Africa Public Health Foundation

ANNUAL REPORT 2025

Building capacity and expanding possibility



Acronyms

Africa CDC	Africa Centres for Disease Control and Prevention
AfCFTA	African Continental Free Trade Area
AFENET	African Field Epidemiology Network
AHB	Africa Health Business
AMA	African Medicines Agency
AMRH	African Medicines Regulatory Harmonisation
APHF	Africa Public Health Foundation
AU	African Union
AUDA-NEPAD	African Union Development Agency–NEPAD
CEO	Chief Executive Officer
CholGen	Cholera Genomics Consortium
DRC	Democratic Republic of Congo
HADEA	European Health and Digital Executive Agency
HR	Human Resources
ICT	Information Communication and Technology
JHU	Johns Hopkins University
NCDs	Non-communicable diseases
NNF	Novo Nordisk Foundation
NPHIs	National Public Health Institutes
NTDs	Neglected Tropical Diseases
PGI	Africa Pathogen Genomics Initiative
RCC	Regional Coordinating Centre
SCoMRA	Scientific Conference on Medical Products Regulation in Africa
USAID	United States Agency for International Development
USIU-Africa	United States International University-Africa
WHO	World Health Organization

Africa Public Health Foundation

Contents

PART A WELCOME

Letter from the CEO 04

Who We Are 07

PART B OUR YEAR

Looking Back on 2025 10

Resource Mobilisation and Partnerships 12

Grants Management and Programme Delivery 15

PART C SPOTLIGHTS

Donor Spotlight 19

Programme in Focus: CholGen 21

PART D INSIDE APHF

Operations: Building a Strong Foundation 23

People and Culture 25

PART E LOOKING AHEAD AND ACCOUNTABILITY

Looking Ahead: 2026 Priorities 27

Grateful to Our Partners 28

The APHF Governing Council 29

Financial Statements Summary 31

Acknowledgements 35

PART A **WELCOME**

Letter from the CEO



A year of consolidation and momentum

2025 was a year in which the Africa Public Health Foundation (APHF) strengthened its role as a trusted, neutral intermediary, bringing private-sector, philanthropic and public institutions together around Africa's public health priorities.

Among the year's key milestones, a contract was signed with the Novo Nordisk Foundation (NNF), worth USD 2,650,051 to be implemented over two years and covering 11 African Union (AU) member states.[1]

The APHF played a central role in convening the first Industry Engagement Day at the 7th Scientific Conference on Medicines Regulation in Africa (SCoMRA VII) in Mombasa, as regulatory harmonisation moved from AUDA-NEPAD's African Medicines Regulatory Harmonization (AMRH) Programme to the African Medicines Agency (AMA). Our Grants team closed out four grants, each with all the agreed deliverables achieved and clean financial reports.

Strengthening our fiduciary management mechanisms

The Governing Council reviewed and approved policies on risk management, procurement, compliance, foreign exchange and anti-money laundering, The APHF's audit readiness, information communication and technology (ICT) systems and grants processes were strengthened; and our leadership team grew, with the process for the recruitment of a new Chief Executive Officer (CEO) initiated and a Head of External Relations and Resource Mobilisation onboarded.

1 Rwanda, Tanzania, Zambia, Ethiopia, Eswatini, Lesotho, Namibia, Botswana, Kenya, Somalia, South Sudan

Payroll management for seconded staff: By December 2025, APHF was managing the payroll of 60 staff who are seconded to the Africa Centers for Disease Prevention and Control (Africa CDC).

Challenges

Not every relationship moved in our favour: a promising discussion with Pfizer was discontinued following the abrupt withdrawal of US funding, setting back months of collaborative engagement held with the pharmaceutical company. The lesson we take into 2026 is that a consortium-based model, rather than bilateral arrangements, is better suited for pharmaceutical partners.



Looking ahead

The APHF has developed the foundational systems and policies for due diligence and has achieved clean, unqualified audit outcomes in recent reports. This “audit-proof” record is a platform for future growth and for meeting heightened donor scrutiny. To support expansion, APHF will maintain credible structures and systems for resource mobilization, accountability, grant management, donor reporting and feedback, human resources, administration, operations and sustainable financing.

A central goal moving forward in 2026 is to develop the 2027–2031 strategy that is informed by the changing global health landscape, the Accra Reset, reforms to the global health architecture and the Africa CDC Health Security and Sovereignty Agenda. The APHF, the Africa CDC and other partners will co-create fundraising and grant-making proposals based on their strategic priorities. For APHF, six strategic pillars will guide our next phase, namely:

- **Institutional excellence:** We will ensure robust institutional capacity, strengthen monitoring, evaluation, accountability and learning systems, and ensure effective leadership, governance and fiduciary excellence through agile grant management and fiduciary services.
- **Collaboration and diversified partnerships:** We will expand collaboration across the private sector, philanthropy, bilateral donors and multilateral donors.
- **Resource mobilization and sustainable financing:** We will adopt novel resource mobilization approaches, including endowment funds, pooled funds, solidarity funds, diaspora networks and catalytic financing models.
- **Health systems resilience:** We will mobilize investment for epidemic preparedness, response and resilience; climate-resilient primary health care; National Public Health Institutes; health and care workforce development; and One Health, vulnerability, pathogen and genomic surveillance.
- **Neglected diseases, conditions, events and challenges:** Raise investment for mental health, sickle cell disease and inherited blood disorders, zero-dose immunization, patient safety and supporting the implementation of health in the humanitarian-development-peace nexus.
- **Science, innovation, research and development and health sovereignty:** APHF will mobilize investment to support Africa-led research and development, regional and continental manufacturing, secure supply chains, human-resource capacity, digital health and health intelligence.

Finally, in 2026 we will move from managing individual grants and donor relationships towards managing one coherent institutional portfolio, and we will offer private sector partners a structured entry to support African public health priorities, grounded in country ownership.

I thank the Governing Council, the Africa CDC, our donors and partners, and the APHF secretariat for their commitment and trust.



Dr. Francisco F. Songane
Chief Executive Officer, Africa Public Health Foundation

Who We Are

Our Role

APHF occupies a distinctive position in Africa's public health ecosystem. Our role enables us to work across sectors, bringing together a diverse range of stakeholders and funding partners. As a non-implementing organisation, we focus on mobilising and channelling financial and non-financial resources towards Africa's most pressing public health priorities. As an independent, non-governmental organisation, we help bridge the interests of governments, donors, philanthropic organisations and the private sector, while supporting transparent and accountable resource allocation with no risk of conflict-of-interest concerns.

Mobilise

We identify critical public health priorities and mobilise financial and non-financial resources to address them. Drawing on strong relationships with global donors and national, regional and continental institutions, we help align resources with Africa's public health needs.

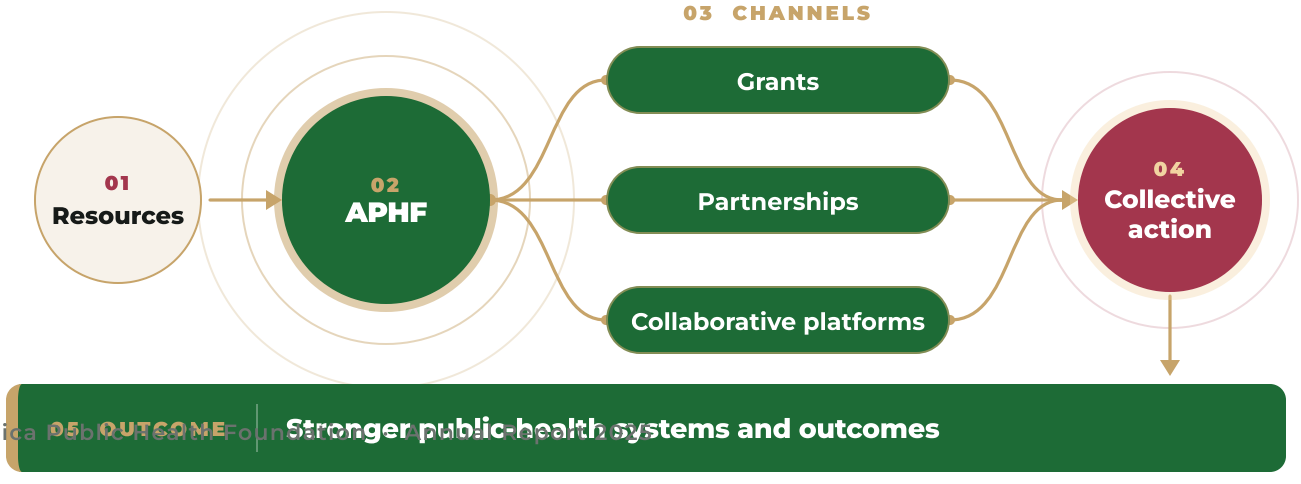
Manage

We provide effective grant and fiduciary management, ensuring that resources are allocated, managed and monitored responsibly and reach the intended priorities and partners.

Connect

We curate platforms that bring together governments, funders, technical organisations, civil society, researchers, academics and other stakeholders in order to strengthen partnerships, align efforts and advance collective action on shared public health priorities.

HOW APHF WORKS



IMPACT MODEL

Turning resources into lasting public health impact

Africa's public health challenges demand more than funding alone. They require resources to be mobilised strategically, channelled to the right priorities, and deployed through partnerships that can translate investment into meaningful and lasting change.

APHF works at this intersection. By mobilising funding, managing grants and convening partners across the public, private and philanthropic sectors, we help connect resources with Africa's most pressing public health needs.

Our impact model illustrates how these activities work together to create value: from the resources we mobilise and the partnerships we enable, to the programmes we support and the health outcomes we help advance.



> *A safer, healthier, productive and prosperous Africa – where every national health system can meet the needs of over one billion citizens.*

Africa Public Health Foundation

Who We Are

OUR VISION

A safer, healthier, productive and prosperous Africa.

OUR MISSION

Forge partnerships and mobilise resources and investments for critical African public health initiatives in support of the Africa CDC and **African Health Security and Sovereignty Agenda.**

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**

PART B **OUR YEAR**

Looking Back on 2025

The year in review 2025: A Funding Shock for Africa's Health Systems

In 2025, the global health financing landscape shifted dramatically. From February, major changes in bilateral, multilateral and philanthropic funding triggered a sharp contraction in financial support for global public health. The World Health Organization (WHO) and health partners worldwide reported funding reductions of between 30% and 40%, creating unprecedented uncertainty across the sector.[2]

The effects were felt most acutely in Africa, where around 23% of total health expenditure continues to rely on external financing for essential public health functions, although the share varies between countries.[1] The scale of the impact was stark:

US$4 billion

Estimated reduction in United States Agency for International Development (USAID) health programme funding across 44 African countries.

70% decline

Africa CDC estimated that external health assistance to the continent fell by around 70% between 2021 and 2025.[1]

US$13 billion

Estimated development assistance for health in Africa in 2025, down from US$25.8 billion in 2021.

71% of African countries

Reported interruptions to critical health programmes.

For many health programmes, the sudden withdrawal of donor funding put immediate pressure on services and placed hard-won public health gains at risk.

The consequences went beyond the loss of funding itself. As the pool of resources shrank, competition for what remained intensified, and donors became more selective, placing greater weight on strategic alignment, demonstrable results and sustainable approaches to financing and delivery. Three priorities came into sharper focus:

1 Africa Centres for Disease Control and Prevention. *Financing Africa's Health Security and Sovereignty: A Health Financing Reform Handbook for African Union Member States.* 2026.

2 WHO. *WHO issues guidance to address drastic global health financing cuts.* 2025.

- **Sustainable financing:** greater emphasis on domestic resource mobilisation and more resilient funding models.
- **African leadership:** growing demand for locally led solutions grounded in regional expertise and national priorities.
- **Collective action:** a stronger imperative for institutions, funders and public health actors to coordinate, align resources and avoid fragmented efforts.

Together, these shifts reinforced the importance of robust African institutions that can connect resources with expertise, convene partners around shared priorities and turn collaboration into action.

How APHF responded

For APHF, 2025 was a year of deliberate organisational strengthening. Strengthening our role as a trusted, neutral intermediary coordinating private-sector engagement in support of public health priorities across Africa. We continued to manage a diverse portfolio of grants for Africa CDC, closed out four grants, and invested in the governance, systems and people that as a growing institution, APHF needs. A particular focus was refining the platforms that underpin our hosting and fund management services, which are critical enablers of the innovative business model set out in the 2024–2026 mid-term strategy.



Industry Engagement Day on the Continental Listing and Future Initiatives, Mombasa, Kenya, 10 November 2025.

Across the continent, the year also marked a turning point in medicines regulation. Regulatory harmonisation moved from AUDA-NEPAD's African Medicines Regulatory Harmonisation (AMRH) Programme to the African Medicines Agency (AMA), a transition made official at AUDA-NEPAD's biennial scientific conference in Mombasa, Kenya. In the run-up, APHF was at the centre of consultations with AUDA-NEPAD, WHO Kenya and Roche Diagnostics, which concluded that the Foundation was best placed to lead industry engagement on regulatory harmonisation without compromising impartiality. As a result, APHF managed private-sector sponsorship funds on behalf of AUDA-NEPAD for the Seventh Biennial Scientific Conference on Medical Products Regulation in Africa (SCoMRA VII).

A SETBACK

Not every relationship moved in our favour. As already mentioned, the Pfizer collaboration, under discussion for several months, was withdrawn early in the year following major changes in United States foreign aid. Although disappointing, the withdrawal underlined how fragile health funding in Africa remains, and it reinforced the case for diversifying portfolio and having in place more robust system.

Resource Mobilisation and Partnerships

Building capacity, connecting partners and creating pathways

Mobilising resources is at the heart of APHF's role in advancing public health across Africa. We bridge the gap between the resources available across the public, private and philanthropic sectors and the continent's most pressing health challenges, and we work to broaden the base of support for African public health through new forms of collaboration and investment.

Relationships are at the centre of this approach. We cultivate, build, strengthen and steward relationships with prospective and existing donors, implementing partners and other stakeholders. We identify emerging priorities and funding opportunities, develop compelling investment cases and bring stakeholders together around shared objectives, and we support implementation and track results. In a rapidly changing global financing landscape, this matters more than ever. The aim is not only to mobilise additional resources, but also to align funding with African priorities and support more coordinated, sustainable approaches to financing health.

In 2025, APHF focused on strengthening the capacities needed to do this work well. A US$1 million support grant from the Gates Foundation focused on strengthening organisational capacity, sustainability and adaptability in a challenging funding environment. This grant supported key staff positions, general operations and stronger governance, and gave us a more resilient foundation for future growth. We also enhanced our digital infrastructure and operational systems, streamlining internal processes including the resource mobilisation pipeline and donor stewardship practices.

With this foundation, we deepened relationships across government, philanthropy and the private sector. Public and institutional stakeholders engaged during the year included Africa CDC, at headquarters level and with its Regional Coordinating Centres; the African Union Development Agency–NEPAD (AUDA-NEPAD); the African Medicines Agency (AMA); The END Fund; and WHO Kenya. In the private sector, we worked with Africa Health Business (AHB) and with pharmaceutical and health technology partners Roche, Novartis, Novo Nordisk, MSD, Qiagen, IQVIA and Pfizer.

The results reflect this investment. APHF mobilised over US$8 million in 2025, of which over US$6 million was new funding.

Over US$8M
Mobilised in 2025

Over US$6M
New funding

Funding by thematic area

Non-communicable diseases (NCDs)	**US$2.4 million**
Emergency preparedness	**Over US$1.3 million**
Cholera genomics	**Over US$600,000**
Neglected tropical diseases (NTDs)	**Over US$300,000**

APHF's work with AUDA-NEPAD on the Seventh Biennial Scientific Conference on Medical Products Regulation in Africa (SCoMRA VII) shows how capacity, partnerships and resources came together. APHF provided fiduciary services for the conference and coordinated private-sector contributions. Through its role on the Resource Mobilisation Sub-committee, it helped secure four private-sector sponsorships worth US$53,000, which supported delivery of the conference and showed that industry engagement can be turned into tangible financial support.

Mobilising funds was only part of the contribution. APHF also convened the SCoMRA VII Industry Day on 10 November 2025, bringing together pharmaceutical, diagnostics and health technology companies, including Roche, Novartis and Novo Nordisk. The day gave industry a dedicated platform to consolidate its perspectives. Participants kept up dialogue with African Union institutions during the transition from the African Medicines Regulatory Harmonisation (AMRH) initiative to the AMA and identified opportunities for more coordinated private-sector contributions to Africa's regulatory and public health priorities.

The conference, held in Mombasa under AUDA-NEPAD's AMRH initiative, drew more than 400 participants from AU institutions, WHO AFRO, the European Medicines Agency, the AfCFTA Secretariat, national regulatory authorities, academia, industry and development partners. Our visible role there raised APHF's profile among key continental and international stakeholders and reinforced its position as a credible intermediary for resource mobilisation, fiduciary management and cross-sector collaboration. It also laid the foundation for an ongoing institutional partnership with AUDA-NEPAD, including fiscal hosting arrangements in 2026.

SCoMRA VII also opened a new door. APHF had an initial introductory meeting with the AMA's Director General, during her first public engagement after taking office.

This was an early contact, and work is under way to establish formal engagement mechanisms during 2026. The relationship matters to our private-sector engagement model. Regulatory authorities play a decisive role at country level, so a bridge to the AMA offers a pathway for connecting pharmaceutical and health technology partners with continental regulatory priorities and with the national authorities that implement them. Formalising it remains a priority for 2026.

Together, these achievements reflect APHF's commitment to strengthening its institutional capacity, expanding its network of partners and mobilising resources for Africa's most pressing public health priorities.

SCoMRA VII AT A GLANCE

400+
Participants in Mombasa

4
Private-sector sponsorships secured

US$53,000
Sponsorship funds managed by APHF

FROM SCoMRA VII TO 2026

01 **Industry Day, 10 November 2025**
APHF convened pharmaceutical, diagnostics and health technology companies, including Roche, Novartis and Novo Nordisk.

02 **Introduction to the AMA**
An initial meeting with the AMA's Director General during her first public engagement after taking office.

03 **Partnership with AUDA-NEPAD**
An ongoing institutional partnership, including fiscal hosting arrangements in 2026.

Grants Management and Programme Delivery

The Grants Department ensures that resources entrusted to APHF are effectively mobilised, managed, monitored and used to deliver measurable public health impact across Africa.

In 2025 its work spanned the full grant cycle, from development, budgeting and contracting to disbursement, monitoring, financial and donor reporting, risk management, compliance, close-out and learning.

A major success of the year was the continued shift of grants management from a largely transactional role towards a strategic function that supports programme delivery, financial stewardship, risk management, organisational learning and sustainability. During the year the department closed out four grants, achieving all agreed deliverables and concluding each with a clean financial report.

Strengthening fiduciary oversight

Oversight was strengthened across the grant lifecycle. Reviews of grant budgets and expenditure requests were tightened, grant utilisation and budget performance were monitored more closely, and documentation requirements for implementing partners were strengthened. Greater emphasis on budget-versus-actual analysis helped identify underspending, overspending risks and possible reallocations early. The approved grants management manual was applied, along with risk management approaches, payment processes and other controls, creating more consistent practice across the organisation.

Donor reporting and accountability

The department coordinated timely financial and grant reporting to donors and partners, working with technical and finance teams to reconcile financial and programme information so that reports gave donors a credible picture of both resource use and technical performance. Stronger reporting-built donor confidence and supported continued funding relationships.

Oversight of implementing partners

APHF manages multiple implementing partners across countries and institutional settings. In 2025, partner oversight combined financial reviews, budget monitoring, documentation and expenditure checks with follow-up on compliance and reporting and placed more emphasis on capacity strengthening alongside compliance. Examples from the year include facilitating due diligence for the Zambia National Public Health Institute and supporting implementation and sub-award administration for the CholGen project.

4 Grants closed out in 2025, each with all agreed deliverables achieved and a clean financial report.

Our donors and financing partners

In 2025 the Grants Department supported grant management and accountability relationships with the Gates Foundation, the Conrad N. Hilton Foundation, the European Union/HERA, the Novo Nordisk Foundation and The End Fund.

Programmes in the front line

Working with Africa CDC, AFENET, national public health institutes, national and regional laboratories, and civil society and technical organisations, APHF helped mobilise and manage resources for programmes on disease prevention and outbreak preparedness, cholera genomic surveillance, non-communicable diseases, clinical research and trials, health workforce development, laboratory systems, data and health information systems, and regional health security.



GRANTS UNDER MANAGEMENT IN 2025

Grant Portfolio

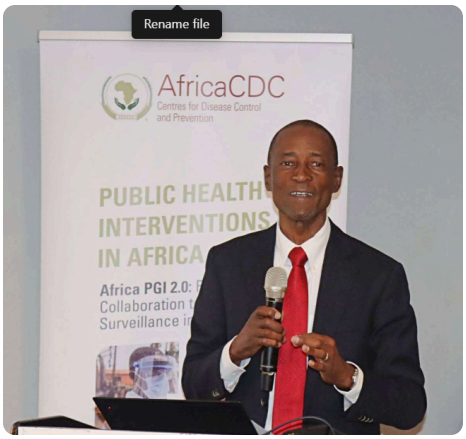
NO.	GRANT NAME	DONOR	COUNTRIES	STATUS
1	**Support to Africa CDC RCC and RISLNET in West and Central Africa**	Gates Foundation	West Africa & Central Africa Regions	ACTIVE
2	**Africa PGI - CholGen: Cholera Genomics Consortium II**	Gates Foundation	Uganda, Democratic Republic of Congo, Nigeria, Cameroon, Malawi, Mozambique and Zambia	ACTIVE
3	**Africa Clinical Trial Ecosystem Coordination**	Gates Foundation	All Africa Union Member States	ACTIVE
4	**Cholera genomics planning grant (for full proposal)**	Gates Foundation	Uganda, Democratic Republic of Congo, Nigeria, Cameroon, Malawi, Mozambique and Zambia	CLOSED
5	**Resource mobilization support for Africa CDC and APHF**	Conrad N. Hilton Foundation	All Africa Union Member States	CLOSED
6	**COVID-19 vaccine roll-out - Phase 2**	Conrad N. Hilton Foundation	All Africa Union Member States	CLOSED
7	**The Africa Pathogen Genomics Institute (PGI) Integrated Genomic Surveillance for Outbreak Detection**	EU - HERA - European Health and Digital Executive Agency (HADEA)	It engages 12 key institutions, including 4 regional genomics hubs (South Africa, Uganda, DRC, and Senegal) and 8 NPHIs/NRLs across Zambia, Malawi, Comoros, Tanzania, Cameroon, Republic of Congo, Burkina Faso, and Mali.	ACTIVE
8	**Joint Emergency Action Plan - Africa CDC**	Gates Foundation	All Africa Union Member States	ACTIVE
9	**Enhancing public health workforce capacity for NCD surveillance in Africa**	Novo Nordisk Foundation	Botswana, Ethiopia, Eswatini, Lesotho, Namibia, Kenya, Rwanda, Tanzania, Somalia, South Sudan, Zambia	ACTIVE



Klebsiella and E. coli training at the International Livestock Research Institute.



Cholera genomics bioinformatics training at the Central Public Health Laboratories, Uganda.



Dr. Francisco F. Songane, Member of the council and interim CEO 2024-2025, keynote speaker, Africa PGI Annual Meeting, Lusaka.

THE DIRECTION OF TRAVEL

APHF's Grants Department is more than a financial control function.

Beyond managing and ensuring resources are deployed responsibly; the department is making a shift towards data intelligence, insight, risk management and informed decision-making. To support this, it is progressing towards an ERP-based grants management module that will improve visibility and automation.

PART C **SPOTLIGHTS**

NOVO NORDISK FOUNDATION

Donor Spotlight

DONOR	Novo Nordisk Foundation
PROJECT NAME	Strengthening Public Health surveillance and Resilient Knowledge for NCDs in Africa (SPARKS)
GRANT AMOUNT	USD 2,650,051
DURATION	Two years [1st August 2025 to 31st July 2027]
COUNTRIES	11 AU Member States [Botswana, Ethiopia, Eswatini, Lesotho, Namibia, Kenya, Rwanda, Tanzania, Somalia, South Sudan, Zambia]

Introduction

This contract with the Novo Nordisk Foundation (NNF) was negotiated and signed in 2025, formalising a partnership that had been under discussion since mid-2024. Those discussions began when NNF was looking for an organisation to support its engagement with Africa CDC. APHF offered the mechanism through which NNF could work with Africa CDC, combining fiduciary and grant management capacity with an established institutional relationship. The proposal was developed jointly by APHF and Africa CDC, in close collaboration with NNF, so that it reflected the priorities of all three partners.

Objectives

The overall objective of the programme is to enhance the capacity of 11 countries across Eastern and Southern Africa to conduct non-communicable disease (NCD) surveillance over two years beginning August 2025.

The programme focuses on strengthening the full surveillance cycle at the subnational level, where NCD burden is first detected and where the response is delivered. Strengthening the workforce at this level to improve how data is collected, analysed, interpreted and used, so that district and regional health teams can identify trends, target resources and act on evidence.

The programme also supports the integration of NCDs into primary and secondary healthcare services, so that surveillance connects to care. This links what is learned from the data to what happens in health facilities, from early detection through to continuity of care.

Taken together, these efforts aim to give participating countries lasting, locally owned capacity for NCD surveillance, and to provide Africa CDC and national institutions with better evidence for planning, policy and investment.

SPARKS AT A GLANCE

USD 2.65M
Grant amount (USD 2,650,051)

2 years
1 August 2025 to 31 July 2027

11
AU member states

PARTICIPATING COUNTRIES

Botswana · Ethiopia · Eswatini · Lesotho · Namibia · Kenya · Rwanda · Tanzania · Somalia · South Sudan · Zambia

Subnational surveillance

Workforce and data use

NCDs in primary and secondary care



Programme in Focus: CholGen

PROGRAMME	Cholera Genomics Consortium II (CholGen)
FUNDER	Gates Foundation
GRANT AMOUNT	USD 4,995,205
DURATION	01/12/2022 to 31/12/2025
PARTNERS	Africa CDC (through Africa PGI), Johns Hopkins University and participating national laboratories
COUNTRIES	Started with Nigeria, DRC, Mozambique, Cameroon and Uganda; expanded to 7 Member States after inclusion of Malawi and Zambia

Why it matters

Cholera remains a serious public health problem in parts of Africa. Whole-genome sequencing of Vibrio cholerae helps trace where outbreaks emerge and spread, but genomic surveillance has been largely unused for this purpose in affected regions. CholGen builds sustainable capacity in participating countries to generate standardised sequencing data and use it for public health decisions.

Objectives

- Use stored Vibrio cholerae isolates to build sustainable genomic surveillance capacity in the participating countries.
- Identify gaps and strengthen cholera testing, sequencing and data management capacity.
- Improve skills and knowledge about how cholera spreads between outbreaks, within and between countries.

What we achieved

382

Isolates sequenced by the 2024 report, shared with Africa CDC

The Cholera Genomics Consortium in Africa (CholGen project) is a collaborative initiative between Africa Public Health Foundation (APHF), the Africa Centres for Disease Control and Prevention (Africa CDC)'s Africa Pathogen Genomics Initiative (Africa PGI) and The Johns Hopkins University (JHU), alongside seven African Union (AU) member states namely the Democratic Republic of Congo, Mozambique, Uganda, Cameroon, Malawi, Zambia, and Nigeria.

The project funded by the Gates Foundation, the project aims to strengthen genomic surveillance, foster partnerships, and facilitate knowledge sharing to enhance regional genomic capacity. This project is a flagship initiative of the Africa CDC to build and strengthen resilient, integrated, proactive, and sustainable, molecular diagnostic, genomic surveillance and epidemiology ecosystem in Africa.

The project supported advocacy for stronger cholera surveillance, sequencing of stored isolates at regional hubs and national laboratories (382 isolates by the 2024 report, shared with Africa CDC), technical supervision visits, bioinformatics support using the Terra pipeline, and a review of surveillance systems by the Surveillance Working Group. In 2025 APHF supported project implementation and sub-award administration, and a cholera genomics bioinformatics training took place at the Central Public Health Laboratories in Uganda.



Cholera Genomics Consortium (CholGen) panel session



Kampala, Uganda

Lessons and what comes next

Supervision visits in 2024 showed wide differences in the share of archived isolates that laboratories could recover, and Africa CDC connected weaker laboratories with Nigeria's NCDC for support.

PART D **INSIDE APHF**

Operations: Building a Strong Foundation

Financial management, audit and compliance

During FY2025, APHF undertook a comprehensive annual audit process, including audit planning, evidence compilation, financial statement preparation, tax compliance reviews, grant reconciliations, and external auditor engagement. The organization coordinated extensive audit support documentation, reconciled grant balances, addressed indirect cost allocation queries, and worked through complex financial statement presentation matters to support completion of the audit process. Key efforts included strengthening grant accounting practices, improving financial reporting quality, and enhancing documentation readiness for donor and statutory reviews.

Notable operational improvements included:

- Consolidation and reconciliation of financial records.
- Strengthened grant budget tracking and indirect cost allocation methodologies.
- Enhanced audit preparedness through structured document management and evidence-sharing processes.
- Resolution of tax and withholding-tax compliance matters to support audit closure.

Digital transformation

Through a managed IT services partnership, APHF worked in 2025 to improve the reliability, collaboration, security and efficiency of its ICT platforms. Key interventions were SharePoint enhancements and intranet modernisation, Business Central workflow improvements and automation, external document sharing for audit and collaboration, Microsoft 365 administration and licence management, device support and standardisation, Azure and cloud-services maintenance, and security and compliance improvements.



APHF's integrated digital workplace

Policies and administration frameworks

The Governing Council approved updates of core policies and management systems during the year: Risk Management frameworks, Procurement Policy, and approved a Compliance Management Manual, a Foreign Exchange Policy, and Anti-Money Laundering and Anti-Terrorism controls, together with operating procedures that support donor accountability and audit readiness. Work was also undertaken for the refinement of procurement and operational processes, specifically standardization of procurement procedures, vendor management, improvement of compliance in contract administration, while supporting rising programme activity.

Grants management and due diligence

An additional operational focus in FY2025 was strengthening grant administration and partner due diligence. APHF supported grant implementation across multiple countries while reinforcing compliance requirements for sub-awardees and implementing partners. This included due diligence for the Zambia National Public Health Institute, support for CholGen implementation and sub-award administration, grant agreement management and partner onboarding, review of investment and grant budget documentation, and stronger controls on partner verification and payment authorisation. These measures strengthened fiduciary oversight and reduced the operational risk of partner funding arrangements.

POLICIES APPROVED BY THE GOVERNING COUNCIL IN 2025

01	02	03	04	05
Risk Management Frameworks	**Procurement** Policy	**Compliance Management** Manual	**Foreign Exchange** Policy	**Anti-Money Laundering & Anti-Terrorism** Controls
UPDATED	UPDATED	APPROVED	APPROVED	APPROVED

OUTCOME | **Operating procedures that support donor accountability and audit readiness**

People and Culture

Leadership and talent

The People and Culture team's main priorities in 2025 were supporting the recruitment of the CEO and onboarding the Head of External Relations and Resource Mobilisation. The new Head of External Relations and Resource Mobilisation completed onboarding in full, further strengthening APHF's leadership, capacity for growth, visibility, partnerships and resource mobilisation.



Ky'okusinga Kirunga
Head of External Relations and Resource Mobilisation

Expanding APHF's Operational support to Africa CDC under the Africa CDC Staff Secondment Programme

Throughout 2025, APHF have worked closely with the Africa CDC Human Resources team to explore how it could extend additional institutional support through running payroll for Africa CDC. These discussions delivered an initial trial of approximately 60 secondment contracts signed in December 2025.

~60
Secondment contracts signed in December 2025

Managing secondment contracting and payroll demonstrated that APHF's lean team and enhanced systems can successfully deliver this function while reinforcing its operational capacity and fiduciary capabilities. The experience further strengthened APHF's credibility as a fund management and administrative services partner, building confidence among prospective partners in the value of its systems and platforms. Further to this also opened up a potential revenue stream beyond traditional grant management, contributing to the diversification of APHF's income. The model is expected to expand in 2026 as APHF extends its systems and processes to accommodate this growing area of institutional support.

The main challenge during implementation was establishing clarity on the scope and requirements of the contracts to be administered. The team found that brief, focused calls were more effective in resolving questions than lengthy email exchanges. A key lesson was therefore the importance of holding structured kick-off meetings at the outset of new assignments to clarify expectations, responsibilities and processes, enabling smoother implementation from the start.

Culture and wellbeing

Staff engagement throughout the year included happy hours and team lunches, and a team retreat and end-of-year party at Lerruat Resort, which gave the team space for team building, reflection and recognition of staff contributions. Health and wellness talks and financial wellness sessions supported staff wellbeing and financial literacy. Interns took part in all of these activities, reinforcing APHF's commitment to inclusion and professional development. By ensuring all staff had equal opportunities to take part, the team fostered collaboration and a sense of belonging.



Team retreat at a resort



Team retreat at a resort



Team retreat at a resort

> **Behind every organizational achievement is a connected team. No department succeeds in isolation. Like links in a chain, each team contributes to the Foundation's overall impact.**
>
> **People and Culture**

PART E **LOOKING AHEAD AND ACCOUNTABILITY**

Looking Ahead: 2026 Priorities

01 **Strengthen**	Continue strengthening APHF's internal systems, including governance, grants management, finance, risk management, human resources management, and donor engagement as strategic institutional enablers.
02 **Steward**	Strategically reposition APHF moving from a primarily grant-dependent organisation to a diversified African health financing and investment institution.
03 **Mobilise**	Strengthen strategic partnerships and resource mobilisation by deepening relationships with Africa CDC, AU institutions, WHO and regional health organisations while developing new partnerships with pharmaceutical companies, development banks, research institutions, academia and the private sector.
04 **Sustain**	Enhance employee engagement, staff wellbeing, learning and development, and foster a high-performing, inclusive workplace culture.

Grateful to Our Partners

We thank all the partners who supported our work in 2025.

Donors and financing partners

Private-sector partners

Companies engaged in 2025: Haleon Group, Uppsala Monitoring Center, Extedo, U.S Pharmacopeia.



APHF thanks its Governing Council, Africa CDC, its donors and partners.

The APHF Governing Council

The APHF Governing Council provides the strategic oversight, governance and advocacy that underpin the Foundation's credibility and long-term success. It offers guidance, ensures accountability, and uses its networks to open doors and build trust with global health institutions, governments and private-sector partners. Africa CDC attends Council meetings in an advisory, non-voting protector role.

Our Council members



Dr Bernard Haufiku
Founder and Chair



Amb. Dennis Awori
Deputy Chair



Dr. Francisco F. Songane
Member and interim CEO 2024-2025



Dr Edem Adzogenu
Member



Mr Alain Ah-Sue
Member



Mrs Steffi Barandereka Nineza
Member (joined 2024)

COUNCIL MOVEMENTS

Ambassador Dennis Awori was appointed Chancellor of USIU-Africa.



Ambassador Dennis Awori,was appointed as the Chancellor of the United States International University-Africa (USIU-Africa) for a term of five years effective April 10, 2025. The installation ceremony took place on June 13, 2025 at the University grounds. The Board of Trustees of USIU-Africa announced his appointment to the university community on May 14, 2025 citing it as a significant milestone in the realization of USIU-Africa's vision of being the premier institution of academic excellence with global perspective. In this historic event where the Chancellor and Vice Chancellor were installed on the same day, this prestigious appointment recognizes Amb. Awori's lifelong dedication to leadership, diplomacy, and education, further cementing his legacy as a transformative figure in Africa's development.

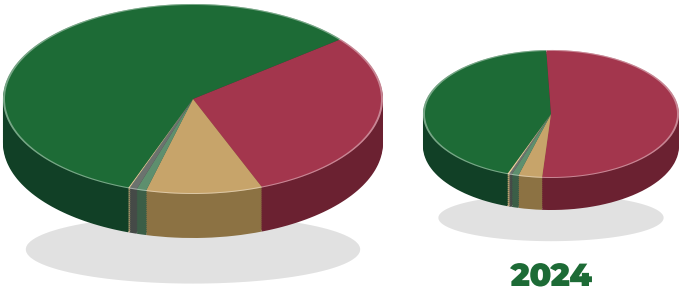
FINANCIAL STATEMENTS

Statement of Activities

For the year ended 31 December 2025

USD	Notes	2025	2024
INCOME			
Grant Income	9	6,605,877	6,800,100
EXPENDITURE			
Salary and related staff costs		655,637	204,888
Audit Fees		6,555	13,414
Professional Fees	10(i)	54,834	59,156
Sub-Grant	10(ii)	1,974,648	3,516,022
Administration Fees	10(iii)	3,872,234	2,982,265
Bank Charges		41,969	24,355
Total expenditure		**(6,605,877)**	**(6,800,100)**
Net results for the year		**–**	**–**

How grant income was applied



2025
USD 6.61M

2024
USD 6.80M

SHARE OF EXPENDITURE	2025	2024
Administration fees	**58.6%**	43.9%
Sub-grant	**29.9%**	51.7%
Salary and related staff costs	**9.9%**	3.0%
Professional fees	**0.8%**	0.9%
Bank charges	**0.6%**	0.4%
Audit fees	**0.1%**	0.2%

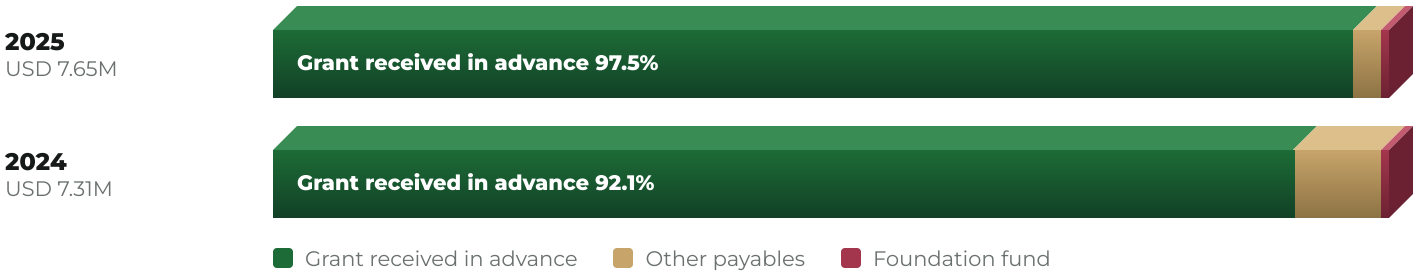
FINANCIAL STATEMENTS

Statement of Financial Position

As at 31 December 2025

USD	Notes	2025	2024
CURRENT ASSETS			
Prepayments	5	300	300
Cash and cash equivalents	6	7,644,881	7,311,561
Total current assets		**7,645,181**	**7,311,861**
CURRENT LIABILITIES			
Other payables	8	194,207	578,078
Grant received in advance	9	7,450,874	6,733,683
Total current liabilities		**7,645,081**	**7,311,761**
Net Assets		**100**	**100**
FUND			
Foundation fund	7	100	100
Total Fund		**100**	**100**

What funds the balance sheet



CASH AND CASH EQUIVALENTS

7,644,881

2024: 7,311,561

▲ 4.6%

GRANT RECEIVED IN ADVANCE

7,450,874

2024: 6,733,683

▲ 10.7%

OTHER PAYABLES

194,207

2024: 578,078

▼ 66.4%

FINANCIAL STATEMENTS

Statement of Changes in Equity

For the year ended 31 December 2025

USD	Foundation fund	Total
At 01 January 2024	100	100
Net results for the year	–	–
At 31 December 2024	**100**	**100**
At 01 January 2025	100	100
Net results for the year	–	–
At 31 December 2025	**100**	**100**

Key observations across the financial statements

1 Income

Grant income was USD 6,605,877 in 2025, compared with USD 6,800,100 in 2024, a decrease of 2.9%. All income was applied to expenditure, giving a net result of nil for both years.

2 Expenditure mix

Administration fees were the largest expense at USD 3,872,234 (58.6%), up from 43.9% in 2024. Sub-grants were USD 1,974,648 (29.9%), down from USD 3,516,022 (51.7%).

3 Staff costs

Salary and related staff costs were USD 655,637, up from USD 204,888 in 2024.

4 Liquidity

Cash and cash equivalents rose 4.6% to USD 7,644,881, fully covering current liabilities of USD 7,645,081 together with prepayments.

5 Grants in advance

Grants received in advance rose 10.6% to USD 7,450,874 and make up 97.5% of current liabilities. Other payables fell 66.4% to USD 194,207.

INDEPENDENT AUDITOR

Baker Tilly

Licensed by FRC · 04 November 2026

APPROVED BY THE COUNCIL

Dr. Francisco Songane
Mario Alain Chung Chin Ah-Sue

04 November 2026

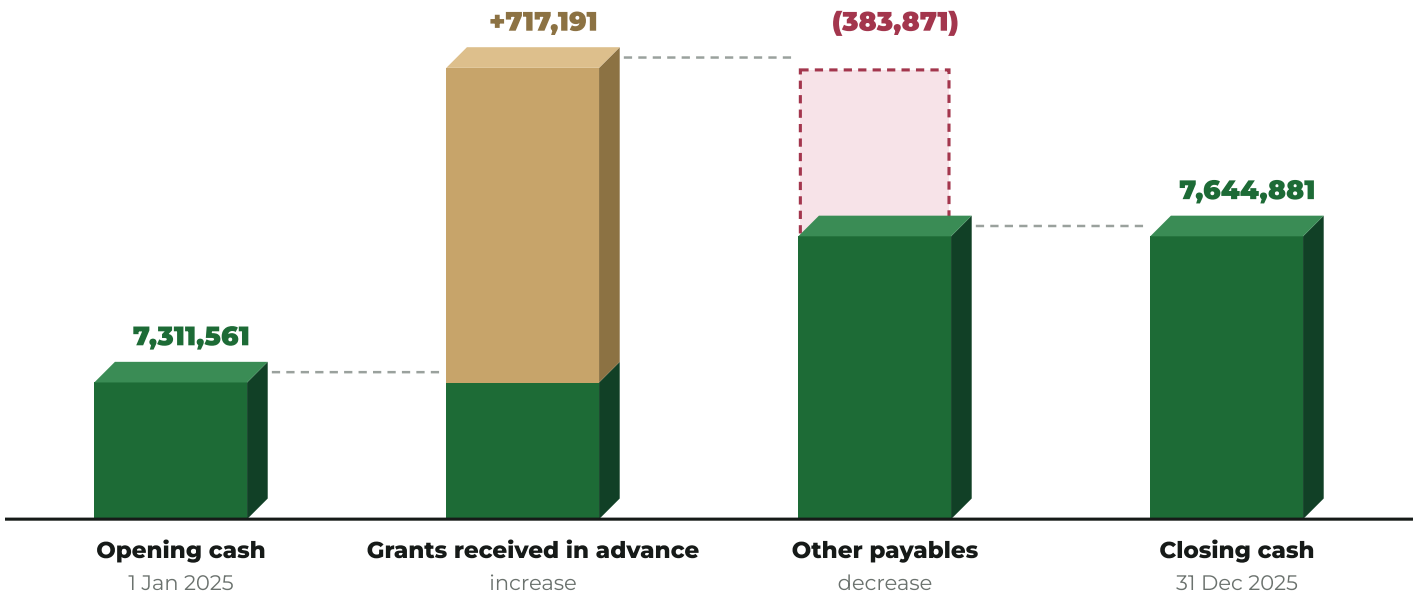
FINANCIAL STATEMENTS

Statement of Cash Flows

For the year ended 31 December 2025

USD	Notes	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES			
Net results for the year		–	–
MOVEMENT IN WORKING CAPITAL			
Increase / (decrease) in grants received in advance	9, 12	717,191	(3,471,218)
(Decrease) / increase in other payables		(383,871)	551,264
Net cash generated from / (used in) operating activities		**333,320**	**(2,919,954)**
Net increase / (decrease) in cash and cash equivalents		333,320	(2,919,954)
Cash and cash equivalents at the beginning of the year		7,311,561	10,231,515
Cash and cash equivalents at the end of the year		**7,644,881**	**7,311,561**

How the cash position moved in 2025



USD. Vertical axis starts at USD 7.0 million.

Acknowledgements

APHF's work is made possible through the commitment, trust and collaboration of a diverse community of partners working to advance public health across Africa.

We extend our sincere appreciation to our funders and donors for their support and confidence in our mission. Their contributions enable resources to be mobilised towards critical public health priorities and help strengthen the institutions and initiatives working to address them.

We are grateful to our strategic and institutional partners, including African regional bodies, national governments and public health institutions, for their leadership, collaboration and shared commitment to African-led public health solutions.

We also recognise our implementing and technical partners, whose expertise, dedication and work on the ground help translate resources into action. Their contributions are essential to the collective effort to strengthen health systems and respond to the continent's public health priorities.

Our thanks extend to the APHF Council and Secretariat team for their stewardship, professionalism and commitment to the Foundation's mission.

Above all, we recognise that progress in public health is a collective endeavour. We value the trust and collaboration of every partner who contributes to this shared ambition, and we look forward to continuing this work together.

Africa Public Health Foundation

WEBSITE: www.aphf.africa

X / TWITTER: @AfricaPHF

LINKEDIN: Africa Public Health Foundation

YOUTUBE: Africa Public Health Foundation