



Meeting Report

Technical Briefing and Consultation of Civil Society Organizations (CSOs) on the Lusaka Agenda Monitoring and Accountability Framework and Scorecard.

February 27, 2025

Background

At the February 2024 Assembly of AU Heads of State, a key decision (ref: Dec.880(XXXVII)) endorsed the establishment of an accountability mechanism to ensure the effective implementation of the Lusaka Agenda in Africa. In response, a Draft Accountability Framework was developed under the leadership of Africa CDC, in collaboration with the African Union Commission (AUC) and the African Constituency Bureau (ACB).

This draft framework was reviewed by AU Member States, and it is now critical to engage African Civil Society Organizations (CSOs) for their input and perspectives. In this regard, Africa CDC in collaboration with the AUC, the Africa Constituency Bureau (ACB) and WACI Health is convening CSOs for this consultation to ensure their voices are reflected in the framework's development and implementation.

Objectives of the briefing and consultative meeting:

1. Inform and consult African CSOs on the progress of the Lusaka Agenda.
2. Review the Draft Lusaka Agenda Accountability Framework and Scorecard indicators to ensure alignment with CSO perspectives.
3. Discuss the way forward for CSO engagement in implementing and monitoring the Lusaka Agenda.

The expected outcome for the briefing and consultative meeting includes:

1. Enhanced awareness and engagement of African CSOs on the Lusaka Agenda.
2. Refined Draft Accountability Framework incorporating CSO inputs.
3. Revised Scorecard Indicators reflecting CSO contributions.

On February 27, 2025, Africa CDC in collaboration with the AUC, the Africa Constituency Bureau (ACB) and WACI Health held a Technical Briefing and Consultation of Civil Society Organizations (CSOs) on the Lusaka Agenda Monitoring and Accountability Framework and Scorecard. Over 100 civil society representatives from all the regions attended the session which was jointly moderated by WACI Health and ACB.

The Briefing



Dr. Landry Tsague, Director Primary Health Care Center at Africa CDC gave the opening remarks, on behalf of Dr. Tajudeen Raji, Deputy Director General Africa CDC. He acknowledged the large turn out of civil society members as a clear indicator of their interest in the process. He highlighted that this was a timely conversation in the unique context when donor countries are cutting Overseas Development Assistance. He mentioned how the shifts aim to advance alignment with one national plan, one budget and one M&E framework for domestically financed health services and public health functions. He emphasized the important role of the consultation in ensuring CSO understand the Lusaka agenda and give feedback that will contribute to finalizing the Lusaka agenda.

“The Lusaka Agenda is a global agenda but more importantly an African agenda. It calls for a paradigm shift; calls for a move towards more reliance on domestic resources; improved accountability; fostering strategic partnerships and aligning with Africa’s long term health goals.”

Dr. Landry Tsague

Dr. Sheila Shawa, Senior Technical and Partnership Specialist at the Africa Union Commission on behalf of Prof. Julio Rakotonirina, Director, Health, Humanitarian Affairs and Social Development, Africa Union Commission, informed the participants that the AU Roadmap for 2030 was adopted during the heads of state summit and is well aligned with the Lusaka agenda.

“With the accountability framework, the aim is to ensure it speaks to the AU roadmap and the global objectives of the Lusaka agenda.”

Dr. Sheila Shawa

Susan Mochache, Executive Director of the African Constituency Bureau for the Global Fund highlighted the important role of ACB in ensuring global health discussions align with Africa priorities. Africa has been a great beneficiary of 70% of Global Health Institutions Funding signaling a shift in engagement with our countries. She emphasized it is urgent to ensure efficiency of resources amidst the changing global financing landscape with donor funding declining. She highlighted the M&E framework as a key pillar to monitor progress towards implementation and the role of CSOs as key accountability partners.

“Our engagement is driven by a deep commitment to making the Lusaka agenda a collectively owned process and an initiative by all the actors of health in Africa.”

Susan Mochache

Rosemary Mburu, Executive director at WACI Health commended the consultation as an indicator of good progress towards involvement of CSOs in this process. She emphasized the Lusaka agenda is about alignment and coordination and called for alignment at country level with all the actors in the global health space. She highlighted the [civil society priority paper](#) for the Lusaka agenda and the need for this to be approached from the human rights perspective,



gender issues and the principle of leaving no one behind. She emphasized the civil society focus on not just what is done but how it is done contributing to better outcomes.

“As communities and civil society, we are saying that even with all the alignment and coordination, if we don’t remember some principles that have helped see the gains over the decade, we will still not make sufficient progress.”
Rosemary Mburu

Presentation on the overview of the Accountability Framework and Scorecard

Dr Justin Maeda: Head, Planning, Reporting, and Accountability Division at Africa CDC presented an overview on the Lusaka agenda; Overview of the accountability framework and scorecard and the proposed coordination structure.

He highlighted the shift in global health financing, decline in external funding and countries inability to meet the Abuja declaration targets due to stagnated GDP and competing priorities. He highlighted that the framework has 2 sets of indicators; Those measuring implementation within the continent and those measuring the outcomes of implementation of the Lusaka agenda.

Discussions by the civil society participants

There was ample time for Q & A in which all panelists gave responses to all of the questions raised.

Some of the questions and discussions by the participants included the following;

1. How can we ensure civil society organizations from all regions are represented/coordinated well in this process? Why is ACB listed as a civil society organization?
2. How does the Lusaka agenda compliment the Abuja declaration if the heads of state don’t meet the Abuja commitment? We want domestic resources to finance our health.
3. Is there a percentage for investment in health since we have different national income for the different countries?
4. The framework is missing bilateral donors as stakeholders. What happens when the donors pull out. Is there an indicator for bilateral donors, IFIs and UN agencies?
5. On the issue for one plan, one budget and one M&E. Do we have an indicator for this?
6. Where will we find the proposed indicators for equity? Shift 3 focuses on equity and how to expand to complement the public sector and private sector to include community leadership to reach the furthest to reach/ most at risk.
7. How can we ask for an accountability framework for a process CSOs have not been involved in?

- As civil society, we have been asking for this accountability framework to see what is being measured and this is an opportunity for us to say what we want measured.
 - CSOs have a chance to contribute to this for inclusion and ownership.
8. How can we propose an indicator on what should be included e.g. on workforce?
 9. In order to hold someone accountable, we need to understand the tools of monitoring. We need to highlight some of the rewards in order to monitor.
 10. How do we report to the broader Lusaka agenda framework on the other accountability framework within our countries.
 11. Is there an indicator on local manufacturing, R&D?

The feedback and reflections from the Africa CDC, ACB and AU included the following;

1. The engagement mechanism for civil society will be agreed through CiSPHA during subsequent calls. We can also engage through other mechanisms for maximum input such as AU ECOSOCC.
 - ACB being listed as CSO is an oversight. The error will be corrected.
2. The Lusaka agenda is looking at implementation of decisions such as the Abuja declaration with most countries being far from attaining this.
3. We are using the Abuja target of 15% of the national budget to healthcare for the Lusaka agenda and how to attain it. This is mentioned in the indicators.
4. When we are talking of GHIs we are referring to all external support. Maybe we should rephrase it better to show it is all inclusive of everyone involved in health financing.
 - The framework touches on regional organizations and their roles....Please share an indicator that you think would work well for this.
5. There is an indicator on %GHI investment that aligns with one sector plan.
 - We may need to consider other indicators for the technical level with the 10 major ones being reported to heads of state; the fewer the better and the easier it is to follow up. Feel free to submit other indicators to be included.
6. Shift 3 is talking about strengthening joint approaches to ensure minimal duplication. Equity comes as an outcome to the joint approaches. The second set of indicators need to be shared for full inputs from CSOs and will answer several questions e.g. on patient satisfaction.
 - The indicator on Equity will be difficult to take into account because certain countries do not have the same health policies and the same priorities in the mobilization of domestic resources in the field of health.
 - We have an indicator on the workforce. Is this enough for equity or we should break it down to reflect the broader workforce.
7. CSOs have 2 weeks to share their feedback and propose indicators.
8. We need to discuss this more. How do CSOs see this accountability framework reflect on their role at the country level where action happens. We want to ensure it reflects their role as the sounding board of the community.



9. We are still discussing this with the team working on this agenda. We have a clear target by heads of states that close to 60% of vaccines utilized in Africa be procured locally by 2040. We want them to track the same indicator to monitor this as the Local R&D is such a complex space..
 - o We will think of how to include this indicator in this high level presentation for the heads of states.

Conclusion

CSOs have been invited to make contributions to the Accountability Framework which will be facilitated by WACI Health, and a time frame of two weeks has been given to deliver. Also the importance of country level advocacy especially with the pathfinder countries has been indicated as one of the approaches to advance the conversation at national level. WACI Health will facilitate the collection of inputs on the Accountability framework and provide the summarized inputs to Africa CDC within two weeks. The need for a regular briefing touch point between Africa CDC and CSOs was indicated.

Resources and materials

1. [Civil Society Priority paper](#) to make the Lusaka agenda successful.
2. The webinar recording: <https://www.youtube.com/watch?v=rvDeRsias5w>
3. The accountability framework (French and English); <https://drive.google.com/drive/folders/1tohezC279LMYapY9QeBKSMo50tDVHTgG?usp=sharing>

Annex 1 Meeting Agenda

27 th February- 04:00-06:00 PM			
Time	Agenda Item	Speaker/Presenter	Facilitator/Moderator
04.00 – 04:05pm	Welcome and introduction		Mrs Fassika Alemayehu,

04:05- 04:25pm	Welcoming Remarks	<p>Dr Tajudeen Raji, Deputy Director General Africa CDC.</p> <p>Prof. Julio Rakotonirina, Director, Health, Humanitarian Affairs and Social Development, Africa Union Commission.</p> <p>Mrs Susan Mochache, ACB Executive Director</p> <p>Mrs Rosemary Mburu, Executive Director WACI Health</p>	Advocacy and Partnerships Lead, ACB
04:25– 04:50	Presentation on the overview of the Accountability Framework and Scorecard	Dr Justin Maeda : Head, Planning, Reporting, and Accountability Division.	Fitsum Lakew Alemayehu , AU Liaison Manager CiSPHA Coordinator, WACI Health
04:50– 05:45	Discussion <ul style="list-style-type: none"> 1. Accountability framework and governance. 2. Lusaka Agenda Indicators dictionary. 	Dr. Landry Tsague , Director Primary Health Care Center.	
05:45– 06:00	Way forward and Closing	Mrs. Rosemary Mburu , Executive Director WACI Health	

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