APHF INSIDER

QUARTERLY EDITION

QUARTERLY EDITION
OCTOBER 2026

COVERAGE
15 JULY–28 OCTOBER 2026



CONNECTING PARTNERS. MOBILIZING RESOURCES.

A STRONGER, MORE CONNECTED FUTURE FOR PUBLIC HEALTH IN AFRICA

A NEW CHAPTER FOR APHF

PUTTING PATIENT SAFETY AT THE CENTRE

EBOLA PREPAREDNESS AND RESPONSE

MOBILISING SUSTAINABLE RESOURCES

CHOLERA GENOMIC SURVEILLANCE

Connecting partners. Mobilizing resources. Advancing Africa's public health priorities.

Africa Public Health Foundation

APHF.AFRICA

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WELCOME

Partnerships that turn priorities into progress

Welcome to the October 2026 edition of APHF Insider. This quarter, APHF's work has been reflected in conversations on patient safety, inherited blood disorders, sustainable financing and stronger collaboration across Africa's public-health ecosystem.

From Kigali and Dar es Salaam to Cape Town, these engagements point to a shared priority: connecting institutions, expertise and resources so that public-health commitments can translate into action. APHF continues to work with Africa CDC and partners to mobilize support for critical initiatives and advance Africa's health security and sovereignty agenda.



A NEW CHAPTER

A NEW CHAPTER FOR APHF

Dr Ambrose Talisuna joined the Africa Public Health Foundation as Chief Executive Officer on 15 July 2026. His appointment marks a new chapter in APHF's work to forge partnerships and mobilise resources for critical public-health initiatives in support of Africa CDC.

As a partnership and programme-management platform, APHF connects public institutions, philanthropic organizations, development partners and private-sector actors with initiatives that respond to Africa's public-health priorities.



FROM THE CEO'S DESK

DR AMBROSE TALISUNA
Chief Executive Officer,
Africa Public Health Foundation

AFRICA'S PUBLIC-HEALTH PRIORITIES CALL FOR STRONG INSTITUTIONS, TRUSTED PARTNERSHIPS AND RESOURCES THAT ARE MOBILISED SUSTAINABLY AND MANAGED RESPONSIBLY.

APHF will continue working with Africa CDC and partners to connect expertise, financing and implementation capacity with country and continental priorities. Our focus remains on collaboration that strengthens health systems and advances Africa's health security and sovereignty agenda.

FEATURE 01:

PUTTING PATIENT SAFETY AT THE CENTER OF STRONGER HEALTH SYSTEMS



KIGALI, RWANDA

16–17 September 2026

Africa Patient Safety Summit Leadership Forum, held at the headquarters of the African Medicines Agency (AMA)

On 16–17 September 2026, APHF CEO Dr Ambrose Talisuna represented the Foundation at the inaugural Africa Patient Safety Summit Leadership Forum in Kigali, Rwanda. Held at the headquarters of the African Medicines Agency (AMA), the forum was convened by Medicines for Africa in partnership with AMA under the theme “Working Together to Prevent Medication-Related Harm and Protect Patients Across Africa.” APHF supported the African-led initiative, which brought together regulators, healthcare professionals, policymakers, pharmaceutical manufacturers, researchers, patient representatives and advocates to strengthen collaboration on patient safety.

> PATIENTS AND FRONTLINE WORKERS MUST BE TREATED AS ESSENTIAL SOURCES OF EVIDENCE AND LEARNING, NOT SIMPLY AS RECIPIENTS OF CARE.

The discussions examined risks across the medicines journey from manufacturing and procurement to prescribing, dispensing, treatment and post-market surveillance. Participants considered how medication-related harm, product-quality concerns, treatment failure and medical-device safety issues can be identified earlier, reported more effectively and translated into action. A central challenge was the fragmentation of safety information: reports and experiences do not always reach the institutions able to investigate concerns, make regulatory decisions or change clinical practice.

The forum also reinforced that patient safety is a health-systems priority, not only a matter of medicines and medical devices. Safer care depends on effective leadership and governance, supported health workers, reliable information systems, resilient infrastructure, responsible procurement and supply chains, and meaningful community participation. Patients and frontline workers must be treated as essential sources of evidence and learning, not simply as recipients of care.

FROM DIALOGUE TO PRACTICAL ACTION

The Kigali Leadership Forum was designed to be the beginning of sustained work rather than a one-off meeting. Follow-up plans described by the conveners include a 90-day process to develop outcomes and consult stakeholders on an Africa Patient Safety Compact, a priority action framework, clearer mapping of institutional roles and an action roadmap leading towards the 2027 summit. These proposed next steps aim to help turn shared priorities into coordinated responsibilities and measurable progress.

For APHF, the engagement reflects the Foundation's role in connecting institutions, expertise and resources around Africa's public-health priorities. Patient safety cuts across regulation, clinical care, supply chains, research and public accountability; progress therefore requires collaboration that continues after the meeting ends. The longer-term test will be whether patients' experiences are heard, safety signals are acted on, and lessons from incidents lead to changes that prevent avoidable harm.

READ MORE: "APHF Calls for a Health Systems Approach to Patient Safety Across Africa"
https://aphf.africa/aphf-calls-for-a-health-systems-approach-to-patient-safety-across-africa/

FEATURE 02: SICKLE CELL DISEASE



Dar es Salaam, Tanzania · 1–3 September 2026

ADVANCING ACTION ON SICKLE CELL DISEASE AND INHERITED BLOOD DISORDERS

From 1–3 September 2026, Dr Talisuna represented APHF in Dar es Salaam, Tanzania, at the launch of the Africa CDC continental plan for sickle cell disease and other inherited blood disorders, alongside the launch of the Africa CDC–Novo Nordisk Hemophilia Foundation partnership.

The continental plan brings together action on governance and advocacy, prevention and early detection, health-system strengthening, access to essential commodities, workforce capacity, community engagement, health financing, surveillance and research.

Implementation will depend on coordination among countries, technical institutions and partners, backed by resources that can support country-level action. APHF's role as a partnership and financing platform positions it to help connect public-health priorities with partners and resources needed to support implementation.

READ MORE: "APHF participates in the launch of the Africa CDC–Novo Nordisk Haemophilia Foundation partnership"
https://aphf.africa/aphf-participate-in-the-the-official-launch-of-the-africa-cdc-and-the-novo-nordisk-hemophilia-foundation-nnhfpartnership-for-advancing-a-shared-roadmap-for-country-led-implementation-across-africa-i/

FEATURE 03:

MOBILISING DIVERSE AND SUSTAINABLE RESOURCES FOR PUBLIC HEALTH

AHRIFF 2026 · CAPE TOWN, SOUTH AFRICA



Ky'okusinga Kirunga, Head of External Relations and Resource Mobilisation, APHF

At the 2026 Africa Health Research and Innovation Funders Forum (AHRIFF) convening in Cape Town, South Africa, APHF contributed to conversations on how Africa can mobilise more diverse and sustainable resources for public health.

Our Head of External Relations and Resource Mobilisation, Ky'okusinga Kirunga chaired a session examining how the private sector can become a more active partner in resourcing public health across the continent.

READ MORE: "APHF at AHRIFF 2026" https://aphf.africa/aphf-advances-private-sector-partnerships-for-sustainable-public-health-financing-at-african-health-research-innovation-funders-forum-ahriff-2026/

The discussion reflects APHF's focus on connecting public-health priorities with new sources of partnership and financing. Mobilising resources is not only about attracting additional funding; it also means building trust, aligning investment with public-health priorities, encouraging collaboration across sectors and developing partnerships that can sustain long-term impact.

PROGRAMMES:

STRENGTHENING EBOLA PREPAREDNESS AND RESPONSE CAPACITY ACROSS AFRICA THROUGH STRATEGIC INVESTMENTS

The Africa Public Health Foundation (APHF), in collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC), is supporting efforts to strengthen Ebola preparedness, surveillance and response capacity across affected and high-risk countries through a grant funded by the Gates Foundation.

Through its role as the grant's fiduciary manager, APHF has facilitated the management of financial resources, procurement, deployment of technical personnel and operational support required to reinforce country-level and regional response efforts. These investments are contributing to stronger surveillance systems, improved emergency coordination and enhanced capacity to respond to Ebola outbreaks and other public health emergencies.

32

AVoHC personnel on surveillance in the DRC

12

Senior technical personnel in Ebola-affected and high-risk locations

700

Mobile phones and accessories procured

STRENGTHENING FRONTLINE SURVEILLANCE AND RESPONSE

A key area of support has been the deployment and engagement of Africa CDC's African Volunteers Health Corps (AVoHC) personnel to reinforce surveillance and response operations. The grant has supported 32 AVoHC personnel working on surveillance activities in the Democratic Republic of the Congo (DRC), alongside the engagement of 12 senior technical personnel in Ebola-affected and high-risk locations to provide critical technical and operational support.

The grant has also supported training and capacity-building activities in Event-Based Surveillance (EBS) and Border and Vulnerability Districts (BVD) across the DRC, Republic of Congo, Uganda and Burundi. These activities are helping strengthen early detection, reporting and monitoring of potential public health threats, particularly in communities and locations where the risk of cross-border transmission requires enhanced vigilance.

STRENGTHENING PUBLIC HEALTH EMERGENCY OPERATIONS CENTRES

Recognising the importance of effective coordination during public health emergencies, APHF is supporting procurement planning and operational strengthening of Public Health Emergency Operations Centers (PHEOCs) in Burundi and the Republic of Congo. The support includes for planning essential infrastructure, information and communication technology, equipment and other operational requirements to strengthen emergency coordination and response capabilities.

In addition, 700 mobile phones and associated accessories have been procured to support communication and coordination needs, while procurement of laptops and tablets is ongoing. These investments are intended to improve information flow, field coordination and timely reporting during emergency response operations.

SUPPORTING EMERGENCY RESPONSE LOGISTICS AND OPERATIONAL READINESS

Beyond direct technical support, APHF has facilitated critical procurement, financial and administrative processes to ensure that planned response activities receive the necessary operational support. This includes coordinating procurement requirements, reviewing budgets and supporting the deployment of personnel and resources in collaboration with Africa CDC and relevant country teams.

Through these interventions, the Gates Foundation-funded grant is helping strengthen the operational foundations required for effective Ebola preparedness and response, while also reinforcing capacities that can be applied to other priority public health threats.

“

A PARTNERSHIP ADVANCING AFRICA'S HEALTH SECURITY

FUNDING PARTNER

Gates Foundation

Funding partner

TECHNICAL LEAD

Africa CDC

Technical lead and implementing institution

FIDUCIARY MANAGER

APHF

Stewardship and accountability of grant resources

The collaboration demonstrates the complementary roles of the Gates Foundation as the funding partner, Africa CDC as the technical lead and implementing institution, and APHF as the fiduciary manager responsible for the effective stewardship and accountability of grant resources.

By combining financial stewardship with technical leadership and country-level implementation, the partnership continues to support Africa's efforts to strengthen disease surveillance, improve emergency preparedness and build resilient public health systems.

PROGRAMMES:

APHF STRENGTHENS GRANT MANAGEMENT AND FINANCIAL ACCOUNTABILITY ACROSS SEVEN AFRICAN COUNTRIES



Participants group photo during Institutional Systems Strengthening, Grant Management and Donor Financial Accountability training

SEVEN COUNTRIES

Uganda, DRC, Nigeria, Cameroon, Malawi, Mozambique and Zambia

Through the Gates Foundation-funded CholGEN programme, the Africa Public Health Foundation (APHF) strengthened the capacity of 14 grants, finance and programme officers from Uganda, DRC, Nigeria, Cameroon, Malawi, Mozambique and Zambia through a five-day training on Institutional Systems Strengthening, Grant Management and Donor Financial Accountability.

The training equipped participants with practical skills in systems thinking, governance, risk management, donor compliance, financial reporting, audit readiness, mentorship and the full grant management lifecycle. It also provided a platform for cross-country peer learning and experience sharing, culminating in individual and institutional action plans to support sustainable improvements.

By investing in stronger institutional systems and people, APHF continues to support effective stewardship, transparency and accountability in the management of donor resources for public health programmes across Africa.

https://aphf.africa/3841-2/

PROGRAMMES:

STRENGTHENING CHOLERA GENOMIC SURVEILLANCE AND LABORATORY CAPACITY IN NIGERIA AND ZAMBIA THROUGH THE CHOLGEN INITIATIVE



Participants group photo – Nigeria Training

The Africa Public Health Foundation (APHF), in collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC), has continued to strengthen cholera surveillance and laboratory capacity across Africa through targeted in-country training in Nigeria and Zambia, supported by the Gates Foundation through the Cholera Genomics Consortium (CholGEN) grant.

Held in Abuja, Nigeria, from 21–23 September 2026, and in Lusaka, Zambia, from 20–22 October 2026, the trainings brought together laboratory and public health professionals to strengthen practical skills in alternative cholera specimen collection, preparation, referral and molecular testing.

ABUJA, NIGERIA

21–23 Sep 2026

Hosted at the NCDC National Reference Laboratory

LUSAKA, ZAMBIA

20–22 Oct 2026

Hosted at the Zambia National Public Health Laboratory

The trainings focused on improving enhanced cholera surveillance by equipping participants with practical knowledge and skills in collecting, transporting and processing alternative specimens, including filter paper samples, rapid diagnostic test (RDT) strips and alkaline peptone water (APW). Participants also gained practical experience in DNA extraction, molecular confirmation of Vibrio cholerae using quantitative polymerase chain reaction (qPCR) and strengthening specimen referral pathways. Environmental sampling and its integration into national surveillance strategies were also explored.

In Nigeria, the training was hosted at the National Reference Laboratory of the Nigeria Centre for Disease Control and Prevention (NCDC), combining technical presentations, hands-on laboratory sessions and field-based learning. Participants developed a country-specific enhanced surveillance action plan identifying priority activities, responsible teams and timelines for implementation. Similarly, the Zambia training, hosted at the Zambia National Public Health Laboratory (ZNPHL), focused on strengthening practical laboratory workflows and supporting the country's capacity to implement an enhanced cholera surveillance approach.

These activities form part of CholGEN's broader continental effort to strengthen local capacity for pathogen genomic surveillance, generate reliable genomic data and improve understanding of cholera transmission, circulating lineages and potential cross-border spread. By strengthening the entire surveillance pathway, from specimen collection and referral to laboratory confirmation and genomic sequencing, participating countries are better positioned to generate timely evidence to inform outbreak detection, investigation and response.



Participants group photo – Zambia Training

The partnership brings together complementary expertise and resources: the Gates Foundation provides financial support through the CholGEN grant; Africa CDC provides technical leadership and oversees implementation of the initiative; while APHF serves as the grant's fiduciary manager, ensuring effective financial management, accountability and oversight of resources supporting implementation across participating countries.

Through the CholGEN initiative, APHF, Africa CDC and the Gates Foundation continue to invest in stronger national laboratory systems, enhanced surveillance capabilities and sustainable public health capacity, contributing to a more coordinated and evidence-informed approach to cholera prevention and response across Africa.



ZAMBIA · OCTOBER 2026

SPARK-NCD: TURNING RESEARCH INTO EVIDENCE FOR ACTION

In October, APHF and Africa CDC advanced work under SPARK-NCD through a manuscript-writing workshop in Zambia. The Director General of the Zambia National Public Health Institute opened the workshop, and APHF CEO Dr Ambrose Talisuna delivered a keynote address. Researchers from Rwanda, Tanzania, Ethiopia and Zambia worked across 15 abstracts to move findings towards manuscripts and strengthen the evidence base for non-communicable disease policy and practice. APHF manages the grant on behalf of Africa CDC. The work also supports reflection on SPARK-NCD 1 and preparation for the next phase, SPARK-NCD 2.



WINDHOEK, NAMIBIA · 15 OCTOBER

NCD WORKFORCE DEVELOPMENT IN NAMIBIA

On 15 October in Windhoek, Namibia, Dr Bernard Haufiku, Founder and Chair of the APHF Governing Council, addressed the graduation of an NCD cohort. The occasion highlighted the importance of sustained investment in public-health workforce capacity, evidence generation and country-led action against non-communicable diseases. His remarks highlighted the importance of investing in public-health workforce capacity, generating evidence and supporting country-led action on non-communicable diseases. The graduation offers a people-centered conclusion to the period's stories: stronger systems depend not only on financing and institutions, but also on trained professionals who can translate knowledge into action.

PARTNERSHIPS:

CONNECTING PUBLIC PRIORITIES AND PRIVATE-SECTOR EXPERTISE

APHF's focus on private-sector engagement builds on previous work to create dialogue between public institutions, regulators, pharmaceutical and diagnostics companies, health-technology businesses, academia and development partners.

The 2025 Annual Report records APHF's role in convening the first Industry Engagement Day at the Seventh Scientific Conference on Medicines Regulation in Africa (SCoMRA VII) in Mombasa. That engagement highlighted the value of coordinated approaches to industry collaboration and the potential for consortium-based models to offer a clearer route for private-sector support to African public-health priorities.

> "RESPONSIBLE STEWARDSHIP IS PART OF IMPACT

4

Grants closed during 2025 with agreed deliverables achieved and clean financial reports

ACCOUNTABILITY:

Strong programme delivery depends on sound institutional systems. The 2025 Annual Report working draft describes continued work on financial management, audit readiness, procurement, ICT systems and grant oversight. It also records four grants closed during 2025 with agreed deliverables achieved and clean financial reports.

These systems support responsible stewardship of partner resources throughout the grant lifecycle—from budgeting and contracting to monitoring, donor reporting, risk management and close-out.

APHF IN BRIEF:

QUARTER HIGHLIGHTS



HIGHLIGHT	WHY IT MATTERS
15 JULY 2026	Dr Ambrose Talisuna joined APHF as Chief Executive Officer.
1–3 SEPTEMBER	Continental plan launch on sickle cell disease and inherited blood disorders, and Africa CDC–Novo Nordisk Haemophilia Foundation partnership launch in Dar es Salaam.
16–17 SEPTEMBER	APHF joined the inaugural Africa Patient Safety Summit Leadership Forum in Kigali.
AHRIFF 2026	APHF contributed to dialogue on private-sector engagement and sustainable public-health resources in Cape Town.

CONTINENTAL CONTEXT | AFRICA CDC

DEVELOPMENTS SHAPING AFRICA'S PUBLIC HEALTH AGENDA

Alongside APHF's own engagements, Africa CDC reported a series of continental developments between July and October 2026. These are included as wider context and should not be read as activities led by APHF.

01

STRONGER EMERGENCY PREPAREDNESS AND REGIONAL HEALTH SECURITY

Africa CDC continued to coordinate the continental response to the Bundibugyo virus disease outbreak, including support to affected countries and calls for stronger regional preparedness. In October, it reaffirmed support to Kenya following confirmation of additional cases and announced a high-level meeting of African health ministers as the outbreak affected countries across Central, Eastern and Western Africa. These developments underline the importance of surveillance, rapid response, cross-border coordination and resilient public-health institutions.

02

LOWERING COSTS AND IMPROVING ACCESS TO MEDICAL PRODUCTS

On 15 October, Africa CDC reported that the African Pooled Procurement Mechanism had moved from its pilot phase to a fully fledged continental programme. Eight African Union Member States had signed the memorandum of understanding, while another 15 had expressed interest. The initiative aims to strengthen collective purchasing power and improve access to quality medical products.

03

INVESTING IN A STRONGER PUBLIC-HEALTH WORKFORCE

In October, Africa CDC introduced a new accreditation framework intended to improve the quality, credibility and professional recognition of public health training delivered by Africa CDC and its partners. This complements the broader continental need to strengthen workforce skills, institutional capacity and practical public-health training.

04

PRIMARY HEALTHCARE, IMMUNIZATION AND SURVEILLANCE

Africa CDC published the Primary Health Care Continental Coordination Mechanism outcome statement in October and continued work with partners on immunization and surveillance. Its resources also highlighted WASTEWISE, an initiative focused on wastewater molecular and genomic surveillance in African megacities. These efforts reflect the growing role of integrated primary healthcare, early detection and reliable public-health intelligence in protecting communities.

SELECTED OFFICIAL SOURCES

- Africa CDC news archive
- Africa CDC support to Kenya on Ebola, 17 October 2026
- Public Health Training Accreditation Framework, October 2026
- SPARK-NCD programme background
- Africa's Pooled Procurement Mechanism, 15 October 2026
- Africa CDC resources and publications



LOOKING AHEAD:

PARTNERSHIPS FOR AFRICA'S HEALTH PRIORITIES

APHF will continue working with Africa CDC and partners to connect resources, expertise and institutions in support of stronger public-health systems across Africa. Priorities include strengthening cross-sector partnerships, supporting country-led implementation, encouraging sustainable financing and ensuring that resources are managed accountably.

The Foundation welcomes collaboration with philanthropic, development and private-sector partners interested in supporting practical, sustainable solutions to the continent's health priorities. Together, partners can help advance Africa's health security and sovereignty agenda.

Africa Public Health Foundation

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