2010

The African Union Commission (AUC) administered a Progress Assessment Tool (PAT), a questionnaire that was administered to 47 countries. It was the first African Union wide assessment of the development of Member States in relation to the MDGs that made it to attain the MPOA vis-a-vis the then MDGs (Tucker, 2012) (International Planned Parenthood Foundation, 2016).

The African Union Commission and the African Ministers of Health from 46 African countries that met in Maputo, Mozambique.

The Maputo Plan of Action (MPOA), a continental framework on the sexual and reproductive health policies, was developed by the African Union in collaboration with United Nations Population Fund (UNFPA) and International Partnership Federation (IPF) in Gaborone, Botswana.

2014

First Meeting of the Specialised Technical Committee (STC) on Health Population and Drug Control Addis Ababa, Ethiopia. The first of its kind African Union Specialized Technical Committee meeting on Health, Population and Drug Control (STC-HPDC) Working Group, Addis Ababa was a platform used to finalise and submit the revised MPOA 2016-2030. In addition, civil society were provided with the opportunity to identify and suggest key emerging challenges in the provision of universal access to sexual and reproductive health and rights in the continent that were to be included in the revised MPOA 2016-2030.

CSOs review of Maputo Plan of Action, Nairobi, Kenya. As part of the review, IPF African Union Region was mandated by the African Union to hold a civil society review of the MPOA. This consultation was held in Nairobi, Kenya just after the civil society review of the MPOA draft documents by hired consultants. The African Union through its STC-HPDC Working Group convened a validation meeting to review and validate several African Health policies including the revised MPOA 2016-2030. The validation meeting was attended by experts, representatives from UN agencies and civil society. During deliberation on the MPOA, the meeting was able to highlight the importance of the need to deal with emerging issues that would ensure the successful implementation of the MPOA 2015-2030. The feedback from validation allowed the commissioned consultants to finalize the reports.

May 21st – 26th

The Working Group of the Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC) Working Group, Geneva, Switzerland. The African Ministers of Health met on the side lines of the Global Health Assembly held in Geneva to discuss the revision of expiring African health policies including the MPOA 2015-2030. During this meeting the African Member States provided substantive recommendations on the MPOA and its content.

One of the major changes to the MPOA 2015-2030 that was suggested by Ministers of Health was that it related to the inclusion of rights in the document. In particular member states “expressed concern on the inclusion of rights on the document as it was felt that such rights can be interpreted as sexual rights. For this reason, the African Union member states resolved to aligning the language to other already existing documents including the Common African Position on post 2015 development agenda and Agenda 2030.

July

First Ministerial STC Meeting on Health, Population and Drug Control Addis Ababa, Ethiopia. The first of its kind African Union Specialized Technical Committee meeting on Health, Population and Drug Control (STC-HPDC) Working Group, Addis Ababa was a platform used to finalise and submit the revised MPOA 2016-2030. In addition, civil society were provided with the opportunity to identify and suggest key emerging challenges in the provision of universal access to sexual and reproductive health and rights in the continent that were to be included in the revised MPOA 2016-2030.

The new MPOA 2016 – 2030 will be launched in early November 2016.

April 25th – 26th

Ministerial Meeting, Specialised Technical Committee - Health, Population and Drug Control (STC-HPDC) Working Group, Geneva, Switzerland. The African Ministers of Health met on the side lines of the Global Health Assembly held in Geneva to discuss the revision of expiring African health policies including the MPOA 2015-2030. During this meeting the African Member States provided substantive recommendations on the MPOA and its content.

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The new MPOA 2016 – 2030 will be launched in early November 2016.

2016


The MPOA 2016-2030 should take into account the UN Secretary-General’s Global Strategy for Women’s and Children’s Health (Tucker, 2012) (International Planned Parenthood Foundation, 2016).

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The African Health Policy Revision Context

African Health Strategy

The African Union in 2007 developed the initial African Health Strategy, a policy that was aimed at addressing major health challenges that exist on the continent. The first AHS had the timeframe of 2007-2015. It was expected that the African continent through its leaders have demonstrated its commitment to achieving the African Health Strategy’s vision of an “Africa free of AIDS, tuberculosis and malaria”.

In light of the above and the recognition of previous policies and initiatives such as the Abuja Call to Action, the Catalytic Framework and the revival of the AIDS Watch Africa, the African Common Position recommends the following to African member states with the view to accelerating gains:

1. A Political Declaration Negotiations and Africa Specific Targets
2. Maximising the Impact of Treatment and Fast Track Strategy
3. Stopping new HIV infections
4. Leave no one behind – Human Rights, Gender and Social Protocols
5. Sustainable Financing for the HIV Response
6. Strengthening Health Systems to achieve treatment and prevention targets
7. Access to affordable and quality assured medicines, commodities and technologies
8. Leadership and Mutual Accountability (African Union, 2016)

Given the high disease burden on the African continent, the African Health Strategy envisions to reduce mortality and premature mortality. This vision is based on the goal of ensuring long and healthy lives and promotion of well-being of all Africans in the full context of Agenda 2063. The African We Want and the newly adopted Agenda 2030 for a sustainable development.

The African Health Strategy 2016-2030 aims to achieve its goals through two strategic goals:

Strategic Objective 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.

Strategic Objective 2: Reduce morbidity and end preventable mortality from communicable and non-communicable diseases and other health conditions in Africa.

It is hoped that with this vision, goals and objectives, the people of Africa can make meaningful contribution to the attainment of Agenda 2063 and the Sustainable Development Goals (African Union, 2014).

Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030

Premised on the idea that for Africa to achieve and sustain social and economic development, there is need to address major cause of the burden of disease. These causes include the impact of AIDS, TB and Malaria, arguably the top reasons for morbidity and premature mortality on the continent. Given these serious threats to African development, its leaders have demonstrated leadership and political will to combat these health vices.

This is evident with the adoption of policies and initiatives such as:

2000: Abuja Declaration on Roll Back Malaria in Africa
2002: Maputo Declaration on Malaria, HIV/AIDS, TB and Other Related Infectious Diseases
2005: Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa
2012: African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria
2015: AIDS Watch Africa
2016: African leaders over the years have demonstrated political commitment and leadership aimed at ensuring the surge of global diseases such as AIDS, TB and Malaria.

Of the initiatives mentioned above, the revitalised AIDS Watch Africa (AWA) at the African Union Assembly in June 2015 called for the African Union Commission in partnership with the New Partnership for Africa’s Development (NEPAD) Agency and all relevant stakeholders including Member States to formulate a “Catalytic Framework”.

This framework was aimed at identifying gaps, challenges and opportunities that have existed on the African continent with the view to ending AIDS, TB and malaria in the context of the Abuja +12 targets (African Union, 2016).

It is for the above reason that the Catalytic Framework 2016-2030 was created to with the vision to have an “Africa free of AIDS, tuberculosis and malaria”. It is expected that the African continent through the catalytic framework which is consistent with Agenda 2063 and Agenda 2030 will end these three diseases in Africa by 2030.