Africa Public Health Foundation

ANNUAL REPORT 2024



APHF AT 5



LETTER FROM THE INTERIM CEO

Dr. Francisco Songane
Interim CEO

Five Years of Resilience and Progress

Five years have passed - years marked by some of the most exhilarating and challenging moments in global health. APHF was born at the dawn of what became one of the greatest health scourges the world has ever experienced. Just two weeks after our formal establishment and registration, alarming reports emerged of a rapidly spreading disease, causing severe respiratory illness.

By December 2019, the causing pathogen was identified, and scientists around the world redoubled efforts to describe its manifestations and advise on treatment and containment measures. On February 11, 2020, WHO officially named the disease COVID-19 and called for urgent preventive measures and coordinated global action. Earlier, WHO had declared the outbreak a Public Health Emergency of International Concern (PHEIC).

Fear quickly became universal, shaping actions across the globe and aggravating the severe socio- economic consequences of the pandemic. As we were taking the first steps to establish the foundation's structures and plan for the effective ways of supporting Africa CDC, COVID-19 had quickly evolved to become a pandemic, as per WHO declaration on the 11th of March 2020. This called for a swift reset. We embraced the continent-wide response led by Africa CDC, working in close coordination with WHO and other health institutions. APHF played a critical role in resource mobilization and grant management, enabling timely implementation of programs to contain the pandemic while strengthening systems for future emergencies. Mobilizing over $56 million and managing 29 sub-awards totalling more than $18 million reflected the confidence partners placed in us.

A landmark achievement of this collaboration was the creation of a pooled fund for COVID-19 vaccine rollout —streamlining resources under one plan and one reporting system. When WHO declared the pandemic over in May 2023, our focus shifted from emergency response to consolidating capacity-building efforts initiated during the crisis. This period allowed us to reflect and reaffirm our mandate: providing collaborative platforms for key public health initiatives in Africa. The response to COVID-19 was immense, and partners expressed strong interest in continuing this journey to build resilient systems sustainably. We extend our deepest gratitude to all who supported us—and continue to do so—in this critical undertaking.

We reviewed our strategy to offer innovative collaboration and resource mobilization models tailored to diverse partners, including those unable to work directly with public institutions. It is encouraging to see partnerships with the private sector have grown, leveraging their expertise in areas such as advanced diagnostics and laboratory capacity—game changers during the pandemic and reaffirmed during the Mpox outbreak.

Interest is expanding to include non-communicable diseases, access to medicines, and training—a welcome development amid significant reductions in health funding, whose impact is already felt across the continent. These circumstances compel us to reinforce what we have started, working closely with national institutions to forge home-grown, effective, and sustainable solutions.

Synchronization among institutions is paramount. Our new strategy aligns with Africa CDC's 2023–2027 priorities and the AU's New Public Health Order, which calls for partnerships to build robust, resilient health systems. This approach drove success during COVID-19 and is now more critical than ever. The momentum is here. APHF stands ready to play its part in building on hard-learned lessons, protecting our people through strong institutions, and addressing inequities.

As we reflect on these five years—as this report does—we renew our commitment to innovative partnerships and initiatives shaped by regional and country contexts. Together, anchored in national priorities, we can advance toward a safer, healthier, more productive, and prosperous Africa.



Dr. Francisco Songane
Interim CEO

TABLE OF CONTENTS

Who we are 5
Our Strategic Priorities at a glance 5
Building a Continental Shield 6
APHF Governing Council 8
Inside Story: Our Growth 10
Our Inside Story 1: Resources and Partnerships 11
Our Inside Story 2: Enhancing Grants 12
Our Inside Story 3: Microsoft 365 Business 13
Lessons from Covid-19 14
Donor Spotlight: Gates Foundation 15
Five Year Accomplishments 20
Implementing Partner: ASLM 22
Forging a Resilient Future 25
Grateful to our Partners 27
Financial Summary 28

WHO WE ARE

Our Vision

A safer, healthier, productive and prosperous Africa.

Our Mision

Forge partnerships and mobilise resources and investments for critical African public health initiatives in support of the Africa CDC and African Union's New Public Health Order.

OUR STRATEGIC PRIORITIES AT A GLANCE

Strategic Pillars

1. **Collaborate & Build Partnerships:** Engage private sector, philanthropy, and global health actors to advance Africa CDC's priorities.
2. **Mobilize Resources:** Innovate sustainable financing models (e.g., pooled funds, diaspora networks, catalytic investments).
3. **Deliver Impact:** Provide agile grant management and fiduciary services for health system strengthening.

Join Us

- **Invest**: Catalyze sustainable funding for Africa's public health security.
- **Partner**: Collaborate on high-impact initiatives (e.g., biosafety & biosecurity, laboratory, vaccine manufacturing, community health workers, capacity development).
- **Advocate**: Amplify African-led solutions at global forums.

Key Focus Areas

- Strengthening public health institutions and workforce.
- Emergency preparedness and disease surveillance.
- Expanding local manufacturing of vaccines and diagnostics.
- Health equity and inclusive initiatives.

Why Partner with APHF?

- **Agile and Trusted:** Proven fiduciary track record and transparent governance.
- **Africa CDC Alignment:** Direct linkage to Africa CDC's 2023–2027 strategy and flagship programs.
- **Innovative Financing:** Leveraging blended finance, endowment funds, and private-sector partnerships.

> 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. – **Dr. Bernard Haufiku, Governing Council Chair and Founder, APHF**

BUILDING A CONTINENT'S SHIELD - OUR JOURNEY IN STRENGTHENING AFRICA'S PUBLIC HEALTH



The African Public Health Foundation (APHF) is proud to present its growth and impact report, chronicling a transformative journey from a startup initiative to a cornerstone of Africa's public health support system over a five-year period. This report highlights the strategic expansion of our human capital—both in staff and governance—and underscores how this growth has been fundamental in mobilizing resources and catalyzing action to address the continent's most pressing public health priorities.

From Humble Beginnings: A Story of Strategic Growth

In 2019, the APHF was established with a bold, continent-wide mandate: to serve as a strategic partner to the Africa Centres for Disease Control and Prevention (Africa CDC), mobilizing resources and fostering partnerships to secure the health of Africa's people.

Our beginnings were modest, but our vision was vast. Over the course of 2020 and through much of 2021, the APHF's functions were delivered predominantly by consultants, funded by a growing group of philanthropists. Systems and structures were built, under the direction of the Governing Council, while permanent staff members were gradually brought on board starting in May 2021. This foundational period was critical, focusing on establishing governance structures, developing frameworks, and initiating crucial conversations with potential partners.

Recognizing that ambition required capacity, the APHF embarked on a deliberate and strategic scaling plan. Our staff growth trajectory has been a testament to the confidence our partners have in our mission:

- **2021: 4 Staff Members** – Laying the operational foundation (Communications Lead, Operations Lead, HR Officer, and Grants Management Lead)
- **2022: 6 Staff Members** – Establishing core functions in Partnerships, Programs, and Finance (Resource Mobilization Lead, Finance Officer, Grants Management Officer).
- **2023: 9 Staff Members** – Deepening expertise and expanding program management capabilities (CEO, Executive Assistant).
- **2024: 10 Staff Members** – A full-fledged, multidisciplinary team driving impact across the continent (Resource Mobilisation Officer).

This growth in staff over the five years is not merely a numerical increase, it represents the strategic assembly of a highly skilled, team with expertise in public health, resource mobilisation, finance, communications, and program management.

Capacity Translates to Impact: Addressing Africa's Public Health Priorities

The expansion of the APHF team has been one of the most critical factors in transforming our mandate into tangible action. Each new team member has amplified our ability to deliver on our core objectives:



Enhanced Resource Mobilisation:

Our dedicated Resource Mobilization team has moved from conceptual discussions to securing significant, multi-year commitments. From a one-person effort, we now have a team proactively managing a pipeline of donors, crafting compelling funding proposals, and stewarding relationships that are directly funding Africa's health security.

Robust Financial Stewardship:

The growth of our Finance team has ensured that every dollar raised is managed with the highest degree of transparency and accountability. Robust financial governance is crucial for building donor confidence and ensuring that funds are efficiently directed to Africa CDC's life-saving programs on the ground.



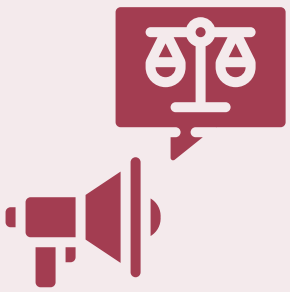


Strategic Grants Management:

With a larger grants management team, we can now effectively manage a complex portfolio of grants and initiatives. This includes overseeing the implementation of projects, monitoring and evaluation, and ensuring that funded activities achieve their intended impact - from disease surveillance and laboratory strengthening to workforce development and emergency response.

Elevated Advocacy and Communications:

Our expanded capacity allows us to consistently tell Africa's public health story. We now proactively communicate successes, challenges, and opportunities, shaping the narrative and advocating for a more equitable and resilient public health architecture centered on African leadership.



GUIDED BY WISDOM:
THE APHF GOVERNING COUNCIL

Parallel to building our executive capacity, the APHF was privileged to constitute a distinguished Governing Council. This body of leaders provides the strategic oversight, governance, and advocacy essential for our credibility and long-term success.

This council offers invaluable guidance, ensures accountability, and leverages its vast networks to open doors and build trust with global health institutions, governments, and private sector partners. Their leadership has been indispensable in navigating the complex landscape of global public health financing. We are grateful to Dr. Magda Robalo, Dr. Lieve Fransen and Mrs. Helene Echevin who are our former Council members and played an important role in the visibility and guidance of APHF. We currently have six council members, with Africa CDC playing a protector role where they attend Council meetings in an advisory and non-voting capacity.

NEW COUNCIL MEMBER



Steffi Barandereka Nineza
Head of Gender & Inclusion at the Mastercard Foundation

Steffi joined the APHF Governing Council in 2024.

She is a seasoned finance professional with over 14 years of experience in providing assurance, finance advisory, project finance, and strategic operations services to clients in both the public and private sectors. Her international experience includes working in Canada and in various countries in Africa. As Finance Project Lead, she was a key contributor in overseeing the financial management of the divestment of Barclays PLC in Absa Bank in relation to Corporate Transactional Channels. Since 2022, she is the Lead, Finance Operations at the Mastercard Foundation, responsible for delivering operational excellence of finance and accounting work in support of the Foundation's programmatic work.

Mrs Barandereka Nineza, a Ghanaian, began her career in Canada as an external auditor. During her time in Canada, she won several awards for her outstanding academic and professional achievements, as well as her community involvement. In addition to her corporate achievements, Mrs. Barandereka Nineza has demonstrated firm commitment to the development of Africa through active participation in various volunteering programs focusing on the empowerment of women, girls and refugees. She currently teaches a virtual course on "Resilience & Leadership" to refugees based in the Mahama Refugee Camp in Rwanda. She holds an MBA from the Gordon Institute of Business (GIBS) University of Pretoria, complemented by a Bachelor of Accounting from McGill University in Canada. Steffi is a Chartered Professional Accountant (CPA, CA) and a member of the Quebec CPA Order.

Other Governing Council members include:



Dr. Bernard Haufiku
Founder and Chairman



Amb. Dennis Awori
Deputy Chairman



Dr. Francisco Songane
Member and currently
Interim CEO



Dr. Edem Adzogenu
Member



Mr. Alain Ah Sue
Member

We are building a Governing Council of passionate leaders dedicated to transforming public health in Africa. Offer your strategic insight to amplify our impact on the ground by joining our Governing Council. Kindly write to chair@aphf.africa if interested and to get more details.



INSIDE STORY: OUR GROWTH



Every great story has a foundation. As APHF stands at the significant milestone of our fifth anniversary, we pause not only to look outward at our external engagements but also to look inward at the Foundation we have built. The past five years have been a period of intentional and strategic internalgrowth, focused on creating an institution as exceptional as its mission.

We now look into our internal gains that speak to our operational maturity, financial sustainability, and the cultivation of our most valuable asset: our people. From establishing cutting-edge data management systems and rigorous governance frameworks to fostering a culture of innovation and excellence, our internal accomplishments are the critical enablers of our external success. The following pages celebrate the pillars of our strength, proving that a solid foundation is the prerequisite for building a legacy.

Story 1: Resources and Partnerships necessary for Sustainable Public Health priorities
Story 2: Enhancing Grants Management for Africa CDC through Africa Public Health Foundation
Story 3: Microsoft 365 Business Central ERP Implementation

OUR INSIDE STORY 1 : RESOURCES AND PARTNERSHIPS NECESSARY FOR SUSTAINABLE PUBLIC HEALTH PRIORITIES

Africa CDC has a unique role as a technical body of the African Union. It operates across 55 diverse Member States while balancing local autonomy with regional collaboration. At APHF, we are committed to continuously enhancing our efforts to improve public health outcomes in Africa in support of Africa CDC through resource mobilisation and grants management. Together, we can do more faster through our ability to create partnerships, mobilise funds and act as a platform for collaboration. We bring a fiduciary track record of accountability and transparency and can help build fiduciary and resource mobilisation capacity for key public health institutions.

Diverse, agile and responsive funding sources and strategic alliances are necessary to support this mandate

- **African Union & Member State Contributions:** Increasing reliable AU budget allocations and enhancing Member State contributions are vital for Africa CDC's independence and sustainability.
- **Multilateral Institutions:** Collaborations with the WHO, Gavi, The Global Fund, CEPI, UNICEF, and the World Bank are essential for funding surveillance, vaccine access, and emergency responses.
- **Philanthropic Foundations:** The Gates Foundation, Rockefeller Foundation, and Mastercard Foundation have played a key role in funding vaccines, genomic research, and workforce development. Ongoing support can promote innovation and quick responses.
- **Regional Development Banks:** The African Development Bank and Africa Export-Import Bank (Afreximbank) offer innovative funding options, including shared procurement and health infrastructure bonds.
- **Private Sector Engagement:** Collaborations with pharmaceutical and biotechnology companies can boost local production of vaccines, diagnostics, and treatments, while tech companies can enhance digital health and data systems.
- **Civil Society & Academia:** Local organizations and universities provide vital connections to community needs, workforce development, and research implementations.

By coordinating these resources with Africa CDC's continental strategy, funding can shift from short-term, fragmented injections to comprehensive, long-term investments that support preparedness and strengthen public health systems. The pandemic inspired innovations in surveillance, supply chains, manufacturing, and workforce mobilisation. However, it also revealed the dangers of temporary, isolated structures that threaten overall public health system improvements when these response systems are not part of integrated systems. Partners and agencies have to ensure that investments made during emergencies and pandemics build systems rather than responding in isolation.

Strengthening essential systems concurrently with the emergency needs, especially primary health care, surveillance, and regional manufacturing, it provides buffer for future demands on the health care system. For donors, this means moving past narrow, crisis-focused funding to sustainable financing models that improve health across different areas.

OUR INSIDE STORY 2 : ENHANCING GRANTS MANAGEMENT FOR AFRICA CDC THROUGH AFRICA PUBLIC HEALTH FOUNDATION

Grants management is a cornerstone for the effective implementation of health programs across the African continent. Africa CDC, established to strengthen Africa's public health institutions' capacity, has become a pivotal player in addressing health challenges. However, managing grants from major donors such as The Gates Foundation, the European Commission (EC), the Conrad N. Hilton Foundation, Rockefeller Foundation, John Templeton, Skoll Foundation, Mastercard Foundation and UBS Foundation poses significant challenges that require a robust and strategic approach. Africa Public Health Foundation (APHF) emerges as a vital entity in this landscape, offering expertise and innovative solutions to optimize grants management for Africa CDC.

Streamlining Administrative Processes

One of the most pressing issues in grants management is the complexity of administrative processes. Each donor has unique reporting requirements, timelines, and compliance regulations. APHF plays a crucial role by standardizing and streamlining these processes. By developing a framework for reporting and compliance, APHF reduces the administrative burden on Africa CDC, allowing it to focus more on its core mission of improving public health outcomes.

Enhancing Financial Oversight and Transparency

Financial oversight and transparency are paramount in maintaining donor confidence and ensuring the effective use of funds. APHF has implemented rigorous financial management systems that provide real-time tracking of expenditures and comprehensive financial reporting. This level of oversight not only assures donors of the prudent use of their funds but also identifies areas where financial efficiencies can be realized, ultimately maximizing the impact of each grant dollar.

Capacity Building and Training

Effective grants management is not just about systems and processes; it also depends on the people who manage these grants. APHF offers capacity building and training programs for implementing partners, equipping them with the necessary skills to manage grants sub granted to them. This includes training in financial management, compliance, and reporting, as well as budgeting and project management. By building a knowledgeable and skilled workforce, APHF ensures that implementing partners in Africa Union member states are well-positioned to manage current and future grants effectively.

Conclusion

Africa Public Health Foundation holds a pivotal role in transforming the grants management landscape for Africa CDC. By streamlining administrative processes, enhancing financial oversight, building capacity, and facilitating collaboration, APHF significantly enhances the effectiveness and impact of grants from major donors. This strategic vision not only benefits Africa CDC and its partners but ultimately translates to improved health outcomes for millions of Africans, fulfilling the continent's public health potential.

OUR INSIDE STORY 3 : MICROSOFT 365 BUSINESS CENTRAL ERP IMPLEMENTATION

After three years of operations, Africa Public Health Foundation (APHF) was in need of an Enterprise Resource Planning (ERP) system that would help to integrate and streamline various business processes, providing a unified view of operations and data, ultimately improving efficiency, decision-making, and overall business performance. The implementation of Microsoft 365 Business Central ERP system has transformed our organizational operations, yielding significant improvements across all five implemented modules. This strategic investment has delivered measurable returns through enhanced efficiency, improved data management, and strengthened compliance capabilities.

In the Finance module, we have observed a 40% reduction in month-end closing time and a 35% decrease in manual data entry errors. The automated reconciliation features have improved financial accuracy while reducing monthly staff workload. Real-time financial reporting has empowered leadership with timely insights for strategic decision-making.

The Grants Management module has revolutionized our funding administration processes. Tracking capabilities have improved compliance rates, with increase possibilities of reducing audit findings compared to the previous year. The system now automatically flags upcoming reporting deadlines, resulting in 100% on-time submission rates for donor reports in the last quarter. Grant utilization analytics have helped optimize resource allocation, improving program delivery efficiency.

Procurement operations have been streamlined through automated workflows, reducing purchase order processing time from 72 to 24 hours. Vendor management centralization has improved supplier negotiations, yielding an estimated 12% cost reduction on major contracts.

The HR module has digitized 95% of previously paper-based processes, saving approximately 45 hours of administrative work weekly. Performance management tracking is the next feature to be explored and will help has strengthen our talent development initiatives.

Finally, the Administration module has enhanced document management with centralized storage and version control, improving information retrieval times by 75%.

This integrated system provides comprehensive organizational visibility that has proven invaluable for strategic planning and operational excellence. It is still in refinement, and not reached the optimal level yet, but it provides a very important working platform modernizing our management and operation processes.

LESSONS FROM COVID-19



- **Continental Coordination:** The Africa CDC-led Joint Continental Strategy and the African Vaccine Acquisition Task Team (AVATT) showed the benefits of regional cooperation and shared procurement.
- **Local Manufacturing Momentum:** New vaccine production initiatives in South Africa, Egypt, and Senegal highlighted Africa's ability to lessen reliance on outside suppliers.
- **Digital Health and Surveillance:** Using digital platforms for tracking cases, sharing data, and monitoring vaccinations showed the importance of real-time systems that work together.
- **Community Trust and Engagement:** While misinformation created challenges, community mobilisation underscored the critical role of local involvement in maintaining health security.

> 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 and Governing Council Member, APHF**

Sustaining the Transition

As we move further away from COVID-19, focus should stay on strengthening essential health systems to deliver critical services while remaining flexible enough to respond quickly in emergencies. This involves:

- Building emergency response capacity within National Public Health Institutes (NPHIs) and Ministries of Health;
- Expanding the workforce without taking resources from other important areas like HIV, malaria, and chronic diseases;
- Integrating surveillance systems so that they can monitor multiple diseases;
- Maintaining sustainable funding models that balance preparedness with long-term investments in primary health care and universal health coverage.

DONOR SPOTLIGHT: GATES FOUNDATION

In our fast-changing sector where critical work is heavily reliant on philanthropy, working with flexible, responsive donors who understand the context leads to greater impact, faster. Over the last 5 years, APHF has been privileged to work closely with one such donor: The Gates Foundation (previously the Bill and Melinda Gates Foundation), who partnered with us from inception and remain a key supporter of the work we do.

In 5 years, Gates Foundation has extended to APHF total core grant of USD 2.5 Million. Other grants that we have received are in the table below:

Grant Details				
Donor	**Grant Name**	**Start Date**	**End Date**	**Total Grant Amount**
The Gates Foundation	Support to Africa CDC RCC and RISLNET in West and Central Africa	12-Aug-20	28-Feb-25	**4,000,075**
The Gates Foundation	Africa PGI - CholGen: Cholera Genomics Consortium II	16-Nov-22	30-Nov-26	**4,995,205**
The Gates Foundation	Africa Clinical Trial Ecosystem Coordination	22-Jul-23	31-Dec-26	**1,483,225**
The Gates Foundation	Cholera genomics planning grant (for full proposal)	15-Jun-22	30-Jun-25	**90,480**
The Gates Foundation	Joint Emergency Action Plan - Africa CDC	1-Sep-24	31-May-27	**3,600,301**

CONT'D

Project Name: Cholera Genomics Consortium II
Grant Amount: USD 4,995,205
Grant Duration: 01/12/2022-31/12/2025

Introduction

In the five years of our existence, we have worked closely with Gates Foundation as one of our donors, to address public health priorities in Africa. One of them is in cholera through the Cholera Genomics Consortium II.

Cholera has been largely eliminated from industrialized countries through treatment of domestic water and sewage, and good living environment. However, it remains a serious public health problem in some parts of the world including Africa, causing illness and death. Deployment of an Oral Cholera Vaccine (OCV) is a key intervention that can prevent and control cholera outbreaks. Other important interventions include improved water, sanitation, and hygiene (WASH) activities and cholera genomic epidemiological surveillance in endemic areas. A Global Roadmap to 2030 operationalizes the new global strategy for cholera control at the country level and provides a concrete path toward a world in which cholera is no longer a threat to public health.

By implementing the strategy between now and 2030, the Global Task Force on Cholera Control (GTFCC) partners are supporting countries to reduce cholera deaths by at least 90 percent. In 2021, GTFCC reported twenty-one countries with cholera outbreaks globally. The roadmap is concentrating on controlling the disease at country level, but a critical element for outbreak prevention is establishing an efficient mechanism that ensures routine monitoring and identifying sources of Vibrio Cholerae. During COVID-19 pandemic, Whole-Genome Sequencing (WGS) proved to be an essential tool for infectious disease surveillance and outbreak investigations. WGS coupled with epidemiological and environmental investigations delivers ultimate resolution for detecting and analyzing transmission routes and tracing sources of outbreaks as well as assessing pathogen's immune escape properties, virulence and antimicrobial resistance determinants. WGS of Vibrio cholerae is now providing unprecedented insights into where cholera strains emerge and then spread to other areas. It is time to integrate these developments into routine public health measures especially in outbreak prone areas of Africa. However, cholera genomic surveillance remains largely unutilized for this purpose in these regions.

A single consortium with a steering committee composed of Africa Centers for Disease Control and Prevention (Africa CDC), Johns Hopkins University (JHU), and The Gates Foundation (BMGF will leverage on existing laboratories and epidemiologists in the five selected African countries (Nigeria, Democratic Republic of the Congo (DRC), Mozambique, Cameroon, and Uganda) with the goal of utilizing cholera genomic data for public health decision making and improving the understanding of the molecular epidemiology of cholera in Africa. A primary focus of the consortium will be on building sustainable capacity for Vibrio cholerae genomics in each of the countries, leveraging on existing capacities and networks through coordination, training, mentoring, technical and logistics support from JHU and Africa CDC. Capacity will also be built through training, exchange of knowledge and skills between the participating African countries.

CONT'D

At the end of this project, the countries in the consortium will be fully capable of generating standardized metadata and sequencing data for public health decision making using an end-to-end genomic surveillance framework which can be replicated in other African countries. Furthermore, the consortium anticipates that these genomic skills will be used to further understand bacterial genomics of other important pathogens, e.g., Salmonella Typhi, Klebsiella pneumoniae and Shigella species. The pilot will be implemented in five selected Africa PGI supported countries: Uganda, Cameroon, Nigeria, Democratic Republic of the Congo (DRC), and Mozambique.

OBJECTIVES



Leverage stored Vibrio cholerae isolates to build sustainable genomic surveillance capacity for the implementation of cholera genomic epidemiology in Nigeria, DRC, Mozambique, Cameroon, and Uganda.

Identify gaps, strengthen existing cholera testing, sequencing, and data management capacity for the implementation of local cholera genomic surveillance for public health decision making.





Enhance skills and knowledge about how cholera spreads between outbreaks, within and between countries.

CONT'D

The primary outcome of this investment from Gates Foundation is to build genomic-informed management of Vibrio cholerae in the areas most affected by cholera through a coordinated genomic surveillance mechanism. The cholera genomic consortium in Africa will document multi-country lessons learned to improve future technical collaboration & coordination as well as guidance for oral cholera vaccine (OCV) deployment in cholera endemic areas.

PROGRESS SINCE THE START OF THE PROJECT.

More than 203,904 cases (86,951 confirmed; 116,953 suspected) and 3,181 deaths (CFR: 1.6%) of cholera were reported from 18 African Union Member States: Burundi, Cameroon, Congo, Democratic Republic of Congo (DRC), Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Somalia, South Africa, Sudan, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe. Three countries accounted for 66% of the cases in 2023 in Africa: Malawi and Mozambique, and the Democratic Republic of Congo. The CholGen project started with 5 Member States and now expanded to a total of 7 Member States, most are significantly impacted by severe, recurrent, and persistent cholera outbreaks in 2023.

During the project period, the Africa CDC through PGI in collaboration with APHF, JHU and Member States made significant progress in the project implementation. These include:

1. Advocacy for enhanced cholera surveillance in Africa

The CholGEN project has further allowed the Africa PGI team to advocate for rapid, effective and enhanced Cholera surveillance and emergency response in Africa. The advocacy continues within the Africa CDC, at national, regional and global levels. For example:

- The CholGEN project was presented to advocate for the need to enhance cholera genomic surveillance to track cross-border cholera transmission at the first "High-Level Emergency Ministerial Meeting on Cholera Epidemics and Climate-Related Public Health Emergencies" held in Lilongwe, Malawi from 9th – 10th March 2023. Ministers and senior technical experts from Angola, Botswana, Comoros, Congo, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Tanzania, Zambia and Zimbabwe participated in the meeting.

The project team is actively participating in the development of Africa CDC's strategy for the continental Cholera response plan. The project team participated in the Malawi/Mozambique cross border cholera surveillance strategy meeting held in Malawi from 24-28 July 2023.

2. Retrospective Cholera Genomic Surveillance in Africa

Leveraging stored Vibrio cholerae isolates to build genomic surveillance capacity was the primary objective of the project for 2023 and Q1 of 2024. for the implementation of cholera genomic epidemiology in Nigeria, DRC, Mozambique, Cameroon, and Uganda.

CONT'D

3. Cholera WGS across the consortium:

The CholGen and other Africa PGI projects continue to support sequencing of stored cholera isolates at regional sequencing hubs and locally at all the participating laboratories. A total of 382 isolates were sequenced and genomes sequences were shared with the Africa CDC.

4. Technical assessment and supervision visit to participating Member States.

The visit encompassed a comprehensive review of the CholGen Project's activities, both retrospective and prospective, with a focus on aspects such as sample collection, processing, identification, and storage.
NCDC in Nigeria – Demonstrated how cholera samples are collected, processed, identified, stored, and later sequenced. Their process is well elaborate, and this ensures over 98% recovery of archived isolates. Bacteriology lab informed the Africa CDC that they use 20% skimmed milk and 20% glycerol to store cholera isolates.

CPHL – Uganda, INRB – DRC, and INS – Mozambique – Demonstrated how cholera samples are collected, processed, identified, and stored. Their process is elaborate; however, they are struggling to recover the archived cholera isolates, and their recovery rate is below 50%. To assist these labs, Africa CDC connected them with NCDC Nigeria and took them through the entire recovery process.
NPHL – Cameroon – Demonstrated how cholera samples are collected, processed, identified, and stored. Their process is elaborate; however, their recovery rate is at 7% of archived isolates. We discovered that the problem was at the bacteriology lab. It was noted that there were challenges in the processing. Africa CDC technical team recommended the following corrective measures. Similarly, to assist NPHL, Africa CDC connected them with NCDC Nigeria who will take them through the entire recovery process.

In addition to the on-site assessments, the Africa CDC technical team delved into the review of bioinformatics infrastructure and capacity at the respective institutions. To enhance the project's analytical capabilities, Terra bioinformatics pipeline was introduced, ensuring that the participating countries have the necessary tools and resources for effective genomic analysis of cholera isolates. This comprehensive approach reflects the commitment of the CholGen project to not only generate valuable genomic data but also to strengthen the capacity of the participating countries in bioinformatics and genomic analysis.

5. Supporting the Surveillance Working Group

The Surveillance Working Group of the CholGen Project conducted an extensive review of cholera surveillance systems in the participating member states. The aim was to assess strengths, identify gaps, and propose opportunities for enhancement in each country's surveillance system.

FIVE YEAR ACCOMPLISHMENTS

2021

1. Supported to contracted 11 Implementing partners and issued 20 contracts.
2. Supported Africa CDC conduct Biosafety technical working groups meeting in Gabon and Malawi.
3. Introduced grants management tools.
4. Successfully submitted due donor reports on time.
5. Hired the first staff, Communications Lead, in May 2021.

2022

1. We received US$200,000 from John Templeton Foundation for the COVID-19 Vaccine Roll-Out Pooled Fund.
2. We received US$235,000 from The Gates Foundation to allow us to continue our resource mobilisation activities while building up the essential functions of APHF's in-house partnerships team.
3. The total APHF grant portfolio is US$ 27.975 million, including funding for Africa CDC programmes and core operating costs for APHF.
4. 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).
5. 84% of APHF's programmatic grants are COVID-19 focused.
6. Over 40% of APHF grants completed and closed out.
7. We acquired office space in Nairobi, Kenya.
8. The APHF Nairobi entity was certified by NGOSource as equivalent to a Certified Public Charity in the US.
9. Launch of the new APHF website.
10. Disbursed grants worth US$3,660,618.65 to eleven implementing partners.
11. Received US$2 million from the Conrad N. Hilton Foundation towards the continued COVID-19 Vaccine Roll-out Pooled Fund.
12. Received US$3.8 million from The Gates Foundation for to support Africa CDC's Cholera Genomics Consortium, to build genomic-informed management.

CONT'D

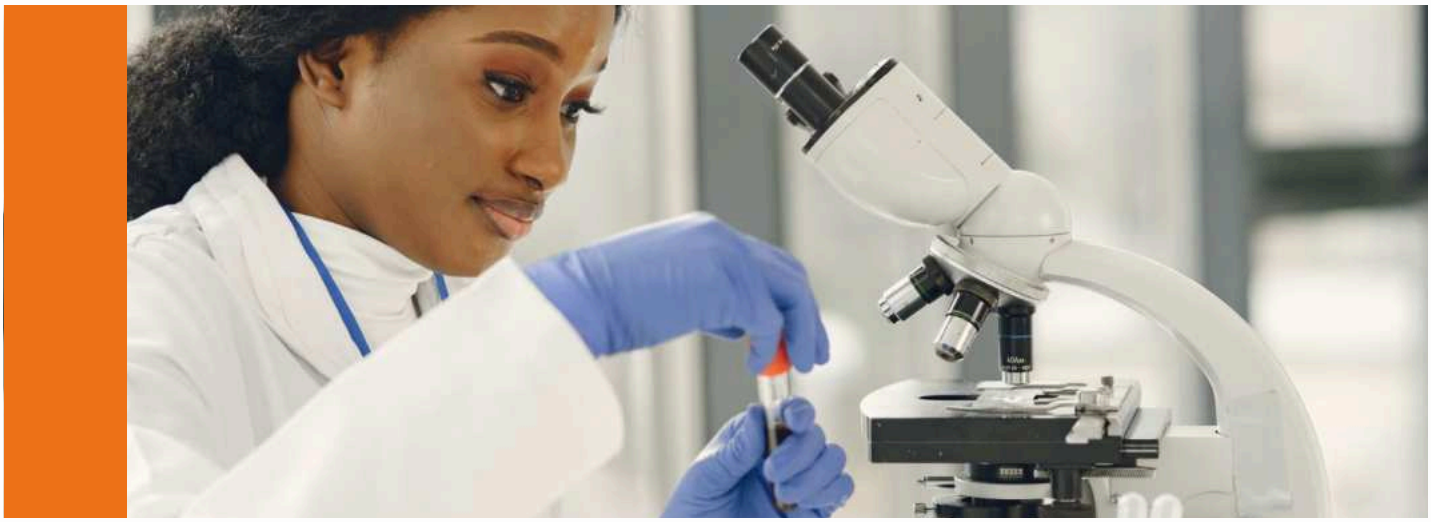
2023

1. A grant for $3,179,096.68 for the Africa Pathogen Genomics Institute (PGI) Integrated Genomic Surveillance for Outbreak Detection.
2. A grant of $1,483,226 to support a shift within the African clinical trial ecosystem toward building a cohesive, efficient, and impactful approach for advancing high-priority products that meet the needs of low- and middle-income countries.
3. Hiring and onboarding of the first CEO.
4. A grant of $69,520 to strengthen the clinical trial infrastructure of the Africa Region by connecting partners working in this area.
5. A grant of $2,000,000 for phase 2 of the COVID-19 vaccine roll-out.
6. Total grant 2023 - 2024 secured – $6,731,842.68 (Gates Foundation, Conrad and Hilton Phase II and European Health and Digital Executive Agency).
7. Total current donors as at December 2023 - $20, 010, 326 (new funding targeting.
8. Amount disbursed to subawards as of August 2023 - $3,324,926.
9. Total grants closed as of Sept 2023 - $15,335,843 (Partnership to Accelerate COVID-19 Testing (PACT, COVID-19 vaccine roll-out - Phase 1, Africa CDC support, Africa Clinical Trial Ecosystem Coordination - Planning grant).

2024

1. Africa CDC celebrated its 7th anniversary under the theme "A journey of Commitment and Action to safeguard Africa's health".
2. APHF Governing Council and the Secretariat held the first ever reception in Nairobi, Kenya in Support of critical public health initiatives in Africa through strengthened partnerships to celebrate accomplishments, share insights gained, and enhance collaboration and partnerships.
3. The Africa CDC-APHF Agreement is signed to support strengthening health systems in African Union Member States.
4. The core grant support (US$ 3.9 million) received from the Mastercard Foundation for the period 2022-2024 came to an end. The grant has been fully utilised in support of APHF operational activities.
5. Unveiled our mid-term strategy, APHF Strategy 2024-2027, a roadmap that will guide our Foundation through the next phase of our growth in enabling investments in Africa's health.

IMPLEMENTING PARTNER: AFRICAN SOCIETY FOR LABORATORY MEDICINE (ASLM)



African Society for Laboratory Medicine (ASLM) is one of the main implementing partners that Africa CDC works closely with hence one of the partners we have collaborated with in the five years.

ASLM is an independent, international, not-for-profit organisation founded in March 2011 in Addis Ababa that coordinates, galvanises and mobilises relevant stakeholders at the local, national, and international levels to improve local access to world-class diagnostic services and ensure healthy African communities now and for the long-term. ASLM is the first pan-African society for laboratory professionals, endorsed by the African Union (AU) and supported by multiple African Ministers of Health through its Ministerial Call for Action.

ASLM and APHF collaborated on a project that was implemented under a grant whose main focus was quality assurance of COVID-19 antigenic rapid diagnostic tests. This project was carried out in synergy with a similar project supported by Resolve to Save Lives (RTSL).

1. **How would you describe the impact of the grants that APHF sub-granted to ASLM on ASLM's overall mission and objectives?**

Thanks to the grant funds, over ten countries in three African regions (West Africa, East Africa and Central Africa) benefitted from this capacity building and improved the quality of Antigen Rapid Diagnostic Testing (Ag RDT) at COVID-19 sites. It also strengthened the South-South collaborative approach to training and mentoring health ministry staff in the target countries.

2. **Can you share specific examples of successful initiatives or projects that were made possible through the grants sub-granted to ASLM?**

- Training of trainers for Ag COVID-19 RDT diagnostic site evaluators. We had eight regional master trainers certified.

CONT'D

- Structured assessment of 15 to 30 Ag RDT sites per country using the Stepwise Process for Improving the Quality of Rapid Testing for COVID-19 (SPI-RTCOV) checklist in various languages.
- Development of digitalized Stepwise Process for Improving the Quality of Rapid Testing (SPI-RT) tool to optimize the data gathering process and allow automated analysis.
- The implementation of corrective actions identified according to the gaps identified after the site assessments of the Ag COVID-19 Rapid Diagnostic Test (RDT) sites in nine countries.

3. **Were there any challenges encountered during the implementation of projects funded by the grants received from APHF and how were they addressed?**

We experienced delays in implementation of activities with initial slow response from Member States and/or low interest due to:

- Late designation of country focal point;
- Late or no response from the countries to resume activities;
- Competing activities at the same area;
- Duplication of activities across donors and technical partners;
- Security issues, civil unrest, military coups in several targeted countries like Burkina Faso, Mali, Chad, Sao Tome and Principe.

We also had a limited number of ASLM trainers but we are now capitalizing on the certified evaluators during training and the highest achievers have been selected to strengthen the ASLM facilitators' team, using a sustainable South to South training model. It now constitutes a pool of regional master trainers.
In addition, there were security issues to physically reach some labs especially in Cameroon and Burkina Faso. We had to organize remote assessments for some sites when it was possible.

4. **What are the proposed solutions to curb the challenges mentioned above?**
    - We need to engage with Lab Directorate representatives.
    - Improve capacity development by recruitment of new staff in addition to training of those already there.
    - Ensure close communication with country local authorities and a focal person of the project through various communication channels like webinars, email, phone calls to maintain countries engagement;
    - Leverage on the pool of regional trainers/mentors to support activities concurrently in different countries;
    - Leverage on ASLM LabCop country teams as an entry point.

5. **How have the grants contributed to building or strengthening ASLM's capacity and capabilities?** Through the training of trainers on SPI-RT tool for Ag COVID-19 TDR diagnostic site assessment, a pool of 8 master trainers was setup at sub-regional level to support roll-out of assessors training (including ASLM staff). Those master trainers, internal and external contributed to the certification of 108 certified assessors, via ASLM academy, across the target countries. As ASLM, we now have an availability of 116 competent and certified assessors in the ASLM academy. We also have data sets from 10 countries built via the ASLM digitalized SPI-RT tool.

CONT'D

6. **Were there any unexpected outcomes or lessons learned from the projects funded by our grant?** The South-to-South training model used, which leverages on national trainers certified during previous phases of COVID-19 support to roll out trainings and assessments during this project, encouraged sharing of experiences and best practices across the regions, building expertise at the point of need and self-reliance in alignment with Africa CDC and AU strategic pillars as well as the Africa CDC regional integrated surveillance and network (RISLNET) initiative.

The regional facilitators were instrumental in rolling out training of SPI-RTCoV assessors during Q4 2022. Assessments and data analysis were completed by country Technical Working Group (TWG), to ensure ownership and aiming for sustainability. Synergies with other projects and other partners in some countries (ie: WHO in Gabon) through co-funding of activities, helped to increase coverage for Ag RDT testing sites assessment.

FORGING A RESILIENT FUTURE: THE AFRICA PUBLIC HEALTH FOUNDATION'S NEW STRATEGIC POSTURE



The COVID-19 pandemic was a profound catalyst for change across Africa. While the emergency phase has passed, its lessons are indelibly etched into our continent's public health consciousness. It revealed both critical gaps and an incredible capacity for innovation and solidarity. At the Africa Public Health Foundation (APHF), we have listened, learned, and evolved. We have moved from emergency response mode to a new, forward-looking posture dedicated to building sustainable health security for Africa.

This new direction is not ours alone. It is intricately aligned with the African Union's New Public Health Order, which provides the overarching framework for health action on the continent. Central to this vision is the imperative to find local solutions, strengthen continental institutions, and foster partnerships that place African agency at the forefront.

Our Strategic Anchor: Building Sustainable Capacity

The pandemic underscored that resilient health systems are our best defence. In line with this, the Africa CDC has adopted a new long-term strategy with capacity building at its very centre. The APHF is a critical partner in bringing this strategy to life.

An important part of our mission is to mobilise resources in support of Africa CDC's flagship initiatives and the broader public health ecosystem. We achieve this by collaborating and building deep partnerships across the continent—creating essential interfaces for engagement between the private sector, philanthropy, governments, and communities. Our goal is to ensure that African countries are equipped to address current health challenges and are fully prepared to respond to future emergencies with agility and strength.

CONT'D

How We Deliver: A Viable Operating Model

To fulfil this critical mandate, the APHF has established a robust and sustainable operating model. By the end of 2025, we aim to generate at least 75% of our operating costs from indirect fees, ensuring our long-term viability and maximising the value of every donor dollar for programmatic impact. We are committed to providing best-in-class grant management and fiduciary services, guaranteeing transparency, accountability, and effectiveness for our partners.

Our approach to resource mobilisation is multifaceted and innovative. We will:

- Deepen and Diversify: We will strengthen relationships with existing donors while actively diversifying our donor base and funding mechanisms to include new and non-traditional partners.
- Develop Internal Capacity: We are building a best-practice team dedicated to mobilising resources and managing strategic donor relationships.

Leveraging High-Impact Fundraising Tools

Moving beyond traditional grants, we are pioneering and leveraging a suite of innovative, high-level fundraising tools to channel investments into Africa's health security:

1. A Co-Designed Multi-Sector Platform: We are supporting a platform that brings together the private sector, philanthropy, and agencies of the African Union to co-create solutions for strengthening public health systems through a harmonized regulatory framework for vaccines, diagnostics and therapeutics.

2. Harnessing Diaspora Expertise and Investment: We are forging formal connections with the African diaspora, through the largest and most impactful network of its kind, in order to engage the vast expertise and financial power of Africans abroad.

3. Public – Private Partnerships: Understanding that there is more room, and a keen interest, for the private sector to be engaged in strengthening Africa's public health systems, we are exploring and expanding our engagement with the private sector, building partnerships that reflect shared-value propositions.

4. Operational Services: APHF is offering a range of services including grants management, fund management, fiscal hosting, human resources administration, convening and meeting support, etc. We tailor our services to each project or client's needs and model.

A Call to Partnership: The transition from emergency response to sustainable health security is the defining journey of our five years of existence. We are ready to continue serving as the strategic partner for investments into a healthier, more resilient Africa.

GRATEFUL TO OUR PARTNERS

We appreciate all our partners who have supported us over the five years. Without you the work we have done in addressing critical public health initiatives would not have been possible. We look forward to more engagement and collaboration for a safer, healthier, productive and prosperous Africa.



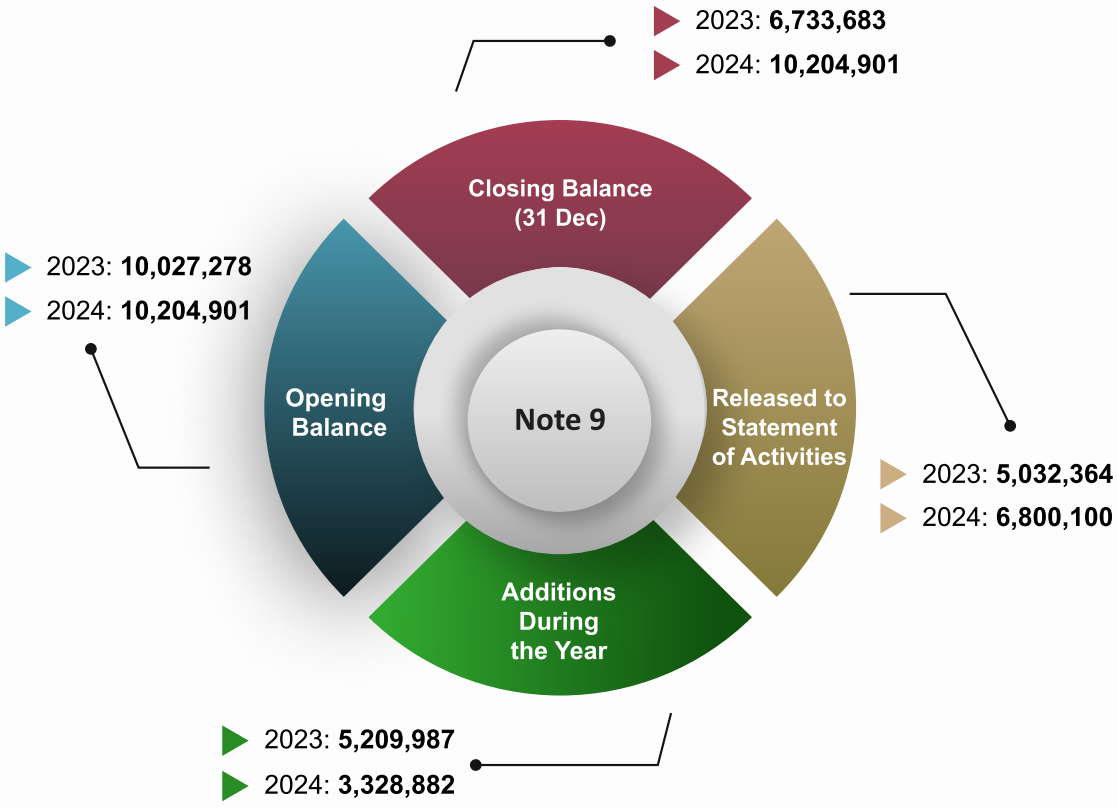
FINANCIAL SUMMARY

Statement of Financial Position & Note 9 (Grants Received in Advance)

As at 31 December 2024

Statement of Financial Position Overview (USD)		
CURRENT ASSETS		
Prepayments	300.00	300.00
Cash and cash equivalents	7,311,561.00	10,231,515.00
Total Current Assets	**7,311,861.00**	**10,231,815.00**
CURRENT LIABILITIES		
Other payables	578,078.00	26,814.00
Grant received in advance	6,733,683.00	10,204,901.00
Total Current Liabilities	**7,311,761.00**	**10,231,715.00**
NET ASSETS / EQUITY		
	100.00	100.00

Note 9: Grants Received in Advance Movement (USD)



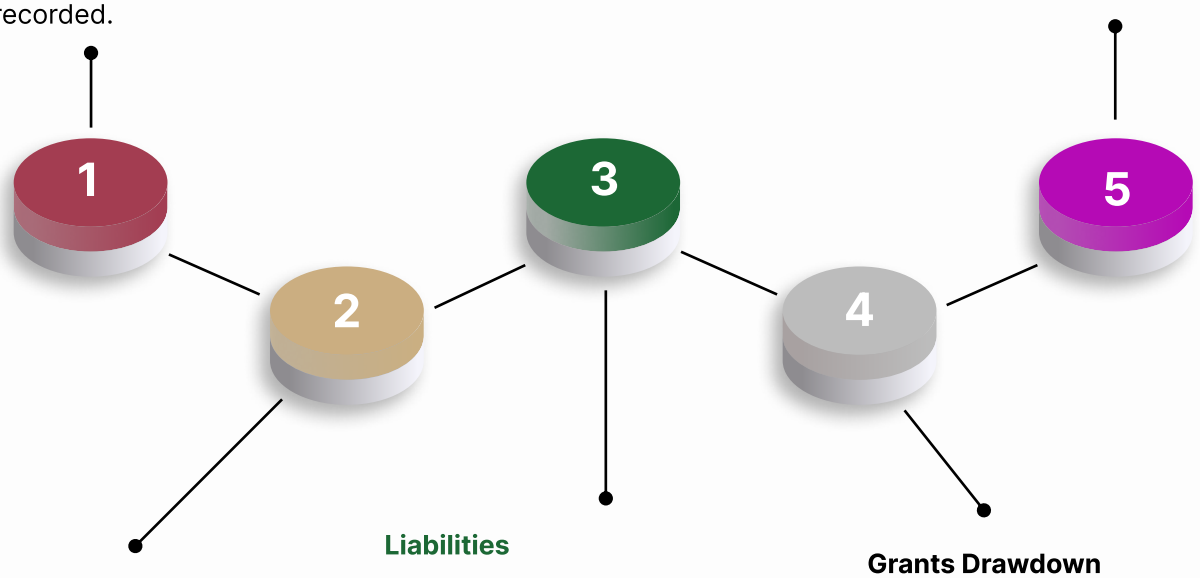
Key Observations

Balance Sheet Structure

- APHF operates with a minimal net asset base of USD 100, consistent across both years, reflecting its nature as a resource mobilisation and grant management entity where funds are matched by corresponding liabilities.
- The balance sheet is entirely liquid — assets are held solely in cash and a nominal prepayment, with no fixed assets recorded.

Overall Assessment

- The financial position remains stable and fully matched, with no deficit or surplus. APHF is well-placed to deliver on existing donor commitments, backed by adequate cash reserves relative to outstanding grant liabilities.



Cash Position

- Cash and cash equivalents declined by USD 2,919,954 (28.5%), from USD 10.2M in 2023 to USD 7.3M in 2024, broadly in line with the reduction in grants held in advance.
- The cash balance directly backs the grants received in advance liability, confirming donor funds remain ring-fenced and available for program delivery.

Liabilities

- Grants received in advance remains the dominant liability at USD 6.7M (92% of total liabilities), down from USD 10.2M in 2023 — reflecting strong utilization of donor funds during 2024.

Grants Drawdown

- USD 6.8M was released to the statement of activities in 2024 (vs USD 5.0M in 2023), signalling accelerated project implementation.
- New grant inflows of USD 3.3M were lower than the prior year's USD 5.2M, contributing to the overall reduction in the advance balance.

Africa Public Health Foundation

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