



**Annual Report 2024
Abridged Version**



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Touching Africa's vulnerable in 2024

Africa



Reached over **19.1 million** people directly, indirectly impacted an additional **39.4 million**



172 projects across **37** African countries



388,764 children fully immunised



Trained or equipped **153,010** healthcare workers



Administered over **25 million** COVID-19 vaccine doses



Delivered **24.9 million** service contacts



Mobilised all **47 Counties** in Kenya to increase health budget allocations by at least **25%**



Empowered over **100 CSOs** and youth-led groups



Piloted **nine key** innovations



Earned **22 awards** across its country offices



HIV interventions: **98,881** people initiated on ART, achieving **95% treatment** linkage



619,000 people were screened for TB in Kenya and Tanzania



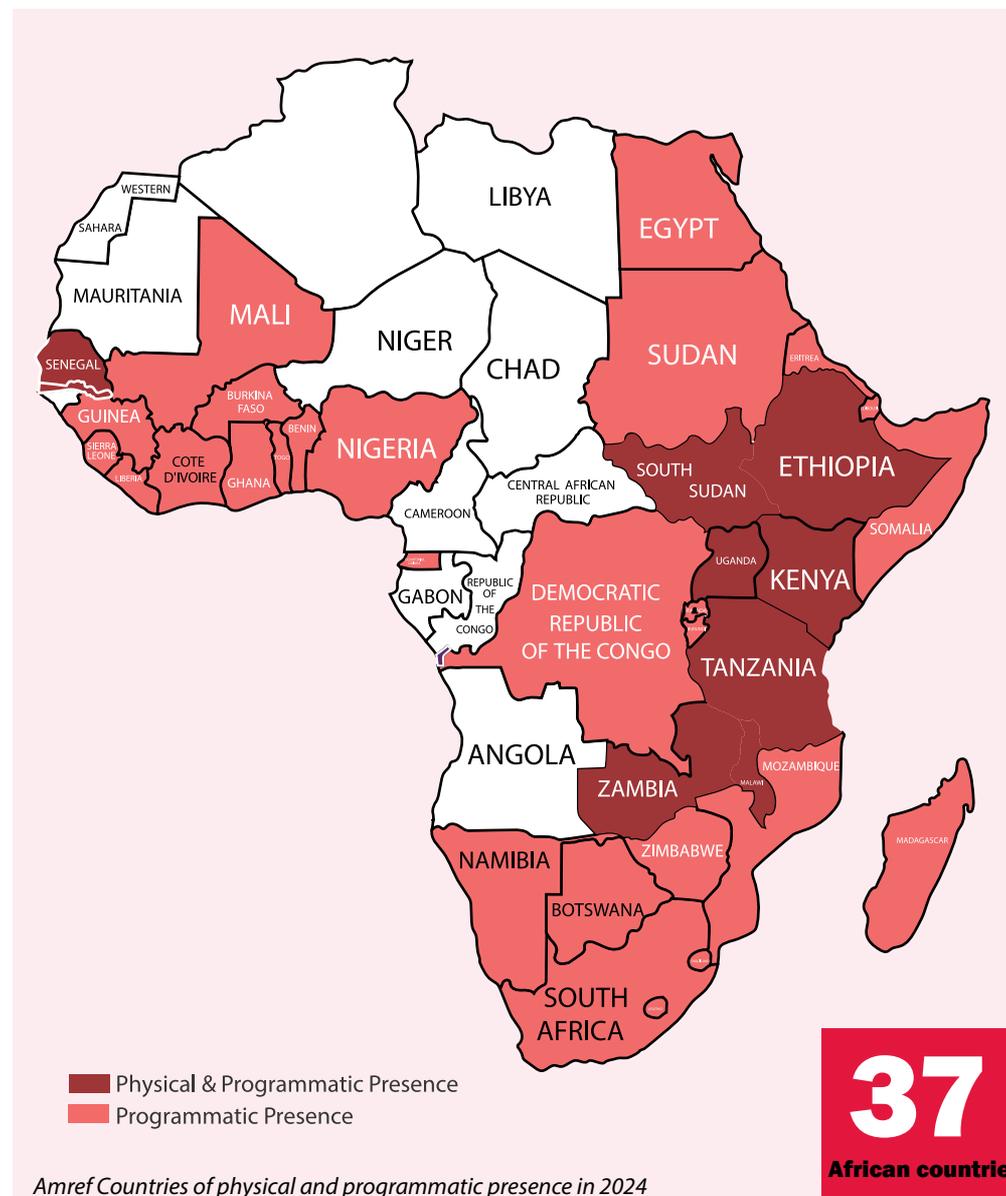
Amref International University (AmIU): Northlands Campus construction, Student enrolment rose to **3,050**



Amref Flying Doctors a surplus of **US\$1.18 million**

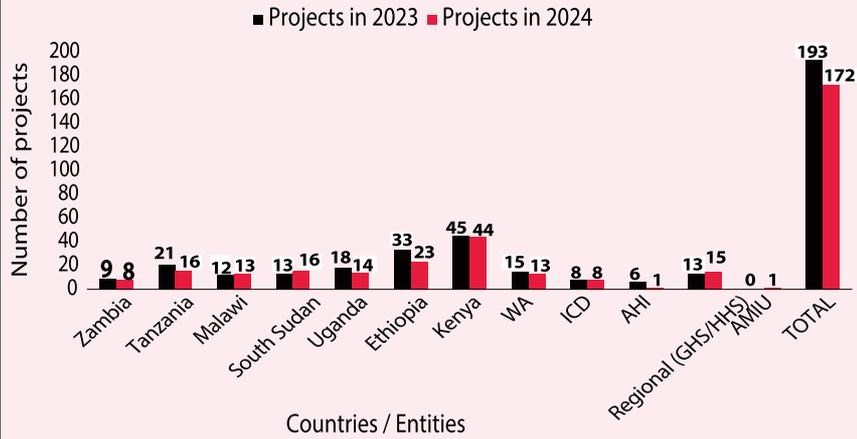
1. Amref Programmatic Impact Snapshot

In 2024, Amref Health Africa implemented **172 projects** across **37 African countries**, with the highest presence in **Kenya (44 projects)**, **Ethiopia (23)**, and **Tanzania (16)**. Although the total number of projects was fewer than in 2023, due to the completion of some projects such as Saving Lives and Livelihoods, Vaccination Action Network for COVID-19, and Pfizer COVID-19 vaccination, our reach and impact continued to expand. We are proud of the progress made and look forward to reaching even more recipients.



The projects covered 37 African countries. Our efforts were concentrated in eight countries where we maintain offices—**Kenya, Uganda, Tanzania, Ethiopia, Malawi, Zambia, South Sudan, and Senegal**. Amref also delivered targeted programmes in **29 additional sub-Saharan countries**. These included health worker training, youth-led advocacy, and technical support for governments on health financing and systems strengthening.

Projects implemented in 2024 compared to 2023



Projects implemented in 2024 by entity/ office

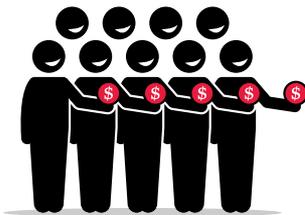
Focus Areas

Amref’s programmes in 2024 were aligned with our strategic objectives:

- **Health Access and Coverage – 25%** of projects addressed communicable diseases, maternal and child health, and sexual and reproductive health.
- **Health Workforce Development – 28%** of projects strengthened the capacity of health workers.
- **Climate & Health – 12%** of projects tackled health risks linked to climate change.
- **Youth & Urban Health – 9%** focused on addressing the needs of Africa’s growing youth population.

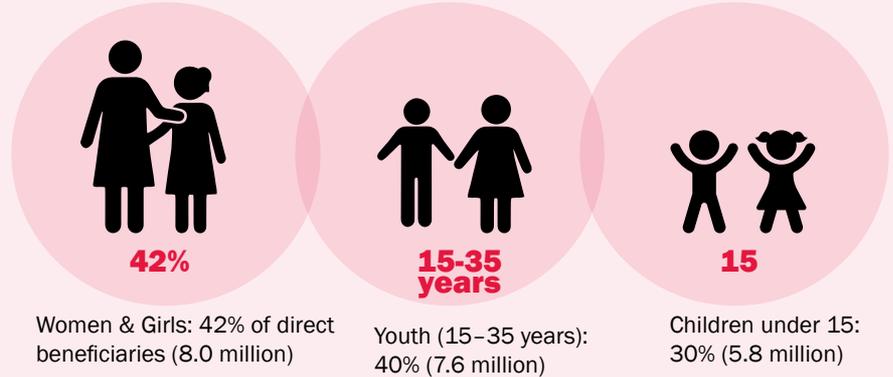
Who Made This Possible

Our major donors included USAID, the Italian Agency for Development and Cooperation, the Netherlands Government, the Gates Foundation, and the Mastercard Foundation, among others, whose collective support enabled large-scale health interventions across the continent.

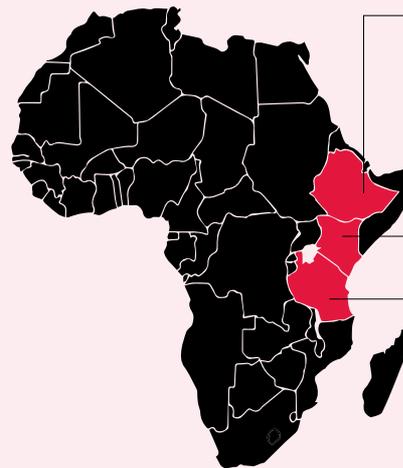


Our Reach

In 2024, Amref directly reached 19.1 million people, up from 16.6 million in 2023, and indirectly reached 39.4 million through mass awareness campaigns and community-based initiatives.



Notable highlights include:



- **Ethiopia:** Youth-focused health services under Kefeta and IPHCSP projects.
- **Kenya:** reached the highest number of people (8.3 million) directly, driven by large-scale campaigns to eliminate neglected tropical diseases.
- **Tanzania:** reached the highest number of people (14 million) indirectly, through Project Runway, a national campaign to promote vaccine uptake.

Amref reach in 2024

Entity	Service Contacts	Direct Reach	Indirect Reach
Ethiopia	3,541,150	2,374,937	3,799,102
Kenya	10,766,241	8,292,700	5,322,583
Tanzania	4,482,025	3,527,367	14,874,223
Malawi	1,848,821	1,393,768	1,661,985
South Sudan	1,949,107	1,542,080	2,456,429
Uganda	1,169,391	1,023,563	1,687,575
West Africa	167,871	110,775	6,447,247
Zambia	1,016,812	843,750	1,627,660
AMIU	-	-	-
Digital Innovations	-	-	-
ICD	7,752	7,695	1,356,772
HSS/Health Security	25,649	20,807	121,226
Corporate	24,974,819	19,137,442	39,354,802

Building Capacity for Sustainable Health

Amref trained **124,744** health workers—achieving **98%** of its annual target—to improve service delivery in urban, rural, and hard-to-reach communities.

Performance and Learning

Across all countries, Amref delivered **82%** of planned service contacts for the year 2024. A total of **61%** (15.2 million) and 36% (9.1 million) services were delivered under health access and coverage and climate change and health strategic objectives, respectively. Standout performances included:

- **Zambia: 133%** of target achieved
- **Tanzania: 106%**
- **Institute of Capacity Development: 152%**

Some countries, however, delivered below target because of shifting project timelines and delayed start-ups, offering lessons for more adaptive programme planning.

Looking Ahead

While most of our work remains focused on direct health service delivery, the experience in 2024 reaffirmed the need to invest more in upstream solutions—addressing the social determinants of health, strengthening governance, and ensuring sustainable financing—to secure lasting change in Africa's health systems.





Amref places people, individuals, families, and communities at the centre of care. Through the Primary Health Care (PHC) model, we ensure that services are accessible, equitable, responsive to local needs, and sustainable, ultimately driving progress towards the Sustainable Development Goals (SDGs) and Amref's 2030 targets.

To measure the impact of its programming under the Strategic Platform on People Centred Health Systems for Sustainable Primary Health Care, Amref tracks three key indicators:

- Maternal Mortality Ratio (MMR)
- Under-5 Mortality Ratio (U5MR)
- Government health expenditure as a percentage of the total national budget.

Since comprehensive data for these indicators is typically collected every five years through Demographic and Health Surveys, Amref uses annual institutional (facility-based) data as a proxy to monitor progress towards its 2030 targets and the SDGs. The

Institutional Maternal Mortality Ratio (iMMR), Institutional U5MR (iU5MR), and skilled birth attendance data are drawn from various sources and analysed to demonstrate the community-level impact.

Key Health Outcomes – Measurable Impact

Maternal and Child Health

- Institutional Maternal Mortality Ratio (iMMR): Wide disparities remain—Guinea (550), Ethiopia (412), Senegal (261), and Zambia (187) are above target, while Tanzania (36.9), Uganda (52), and Kenya (75.5) are on track toward the SDG goal of 70.
- Under-5 Institutional Mortality Ratio (iU5MR): Highest in South Sudan (75) and Tanzania (50), lowest in Uganda (8.3).
- Skilled Birth Attendance: Highest in Zambia (98%) and Malawi (96.2%), lowest in Tanzania (46%).

Amref's Response

- Cross-country learning to share best practices from low-mortality countries.
- Scaling community health initiatives for early detection and treatment of childhood illnesses.
- Training midwives, strengthening referral systems, and expanding access to quality maternal services in underserved areas.

2.1 Health Access and Coverage

The SDG on child survival calls for countries to reduce neonatal mortality to 12 per 1,000 live births and under-5 mortality to 25 per 1,000 by 2030. This aligns with the Every Newborn Action Plan target of reducing stillbirths to 12 or fewer per 1,000 total births by 2030.

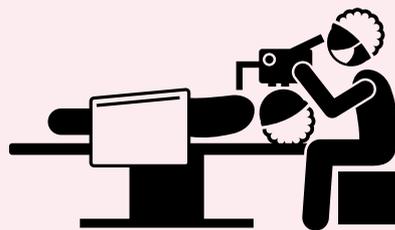
Key highlights

● Immunisation:



388,764 children fully immunised in Kenya, Uganda, and West Africa.

● Specialised Care:



4,277 corrective eyelid surgeries were conducted in Ethiopia to prevent blindness.

● Communicable Diseases:



- **619,000** individuals screened for TB in Kenya and Tanzania, with **15,000** confirmed cases promptly initiated on treatment.
- **98,881** PLHIV initiated on ART in Kenya and Tanzania, achieving a **95%** treatment linkage and 98% viral load suppression.
- **1,254,665** people tested for Malaria across Kenya, Malawi, South Sudan, Uganda, and Zambia, leading to **779,000** confirmed cases treated via community outreach and CHW-led efforts.

2.2 Health Workforce

In 2024, Amref significantly strengthened health workforce capacity across Africa, enhancing service delivery through training, digital learning, institutional support, and innovation.

Total trained: 124,744 health workers (21% (31,732) Community Health Workers (CHWs)). Highlights include:

- **Kenya:** Developed a new curriculum for Cardiometabolic Disease (CMD) Response; introduced a CHW registry and supportive supervision tool; and launched the CHP Entrepreneurship Framework, empowering CHPs with income generation skills to sustain community health work.
- **South Sudan:** Amref trained **5,532** facility-based health workers and over **1,000** CHWs, improving service delivery and health system resilience. Added 66 new nurses/midwives aimed at improving services.
- **Tanzania:** Digital learning scaled via LEAP platform; **2,234** workers trained in maternal health and climate adaptation.
- **Ethiopia:** **11,016** health workers trained, including **500** in Sexual and Reproductive Health (SRH) and youth-friendly services, with a focus on mental health services.

2.3 Health Financing

Amref improved equitable and sustainable health financing across Africa by supporting public financial management reforms, expanding risk pooling mechanisms, and promoting strategic health purchasing.

Public Finance Management Reforms: Through strategic convenings with health and finance executives and county budget committees, Amref successfully advocated for all 47 counties in Kenya to allocate at least 25% of their budgets to health, ensuring sustained funding for critical services. It supported 43 counties to enact Facility Improvement Financing legislation, resulting in an increase in own-source revenue from KES 6 billion (approximately USD 60 million) to KES 19.6 billion (USD 196 million) in the financial year 2023/24. In addition, the national government allocated KES 4.1 billion (approximately USD 41 million) to the Primary Health Care Fund and KES 800 million (approximately USD 8 million) to the Emergency, Chronic, and Critical Illness Fund, thereby expanding tax-funded access to essential health services.

Risk pooling mechanisms: In Zambia, Amref conducted a national assessment of the decentralised health system, identifying critical gaps in benefit package design, payment mechanisms, and local fiscal capacity. The findings informed policy recommendations to modernise benefit packages, reform provider payment models, and empower local authorities in health service management. Subsequently, Amref was invited to present a memorandum to the National Assembly on reforms to the National Health Insurance Management Authority (NHIMA), positioning it to influence the future of Zambia's UHC agenda.

2.4 Civil Society Organisations (CSOs) and Social Accountability

In 2024, Amref enhanced the capacity of civil society and promoted social accountability across Africa, leading to policy changes, improved resource allocation, and increased citizen participation in health governance. 759 civil society organisations were engaged through various projects to build the capacity of 17,611 CSO members.

Strengthening Civil Society and Advancing Social Accountability in Africa:

Through Y-ACT, Amref partnered with the Southern Africa Youth Forum (SAyof) to amplify youth-led advocacy on tobacco control. Documentaries produced in Zimbabwe, Tanzania, and Malawi highlighted the environmental and health impacts of tobacco farming and advertising. These were used to inform a white paper submitted to the SADC Parliamentary Forum, which in turn committed to drafting a regional model law on tobacco control by August 2025, a major step toward regional policy alignment.

CSO collaboration in West Africa: Amref mapped 12 CSOs in Senegal's Kolda and Sedhiou regions and supported the creation of a cross-border child protection monitoring committee. 13 youth-led CSOs launched advocacy campaigns across five regions (Dakar, Thiès, Fatick, Diourbel, and Matam), focusing on youth participation in governance and SRHR. Key achievements included: Youth participation in local budget hearings, resulting in SRHR budget commitments and provision of sanitary pads, Institutionalisation of social accountability tools such as citizen hearings and budget orientation debates, 28% of PTY-supported youth elected to legislative roles, and strengthened public-private partnerships through dialogue with lawmakers and intergenerational forums that helped shift harmful social norms.

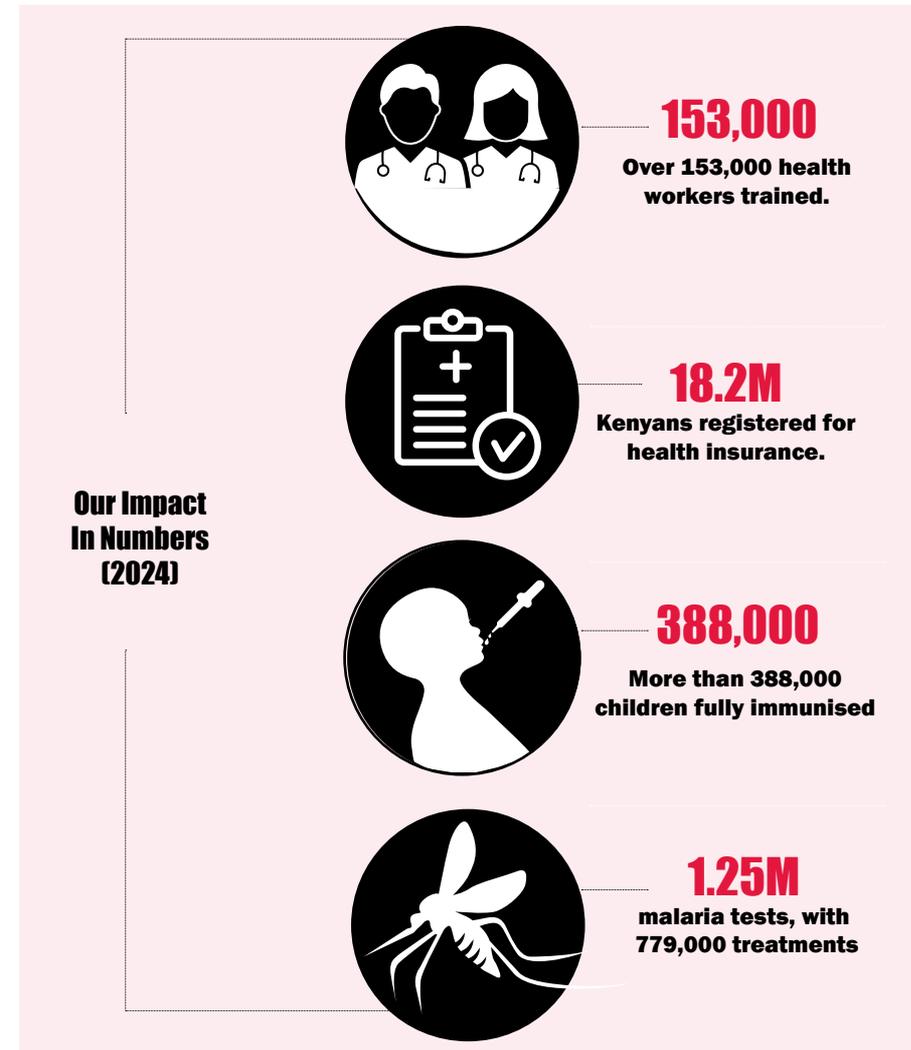
2.5 Innovation

Amref implemented nine impactful innovations across multiple countries, leveraging digital tools, community engagement, and strategic partnerships to improve health outcomes, enhance data systems, and influence policy.

Key highlights

	<ul style="list-style-type: none"> ● South Sudan: Paper-to-Dashboard app digitised over 14,900 records, improving programme efficiency. 	
<ul style="list-style-type: none"> ● Kenya: Innovation Challenge TB Fund screened over 891,000 individuals and identified 3,741 new TB cases, prompting its adoption into Global Fund Cycle 7. The virtual e-learning platform for malaria care targeted 400 health workers, expanding access to cost-effective training. A Public-Private Mix TB management model was developed to increase TB case detection in private facilities and is undergoing further conceptualisation. 		<ul style="list-style-type: none"> ● Ethiopia: Portable ultrasounds improved maternal-child diagnostics.
	<ul style="list-style-type: none"> ● Malawi: Installation of pediatric monitoring devices reduced neonatal mortality. 	
	<ul style="list-style-type: none"> ● West Africa: Cross-border FGM elimination agreements forged, and community education expanded. 	

Collectively, these innovations advanced equitable health service delivery, improved data use, and supported the elimination of preventable conditions and harmful practices across Africa.



Looking Ahead

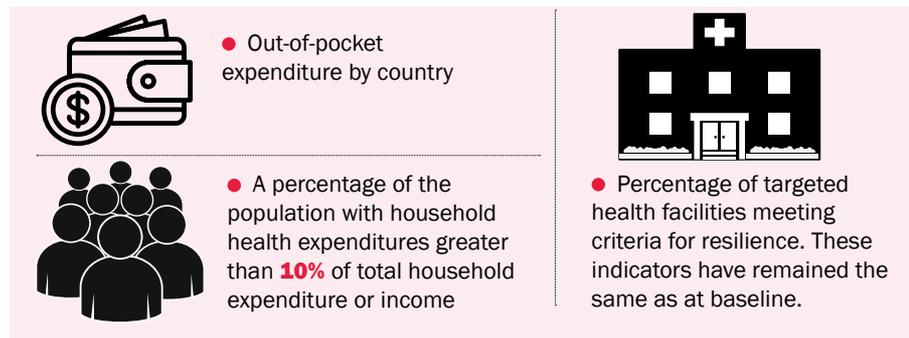
Amref remains committed to people-centred health systems—scaling proven interventions, strengthening community health structures, and ensuring that no one is left behind on the journey to universal health coverage.



3. Social Determinants of Health

Amref Health Africa recognises that good health is shaped far beyond the clinic walls. The social determinants of health (SDOH) include economic status, education, social and gender norms, access to healthcare services, environmental conditions, housing, food security, and political stability.

To measure the impact of its programming under this platform, Amref tracks three key indicators:



3.1 Education

Education as a social determinant of health shapes opportunities, behaviours, and life outcomes. Higher levels of education are strongly linked to better employment prospects, higher income, and improved living conditions, which in turn reduce exposure to health risks. Education also enhances health literacy, enabling individuals to make informed decisions about nutrition, hygiene, disease prevention, and the utilisation of health services. Moreover, schooling, especially for girls, delays early marriage and pregnancy, reduces gender inequality, and promotes intergenerational benefits where educated parents are more likely to ensure their children receive proper healthcare and education. Education not only improves individual well-being but also strengthens community resilience and overall public health.

GBV Prevention and Community Engagement in Ethiopia: Amref empowered communities to prevent Gender Based Violence (GBV) through the PtY and Women Lead projects. Over 64 religious leaders and 330 community actors got training, resulting in the prevention of more than 100 child marriages and 5 FGM cases. In Afar, community-led committees successfully stopped 50 child marriages. Amref also facilitated policy reform, leading to revised family law provisions in Afar, and developed a manual to prevent harmful practices in collaboration with religious institutions. Health and law enforcement personnel trained to provide youth-friendly SRHR services, resulting in 4,063 young people (91% female) accessing improved care. 91 GBV survivors received comprehensive support through enhanced referral systems.

Strengthening Adolescent SRHR and Reducing Teenage Pregnancies in Uganda: Amref, through the “No More Silence” campaign, identified key drivers of teenage pregnancy and promoted peer-led dialogue and school-level accountability. This contributed to a 1% decline in teenage pregnancy rates (from 23% to 22%) and a 3% increase in SRHR curriculum completion rates (from 64% to 67%) among adolescents.

Key outcomes included 108,933 couple-years of protection (CYPs) generated and 31,373 unintended pregnancies prevented. Age-appropriate SRHR education and community sensitisation improved transparency and service uptake.

3.2 Climate Change

In 2024, Amref advanced the integration of climate change and health systems through policy leadership, community resilience building, and multi-sector collaboration.

Policy Influence and Leadership in Kenya: Amref joined the Secretariat of Kenya’s National Climate Change and Health Technical Working Group, where it provided strategic guidance in developing the country’s first national climate change and health roadmap. Through partnerships with the Ministry of Health and East, Central, and Southern Africa Health Community (ECSA-HC), Amref helped shape Kenya’s unified climate-health agenda and co-developed regional One Health strategies addressing antimicrobial resistance and climate impacts. These were presented at the ECSA-HC high-level roundtable, reinforcing Amref’s leadership in regional climate-health dialogue.

Institutional Capacity and Environmental Stewardship in Uganda: Amref supported the development of Uganda’s Health National Adaptation Plan (H-NAP) 2025–2030 and trained 4,441 individuals (54% female) on sustainable waste management practices (5Rs: refuse, reduce, reuse, recycle, repurpose), promoting environmental protection at the community level. Integrated WASH and SRHR programming improved maternal and child health outcomes by addressing water scarcity and sanitation issues in health facilities. A plastic recycling pilot in Amuru District eliminated visible plastic waste, demonstrating a scalable community-based waste solution.



3.3 Health Security

Amref Health Africa improved health security across Africa via vaccine delivery, risk communication, digital innovation, capacity building, and service integration.

Expanding Access to Vaccines and Routine Immunisation: Amref significantly expanded COVID-19 vaccination coverage in over 15 countries, administering more than **25 million COVID-19 vaccine doses** across Eastern, Southern, and Western Africa. Under the Mastercard Foundation's Saving Lives and Livelihoods (SLL) initiative alone, **Amref administered over 24.6 million doses**, achieving 90.6% of the target in Eastern Africa, 50.3% in Southern Africa, and 45.4% in Western Africa. An additional 444,482 COVID-19 doses were delivered through the VAN initiative in Kenya, Uganda, Tanzania, Malawi, and Zambia. In recognition of the need for sustainability, Amref prioritised integration of COVID-19 vaccination into broader PHC services. Through this integrated approach, the VAN project also facilitated 2.1 million routine immunisations and the delivery of over 200,000 other essential health services in the five target countries. These efforts prevented avoidable morbidity and mortality while sustaining public demand for critical immunisation services beyond the pandemic context.

Community Engagement and Demand Generation: Amref's strategy emphasised people-centred engagement through extensive Risk Communication and Community Engagement (RCCE). Across all programmes, Amref **reached more than 1.7 million people** via radio and 406,234 through door-to-door sensitisation, targeting vaccine hesitancy and misinformation. These initiatives empowered communities to make informed health decisions and built public trust in the health system. In Djibouti, RCCE strategies were tailored to local contexts and co-developed with national and district-level health authorities. By embedding CHWs and local influencers in vaccination campaigns, Amref helped reduce resistance and increase vaccine uptake. Across multiple countries, the flexibility to realign micro-plans and deploy mobile teams allowed for responsive outreach in under-vaccinated areas.

Institutional and Regional Capacity Building: Amref further contributed to long-term pandemic preparedness by strengthening the institutional capacity of the Africa CDC and its member States. With support from the David and Lucile Packard Foundation, Amref helped recruit and deploy 37 technical and administrative personnel, including 22 staff across Africa CDC headquarters and five Regional Coordination Centres (RCCs) in Gabon, Egypt, Kenya, Nigeria, and Zambia. These personnel supported Africa CDC's five strategic pillars: emergency preparedness and response, disease surveillance, public health research, laboratory systems, and data intelligence, enabling stronger coordination among the 55 African Union Member States. This decentralised model improved Africa's collective capacity to manage concurrent health emergencies, such as Cholera, Mpox, and Marburg virus outbreaks, while promoting long-term resilience through support to National Public Health Institutes (NPHIs).

Integrating COVID-19 Response into PHC Systems: A key cross-cutting outcome was the successful integration of COVID-19 response into broader PHC systems, ensuring sustainability beyond emergency funding cycles. Amref worked with the MoH to align COVID-19 vaccination with routine service delivery, particularly in the latter stages of the

pandemic. In Djibouti and other regions, this included embedding digitised immunisation processes into existing facility workflows, streamlining point-of-care delivery, and improving maternal and child health services. Amref also advised national and sub-national health teams on integrating COVID-19 services into routine care, supported harmonised policy development, and helped ensure that primary health facilities were equipped and capacitated to respond to future outbreaks within the PHC framework.

3.4 Youth and Urbanisation

Amref Health Africa strengthened youth engagement in governance, health policy, and social change across Ethiopia and West Africa.

Youth Policy Influence and Health Governance in Ethiopia: Youth coalitions played a central role in shaping the revised National Youth Policy, supported by a dedicated advisor seconded to the Ministry of Women and Social Affairs. Amref also developed a Youth Civic Engagement Roadmap, providing a framework for sustained advocacy. Collaboration with the Ministry of Education led to a national commitment to establish career centre directors in universities, thereby improving youth career readiness.

The projects also strengthened Adolescent and Youth Health Councils (AYHCs), enabling young people to contribute to SRHR policy discussions. Legal advocacy efforts contributed to the adoption of the Afar Family Law, protecting girls from harmful practices. Local CSOs received training in research and advocacy, boosting their capacity to sustain youth-led initiatives.

Survivor-Led Advocacy and Civic Participation in West Africa: In Senegal, Amref supported FGM/C survivors in Sedhiou and Kolda to lead advocacy campaigns resulting in formal commitments by local authorities to eliminate FGM. Survivor networks were trained in leadership, digital advocacy, and media engagement, amplifying their voice and visibility. Following the March 2024 elections, Amref intensified engagement with new government officials. Youth leaders secured strategic positions, contributing to a National Assembly now composed of 25% youth (including 3% under 30), with the youngest Member of Parliament being 24 years old.

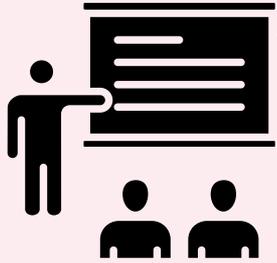
Our Impact – In Numbers (2024)



● Over **31,000** unintended pregnancies prevented.

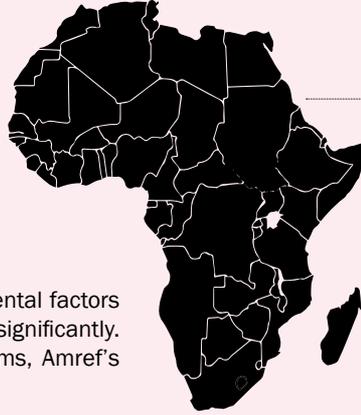


● More than **USD 1M** in youth savings & loans mobilised in Ethiopia.



● More than **4,400** people trained in climate-smart and environmental practices

Amref demonstrates that when social, economic, and environmental factors are tackled together with clinical care, health outcomes improve significantly. From preventing child marriage to building climate-resilient farms, Amref's work is helping communities not only survive but thrive.



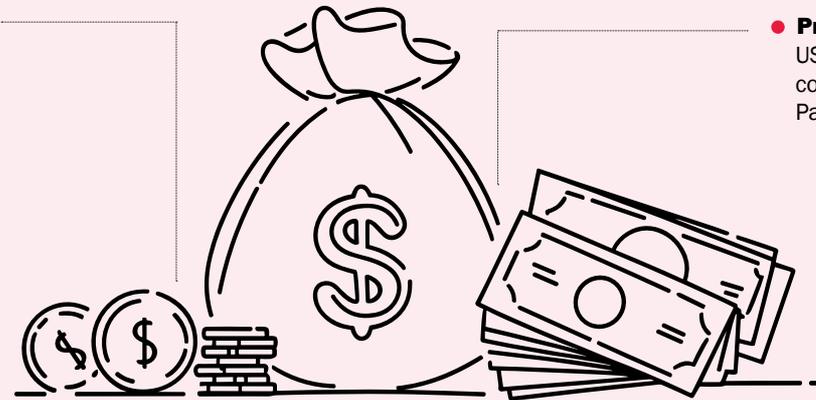
● **55** AU member states supported strengthening health security.



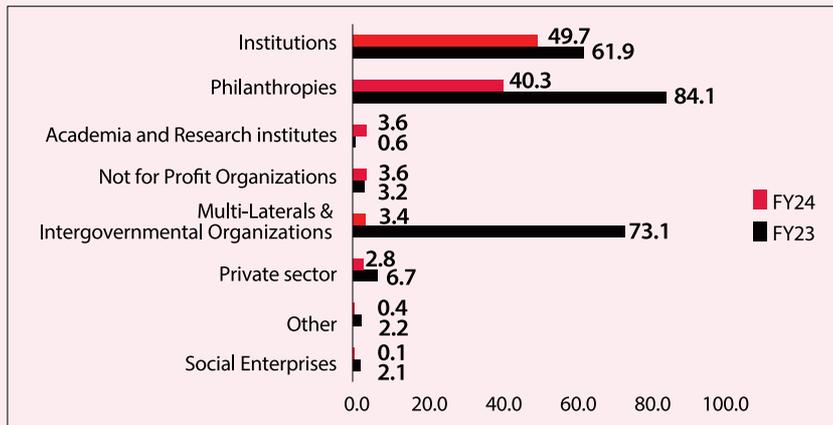
● More than **9,600** SACCO members accessing affordable finance.



● **Individual giving:** Raised **US\$24.4 million** in unrestricted funds throughout Northern offices (in Europe and North America). Part of these funds have been used to cover implementation gaps in Kenya, South Sudan, Tanzania, and Uganda.



● **Private Partnerships and Philanthropy:** US\$51.6 million generated, with nearly half of competitive bids generated through relationships built by Partnerships. (Figure 21).



FY24 and FY23 value in US\$ millions of opportunities by donor category



FY24 and FY23, donor category by number



Total funding from Partnership efforts-2024

Looking Ahead

Amref Health Africa's 2024 progress reflects our commitment to people-centred leadership, operational efficiency, technical innovation, global influence, and sustainable financing. By embedding these enablers, we are not just delivering health programmes — we are building resilient health systems and shaping Africa's health future.



5.1 Amref International University (AmlU)

In 2024, AmlU grew its academic reach, infrastructure, and global presence, advancing its mission to deliver high-quality health education in Africa.

Key 2024 Achievements

- **Infrastructure & Reach** – Construction of the new Northlands Campus advanced, and functions transitioned in May 2025. Three new learning centres opened in Malawi, South Sudan, and Kenya, expanding AmlU’s footprint to more communities.
- **Student Growth** – Enrolment rose to 3,050 students, including 8% international students. Over 2,000 students participated in remote learning, with 30% of courses delivered virtually, enhancing access and flexibility.
- **Programme Expansion** – Academic programmes grew by 24, increasing diversity in health education offerings.
- **Research & Evidence Generation** – Eight research projects were implemented, with outputs including peer-reviewed publications, international conference presentations, and new curricula for key health areas such as epidemiology, cardiometabolic diseases, and tuberculosis management.
- **Partnerships & Collaboration** – Eight new MoUs were signed, strengthening regional and global academic networks.
- **Financial Sustainability** – 76% of programmes generated a surplus; consultancy and research incomes are growing, though more investment is needed to meet 2027 targets.
- **Student Support** – 8% of students received scholarships, with a goal to reach 50% by 2027.

Impact: AmlU is shaping Africa’s next generation of health leaders through innovative learning models, stronger research capacity, and wider geographic reach, ensuring more communities benefit from skilled health professionals.

Looking Ahead

Amref International University will focus on student support, faculty development, and digital learning innovation to meet 2027 targets.

5.2 Amref Flying Doctors

Amref Flying Doctors had a record year in 2024, delivering strong financial results and expanding its services.

- **Financial Performance:** Surplus of **US\$1.18 million**, surpassing the flex budget target by **68%**. Achieved 105% of budgeted flight hours and secured a **US\$1.2 million** high-value standby contract in Diego Garcia.
- **Service Expansion:** The emerging charter flight business generated **US\$250,000** in just six months, revealing new revenue opportunities beyond traditional medevac services.
- **Operational Efficiency:** Reduced reliance on third-party aircraft by **55%**, improving profitability and resilience.

- **Fleet & Maintenance:** Sold one jet to free up working capital, leased additional aircraft to boost capacity, and shifted jet maintenance to Nairobi, reducing costs and downtime.
- **Cost Management:** Implemented salary increment freezes and adopted a gig-based workforce model to enhance flexibility.

Impact: AFD’s operational agility, revenue diversification, and cost discipline mean more life-saving missions, better reach to remote and high-need areas, and a stronger foundation for sustainable growth.

Looking Ahead

Amref Flying Doctors will scale its charter business, secure more high-value standby contracts, and refine fleet strategy to strengthen year-round revenue and service readiness.





Amref continues to demonstrate bold ambition in strengthening health systems across Africa. To accelerate progress toward UHC and enhance operational excellence, a comprehensive set of programmatic and operational recommendations has been developed.

7.1 Programmatic Recommendations

1. Deepen investment in Primary Health Care: Invest more in community-level services to reduce maternal deaths and improve access in underserved areas.

- Expand community midwifery programmes and emergency referral systems.
- Train and deploy skilled birth attendants in remote areas.
- Introduce mobile clinics, maternity waiting homes, and community birthing centres.

2. Standardise and Scale Health Workforce Innovations: Building a resilient and skilled health workforce is central to achieving UHC. Amref should;

- Scale digital learning platforms like LEAP and E-Campus across its operations
- Formalise CHW registries and entrepreneurship models for career growth.

3. Accelerate Health Financing Reforms and Sustainability: Amref has made notable progress in strengthening domestic and innovative financing, and this momentum must be expanded. Amref should;

- Replicate successful models, such as Uganda’s results-based financing and Kenya’s increased domestic health budgets.
- Continue championing value-for-money approaches in health purchasing, especially for PHC services.

4. Test and Expand High-Impact Innovations: Amref should;

- Prioritise the testing of promising innovations like portable ultrasounds, neonatal monitors, and scale up those that demonstrate measurable impact.
- Establish a Pan-African Health Innovation Lab with partners.

5. Strengthen Civil Society and Youth-led Accountability:

- Strengthen CSO and youth-led advocacy in health governance, policy reform, and budget monitoring.
- Institutionalise models like Y-ACT and MNYPYA for grassroots influence.

6. Strengthen Regional and Global Policy Influence: Use Amref’s credibility to drive UHC reforms and lead multi-country technical working groups on benefit packages, purchasing, and workforce investments.

7. Institutionalise Community-Led Education to End GBV: Scale proven community education models that prevent GBV, child marriage, and FGM/C.

- Embed proven GBV prevention approaches into formal education systems and align with local government strategies.

8. Scale Youth-Led SACCOs and Climate-Smart Livelihoods: Replicate climate-smart farming and youth-led SACCO models that have increased income, food security to

strengthen economic resilience.

9. Embed Health Emergency Preparedness into PHC: Integrate oxygen infrastructure, disease surveillance, and IPC systems into national PHC policies.

7.2 Operational Recommendations

1. Develop Leadership and Talent Pipelines: Implement succession planning, leadership development programmes, and career growth pathways to improve internal mobility.

2. Integrate Primary Health Care and Social Determinants of Health in all programmes: Standardise tools and training to ensure holistic and multi-thematic interventions address both medical and social drivers of health.

3. Transform Resource Mobilisation: Use a Donor Value Matrix to prioritise high-return funders. Package large-scale, multi-year investment cases aligned to Amref’s TRANSFORM Strategy.

4. Accelerate Digital Transformation: Fully automate core processes and embed digital literacy across teams to boost efficiency and transparency. Integrate ERP, CRM, and analytics platforms to drive data-driven decision-making.

The Road Ahead

These recommendations represent a roadmap to scale proven solutions, drive systemic reforms, and strengthen organisational capacity. By embedding these priorities into its 2025–2027 agenda, Amref will deepen its role as a leader in health systems transformation — ensuring equitable, resilient, and sustainable health for all in Africa.

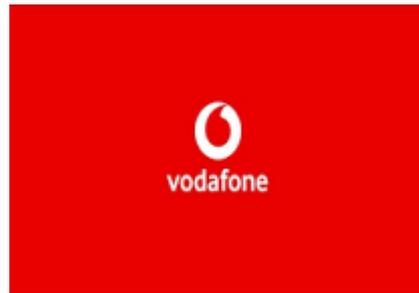


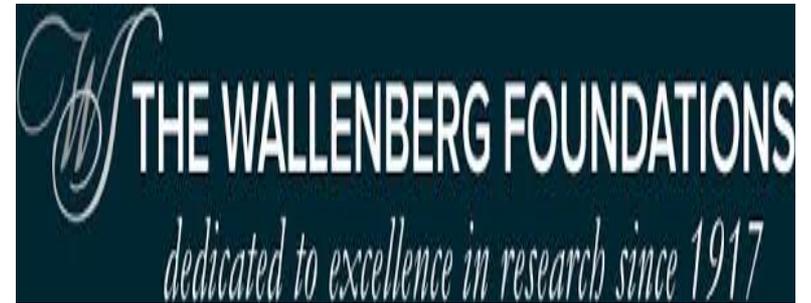


7. Acknowledgments

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