amref health africa

Annual Report 2025

Transforming Health Systems Across Africa

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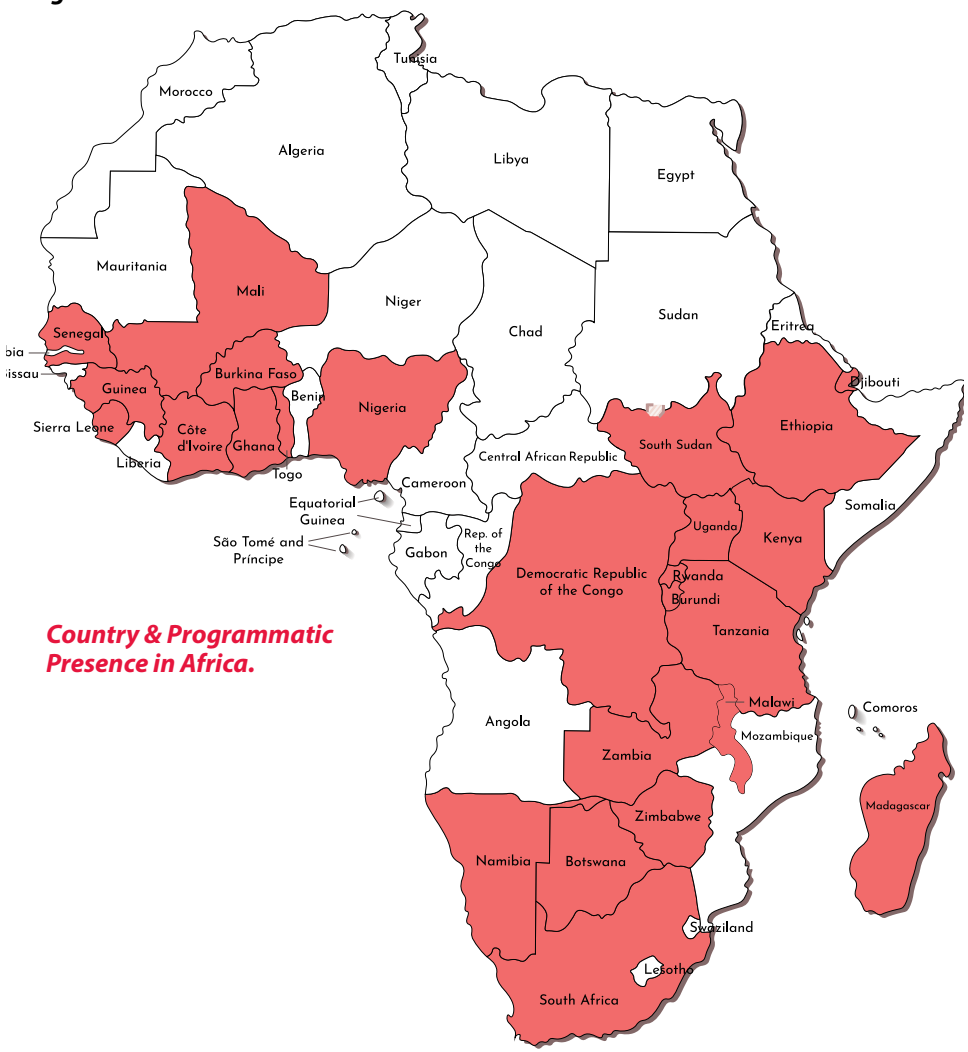
Health Pooled Fund
South Sudan
OF HEALTH
HCU
NTY
Gavi

About Amref Health Africa

Amref Health Africa is the largest Africa-based international health organisation, headquartered in Nairobi, Kenya, and operating in more than 35 countries across sub-Saharan Africa. Amref serves as a strategic co-designer alongside Ministries of Health (MoH), regional bodies and local institutions to support active transition to sustainable, government-led country programes within the changing Global Health Architecture. Our work is grounded in a founding conviction that Africa's people should determine their own health future and that lasting health change requires investing in the institutions, systems, and people who will sustain that change long after any individual programme ends.

Figure 1



Country & Programmatic Presence in Africa.

2025 at a Glance

Direct Reach

25.4 million people reached in 2025, a **33%** increase from **19.1** million in 2024

10.1 million

Women & girls
10.1 million (40%)

10.2 million

Youth (15-35 years)
10.2 million (40%)

9.2 million

Children (<15 years)
9.2 million (36%)

Indirect Reach

- **42.5** million people reached in 2025, an **8%** increase from 2024.

Portfolio Growth

- **190** active projects across more than **35** countries in 2025, **10%** growth from 2024.

Resources Mobilised

- USD **275** million in resources mobilised, up from USD **104** million in 2024.
- Individual giving USD **6.25** million in unrestricted funding transferred from Northern offices — more than doubling 2024 transfers of USD **2.68** million.

Research Products

- **63** peer-reviewed publications.

TRANSFORM: Amref Corporate Strategy 2030

VISION
Lasting health change in Africa

MISSION
To catalyse and drive community-led and people-centred 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: Strengthen 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 initiatives 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 young demographic and rapid urbanisation to address increasing demands 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

1.0 The Value Created

Lives Saved & Suffering Prevented

Maternal mortality fell sharply across 7 countries. Stillbirths dropped to zero in some districts. Over 500 life-saving surgeries in South Sudan after a 4-year hiatus. 400,000+ people gained access to surgical care.

System Resilience and Equity

Capacity embedded in government structures, not alongside them. Pastoralist and climate-stressed communities living in remote areas gained access to health care—Community Health Promoters and Village Health Teams as sustainable frontline bridges between households and facilities.

Sustainable financing

Helping countries progressively finance and manage their own health priorities. Kenya: facility own-source revenue increased by 223%, from KES 6B to 19.4B. Ethiopia: government health budget increased by up to 25%; reimbursement rates for exempted services increased 5-fold, from 17.5% to 94%. Tanzania Primary Health Care Redesign Initiative endorsed by government.

Thought Leadership

Advocacy at 33 high-level global events.

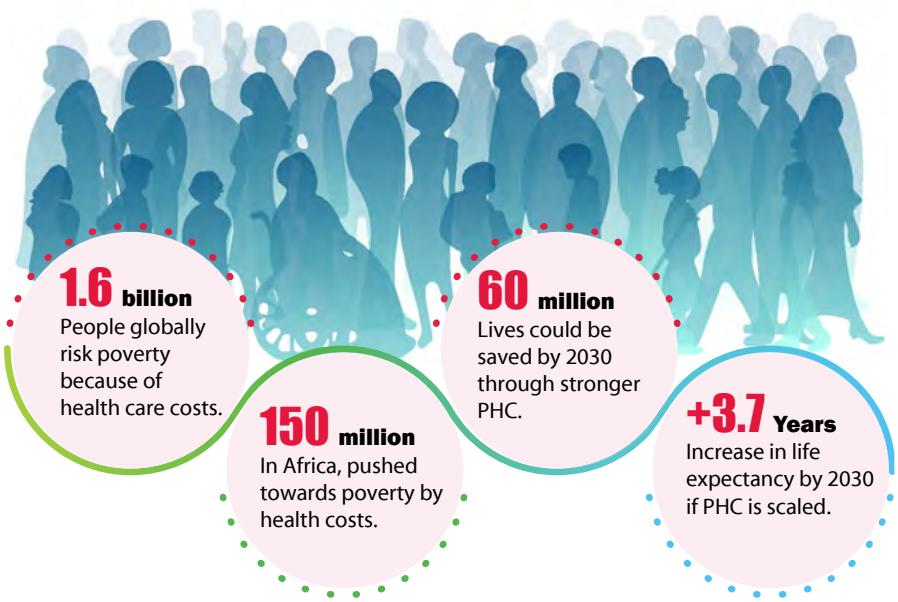
Government Partnership and Policy Influence

Delivered impact through government-owned systems, not parallel structures — strengthening policy, financing, service delivery, surveillance and accountability with ministries, counties, districts, parliaments and regional platforms.
Policy wins: Kenya Facility Improvement Financing legislation, Zambia Tobacco Control Bill, Senegal's first Public Health Code.

2.0 The Case for Primary Health Care

Primary Health Care (PHC) is the most inclusive, equitable, and cost-effective pathway to Universal Health Coverage. Yet, Africa's systems still struggle to deliver on the promise of Alma-Ata (1978) and Astana (2018).

The challenge: How can governments build sustainable, community-centred systems that prevent disease, produce health at the household level, and bring care to every home?



Key systemic barriers in Amref's 8 core countries:

- Fragile referral systems & supply chain gaps
- Declining donor financing compressing domestic budgets
- Climate-related shocks undermining service continuity
- Socio-cultural barriers limiting care-seeking
- Weak community–facility linkages & accountability deficits

The Opportunity

- PHC delivers on equity, resilience, efficiency, and sustainability — reaching pastoralist, remote, and marginalised communities in Amref's 2025 portfolio.

3.0 The PHC Accelerator Bundle

The PHC Accelerator Bundle is an integrated approach that brings together financing, data, leadership, and community systems to strengthen Primary Health Care. It is designed to work within and strengthen existing government systems rather than create parallel structures that may not be sustained beyond individual projects.

Together, these four interconnected components enable governments to build stronger, more resilient, and sustainable Primary Health Care systems that deliver lasting health impact.

How - The PHC Accelerator Bundle

A multisector, community-led solution - built on proven principles, designed for government ownership

5 Delivery Levers
Health workforce capacity (mentorship, LEAP)
Community health systems (CHPs, VHTs)
Digital Innovation (eCHIS, AI supervision)
Health financing reform (CBHI, FIF)
Government & accountability (QI, Scorecards)

Community CareConnect

5 Delivery Principles
Design with communities at the centre
Co-create across the systems
Build for evidence & learning
Enable government ownership
Adapt & amplify what exists

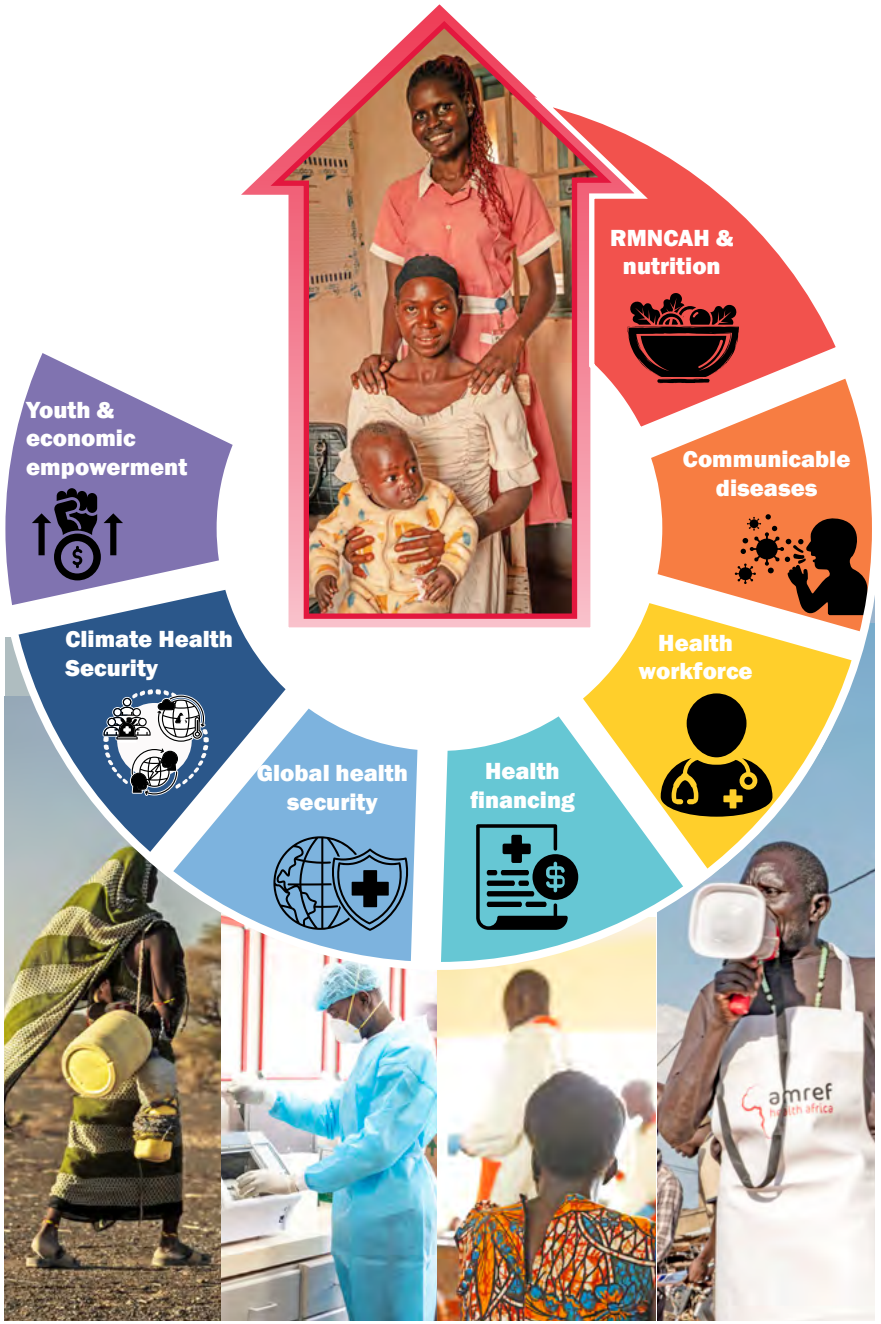
The Community Fund
Sustainable financing from government taxes, private sector, Philanthropy & blended finance - pooled virtually at community level.

The Intelligence Centre
Multi-level data and decision-support hub integrating health & non-health data to drive timely action from community to national level.

Leadership Catalyst Programme
Strengthens PHC leadership, accountability & citizen participation across all levels of the health ecosystem

4.0 Results by Strategic Themes

Amref's 2025 portfolio advanced progress through integrated investments across the thematic areas:



4.1 Theme 1: **RMNCAH & Nutrition**

Across Africa, many women, newborns and children continue to die from preventable causes as a result of lack of access to quality health care. However, there is progress. In 2025, Amref Health Africa worked with governments and communities to strengthen Primary Health Care systems, bringing lifesaving maternal, newborn, child and adolescent health services closer to those who need them most.

The Context

Highest global burden above Sustainable Development Goals targets

- MMR **~545/100,000** live births
- Stillbirth rate ~22/1,000 total births

Fragile PHC systems

- **<50%** of facilities ready to deliver basic PHC services

Inequitable access

- **~20-25%** unmet need for contraception-adolescents

Uneven coverage

- SBA **~70%**
- Zero-dose children **~ 7-10M**

How We Created Change (Approaches)

Digital Health Integration

- Equipping health workers with digital tools for reporting, tracking, and evidence-based decision-making.

Multi-sectoral PHC integration

- Integrating nutrition, immunisation, gender, and climate resilience interventions within a single Primary health care platform.

Workforce strengthening

– Building health worker capacity with essential clinical skills, including Emergency Obstetric and Newborn Care (EmONC).

Community-centred service delivery

– Bringing health services closer to households through strong community–facility linkages.

Key Interventions

Maternal Health

- Clinical capacity strengthening through midwifery training, clinical mentorship, EmONC and EMOTIVE training.
- Deployment of digital maternal and perinatal surveillance systems (MPDSR) and digital health tools.

Child Health

- Deployment of community-based and mobile outreach service delivery models tailored to pastoralist and hard-to-reach populations.
- Identification and vaccination of zero-dose children through advanced integrated outreach strategies.

Reproductive Health

- Expansion of family planning and Sexual and Reproductive Health Rights services through improved service availability.
- Use of mobile outreach services to reach pastoralist, remote, and underserved populations.

Results

West Africa

- 181% increase in immunisation coverage in targeted districts across West Africa
- 65,776 children received routine immunisation

Uganda

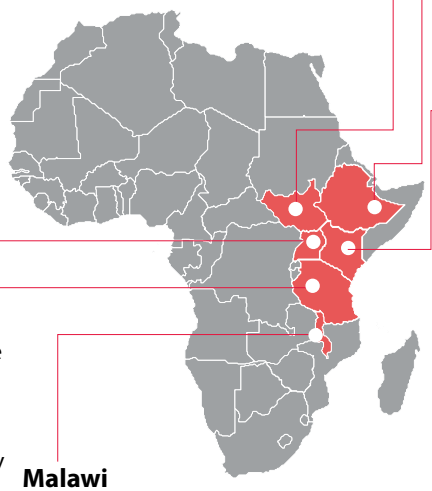
- Programme reduced institutional maternal mortality from **59** to **13** deaths per **100,000** live births.

Tanzania

- Significant drop in the institutional maternal mortality ratio; skilled birth attendance exceeded **93%** of facility deliveries, contributing to significant improvements in maternal and newborn survival.

South Sudan

- Over 500 life-saving operations performed in South Sudan after a four-year surgical gap
- 400,000+ people regained access to specialist surgical services



Malawi

- Stillbirths at Kwitanda Health Centre fell from 18 per **1,000** to **0**
- 25,430 girls aged **9–14** vaccinated against HPV.

Ethiopia

- Maternal mortality fell from **267** to **141** deaths per **100,000** live births.
- Skilled birth attendance more than doubled to **62%**.

Kenya

- 38% reduction in postpartum haemorrhage cases and contributed to a **66%** reduction in institutional maternal deaths in Turkana, Kenya.
- 150 Health workers across **130** facilities trained in Essential Newborn Care.
- 700+ Community Health Promoters trained to improve newborn care.

Case Story: Pfizer III Foundation Project in Malawi

Amref implemented community-based outreach clinics and trained volunteers to use the My Village My Home toolkit to track and follow up children due or overdue for vaccinations, bringing services closer to households and strengthening community-level engagement.

Full immunisation coverage increased from 53% to 83% at Maganga Health Centre. Outreach and tracking reduced missed vaccinations and improved follow-up. Community engagement significantly improved demand and service uptake. The project improved equitable access and increased service utilisation in Malawi.

Value Created

- Enhanced long-term clinical capacity through mentorship and supportive supervision.
- Institutionalised quality improvement practices within health facilities.
- Strengthened community health systems for early identification, referral, and follow-up.
- Improved access to specialist services in fragile settings in South Sudan.
- Generated evidence to inform national policy and resource allocation.
- Increased resilience of Primary Health Care systems to future shocks.

4.2 Theme 2: **Communicable Diseases**

The Communicable Diseases portfolio spans malaria, HIV/AIDS, tuberculosis, Neglected Tropical Diseases, and immunisation. Amref's approach integrates disease prevention, surveillance, and treatment into comprehensive PHC platforms that deliver multiple services.

The Context

Persistent malaria burden

- **>7.3 M** cases in 2025 recorded in Zambia

Triple burden of HIV, TB and Malaria in Kenya

- HIV prevention gaps
- TB detection challenges (**20%** to **25%** cases go undetected)
- Commodity stockouts

Pastoralist communities in Ethiopia

- Low access to NTD screening
- Cancer detection
- Weak referral pathways

How We Created Change (Approaches)

Community-centred service delivery - CHW-led models extended diagnosis, treatment, and follow-up to households, improving access beyond facility catchment areas.

Integrated disease platforms —combined HIV, TB, malaria, NTD, and immunisation services through a single community health interface, improving efficiency and reducing the burden on both patients and providers.

Culturally responsive outreach - using local leaders, traditional healers, mobile vans, and cultural events, reducing socio-cultural and geographic access barriers.

Digital surveillance and real-time data systems – use of AI-enabled and DHIS2-linked systems to improve reporting timeliness, case detection and data-driven resource allocation.

Key Interventions

- **Zambia** — PHC for Malaria Elimination- Deployment of community-based health volunteers, including CHWs for integrated community case management and community change agents for social and behaviour change.
- **Tanzania** — Male HIV Prevention- Delivery of client-centred, community-based HIV prevention services tailored to men's needs.
- **Kenya** — Integrated HIV, TB, and Malaria Programming- Delivery of integrated HIV, TB, and malaria services through shared community health platforms.
- **Ethiopia** — NTDs, Oncology, and Immunisation- Scale-up of community-based trachomatous trichiasis (TT) case finding and treatment under the WHO-recommended SAFE strategy (Surgery, Antibiotics, Facial cleanliness, and Environmental improvement).

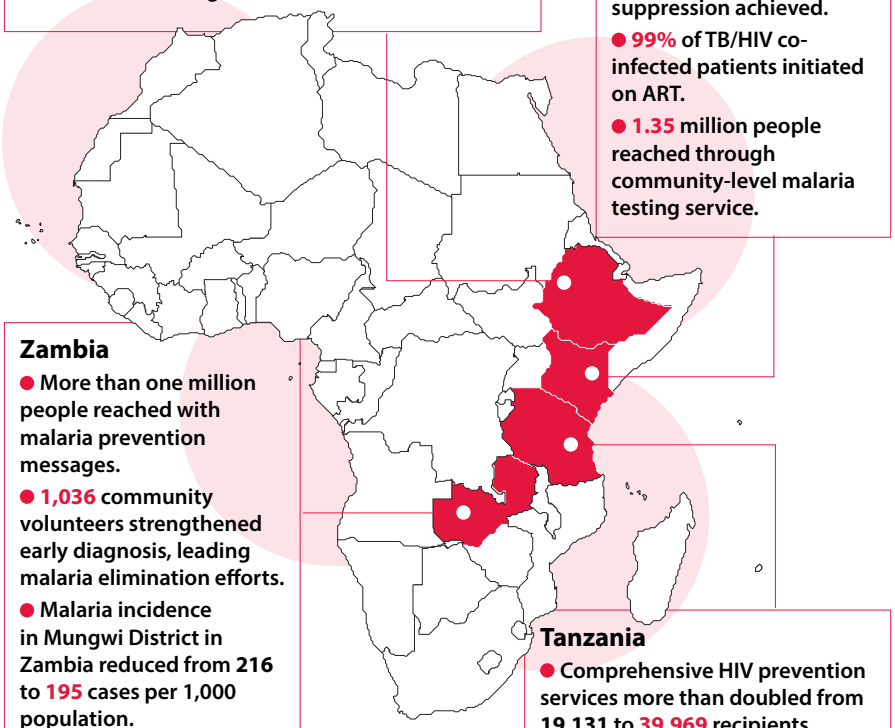
Results

Ethiopia

- Vaccinated over 560,000 children, reducing zero-dose prevalence by 80%.
- Trachoma screening increased from 14,000 to more than 106,000 people.
- Oncology services brought closer to underserved communities through decentralised care.

Kenya

- 83,885 people were tested for HIV in Kenya; 97% of newly diagnosed HIV clients were linked to ART.
- 93% viral load suppression achieved.
- 99% of TB/HIV co-infected patients initiated on ART.
- 1.35 million people reached through community-level malaria testing service.



Zambia

- More than one million people reached with malaria prevention messages.
- 1,036 community volunteers strengthened early diagnosis, leading malaria elimination efforts.
- Malaria incidence in Mungwi District in Zambia reduced from 216 to 195 cases per 1,000 population.

Tanzania

- Comprehensive HIV prevention services more than doubled from 19,131 to 39,969 recipients.

Case Story: PHC for Malaria Elimination in Zambia

Malaria incidence in Mungwi declined from 216 to 195 per 1,000 population; zero community malaria deaths reported in supervised Mansa facilities; over one million people reached with social and behaviour change communications.

Value Created

The portfolio shifted health systems from fragmented, reactive disease control to integrated, data-driven, and community-centred models, improving outcomes, equity, and system resilience at scale.

4.3 Theme 3: **Health Workforce Development**

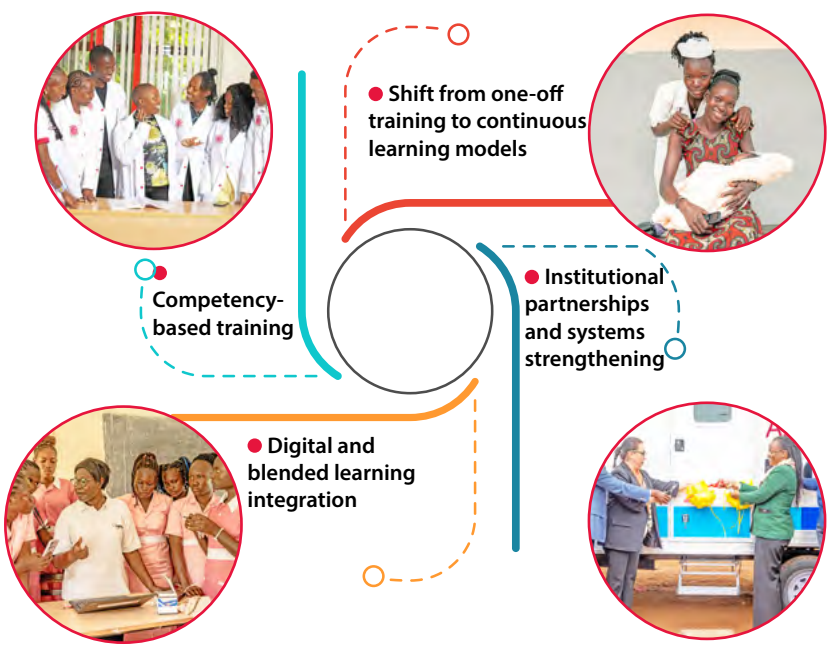
The portfolio highlights the health workforce as a vital driver of progress towards Universal Health Coverage, health security, and resilient PHC systems, emphasising the importance of pre-service education, in-service training, institutional strengthening, and labour market alignment.

The Context

Africa faces a structural health workforce crisis with a projected deficit of 5.3 to 6.1 million[1] health workers by 2030. Other issues facing the health workforce include:

- Uneven distribution of health workers
- Weak supervision
- Training gaps
- Low community trust in vaccination
- Inadequate preparedness and insufficient institutional capacity

How We Created Change (Approaches)



Key Interventions

- Amref International University, an accredited institution of higher learning focused on training in health sciences across 32 countries.
- In-service workforce development through large-scale workforce training across 96 Kenya Medical Training College (KMTC) campuses in Kenya, mentorship of providers and CHPs in Ethiopia, institutionalisation of Life Course Approach to Immunisation in Uganda and targeted training of CHWs and facility teams in West Africa.

Results

A total of **119,204** frontline providers trained and mentored.

Amref International University (AMIU)

- Met the requirements for Charter Conferment.
- AMIU student enrolment grew by **24%,** from **3,051** learners in 2024 to **3,804** in 2025, spanning **32** countries.

Kenya

- More than **1,400** frontline workers trained.
- Surveillance completeness improved to **85–100%.**
- Visceral Leishmaniasis (VL) case fatality reduced from **4.4% to 1.7%.**

Ethiopia

- Over **6,000** health providers and CHPs trained through competency-based models.

Uganda

- Reduced Diphtheria, Pertussis and Tetanus (DPT) vaccine dropout rates from the first dose (DPT1) to the third dose (DPT3) from **13%** to **6%.**
- More than 1,200 health workers and 500 data managers trained.

Zambia

- Increased Health worker knowledge scores from **46%** to **92%**, contributing to better immunisation outcomes.

West Africa

- Over **46,000** girls were vaccinated against HPV; **102,968** pregnant women received **Td2+** vaccines; district-level vaccination coverage increased significantly.

Case Story: Visceral Leishmaniasis Workforce and Digital Surveillance in Kenya

Amref trained over 1,400 frontline workers, introduced a Kenya Health Information Systems -integrated Visceral Leishmaniasis tracker, and strengthened community case detection, referral, and reporting systems. As a result, surveillance completeness improved to 85–100%, while case fatality fell from 4.4% to 1.7% — demonstrating the life-saving value of targeted workforce investment linked to digital surveillance.

Value Created

The investments have created lasting value by building a skilled, data-enabled, and system-integrated health workforce capable of delivering higher-quality, more equitable, and sustainable PHC services.

[1] Africa's health workforce expands but shortages, unemployment and migration intensify: WHO report | WHO | Regional Office for Africa. https://www.afro.who.int/news/africas-health-workforce-expands-shortages-unemployment-and-migration-intensify-who-rpt

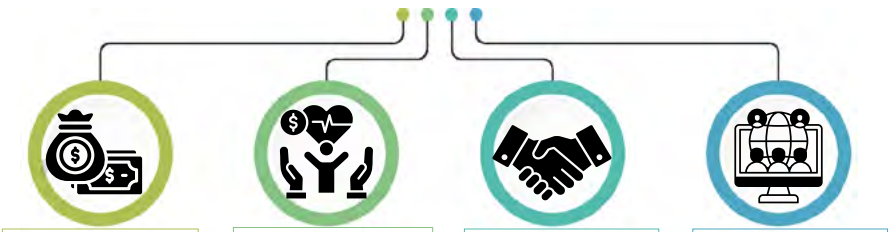
4.4 Theme 4: **Health Financing**

Amref's health financing portfolio strengthens equitable and sustainable financing through strategic purchasing, public finance management reforms, prepaid mechanisms, governance and regional learning platforms such as Strategic Purchasing Africa Resource Centre (SPARC).

The Context

African health systems are undergoing a period of fiscal change as external donor funding declines and domestic budgets remain constrained by competing priorities, debt, and macroeconomic pressures. Fragmented financing pools, low utilisation of prepaid financing schemes, and weak alignment between health expenditure and system performance mean that existing resources are often not used efficiently or equitably.

How We Created Change (Approaches)



- **Strategic Purchasing** Assisted governments in improving how health funds are allocated to maximise impact and efficiency.
- **Domestic System-Led Financing** Enhanced government systems to mobilise and manage health resources more effectively.
- **Government Partnerships** Embedded technical experts within ministries and county governments to support health financing reforms.
- **Regional Learning Platforms** Shared evidence and best practices through SPARC to enhance health financing across Africa and Asia.

Key Interventions

- **Ethiopia** – Public Finance Management and Community-Based Health Insurance (CBHI)- Improved health budgeting, reimbursement mechanisms, financial planning, facility financial autonomy and revenue retention.
- **Kenya** – Facility Improvement Financing (FIF)- Institutionalised health facility financial autonomy through policy and legislative reform.
- **Tanzania** – PHC Redesign Initiative- Convened national stakeholders to align health financing and PHC reforms.
- **Uganda** – Inclusive Health Financing- Implemented the Participatory Learning and Action for Disability (PLA-D) approach.
- **Regional** – SPARC- Supporting strategic health purchasing reforms across multiple countries in Africa.

Results

Ethiopia
- Health budget allocations increased by up to 25%.
- Reimbursement rates for exempted services increased from 17.5% to 94%.
- Expanded domestically financed health programmes from 13 to 35 woredas.

Kenya
- Counties implementing FIF increased from 20% to 81%.
- Facility own-source revenue increased from KSh 6 billion to KSh 19.4 billion.

Tanzania
- Government formally endorsed the Primary Health Care Redesign Initiative, creating a roadmap for sustainable health financing as donor funding declines.

Uganda
- Disability-inclusive financing model expanded through Participatory Learning and Action for Disability (PLAD) and Village Savings and Loans Asscociatios (VSLA) platforms.

SPARC
- Supported reforms in 24 countries; trained over 500 experts; produced more than 100 knowledge products.

Case Story- Facility Autonomy and Strategic Health Financing Reform in Kenya

Amref supported Kenya's Facility Improvement Financing reforms by strengthening facility autonomy, governance, and financial accountability within the devolved health system. Counties implementing the FIF Act increased from 20% to 80%, leading to an increase in own-source revenue in health facilities from KES 6 B to KES 19.4 B, improving local financial management and service delivery capacity.

Value Created

Amref's investments in health financing created lasting system resilience by ensuring that governments can mobilise, manage, and use their own resources more effectively, while making PHC financing more predictable, accountable, and equitable.

4.5 Theme 5: **Global Health Security**

Africa still regularly experiences public health emergencies such as Mpox, cholera, measles and Marburg disease outbreaks, which threaten lives and interrupt essential health services. Amref strengthens epidemic preparedness and response capacities, enabling health systems to detect, contain, and recover from these threats while maintaining continuity of PHC services that communities depend on day-to-day.

The Context

An estimated 90 to 100 epidemic and public health events are reported each year across sub-Saharan Africa, including Marburg, cholera, Ebola, yellow fever, and Rift Valley fever. Sub-Saharan Africa is experiencing a 40%-63% increase in zoonotic and vaccine-preventable disease outbreaks, driven in part by climate shocks that are reshaping ecosystems and expanding pathogen habitats.

How We Created Change (Approaches)

Key Interventions

- **Uganda** – Ebola and Multi-Outbreak Response- Training and deployment of Village Health Team (VHT) coordinators for community-based risk communication, sensitisation, and disease outbreak awareness.
- **Kenya** – Outbreak Preparedness and Surveillance- Strengthening case management and infection prevention and control (IPC) capacity within health facilities.

Results

Uganda

- 582 Ebola contacts identified and followed up, achieving a 99% follow-up rate **(577/582).**

Kenya

- Facility referrals for oxygen-dependent cases declined by up to **50%**.
- 6,866+ routine immunisation doses administered; **1,612** defaulters traced and immunised; **27,678** HPV doses delivered.

Ethiopia

- More than **35,450** oral cholera vaccine doses administered in outbreak-affected districts in Afar region.

Regional Impact

- MR-TCV campaigns achieved **91–100%** coverage in selected counties.
- Oxygen infrastructure strengthened; Facility referrals for oxygen-dependent cases declined by up to **50%**.
- 1.59 million people reached with integrated vaccination services across **22** member states.
- Strengthened policy and learning ecosystem with 30 life-course immunisation guidelines and **57** knowledge products developed.
- 200+ health workers trained and deployed into cross-border Mpox surveillance networks in Eastern Africa.

Case Story: Sudan Virus Ebola Disease outreak response in Uganda

During Uganda's 2025 Sudan Virus Ebola Disease outbreak response, Amref supported community sensitisation, contact tracing, the One Health coordination initiative, surveillance, and continuity of essential services. Through community resource persons and locally coordinated response mechanisms, 582 contacts were identified; 577 were successfully followed up, achieving a 99% follow-up rate and demonstrating the value of community-linked disease outbreak preparedness.

Value Created

Amref's investments in global health security strengthened Africa's ability to prevent, detect and respond to public health threats. Countries are becoming more resilient while ensuring communities continue to access essential health services during times of crisis.

4.6 Theme 6: **Climate, Health & Resilient Communities**

Climate change is no longer a future threat to global health. In Africa, it is already affecting the health of millions of people through droughts, floods, rising temperatures, and water shortages, which are increasing disease outbreaks, threatening food security, and disrupting essential health services. Amref is advancing climate-resilient PHC through water, sanitation and hygiene (WASH), One Health, surveillance and early warning, community and workforce capacity, NTD response and climate-health advocacy.

The Context

The evidence base for climate change as a public health threat is unambiguous: extreme heat, floods, and droughts are increasing the burden of vector-borne, water-borne, and mental health conditions, while simultaneously undermining livelihoods, disrupting supply chains, and reducing access to health care.

How We Created Change (Approaches)

Climate-Resilient Systems
Ensuring that health workers understand climate risks and facilities are designed to withstand environmental shocks.

One Health Approach
Linked human, animal and environmental health to prevent climate-related diseases better.

WASH Delivery Models
Expanded sustainable access to water, sanitation and hygiene through partnerships.

Climate-Sensitive Surveillance and Early Warning Systems Integrated community-based disease surveillance with event-based surveillance and digital surveillance tools.

Climate and Health Advocacy
Elevated health as a distinct priority within climate policy negotiations and financing agendas at regional and global levels.

Key Interventions

- **Ethiopia** — WASH and One Health Integration
- **Kenya** — Climate-Resilient Water and Surveillance
- **Uganda** — Solar-Powered WASH and One Health
- **Tanzania** — Climate-Resilient Energy for RMNCAH

Results

Regional Impact

- More than **390,000** people gained climate-resilient WASH services across Ethiopia, Kenya, Uganda, and Malawi.
- Over **280,000** people benefited from sanitation and hygiene improvements.
- Advanced a **USD 45** million Green Climate Fund (GCF) regional proposal with Kenya, Tanzania, and Zambia.
- Elevated climate and health as a regional and global policy priority, securing health as a dedicated subsection in the Addis Ababa Declaration at **ACS2.**
- Developed the Africa Climate and Health Playbook.
- **190** active projects in 2025, including **69** climate-related projects; **13%** focused specifically on WASH and One Health.

Kenya

- Through the innovative WaterStarters programme, climate-smart water systems transformed health and livelihoods. Results included reduced waterborne diseases from **14%** to **1%** in supported areas, increased school attendance by more than 60%, and created 20,000 employment days annually.

Tanzania

- Through the Afya Thabiti project, Amref installed solar energy systems in **90** rural health facilities, increasing biomedical registration rates from **60%** to **70%.**

Case Story- Community-Based Observatory Networks in Kenya

In North Horr, Kenya, Amref established Community-Based Observatory Networks to strengthen climate-health surveillance and early warning. Integrated with community-based and event-based surveillance systems and supported by digital tools such as M-Jali and Mdharura, the model enabled communities to identify and report climate-related health threats, including contaminated water sources and livestock rabies outbreaks.

Value Created

In 2025, Amref's investments helped communities adapt to climate change while strengthening health systems for the future. By integrating climate resilience into PHC systems, the portfolio improved disease prevention, MCH outcomes, and social stability in settings where climate vulnerability and health fragility reinforce each other.

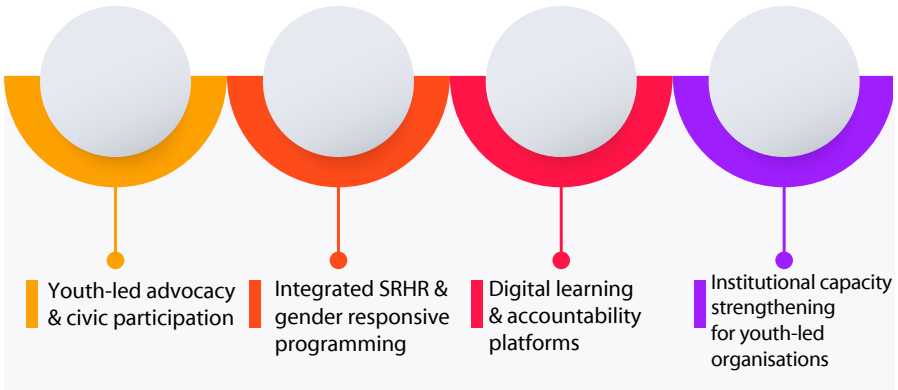
4.7 Theme 7: **Youth & Economic Empowerment**

Africa's population is the youngest in the world, representing the biggest opportunity. Despite progress, millions of young people still face obstacles to accessing quality health care, education, jobs, and active participation in society. Amref positions young people as central to resilient PHC systems, gender equality, social accountability, and inclusive economic growth.

The Context

Over 80% of young Africans work in the informal sector, where they are exposed to health risks, financial insecurity, and limited social protection.

How We Created Change (Approaches)



Key interventions

- **Zambia** — Tobacco Control Advocacy
- **Senegal** — Power to You(th) Programme
- **Ethiopia** — Integrated Urban Youth Platforms
- **Uganda and Malawi** — HPV Vaccination Scale-Up

Results

10.2M youth aged 15–35 directly reached in 2025

27% of all projects contributed to youth programming

6+ Countries and regional platforms engaged

Regional (Y-ACT)

- Formalised regional parliamentary engagement mechanisms and youth-led accountability models strengthened structured youth influence within governance systems.

Zambia

- Tobacco Control Bill approved by Cabinet and introduced in Parliament (February 2026) through youth advocacy.

Senegal

- 149 youth engaged in governance structures; 51 young people elected into formal governance roles; 76 CSOs strengthened; SRHR budget lines integrated in multiple localities.

Ethiopia

- Over **25,000** youth accessed SRH/FP services; **490** jobs created; more than **12,000 youth** gained digital skills; SACCO expanded to **18** cities with ETB **222M** disbursed in loans.

Uganda

- HPV vaccination coverage rose from **16%** at baseline to **131%** by project end, reaching **36,237** adolescents.

Malawi

- Community-centred HPV delivery strategy produced an **117%** increase in vaccinations in August 2025 alone.

Case Story- Youth Economic Empowerment and Digital Skills in Ethiopia

Amref's integrated youth platform in Ethiopia linked SRHR services, employability training, SACCO strengthening, digital skills, and youth participation. More than 25,000 youth accessed SRH/FP services, over 12,000 gained digital skills, 490 jobs were created, and the Youth SACCO expanded financial inclusion — showing how health, livelihoods, and agency can be strengthened together.

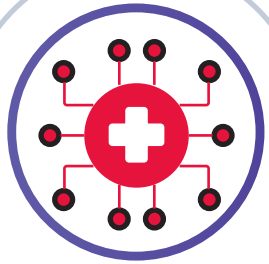
Value Created

Amref's investment in youth and economic empowerment strengthened equity and youth voice, and built economic resilience through integrated health, livelihoods, and skills development models.

5.0 Looking Ahead — PHC Priorities 2026 and Beyond

Scale Integrated Community Health: Amref will continue to institutionalise mentorship and CHW models within government systems across all core countries.

Deepen Domestic Health Financing: Amref will support governments in advancing CBHI reforms, strategic purchasing, and financing accountability frameworks.



Expand Digital Health Tools: Amref will expand artificial intelligence-enabled supervision, eCHIS, and real-time surveillance systems across more countries and use cases.

Climate-Resilient PHC:
Integrate mainstream climate-resilient and nutrition-sensitive strategies as essential, not optional, elements of PHC design and implementation.

Strengthen Global Health Security Systems: Amref will continue supporting countries to strengthen preparedness for future health emergencies by scaling up community-based surveillance, One Health coordination, cross-border collaboration, and domestic financing of national health security plans

Our Governance

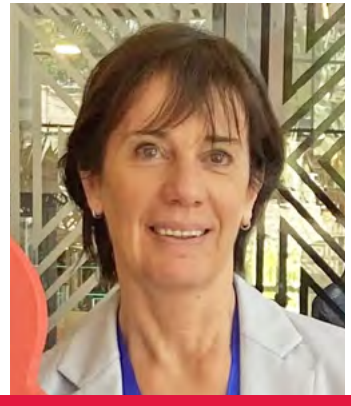
Amref Health Africa is governed by a Board of Directors (the "International Board") comprising of members from a wide range of backgrounds, bringing a great wealth of wisdom, insight and experience to the organisation. Amref Health Africa has established offices in various countries within and outside of Africa in connection with achieving its objectives ("Country Offices").

The Amref Health Africa Country Offices in Europe and North America which are established as separate legal entities have separate Boards of Directors ("National Boards"), while Country Offices established within Africa are governed through advisory bodies ("Advisory Councils").

The Board is at the core of the organisation's system of corporate governance and is ultimately accountable and responsible for the performance and affairs of the organisation. The primary role of the International Board is to provide policy guidance, financial oversight, strategic orientation and leadership to Amref Health Africa. It is also expected to support the management of Amref Health Africa in fulfilling its vision and implementation of the Strategic Plan.

INTERNATIONAL BOARD

Dr Githinji Gitahi
Ex Officio member



Paola Crestani
Director

Mette Kjaer Kinoti
Director

Salma Mazrui-Watt
Director

Paul Davey
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Dr Elizabeth Ekirapa Kiracho
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