minister of Health Ethiopia while the World TB Day was officiated by the Vice President of the Republic of South Africa.

## **7.2 AIDS Watch Africa Champions Action Plan**

The 21<sup>st</sup> Ordinary Assembly of the African Union on 26 May 2013 in Addis Ababa appointed 5 regional Champions. This was in line with the AWA Revitalisation Strategy to strengthen AWA's mandate as an advocacy, resource mobilisation and accountability platform. At the sidelines of the Abuja +12 Special Summit on 16 July 2013 the AIDS Watch Africa (AWA) Champions an Action Plan for the AWA Champions was endorsed. The AWA Champions Action Plan has been partially implemented due to administrative and resource challenges.

## **7.3 Integration of AIDS, TB and Malaria indicators into the APRM process**

In recognition of the African Peer Review Mechanism (APRM) as an important accountability mechanism AIDS Watch Africa Heads of State and Government under Assembly/AU/Dec.477 (XXX) May 2013 on the report of AIDS Watch Africa (AWA), decided to include AIDS, TB and Malaria indicators as well as those of Maternal, Newborn and Child Health in the African Peer Review Mechanism (APRM). An indicator manual has been developed with the new improved health indicators for incorporation in the APRM questionnaire. The indicators will be incorporated in the new APRM questionnaire.

## **7.4 Practical guidelines for the implementation of the African Union Roadmap**

The Practical Guidelines for the Implementation of the African Union Roadmap was developed to assist the African Union Member States, African regional bodies, the African Union Commission and other relevant stakeholders to implement the Roadmap. The purpose of the guide 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 the three diseases and in developing mechanisms to sustain national and regional programmes for the three diseases.

## **7.5 Women, Girls and HIV in Conflict and Post Conflict Societies**

The African Union Commission launched the Women, Girls and HIV in Conflict and Post Conflict Countries in Africa during the World AIDS Day in 2013. The study focused on eleven conflict and post conflict countries covered by the desk review. The findings of the review among others show an increase in IDPs as compared to refugees, an increase in rape and sexual violence, more sexual relations between peacekeepers and host communities which are not based on equal relations, lack adequate access to services and increased occurrence of transactional sex. The recommendations included operationalizing the Code of Conduct for peacekeepers and launching of the desk review in Member States affected by conflicts to raise awareness. The Report was subsequently presented at the 5th Inter-Agency Meeting on Coordination and Harmonisation of HIV/AIDS, TB and malaria strategies in March 2014 where key recommendations were provided for the implementation of the Action Plan for Women, Girls and HIV/AIDS in Conflict and Post Conflicts Settings in Africa.

## **7.6 Best Practices on eMTCT**

In 2015 the African Union Commission has documented best practices on eMTCT. The Best Practices contribute towards elimination of mother-to-child transmission of HIV while keeping mothers alive. The African Union Commission has also documented best practices on Domestic Financing for Health with a focus sharing experiences on expanding the fiscal space for health including prioritising health within the existing allocation of general government expenditure and generating additional government revenue, including through innovative sources of funding and efficiency savings in health.

## **7.7 High Level Meetings on Domestic Financing for Health**

AIDS Watch Africa with support from partners has advocated for increased domestic health financing during through high level meetings at Heads of State and Government and ministerial levels. His Excellency, President Uhuru Kenyatta, the President of the Republic of Kenya hosted a high level discussion on the future of health financing on the margins of the 69th session of the UNGA in New York on 22 September 2014. Prime Minister of the Federal Democratic Republic of Ethiopia, H.E. Hailemariam Desalegn advocated for increased health financing to African Heads of State and Government during the Third International Conference on Financing for Development in Addis Ababa in July 2015. The side event in Marrakesh in October 2014 on the sidelines of the 9th African Development Forum addressed Ministers of Financing on the urgent need to adopt innovative financing mechanisms for health, shifting the development paradigm from African reliance on international funding to an emphasis on sustainable domestic investments. African health ministers met in Addis Ababa, Ethiopia in November, 2013 to find a pathway for accelerating domestic funding for AIDS, tuberculosis and malaria.

## **7.8 Africa Scorecard on Domestic Financing for Health**

The African Union has developed the Africa Scorecard on Domestic Financing for Health. The Africa Scorecard will be used by the Heads of State and Government and other strategic partners in ongoing advocacy efforts to increase domestic investment in health and promoting and/or strengthening financial planning for the health sector in countries'. The Scorecard has six indicators which are (1) Government per capita Domestic Investment in Health [How much does government spend per capita on health?]; General government health expenditure as a proportion of GDP [How much does government spend on health as a % of GDP?]; (3) Sources of country's spending on health; (4) government 'fiscal space'; (5) ability of governments to increase their tax base and thereby to grow their overall resource envelope and (6) institutionalisation of NHA (SHA2011).

## **7.9 Best Practices in Health Financing**

The African Union Commission documented best practices on Domestic Financing for Health with a focus sharing experiences on expanding the fiscal space for health including prioritising health within the existing allocation of general government expenditure and generating additional government revenue, including through innovative sources of funding and efficiency savings in health.

## **7.10 Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030**

The Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030 has been developed and adopted by Ministers of Health through a highly consultative process. The vision of the strategy is an Africa free of AIDS, tuberculosis and malaria and the overall goal is to end AIDS and tuberculosis and eliminate malaria in Africa by 2030. The strategy will guide the continental response for the next 30 years and provides a business case in three strategic investment areas (each with clear catalytic actions). These areas are health systems strengthening, generation and use of evidence for policy and programme interventions and advocacy and capacity building. The strategy has bold targets to end AIDS, TB and Malaria by 2030 through reducing AIDS-related deaths to less than 375,000 per year by 2020, and less than 150,000 per year by 2030; reduce new HIV infections to less than 375,000 per year by 2020, and less than 150,000 per year by 2030 and end HIV-related Discrimination by 2020.

## **7.11 Africa Common Position on the High Level Meeting on AIDS**

The African Union Commission with the support of partners developed the Common Africa Position to the United Nations General Assembly on AIDS. The CAP provided key recommendations related to the Political Declaration negotiations and the need for Africa Specific Targets. It also highlighted the need to negotiate as an undivided block, highly impacted by AIDS and demand a Political Declaration that commits to bold strategies that aim to end as a public health threat by 2030. The CAP also committed to a political declaration that has global targets and strategies, as well as Africa-specific targets.

## **7.12 Africa Health Stats**

The department has developed an online health data platform “African Health Stats” [www.africanhealthstats.org](http://www.africanhealthstats.org), a one stop shop for information on maternal, new-born and child health, HIV&AIDS, tuberculosis, malaria and health financing for all the African Union Member States. It shares information in a handy, simple and user friendly format. The platform serves as an accountability and advocacy tool to catalyze action, showcases and celebrates progress made and shares lessons and experiences. The platform draws attention to performance across African countries, thus demonstrating that change is possible.

## **7.9 AIDS Watch Africa communication strategy 2012-2015**

The AWA three-year communication strategy was developed and provided a framework for supporting advocacy initiatives through strategic communication of the various initiatives that are being implemented by AIDS Watch Africa. The key communication activities include establishment of strategic partnerships with the media through media roundtable and regular information sharing on key activities through media advisories and media releases. Dedicated eforums with over five thousand subscribers were developed for wider information sharing positioning AIDS Watch Africa as a key information sharing hub on continental health issues. AWA also developed a dedicated website and social media assets.

### **7.9.1. Development of an AIDS Watch Africa website**

The information portal [www.aidswatchafrica.org](http://www.aidswatchafrica.org) was launched at the end of September 2013. The portal is positioned to be the source of public information on the continental and global responses to AIDS, TB and malaria and the broader health and development agenda.

### **7.9. 2 AIDS Watch Africa Newswire**

AIDS Africa Newswire have been produced periodically to provide key programmatic highlights of the AIDS Watch Africa platform. The strategic thrust of the newswire is to provide key updates on the advocacy work being done by AIDS Watch Africa. The Newswire additionally provides information on the continental and global AIDS, TB and Malaria responses and trends. The newsletter is disseminated to all Member States, AU Organs, and bilateral and multilateral organisation working in the AIDS, TB and malaria responses. The newsletter shares information with strategic partners including policy makers, decision makers, and the media and programme managers.

### **7.9. 3 Advocacy materials**

The African Union Commission with the support of partners have developed, printed and distributed widely various advocacy materials for the programme. These include the following (1) African Union Roadmap brochure, (2) African Union Progress report, (3) About AIDS Watch Africa brochure, (4) AIDS Watch Africa Champions action plan, (5) African Union Roadmap Practical Guidelines, (6) African Plan Towards the Elimination of New HIV Infections and Keeping Mothers Alive, (7) African Plan Towards the Elimination of New HIV Infections and Keeping Mothers Alive brochure, (8) Compendium of Policy Briefs, (9) Best Practices on Ending New HIV Infections in Children and Keeping their Mothers Alive and (10) various digital banners and social media packs for digital campaigns during international observances.

### **7.9.4 Global Replenishment Advocacy Strategy**

AIDS Watch Africa as the key continental Global Fund Replenishment Advocacy platform has developed and is implementing an advocacy strategy to use all its strategic

platforms and opportunities to support the 2016 replenishment.

#### **7.9.5 AIDS Watch Africa targeted E-Forums for information sharing on policy and advocacy initiatives**

AIDS Watch Africa has developed targeted e-forums to provide information on AIDS, TB and Malaria. These e-forums include the following, **AIDS Watch Africa E-forum** which is the main forum for public information sharing which various partners have begun to use to share information on AIDS, TB and Malaria in Africa. The **Inter Agency Working Group on AIDS, TB and Malaria in Africa** which provides information to our coordination forums constituted of AU Organs, UN Agencies, RECs and technical experts working on AIDS, TB and Malaria in Africa. **The African Parliamentarians working on health** targeting parliamentarians in portfolio committees for health and other relevant portfolios. **The Journalists working on health targeting journalists working on health and development in Africa.**

#### **7.9.6 Social media sites**

AIDS Watch Africa has maintained a huge social media presence on Facebook, Linked In, Google+ and Flickr. These platforms are also being utilised to promote visibility of AIDS Watch Africa and to provide public information on AIDS, TB and Malaria.

#### **7.9.7 Media coverage**

Regular media advisories and press releases for all key statutory meetings and key AWA activities are shared with the media for media advocacy and improved development of focused reporting on AIDS, TB and Malaria. In addition to this blogs are occasionally produced for international media outlets.

#### **7.9.8 Media roundtables and workshops**

AIDS Watch Africa has also conducted a media roundtable and media workshop on domestic financing for health during the Third International Conference on Financing for Development, in Addis Ababa, Ethiopia from 13 and 14 July 2015. The media roundtable and workshop targeted senior journalists telling health stories. The workshop provide an opportunity for the African Union, the Global Fund and partners to engage journalists on the key priorities on Domestic Financing for Health and Global Fund Replenishment. The roundtable provided an opportunity for journalists to interact with global leaders in health and development.

## **8. Opportunities and Challenges**

### **8.1. Opportunities**

- AIDS Watch Africa has been institutionalised and is well positioned continentally to provide authoritative broad strategic continental level advocacy on AIDS, TB and Malaria at the Heads of State and Ministerial Levels and also at the global level using its well established global level advocacy architecture that include Africa Diplomatic Groups, international partners and Friends of the Global Fund Networks;
- AIDS Watch Africa has established sound partnerships and collaborative frameworks with multilateral organisations, African Union Organs , Regional Economic Communities, Member States civil society
- Aids Watch Africa has the potential to strengthen partnerships with the Private sector and already ongoing discussions with continental private sector platforms has ensued.
- AIDS Watch Africa secretariat is housed within the African Union Commission and thus has the comparative advantage to influence and drive continental and global policies on health and resource mobilisation.

### **8.2 Challenges**

- Due to the ongoing restructuring and financial constraints of the Commission the AWA Secretariat has not been included in the regular budget of the Commission this has resulted in critical operational challenges to a secretariat that is already overstretched as it is constituted of two staff Members.
- Currently the AWA secretariat does not have a dedicated administrative assistant due to financial constraints.
- There has been challenges with operationalisation of the AWA Regional Champions and the AWA Champions has not been implemented satisfactorily. This is currently being reviewed to ensure effectiveness of the structure.



## 9. Implementation of AWA Decisions

#	Decision on the Report of AIDS Watch Africa	Notable accomplishments and challenges	
AWA Decision July 2012 (Assembly/AU/Decl.2 (XIX))		Accomplishments	Challenges
1.	Re-commit individually and collectively to continued implementation of all our previous commitments towards universal access to HIV/AIDS, TB and Malaria services in Africa including maternal and child health, equitable access to affordable and quality-assured medicines and health commodities, promotion of social protection and strengthening of health systems in the context of gender-equality and human rights.	AU Member States committed to strengthen and support the implementation of generalized strategic programmes against AIDS, TB and malaria at country, regional and continental levels. Across all three disease areas, improvements in policies to promote better preventive measures, deliver more-effective medicines, and increase access to treatment and services has been significant. The Pharmaceutical Manufacturing Plan Business Plan developed and various countries with comparative advantage strengthening their Pharma industry.	<p>-Co-ordination and harmonisation of partnerships at various levels remain inadequate. A co-ordination and oversight mechanism is required to translate political declarations and commitments to concrete and measureable actions.</p> <p>- Strengthening Health Systems: Health systems require strengthening on various levels including human resource capacity, health infrastructure, equipment as well as access to medicines, commodities and services.</p> <p>- Resource Mobilisation: Strengthening domestic financing for health diseases through innovative approaches, remains an ongoing challenge in order to achieve HIV, TB and malaria targets. Dependency on external resources remains high.</p>
2.	Re-commit to keeping the struggle against HIV/AIDS, TB and Malaria high on national, regional and continental agendas; and ensuring accountability for results and targets to be achieved in the response to	The African Union Roadmap for Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response (2012-2015) with its three action pillars ((i) diversified financing,	-There have been no studies that have been carried out of efficiency gains and value for money. It is can therefore not be ascertained whether countries are utilizing resources in high impact interventions at the lowest cost.

	these diseases, and for efficient utilization of Resources budgeted for health.	(ii) access to affordable and quality assured medicines and (iii) leadership, governance and accountability) provided a framework for ensuring that the three diseases remained high on the political agenda at national, regional, continental and global levels.	
3	Decide to fully incorporate the AWA Secretariat into the structures and regular budget of the African Union Commission from 2013 onwards.	The AWA Secretariat was recruited and housed in the Division of AIDS, TB and Malaria with support from development partners. Member States budget is now consistently providing one hundred thousand United States Dollars to support the AWA Statutory Meetings.	-The Secretariat has not been incorporated in the regular structures and salaries for staff are still externally funded which is neither sustainable nor assured especially given the emerging competing global priorities that are shifting the focus of international aid to security and migration.
4.	Decide that each AWA Action Committee Head of State and Government nominate an expert conversant with AIDS, TB and Malaria as his/her representative on the Consultative Experts Committee and the National Working Group on AWA.	Member States have nominated representatives to the Consultative Experts Committee.	
5.	Decide to call for a parallel meeting on shared responsibility and Global Solidarity for the AIDS response on the sidelines of UN General Assembly in New York in September 2012 and URGED all AU Heads of State and Government to participate in the meeting.	African Heads of State and Government met on 26 September 2012 and embraced the African Union Roadmap for Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response that outlined African led long-term sustainable strategies to finance and provide access to HIV treatment and prevention services and other health services in Africa as called for in the	

		Millennium Development Goals.	
6.	Encourage all AU Heads of State and Government to join AIDS Watch Africa and, led by the AWA Action Committee, to champion the campaign against HIV/AIDS, TB and Malaria in Africa by 2015. To this end, we will lay emphasis on mobilizing increased domestic resources, improving value for money, enhancing planning and using existing resources more rationally.	The Membership of AWA grew from the initial founding 6 in 2001 to all the 54 Heads of State and Government who consistently attend the AWA mid-year luncheon which is now an AU Statutory Meeting.	
7.	Urge Member States to collaborate with people living with and affected by HIV and re-mobilize society as a whole for renewed response to AIDS, TB and Malaria in Africa through more innovative and sustainable mechanisms and well-coordinated partnerships. Focus should be on prevention of new HIV, TB and Malaria infections, ensuring good nutrition and more equitable access to affordable and quality-assured medicines and health-related commodities.	The African Union Continental Framework for Harmonization of Approaches Among Member States and Integration of Policies on Human Rights and People Infected And Affected by HIV/AIDS in Africa provided policy guidance to raise awareness on and reverse the negative impact of HIV/AIDS to communities, particularly the vulnerable and marginalized groups; enactment or strengthening of legislation to protect PLWH/A, in the framework of National Human Rights Strategies and integrating policies on human rights for people infected and affected by HIV/AIDS into national Human Rights Frameworks. Various countries on the continent have aligned their policies with the continental policy guidance for meaningful involvement of the people living with AIDS. The African Union	

		Commission continues to engage with the African Committee on Human and People's Rights to ensure that the rights of people living with AIDS remain high on the political agenda. In addition policy briefs on Law and Human Rights for the implementation of the AU Roadmap and related policy instruments.	
8.	CALL UPON Development Partners to meet their previous commitments, sustain and coordinate their support for the fight against AIDS, TB and Malaria in the continent, in the spirit of promoting global solidarity, health and development.	The partnership between Africa and the G8 (now G7) has delivered unprecedented progress in mitigating the AIDS, TB and Malaria epidemics and strengthening health systems, which has resulted in enhanced productivity, protection of vulnerable households and striking improvements in quality of life. According to the African Union Accountability Report (2012). The G8 has collectively fulfilled critical commitments to health in Africa—including its US\$ 60 billion pledge for AIDS, TB and Malaria in 2007–2012. The recent financial crisis, however, has resulted in a decline in international investments, exposed the insecurity of this funding and jeopardized the sustainability of recent health gains.	There is need for the G7 to collectively meet their commitments to substantially increase official development assistance (ODA) to Africa based on the Gleneagles Summit declaration, and to invest 0.7% of GNI in ODA to fill gaps as required.
9.	REQUEST UN Agencies, Civil Society Organizations, the private sector and other	The African Union Commission continues to coordinate all the key	The reporting from partners on the joint action plan need to be further strengthened.

	<p>international organizations and partnerships, to intensify and coordinate their support and collaboration at all levels.</p>	<p>stakeholders in the response to the three diseases biannually through the Inter-Agency Meeting on Coordination and Harmonization of HIV/AIDS, TB and Malaria Strategies. The Fourth Inter-Agency Meeting on Coordination and Harmonization of HIV/AIDS, TB and Malaria Strategies held in 2012 under the theme “Boosting the HIV, TB and Malaria response through Accountability” identified priority actions such as leadership and governance to achieve the health MDGs, strengthening health and community systems to sustain and scale-up of key interventions and resource mobilization and sustainable funding to achieve the health MDGs that would boost the response to the three diseases in Africa.</p>	
<p>1 0.</p>	<p>REQUEST Regional Economic Communities and Regional Health Organizations, in collaboration with the AU and other partners, to redouble their efforts in the fight against HIV/AIDS, TB and Malaria in their respective regions.</p>	<p>Beginning in 2014 the African Union Commission is convening annual Regional Economic Communities, Regional Health Organisations and AU organs (NEPAD, APCHR, PAP, APRM) for joint planning in implementation of continental health frameworks. The forum provides a</p>	

		platform to align regional and continental frameworks and to report on progress, challenges and share best practices.	
<b>AWA Decision May 2013 (Assembly/AU/8 (XXI))</b>			
1 1	DECIDES to include AIDS, TB and Malaria Indicators as well as those of Maternal, Newborn and Child Health in the African Peer Review Mechanism (APRM) as part of our accountability for the implementation of commitments undertaken and DIRECTS the Commission to facilitate this;	An indicator manual has been developed with the new improved indicators for incorporation in the APRM questionnaire.	The indicators have not yet been incorporated in the APRM process. The indicators will be incorporated when the process of the APRM to develop new questionnaire commences.
1 2	URGES Member States to ensure the effective implementation of the Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa and to report on progress made.	The Statutory AIDS Watch Africa Member States Experts annual meeting provides an opportunity for aligning national implementation frameworks with the continental frameworks. The Meeting provides an opportunity to report on progress on the implementation of the AU Roadmap by Member States. The African Union has developed the AU Roadmap implementation guidelines to support Member States with the implementation of the Roadmap.	
1 3	FURTHER URGES AWA to ensure that best practices amongst Member States in	In 2015 the African Union Commission has documented best	

	<p>the prevention and control of HIV/AIDS, Tuberculosis, Malaria and Other Related Infectious Diseases are identified, propagated and adopted by all.</p>	<p>practices on eMTCT. The Best Practices contribute towards elimination of mother-to-child transmission of HIV while keeping mothers alive. The African Union Commission has also documented best practices on Domestic Financing for Health with a focus sharing experiences on expanding the fiscal space for health including prioritising health within the existing allocation of general government expenditure and generating additional government revenue, including through innovative sources of funding and efficiency savings in health.</p>	
<p>1 4</p>	<p>CALLS UPON countries and all partners to take action in support of achieving the USD 15 billion target and to fully fund the Global Fund in order to completely control the three diseases and save lives.</p>	<p>The African Union Commission took the lead in continental and global advocacy efforts for the replenishment. This included ensuring that the Global Fund replenishment remained high on the political agenda during AU Summits and International Meetings. The Africa Groups in Geneva, New York, Brussels, Washington and Ethiopia were fully briefed on the implementation of the ongoing replenishment efforts. Work also include working with Global Advocacy constituencies in Japan, New York and Europe known as</p>	

		Friends of the Global Fund to push for the replenishment. Six African Countries pledged to support the replenishment of the Global Fund.	
1 5	REQUESTS AU Member states to develop a sustainable investment plan for health, particularly AIDS, TB and Malaria, with year on year increases in domestic funding.	African Union Member States with the support of development partners have developed investment cases aligned with their strategic plans for the three diseases.	
<b>AWA Decision June 2014 (Assembly/AU/14 (XXIII))</b>			
1 6	URGES MEMBER States to accelerate the effective implementation of all the Abuja Commitments on HIV/AIDS, TB & Malaria and the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa and to report on progress made.	The 2013 Abuja Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria provided impetus for the implementation of 30 key actions to accelerate the implementation of the earlier “Abuja Commitments”, step up the mobilization of domestic resources to strengthen the health System and ensure that strategies are in place for diversified, balanced and sustainable financing for health.	
1 7	REAFFIRM our commitment to accelerate innovative domestic financing with year on year increases in domestic funding and allocation to health	The 2014 and 2015 African Union Roadmap progress reports highlight significant progress by Member States in implementing innovative Domestic Financing for Health.	Despite the increase in domestic expenditure, only 6 Member States – Rwanda (24%), Liberia (19%), Malawi (19%), Zambia (16%), Togo (15%) and Madagascar (15%) – have met the Abuja



		<p>Various countries are implementing innovative mechanisms to expand the fiscal space for health financing. In 2015, domestic sources accounted for 57% of all HIV-related resources in low- and middle-income countries. Domestic public sector spending on AIDS nearly tripled in low- and middle-income countries from 2006 to 2014.</p>	<p>Call target of allocating 15% of their public expenditure budget to health. Another 4 countries – Djibouti, Ethiopia, Lesotho and Swaziland – are slightly below the target.</p>
1 8	<p>REAFFIRM ALSO our determination to be accountable and CALLS UPON Member States and all partners to promote accountability and implementation of high impact interventions for the resources available to control the three diseases and save lives</p>	<p>The African Union has developed the Africa Scorecard on Domestic Financing for Health. The Africa Scorecard will be used in ongoing advocacy efforts to increase domestic investment in health and promoting and/or strengthening financial planning for the health sector in countries’.</p>	
1 9	<p>REQUESTS the African Union Commission to Document and disseminate good practices amongst Member States in the prevention, treatment and control of HIV/AIDS, Tuberculosis, Malaria</p>	<p>In 2015 the African Union Commission documented best practices on Domestic Financing for Health with a focus sharing experiences on expanding the fiscal space for health including prioritising health within the existing allocation of general government expenditure and generating additional government revenue, including through</p>	

		innovative sources of funding and efficiency savings in health.	
2 1	REQUESTS the African Union Commission to review the AWA strategic frameworks due to expire in 2015	The African Union carried out a joint review of the Abuja call for accelerated action towards universal access to HIV/AIDS, TB and Malaria services & the AU Roadmap on shared responsibility and global solidarity for HIV/AIDS, TB and Malaria was carried out and provided. The review report of the AU Roadmap was presented at the AWA Experts Meeting.	
<b>AWA Decision June 2015 (Assembly/AU/Dec.571 (XXV))</b>			
2 2	REQUESTS the Commission working with NEPAD Agency in consultation with Member States, Development Partners to develop a “Catalytic Framework” detailing milestones towards ending the epidemics of AIDS, TB and malaria in line with the Abuja +12, 2030 target; and URGES all actors to mobilise resources needed, leverage on treatment and embark on a fast track comprehensive strategy to end AIDS, TB and Malaria.	The Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030 has been developed and adopted by Ministers of Health through a highly consultative process. The strategy will guide the continental response for the next 30 years and provides a business case in three strategic investment areas (each with clear catalytic actions). These areas are health systems strengthening, generation and use of evidence for policy and programme interventions and advocacy and capacity building. The strategy has bold targets to end AIDS, TB and	

		<p>Malaria by 2030 through reducing AIDS-related deaths to less than 375,000 per year by 2020, and less than 150,000 per year by 2030; reduce new HIV infections to less than 375,000 per year by 2020, and less than 150,000 per year by 2030 and end HIV-related Discrimination by 2020.</p>	
2 3	<p>REQUESTS the Commission in consultation with Member States and partners to develop accountability mechanisms with clear targets and indicators to monitor and measure priorities in the response to the three diseases.</p>	<p>The Africa Health Statistics Platform has been developed to monitor key indicators for MNCH, AIDS, TB and Malaria.</p>	
2 4	<p>APPRECIATES progress recorded on access to medicine catalysed by African Medicines Regulatory Harmonisation (AMRH) framework in line with AU Roadmap Pillar II and Pharmaceutical Manufacturing Plan for Africa (PMPA) and URGES the NEPAD Agency, RECs, Member States and other stakeholders to redouble their implementation efforts.</p>	<p>Already the value of Africa's pharmaceutical industry rose to \$20.8 billion in 2013 a colossal leap from just \$4.7 billion a decade earlier. It is predicted the market will be worth \$45 billion by 2020 – which presents an opportunity for foreign investments and local companies to build partnerships with multinationals in order to secure transfer of knowledge and technology. Africa can surely not continue to have 70% of the African pharmaceutical market served by foreign imports mainly from India. The AU model law on medical products regulation which was endorsed in January 2016 by AU</p>	

		<p>Assembly of Heads of State and Government will further strengthen the legislative environment for harmonisation of medicines regulation in Africa.</p>	
2 5	<p>REAFFIRMS commitment to strengthen health systems and to increase domestic funding in line with the Abuja 15% target and REITERATES the importance of continued accountability and judicious use of domestic and international resources.</p>	<p>The Africa Health Strategy (2016-2030) provides the continental direction with key strategic approaches to strengthen health systems performance, increase investments in health, improve equity and address social determinants of health to reduce priority disease burdens by 2030. The two strategic objectives of the AHS are to (1) by 2030, to achieve universal health coverage by fulfilling existing global and continental commitments which strengthen health systems and improve social determinants of health in Africa and (2) reduce morbidity and end preventable mortality from communicable and non-communicable diseases and other health conditions in Africa.</p>	

2 6	CALLS UPON countries and Development Partners to contribute towards the 5th Replenishment target of the Global Fund in order to control these three diseases and save lives.	The African Union Commission took the lead in continental and global advocacy efforts for the replenishment. This included ensuring that the Global Fund replenishment remained high on the political agenda during AU Summits and International Meetings. The Africa Groups in Geneva, New York, Brussels, Washington and Ethiopia were fully briefed on the implementation of the ongoing replenishment efforts. Work also include working with Global Advocacy constituencies in Japan, New York and Europe known as Friends of the Global Fund to push for the replenishment. Six African Countries pledged to support the replenishment of the Global Fund	
2 7	URGES Member States to improve the integration of HIV/AIDS, TB, Malaria and Gender equality responses in the execution of large capital projects ( to leverage Public and Private Sector Partnerships to increase domestic financing as part of innovative approaches for sustainable funding for health.		

## 10. Future Directions for AWA

The following are the key recommendations for the future direction of AWA:

1. **Development of AWA Strategic Framework (2016-2020)** - with the expiry of the AWA Revitalisation Strategy in 2015, a new strategic framework to provide guidance to AWA' work will need to be developed.
2. **Development of AWA Advocacy, Communication and Resources Mobilisation Strategy**- with the expiry of both the AWA Advocacy and Community Strategy and the AWA Resource Mobilisation Strategy it is proposed that a new AWA Advocacy, Communication and Resources Mobilisation Strategy be developed.
3. **Incorporation of AWA in the AU Regular Budget**- to ensure sustainability there is a need to continue working on ensuring that the AWA Secretariat is incorporated in the regular budget of the Secretariat.
4. **Alignment of AU Catalytic Framework with Regional and National Strategic Plans**- With the adoption of the Catalytic Framework as the overarching strategy for AIDS, TB and Malaria for the continent, the next step is to align the strategy with regional and national strategies. This also includes ensuring that modalities for monitoring and evaluation are put in place.
5. **Africa Scorecard on Domestic Financing for Health**- The Africa Scorecard on Domestic Financing For Health will need to be institutionalised ensuring that data collection is conducted regularly by working closely with the AU Members States, National Health Accounts (NHAs) divisions. The scorecard should be released every year as a key tool to aid promotion of Domestic Financing for Health Advocacy. There is also a need to put in place a dissemination strategy for the Scorecard.
6. **AIDS Watch Africa Champions**- there is need to review the implementation of the AWA Champions Action Plan and modalities for implementation to ensure effectiveness in implementation.
7. **Strengthening Partnerships with the Private Sector**- there is need to ensure that there is more strengthened collaboration between AWA and the private.
8. **Streamlining continental coordination mechanisms**- The African Union Commission will bring together the RECs and AU Organs Coordination Meeting and the Inter Agency Meeting on Harmonisation and Coordination to create more synergies in alignment with the new global and continental health architecture and strategic frameworks. Various key partners will now meet in the reconstituted forum to be known as Africa Coordination and Partnership Forum.

## 11. Conclusion

The AWA Revitalisation Strategy provided an impetus on advocacy on AIDS, TB and Malaria ensuring that the three diseases remained high on the political agenda in the context of many competing priorities at the global level. The work of AWA remain critical in advocacy, resource mobilisation and promotion of accountability. It is therefore critical to ensure that AWA remains well positioned as a critical component that is playing an important role at the global and continental level in health.