



ANNUAL REPORT 2022

Letter from the Chairman

As we reflect upon the events of the past year, I am pleased to present to you the Annual Report for 2023, outlining the remarkable progress we have made across Africa. The year began with much optimism as Africa started to experience progress in COVID-19 vaccination programmes to enable focus on socio-economic recovery.

We also faced other health emergencies like Mpox in various countries and the Ebola outbreak in Uganda, which gained the authorities and experts' attention from the Africa Centres for Disease Control and Prevention (Africa CDC), supported by the Africa Public Health Foundation (APHF), with the aim of containing it quickly and avoiding spread to neighbouring countries.

I am proud of the achievements we have been able to realise. Health security remains an ever-present challenge to everyone on this planet, the least of which is the 1.4 billion Africans, the majority of them being young people with huge innovative potential and demographic dividends. APHF is here to serve as a catalyst for resource mobilisation, especially financial resources and to build bridges of true partnership between public and private sectors, leveraging on the resourcefulness of the private sector and philanthropists to strengthen African Public Health systems.

To ensure robust health systems, cross-country collaboration in response to public health emergencies in Africa is much needed. As such, any actions that will contribute to strengthening health-systems in low- and middle-income countries may reduce the likelihood of a global pandemic and enhance global health security for all.

I also want to welcome the new Governing Council members Dr. Lieve Fransen, Dr. Magda Robalo and Ms Helene Echevin who have a wealth of experience in the health sector and are the right fit to offer strategic guidance to the APHF Secretariat. The addition of the three new Council Members is part of the APHF Charter requirements to reach a composition of nine Governing Council members.

Looking ahead, we recognize that there is still much work to be done. The challenges we face are complex and multifaceted.

However, I am confident that with our collective determination and collaborative spirit, we can overcome these challenges and create a brighter future for healthcare in Africa.

I invite you to delve into the Annual Report for a comprehensive overview of our activities, outcomes, and financials for the year 2022. Together, let us continue our journey in improving public health in Africa.

Dr. Bernard Haufiku



“

COVID-19 pandemic has affected our health systems negatively. In Africa, the response led to spending of resources threatening other health interventions such as HIV/AIDS, tuberculosis, malaria and other infectious diseases. COVID-19 has taught us we can move united. Let us come together across, borders, countries, regions, gender, and languages.
We did it and we can do it again.

”

*H.E. Amb. Minata Samate Cessouma, the Commissioner for Health,
Humanitarian Affairs and Social Development*

Table Of Contents

About us.....	01
Key milestones.....	02
Our impact.....	03
• Resource Mobilisation.....	03
• Funds Committed During 2022.....	03
• Grants Management.....	03
Africa Public Health Foundation’s support in the Ebola response.....	04
Biosafety and biosecurity training of trainers in three member states.....	05
Biobanking of Clinical Specimens for future use.....	06
Deployment of Rapid Responders for the COVID-19 response.....	06
Unveiling of a New Website.....	06
Funded programmes in delivery with Africa CDC.....	08
Impact Stories.....	09
• Achieving impact through community health workers in Eswatini.....	09
• Africa CDC pact collaboration with Red Cross in republic of congo.....	11
• CHWs impact in emergency preparedness and response in republic of Congo.....	12
• Africa CDC pact collaboration with ministry of health and Red Cross in the kingdom of Eswatini.....	13
Lessons to take forward.....	15
• The value of building relationships.....	15
• The need for strong financial management.....	15
• The importance of transparency and accountability.....	15
Governance.....	16
• Welcoming new members of the Governing Council.....	16
APHF is going into 2023 in a strong position, thanks to support from our partners.....	18
• Appreciation of our funding partners.....	18
• Implementing partners.....	18
Key Figures and Finances.....	19
• Operating Revenue Vs Expenses.....	19
• Africa Public Health Foundation’s Revenue.....	19
• Africa Public Health Foundation’s Expenses.....	20

ABOUT US



OUR VISION

A healthy, productive, and prosperous Africa



OUR MISSION

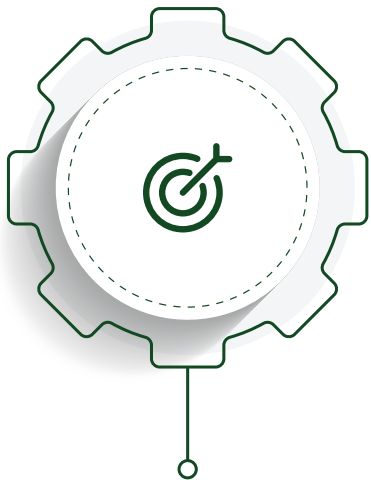
APHF exists to forge partnerships and mobilize resources to support critical public health initiatives in service of Africa CDC



RELATIONSHIP WITH AFRICA CDC

APHF 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 APHF Council meetings.

APHF WORKING MODEL

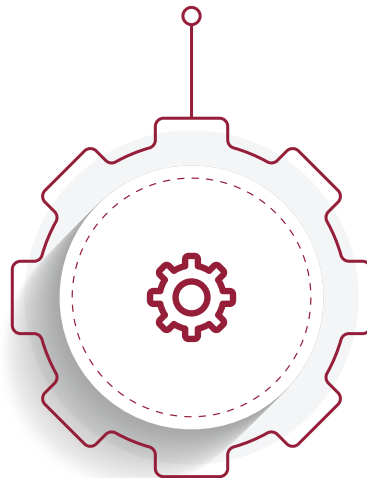


Our Goal

To forge partnerships and mobilize resources to support critical public health initiatives in service of Africa CDC

How we do it
Offering a platform for collaboration for public health system strengthening

Managing and leveraging funding for Africa CDC



Who We Work With

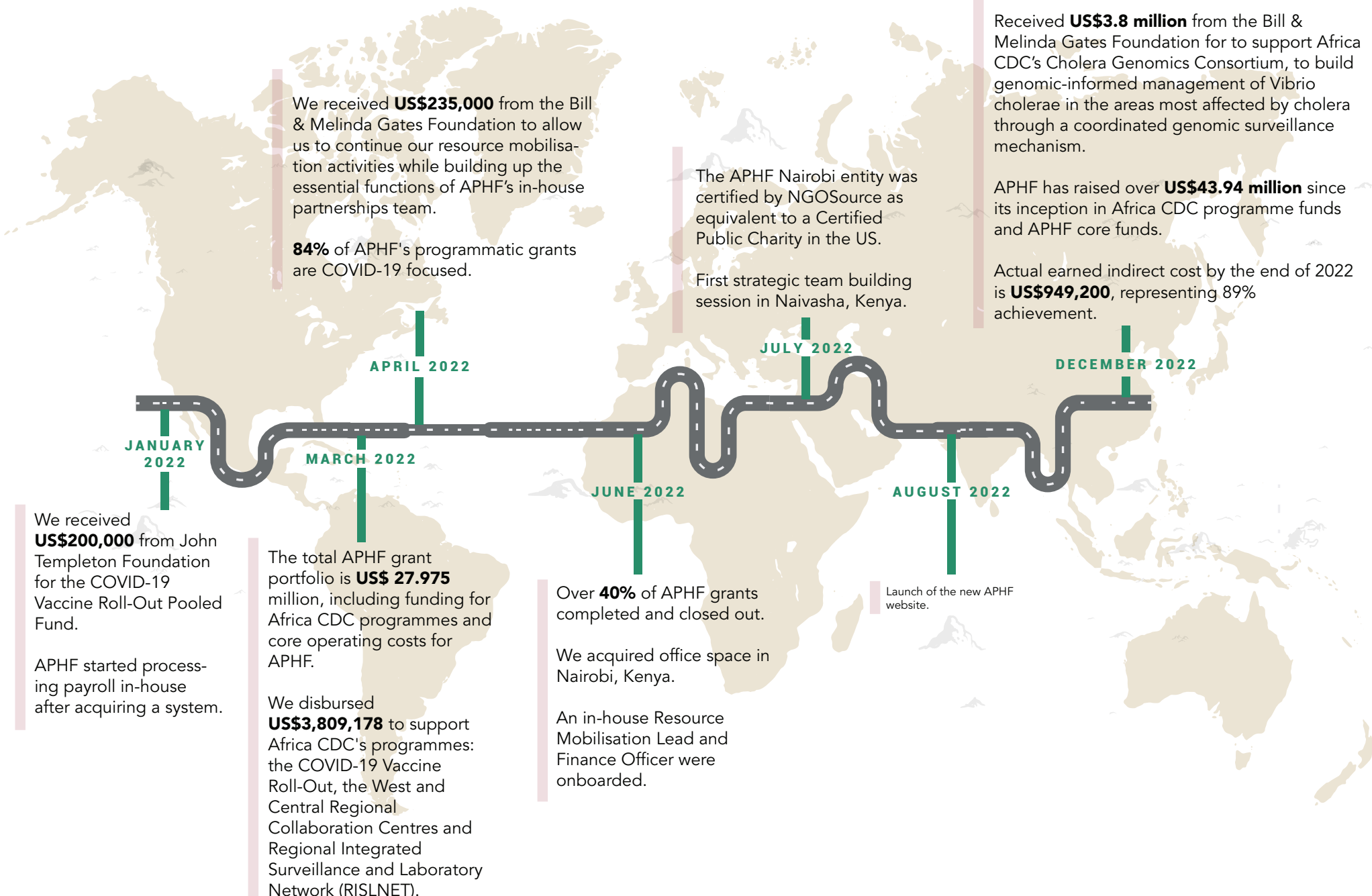
Meaningful, engaged partnerships with philanthropists, the private sector and public agencies - in Africa and globally are central to how we create change

Our Impact
Increased awareness and support for public health systems strengthening in Africa

Long term, diversification funding base for Africa CDC



KEY MILESTONES



JANUARY 2022

We received **US\$200,000** from John Templeton Foundation for the COVID-19 Vaccine Roll-Out Pooled Fund.

APHF started processing payroll in-house after acquiring a system.

MARCH 2022

The total APHF grant portfolio is **US\$ 27.975** million, including funding for Africa CDC programmes and core operating costs for APHF.

We disbursed **US\$3,809,178** to support Africa CDC's programmes: the COVID-19 Vaccine Roll-Out, the West and Central Regional Collaboration Centres and Regional Integrated Surveillance and Laboratory Network (RISLNET).

APRIL 2022

We received **US\$235,000** from the Bill & Melinda Gates Foundation to allow us to continue our resource mobilisation activities while building up the essential functions of APHF's in-house partnerships team.

84% of APHF's programmatic grants are COVID-19 focused.

JUNE 2022

Over **40%** of APHF grants completed and closed out.

We acquired office space in Nairobi, Kenya.

An in-house Resource Mobilisation Lead and Finance Officer were onboarded.

JULY 2022

The APHF Nairobi entity was certified by NGOsourc as equivalent to a Certified Public Charity in the US.

First strategic team building session in Naivasha, Kenya.

AUGUST 2022

Launch of the new APHF website.

DECEMBER 2022

Received **US\$2 million** from the Conrad N. Hilton Foundation towards the continued COVID-19 Vaccine Roll-out Pooled Fund.

Received **US\$3.8 million** from the Bill & Melinda Gates Foundation for to support Africa CDC's Cholera Genomics Consortium, to build genomic-informed management of Vibrio cholerae in the areas most affected by cholera through a coordinated genomic surveillance mechanism.

APHF has raised over **US\$43.94 million** since its inception in Africa CDC programme funds and APHF core funds.

Actual earned indirect cost by the end of 2022 is **US\$949,200**, representing 89% achievement.

APHF exists to support the Africa CDC mandate to define and lead the public health agenda for the continent. To optimise our contribution in support of Africa CDC, APHF needs to expand and intensify its fundraising activities. Innovative and extensive fundraising activities engaging with the private sector and beyond are essential for generating resources beyond AU member state contributions in support of Africa CDC’s public health initiatives.

In 2022, steady fundraising progress was made with a total of US\$6.3 million raised, despite momentum having slowed due to the evolving nature of the COVID-19 pandemic and competing crises. With confidence growing from strength to strength in our grants management, we can see that additional grants are now being channeled through APHF, particularly from the Pathogen Genomics team at Africa CDC. APHF is now viewed as a trusted partner by donors and Africa CDC and with your support, we are continuing to have an impact.



Grants Management
The successful roll-out of the COVID-19 Pooled Fund

Throughout 2021 and 2022, APHF mobilised over US\$10 million in support of Africa CDC’s request for funds to accelerate the roll-out of COVID-19 vaccines through a Pooled Fund mechanism. The main objective for the Pooled Fund was to establish COVID-19 Vaccination Centers in strategic geographic hubs in priority countries that would allow the counties to (i) offer the vaccine to all health workers and, (ii) begin to roll out vaccinations to priority groups in areas particularly affected by the pandemic.

In 2021 and 2022 the funds expended under the management of APHF have:

- Supported four Member States, namely Zambia, Kenya, Namibia and Cameroon
- Ensured more than 1,766,553 vaccinations against COVID-19 were administered
- Supported 1,415 vaccination centres and facilities
- Trained and supported 18,744 personnel throughout the delivery chain, including community health workers

FUNDS COMMITTED DURING 2022

DONOR	AMOUNT	FOCUS
Bill & Melinda Gates Foundation	US\$235k	APHF core costs
Bill & Melinda Gates Foundation	US\$90k	Pathogen genomics
Bill & Melinda Gates Foundation	US\$3.8m	Cholera genomics
Conrad N. Hilton Foundation	US\$2m	COVID-19 vaccine roll-out
John Templeton Foundation	US\$200k	COVID-19 vaccine roll-out
TOTAL	US\$6.325M	

- Addressed urgent needs in a timely manner, such as where doses were expected to expire
- Raised awareness of the importance of COVID-19 vaccination through a media campaign and presence at the Africa Cup of Nations (AFCON) tournament in Cameroon
- Conducted biosafety and security trainings to ensure future pandemic preparedness.

APHF and the Africa CDC continued to work together, with the funding contributing to vaccination learning on how to conduct country engagement and the respective challenges. The lessons learned during implementation played a critical role in supporting the subsequent funding provided to Africa CDC by the Mastercard Foundation, as well as planning for the second phase of the Pooled Fund.

***What is the Pooled Fund:** By pooling funds together, donors are able to have a wider view of the programme in delivery, leverage other funding and enable partners to streamline reporting. This has also enabled Africa CDC to determine how best to allocate and expend resources in line with budget categories, with an eye towards efficiency and putting mission delivery first. This flexibility allows partners to respond quickly to the emergency and to support new, pioneering activities that can be scaled-up.*



Africa Public Health Foundation's Support of the Ebola Response

On 20 September 2022, Ugandan health authorities confirmed an outbreak of Ebola Virus Disease caused by the Sudan strain virus, following laboratory confirmation of a patient from a village in Mubende District, Central Uganda. According to the Ministry of Health of Uganda's last EVD report, the outbreak claimed the lives of 55 people and infected over 114 people in 9 districts which also disrupted the socio-economy of the affected communities. The report also indicated that more than 87 people recovered among the confirmed cases.

The Minister of Health of the Republic of Uganda, Honourable Dr. Jane Ruth Aceng elaborated, "Uganda has experienced seven Ebola outbreaks since the year 2000, when our first Ebola outbreak was extremely devastating, with over 400 cases and 250 deaths. Uganda started putting systems in place for early detection and response. Subsequently, we expanded laboratory capacity to the extent that we have several mobile laboratories that we can deploy anywhere at any time. We also started the Field Epidemiology Training Programme (FETP), and Laboratory Training Programme at that time, to increase the number of field epidemiologists who could investigate



Representative From Africa CDC Equipping A VHT With Gumboots During The Launch.

and act as rapid response teams in the event of an outbreak. We also addressed the sample transport network because samples come from any part of the country. In addition, we developed a village health team surveillance manual and trained our village health team so they're on a lot at any one time."

As part of the response, Africa CDC, with funding from the Rockefeller Foundation through APHF, trained and deployed 1,926 Community Health Workers (CHWs) in two districts, Mukono (980) and Wakiso (946), to support the Ebola response from November 2022 to January 2023. The two districts were considered high risk, given the high population density and movement of persons for trade and other purposes. The training focused on equipping the CHWs with skills in disease surveillance, contact tracing, infection prevention and control, risk communication, and community engagement.

The CHWs were able to:

- Record cumulatively, 142 confirmed cases and 55 confirmed deaths from nine health districts
- Refer all the suspected cases to gazetted facilities; and
- Conduct 447,069 household visits.

Although Uganda was declared free of Ebola on 11 January 2023, the Ministry of Health (MOH) recommended continued surveillance in communities through the deployment of CHWs to remain on high alert and be able to quickly identify any locate new infections. Africa CDC will continue to work with the MOH to enhance surveillance by supporting the establishment of Events Based Surveillance in priority districts, to strengthen biosafety and biosecurity in priority areas identified by MOH and to support the ecological study and documentation of the outbreak.

“Pandemics do not wait for structured processes. The pandemic tested our ability to deliver and collaborate. The Foundation was set up at a time when it was much needed as witnessed during the COVID-19 pandemic where the funds raised by Africa Public Health Foundation towards the emergency response and preparedness proved to be beneficial to curb the spread of the disease, through testing, trace of contacts, capacity development, and vaccination across different countries in the continent.”

- Dr. Ahmed Ogwell Ouma, Ag. Deputy Director General, Africa CDC

Biosafety And Biosecurity Training Of Trainers In Three Member States

The COVID-19 pandemic amplified pre-existing concerns in Africa and elsewhere about the safekeeping and handling of pathogens, samples, and other potentially harmful biological materials. The global interconnectedness, advance in science and technology, increased global travel, urbanization, terrorist interest in weapons of mass destruction have increased the risk of a biological catastrophic event.

Yet many African countries lack the capacity to deal with these threats. In response, Africa CDC, in collaboration with its regional and international partners launched the Biosafety and Biosecurity Initiative whose goal is to strengthen the biosecurity and biosafety systems of African Union (AU) Member States to comply with the International Health Regulations (2005), the Biological Weapons Convention, and United Nations Security Council Resolution 1540.

An important element of Africa CDC's pandemic response supports health professionals to improve practices about COVID-19 specific biosafety, biosecurity, and risk assessment. This includes safe and secure transportation, inventory, and storage of test samples. Africa CDC brought together Central, Western and Southern Africa Member States to guide the continent on bio safety and bio security safety measures. With guidance in place, biosafety and biosecurity trainings in three Member States, namely Niger, DRC and Congo Brazzaville, took place in 2022. On average 17 laboratory personnel from each country were trained, bringing the total of biosafety experts in the three countries to 50.

With support from APHF as logistics facilitator, the training initiative was implemented in five broad categories, one of which is to strengthen National Public Health Institutes and National Reference Laboratory Networks in biosafety and Biosecurity such that they can be capacitated to prevent, detect and respond effectively and quickly to public health threats. The trainings were conducted by Africa CDC in collaboration with African Society for Laboratory Medicine (ASLM) and hosted by the Ministries of Health in the respective countries. The trainees will be able to address the Biosafety and Biosecurity capacity gaps in their countries as well as ensure they begin to build local capacity for experts.



Africa Public Health Foundation was part of the training of trainers in Biosafety and Biosecurity for Laboratory personnel of the Republic of Congo facilitated by Africa CDC. The week long training was officially opened by Dr. Jean Martin Mabila, the Representative of Ministry of Health and Director of Primary Care.



Biobanking Of Clinical Specimens For Future Use

Africa CDC designated seven National Public Health Institutes or Reference Laboratories on the continent as Centres of Excellence to form an Africa Biobanking Network. These seven Centres of Excellence are from Senegal, Morocco, Gabon, Kenya, Uganda, South Africa and Ghana. The Biobanking Network has now been established and is in the process of setting a road map, which will outline processes and procedures for the use of biobanking resources for evaluation and validation of laboratory diagnostics and clinical trials.



Africa Public Health Foundation attended the Biobanking Network workshop in Lusaka, Zambia. The workshop which had 30 participants from different centres of excellence in eight member state countries was officiated by the Health Advisor to the President and Zambia National Public Health Institute (ZNPHI) Director General Prof. Roma Chilengi alongside Southern Africa Regional Collaborating Centre (RCC) Coordinator Dr. Lul Riek.



Deployment Of Rapid Responders For The Covid-19 Response

At the onset of the COVID-19 pandemic, one of the major limitations to coordinating an efficient response at regional and national levels was the inadequate numbers of appropriately skilled professionals to support various aspects of the response. In line with the Joint Continental Strategy for COVID-19 response, Africa CDC has been assisting African Union Member States to control the spread and respond to the pandemic through the deployment of rapid response teams. These are multidisciplinary teams of experts including epidemiologists, communication, Infection, Prevention and Control, logistics and laboratory experts.

With funds from the Skoll Foundation, in January and February 2022, 114 rapid responders were deployed to 15 Member States: Burkina Faso, Burundi, Cameroon, Chad, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Gabon, Ghana, Malawi, Mali, Namibia, Nigeria, South Africa and Zambia. The rapid responders have supported the Emergency Preparedness and Response Team, event-based surveillance across the Regional Collaboration Centres, and were embedded within national response teams supporting the pandemic response.



Unveiling Of A New Website

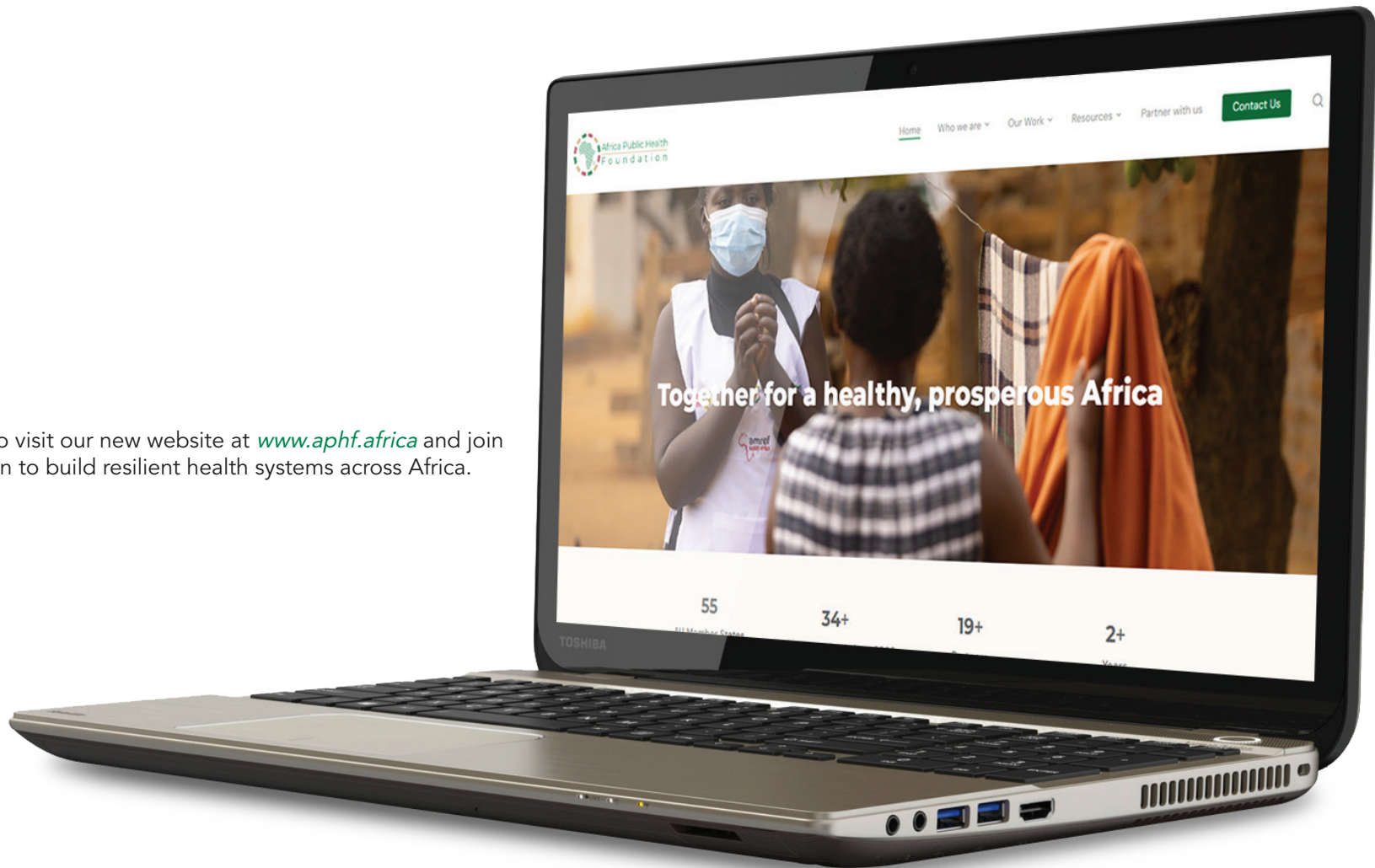
In August 2022, we unveiled the brand-new website of the APHF. Designed with the mission of communicating the work we are doing in support of public health priorities in Africa, our website aims to inform, engage, and inspire individuals and organisations working towards a healthier future for the continent.

APHF is committed to fostering collaboration and sharing knowledge to drive positive change. Our new website embodies this ethos by providing a dynamic platform where visitors can explore our initiatives, access valuable resources, and engage with our content.

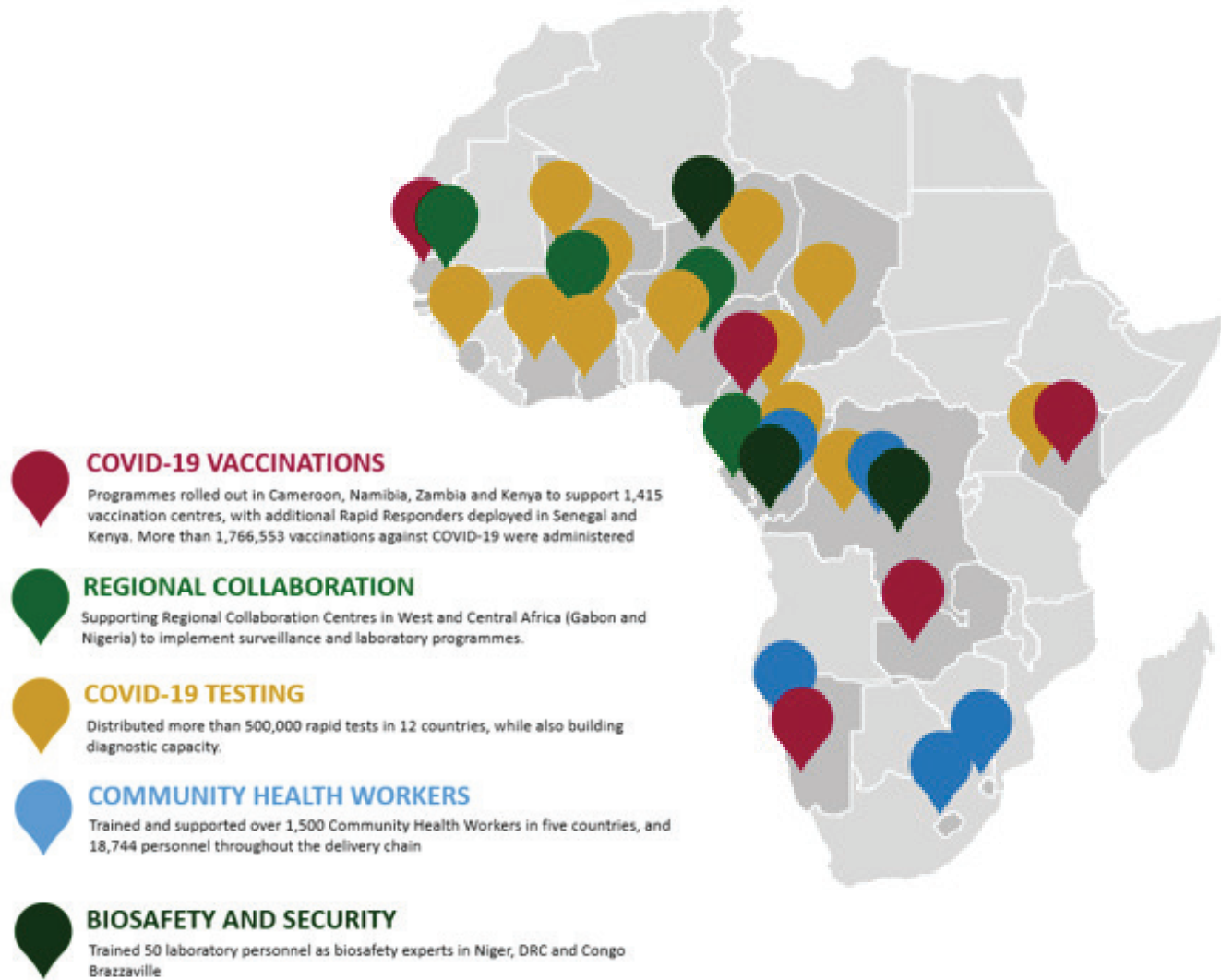
One of the highlights of our website is the comprehensive overview of our programmes and projects. From COVID-19 response to health workforce training, emergency preparedness, visitors can learn about the diverse range of initiatives we undertake to strengthen healthcare systems across Africa. Through detailed descriptions, success stories, and impact assessments, we aim to showcase the transformative power of our work.

User-friendly navigation and a visually appealing design make it easy for visitors to explore the website and find the information they seek. The website is optimized for various devices, ensuring a seamless browsing experience across desktops, tablets, and mobile phones. Additionally, we have implemented robust security measures to safeguard user data and protect privacy.

We invite you to visit our new website at www.aphf.africa and join us in our mission to build resilient health systems across Africa.



MAP OF AFRICA WITH AREAS WE FOCUSED ON
**FUNDED PROGRAMMES IN DELIVERY WITH
AFRICA CDC**





Impact Stories

Achieving impact through community health workers in Eswatini

According to Africa CDC, there have been 12,216,748 COVID-19 cases detected out of 125,168,543 tests done as of January 2023 and 256,542 deaths in Africa. The pandemic has added additional pressure to underfunded health systems and disrupted the provision of essential health services threatening years of progress on global health challenges. In Africa, the impact of the pandemic on health systems is more pronounced, aggravating the already constrained health system delivery characterized by an inadequate number of healthcare workers.

As part of the COVID-19 response, Africa-CDC launched the Partnership to Accelerate COVID-19 Testing (PACT) to facilitate the implementation of the Africa Joint Continental Strategy for COVID-19, endorsed by African Ministers of Health on February 22, 2020, in Addis Ababa, Ethiopia. Through the initiative and working with partners, Africa CDC has been able to deploy more than 20,574 CHWs in 29 African countries for the COVID-19 response to conduct active case findings, contact tracing, risk communication and community engagement for vaccine uptake. APHF was able to raise funds from Rockefeller Foundation to expand COVID-19 testing and contact tracing in Africa by use of CHWs. One of the implementing partners, benefiting from this grant, working in close collaboration with the Ministry of Health in the Kingdom of Eswatini is the Baphalali Eswatini Red Cross Society.

“As Red Cross, we are dedicated to saving lives, changing minds, and empowering communities to sustain themselves. We have been at the front line during the COVID-19 pandemic, working closely with public health officials to deliver our services safely and coordinate our efforts with government agencies and partners.

- Dr. Elliot Jele, Programmes Manager Baphalali Eswatini Red Cross Society.

We accompanied Dr. Elliot and his team, Colani Shongwe, Supervisor, and CHWs Philani Dlamini, Fisiwe Motsa and Tsela Nomvula to a field visit in Mahwalala, Mbabane, a peri-urban area, to see, firsthand, how they are working at the heart of communities. The purpose of the visit was data collection, which is done manually, and to evaluate the knowledge of the community members from previous engagements with the CHWs.

On a rainy day, the team padded through the muddy waters as we walked down towards Boyze Mhlanga's home, a young man in his 20s. We scrambled to share the few umbrellas that were available, but the rain did not deter us from our mission. Boyze, standing at the door of his mud-walled house and corrugated roof, welcomed us with a huge smile. He had grown up with Philani Dlamini, one of the CHWs, who went ahead to ask him questions about his knowledge of COVID-19, around protection

and vaccination. Philani first checked and recorded his temperature and proceeded to offer him hand sanitizer. “We do these home visitations for data collection frequently because it is through the information that we get that we are able to ascertain what gaps need to be filled in terms of information and skills.”, says Philani. He adds, “Success to me is when after relaying this information, a community member calls to ask for directions to a testing center or to say the information we equipped them with came in handy to save or explore a situation.”

Boyze, who had not expected such a big team, showed much enthusiasm as he narrated his experience, “There were many rumors about COVID-19. What it is, and how it is spreading and killing people. My family and I were afraid. When the vaccine was introduced, I was very skeptical and did not want to get it. The visits from the Red Cross CHWs, especially my childhood friend, Philani, equipped me with the right information, and my family and I are getting vaccinated.”

“*The CHWs have been instrumental in the fight against COVID-19 because they are known by the communities and the CHWs know the importance of engaging with communities while respecting their cultural and religious beliefs,*

says Colani Shongwe, Red Cross Supervisor remarked.

We then embarked on our next visit, about seven minutes’ walk away from Boyze’s. Sibongile Nkambule, a 67 year old lady who had lived in Mahwalala for most of her life, upon seeing us approach her house ran in and came out wearing a mask. She reminded us to keep a distance as that is what she had been trained to do. The CHWs, sharing a hearty laugh, commended her for that. Fisiwe Motsa, a CHW accompanied by her 4 year old son, engaged Sibongile on why we were there. Fisiwe checks her temperature and ensures everyone is sanitised. She requests Sibongile to tell us about her experience with COVID-19.

“I am old and my main concern about COVID-19 is, what if I die if I were to get it. I take every measure possible to ensure my family and I are safe. My son got it and he had to isolate himself in his room. We were terrified and by then we did not know of the isolation centers available.” She continues, “I see some of my neighbours not wearing masks and I get concerned. I have pamphlets that I received from the CHWs which I refer to occasionally and share the information with my peers. The CHWs are doing a great job in community sensitization, and I encourage you not to relent but continue with the engagement. I do not own a radio but with CHW visits, I am well versed with what is happening.”

Fisiwe is a young mother who wakes up every day to serve her community. She has a passion to ensure that her community members are well informed on matters of

public health, especially about COVID-19. As a CHW, she has played a key role in ensuring the right information is disseminated to the community through door-to-door community mobilisation. When we visited Mahwalala area, Mbabane, she came with her son despite the heavy rain. The young boy seemed comfortable and at home, a testament to this being a regular thing for him. Even rain cannot deter her from doing what she loves. Fisiwe, always smiling and pleasant informed us, “Being a CHW has been a great experience but resistance from the community sometimes happens and you have to find ways, even if it means going back there severally, to convince them to be vaccinated. I hope my son will one day serve his community just like I”

Our last visit was to Mahwalala Red Cross Clinic, just 3 mins away from Sibongile’s home. By this time, there was heavy downpour and we had to drive the short distance to avoid getting drenched and the earth road was now very slippery. We were received by Nurse Bongekile Ngwenya who informed that she was happy with the work being done by Red Cross CHWs in community engagement for COVID-19 testing and vaccine uptake. “We usually do over twenty COVID-19 tests in a day. We have recently introduced COVID-19 vaccination services in the clinic and the uptake is mainly contributed by the CHWs mobilisation efforts.”

As part of the COVID-19 response in the Kingdom of Eswatini the CHWs have been the initial contacts for contact tracing, testing and effectively tailoring public health messages to their communities and aiding Public Health experts collect data. From this visit, it was clear that being part of the demographic allows CHWs to serve as a trusted resource, providing outreach and care as a member of the community, for the community.

Dr. Lul Riek, Regional Collaboration Center Coordinator, Southern Africa, Africa CDC, was happy with the progress that the Kingdom of Eswatini had achieved through the PACT collaboration, “We need to work together to achieve our intended purpose in fighting the COVID-19 pandemic. Africa CDC needs people on the ground to ensure effective implementation and the CHWs are playing a vital role in community mobilisation and engagement.”

Even with the impressive work they are doing, the CHWs are facing several challenges. For instance, they lack adequate resources which will ensure proper data collection mechanisms, the purchase of various equipment and supplies like PPEs, which are available for distribution to the CHWs and community members in need, and logistics to remote areas. Through partnerships with donors who have funded the Africa CDC-led PACT programme, there is the implementation of well-coordinated actions and strong partnerships to strengthen the effectiveness of COVID-19 response across Africa. PACT has made it possible to mobilise experts, CHWs, supplies and other resources to test, trace and treat COVID-19 cases in a timely manner to minimize the impact of the pandemic on the African continent.



Africa CDC PACT Collaboration With Red Cross In Republic Of Congo

In 2019, COVID-19 was first reported in China. It then spread throughout the world like bush fire. It has affected millions of people across the World. Africa was not spared with over 11.4 million reported cases across the AU Member States as reported by Africa CDC as of May 2022. The fragile health systems are struggling to respond in a broader context of concurrent epidemics of vaccine- preventable diseases, and other infectious diseases, inadequate access to clean water, poor sanitation, population mobility, and susceptibility to social and political unrest during times of crisis. The longer this crisis continues, the more acute the broader socioeconomic effects of the pandemic will be, setting back the hard-won development progress that has been made in Africa.

There was thus an urgent need to find effective ways to reach out to as many people as possible in a short time to share health information, encourage testing, and for contact tracing. Hence the launch of the PACT initiative

to accelerate COVID-19 testing which was done by Africa CDC. Key to the initiative is the engagement of CHWs in risk communication and community engagement (RCCE), surveillance activities for early case identification, contact tracing, and facilitating referrals for testing and continuum of care.

CHWs roles are made to benefit the communities in which they serve. They help to bridge the gap between vulnerable populations and access to health care. They also provide inputs to healthcare providers and stakeholders about community health needs, so they are well informed on what services are required, and how best to go about it.

In support of the PACT initiative and the activities led by Africa CDC, APHF was able to raise US\$12 Million from the Rockefeller Foundation, of which \$2.5 million was to expand COVID-19 testing and contact tracing in Africa by deployment of CHWs. This funding has contributed

to the training and deployment of 1,571 CHWs in 5 countries, which includes the Republic of Congo.

One of the implementing partners of this grant is the Red Cross in Republic of Congo. The country has reported over 24,000 cases of COVID-19 as of May 2022 according to data from Africa CDC. Dr. Boteya Lambert, Head of Health and Social Action Office at Red Cross said, "We recorded positive outcomes for the project by using CHWs. We had to train and set up a team to do community-based surveillance in the fight against COVID-19"

The CHWs in the Republic of Congo were able to strengthen the wellness of communities by implementing all measures and doing a follow-up in the various communities to ensure that what the communities learned was being implemented.

Dr. Boteya continued, "We have trained over 700 CHWs

and they were all deployed to serve in the 37 health districts in the 12 regions of the Republic of Congo. I can say we managed to reach an estimate of 65% of the population and this would not have been possible without community mobilisation by the CHWs”

Gabriel Goma Mahinga, Deputy Chairman in charge of Cooperation and External Relations went on to reiterate the need to have CHWs on the ground, “The CHWs are people well known in their communities. It is easier for them to have a peer-to-peer discussion and have great outcomes than having us talk to them. We have also ensured that all CHWs are well provided with Personal Protective Equipment (PPE) which is a critical component of effective emergency response to COVID-19.”

“We had a big challenge of access to resources and equipment to ensure the CHWs were well prepared and equipped. We are grateful to APHF and Africa CDC for mobilising funds from Rockefeller Foundation and we were able to make positive

impact in the communities,” added Dr. Boteya.

At the General Directorate of Health Offices, Dr. Jean Martin Mabiala, Representative of the Ministry of Health and Director of Primary Care who led the technical and implementation of the project remarked, “Before receiving the grants, it was not possible to do contact tracing. The grants have been of great help to us accomplishing success in contact tracing, community mobilisation and engagement.”

“We are now focusing on vaccination. We are using CHWs to urge people to get vaccinated and this is also bearing results.”

At the General Directorate of Health Offices, Dr. Jean Martin Mabiala, Representative of the Ministry of Health and Director of Primary Care who led the technical and implementation of the project remarked, “Before receiving the grants, it was not possible to do contact tracing. The grants have been of great help to us accomplishing success in contact tracing, community mobilisation and engagement.”

“We are now focusing on vaccination. We are using CHWs to urge people to get vaccinated and this is also bearing results.”



CHWs Impact In Emergency Preparedness And Response In Republic Of Congo

Locko Francis is an electrician based in Ouenze, Brazzaville, Republic of Congo. Like millions of people in his country, the news of the COVID-19 pandemic affecting and also leading to the death of millions of people across the World did not auger well with him. “The news of COVID-19 created a lot of uncertainty and fear in my community. We did not have information about it and there was a lot of false information going around that only drove people into panic mode. My family was scared. I was scared.”

He continued, “Fortunately, I did not have any cases in my family. Some officials from the Department of Health approached me to be part of the CHWs. I agreed because I needed my neighbours and friends to have facts and not just act on hearsay”

Moukolo Marceline, a housewife and mother of four, listened to her fellow CHW as he narrated his experience. She seemed in deep thought and intervened, “He is right. We needed to do something as the number of cases reported was increasing.” She smiles, “I was arrested for not wearing a mask before I understood what was going on. We did not have any information, only the community grapevine which just worked to spread fear and not to inform. I am glad I am part of the CHWs and Red Cross equipped us with the knowledge and skills to do community mobilisation and engagement in Ouenze and neighbouring regions.”

As COVID-19 has overwhelmed communities in the country, CHWs have played a



pivotal role in the response by educating communities on disease prevention measures like handwashing and use of personal PPE, identifying and reporting disease symptoms, and monitoring contacts and suspected cases. With many health facilities stretched thin, CHWs have simultaneously been at the forefront of continuing to deliver essential health services to communities. They are a force against fighting disease outbreaks and creating awareness that helps improve overall health outcomes of entire communities.

“Red Cross coming to the ground was very important because before an agent from the Ministry of Health would use a megaphone which was not efficient in reaching out to many people. The other challenge is the number of CHWs is still not sufficient. The Republic of Congo has over 5.7 million people according to the World Bank, some of whom are in remote areas. Having many more CHWs spread out across the country will ensure constant and accurate information is being disseminated especially now that we are pushing for people to be vaccinated” Locko, who is quite vocal and passionate about his work added.

Mangani Aruolol, the CHW trainer with Red Cross explained how they went about selecting the CHWs. “When we received the grants, we went to the districts

and selected people in the community who are vocal and have some sort of influence. We trained over 700 CHWs, with 17 supervisors. In a day, one CHW was supposed to visit 25 homes, assuming each home has about 5 people, the target was about 100 which they managed to achieve.”

“In the beginning, we faced several challenges. One, the CHWs were not motivated. Logistics was also not easy as we did not have the resources for that. We were not prepared for such a pandemic that destabilized our everyday lives in ways we have not experienced before. When we received the grants, we were able to make great strides and even compensate the CHWs for the amazing work they are doing”.

Dr. Boteya Lambert, Head of Health and Social Action Office Red Cross remarked, “As Mangani says the grants were a lifesaver but we still need more resources especially to purchase vehicles to ease our logistics nightmare. We managed to reach 35 out of 52 districts. Data collection is done manually and we would need to buy data collection electronic gadgets for the CHWs to aid them to gather data and send it to us in real-time. Lastly, we want to be prepared to address other public health issues like malaria, measles among others and not just Covid-19.”

The role the CHWs are playing in Republic of Congo, especially in encouraging community participation by focusing on the health systems in low and middle-income countries is of great importance. They complement Government efforts in intervention. The CHWs, trained and guided by Ministry of Health officials, are currently focusing on vaccination especially post-vaccination with focus on the after-effects of the various vaccines and what care is needed while fighting the false information being spread about the vaccines. If another pandemic was to happen, the Republic of Congo has a ready army of over 700 CHWs empowered to fight and with the potential to attract more subject to the availability of resources.

Africa CDC PACT Collaboration With Ministry Of Health And Red Cross In The Kingdom Of Eswatini



COVID-19 posed a serious threat to health systems worldwide, but particularly in countries where health systems are least developed. Africa still faces important gaps in financing for health and as it was evidenced even in first-world countries across the World, was not in a position to match the challenges posed by the COVID-19 emergency, hence funds from donors were much needed. The funds are used to support the New Public Health Order in Africa that includes strengthening manufacturing capacity for vaccines, COVID-19 testing and tracing, and expanding the health workforce. Some of these funds were used to further strengthen the community-based services to support the emergency response.

As of 24 May 2022, in the Kingdom of Eswatini, there have been 72,202 confirmed cases of COVID-19 with 1,404 deaths, reported according to Africa CDC. As of 30th April 2022, a total of 535,393 vaccine doses had been administered. There was thus a need for urgent intervention and engagement of more people to offer community-based services through community mobilisation. The CHWs have played an integral role in investing in community health. They are frontrunners with the primary responsibility of mobilising communities to participate in COVID-19 related activities at the grassroots level.

A lot of the positive outcomes in community mobilisation have been through collaboration between the Ministry of Health and the Baphalali Eswatini Red Cross Society. In a meeting with the Ministry of Health officials led by the Minister of Health in the Kingdom of Eswatini, Senator Lizzy Nkosi, she stated that the Kingdom's priority was

to ensure proper public health processes were in place and accessible for all. "For the COVID-19 vaccine, we are doing massive campaigns encouraging people to be vaccinated as well as fighting misinformation. The Red Cross CHWs have really been instrumental in ensuring community mobilisation"

The CHW programme was started in 1976 in Eswatini making it the oldest in Africa. Men and women selected by the communities themselves are trained by health experts. As Part of the COVID-19 response, Africa-CDC launched PACT to facilitate implementation of the Africa Joint Continental Strategy for COVID-19, endorsed by African Ministers of Health on February 22, 2020, in Addis Ababa, Ethiopia. So far, 250 CHWs have been trained under the PACT programme and they are currently working in the four regions of Eswatini. The CHWs, who are part of the community, understand the dynamics around respect, cultural traits, dress code, language and understanding of the many homesteads in the areas they come from having been born and raised there.

Sidumo Lukhele in Health Promotions with the Ministry of Health works hand-in-hand with Red Cross, "We train the volunteers on how to execute their tasks by public participation. We also trained them on the use of Personal Protective Equipment (PPE) and maintaining proper hygiene which is essential for ensuring their health and safety and protecting them from contracting COVID-19."

"We had two phases of implementation. First, we started with those with comorbidities (other important

associated health problems they already suffer from), especially the elderly. They were engaged to understand what COVID-19 is and how it can affect them, the importance of testing and why they should alert us if anyone in their precincts is suspected to have the virus", adds Dr. Bongiwe Malinga, Senior Medical Officer for Public Health in the Ministry.

She continued, "For phase two, we had the armed forces, teachers, bankers and anyone working at the time when the Government had effected lockdown."

"We are cognizant of the important role the CHWs have played through PACT in the pandemic response, particularly in surveillance, to create awareness and facilitate referral to testing, vaccination, and needed health services. The support from Africa CDC will come in handy as they are experts in strengthening the capacity and capability of Africa's public health institutions" Permanent Secretary Dr. Zwane Simon reiterated.

Dr. Lul Riek, Regional Collaboration Center Coordinator, Southern Africa, Africa CDC added, "Africa CDC has facilitated more than 20,754 CHWs in Africa in over 29 countries for the COVID-19 response to conduct active case findings, contact tracing, risk communication and community engagement for vaccine uptake. There are also over 230 rapid responders in 25 countries."

Dr. Herlilinda Temba who is a Medical Epidemiologist and the Africa CDC PACT CHW Initiative coordinator added, "Through our ongoing collaboration, public health initiatives will get better especially in pandemic preparedness and response, and the continuation of essential health services beyond the pandemic."

LESSONS TO TAKE FORWARD

APHF has proved to be crucial in resource mobilisation and the effective management of grants in service of Africa CDC, raising over US\$43 million, which has been and still is being used in public health related interventions across the continent, including the COVID-19 response, CHWs, pathogen genomics and strengthening Africa CDC's Regional Collaboration Centres. Over the last year, we have learnt valuable lessons in how we raise funds and manage grants, which we will be taking forward into the next year.

THE VALUE OF BUILDING RELATIONSHIPS:

Building relationships with existing and potential donors is crucial for the success of APHF. Resource mobilisation is one of the reasons that APHF was founded. We have learned that building sustainable relations is doable and this involves networking, cultivating partnerships, and building trust with key donors. We are already making good progress by onboarding a Resource Mobilisation Lead who is the focal point in matters of fundraising.

The lead has been able to attend different meetings/forums such as the 2nd Public Health Conference in Kigali, UNGA 77 in New York and regular engagement meetings with Africa CDC.

For future fundraising, we will focus on sustaining foundation giving, i.e. keeping the donors whom we are already collaborating with, adding greater flexibility, and diversifying income from a broad base of companies and individuals.



THE NEED FOR STRONG FINANCIAL MANAGEMENT

Managing the financial resources of APHF is critical to its long-term sustainability. This includes developing a budget, tracking expenses, and ensuring that funds are used in a responsible and transparent manner. With two staff onboarded to support the operations docket, Operations Lead and Finance Officer, it has been instrumental in ensuring APHF policies and procedures are in place as well as adhering to Kenyan regulations in matters such as tax compliance and annual audit from a reputable firm.

APHF has continued to strengthen its internal processes and procedures, chiefly driven by the need to have policies and procedures that govern critical activities of the Foundation, meet due diligence requirements of various donors, and ensure an audit-proof Foundation. Some of the policies and procedures completed include a human resource manual, a safeguarding policy, whistleblowing policy, a performance review policy, refined financial procedures, travel and advance management policy, procurement policy. APHF will continue to refine and develop additional policies as we grow.



THE IMPORTANCE OF TRANSPARENCY AND ACCOUNTABILITY

At APHF we believe strongly that the work of the Foundation should be conducted in a transparent and accountable manner, with clear policies and procedures in place to ensure that funds are used for their intended purposes. We produce regular reports on management of grants for all our donors and conduct regular financial checks of our implementing partners. policies as we grow.



IMPACT STORIES TO COMMUNICATE OUTCOMES

We have produced many impact stories to reflect the needs that we support Africa CDC to respond to. However, we aspire to tell more of these stories, to create firsthand narratives about the impact of the programmes funded and supported by our donors and partners. Impact stories are an essential tool for demonstrating the impact and value of a particular programme to donors. The stories can be used to show how the grants received were used to make a positive difference in the lives of the people or communities served by the project or programme, proving to be a crucial tool in how APHF raises funds and support for initiatives.



“ *Never has there been a need for a Foundation such as ours, like now, to deal with the public health uncertainties and to enable Africa CDC to focus on their mandate with an eye towards efficiency and putting mission delivery first. With that goal in mind, we are focused on ensuring our network of philanthropists can have an outsized impact.*

– Dr. Francisco Songane, Interim CEO (until May 2023) and Governing Council Member, APHF



GOVERNANCE

Dr. Bernard Haufiku who is the Founder of APHF, and Chair of the Governing Council, will continue to serve in this role. This is his second, three-year term as Chair.

Welcoming new members of the Governing Council



Dr. Lieve Fransen

Medical Doctor

21st January 2022

- Joined Africa Public Health Foundation.

Specialised in infectious diseases and public health and with a PHD in social policies. She is a board member of the African Potential Foundation, in South Africa, Advisor for the T20/ G20 on Global Health, manufacturing and supplies of biologicals and social infrastructure investment, Director supporting Health Initiatives of the Wits health consortium at the

University in South Africa, Senior policy advisor for European policy think-tank (EPC-Belgium).

2015 - 2019

- Senior Policy Advisor for Royal Philips Health technologies.
- Head of High-Level Task Force experts chaired by President Prodi on the report for long term investors on social infrastructure investment.

2011 - 2015

- Director Europe 2020 and Social Policies at European Commission.

2008 - 2011

- Director Communication for the EU in charge of Representations

2001 - 2008

- Head of Human Development, Social Cohesion and Employment Unit, European Commission.
- Founder, Board member and Co-Chair of the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria and representing European donors while Head of Health, HIV/AIDS and Population department, European Commission, Directorate General for Development and Cooperation.



Dr. Magda Robalo

Global Managing Director for Women in Global Health (www.womeningh.org).

24th June 2022

- Joined Africa Public Health Foundation.

An accomplished global health leader and a trailblazer, she has been lending her voice for equitable access to quality health care, gender equality and social justice throughout her career. She embodies a rich blend of technical, political, and diplomatic skills and experience, forged over thirty years of work across geographies and cultures, with diverse global, regional and local partners,

governments, and communities. She is the co-founder and President of the Institute for Global Health and Development (www.ighd-gb.org), a private, non-profit foundation, aimed at advancing women's leadership in global health and promoting their empowerment by addressing gender inequality and stimulating financial inclusion and integration into the digital, formal economy. Dr Magda Robalo is also the Chair of the Ethics and Governance Committee of the Global Fund to fight AIDS, Tuberculosis and Malaria. She is a member of the WHO Global Expert Panel on Health Emergency and Disaster

Risk Management, a mentor of the Kofi Annan Global Health Programme of the Africa CDC, a member of the Africa Group on COVID-19 of the National Academy of Medicine of France and a member of the Malaria Elimination E-8 Board. She led transformative reforms of the health sector as Minister of Public Health (2019-2020) and provided strategic leadership to and effective coordination of the national response to the COVID-19 pandemic as the High Commissioner for COVID-19 in Guinea-Bissau (2020-2021).



Mrs. Helene Echevin

Chief Executive Officer of C-Care group,
Healthcare cluster of CIEL,

21st January 2022

- Joined Africa Public Health Foundation.

Since 1 July 2019, which regroups all healthcare activities of the CIEL Group including C-Care (Mauritius) Ltd and C-Care (Uganda) Ltd.

She is also the Executive Chairperson of C-Care (Mauritius) Ltd since 2017. She joined CIEL Group in March 2017 as Chief Officer-Operational Excellence and since then has played a key role developing the healthcare portfolio and leading CIEL's operational excellence journey.

Helene formerly worked for Eclasia Group and Harel Mallac Group and has 22 years of experience in Strategy operations and project management, at both company and corporate levels. She has also been the first lady President of MCCI, Mauritius Chamber of Commerce in 2015-2016. She is also director of other public interest entities like SUN Limited and CIEL Textile Limited.

Helene holds a degree in Engineering from Polytech Engineering School, Montpellier, France and followed Management Executive Programme at INSEAD.

APHF IS GOING INTO 2023 IN A STRONG POSITION, THANKS TO SUPPORT FROM OUR PARTNERS

Over the last year, we have worked closely with Africa CDC, our funders, implementing partners and the Africa Donor Collective, a group of passionate and committed philanthropic organisations. We are deeply grateful to all of you for your extensive collaboration, support and commitment to strengthening public health systems across the continent.

PROTECTOR

Africa CDC: APHF exists to support Africa CDC. We congratulate Africa CDC on its successful leadership of the African public health ecosystem and recognise that our success stems from their clear leadership in the continent.

APPRECIATION OF OUR FUNDING PARTNERS

At the Foundation, we firmly believe in the power of collaboration. We extend our deepest gratitude to our partners, donors, and supporters who have contributed to its development. Your unwavering commitment to improving public health in Africa has been instrumental in bringing this platform to life.



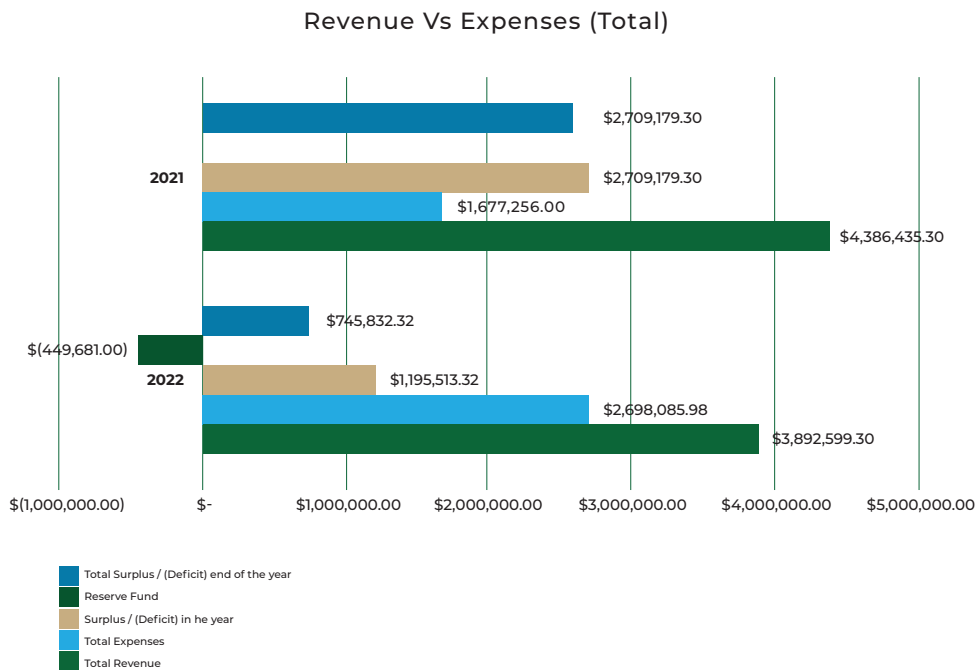
IMPLEMENTING PARTNERS



KEY FIGURES AND FINANCES

To uphold the principles of accountability and transparency, we have highlighted our operating revenue, our sources of funds and our expenses below. In 2022, our overall expenditure increased as more permanent staff members were onboarded, with a greater shift towards salaries and benefits. This increase has allowed us to operate more efficiently and effectively.

Operating Revenue Vs Expenses



Year-on-year (YoY)

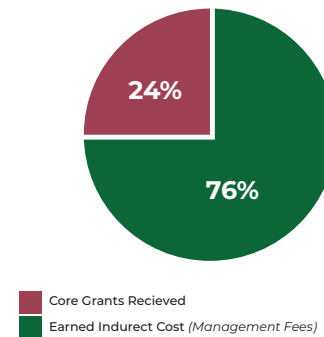
APHF'S total revenue decreased by 11% while total expenditure increased by 61%. Momentum for fundraising at APHF slowed and fundraising for new initiatives were delayed, as global interests shifted from the emergency phase of the COVID-19 pandemic and Africa CDC developed its next 5-year strategy. As APHF provides a service in support of Africa CDC's priorities, it was appropriate for us to pause, reflect on past performance and await a clear mandate for the next phase of our work.

Reserve fund

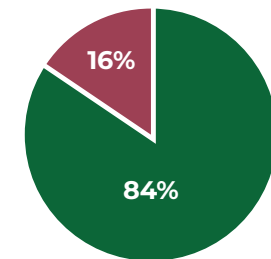
APHF established a reserve fund to provide contingency for continued operations in light of changing global financial and political priorities. This reserve fund provides the capacity for the Foundation to continue to operate through periods of uncertainty. The current reserve fund size provides operating funds for two months. We will continue to put aside two months of annual expenses each year towards our reserve, safeguarding the Foundation for emergencies.

Apfh's Revenue

Sources Of Revenue 2022

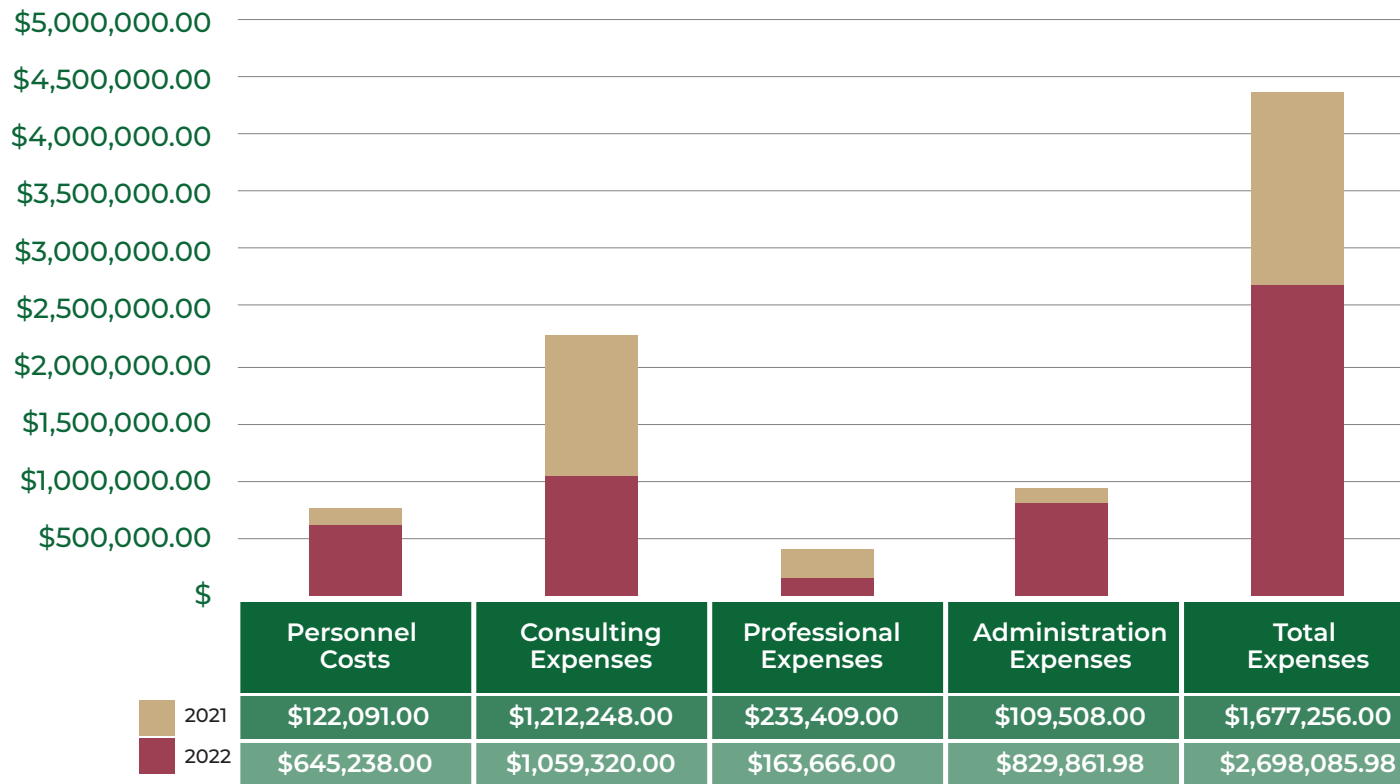


Sources Of Revenue 2021



- APHF's main sources of funds are a combination of core grant funding and indirect costs on the management of grants – to sustain and provide modest investments in APHF operations.
- This amount, US\$ 1.9 million received in December 2021 is YR-1 disbursement and part of US\$ 3.5 million committed over a 3-year period (2022-2024) as core grant support from Mastercard Foundation to support with internal capacity strengthening, which includes recruitment for key staff positions. In 2022, APHF also received US\$235,000 in general operating support from the Bill & Melinda Gates Foundation to support with the Resource Mobilisation function.
- Although APHF has built up a modest reserve over the last year, the amount of funds coming through APHF slowed as the global health world transitioned from an emergency COVID-19 response to refocus on wider public health priorities. A programme of core funding over the next two years is still needed before APHF becomes largely financially self-sufficient.

Expense Allocation



- Total Expenses change:** 61% increase in total expenses is attributable to the gradual increase in internal capacity in 2022. The staff count increased from five in 2021 to eight ensuring that all APHF key priority areas, Resource Mobilisation, Grants Management, Operations and Communications, were supported by hiring and onboarding Leads. The consulting and professional expenses will continue to decrease as APHF internal capacity is strengthened through a pragmatic approach adopted.



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