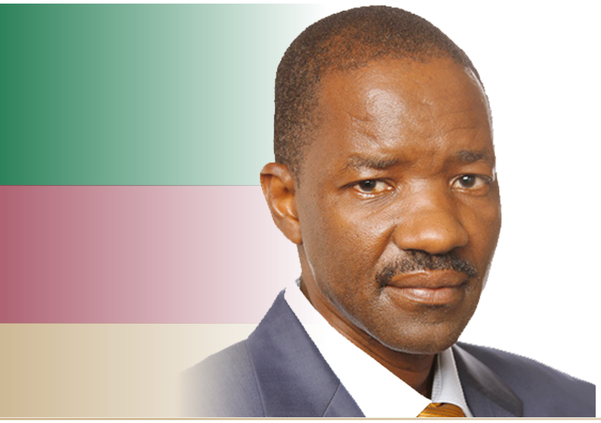


# 2021 Annual Report

Together for a healthy prosperous Africa

Africa Public Health Foundation



# LETTER FROM THE CHAIR

**Dr. Bernard Haufiku**

Founder & Chair, Africa Public Health Foundation

Over the past year, we continued to face unprecedented challenges during the COVID-19 pandemic.

With support from our partners, the Africa Public Health Foundation began to make a difference in how our continent, countries and communities were able to respond to this emergency and prepare for the next.

Together, we have been part of a story of historic collaboration, where partners from all corners of the globe sought to align support behind the leadership of the Africa Centres for Disease Control and Prevention (Africa CDC). Many of those people, be they community health workers or part of the donor community, are far from public view. They work tirelessly and often thanklessly in service of our common goal of a healthy, prosperous Africa. I hope their leadership will be recognised in time.

As a result of that quiet determination and collective endeavour, we were able not only to strengthen the Africa Public Health Foundation, but to get vaccines, supplies, tests and health workers to communities that may otherwise have been left behind. We also continued work to strengthen regional collaboration through building Africa CDC's networks that will improve surveillance and laboratory networks.

This report provides highlights of our initiatives across Africa that have been delivered through trusted partnerships under the guidance of Africa CDC within the 2021 calendar year.

On behalf of all the Council members of the Africa Public Health Foundation, I thank you and take this moment to ask for your continued commitment. We all need to stay the course in order to work towards and realise Africa CDC's vision of a New Public Health Order.


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# WHO WE ARE

## Our Vision

A healthy, productive, and prosperous Africa

## Our Mission

The Africa Public Health Foundation exists to forge partnerships and mobilize resources to support critical public health initiatives in service of Africa CDC.

## Relationship with Africa CDC

The Africa Public Health Foundation and Africa CDC teams work closely to identify priority areas for fundraising and grant-making, drawing from Africa CDC's strategic pillars. Africa CDC is also represented in a non-voting capacity at all Africa Public Health Foundation Council meetings.

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# 2021 KEY HIGHLIGHTS

Together with Africa CDC and other partners, we supported countries to respond to the pandemic and strengthen public health systems in Africa.

Our key highlights in 2021 include:



### 5 New Members
Strengthening in-house capacity by welcoming five new team members



### 66% Funds disbursed
Disbursing 66% of all received funds to implementing partners and suppliers in over 18 countries with increasing speed and effectiveness (an increase of 48%)



### 11 Implementing partners contracted
Contracting 11 implementing partners and issuing 20 contracts



### 580,000 COVID-19 test kits distributed
Distributing 580,000 COVID-19 test kits in 12 countries



### 2,000 CHWs trained
Training 2,000 community health workers to support COVID-19 tracing and testing



### Partnership forged in over 14 countries
Forging partnerships with 8 implementing partners and 2 suppliers in 14 countries



### Biosafety technical group meetings conducted
Supporting Africa CDC to conduct biosafety technical working group meetings in Gabon and Malawi



### Standard operating procedures established
Establishing and testing standard operating procedures for selecting implementing partners and suppliers (including full tendering and pre-qualification processes)



### Grant management tools
Introducing grants management tools



### Donor reports submitted
Successfully submitting due donor reports on time


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# HOW WE WORK

We work with a number of implementing partners in support of Africa CDC across the continent. Currently, we work with partners across 16 African Union Member States through three funded initiatives:

**1) Partnership to Accelerate COVID-19 Testing,**
**2) Strengthening regional collaboration,**
**3) Accelerating vaccine equity.**

To offer a glimpse into how we manage funding for Africa CDC, we have provided more information on the implementing partners we work with under each of our funded initiatives.

**Offer a platform for collaboration for public health system strengthening**

**Forge partnerships and mobilize resources**

**Manage and leverage funding for Africa CDC**

## 1. Partnership to Accelerate COVID-19 Testing (PACT)

To help increase continental testing efforts and reduce COVID-19 transmission in Africa, Africa CDC launched the Partnership to Accelerate COVID-19 Testing (PACT): Test, Trace, Treat in 2020. PACT mobilises experts, community workers, supplies and other resources to test, trace and treat COVID-19 cases in a timely manner to minimise the impact of the pandemic on the Africa continent.

With funding from the Rockefeller Foundation, the Africa Public Health Foundation has expanded Africa CDC activities under PACT in 14 African Union Member States:

- **Burkina Faso**
- **Cameroon**
- **Chad**
- **Congo Republic**
- **Côte d'Ivoire**
- **Democratic Republic of Congo (DRC)**
- **Eswatini**
- **Ghana**
- **Liberia**
- **Mali**
- **Namibia**
- **Niger**
- **Nigeria**
- **Sierra Leone**


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# *APHF Impact to date*

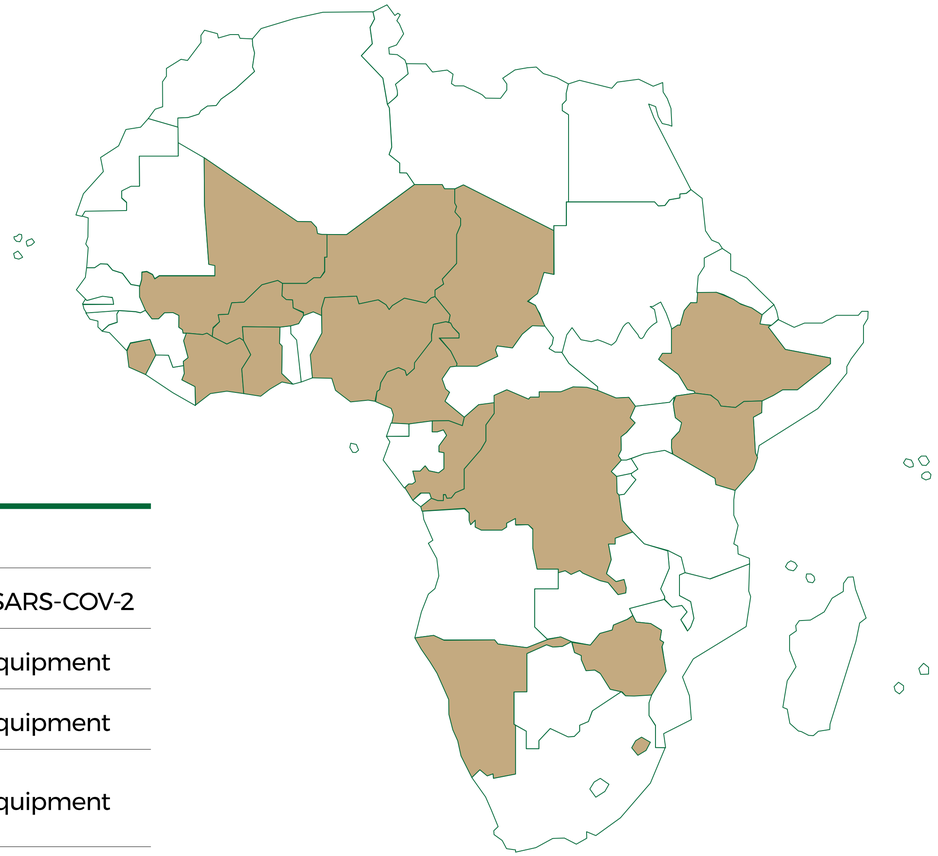
**580K+**
C-19 test kits distributed

**14+**
Countries of impact

**2K+**
CHW Trained in C-19 testing and tracing

With support from Africa CDC, we identified implementing partners and provided grants totaling US$2.4 million. The purpose of the grants was for training and deployment of Community Health Workers. The table below shows our implementing partners, how much they received and the purpose of the grant under PACT.

| Implementing Partner | Amount received (US$) | Purpose of the grant |
|---|---|---|
| **GHSS** | 312,840 | Training end users for AG-RDT for SARS-COV-2 |
| **Red Cross Eswatini** | 158,929 | Deploy CHWs and procure basic equipment |
| **Action Aid Liberia** | 166,362 | Deploy CHWs and procure basic equipment |
| **Red Cross Congo Brazaville** | 608651 | Deploy CHWs and procure basic equipment |
| **AFENET** | 140,250 | Recruitment of a subject area expert to oversee the project in Addis Ababa |
| **Project Hope Namibia** | 906,346 | Deploy CHWs and procure basic equipment |
| **Caritas Congo** | 163,444 | Deploy CHWs and procure basic equipment |
| **GHSS Kenya** | 35,246 | Training end users for AG-RDT for SARS-COV-2 |



Impact achieved in partnership with:

**8 Implementing Partners[1]**

**2 Major Suppliers**

[1] *Caritas Congo, GHSS, Project Hope Namibia, Red Cross Eswatini, Red Cross Congo Brazaville, Action Aid Liberia, AFENET*


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## *Statistics Impact*

Through these partnerships, we have managed to accomplish the following under our funded initiatives:



### More than 2.5 Million household visits conducted

More than 2.5 million household visits were conducted, which included contact tracing, active case searches and risk communication activities, across Liberia, Namibia, the Democratic Republic of Congo, Eswatini and Congo Brazzaville



### More than 1.6 Million contacts were identified




### 78% of suspected cases were linked to labs for testing



### More than 3 Million Risk Communication and Community Engagement sessions were conducted



### Collaboration with Ministry of Health and Sanitation of 11 countries

In collaboration with the Ministry of Health and Sanitation of 11 countries (Cameroon, Ivory Coast, Nigeria, Niger, Sierra Leone, the Democratic Republic of Congo, Congo Brazzaville, Chad, Mali, Burkina Faso, and Kenya), Africa CDC provided a Training of Trainers on SARS-CoV-2 rapid Ag testing to 905 laboratory personnel, with 499 certified.


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## 2. Strengthening regional collaboration

Disease outbreaks in one country have the potential to spread quickly to neighboring countries and can easily become a regional or continental crisis and, as COVID-19 has demonstrated, a global pandemic. Therefore, Africa CDC approaches public health preparedness and response preparedness as flowing from the Member States to the Regional Collaboration Centres (RCC) and finally to the continental level. In line with this, Africa CDC introduced a new and innovative approach of public health practice in Africa; the Regional Integrated Surveillance and Laboratory network (RISLNET).

RISLNET is a unique modality that brings together public health institutions and professionals and other existing networks to accelerate regional IHR implementation through facilitating use of existing public health assets, cross border transfer of specimens, and sharing of data and best practices.

This includes building RISLNET in all the five RCC of Africa CDC that can coordinate and integrate data from all regional public health surveillance, laboratory, and emergency response assets to prevent, detect, protect against, response and control public health events in the region and ultimately in the continent. RISLNET consists of five components: Coordination, Surveillance, Laboratory, Animal Health and Pandemic Preparedness.

With funding from the Bill & Melinda Gates Foundation, to enable Africa CDC to strengthen regional collaboration in East and Central Africa, we supported the following implementing partners, detailing how much they received and the purpose of the grant.

| Implementing Partner | Amount received (US$) | Purpose of the grant |
|---|---|---|
| **AFENET** | 272,393 | Logistics support to activate personnel that can strengthen RISLNET in Central and Western Africa RCCs based in Libreville, Gabon and Abuja, Nigeria respectively. |
| **GHSS** | 319,552 | Strengthen public health laboratory systems and networks among member states of Central Africa RCC headquartered at Libreville, Gabon (Burundi, Central Africa Republic, Cameroon, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon and São Tomé and Principe). |
| **GHSS** | 1,577,834 | Strengthen public health laboratory systems and networks among member states of Western Africa RCC, headquartered at Abuja, Nigeria (Benin, Burkina Faso, Cabo Vade, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo). |


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## *Statistics Impact*




**BLIS installed in 2 Laboratories**

Installed Basic Laboratory Information Systems (BLIS) in two laboratories and did BLIS maintenance in one laboratory to improve sample turnaround time to support clinical decision making.



**Trained 70 laboratory personnel on BLIS**
**(26 in Chad, 24 in Republic of Central Africa and 20 in Gabon)**



**Operationalized the Guidelines for Laboratory Biosafety and Biosecurity and Guidelines for Equipment**
**Maintenance and Calibration that were developed in the first year, in all the first cohort of 7 labs.**




**Developed the guidelines on laboratory equipment donations, spares management, replacement, and disposal to be shared among the labs concerned.**



**Developed documents for equipment management including manuals for establishing equipment maintenance contracts for laboratories.**


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## 3. Accelerating vaccine equity

Since the beginning of the pandemic, Africa CDC has been a driver behind the coordinated continental response strategy and supporting individual Member States' activities. As the goals of the response have expanded to include access to vaccines, the African Union has focused on the acquisition of COVID-19 doses, to complement wider multi-lateral and bi-lateral arrangements while Africa CDC has planned for and supported mobilization. This includes the establishment of vaccination centres, training for all workers within the delivery system, access to ancillary commodities, community readiness, awareness and volunteer mobilization.

Working with members of the Africa Donor Collective, the Africa Public Health Foundation designed a pooled fund mechanism and mobilised funds to support Africa CDC's work to accelerate the roll-out of COVID-19 vaccines.

The main objective for this initiative is to establish COVID-19 Vaccination Centres and begin to vaccinate priority groups in areas particularly affected by the pandemic. All work is delivered in alignment and agreement with national plans, led by the Ministries of Health in African Union Member States.

The initiative is currently being rolled out in Cameroon, Kenya, Namibia and Zambia, with the implementing partners listed below:

| Implementing Partner | Amount received (US$) | Purpose of the grant |
|---|---|---|
| **AFENET** | 800,000 | Community engagement activities supporting vaccine uptake |
| **AFENET** | 1,000,000 | Recruitment and deployment of 50 rapid responders to provide targeted support to build the required processes and capacities in the 3 member states |
| **AMREF Zambia** | 1,119,276 | Accelerate the Africa CDC COVID-19 vaccine roll-out in Zambia |
| **AMREF Namibia** | 527,936 | Urgent COVID-19 vaccine deployment in Namibia |
| **AMREF Kenya** | 1,225,000 | Accelerate the Africa CDC COVID-19 vaccine roll-out in Kenya |


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# IMPACT STORIES

**January:**

## THE ROCKEFELLER FOUNDATION ANNOUNCES GRANT TO EXPAND ACCESS TO COVID-19 TESTING AND TRACING IN AFRICA

The Rockefeller Foundation announced a new grant of US$12 million to the Africa Public Health Foundation to help expand the geographic coverage of testing and strengthen contact tracing for COVID-19 in Africa through Africa CDC.

"Equitable access to testing and tracing is essential to rapidly identify and respond to COVID-19 outbreaks until a vaccine is widely available to all," said Rajiv J. Shah, President of The Rockefeller Foundation. "One year into the COVID-19 pandemic, too many people still do not have access to the tools that they need to keep themselves, their families, and their communities healthy and safe. We're pleased to work with the Africa Public Health Foundation and Africa CDC to catalyse a more efficient and inclusive response to and recovery from the COVID-19 pandemic across the continent."

This funding will support a broader effort to accelerate equitable access to testing technologies, increase testing of asymptomatic persons, and reduce community transmission of SARS-CoV-2 in the sub-Saharan Africa region.

To date, more than three million COVID-19 cases have been recorded in Africa, with the current daily average of new cases in the second wave surpassing that of the first wave.

Testing and tracing remain two of the strongest public health interventions for containing COVID-19 on this continent of about 1.3 billion people. Yet, only a little above 29.2 million tests have been reported since the beginning of the pandemic. By scaling up testing and tracing, health authorities on the continent will have access to more reliable epidemiologic data to advise governments, businesses, and the public on how to better manage the pandemic and mitigate its socioeconomic impact.

Through the Partnership to Accelerate COVID-19 Testing (PACT), an initiative rolled out in August last year, Africa CDC is establishing partnerships across the globe to mobilize technical, material, and financial resources to support its Member States in expanding testing, tracing, and treatment for COVID-19. This grant will contribute to the implementation of PACT across the continent.

The grant will also help increase access to testing in urban and rural areas, strengthen community level contact tracing, enhance data infrastructure, and accelerate screening and case finding in high-risk populations.

Dr Francisco Songane, Interim CEO of the Africa Public Health Foundation said, "The Africa Public Health Foundation is sincerely grateful for the leadership and support of the team at The Rockefeller Foundation. It is our mission to forge partnerships and mobilise resources for Africa CDC. In facing the COVID-19 pandemic, this kind of collaboration is needed more than ever."

"Scaling up testing and tracing for the most at-risk populations is a critical piece of The Rockefeller Foundation's efforts to support an equitable pandemic response on the continent," said William Asiko, Managing Director of the Africa Regional Office, The Rockefeller Foundation. "As we await widespread vaccinations, investing in testing, tracing, and public education about physical distancing and mask-wearing are the best tools we have to address Africa's most urgent needs now and strengthen the systems we need to protect ourselves from future threats."



> ***"Testing is the number one tool to fight this pandemic because without testing we will be fighting blindly. We also need to trace people who are infected, isolate them, and treat them. By supporting Africa CDC Member States to do more testing and tracing to identify and isolate infected persons, we will be able to control the virus and limit transmission."***
>
> **~ Dr John Nkengasong, Director of Africa CDC**


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**July:**

## TOWARDS A HEALTHIER, INTEGRATED AND STRONGER AFRICA: LAUNCHING RISLNET IN WEST AFRICA

RISLNET was established by the Africa CDC to integrate all public health laboratories, surveillance, and emergency response assets.

RISLNET envisions a safer, healthier, integrated and stronger Africa, whereby Member States are capable of effectively responding to outbreaks of infectious diseases and other public health threats. In order to better prepare for future pandemics, the Africa CDC, in conjunction with West African Health Organization, together launched the initiative in West Africa in April 2022.

The launch of RISLNET in West Africa was the culmination of a three-day workshop where representatives identified and discussed ways to strengthen existing regional laboratory networks and ensure that they are adequately supported by robust national tiered networks. Participants also discuss and agreed on a framework for developing and implementing national laboratory policies and strategic plans.

The West Africa RISLNET will focus on diseases most prevalent and endemic in the region to foster specialised expertise in disease control and prevention on particular diseases, becoming hubs to share across the region while similarly receiving expertise from other regional hubs, thus maximising the limited resources available.

This launch is a significant milestone in a funding partnership between the Africa CDC and the Bill & Melinda Gates Foundation, managed by the Africa Public Health Foundation.






> ***To prevent, detect and rapidly respond to emergencies we need strong partnerships to effectively and efficiently deploy public health assets across Africa. Strengthened collaboration among Africa's laboratory systems is a prerequisite for building a resilient continental health security architecture.***
>
> ***~ Dr Ifedayo Adetifa, the Director-General, Nigeria Centre for Disease Control, at the launch of RISLNET in West Africa.***


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**November:**

## ESTABLISHING AN ORGANISATION IN A GLOBAL PANDEMIC

On 31 December 2019, Chinese authorities alerted the World Health Organization of pneumonia cases in Wuhan City, Hubei province, China, with an unknown cause. On that day, the organisation known as the Africa Public Health Foundation was no more than an entity registered in Mauritius, with a growing group of governing council members, led by the Founder, Dr Bernard Haufiku. With a mission centred on mobilising resources for and awareness of the goals of Africa CDC, the foundation had been officially launched by Africa CDC at the World Economic Forum some months before.

The emergence of the pandemic made it clear that the work of the Africa Public Health Foundation would be more needed than ever. With a remit akin to the CDC Foundation to the Centres for Disease Control in the US, or the WHO Foundation to the WHO, the Africa Public Health Foundation would need to establish itself quickly. The start-up journey, as with these other sister entities, has not been straightforward. But the Africa Public Health Foundation has, with the support of partners, funders and most of all the Africa CDC, demonstrated its potential, established a staffed and fully functioning operation and, most importantly, supported countries and communities across Africa to access the tests, vaccines and health workers – without which they may have been left behind.

Over the course of 2020 and through much of 2021, the Africa Public Health Foundation's functions were delivered predominantly by consultants, funded by a growing group of philanthropists. Systems and structures were built, under the direction of the Council and guidance from Africa CDC, while the skills of permanent staff members were gradually brought on board from May 2021. Throughout, the team of consultants, staff members, Council members and partners worked remotely. In this way, the organisation was born online, from our homes. While we were far apart, there were no office or organisational boundaries.

Pragmatism and commitment were the order of the day – attitudes shared with the funders and partners we worked with. Together with members of the Africa Donor Collective, under the stewardship of Virgin Unite, we shaped ways of streamlining giving in a flexible and agile way to support Africa CDC's roll-out of COVID-19 vaccinations. We worked out how to get funds quickly to the countries and organisations that needed it. We learnt how hard registration and recruitment are, and how much longer it would take to work towards a fully staffed team and sustainable revenue model. And we developed more gratitude for the patience and commitment from our partners than they will ever know.

When all Africa Public Health Foundation staff and some of the members in the Secretariat met for the very first time at a strategy meeting and end-of-year staff party held on 26 November 26 in Nairobi, Kenya, it was an emotional day.

Felix Kimonyi, APHF Human Resource Officer, said, "It was great meeting the rest of the team members and so far, I am enjoying working for APHF which has a transparent working culture where leadership treats its employees as valued team members. We have open communication lines amongst colleagues and the Secretariat hence settling in has been a walk in the park."

Although the Africa Public Health Foundation began operations during the pandemic, it began with a strong spirit of collaboration through virtual working. With an expanded Governing Council and a growing team — The Africa Public Health Foundation is poised for growth and impact.



> *"To move along the road to pandemic preparedness, we need to come out of this COVID-19 crisis with the same resolve that we saw after the Ebola crisis – with a shared commitment to invest in our public health infrastructure in Africa."*
> **~ Dr Bernard Haufiku, Founder and Chair of the Africa Public Health Foundation**


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# LESSONS TO TAKE FORWARD

We want to keep learning and to be an organisation that listens to all the people and partners that we work with. These are some key themes that will be built into our work in 2022.

## 1 Trusted partnerships in a New Public Health Order

The response to COVID-19 exposed, again, the inherent power disparities in the global health system. This has been clearly demonstrated through the unequal access to vaccines across Africa. By the end of 2021, while around 60% of the world had received at least two vaccines doses, in Africa, less than 11% had been double vaccinated1. Exacerbating our challenge is that Africa relies on manufacturing in other regions for 99% of our vaccine needs.

Looking ahead it is imperative to ensure that the needs and priorities of our continent are better reflected in the response to and preparation for global health threats. Without this, the most vulnerable people will continue to shoulder the largest burdens.

The New Public Health Order for Africa, as defined by the Africa CDC, focuses on four key elements: local production of therapeutics, vaccines and diagnostics; a strong public-health workforce; strengthened public-health institutions; and, critically, trusted partnerships.

Within this, the role of the Africa Public Health Foundation will grow. Trusted partnerships between Africa's public health actors and the private sector, and greater donor coordination aligned with African priorities, will be critical to addressing current and future public health priorities on the continent. The role of African expertise and leadership in such partnerships will support us to adequately reflect African priorities and utilisation of African skills for such initiatives and partnerships.





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## Moving to a new phase of collaboration with a more autonomous Africa CDC

Through 2021, the Africa CDC was also preparing for a decision-making moment at the 35th ordinary session of the African Union, culminating in the Africa CDC being given powers to operate as an autonomous health agency of the African Union.

*"At the AU Summit 2022, heads of state and government have made a historic decision to elevate Africa CDC status to an autonomous health agency of the AU...,"* **John Nkengasong, Director of Africa CDC (2017-2022)**

Africa CDC will have the legal, institutional and operational autonomy to channel funding more quickly, build necessary capabilities and acquire vital continental assets for disease prevention and control.

With more agility and independence in decision making, partners, including the Africa Public Health Foundation, will be able to work more closely with the Africa CDC to expedite work in service of our shared mission.


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# 3

## Saving lives and livelihoods: Continuing to build the capabilities and sustainability of the Africa Public Health Foundation

Over the course of 2021, we transitioned from being a consultant-operated team to a secretariat almost fully managed by in-house personnel. This was done with team members working remotely and whilst we were building the systems to manage and disperse urgently needed support to meet the needs of the pandemic response. We certainly experienced our share of challenges in that time, challenges which the team took on with determination, transparency and commitment.

We ended the year with the announcement of a new three-year commitment from the Mastercard Foundation, as part of the Saving Lives and Livelihoods partnership with Africa CDC.

This partnership between the Mastercard Foundation and the Africa Public Health Foundation will increase the means by which Africa CDC can optimize execution and maximize impact. It will also provide learnings for the Mastercard Foundation to advance its health workforce development strategy, specifically around the most effective ways to catalyse and deliver pan-African programmes at scale and in a sustainable way.

In service of this objective, this partnership will focus on four key areas:

**Develop platforms and initiatives for stakeholders and partners (private sector, philanthropy, public sector, citizens of Member States, and African diaspora) to support Africa CDC's work and programs.**

**Facilitate collaborations to increase the capacity of Africa CDC. The Africa Public Health Foundation and Africa CDC will continue to expand collaboration and joint ways of working on fundraising and grant management.**

**Develop an annual learning report capturing lessons and impact from the partnership that will advance the work of all partners.**

**Build capacity of the Africa Public Health Foundation to deliver on the three activities above through the recruitment of key personnel and the strengthening of operational systems.**

Critical to the growth and sustainability of the Africa Public Health Foundation will be the ongoing revenue generated from management fees on grants managed for Africa CDC and, where appropriate, additional funding for the management of partnership platform activities.

This support builds on the work of existing donors who helped establish the Africa Public Health Foundation and worked with us to manage grants for Africa CDC. This includes the Bill & Melinda Gates Foundation, the Skoll Foundation, the Conrad N. Hilton Foundation, and the Rockefeller Foundation. We extend our continued thanks to all partners.


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# BUILDING THE SECRETARIAT TEAM

We welcomed five new team members this year
The team will grow steadily to up to 17 in-house employees by 2023.



**Catherine Mulei**
Grants Officer



**Eunice Chege**
Communications Lead,



**Felix Kimonyi**
Human Resources Officer



**Stephen Mburu**
Operations Lead



**Bildad Mwanga**
Grants Management Lead


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# KEY FIGURES AND FINANCES IN SUMMARY

## UNAUDITED FINANCIAL STATEMENTS 2021

| APHF operational income | 2021 (USD) | 2019 - 2020 (USD) |
|---|---|---|
| **Opening Balance** | 1,750,000.00 | |
| Core grants (funds received for current or future years) | 1,946,436.00 | 1,750,000.00 |
| Indirect costs available for APHF (based on grants received) | 689,999.30 | 540,027.00 |
| **Sub Totals** | **$4,386,435.30** | **$2,290,027.00** |

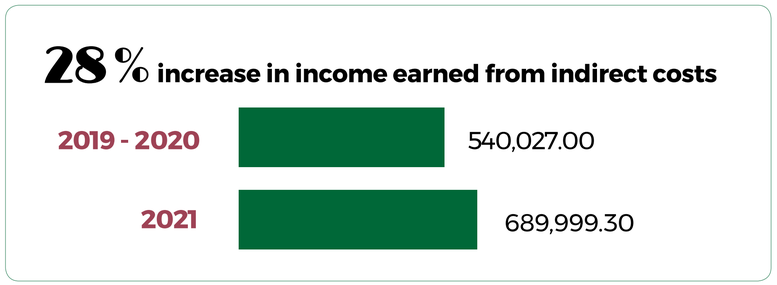
| APHF core expenditure | 2021 (USD) | 2019 - 2020 (USD) |
|---|---|---|
| Staff salaries and benefits | 122,090.52 | 0 |
| Consulting fees (e.g., Dalberg, CCS) | 1,212,248.00 | 525,887.00 |
| Professional fees (e.g., Axis, lawyer, etc) | 115,918.00 | 12,015.00 |
| Travel and administration | 109,508.00 | 2,125.00 |
| **Sub Totals** | **1,559,765.00** | **540,027.00** |
| **Balance as of 31st December 2021 - USD 1,788,477** | **2,826,670.30** | **1,750,000.00** |

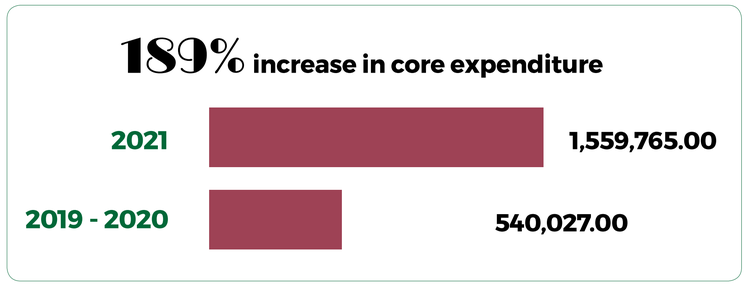
APHF **operational income:** APHF received a 3-year core grant support from Mastercard Foundation to support with internal capacity strengthening, which includes recruitment for key staff positions. This amount, $ 1.9M received in December 2021, is YR-1 disbursement and part of the $ 3.5 Million committed over the 3-year period.

Earned income from indirect cost grew by 28% attributed to increased disbursement of grant money towards Africa CDC programs.

APHF core expenditure increased significantly in 2021. This year was APHF's full year of operations, with consultants engaged for all core organization functions such as Resource mobilization, Grant management and Operations.

Consultancy fees expenses represents 78% of total expenditure incurred in FY2021. By end of Q4, APHF had recruited 5 staff for these main functions with a clear plan to transition out consultants.








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Lessons to take forward
Building the Secretariat Team
Key figures & finances in summary

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