

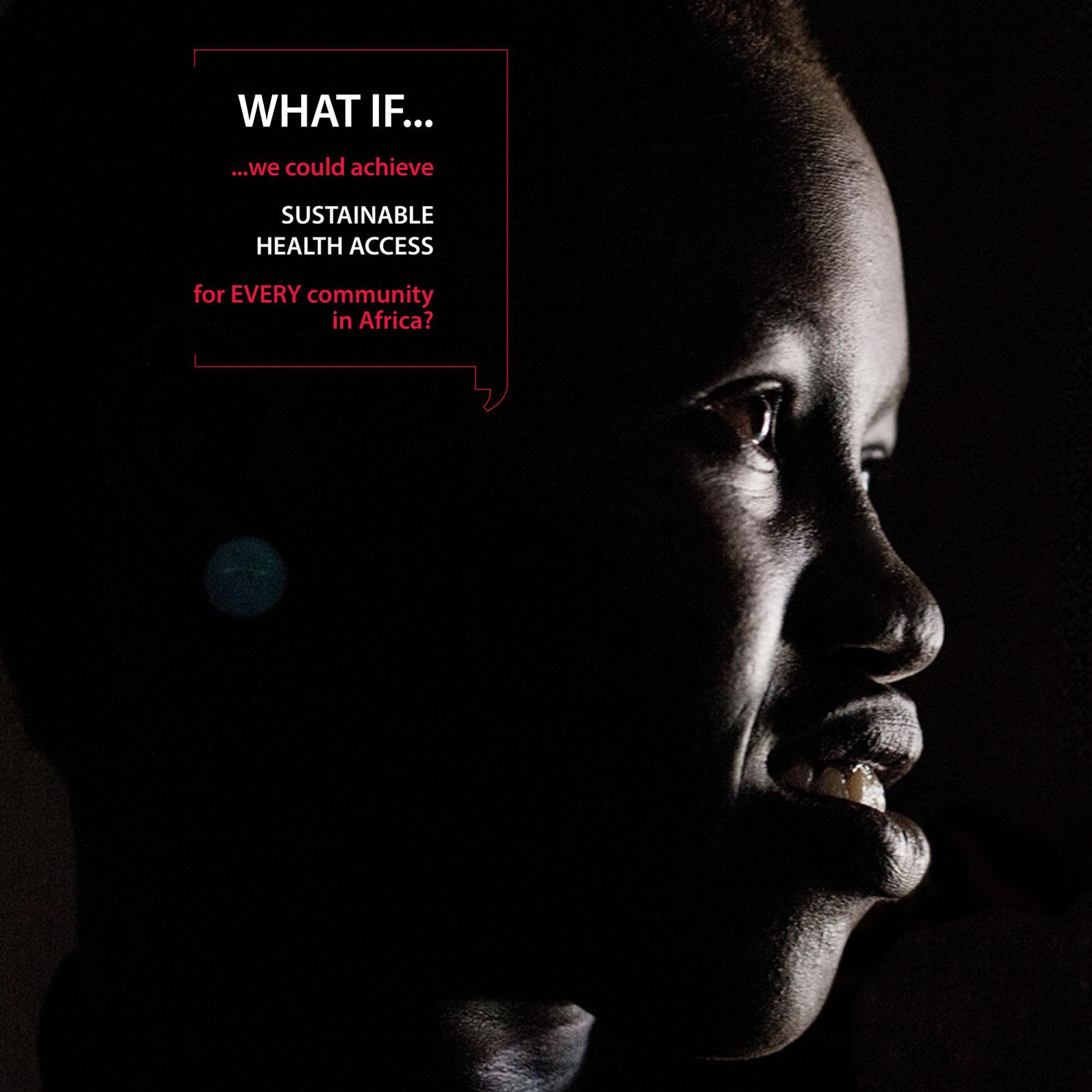
NO TURNING BACK

**ACHIEVING LASTING HEALTH
CHANGE IN AFRICA**

2018-22

STRATEGY HANDBOOK





WHAT IF...

...we could achieve

**SUSTAINABLE
HEALTH ACCESS**

**for EVERY community
in Africa?**

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It is my privilege to share with you Amref Health Africa's Corporate Strategy 2018-2022.

The development of our Corporate Strategy 2018-2022 reflects the distinguished position that Amref Health Africa finds itself in as the leading Africa-based international health development organisation after more than 60 years of experience.

FOREWORD

The intent of our strategy is to ensure that Amref Health Africa remains aligned to its vision of lasting health change in Africa, which will be delivered through our mission to increase access to sustainable health care by communities in Africa through solutions in human resources for health, health service delivery and investments in health.

Though significant gains were made during the Millennium Development Goals (MDGs) era of 2000 to 2015, Africa continues to suffer from systemic weaknesses in health as a result of misaligned and inadequate investments in social determinants of health, such as water and sanitation. In addition, Africa has weak health systems from decades of underinvestment as well as communities that live far from the underdeveloped health care system, both culturally and geographically.

Amref Health Africa recognises that our strategy can only achieve change within the global framework of the post-MDG agenda of Sustainable Development Goals (SDGs), and with partners who are congruently aligned to our vision, mission and values. Partnerships will therefore be critical in the planning, implementation and achievement of our strategy. In all our work, our partnerships begin with African communities.

Our strategy recognises the need to focus on underserved communities, women, children and the youth. At the Africa Health Agenda International Conference (AHAIC) 2017, hosted by Amref Health Africa, the youth issued the clarion call 'Nothing for us without us', underlining the need to harness the demographic dividend by involving them in development and implementation of programmes which affect them.

Our well-known and respected approach to programming that puts communities at the centre of our work is even more relevant now than when we started out in 1957. However, the need to do things differently for better results in a rapidly changing socio-economic environment, shifting demographics and changing disease patterns cannot be overemphasised. Innovation, technological or otherwise, as well as the theme of sustainability, play a very central role in our strategy.

In order to achieve this, it is critical that Amref Health Africa embraces the role of driver of change by creating an efficient internal learning environment. Taking into account the changing development funding landscape and the push by the international community for increased domestic financing we must look for ways of increasing local resources from public and private sectors, and from the communities themselves, in achieving our mission.

Our corporate strategy is the result of lengthy consultations with staff, advisory councils and boards of Amref Health Africa, communities and other partners, and I thank them most sincerely. Their willingness to work together and participate so openly in developing this strategy is a testament to their commitment to ensuring its success.

The achievement of our corporate strategy will require that we are honest about our shortcomings and proactive in addressing concerns when they arise. We must also remain cognisant of the needs and expectations of the communities we partner with, our staff, as well as our partners in the public and private sectors.

Omari Issa
Chair, International Board

ACKNOWLEDGEMENTS



This strategy is the result of a year of intense discussions within and outside Amref Health Africa with the communities we partner with, our staff, partners, and stakeholders in Africa and beyond.

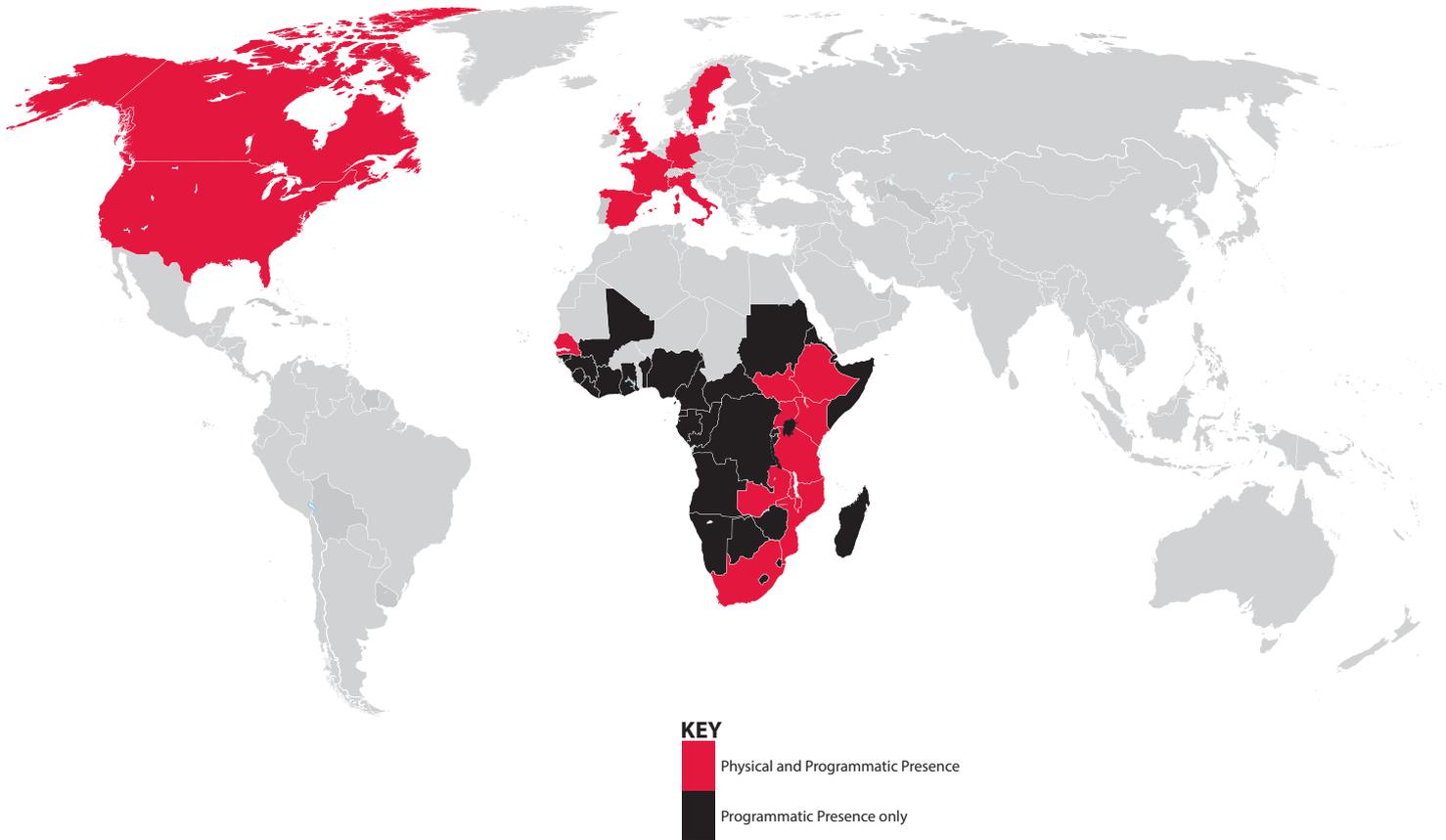
There has been such wide involvement in the strategy development process that it is difficult to thank everyone by name. However, I would like to mention a few who immersed themselves in the strategy development process including the community members and community health workers who provided their insights into the challenges they face and where Amref Health Africa can help; the Better Future team who began the journey with us and have worked with various teams to get and keep the process going; the Senior Management Team and all the Amref Health Africa staff in Africa, Europe and North America, who engaged with the process in a number of ways; members of the Amref Health Africa International Board who provided leadership throughout; and, our partners and stakeholders in the public and private sectors who took the time to speak to us and act as sounding boards.

Last but not least I would like to thank the team of Pathfinders – Agnes Mutinda, Diana Amuhaya, Diana Mukami, Denis Kimathi, Donald Odhiambo, Fatou Gaye, Frasia Karua, George Kimathi, Peter Waiganjo, Shadrack Kirui, and Tezeta Meshesha – drawn from across the organisation, who dedicated their time and effort to get this process completed.

Dr Githinji Gitahi

Group Chief Executive Officer

Amref Health Africa's GLOBAL PRESENCE



EXECUTIVE SUMMARY

Amref Health Africa, headquartered in Kenya, is the largest Africa-based international non-governmental organisation (NGO) currently running programmes in over 35 countries in Africa with lessons learnt over 60 years of engagement with governments, communities and partners to increase sustainable health access in Africa.



Amref Health Africa also incorporates programme development, fundraising, partnership, advocacy, monitoring and evaluation, and communications offices in Europe and North America as well as subsidiaries Amref Flying Doctors, Amref Enterprises and Amref International University.

Our Corporate Strategy 2018-2022 recognises that the next five years will not be business as usual. Globally, the world's attention has progressed from the aid-driven Millennium Development Goals (MDGs) to the more universal Sustainable Development Goals (SDGs) set to be achieved by 2030. Although considerable progress was made on the health-related MDGs, these gains need to be sustained and, in many cases, accelerated to achieve the ambitious SDG targets, which are more universal and inclusive.

Our strategy was developed in cognisance of the fact that the Addis Ababa Action Agenda 2015 on 'Financing for Development' put emphasis on domestic resource mobilisation being central to the implementation agenda of the Sustainable Development Goals.

Though the core mission of the organisation, Lasting Health Change for communities in Africa, does not change, our strategy recognises that the way the organisation conducts business will need to change significantly.



TARGETS TO REACH
100 MILLION
PEOPLE



IN SUB-SAHARAN
AFRICA AT A COST
OF APPROXIMATELY

0.8
BILLION USD

IN THE
NEXT FIVE
YEARS

Four cross-cutting themes of gender; research; policy and advocacy; and innovation and a focus on SDGs 2, 3, 5, 6 and 17 will be integrated to hold these three pillars together and to embed the strategy in the global agenda.



This is in the face of increasing competition from non-traditional development players, shifting donor funding and unpredictable changes in the donor policy environment driven by key issues like migration and security.

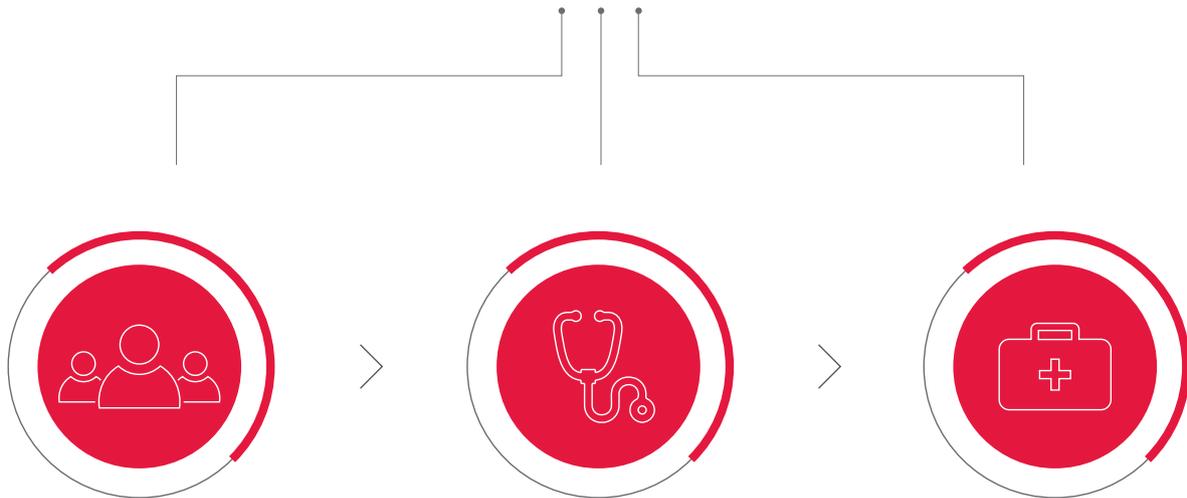
Amref Health Africa will increase its focus on entrepreneurial and sustainability approaches while taking bold steps to increase efficiency and effectiveness in our core mission work with the communities and providing value for money. Amref Health Africa targets to reach 100 million people in sub-Saharan Africa at a cost of approximately US\$0.8 billion within the period of this strategy.

Partnership building is at the core of this strategy. In that regard, we will continue partnering with communities, ministries of health and other government agencies, donors, community-based organisations, non-governmental organisations and the private sector in delivering desired outcomes. Our partners will ensure complementarity and shared value around the three strategic pillars. Particular emphasis will be given to the underserved, women and children, with increasing focus on emerging issues of interest including non-communicable diseases (NCDs), youth and technology.

THE GOLDEN CIRCLE - Strategy at a glance



GLOBAL STRATEGY PILLARS

**PILLAR 1**
TRAINING**HUMAN RESOURCES
FOR HEALTH**

Develop and sustain human resources for health (HRH) to catalyse the attainment of universal health coverage in Amref Health Africa target countries

PILLAR 2
ACCESS**INNOVATIVE HEALTH
SERVICES AND SOLUTIONS**

Develop and deliver sustainable health services and solutions for improved access to and utilisation of quality preventive, curative, and restorative health services

PILLAR 3
FINANCING**INVESTMENTS IN
HEALTH**

Contribute to increased investments in health to achieve Universal Health Coverage (UHC) by 2030

WHO ARE WE?



Amref Health Africa AT A GLANCE

**Founded in
1957 and
began as
Flying Doctors
of East Africa**

**International
Headquarters
Nairobi,
Kenya**

**Programmes
reach more than
10 million people
in Africa per year**

**Reach into
35 countries
in Africa, 11
countries in
Europe and
North America**

**International Recognition
The Bill and Melinda Gates
Award for Global Health**

**The Conrad N. Hilton
Humanitarian Prize**



VISION

Lasting **health change** in Africa



MISSION

Our mission is to **increase sustainable health access** to communities in Africa through **solutions in human resources for health**, health services delivery and investments in health.

VALUES



INTEGRITY

Demonstrating high ethical standards in all our dealings

THE AFRICAN SPIRIT



UBUNTU

Embracing compassion based on our fundamental shared humanity



QUALITY

Ensuring excellence is core to our planning and execution

LEADERSHIP

Embrace a culture of leadership as an attitude rather than a role internally while taking industry leadership externally



Amref Health Africa TODAY



WIDE-SCALE ACTIVITIES

Programme development and implementation, fundraising, partnership, advocacy, research, monitoring and evaluation

LARGE COVERAGE IN AFRICA

35 countries in Africa where programmes are being run

INTERNATIONAL PROGRAMME MANAGEMENT & FUNDRAISING OFFICES

In Europe and North America as well as subsidiaries AMREF Flying Doctors and Amref Enterprises

EXTERNAL STRATEGY CONTEXT

Introduction

The world has changed and continues to change rapidly due to globalisation and technological advancements. The global economy is shifting, with major economies continuing to face diminishing productivity gains while recovering from the global financial crisis. The working-age population is shrinking in the West but growing in Africa.

The public is increasingly demanding accountability from governments. Conflicts are increasing due to diverging interests among major powers, an expanding terror threat, continued instability in weak states, and the spread of disruptive technologies. Climate change, the environment and health issues are demanding greater attention.

This external context provides both opportunities and threats for Amref Health Africa. A changing donor environment, increasing nationalism in the West, competition and political instability pose threats to the organisation's mandate and vision. However, there are also opportunities such as the widening global health agenda, growth of technology, shift from aid to trade, push for domestic resource mobilisation and the emerging social business concept that Amref Health Africa will leverage to deliver our five-year strategy.



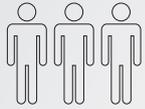
Sustainable Development Goals (SDGs)

As Amref Health Africa navigates through this uncertain landscape, engaging in this cohesive vision of environmental and social sustainability will help the organisation develop new models for growth and thought leadership. Amref Health Africa will therefore work towards the following SDGs:



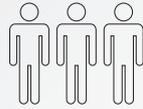
Focus
SDGs

Technology at the Heart



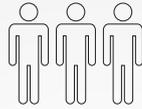
386
MILLION

unique mobile phone subscribers in 2015, in sub-Saharan Africa



518
MILLION

subscribers - the expected increase in number equivalent to 49% penetration



200
MILLION

individuals across the region accessing the Internet through mobile devices, a figure that will almost double by 2020

Sub-Saharan Africa continues to lead the world in the adoption of mobile money services, with more than one-fifth of mobile connections in the region linked to a mobile money account in 2015.

However, more than 60% of the population, especially those in rural areas, will still lack Internet access by the end of the decade.

Additionally, even with these impressive connections, a gender gap remains where African women are 13% less likely than African men to own mobile phones (GSMA, 2015).

Burden of Disease



The high burden of disease remains the main challenge to African health systems (Africa Union, 2016). Sub-Saharan Africa, home to 11% of the world's population, bears 24% of the global disease burden and accounts for less than 1% of global health expenditure.

Within the region, communicable, maternal, neonatal and nutritional disorders account for 67–71% of the disease burden (Murray et al. 2012) (IFC 2016).

Moreover, with only 1% of the world's health expenditure and weak health systems, sub-Saharan Africa has little capacity to respond to this huge health need (Anyangwe & Mtonga 2007).

The average life expectancy for Africans is 21 years less than for people born in developed countries (WHO, 2014). It is estimated that one extra year in life expectancy leads to an increase in GDP per capita of 4% (Lester & Weil 2013).

Women and Children

Women and children are particularly affected by inadequate supply of health services in sub-Saharan Africa.

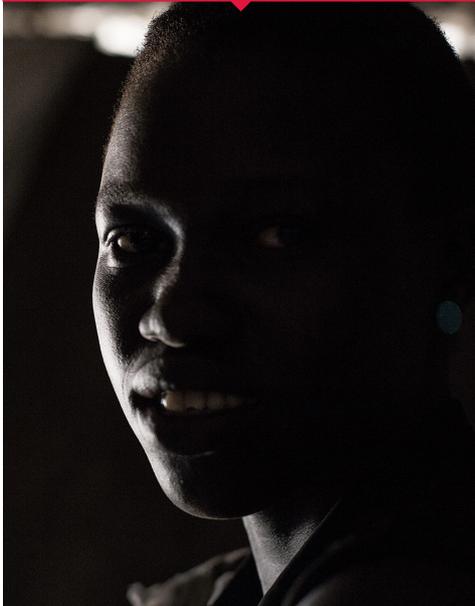


The risk of a woman living in the region dying from a pregnancy-related cause during her lifetime is about 23 times higher than it is for a woman living in a developed country (Millennium Goals 2015).

Africa accounts for 200,000 of the 289,000 mothers who die every year from pregnancy or childbirth-related complications (Thiam et al, 2016).

The highest rates of child mortality are still in sub-Saharan Africa, where one in nine children dies before the age of five, more than 16 times the average for developed regions (one in 152) and Southern Asia (one in 16) (United Nations Inter-Agency Group for Child Mortality Estimation 2012).

More than 30% of children are stunted and under-nutrition contributes to nearly half of all deaths among children under five years of age (Financial & Strategy 2014).



Adolescent childbearing remains high in sub-Saharan Africa, at 116 births per 1,000 adolescent girls in 2015, which is more than double the world's average (Thiam et al, 2016).

Over the years, Amref Health Africa has focused on vulnerable and underserved communities, especially women and children. These populations account for over 60% of its beneficiaries. In our new strategy, Amref Health Africa will continue to focus on these segments of the population and broaden our reach to adolescents.

The organisation recognises that countries in sub-Saharan Africa have a disproportionately large adolescent population, with half of the people being under age 19 (UNFPA 2015). Across the region in 2015, adolescent girls and young women accounted for 25% of new HIV infections, while women accounted for 56% of new HIV infections among adults (UNAIDS 2016).

VISION

Lasting health change in Africa

MISSION

To increase sustainable health access to communities in Africa through solutions in human resources for health, health services delivery and investments in health

HUMAN RESOURCES FOR HEALTH



STRATEGIC FOCUS AREA 1

Develop and sustain Human Resources for Health (HRH) to catalyse the attainment of Universal Health Coverage in Amref Health Africa target countries

STRATEGIC OBJECTIVES (SO) AND PRIORITY INTERVENTIONS (PI)

- SO-1** Increase the number and skills matrix of mid-level and community level health workers.
 - PI-1** Increase in numbers and skills matrix
 - PI-2** Advocacy for HRH policy
- SO-2** Strengthen Leadership, Management and Governance (LMG) capacities within health systems.
 - PI-1** Enhanced LMG capacity for HRH
- SO-3** Improve Human Resources for Health (HRH) productivity.
 - PI-1** Optimising performance of HRH
 - PI-2** Research and advocacy for productivity and retention

INNOVATIVE HEALTH SERVICES AND SOLUTIONS



STRATEGIC FOCUS AREA 2

Develop and deliver sustainable health services and solutions for improved access to and utilisation of quality preventive, curative and restorative health services

STRATEGIC OBJECTIVES (SO) AND PRIORITY INTERVENTIONS (PI)

- SO-1** Increase access to quality promotive, preventive, curative and restorative health services among women, children, adolescents and the youth.
 - PI-1** Health services improvement
 - PI-2** Promotive health
- SO-2** Increase use of health services
 - PI-1** Demand creation
- SO-3** Innovatively improve quality health services
 - PI-1** Institutionalise quality



INVESTMENTS IN HEALTH



STRATEGIC FOCUS AREA 3

Contribute to increased investments in health to achieve Universal Health Coverage (UHC) by 2030

STRATEGIC OBJECTIVES (SO) AND PRIORITY INTERVENTIONS (PI)

- SO-1** Develop and implement sustainable and scalable models to invest in health.
 - PI-1** Develop and employ sustainable and innovative models for delivery of healthcare
 - PI-2** Unlock public and private capital for health investments
- SO-2** Increase financial protection for disadvantaged communities in target countries in order to reduce out of pocket expenditure.
 - PI-1** Mobilise communities for financial protection for health
 - PI-2** Develop and test models for efficient health service utilisation
- SO-3** Advocate for increased investments and financial protection of citizens in health in sub-Saharan Africa.
 - PI-1** Create an enabling environment for investment in health
 - PI-2** Advocate for increased allocation and utilisation of funds in the health sector

CROSS-CUTTING THEMES



GENDER



RESEARCH



ADVOCACY & POLICY



INNOVATION

CROSS-CUTTING THEMES



Gender

Amref Health Africa recognises that health development cannot be achieved in Africa without gender equality.

As such, the organisation will ensure adherence to principles and international standards of gender equality and parity in its operations and practices as well as in the programmes that it implements.

Notably, we will support alternative rites of passage to address female genital mutilation/cutting, which is still practised in many African countries.

.....



Research

Research is a key priority for Amref Health Africa. The organisation is committed to inculcating research into everything that we do in order to generate evidence for use, and especially in advocating for change that will contribute to improved and lasting health in Africa. As a leading research organisation in Africa, Amref Health Africa will increase use of sound and rigorous research methods and techniques in research design, data collection and analysis which will result in high quality research products; increase communication and dissemination of research products using appropriate channels; and increase the number of research products that translate into policy and practice.

Policy and Advocacy

The 2030 Agenda for Sustainable Development requires a revitalised and enhanced global partnership that mobilises all available resources from governments, civil society, the private sector, the United Nations system and other actors (United Nations 2016). Amref Health Africa's contribution to lasting health change is only possible when its health programmes, innovations, community knowledge and research results are translated into policies. The advocacy agenda will focus on development and implementation of relevant policies across the three pillars of this strategy.

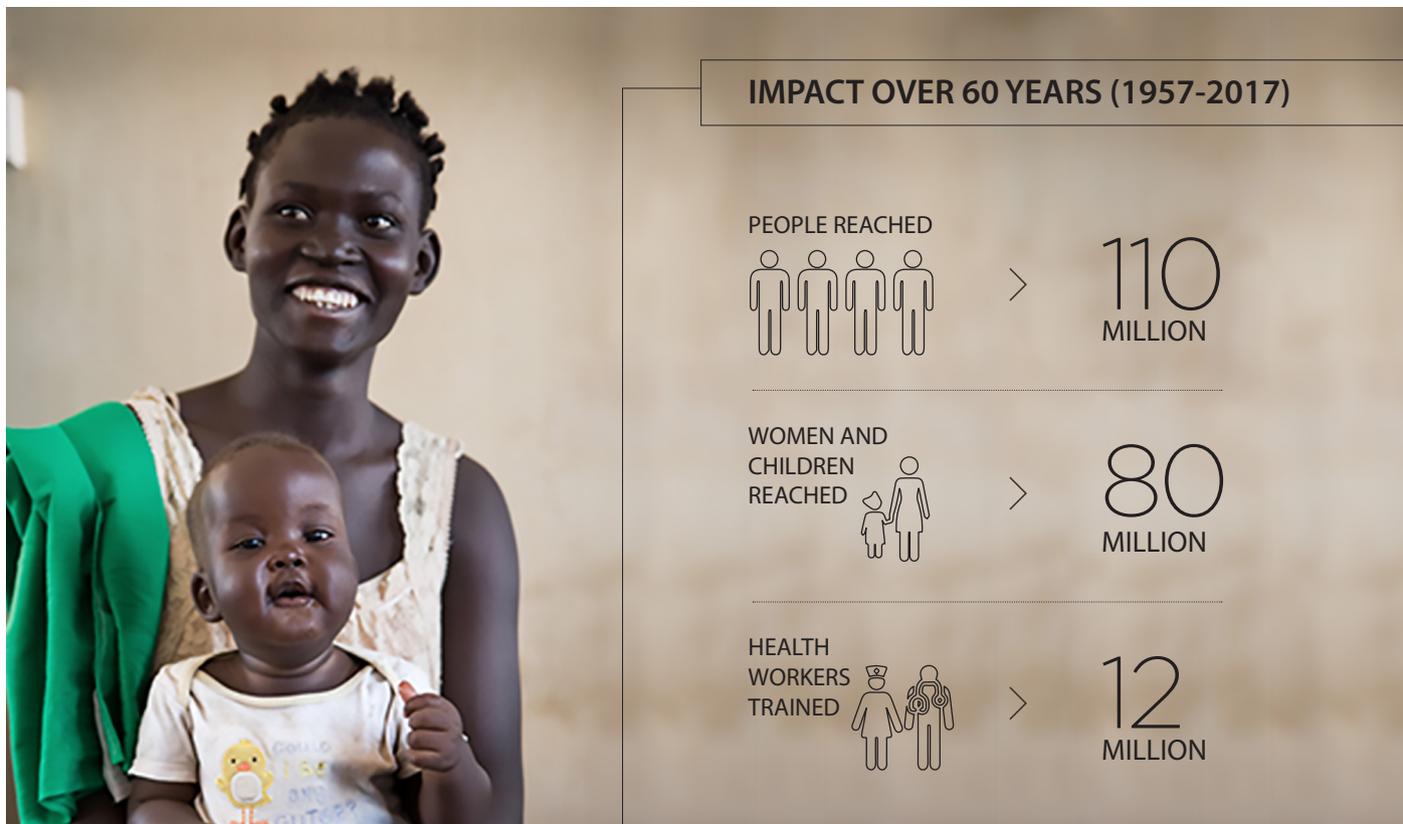


Innovation

Innovations, especially in technology, are able to address many of the challenges that Africa's health care sector faces. Amref Health Africa, through implementing our strategy, will improve access to and quality of health service delivery through innovative technologies that enhance efficient, effective, timely, safe and patient-centred health services. Amref Health Africa will focus on innovative models that achieve scale, quality and improved performance across the three pillars.

THE Amref Health Africa LEGACY

Creating lasting health change with communities in Africa





**WHERE ARE
WE GOING?**

THE BIG 5

OUR BIG AMBITION 2018-2022



INNOVATE and ACCELERATE
health training and access



EDUCATE HEALTH WORKERS
across Africa



INCREASE FINANCIAL PROTECTION
from healthcare expenses for vulnerable
communities in Africa



GIVE COMMUNITIES ACCESS
to high quality health and well-being



INCREASE AWARENESS of and DEMAND
for health as a human right

Amref Health Africa Manifesto



WE ARE
TRULY AFRICAN

CONNECTED in the spirit of Ubuntu
COMMITTED to lasting health
change since 1957



PART OF A
GLOBAL TEAM

joining FORCES and IDEAS to make
a HEALTHY Africa a reality



DEEPLY ROOTED

in communities, and KNOW how
African healthcare works, embracing
INNOVATION and tradition



EVERY DAY
WE PARTNER

with communities in Africa.
Their health is our happiness

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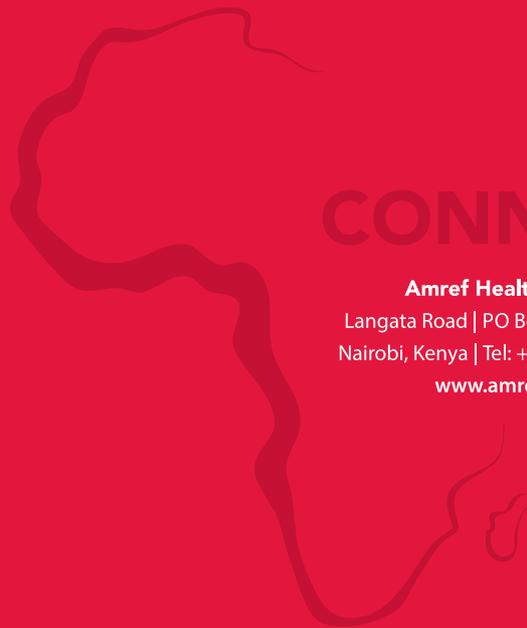
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