

# AFRICAN UNION ROADMAP: PROGRESS IN THE FIRST YEAR

Update on progress to implement the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa (2012–2015)



# The 2012 African Union Roadmap

During the past decade, African countries with leadership from the African Union have demonstrated strong political commitment by embracing transformative reforms to address health, especially the epidemics of AIDS, tuberculosis (TB) and malaria, and by building efficient health systems. The African Union has framed a compelling vision for the future of the continent and has developed powerful policy frameworks (such as the 2006 Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa) that have led to tangible improvements in the health sector.

This strong continental and national leadership has achieved significant gains in Africa in reducing the burden of AIDS, TB and malaria and in reducing their social and economic effects.

The annual number of people newly infected with HIV in Africa has been reduced by 25% since 2001, the number of children acquiring HIV infection has declined by 24% between 2009 and 2011 and the number of people who died from AIDS-related causes was 32% lower in 2011 than in 2005. Since 2001, nearly 13 million people in Africa have been reached

with TB treatment. There are also encouraging signs in the effort to prevent new cases of malaria: the burden of malaria in Africa is down by one third, and eight countries have already achieving the targeted reduction of 75% in the incidence of malaria since 2000.

Nevertheless, progress must be intensified if African countries are to meet internationally agreed targets by 2015 and sustain progress beyond then. The African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa (2012–2015), adopted in July 2012, is a response to this challenge. Charting a new course for the continent's response to AIDS, TB and malaria, the Roadmap lays a path to reinforce African leadership, boost local pharmaceutical industry, accelerate regional harmonization and integration initiatives, strengthen health systems and promote new forms of development cooperation. The Roadmap demonstrates how Africa is leading a wave of sustainable change in the global responses, and development more broadly, on the way towards a generation free of AIDS, TB and malaria. The Roadmap identifies three action pillars:

## Pillar 1

**Diversified, balanced and sustainable financing models**

## Pillar 2

**Access to medicines through local production and regulatory harmonization**

## Pillar 3

**Leadership, governance and oversight for sustainability**

# Maintaining high-level commitment one year on

Since it was endorsed, the Roadmap has been at the core of numerous high-level regional, continental and global debates on African development.

## Key high-level meetings related to the African Union Roadmap

### January 2012

AIDS Watch Africa mandate expanded to include tuberculosis and malaria; includes all Heads of State and Government.

### July 2012

High-Level Ministerial Dialogue on Value for Money, Sustainability and Accountability in the Health Sector calls for reducing aid dependence.

### July 2012

African Leaders Malaria Alliance (ALMA) Summit on malaria calls for increased domestic financing and innovative financing.

### September 2012

United Nations General Assembly African Union High-Level Side Event on Shared Responsibility and Global Solidarity for AIDS.

### January 2013

At the African Union Summit, the Campaign for Accelerated Reduction of Maternal Mortality in Africa commits to local production of antiretroviral drugs, condoms and other essential drugs.

### March 2013

Pan-African Parliament commits to monitoring the implementation of the African Union Roadmap.

During the 67<sup>th</sup> Session of the UN General Assembly in 2012, political leaders from Africa came together with representatives from civil society, academia and development institutions to reaffirm commitments in the context of the new shared responsibility and global solidarity agenda. The event generated broad international political consensus around a novel approach to development cooperation, to support implementation of the Roadmap, for Millennium Development Goal 6 to combat HIV, TB, malaria and other diseases and to achieve, by 2015, the targets and commitments set out in the 2011 General Assembly Political Declaration on HIV and AIDS. The event emphasized the importance of greater accountability, gender equality and new partnerships moving into a

post-2015 development agenda and accountability framework.

Development partners have continued to show their commitment to global solidarity. For example, in 2012, the United States President's Emergency Plan for AIDS Relief (PEPFAR) released a blueprint for strategic action to achieve progress towards an AIDS-free generation. The Global Fund to Fight AIDS, Tuberculosis and Malaria announced a new funding model to enable strategic investment for the maximum impact on health. UNAIDS has also provided support to the African Union Commission to develop a practical guide for the implementation of the Roadmap at regional and country levels.

## Progress on Pillar 1:

# More diversified, balanced and sustainable financing models

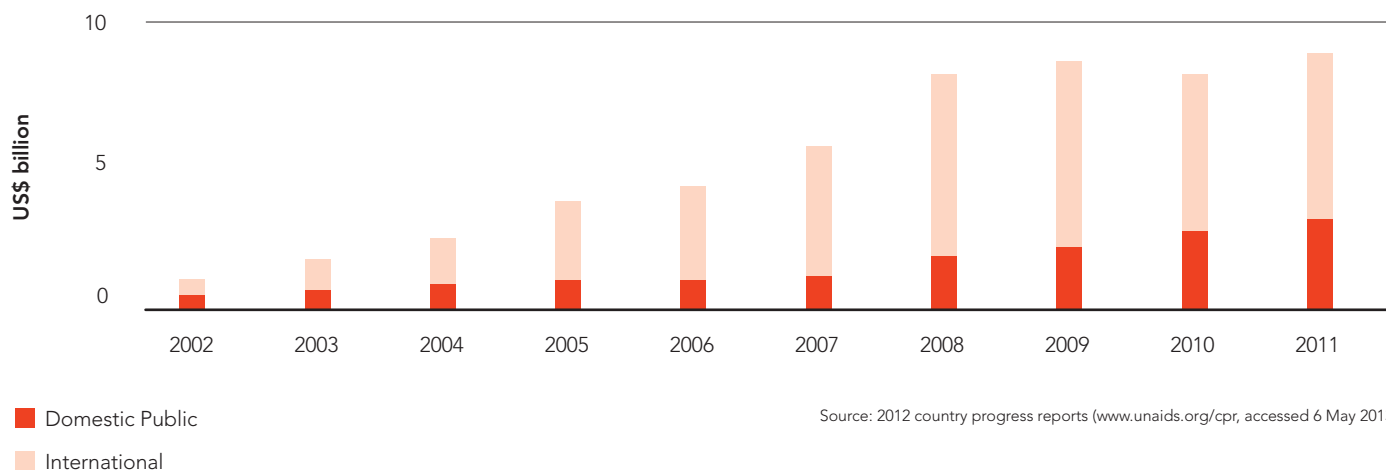
Most African countries have recognized the need to diversify and expand the sources of funding for health generally and for HIV responses specifically to reduce their dependence on a few external funders. Measures taken include quantifying the country-level funding gap (eg. financial gap analysis for malaria for 2013 – 2016 done by all malaria endemic countries), identifying policy options to increase resources, increased financial commitment by the private sector and inclusion of health, malaria and HIV services in different forms of health insurance and other health financing schemes. A few examples of countries that have begun to implement innovative AIDS financing measures are shown below. A more comprehensive account can be found in *Efficient and sustainable HIV responses: case studies on country progress*.<sup>1</sup>

- South Africa has reformed its tender process to increase competition among suppliers and improve transparency. The new tender achieved a 53% overall reduction of ARV costs.
- Kenya has taken active steps to explore and operationalize sustainable domestic funding options, including earmarking 0.5% to 1% of ordinary government revenues to an HIV Trust Fund.
- Zimbabwe formally employed individuals and corporate are levied 3% of their taxable incomes towards a National AIDS Trust Fund.
- Rwanda and Uganda are charging levies on mobile phone usage.
- The governments of Benin, Congo, Madagascar, Mali, Mauritius and Niger charge airline levies.
- In February 2013, representatives of African civil society platforms met with representatives of nine global health organizations to kick start work on harmonizing efforts to increase domestic funding for health that would include non-governmental domestic financing initiatives.

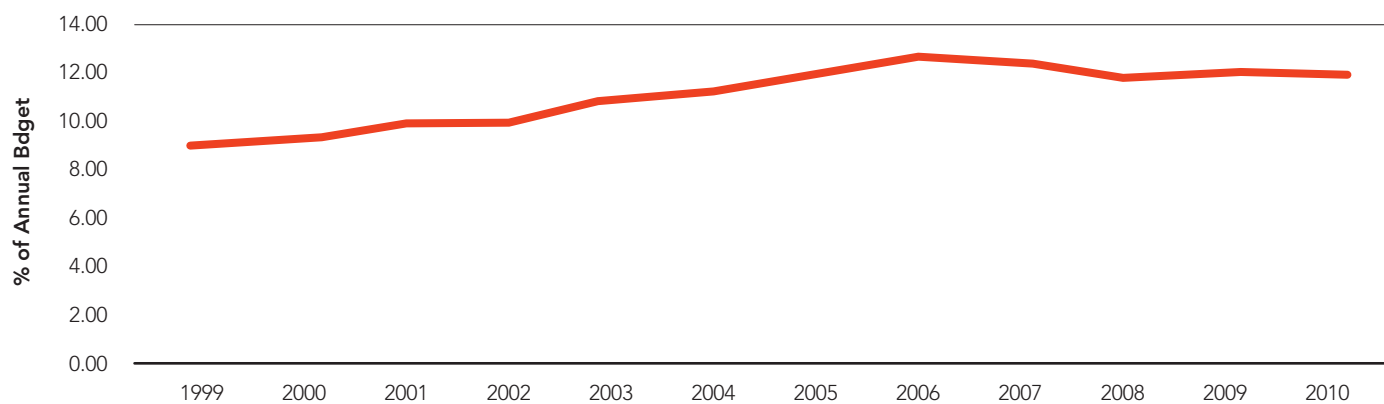
This progress builds on significant achievements already made by African Union Member States in scaling up domestic resources for health between 2002 and 2011, and the increasing share of annual budgets dedicated to health between 1990 and 2010 – though this remains on average below the 15% target agreed in Abuja in 2001.

<sup>1</sup> *Efficient and sustainable HIV responses: case studies on country progress*. Geneva, UNAIDS, 2013 (<http://goo.gl/X6a8B>).

## Domestic and international resources for AIDS in Africa, 2002–2011



## Resources for the health sector as a percentage of the total annual budget for 20 African Union Member States, 1999–2010



## Progress on Pillar 2:

# Access to medicines through local production and regulatory harmonization

A continent of 1 billion people cannot continue to depend on external sources of medicines and health commodities. Considerable progress is being made to enable countries to scale up pharmaceutical manufacturing, especially in antiretroviral drugs and artemisinin-based combination therapies, as well as other malaria commodities such as insecticide-treated nets.

- The Pharmaceutical Manufacturing Plan for Africa Business Plan, an African-wide framework for increasing pharmaceutical capacity, has been developed and approved and will be supported through a consortium that is now being set up. Two pilot plans are due to be funded in 2013.
- Some countries, including Kenya, Nigeria, South Africa, Tunisia, Uganda and the United Republic of Tanzania, have negotiated public-private partnerships that will allow for more rapid prequalification by WHO of locally manufactured essential drugs and malaria commodities.

Progress is also being made in improving regulatory harmonization across the continent.

- The NEPAD Agency began work in 2012 on developing a model law for harmonizing medicine regulation in Africa. The model law aims to address legislative gaps that hamper the harmonization of medicine regulations and provide countries with a law comprehensive enough to be adopted

by national legislative bodies. It will also ensure a systematic approach for developing harmonized legislation on medicine regulation in African countries.

- The African Medicines Regulatory Harmonization Programme (AMRH) is promoting the establishment of regional centres of regulatory excellence through the existing structures of regional economic communities, supported by the NEPAD Agency. In 2012, the AMRH approved funding for the East African Community project on harmonizing medicine registration and is also supporting the Economic Community of West African States, the Economic Community of Central African States and the Southern Africa Development Community to progress in a similar vein. This process will be rolled out to the country level during the next few years.

Opportunities are available through the use of the flexibilities contained in the Trade-related Aspects of Intellectual Property Rights (TRIPS) Agreement, for further reducing prices and expanding access to medicines. A waiver that exempts least developed countries from complying with the rules related to pharmaceutical patent protection is scheduled to end in 2016. This could potentially restrict the ability of least developed countries in Africa to ensure access to affordable medicines, underscoring the need for international action to extend the period in which these countries comply with the provisions of TRIPS.

## Progress on Pillar 3:

# Leadership, governance and oversight

The African Union Commission and its organs and Member States, with the support of stakeholders including development partners, are implementing the vision of the Roadmap, as seen in the following developments:

- Developing more robust, inclusive, results-focused national strategies and related investment cases.
- Streamlining disease coordination and governance to make the best use of limited national human and financial resources. Examples include:

- Rwanda has merged disease programmes, including separate AIDS coordination, into the Ministry of Health's Biomedical Centre, with a view to reducing the costs associated with multiple project management units and to allow for greater cross-fertilization and multisectoral working across disease programmes.

- Côte d'Ivoire has integrated its Ministry of HIV and AIDS into the Ministry of Health to rationalize the resources available for health.

- South Africa has placed their national AIDS council under the financial authority of the National Department of Health, with staff funded by the Ministry budget to ensure greater continuity and sustainability. The government is integrating the national TB and HIV strategies for improved results.

AIDS Watch Africa, an advocacy platform for African Heads of State on AIDS, TB and Malaria set up in 2001, has been reinvigorated in the past year, as African leaders recognized the need for accelerated momentum towards meeting the targets of Millennium Development Goal 6 by 2015 and for leadership beyond to fulfil their commitments to the Roadmap. All Member States of the African Union are now members of AIDS Watch Africa.

### May 2012

The African Commission on Human and Peoples' Rights renewed the mandate of its Committee on the Protection of the Rights of People Living with HIV (PLHIV) and Those at Risk, Vulnerable to and Affected by HIV to support effective rights-based responses to HIV in Africa.

### June 2012

West African Economic and Monetary Union Conference of Heads of State emphasizes the need for innovative financing.

### January 2013

The African Union Summit called for a special summit in Abuja to convene leaders to review progress made since the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases.

### January 2013

ALMA Heads of State Summit on Malaria call for The Big Push to achieve the health related MDGs, including for malaria, HIV/AIDS and TB, introducing a tracking, accountability and action mechanism.

### March 2013

Members of the Pan African Parliament have committed to playing a key leadership role and monitoring the implementation of the Roadmap.

### March 2013

The Swaziland Statement: Building Momentum Towards Ending the Tuberculosis and TB/HIV Co-epidemic in SADC Countries was signed by Ministers of Health and Development Partners.

### April 2013

Economic Community of West African States (ECOWAS) Health Ministers approve ECOWAS Charter on Public Private Partnership for Local Pharmaceutical Production of ARVs and Other Essential Medicines.

# A practical guide for implementing the Roadmap

The African Union Commission, in cooperation with UNAIDS, undertook to develop a practical guide to assist the African Union Member States, African regional bodies, the African Union Commission and other relevant stakeholders in implementing the Roadmap. The purpose of this guide is to provide practical ideas for how to take the agreed Roadmap agenda forward to achieve rapid results in both reducing the burden of these three diseases and in developing mechanisms to sustain national and regional programmes.

This guide is not a set of prescriptive formulas to be applied uniformly across all African Union Member States. Member States and regional economic communities are encouraged to adapt the suggested actions in this plan to their own contexts and needs, since each country and regional economic community is already carrying out certain interventions and is at different stages of implementing the Roadmap.

## What the practical guide does

- Provides practical suggestions for interventions and actions to be carried out by Member States, regional economic communities and the African Union Commission.
- Provides examples of initiatives underway at the country, regional and African Union levels.
- Encourages countries and regional economic communities to assign responsibility for oversight and reporting on African Union Roadmap implementation to an existing coordination group (such as a health sector coordination body, country coordinating mechanism secretariat or other body).
- For reporting, draws on indicators and data that countries already are collecting and reporting on as part of international agreements.

Experts from African Union Member States reviewed the guide in April 2013 and it received substantive contributions from a variety of key stakeholders. It was submitted to the Action Committee of AIDS Watch Africa for consideration during the African Union Summit in Addis Ababa, Ethiopia in May 2013.



# Implementing the Roadmap: roles and responsibilities



# Accelerating implementation



## PILLAR 1

**Diversified, balanced and sustainable models**

Member States are encouraged to develop financial investment plans for health, especially AIDS, TB and malaria, showing how national programme costs, based on well-costed, evidence-informed strategies, will be covered through domestic and external funding, with year-on-year increases in domestic funding.



## PILLAR 2

**Access to medicines through local production and regulatory harmonization**


Member States are urged to ensure that the AUC's Pharmaceutical Manufacturing Plan for Africa (PMPA) Business Plan Consortium is fully functional and resourced, as a means to enhance access to quality-assured, essential drugs and commodities, including for AIDS, TB and malaria.



## PILLAR 3

**Leadership, governance and oversight for sustainability**

The Heads of States and Government are called on to champion the African Union Roadmap at the national, continental and global levels and to oversee its implementation and reporting in their countries in collaboration with the main stakeholders.



Member States should seek out further sources of innovative financing, including through the private sector, to increase the level of domestic investment.

Member States and regional economic communities are encouraged to produce case studies that report their progress in diversifying sources of financing.

The African Union will convene a continental meeting with BRICS (Brazil, Russian Federation, India, China and South Africa) partners on investing in African pharmaceutical manufacturing capacity, especially for generic essential drugs.

Member States are encouraged to create an enabling regulatory environment within countries to reduce import tariffs and harmonize regulatory requirements with other countries in the region.

Member States are encouraged to fully implement TRIPS flexibilities to achieve universal access to treatment.

The Heads of States and Government are urged to use the AIDS Watch Africa platform to share lessons with each other on accelerating progress in the implementation of the three pillars of the Roadmap.

Member States are urged to strengthen the capacity of AIDS Watch Africa to provide a new model of mutual accountability through its oversight of the implementation of the African Union Roadmap.

Member States are urged to develop a comprehensive plan to modernize the governance bodies of health systems to improve leadership, coherence, efficiency and performance for the three diseases, using the principles of inclusion, shared responsibility and global solidarity.

