![amref health africa logo]

Baseline Assessment Report for Corporate Strategy 2023-2030 (TRANSFORM)

Abridged Version

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Key Findings

Projects and Reach:

Total projects in 2023

193
Total projects in 2023

16 million
Total Reach in 2023- 16.6 million of which 58% were women and girls

Harmful practices (FGM/C, CEFM, SGBV and TP) in communities are still prevalent across the eight countries

41%
Community awareness of reducing vulnerability to climate change- 41%

Sustainable Primary Health Care (PHC)

- **Maternal Mortality Rate (MMR), Under-five Mortality Rate (UMR), and stillbirth rates** remain significantly high across all eight countries, far from achieving SDG targets.

11%
- **Health worker job satisfaction is extremely low at 11%,** primarily due to poor remuneration and inadequate working conditions

41%
- **Client satisfaction** with PHC services stands at a moderate 54%, signalling room for improvement.

2%
- **Health Financing:** South Sudan allocates only 2% of its national budget to health, one of the lowest in the region, while Kenya has the highest at 11%

Social Determinants of Health

- **Out of pocket expenditure** varied significantly across the 8 countries, from the highest (47%) in Senegal to the lowest (7%) in Zambia

- **Facilities show moderate resilience (48%),** excelling in COVID-19 integration (85%) but struggling with climate change preparedness (15%) and staff capacity in climate issues (20%).

197
- **197 CSOs were trained,** and 135 (68.5%) actioned social accountability initiatives

54%
- **of youth** felt empowered to make decisions about their healthcare

Transformational Enablers

70%

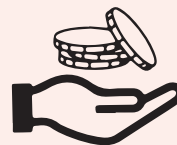**People and Culture Excellence:** Average recruitment turn-around time across the 8 countries was 70%

Visibility and Thought Leadership: Amref received various Recognitions both at the Corporate and Country levels

Technical Excellence: Forty publications, 22 policy briefs and 32 blogs/ opinion pieces were developed in 2023

Resource Mobilisation: In 2023, Corporates, Philanthropies and Institutions invested a total of USD 234 million in Amref

Key Recommendations for Greater Impact

- **Standardise PHC programmes:** Implement consistent, evidence-based health interventions across all facilities.
- **Professionalise Community Health Workers:** Advocate for formal integration into the health workforce to improve service quality.
- **Expand advocacy in emerging areas:** Strengthen focus on One Health, climate change, and social determinants of health.
- **Boost health system resilience:** Prioritise interventions for climate adaptation, public health emergencies, and PHC resilience.
- **Enhance information systems:** Align data systems with strategic goals for streamlined operations.
- **Amplify learning products:** Improve the visibility of research, policy briefs, and thought leadership to influence policy and programming.
- **Shift to programme-driven implementation**: Transition from project-based models to holistic, impact-driven programming.

Impact Outlook

Amref's strategy aims to transform health outcomes across Africa by strengthening systems, empowering youth, and advancing resilient, high-quality healthcare services.

1. About Amref Corporate Strategy 2023-2030

Launched in March 2023, the Amref Corporate Strategy 2023–2030 is designed to transform health outcomes in Africa through two strategic platforms, ten strategic objectives, and six key enablers to drive effective programme delivery and organisational efficiency.

TRANSFORM: Amref Corporate Strategy 2030

VISION
Lasting health change in Africa

MISSION
To Catalyse and drive community-led and people-centered primary health care systems while addressing social determinants of health

Strategic Platform 1:
Invest in people-centered community-led health systems for sustainable primary health care

Strategic Objectives

1. Strengthen community health systems to increase equitable sustainable access to quality PHC for UHC.
2. Strengthen a fit-for-purpose health workforce for improved skills productivity.
3. Facilitate sustainable health financing to increase equitable access to health services.
4. Stregthen health focused civil society organisations for social accountability and sustained impact.
5. Leverage innovation and technology to enable efficient PHC programming.

Strategic Platform 2:
Address social determinants of health to increase equitable access to quality primary health care

Strategic Objectives

6. Invest in education innitiatives that significantly impact health outcomes.
7. Invest and advocate for policies that improve the livelihoods of vulnerable populations, specifically for women and young people.
8. Address emerging health issues at the intersection with climate change to deliver holistic programming.
9. Support community health systems to prepare and respond to emerging public health threats such as pandemics and to deliver health services in fragile environments.
10. Target health needs arising from growing youth demographic and rapid urbanisation to address increasing demand for health services for equitable access to PHC including prevention of non-communicable diseases.

TRANSFORMATION ENABLERS

- People and Culture Excellence
- Operational Excellence
- Technical Excellence
- Visibility and Thought Leadership
- Resource Mobilisation Excellence

DIGITAL TRANSFORMATION

IMPACT GOALS AND METRICS

TRANSFORM: Amref Health Africa's Corporate Strategy, 2023 - 2030

1.2 Objectives

The objectives of the baseline process were:

i. To report data against corporate programmatic and operational/enabler indicators aligning with the definition and methodology as described in the respective Indicator Guidance Sheets (IGS).

ii. Describe the context in which the data was generated with a narrative obtained from surveys and other sources in line with the requirements of the strategy.

iii. Provide recommendations to incorporate into programming, including building on strengths, addressing weaknesses, and identifying areas of further investment that align with the strategy; recommendations to also include those that help improve the indicators, data collection, and analysis processes for future evaluations.

Study Design and Approach

Between March and August 2023, representatives of all key teams from Amref entities took a consultative approach to formulate indicators and definitions (as documented in IGS) against the corporate strategy. This laid the groundwork for the baseline by developing standard tools (including the sampling framework) necessary for data collection; these will be continuously improved over the strategic period to ensure consistency in measurement. All entities maintained pre-defined standards and expectations.

2. Projects and Reach in 2023

Country-Specific Reach

Country	%	Reach
Ethiopia	26%	4,294,495
Tanzania	25%	4,110,123
Kenya	18%	2,925,549
Health Security	9%	1,508,074
Uganda	8%	1,246,393
Malawi	7%	1,212,012
South Sudan	5%	794,050
Zambia	2%	409,843
West Africa	1%	92,282
ICD	0.1%	13,751
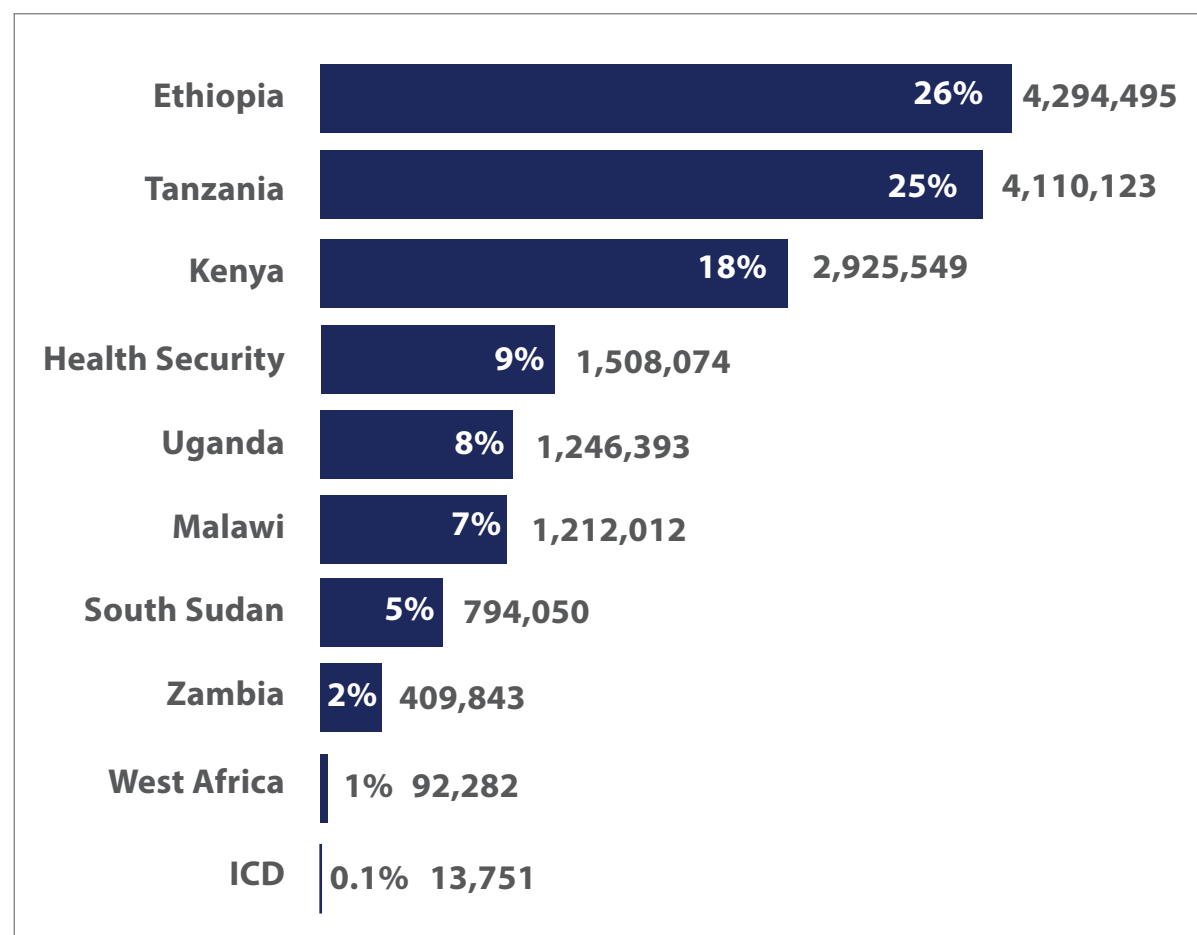
Reach and Impact in 2023

16.6M

16.6 million people directly reached in 2023, down from **31.5 million** in 2022.

Project Implementation

- **193 projects** were implemented in 2023 across all Amref implementing countries
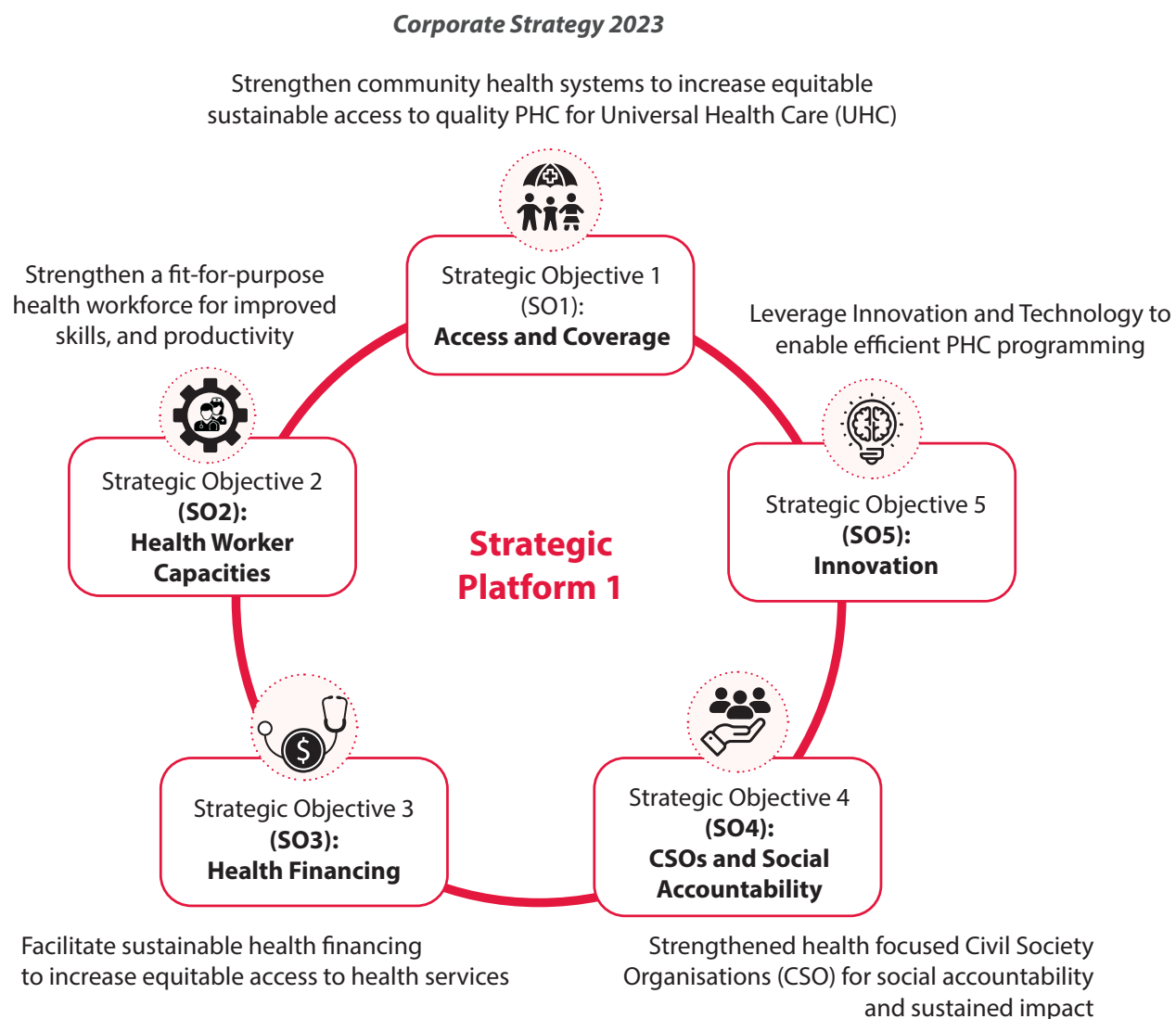
- **127 projects** continued into 2024.

2.1 Strategic Platform 1 (SP1)

SP1 focuses on investing in people-centred, community-led health systems for sustainable PHC, and has five strategic objectives as outlined in Corporate Strategy 2023:

Corporate Strategy 2023

Strengthen community health systems to increase equitable
sustainable access to quality PHC for Universal Health Care (UHC)

Strengthen a fit-for-purpose
health workforce for improved
skills, and productivity

Leverage Innovation and Technology to
enable efficient PHC programming

Strategic Objective 1
(SO1):
Access and Coverage

Strategic Objective 2
(SO2):
Health Worker
Capacities

Strategic
Platform 1

Strategic Objective 5
(SO5):
Innovation

Strategic Objective 3
(SO3):
Health Financing

Strategic Objective 4
(SO4):
CSOs and Social
Accountability

Facilitate sustainable health financing
to increase equitable access to health services

Strengthened health focused Civil Society
Organisations (CSO) for social accountability
and sustained impact

Maternal and Child Mortality Challenges

To establish their contribution to impact, the maternal mortality rates (MMR) and under-five mortality rates (UMR) were extracted from various sources, depending on their availability through credible sources.

- **Maternal Mortality Rate (MMR)**

- **Highest:** South Sudan (1,223) and Malawi (439).
- **Lowest:** Tanzania (104).

• Under-Five Mortality Rate (UMR)

- **Highest:** South Sudan (99), Zambia (61), Ethiopia (59).
- **Lowest:** Senegal (40).
- All eight countries need significant investment to meet the **SDG targets** of reducing MMR to <70 and UMR to <25 per 100,000 live births by 2030.
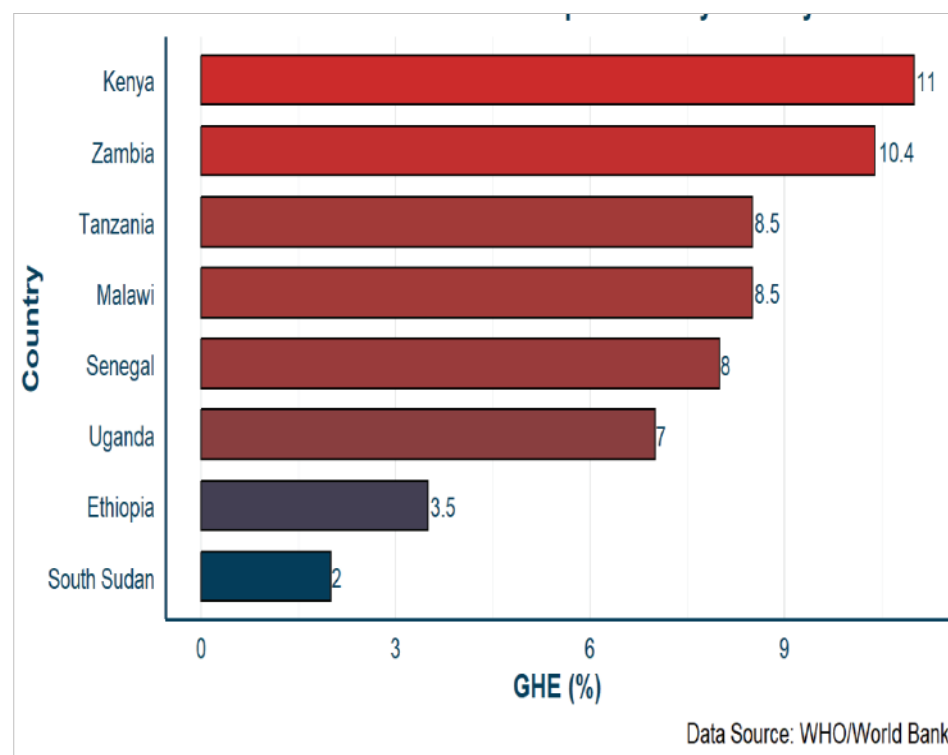
Health Expenditure Trends

• **The highest government health expenditures are in Kenya** (11%) and Zambia (10.4%).

Percentage of Government Health Expenditure, by Country

Data Source: WHO/World Bank

SO1: Access and Coverage

Key Areas of Focus

Amref's interventions emphasise improving maternal, child, and adolescent health by addressing stillbirths, perinatal deaths, access to primary healthcare (PHC), and health service coverage.

Stillbirths and Perinatal Deaths

Stillbirth Prevention

- **50% of stillbirths** occur intrapartum and are preventable through quality antenatal and childbirth care.

- **Highest Rates:** South Sudan (26/1,000) and Malawi (18/1,000).

- **Lowest Rates:** Ethiopia (below the SDG target of 12/1,000).

- Amref-supported districts in Malawi (e.g., Zomba: 6-7/1,000) show significantly lower rates compared to national averages.

Perinatal Deaths

- **Kenya:** 32/1,000 nationally; Turkana and Kwale counties show reduced rates (26-27/1,000).

- **South Sudan:** 40/1,000; Uganda: 3.8/1,00

Access to and satisfaction with PHC services

Satisfaction with PHC Services

- Overall satisfaction: **42%.**

- **Highest:** Tanzania (56%) and Senegal (55%).

- **Lowest:** Ethiopia (20%) and Zambia (30%).

> **I am very satisfied with privacy because we are given the results individually, other clients do not know what has brought me to the facility"**

Service Dimensions Performance
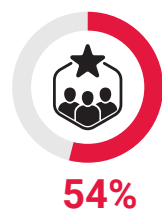
60%

Services

High satisfaction (60%) in Senegal and Malawi due to availability and affordability of medicines.

Dissatisfaction stems from lack of medicines, long wait times, and insufficient services.

47%

Facilities

Satisfaction at 47% boosted by cleanliness and privacy in some areas, but hampered by unclean toilets and lack of 24/7 services.

54%

Health Workers

Client satisfaction with health workers' attitudes and services

5%

Community Referrals

Weakest area, averaging only 5% across countries.

Health Services Coverage : UHC Service Coverage Index (SCI)

- Global improvement from 45 (2000) to 67 (2019).
- Amref focuses on interventions related to immunisation, TB, HIV/AIDS treatment, and malaria care

Amref's Contributions to Services Provided

To determine Amref's share of the total services provided at local and national levels, the Amref Information Management System (AIMS) 2023 data was used as a basis to understand the extent to which Amref had impacted services of the above four indicators

1
- **Immunisations**
  - Kenya: 79% of total immunisations in intervention areas.
  - Malawi: 87% coverage in focus regions.

2
- **TB Treatment**
  - Tanzania: 30.7% of cases treated in Amref-supported areas.

3
- **HIV/AIDS Treatment**
  - Tanzania: 94.6% of patients in intervention areas received care.
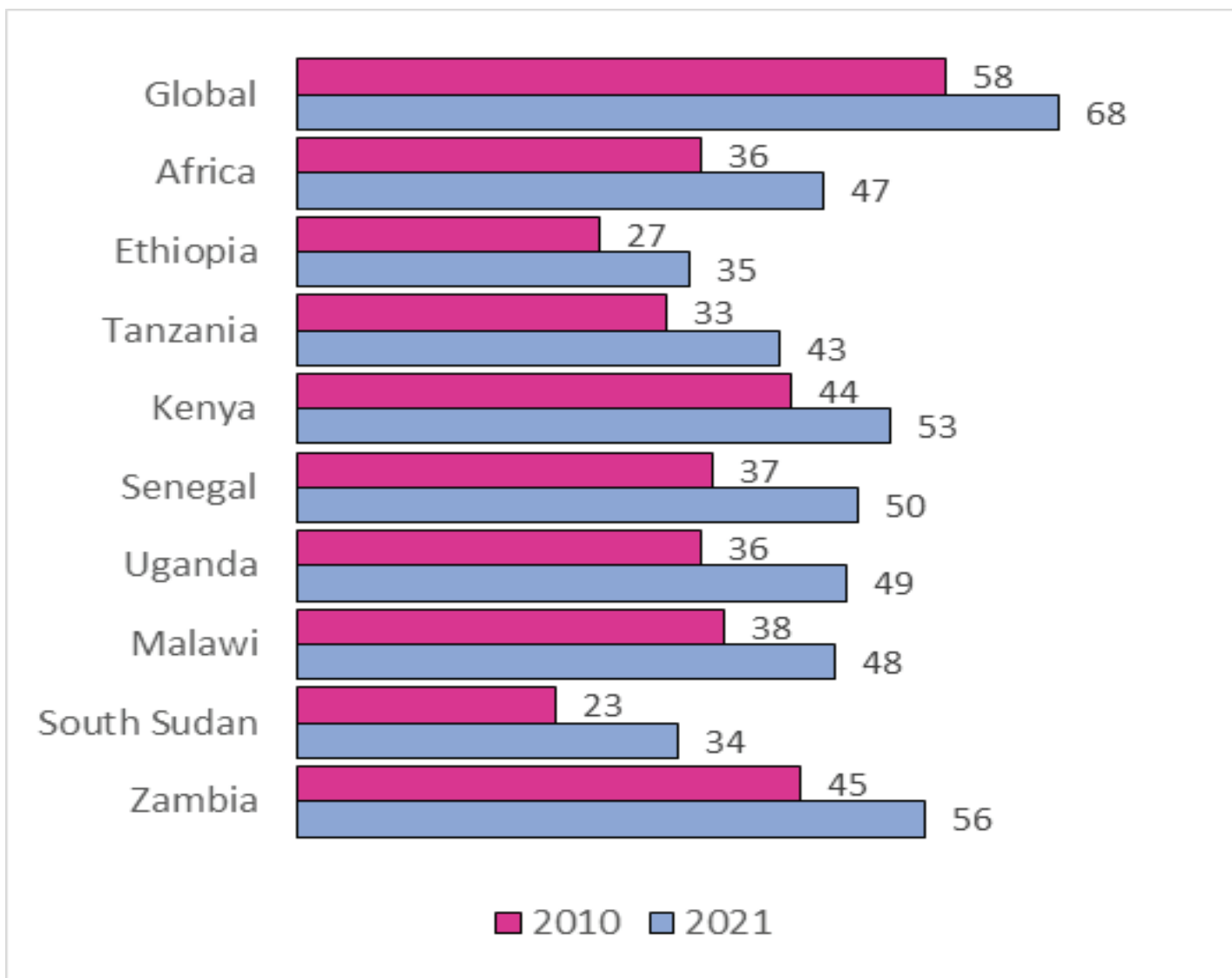
4
- **Malaria Treatment**
  - Kenya: 85.2% of cases treated through Amref facilities in focus areas.

UHC Service Coverage Index, by Country, 2010 & 2021

Country	2010	2021
Global	58	68
Africa	36	47
Ethiopia	27	35
Tanzania	33	43
Kenya	44	53
Senegal	37	50
Uganda	36	49
Malawi	38	48
South Sudan	23	34
Zambia	45	56

SO2: Health Workforce

Health Worker Satisfaction

11%

Overall health worker satisfaction

- **Zambia (22%), Tanzania (19%),** and **Uganda (13%)** led in satisfaction, while Kenya, Malawi, and Ethiopia reported the lowest levels.

- The weakest area across all countries was **Remuneration and Recognition,** except in Senegal, where it scored the highest.

Key Challenges

- **Remuneration and Recognition:** Insufficient pay and allowances, despite community appreciation, negatively impacted morale.

- **Physical Environment:** Poor facilities, lack of equipment, and safety concerns significantly reduced satisfaction, especially in Kenya, Malawi, and South Sudan.

- **Workplace Issues:** Heavy workloads, nepotism, and inflexible work policies were cited as major areas of concern.

Strengths and Opportunities

- **Supportive Supervision:** High satisfaction (over 50% in most countries) due to mentorship and responsive supervisors.

- **Professional Development**: Positive feedback linked to training opportunities and skill enhancement initiatives.

- **Client Satisfaction:** Productivity measures showed higher client satisfaction rates, with **Senegal (74%)** and **Tanzania (73%)** scoring the highest.

Health Worker Density

- Most countries fall below the WHO target of **44.5 health workers per 10,000 population.**

- **Zambia (32.6)** and **Kenya (20)** are closest to this target, while **Uganda (10.5)** and **Senegal (4.3)** lag significantly.

Impacts and Way Forward

- **Prioritised Interventions**
  - Focus on better pay, recognition, and improved physical environments.
  - Leverage strengths in supervision and training to boost overall satisfaction.

- **Critical Needs:** Address workforce shortages and enhance access to health services to align with WHO standards.

- This baseline provides a strong foundation for targeted strategies to improve health worker well-being and productivity.

S03: Health Financing

Risk Pooling: Improving Financial Protection

Risk pooling mechanisms, like health insurance, help reduce the financial burden of healthcare by sharing risks among members. However, uptake varies across countries:

- **Highest Coverage: Ethiopia** leads with **50%** of households covered, while **South Sudan (6%)** and **Malawi (less than 1%)** lag behind.

- **Types of Coverage:** Community/group-based schemes dominate in **Ethiopia (86%), Uganda (89%),** and **South Sudan (42%).** Social health insurance is popular in **Tanzania (71%) and Zambia (81%).**

Satisfaction with Risk Pooling Mechanisms

- **Satisfaction levels vary:** Tanzania (55%) and South Sudan (54%) had the highest satisfaction due to affordability and accessibility. Ethiopia (23%) and Kenya (26%) reported the lowest levels.

- **Common dissatisfaction issues:** poor customer service, delays in claims, and limited coverage.

Challenges and the Way Forward

Low insurance coverage across all countries highlights the need for more effective risk-pooling mechanisms and resource mobilisation. Targeted research and comparative studies could identify actionable strategies to improve performance, especially in countries with low insurance uptake.

Respondents with risk pooling mechanisms were asked how affordable the mechanisms were.

65%
Most respondents reported that it was either somewhat affordable or very affordable.

Zambia - **76%**

Uganda - **75%**

South Sudan- **69%**

Two main reasons why most households lacked risk pooling mechanisms

38%
high cost

36%
lack of awareness

SO4: Civil Society Organisations and Social Accountability

197 CSOs were trained in social accountability to drive impactful advocacy and influence policy. Here's a snapshot of the progress:

- **CSO Training Coverage:** Tanzania (68%), Uganda (60%), and Senegal (50%) led in training coverage. However, Malawi, South Sudan, and Zambia reported no CSO training activities.

- **Action and Impact:** Of the trained CSOs, 68.5% initiated social accountability activities. All trained CSOs in Kenya, Tanzania, and ICD undertook initiatives, while Uganda reported 56%, and Senegal 37%.

Impact Summary

The work of CSOs, supported by training and mentorship, has driven significant policy changes, resource mobilisation, and community empowerment. These efforts are critical for addressing health, youth, and gender-related challenges while advancing social accountability across Africa

68.5%
CSOs trained undertook Social accountability initiatives

S05: Innovations

Amref's innovative initiatives in 2023 demonstrated significant strides in addressing pressing health and social challenges. Here's a summary of impactful innovations:

1 A cross-border approach to end FGM in Senegal:
- This facilitated partnerships between CSOs across borders to create joint strategies against FGM.
- Promoted national-level agreements and cross-border education on the harmful consequences of FGM, fostering alternative, and human-rights-based practices.

2 Digital Advancements in Tanzania:
- **TB Data System:** A digital platform for streamlined TB data collection, integrated with DHIS2-ETL, was piloted in the Rukwa region and set for nationwide rollout in 2024.
- **Biometric System for HIV Programmes:** Ensures accurate data and prevents 'ghost clients,' with successful adoption by multiple HIV partners.

3 The Kefeta Digital Space in Ethiopia:
- A comprehensive platform offering training, job opportunities, mentorships, and financial insights to empower Ethiopian youth.

4 Kokono Baby Crib implemented by Amref Uganda:
- A 100% biodegradable crib protecting newborns from malaria and hygiene-related illnesses. Babies using the crib had zero malaria cases in 2023, proving its effectiveness.

Additional Innovations

- **Africa CDC Partnership System:** Strengthened technical assistance and data management.
- **Enkanyit Oontoyie in Kenya:** A model promoting menstrual hygiene to reduce school absenteeism among girls.
- **Mobile App for ARP:** Tracks and supports girls who underwent Alternative Rites of Passage (ARP).

Challenges and the Future of Innovation Monitoring

- Amref plans to transition to AIMS v4, a new interface to document, monitor, and scale innovations effectively.
- Innovations face barriers, including funding constraints, which hinder long-term evaluation and impact measurement.
- A unified definition of innovation remains challenging, requiring rigorous monitoring to ensure alignment with Amref's goals.

Impact Summary

From digital platforms to grassroots solutions, these innovations highlight Amref's commitment to addressing health and social challenges through creativity, technology, and collaboration, paving the way for sustainable change.

Plan

5

Strategic objectives

2.2 Strategic Platform 2 (SP2)

The second SP targets social determinants and emerging threats at the intersection with health to increase equitable access. The five strategic objectives are as follows:

1

Strategic Objective 6 (SO6): Invest in education initiatives that significantly impact health outcomes (Education).

2

Strategic Objective 7 (SO7): Invest and Advocate for Policies that improve livelihoods of vulnerable populations, specifically for women and young people (Livelihoods)

3

Strategic Objective 8 (SO8): Address emerging health issues at the intersection with climate change to deliver holistic programming (Climate Change)

4

Strategic Objective 9 (SO9): Support community health systems to prepare and respond to emerging public health threats such as pandemics and to deliver health services in fragile environments (Health Security)

5

Strategic Objective 10 (SO10): Target health needs arising from the growing youth demographic and rapid urbanisation to address the increasing demand for health services for equitable access to PHC, including prevention of non-communicable diseases (Youth and Urbanisation)

Key Impacts

Out-of-pocket (OOP) payments are expenditures borne directly by a patient where neither compulsory nor voluntary insurance covers the full cost of the health good or service. Senegal, Ethiopia, and Uganda had among the highest OOPs, while Malawi and Zambia recorded the lowest.

At the platform level, Amref opted to track OOP[12] and catastrophic expenditures.

### Out-of-Pocket (OOP) Health Expenditures

15%

Income spend on Health

- Uganda had the highest proportion of households spending more than 10% of their income on health (15%).
- Zambia recorded the lowest OOP (2%), reflecting better affordability.
- Kenya, despite higher government health spending, showed significant catastrophic health expenditures, underscoring gaps in health coverage.

Resilience of Health Facilities
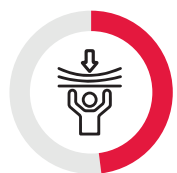
48%

Resilience score

- Zambia, Uganda, and Tanzania led in resilience scores, while Malawi and Senegal ranked lowest. Overall resilience score was 48%.
- **Strongest areas:** COVID-19 integration (85% overall) and data use (71%).
- **Weakest areas:** Climate change preparedness (15%) and emergency response (42%).

Resilience Dimensions in Detail

Infrastructure and Utilities:

- Senegal, Uganda, Zambia, and Malawi excelled.
- Challenges persist in Tanzania, South Sudan, and Ethiopia with insufficient facilities and utilities.

Service Provision:

- Lacked monitoring of waiting times and adequate laboratories. Gender-sensitive approaches and SOPs require more focus.

Climate Change Preparedness:

- Health worker capacities in risk communication and climate change adaptation were notably low across all countries.

Emergency Preparedness:

- Malawi and Senegal scored poorly, exposing vulnerabilities in responding to natural disasters and disease outbreaks.

Opportunities for Intervention

- Strengthen climate change and emergency preparedness by building health worker capacity and equipping facilities.
- Address gaps in infrastructure, service provision, and laboratory standards.
- Expand health data utilisation for better service delivery.

Conclusion

- SP2 underscores critical areas for improving resilience, reducing inequities in health financing, and preparing communities for emerging challenges like climate change and pandemics. The insights provide a roadmap for strategic investments to enhance health outcomes in vulnerable regions.
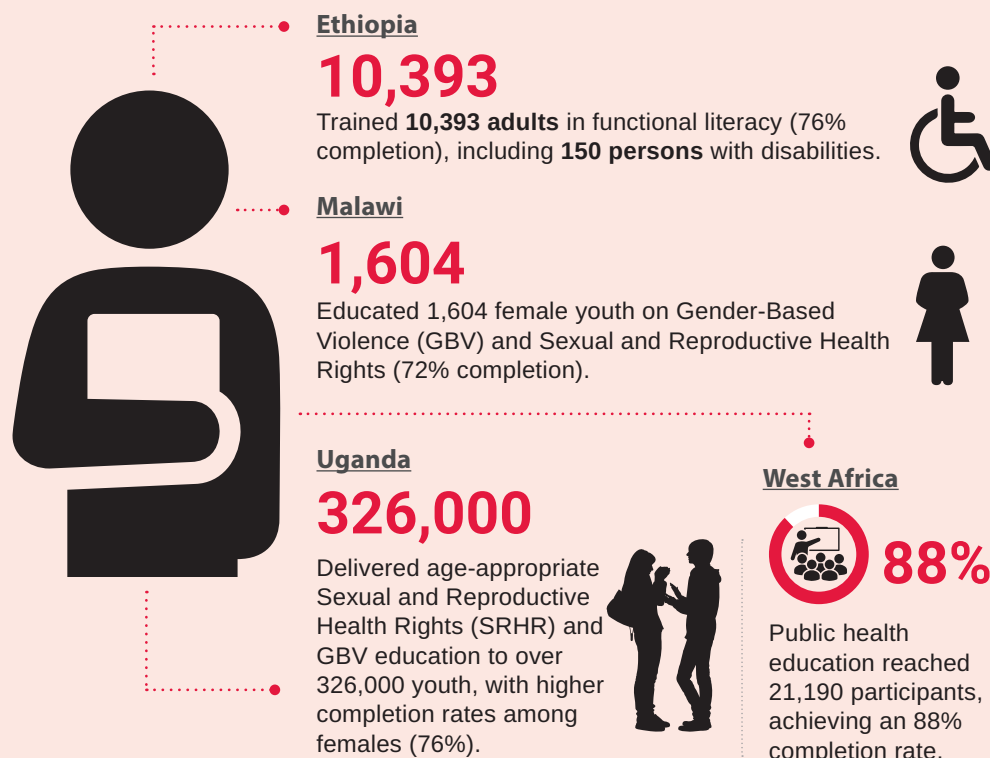
SO6: Education

Education equips individuals with the knowledge and skills to make informed decisions about their health. Education indicators were intended to track and measure the number of youth, adults, women, and people with disabilities completing in-class and out-of-class organised learning through schools, community learning centres, and other similar activities.

Key Achievements

Education Initiatives:

Ethiopia

10,393

Trained **10,393 adults** in functional literacy (76% completion), including **150 persons** with disabilities.

Malawi

1,604

Educated 1,604 female youth on Gender-Based Violence (GBV) and Sexual and Reproductive Health Rights (72% completion).

Uganda

326,000

Delivered age-appropriate Sexual and Reproductive Health Rights (SRHR) and GBV education to over 326,000 youth, with higher completion rates among females (76%).

West Africa

88%

Public health education reached 21,190 participants, achieving an 88% completion rate.

Addressing Harmful Practice

- **Child/Early Marriages (CEM):** Prevalence remains high (25–50%) in many country programmes, closely linked to teenage pregnancies (13–29%).

- **Female Genital Mutilation/Cutting (FGM/C):**
- Kenya and Tanzania excel in reducing FGM/C through Alternative Rites of Passage (ARP). Amref can undertake specific studies on how existing interventions are making a difference, especially at advocacy level.
- Ethiopia and West Africa show high prevalence, with Guinea (94.5%) and Sierra Leone (83%) leading.
- Over 75% of people in Kenya, Senegal, and Uganda believe FGM/C should stop.

Food Safety

- The survey results highlighted basic food hygiene practices but lacked a focus on industrial food safety standards. Future surveys should address this gap.

Minimum Dietary Diversity (MDD)

- **Women of Reproductive Age (WRA):** Kenya had the highest MDD (49%), while Uganda had the lowest (9%).

- **Children (6–23 months):** Kenya again led (39%), with Ethiopia at the lowest (14%).
- **Key Insight:** MDD variations indicate a need for tailored nutrition interventions, especially for vulnerable groups like pregnant women and children

Opportunities for Action

- Define a comprehensive education framework to standardise interventions.
- Expand ARP programmes to high-prevalence regions in West Africa.
- Conduct targeted studies on teenage pregnancies and CEM to improve advocacy and outcomes.
- Address nutritional gaps through focused interventions on dietary diversity.

Conclusion

- Education as a social determinant of health holds transformative potential. Strategic investments in literacy and public health education, as well as combating harmful practices like FGM/C and CEM, will significantly improve regional health outcomes.

SO7: Livelihoods

Livelihoods refer to how people make a living and meet their basic needs.

Current Progress

- Due to varying country contexts, a clear framework for measuring livelihood improvements is still in development.
- Initial data was gathered through household surveys, focusing on:
  - Types of livelihoods people engage in.
  - Access to livelihood opportunities.
  - Youth involvement in decision-making about their livelihoods.

Opportunities for Impact

- Defining clear goals for livelihood programmes can help tailor interventions to each country's unique needs.

Moving Forward

Developing targeted livelihood strategies will enhance financial security, reduce poverty, and improve community health outcomes.

41%
of surveyed households reported taking climate adaptation actions, mainly through drought-resistant crops and water management.

75%
of households had basic water access

34%
of households had basic sanitation

SO8: Climate Change

The United Nations warns that climate change is the biggest health threat to humanity. Its effects are already being felt through:

- Air pollution and rising diseases
- Extreme weather events causing displacement
- Mental health pressures
- Hunger and poor nutrition due to food shortages

Amref's Response

Amref is taking action to protect communities from climate-related health risks by:

- **Training health workers** in climate-related health risks (99 trained in Ethiopia, 33 in Kenya).
- Applying the **One Health Principles,** linking human, animal, and environmental health.
- Implementing **WASH** and **livelihood programs** to build resilience.

Progress and Gaps

- **Kenya** leads with formal One Health strategies, including Turkana County's One Health Strategy (2023–2027).
- **Ethiopia** launched the ONE4HEAL project, integrating One Health into health systems.
- **South Sudan, Malawi, and Uganda** show early efforts but face funding and coordination challenges.
- Only **41%** of surveyed households reported taking climate adaptation actions, mainly through drought-resistant crops and water management.

Access to Essentials

- **75%** of households had basic water access, but only **34%** had basic sanitation.
- **Livelihood access** remains uneven, highlighting the need for skills development and infrastructure support.

Looking Ahead

Amref must:

- Develop a **clear strategy** for the One Health approach.
- Expand **funding** and **advocacy** for climate resilience.
- Strengthen community awareness and **monitor impact**

SO9: Health Security

Public health emergencies—such as disease outbreaks, natural disasters, and displacement—require strong health systems and community engagement to minimise health and economic impacts. Amref aims to strengthen health security through prevention, preparedness, and rapid response strategies.

Amref's Impact

44%

- **Community Engagement:** Amref supported 21 countries (44% of Sub-Saharan Africa) in launching community-driven initiatives for disease prevention and emergency response. Key projects like Saving Lives and Livelihoods (SLL), Pfizer, VAN, and CGPP mobilised community influencers for vaccination drives, trained health workers, and improved data management.

60%

- **Technical Assistance:** 29 countries (60% of Sub-Saharan Africa) and nine Asian countries received support for setting up Laboratory Information Management Systems (LIMS) and coordinating vaccine programmes.

321

- **Laboratory Support:** 321 laboratories in 12 African countries improved their quality systems through new Standard Operating Procedures (SOPs), external quality assessments (EQAs), and training.

- **Surveillance Systems:** No support has been provided yet for establishing surveillance systems, highlighting a critical gap.

Challenges Ahead

- Declining funding for projects like SLL could slow progress.
- Amref must solidify its role as a thought leader in community disease surveillance to secure future funding and sustain achievements.

The Path Forward

- Finalise a Health Security Technical Framework with clear indicators.
- Scale up community surveillance and early warning systems.
- Strengthen partnerships and advocacy to mobilise sustainable resources.

Amref is making significant strides in strengthening Africa's health security but must act strategically to maintain momentum and impact.

SO10: Youth and Urbanisation

Africa's youth population is booming, with **70% of sub-Saharan Africa under 30.** Rapid urbanisation (3.5% annually) has led to rising slums, poverty, and inequality, with 65% of urban residents living in slums. This growing youth demographic and urban expansion creates a rising demand for health services, but data gaps hinder effective youth-focused interventions.

Amref's Impact

Youth Satisfaction with Health Services:
- **53%** of youth were satisfied with primary health care (PHC) services.
- Highest satisfaction**: Tanzania (90%)** and **Malawi (77%).**
- Lowest satisfaction: **Senegal (33%)** and **Ethiopia (31%).**

Youth Decision-Making in Healthcare:
- **54%** felt empowered to make health decisions.
- Strongest in **Malawi (85%), Zambia (65%)**, and **Tanzania (61%).**
- Lowest in **Ethiopia (27%)**, hindered by illiteracy, financial constraints, and lack of autonomy.

Livelihood Decision-Making:
- Over **70%** of youth across surveyed countries felt capable of making decisions about income-generating activities.
- **Malawi, Zambia, Senegal,** and **Tanzania** scored over **80%,** reflecting high involvement in managing livelihoods.
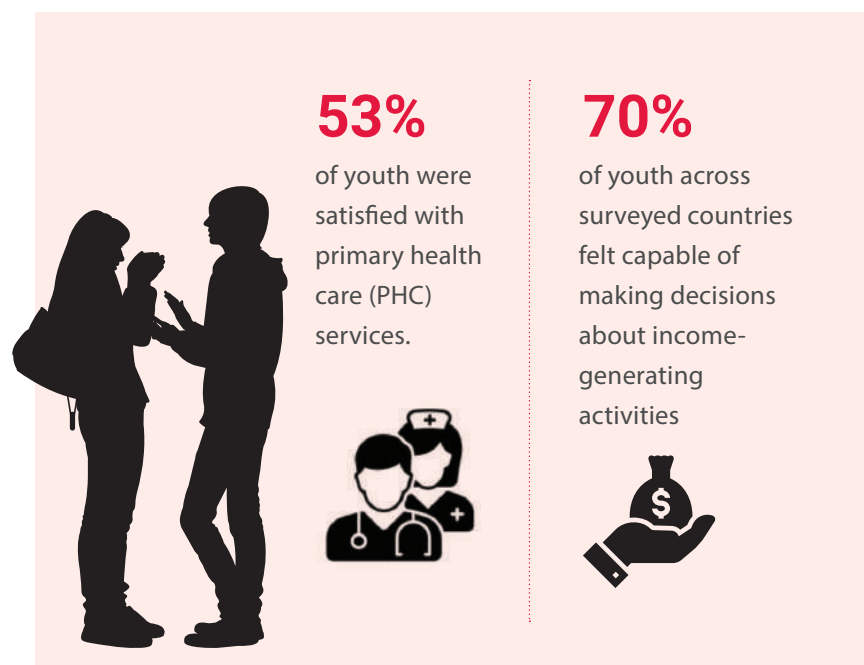
Key Challenges

- Limited data on youth health service access and facility-to-youth population ratios restricts targeted interventions.
- Cultural norms and economic barriers limit youth—especially females—from making independent health decisions.

Opportunities for Growth

- Strengthen data tracking systems for youth health access.
- Expand youth-friendly health services, with a focus on empowerment and autonomy.
- Leverage youth involvement in household livelihood decisions to promote economic empowerment and improve health outcomes.

Amref must deepen youth engagement, focusing on health decision-making and economic inclusion, to unlock Africa's full growth potential.

53%
of youth were satisfied with primary health care (PHC) services.

70%
of youth across surveyed countries felt capable of making decisions about income-generating activities

2.3 Transformation Enablers

Amref's transformation enablers are organisation-wide focus areas expected to improve organisational effectiveness and facilitate the implementation of strategic objectives.

The enablers are:

Enabler 1: People and Culture Excellence

The overall objective of the People and Culture enabler is **to drive strategy execution via positive employee engagement, talent management and transformational leadership incubation via employee experience.**

Moving Forward

- Accelerate **succession planning** and **leadership incubation** across all offices.
- Expand **executive coaching, women in leadership**, and **youth development** programmes.
- Improve **internal mobility** to retain and grow talent.
- Standardise definitions of leadership roles to track diversity more accurately.
- Encourage broader participation in employee satisfaction surveys for better feedback.

Amref is on the right path but must intensify talent management, diversity, and leadership development efforts to drive greater impact.
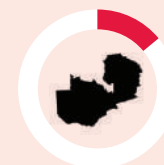
Key Highlights

65.1
Days: Average recruitment turnaround time (TAT)

2.4%
Succession Planning: Only 2.4% of staff have succession plans.

13.6%
Zambia led with 13.6% succession planning due to smaller staff size

31%
Diversity and Inclusion: Female Managers: 31% overall, with South Sudan (67%) and AHI (63%) leading.

8%
Youth in Leadership (15–35 years): Only 8%, with Senegal (43%) leading.

70%
Employee Satisfaction: High satisfaction (70%+) with support functions like ICT (79%), HR (74%), and Finance (72%).

Enabler 2: Operational Excellence

The overall objective of the Operational Excellence enabler is to *drive lean and agile decision-making and operations across Amref.* This includes adopting a One Amref governance framework, efficiencies focusing on customer service and quality, and a "triple-bottom-line" agenda, i.e., an Environmental, Societal, and Governance (ESG) approach.

Key Highlights

- Systems Integration & Usage
- Finance Efficiency
- Monitoring, Evaluation, and Learning (MEL)
- ICT Performance

Enabler 3: Technical Excellence for Programme Delivery

The overall objective of the Technical Excellence enabler is "to build technical capabilities and thought leadership across key areas that will shape Africa's health agenda".
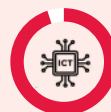
Key Highlights

- Integrated Programming
- Technical Assistance (TA)
- Impactful TA Initiatives
- Advocacy and Policy
- Knowledge Generation & Learning
- Diversity, Equity, Inclusion, and Belonging (DEIB)

Impact

Amref is advancing Africa's health agenda through impactful policy reforms, technical support, evidence-based advocacy, and inclusive programming. However, expanding integrated programmes and scaling technical assistance will drive even greater impact.

Key Highlights

95%
ICT Performance:
95%+ success in resolving service desk tickets, aided by a newly introduced chatbot.

13%
Integrated Programming:
13% of 193 projects in 2023 combined Primary Health Care and Social Determinants of Health.

22
Advocacy and Policy:
22 advocacy initiatives in 2023 influenced 17 policies and guidelines.

Knowledge Generation & Learning: Produced
40 publications
5 policy briefs, and
32 blogs in 2023.

9.7m
Diversity, Equity, Inclusion, and Belonging (DEIB):
Amref reached 9.7 million women and girls (58% of total reach) in 2023.

Amref's increased visibility and global engagement have solidified its role as a key health sector leader. Strategic partnerships and widespread media coverage have expanded Amref's influence, enabling stronger advocacy and impactful collaborations to improve African health outcomes.

Enabler 4: Visibility and Thought Leadership

The overall objective of the Visibility and Thought Leadership enabler is "to strengthen Amref's position as an opinion leader in the global arena".

Key Highlights

Global and Regional Recognitions

- **OAFLAD Award:** Recognised for advancing the health of women and children in Africa.
- **75+ Country-Level Recognitions:**
  - **Ethiopia:** Awards for emergency response and project leadership.
  - **Uganda:** Nominated by **CPA** for financial accountability.
  - **Tanzania:** Recognised for World AIDS Day efforts and received 95% of Amref's reported honours.
  - **Zambia:** Praised for a standout presentation at the AMIU Public Health Congress.

Media Engagement

5,535

- **5,535** online media mentions, reaching an audience of **6.2 billion.**
- **114,000+** social media engagements, generating a reach of **2.3 billion.**
- Coverage in major outlets like the **Washington Post** and **Citizen TV Kenya.**

Major Events Hosted

36

- **36 key events** in 2023, including:
  - **Africa Health Agenda International Conference (AHAIC)** in Rwanda on building resilient health systems.
  - Sessions at the **African Climate Summit, World Health Assembly, UN General Assembly,** and **Women Deliver Conference.**
- Country-specific events like Tanzania's **"Wogging"** event and Kenya's **UHC Expo.**

New Strategic Partnerships from Thought Leadership Events

30

- **Siemens** and **WHO** exploring partnerships following **AHAIC** and **UNGA.**
- **Malawi:** One-year collaboration with **WHO** on the **Collaborative Advocacy Action Plan (CAAP**) for women and children's health.
- **Tanzania: 30 MoUs** signed through the "Wogging" event for maternal health initiatives running through 2025/2026.

Speaking Engagements and Media Appearances

25

- **25 media interviews** and **80 speaking engagements** globally.
  - **64%** initiated from HQ, featuring a mix of HQ and country teams.
  - The **Group CEO (GCEO)** led **20%** of these engagements at major events.
- Topics focused on **Primary Health Care, Health Financing,** and **Climate Change,** with growing attention on health workers.
- Plans to introduce a **CRM speaker engagement module** for better tracking and strategy alignment

Impact

Amref's increased visibility and global engagement have solidified its role as a key health sector leader. Strategic partnerships and widespread media coverage have expanded Amref's influence, enabling stronger advocacy and impactful collaborations to improve African health outcomes.

Enabler 5: Resource Mobilisation

The overall objective of the Resource Mobilisation enabler is to transition and consolidate the primary grant-based funding streams from institutional donors and partners.

Key Highlights

Individual Giving

- **Ambitious Goal:** Targeting **US$ 80 million annually** in individual donations by **2037.**
- **Fundraising Expansion:** Strengthened operations in **Europe** and **North America,** launching monthly giving programs.
- **High-Value Donors:** Focus on supporters contributing ove**r US$ 1 million** annually.
- **Performance Tracking:** New metrics are in place; baseline assessments are scheduled for **2025.**

Public and Institutional Funding

- **Total Funding in 2023: US$ 234 million** raised from:
  - **17 corporates – US$ 7.75 million**
  - **25 philanthropies – US$ 93.65 million**
  - **30 institutions – US$ 132.41 million**
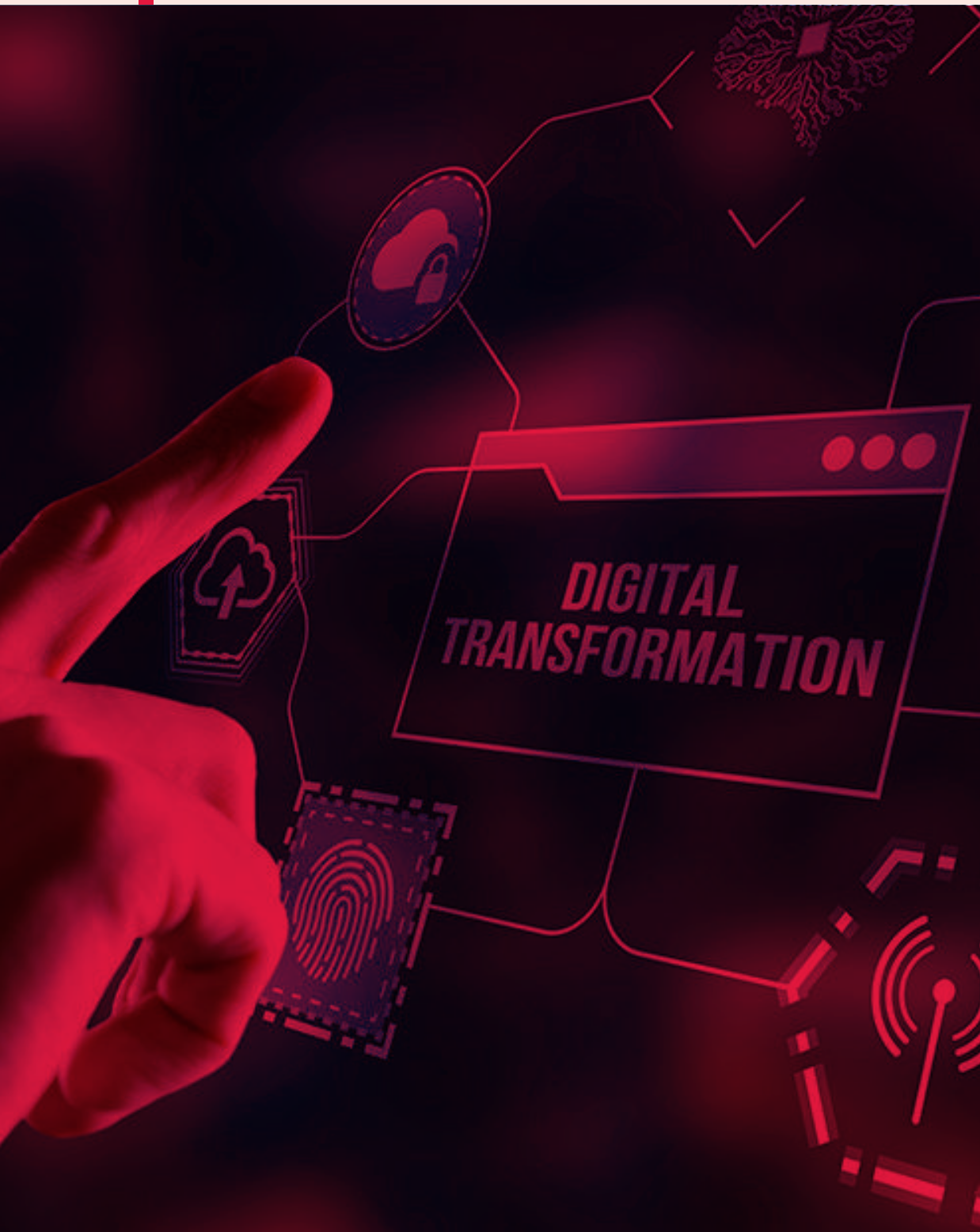- **Institutional donors** contributed the largest share, highlighting a need for diversified funding strategies.

$80
Ambitious Goal: Targeting US$ 80 million annually in individual donations by 2037.

$234
Total Funding in 2023: US$ 234 million raised from:

17 corporates – **US$ 7.75 million**
25 philanthropies – **US$ 93.65 million**
30 institutions – **US$ 132.41 million**

Digital Transformation

Digital transformation is a major enabler expected to enhance the operations of other enablers and programmatic initiatives across the organisation.

- **New Working Group:** Established to drive digital integration across operations and fundraising.
- **Early Stage Metrics:** Current indicators need refinement for better tracking and impact assessment.
- **Future Focus:** Enhancing youth leadership, finance and ICT operations, and donor engagement through digital tools.

Impact

Amref's strategic shift in resource mobilisation has significantly boosted funding, enabling more significant health initiatives across Africa. Expanding individual giving and strengthening digital systems lay the foundation for long-term, sustainable growth and greater financial resilience.

2.4   Amref International University (AmIU)

AmIU has developed its strategy in alignment with the corporate strategy for 2023 - 2027. It is establishing structures to achieve the objectives and targets captured in its strategic plan 2023-2027 and has established a good baseline for most of its KPIs.

Key Highlights

Virtual Learning Expansion

- **Current Reach:** Virtual learning centres established in **Malawi** and **South Sudan**.
- **2027 Goal:** Expand to **5+ countries**

Growth in Research Capacity

- **Current Research Income: 18%** of total income.
- **2027 Target:** Increase to **50%.**

Academic and Student Development

- **Postgraduate Milestone:** Graduated its **first postgraduate class** in 2023.
- **Student Diversity:** Local to international student ratio at **5.3%,** aiming for **50%** by 2027

Financial Sustainability

- **Consultancy Income:** Targeting **10%** of income from consultancies.
- **Programme Profitability:** Currently, **65%** of programmes generate surplus income; aiming for **80%.**

Digital Learning Advancement

- **ODEL Approval:** Virtual programmes approved by the **Commission for University Education (CUE).**

Strategic Leadership

- **New Leadership:** Appointed a Director for the **Advancement Office** to develop partnerships and attract international students.

Impact

AmIU is rapidly expanding its digital education reach, enhancing research output, and strengthening financial sustainability. These strides position the university as a key player in shaping Africa's health workforce and advancing primary healthcare solutions.

3.   Recommendations

This section focuses on recommendations, addressing both programmatic and operational findings.

3.1 Programmatic Recommendations

- Standardise Primary Health Care (PHC) Design
- Strengthen Health Worker Professionalisation
- Enhance Health Financing Strategies
- Define Focus Areas in One Health, Education, and Livelihoods
- Shift to Integrated Programme Delivery

3.2 Operational Recommendations

- Re-vitalise and improve information management systems
- Improve processes for continued review
- Enable visibility of learning products
- Fund and implement studies for specific research questions

Impact Focus

Implementing these recommendations will help Amref deliver more **consistent, high-impact health programmes,** strengthen its role in **policy advocacy,** and improve **data-driven decision-making** for sustainable health solutions across Africa.

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