



CHAMPIONS FOR HEALTH

Annual Report 2017





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NOTE FROM EXECUTIVE DIRECTOR

The global health landscape is changing. In less than two decades, the world has registered some of the most momentous advances against infectious diseases. Global partnerships against epidemics such as HIV, tuberculosis and malaria have galvanized remarkable amount of goodwill and resources that have significantly reduced the burden of these diseases. Those efforts have saved millions of lives globally. A [new report](#) by the Brookings shows that the Millennium Development Goals (MDGs) spurred major accelerations in the fight against child mortality, HIV and AIDS, tuberculosis and malaria. The Study found that through expansion and acceleration of pre-MDG rates of progress, between 21 and 29 million lives were saved.

If MDGs taught us anything, it must be the lessons of the difference humanity can make by committing to a mission. With the will, the world has the capacity to end all forms of human suffering.

Another fundamental lesson from the global policy cooperation over the past 15 years is that great progress can often mask inequalities. Despite headline numbers showing great progress, millions of people around the world continue to be left behind. The challenge now is to expand pro-

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For global health partners, the challenge is to ensure that advances in science and gains made against major diseases in the last two decades reach all people, especially those in the periphery.”

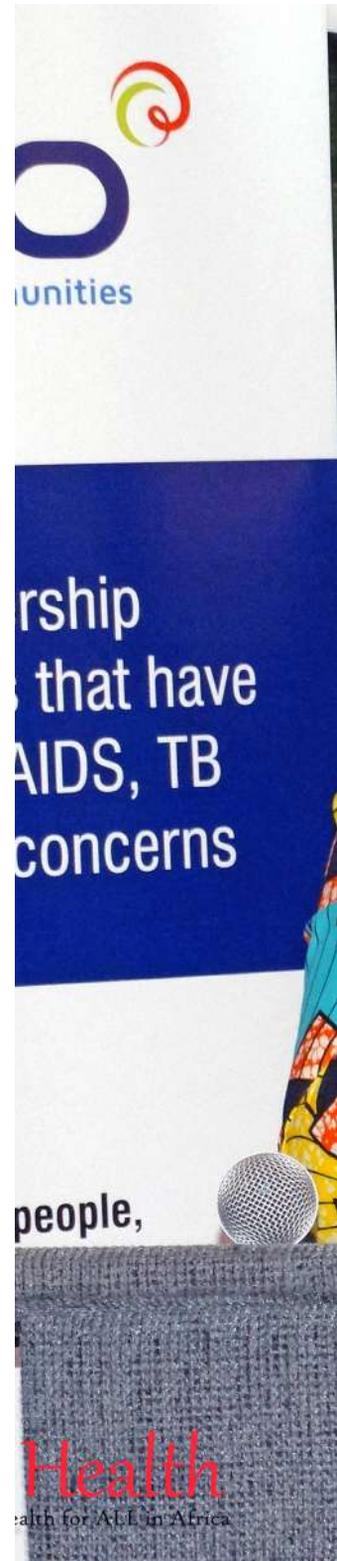
gress beyond mainstream spaces, which often alienate some groups of people. For global health partners, the challenge is to ensure that advances in science and gains made against major diseases in the last two decades reach all people, especially those in the periphery.

The Sustainable Development Goals (SDGs) launched two years ago in New York present us with yet another chance to advance gains made in the MDGs. If we are to eliminate HIV, tuberculosis and malaria by 2030 and strengthen health systems, we must use the SDGs as a foundation of having strong response to diseases and mobilizing efforts of elimination across the world. It is the only way that will ensure that health systems deliver equitable and quality health for all. We must uphold the great successes of the MDGs even as we overhaul the elements that left some people behind.

To achieve that, global development partners must seek new ways of increasing investments in health by exploring non-traditional sources of funding such as governments in low- and middle-income countries as well as the private sector, while ensuring that ODA does not retreat. We also must work harder to eliminate stigma and discrimination, as well as promote and protect human rights and gender equality. These efforts will incredibly benefit from stronger investments in civil society's work on policy change, resource mobilization and accountability.

We have come very far. However, the next decade presents us with many new challenges – not the least a rise of nationalism sentiments in the West. However, with challenges, come opportunities? By being aware of the challenges and embracing the new opportunities, we can end major infectious diseases, save more lives and transform many more livelihoods.

Rosemary





Waci Health
Championing Health for All in Africa

– Rosemary Mburu ,
WACI Health



Closing Session of the Fifth Global Fund Replenishment Conference in Montreal, 17 September 2016. – The Global Fund

In 2016 – after close to 20 years as World Aids Campaign International (WACI) – we rebranded the organization, broadening its mandate beyond HIV work, taking on a wider role of championing access to health care for all people across the African continent. As such, we renamed the organization WACI Health. Even as it embraces a broader health development agenda, WACI Health will remain true to its traditional mandate of responding to HIV.

In the new orientation, WACI Health will retain its role as an Africa regional advocacy organization focused on health, seeking to build the political will to end life-threatening epidemics by advocating better policies, more investments in health as well as better accountability in use of those resources. The organization aims to build broad collaborations that can galvanize sufficient local and global impetus to enhance and guarantee

health equity, foster human rights and promote gender equality.

WACI Health is guided by the following strategic areas of engagement: policy and advocacy, civil society mobilization, and capacity strengthening for civil society.

Policy and Advocacy

WACI Health's main business is to create strategies that inspire decision makers to play a greater role in shaping the environment for bigger and better investments in health. We conduct advocacy-focused research which helps us identify and highlight funding and policy gaps, monitor and evaluate key investments, and identify policy issue areas that require high priority. As we strive to see that health remains top on the agenda in all decision making processes in-country and globally we seek to work with both local and international decision makers.



In 2016, for example, in collaboration with the ACTION Global Health Partnership, we conducted research on TB/HIV integration in South Africa and Kenya looking at policies, resource allocation and implementation which led to the report *From Policy to Practice: [How the TB-HIV Response is Working](#)*. We also produced a policy brief with specific recommendations on TB/HIV integration for both countries. The report was produced in close consultation with key national TB and HIV program staff, civil society, and other technical and policy experts in both countries.

Civil Society Mobilization

Our other major objective is to galvanize civil society action on global health across Africa. We work to bring together civil society organizations – from small community-based organizations to big regional non-gov-

ernmental organizations – to speak in one voice for improvement of access to better health services across the continent. WACI Health is founder and host of the Civil Society platform for Health in Africa (CISPHA) and Global Fund Advocates Network

CISPHA has been able to unite many civil society organizations working in global health in Africa and lobbied governments and other authorities to do more for the health of the people of the continent. With remarkable experience forged in the trenches of global health advocacy, CISPHA is using its influence, connections and passion to support the objectives of the Sustainable Development Goals by advocating for increased investments in health at local, national and international levels. WACI Health is betting on CISPHA’s leadership in global health work engagements across Africa in the next decades.

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THE JOURNEY TO WACI HEALTH

> 5 WACI Health has played a leading role in setting up and strengthening the regional GFAN hub in Africa. In 2016, GFAN Africa focused on selected mobilization moments to coordinate advocacy among African civil society organizations. A great example was the 2016 Inter-Parliamentary Union (IPU) meeting, held in Lusaka, Zambia which we worked with New Venture Fund for Global Fund Advocacy grantees, such as AIDS-Fondet of Denmark. We also worked with local civil society organizations in Zambia, notably CITAM+, to develop joint messages and draft letters to members of parliament.

The GFAN meeting made a number of achievements, including holding a press conference that delivered a statement to parliamentarians, encouraging them to lobby their countries to allocate domestic financing for health and – in particular – increase allocations for AIDS, TB and malaria. This process also included a public rally – with about 200 people marching to the Embassies of Sweden, Denmark and the Netherlands and delivering letters, which called for strong funding for the Global Fund. In the case of Denmark, one member of parliament – on return to his country – organized events in his country’s Parliament to mobilize support for action on these three leading killer diseases.

In commemoration of World AIDS Day 2016, WACI Health worked with South African partners to convene a civil society forum in Mdantsane near East London on the issue of TB/HIV integration. Through this event, WACI successfully managed to bring together diverse stakeholders including provincial department of health, civil society, PEPFAR and communities around building a political will for the uptake of integration of the two diseases. This event also opened the door for WACI Health to explore a formal relationship with the Eastern Cape Department of Health through a Memorandum of Understanding. This relationship will strengthen WACI Health’s strategy to work

with decision makers and senior technical experts in South Africa.

Capacity Strengthening for Civil Society

Many small and mid-level civil society organizations in Africa have the will but often lack adequate capacity to carry out advocacy activities. WACI Health seeks to strengthen the capacity of civil society partners and citizen advocates – such as community leaders, faith leaders and health workers – to influence policy outcomes by providing them with tools and tactics to advocate for better health for communities.

The tools may include talking points, fact sheets, policy analysis and budget tracking technologies. Through workshops, WACI Health shares such tools and tactics needed to achieve great advocacy results. Through this initiative, WACI Health also strives to strengthen linkages between CSOs and decision makers at the national, provincial, and community level with the aim of galvanizing action to secure health financing as well as accountability for resources raised. In 2016, WACI Health conducted four such workshops in South Africa and Kenya.

Our Footprints

To get to where we are today, WACI Health has taken a 20-year journey. In 1997, World AIDS Campaign (WAC) began with an aim to raise public awareness on the global AIDS response, working amongst diverse civil society organizations. We led in the planning and observance of the International World AIDS Day. Four years later, we became an independent non-governmental organisation based in the Netherlands.

In 2008, we undertook a strategic shift that led to the registration of World Aids Campaign International (WACI) in South Africa. Over the years, our scope of work has also broadened from an HIV and AIDS portfolio to an all-inclusive health advocacy package for Africa, with a wider approach to inclusive health needs of people. In 2016, we re-branded to WACI Health.

To end epidemics, the world must raise sufficient resources for health. To pool the highest level of resources possible for health, all partners – from country level to international level – should step up their investments in the health sector. This is the surest way to end major diseases and build resilient

and sustainable systems for health across the world. As such, WACI Health is devoted to pressuring governments across the world to invest more of their wealth in health. We also lobby governments and other partners to see that such resources are invested in programs that reach those left furthest behind.

The Global Fund

In 2016, WACI Health and CISPHA devoted a substantial amount of time and effort to supporting the Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. WACI Health regards the Global Fund as one of the most important and successful partnerships for development, hence the Global Fund's fifth replenishment was one of our top agendas of 2016.

In 2016, the Global Fund held its Fifth Replenishment with a target of raising US\$ 13 billion. Together with CISPHA and GFAN Africa, WACI Health advocated for more support for the fight against HIV, tuberculosis and malaria, reminding governments of the impressive gains made against diseases because of the Global Fund partnership.

It was rewarding when global health leaders gathered in Montreal in September 2016 – hosted by Prime Minister Justin Trudeau of Canada – and raised US\$ 12.91 billion for the Global Fund. That amount – nearly meeting the US\$ 13 billion goal – was the biggest commitment of funds to fight diseases in history. It was a remarkable feat especially at a time when there are many competing global priorities.

WACI Health worked with GFAN Africa, engaging with Lilianne Ploumen, Dutch Minister for Foreign Trade and Development Cooperation, on behalf of African civil society organizations. In a letter to the minister, partners asked the Dutch government to increase their contribution to the

Global Fund. This was a follow-up to conversations with Dutch leadership in Copenhagen at the Women Deliver Conference and in New York at the UN High-Level Meeting on HIV and AIDS.

WACI Health co-hosted a pan-African civil society process ahead of the United Nations High Level Meeting on HIV. Its outcome document, [the Africa Civil Society position on HLM](#), placed the Global Fund replenishment top on the list of priorities of African civil society. African civil society representatives, including GFAN Africa members, were instrumental in inserting – within the document – the language: ‘We strongly recommend that member states, donors, private sector, development partners, civil society and all other stakeholders of the continental HIV response... commit to fully financing the AIDS response by...ensuring that the Global Fund is fully funded.’ The document would later be used by advocates across Africa in meetings with delegates of the High Level Meeting and UN missions to advance advocacy for pledges not only from African Union member states, but also from donor markets. The [HLM outcome document](#) ended up with similar language.

At the High Level Meeting in New York in June 2016, the CISPHA and GFAN Africa, co-hosted the only African-led side meeting in collaboration with the government of Malawi and UNAIDS. African ministers of health and eminent persons such as the Olusegun Obasanjo, former president of Nigeria and Mark Dybul, Executive Director of Global Fund, attended > 8

➤ RAISING RESOURCES FOR HEALTH

>7 and spoke about the need for a fully funded Global Fund and its implications for the Africa region. African Union member states present included Nigeria, Zimbabwe, South Africa, Namibia, and Malawi. Four of these five countries made pledges at the Global Fund's Fifth Replenishment, underlining success of efforts by WACI Health and other partners during this process.

We were gratified by the fact that, for the first time, African countries were front and center in galvanizing the world to invest more in the Global Fund. Beyond calling on the world to commit more resources to the Global Fund, African countries also made strong pledges themselves: Benin, Côte d'Ivoire, Kenya, Namibia, Nigeria, Senegal, South Africa, Togo, and Zimbabwe, Zambia, South Africa each made their contributions.

WACI Health played part in lobbying for higher commitments to the Global Fund. For instance, together with the Kenya AIDS NGOs Consortium (KANCO), we worked with Kenyan civil society to engage the country's Ministry of Health officials, including Cabinet Secretary for Health, Dr Cleopa Mailu and Director of Medical Services Dr Jackson Kioko. These leaders committed to advocate for an increased Kenyan pledge to the Global Fund replenishment. The objective came to fruition with a pledge of US\$ 5 million by Kenya during the pledging conference in Montreal, Canada 16-17, September 2016.

The US\$12.91 billion raised in Montreal will save 8 million lives, avert 300 million infections – most of them in Africa – and help build resilient and sustainable systems for health. WACI Health will continue to lobby African governments to commit more of their annual expenditures to health as demanded by [Africa Scorecard on Domestic Financing for Health](#) launched in July 2016.



Domestic Financing

International development investments in health have saved many lives and transformed even more livelihoods in Africa. However, to achieve full access to health and attain sustainable development, African countries must invest more of their own resources in health.

A joint report by RESULTS UK, WACI Health, KANCO and ACTION in 2015 explored health financing in Kenya, urging international development partners to sustain and increase investments in health in Kenya and other low- and middle-income



- CITAM+

economies. More importantly, the study urged African countries to increase their domestic investments in health.

In Kenya, the report found that around 48 percent of all expenditure on health is out of pocket expenditure (OOP), which exposed poor households to huge financial risks. The study also found that Kenya spent 4.7 percent on health as a percentage of GDP.

That means that big proportions of the health sector budget – up to 70 percent in some cases – was funded by international donors, leaving huge gaps. For instance, up to 60 percent of funding needs for TB

were unmet. To end major epidemics like TB, countries like Kenya must invest more in health. To increase resources available for domestic investments in health, the report urged for:

1. Increase of the domestic ‘fiscal space’ – raising more funds for the national budget so more can be spent on health.
2. Increase in the prioritization given to health by urging countries to raise the percentage of the national budget allocated to the health sector.
3. Increase efficiency, so that more > 10

► RAISING RESOURCES FOR HEALTH

> 9 can be achieved with less

Of these three efforts, WACI Health has concentrated in the last two:

Advocating for a bigger budget committed to health

According to Organisation for Economic Co-operation and Development (OECD), external resources invested in health in World Health Organisation's African Region remain very high at about 10 percent. In April 2001, countries in the African Union met in Abuja, Nigeria and pledged to allocate 15 percent of their annual budget to health. In July 2016, the African Union launched the Africa Scorecard on Domestic Financing for Health – a tool for financial planning and expenditure tracking for domestic investments in health. The tool showed that only four countries – Ethiopia, The Gambia, Malawi and Swaziland – had reached the goal of investing 15 percent of government expenditure to health. More work needs to be done to challenge other African countries to do more.

WACI Health pursues a strategy of engaging with decision makers in diverse countries on the continent, lobbying them to set aside bigger percentages of the national budgets to health. For instance, July 11-13, WACI Health in partnership with KANCO and The Global Fund organized an Africa regional meeting on domestic financing for health. A wide range of civil society organizations – from Francophone and Anglophone countries – met to deliberate on how to seek support for these efforts through various forums, including Tokyo International Conference of Africa's Development (TICAD VI), International AIDS Conference (AIDS 2016), and African Union. The civil society organizations committed to continue putting pressure on African governments to mobilize



more domestic resources for health as well as invest more in the Global Fund.

*May Day Celebrations
in Kenya.
– Stop TB, Kenya*

In July 2016, we wrote a letter to Cyril Ramaphosa, South Africa's deputy president, requesting him to host a meeting on domestic resources mobilization at the International AIDS Conference in Durban. Mr Ramaphosa accepted the invitation and brought together members of governments, civil societies and international donors to deliberate on the issue. The meeting contributed to galvanizing political leadership and in building momentum towards increased domestic health invest-



ments in Africa, particularly in the lead up to the Global Fund replenishment.

Increasing efficiency and Accountability

Raising resources in itself is not enough, there is need to invest them in the right amounts in the right places without wastage. To advocate for increased efficiency in resources invested in health, WACI Health is keen to measure and analyze funding spent in global health. We work to enhance accountability and transparency in spending at the national, provincial and

district levels. As such, we are playing a critical role in monitoring government commitments and holding public officials accountable for resource allocation and utilization, making sure that funds are disbursed and used as planned.

In July 2016, WACI Health, KANCO, and the Global Fund brought together civil society advocates from 12 African countries – Kenya, Uganda, Liberia, Tanzania, Ethiopia, Malawi, Cote D’Ivoire, Nigeria, Togo, Benin, Liberia, Uganda, Cameroon and Senegal – to:

- ✦ Conduct health budget advocacy > 18

▶ RAISING RESOURCES FOR HEALTH

- > 11 ✳ Share lessons learnt and challenges faced in health budget advocacy.
- ✳ Explore political processes and dynamics of health budget advocacy.
- ✳ Explore tools to measure spending in health.

Besides these resolutions, the meeting agreed that one of the main goals of civil society organizations should be to pursue in-depth knowledge of the budget processes so as to contribute to budgeting as well

as to the monitoring the implementation of budgets. In South Africa for Instance, WACI Health has organized civil society organizations to push for reinstatement of South Africa's Parliament Joint Committee on HIV.

This committee is crucial in monitoring government spending and accountability in HIV investment in the country. While the process of reinstatement of the committee is ongoing, civil society's position and voice in this matter has been clear, consistent and productive in the dialogue process.

The World Bank

Our primary engagement with the World Bank is in advocacy around:

1. The International Development Association (IDA) – an organization that provides virtually interest-free (“concessional”) loans called credits and grants to governments of the poor countries.
2. The International Bank for Reconstruction and Development (IBRD) – An organization that lends to governments of middle income and credit worthy low-income countries.

In 2016, together with ACTION and RESULTS partners, WACI Health engaged with the World Bank on a number of issues related to health, education and economic opportunity with an aim of promoting equity – a key element of development. We advocated for investments and programs that reach the poorest, as we strive to see that more and more people reach universal access to health. Our efforts sought to contribute to having the World Bank make steps towards investing more in health to provide access and equity as well as

commit to tracking and ensuring that the poorest gain access to these critical health services.

Together, we developed evidence-driven asks for the World Bank on the following key health issues:

1. Opportunities in reproductive maternal and child health through the Global Financing Facility
2. Building a movement to end stunting
3. Measuring investments in tuberculosis and filling the knowledge gap

In trying to achieve these goals, WACI Health joined partners in having face-to-face meetings with different teams and high-ranking officials at the World Bank in Washington. These include:

1. The Global Financing Facility Team
2. Executive Director, East Africa
3. Executive Director, South Africa
4. Vice President of Africa

In 2016, our big thematic areas of advocacy were HIV, tuberculosis, RMNCH, Universal Health Coverage, and women and girls.

HIV and AIDS

HIV remains the biggest thematic area of our advocacy work. In the last decade, the world has registered great advances against the disease yet many challenges remain. The Sustainable Development Goals provide a great opportunity to end the disease as an epidemic. The UNAIDS 90-90-90 – 90 percent of all people living with HIV knowing their HIV status, 90 percent of all people with diagnosed HIV infection receiving sustained antiretroviral therapy and 90 percent of all people receiving antiretroviral therapy having viral suppression – by 2020 is a great first step towards ending the disease. At WACI Health, we are working with partners and countries to support efforts aimed at eliminating the disease.

As such, in 2016 we began to lay the groundwork for the Coalition to Accelerate and Support Prevention Research (CASPR) – a grant implemented together with AVAC. Funded by USAID, CASPR seeks to strengthen Africa’s participation in biomedical prevention research, implementation and advocacy.

WACI Health’s role in this partnership is to explore ways of delivering an Africa-led HIV prevention advocacy network. In 2016, we lay the groundwork for implementation of the project. That included holding consultative meetings to gather broad-based input from civil society groups across the continent as well as draw work plans and budgets for the project, which is now underway.

In a related area of research and development, WACI Health is working with International AIDS Vaccine Initiative (IAVI) to accelerate civil society action to pro-

mote innovation in health and HIV research and development. This stream of work seeks to:

- i* Mobilize civil society leadership to form a united voice on the need for HIV vaccine.
- ii* Raise the profile of new HIV prevention technologies among Africa civil society groups as well as global health leaders.
- iii* Mobilize Africa civil society to hold leaders accountable on promises made on investments in health in general and research and development in particular

Through this work, WACI Health in partnership with AIDS Accountability International and IAVI, commissioned a [report](#) on investments on HIV research and development in Africa. This report was shared at the AIDS conference in Durban in July 2016, at a seminar organized in partnership with the South Africa Health Technology Advocacy Coalition, and the Coalition on Health Research and Development. The gathering, at the historic conference, brought together more than 20 global health partners to examine the state of health and research and development and to explore the role that civil society can play in accelerating health and HIV research and development advocacy.

The seminar attracted high-ranking panelists, among them: Hon Ruth Labode, Member of Parliament in Zimbabwe, Patrick Silborn, Head of Private Sector Engagement at the Global Fund, and Prof. Thumbi Ndungu of University of KwaZulu-Natal.

Beyond these activities, this project has been pivotal in expanding civil society engagement in advocacy for HIV prevention research and development. It has helped to consolidate civil society discus- > 14



> 13 sions and advocacy priorities on HIV prevention research and highlighted emerging opportunities for more engagement.

HIV Prevention R&D and the Place of Vaccines

Advances in science in the last two decades have led to tremendous progress against HIV. Breakthroughs in treatment and prevention research have allowed the HIV community to halt and begin to reverse spread of the HIV epidemic. At the same time, biomedical approaches such as rapid and user-friendly HIV tests and affordable and effective antiretroviral

treatment for people living with HIV have changed the landscape of the HIV response. Yet, to end HIV as an epidemic, the world still needs to do more.

Too many people are still getting infected with HIV. According to UNAIDS, 2.1 million people became newly infected with HIV in 2015, globally. The world has not taken full advantage of HIV, prevention tools available to slow the number of HIV infections occurring in the world. To defeat HIV, we need to combine all tools available and use them to the maximum. Additionally, the scientific world must continue to explore



To bend the curve of HIV infections, we must continue to build stronger alliances in support of prevention. It is only by tipping the balance against HIV infections that we can truly end HIV as an epidemic”

– Mark Dybul, Executive Director of the Global Fund.



– AIDS 2016

any other possible tools to add to the arsenal of combination prevention. Those efforts must put the search for a vaccine front and center.

Against this background and in commemoration of the World AIDS Vaccine Day 2016, representative of civil society groups from the eastern and southern Africa region convened on May 18 to re-energize and accelerate civil society action on advocacy for investments and innovation in AIDS Vaccine Research and Development.

Hosted by WACI Health, KANCO, Malawi Network of AIDS Service Organisations, Eastern Africa National Networks of AIDS Service Organisations, in partnership with

IAVI, the event coincided with the process of organizing for the UN High Level Meeting on HIV and AIDS, which endorsed a political declaration reiterating commitment by UN member states to bring an end to the AIDS epidemic.

This partnership also galvanized the civil society to agree on a common position for the high-level meeting. The position included specific language on preventive vaccines. The civil society committed to boldly advocate for new scientific solutions and expand investment in research and development. The commitment also offered to advocate for easier and tolerable HIV treatment regimens, preventive and therapeutic vaccines, other HIV prevention methods as well as a functional cure of HIV.

The need for new tools to bolster existing strategies to prevent and ultimately end the epidemic is paramount. Glenda Gray, President of the South African Medical Research Council, and colleagues, in their [paper on ending AIDS](#), argue that the widespread elimination of HIV will require “development of new, more potent prevention tools.” However, true containment of the epidemic requires the development and widespread implementation of a highly effective vaccine, they argue.

Even then, a HIV vaccine is still years away. WACI Health aims to play a strong role as a partner in planning and advocating to ensure that any positive results from vaccine trials are translated as quickly as possible to a safe, effective, licensed and widely accessible HIV vaccine.

Research and development to acquire more tools in the HIV response is fundamental. However, overall funding toward this effort has remained at nearly the same level for approximately a decade. In 2015, reported funding for HIV prevention research and development decreased from US\$ 1.25 billion in 2014 to US\$1.18 **> 16**

» ADVOCACY IN THEMATIC AREAS

> 15 billion. Changing funding dynamics and priorities in donor countries have shaped these trends and will continue to do so in years to come.

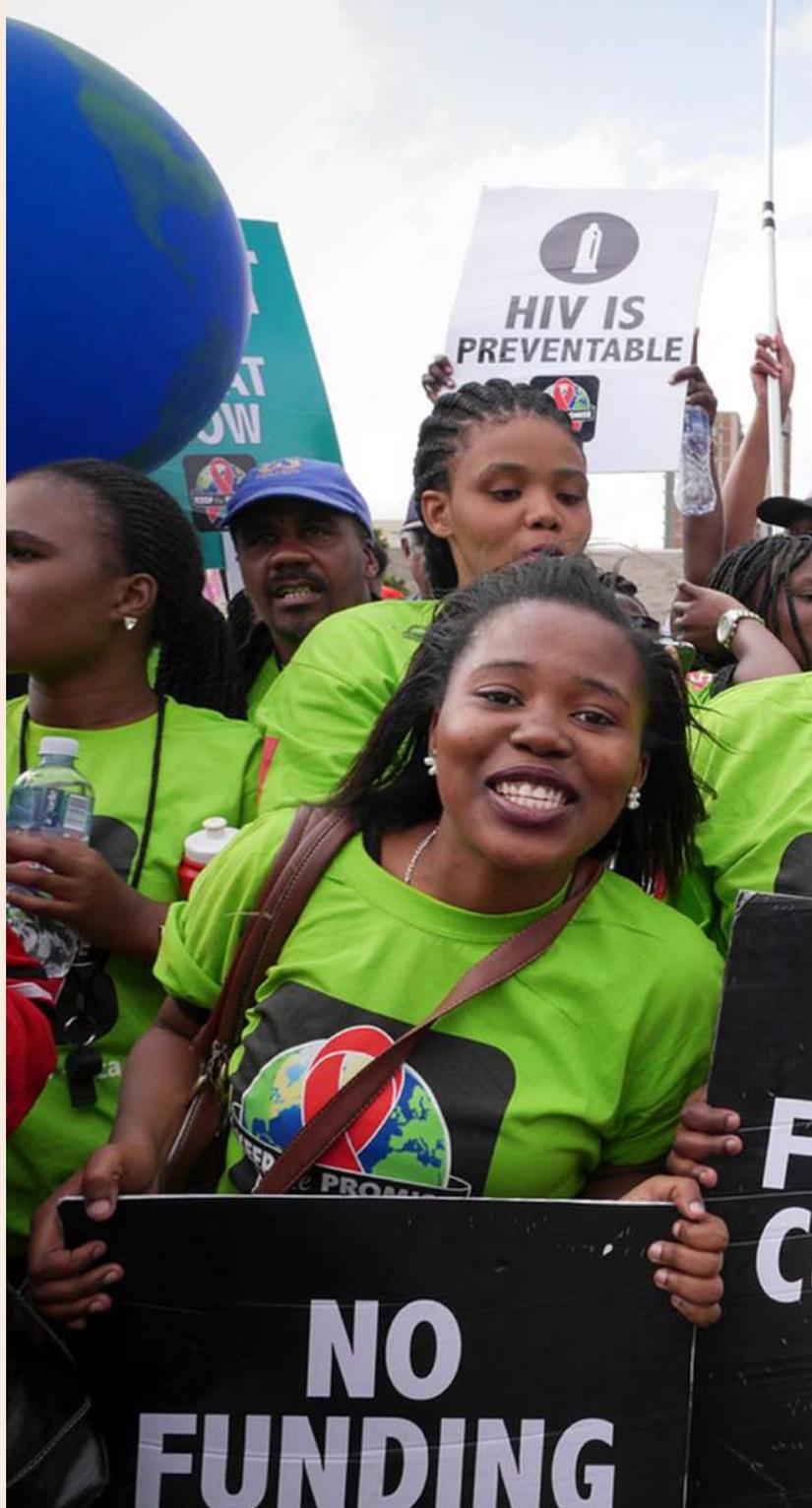
Currently, neither national budgets nor regional commitments to health demonstrate adequate investment in new HIV prevention research and development. Civil society in Africa should sustain and accelerate efforts to support innovation and fast-track research and development toward new prevention options (like vaccines and microbicides), better treatment therapies, and hopefully, a cure.

Civil society organizations and communities must continue to work together to seek pathways to achieve more investments in HIV research. WACI Health is galvanizing civil society organizations and communities to step up advocacy efforts for HIV research and development. Those efforts by civil societies and communities should include calling on African governments to increase their investments in this area.



If deployed alongside our current armoury of proven HIV prevention tools, a safe and effective vaccine could be the final nail in the coffin for HIV.”

– Dr Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases in the US





- AIDS 2016

Tuberculosis

Last year, it was announced that tuberculosis overtook HIV as the deadliest infectious disease globally. According to WHO, the disease killed 1.8 million people in 2015, ahead of 1.2 million claimed by HIV.

To end TB as an epidemic by 2030, the world must do more to speed up the current efforts, which are off track. More than 4 million cases of the diseases miss every year – meaning that these cases are undiagnosed, untreated or unreported.

Besides possibility of death, the people who are missed by health systems could be spreading the disease to many others. To defeat TB, we must do to find these missing cases.

Need for a stronger TB movement

In 2016, WACI Health played its part in advocating for ways to accelerate efforts to tip the balance against this disease. In doing that, we recognize that TB and HIV are closely intertwined but that TB advocacy work and response remains much weaker. If HIV were curable like TB, it would be unacceptable for so many people to be dying of the disease. Part of the reason why there is not as much furor about people dying from the disease is that the TB movement remains weak. The building of a strong TB movement is a matter of emergency.

At a pre-conference event at the International AIDS Conference in 2016, we joined other partners to explore the possibility of building and consolidating a strong TB movement. The meeting also explored ways of engaging state officials in South Africa to commit to supporting TB work and more investments in the country. In the meeting, WACI Health also partnered in the launch of Africa TB Caucus – a group of members of parliament from Africa dedicated to championing TB matters in different countries on the continent. That leadership is a fundamental part of building a TB movement and advocating for TB issues with state officials across Africa. Beyond work at the continent level, the Africa TB caucus will have country chapters that will be

charged with carrying the TB torch at the national levels.

One important way to create quick impetus for a TB movement and to advance the fight against this infectious disease is to explore ways of working more closely with the HIV community, which is largely made of the same group of people and organizations. There is great need for advocacy around integration of work and investments in the two diseases.

Towards that end, WACI Health joined partners at the International AIDS Conference in Durban to launch a report, which highlighted the need for civil society, donors and governments to ramp up efforts to integrate joint approaches to responding to the two diseases.

For some time now, WACI Health has explored the question of how well integrated TB/HIV activities are on the continent. This information is important to inform policy and advocacy activities in TB/HIV work. In 2016, WACI Health conducted interviews on TB/HIV care in South Africa. The results from interviews indicated that although policies were in place, on ground implementation of the same was weak. The study found that there was not enough joint planning, there was limited funding and that there was no proper training of community health workers.

Key findings:

- ✱ The burden to support key TB-HIV activities still falls heavily on under-resourced TB programs.
- ✱ Lack of appropriate tools undermines the TB-HIV response.
- ✱ Policy improvements have not all been translated into changes at the facility level.
- ✱ To achieve an effective TB-HIV response, more investment in human resources is needed.
- ✱ Donor assistance does not fill all of identified gaps in TB-HIV collaborative activities.

Overall, in 2016, WACI Health conducted studies, held trainings and meetings, and engaged leaders to build momentum for greater TB response across Africa. For instance, we participated in the 47th Union World

Conference on Lung Health in Liverpool, United Kingdom. This was an opportunity to engage with global health leaders on ways to strengthen programs and their implementation at country level.

Women and girls

In east and southern Africa, young women and girls are disproportionately affected by HIV. In the countries that are most affected, girls account for more than 80 percent of all new HIV infections among adolescents. Globally, 7000 girls aged 15-24 are infected with HIV every week. There is need for radical changes in approaches to invest in women and girls if we are to stop the epidemic. Not being able to turn the tide against HIV among this group, means that not only will we miss the opportunity to end HIV as an epidemic by 2030 but the disease can come roaring back even in areas it has been declining. We can lose the momentum built in the last two decades.

WACI Health is engaged in playing a role in shaping policies that will influence decision makers to invest more in young women and girls. In November 2016, WACI Health hosted women leaders from South Africa, Kenya, Zambia, Zimbabwe and Tanzania. The meeting, held in Zimbabwe, examined the role of civil society's organizations in support of the

Global Fund, which is investing heavily in women and girls. The group also examined the efforts that the four countries can make to strengthen HIV investments among women and girls. The group looked at current gaps and mapped strategies to make international and domestic investments in health work well to stem the tide of infections among young women and girls. The strategies also sought to identify what the civil society can do to engage leaders to make sure that whatever pledges have been made to invest in women and girls and their health can become tangible commitments.

Key to ending the epidemic among women and girls is mounting a strong effort to address cultural and structural factors that put women and girls at risk of HIV infection. In this regard, WACI Health is involved in a South African national campaign to stop gender violence. In South Africa's Eastern Cape, WACI Health worked with Rhodes University, engaging the university management on the need for effective policies on gender based violence and proper implementation. The initiative also explored ways of protecting female students from an alarming rates of rape on campus. The project engaged media on the need to report rape incidents. The project also sought to engage partners on advocating for programs and policies that can help fight against gender-based violence in the province.



RMNCAH

2016 was a pivotal year for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) for several reasons:

- i* The launch of the Every Woman, Every Child (EWEC) Global Progress Report on March 10, 2015 set up the stage for an updated Global Strategy for the 2016-2030 period. This strategy, launched in September 2016, will be useful in influencing accountability for better health for women and children.
- ii* The World Bank's continued leadership on RMNCAH, particularly through the launch of the Global Financing Facility (GFF) in support of EWEC, has prompted dialogue at the global and country levels about aligning funding around evidence-based and "costed" country investment cases. It has brought attention to the funding of RMNCAH global goods.
- iii* In 2016, the four front runner countries of the GFF were in various stages of finalizing their investment cases. With the expansion of the GFF into more countries, it is important to make use of lessons learned from the first four countries to improve country consultations and strengthen the country investment framework.

Since 2015, WACI Health has actively engaged in the development of the GFF business plan, focusing on ensuring clarity around civil society's role in producing country investment cases. We have also provided advice and input to GFF work at the country and global levels of governance. WACI Health has been a member of the GFF CSO Global Coordinating Group since 2015, striving to see that CSOs engagement within GFF is meaningful. Through such efforts, civil society and community partners are now identified as holding an accountability role in the GFF

The World Bank and the Global Financing Facility (GFF)

The Global Financing Facility has the opportunity to be a global leader as a results and equity-focused model. Equity is a priority issue within the GFF, but there is not yet a meaningful implementation plan for it. It is also not clear how achievements in equity by communities can be monitored and evaluated. The ability to support countries to do this systematically and in real time would be hugely valuable.

There is great potential in the GFF model, and in the kind of innovative work it hopes to accomplish. If well leveraged, equity in health can be an important tool for GFF fundraising. In 2016, WACI Health, worked in Kenya and Tanzania to prepare the ground for opportunities to leverage funds for RMNCAH interventions through matching domestic funding with country plans.



Business Plan. There is now a growing acknowledgement that engagement with CSOs leads to greater impact.

In November 2016, at the sidelines of the November GFF Investor's Group Meeting in Tanzania, WACI Health and KAN-



*Stephen Mule, Member of Parliament in Kenya.
– Stop TB, Kenya*

CO worked with local a CSO partner, Health Promotion Tanzania, to co-convene a meeting for Tanzanian CSOs working in the area of MNCH and nutrition. This side meeting brought together Tanzanian CSOs – most of who had not interacted with the GFF – and complemented the

formal GFF CSO meeting. A key observation from this meeting was that CSOs in Tanzania, similar to other in front-runner countries, know little about GFF and lack adequate clarity on how to engage with GFF in the country.

Accelerating Universal Health Coverage in Africa

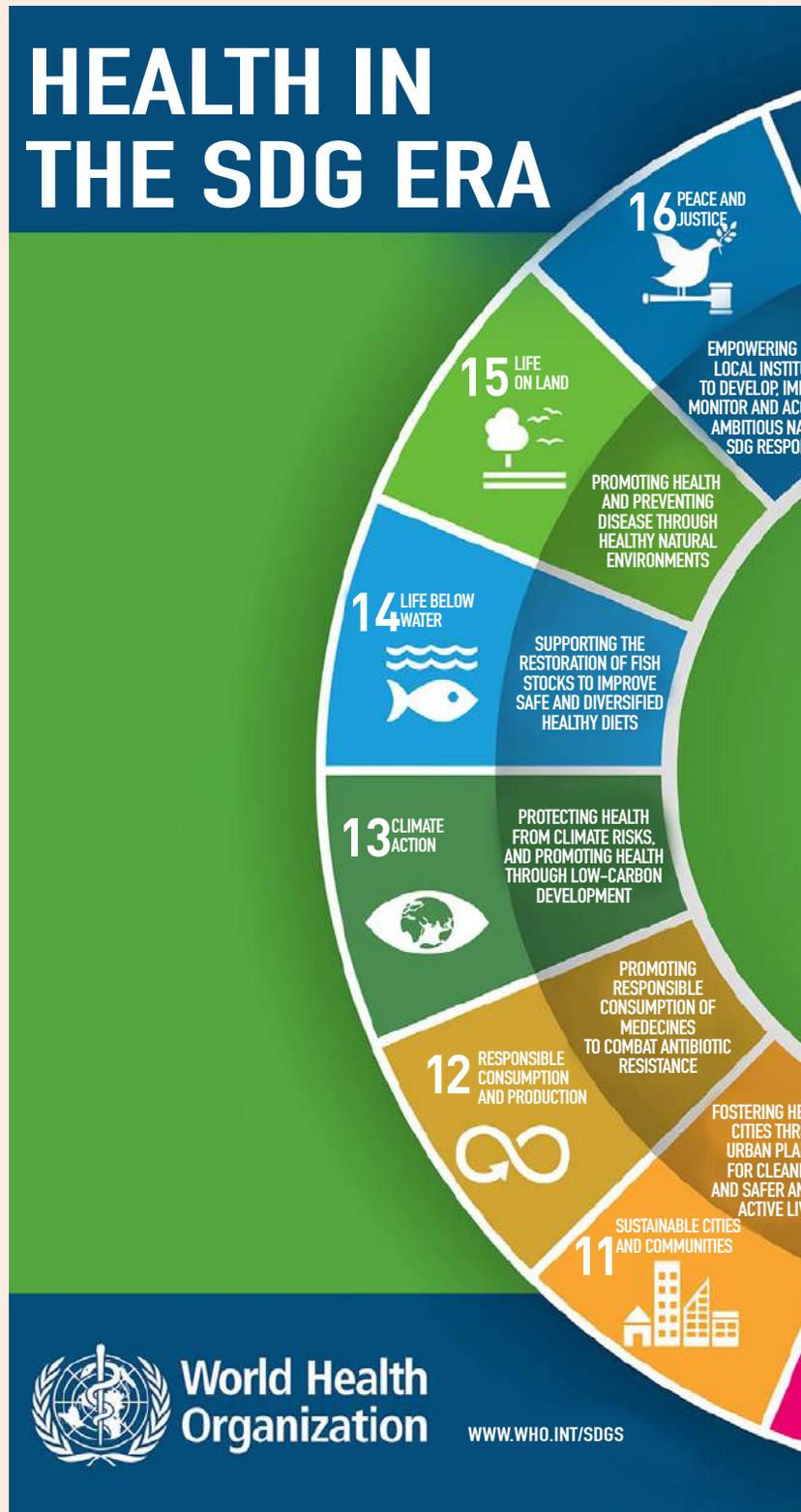
There is a growing attention to Universal Health Coverage (UHC) in Africa. This work presents a key opportunity to raise additional resources from domestic sources of funding. According to WHO, African countries spent about US\$126 billion of domestic funding for health in 2014. The WHO estimates that an additional US\$65 to US\$115 billion in domestic funding can be mobilized annually over the next ten years. The WHO is working with countries in Africa to generate and invest those funds meaningfully.

In addition, to help African countries implement their health reforms, the World Bank and the Global Fund committed to invest US\$24 billion in Africa over the next three to five years. That announcement was made at the 6th Tokyo International Conference on African Development (TICAD) in Nairobi in 2016. There is a real opportunity for CSOs to use that goodwill to achieve more meaningful investments in UHC.

In 2016, WACI Health used TICAD VI to highlight critical elements needed to achieve UHC. The TICAD meeting was attended by heads of state from 35 countries, and other global development leaders such as Jim Kim, President of the World Bank, Akinwumi Adesina, President of African Development Bank, and Mark Dybul, Executive Director of the Global Fund.

Rosemary Mburu, WACI Health Executive Director, moderated a side meeting hosted by GFAN Africa, Africa Japan Forum, and CISPHA > 24

HEALTH IN THE SDG ERA





► ADVOCACY IN THEMATIC AREAS



> **22** on health financing focusing on the role of domestic resource mobilization in achieving UHC. Mark Dybul, Executive Director of the Global Fund, gave introductory remarks.

The Nairobi Declaration – the official outcome document of TICAD VI – included increasing access to health services, specifically maternal and child health, nutrition, and fighting TB, HIV and malaria epidemics, in its wording



- AIDS 2016

In December 2016, WACI Health joined other CSOs in the UHC 2030 Steering Committee to discuss the proposed structures for UHC2030 civil society engagement mechanism. At the meeting, participants agreed to support meaningful

participation of CSOs in the UHC 2030 as well as implementation of the civil society engagement mechanism by end of 2017. WACI Health currently serves in the CSOs pre-advisory group for UHC 2030.

Global health faces enormous challenges of keeping the momentum gained in the fight against diseases in the last two decades. The rise of forces that challenge globalization and consensus building that global health investments have ridden on is real. Under such circumstances, how can we keep the mission of ending diseases such as HIV, tuberculosis and malaria on course as well as build health systems?

One thing is certain: the voices of advocates are going to be more important than ever. If we look back, we will recall that the world owes a lot to the HIV advocates of the 1980s and the 1990s, who poured to the streets those days, when the disease seemed all but unstoppable.

Their resilience and passion and commitment to the fight allowed for lowering of the costs of drugs and wider access HIV treatment. The advocates also fought against stigma and championed human rights for all. With their strong contribution, the world halted and began to reverse the spread of the HIV epidemic.

Today, we can be inspired by the HIV advocates of yesteryears to form another great global movement to demand that global leaders protect the hard-earned progress in global development by shunning propagation of fear and embracing multiculturalism.

But for us to get there, all people of goodwill must support civil society organizations to form this second wave of activism and advocacy.

The new breed of advocates must go beyond championing particular diseases to demanding that the world invests in creating societies that are more inclusive and

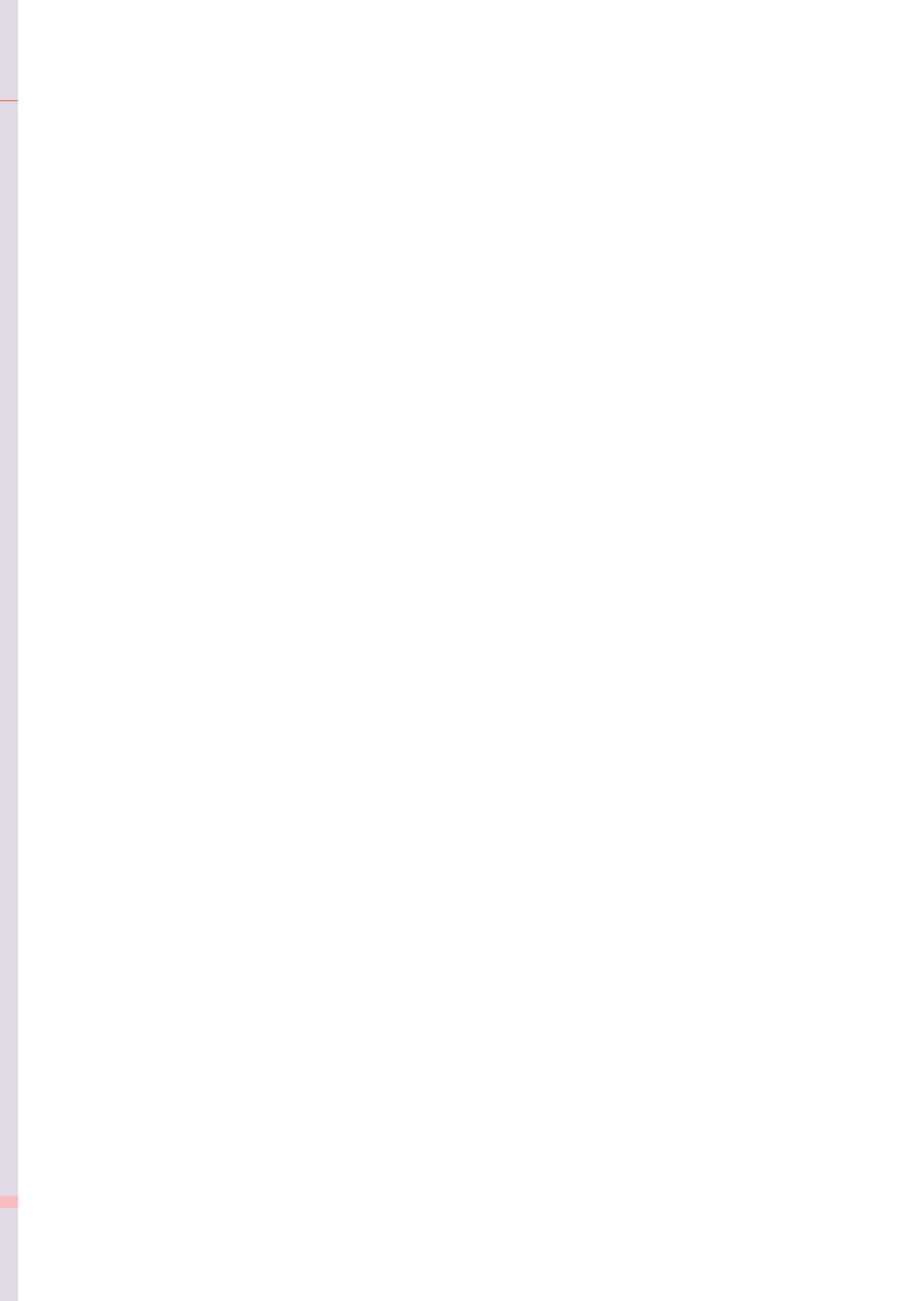


The new breed of advocates must go beyond championing particular diseases to demanding that the world invests in creating societies that are more inclusive and more just. They must demand that access to health and education and other basic needs of the people be front and center of our shared future.”

more just. They must demand that access to health and education and other basic needs of the people be front and center of our shared future. To win hearts and minds, the advocates must tell the positive story of great advances achieved in development in the last two decades.

For the advocates to succeed, they will need strong support. That support for civil society has never been more fundamental. In difficult times like these, the achievement of sustainable development goals hinges on people who must carry on the work of challenging doubts with evidence of the accomplishments the world has made while demanding that global leaders commit to helping keep this momentum.

That is why today – more than ever before – all people, organizations and governments of goodwill must invest in building strong civil society voices.



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