



**Ending Epidemics, Advancing  
towards UHC**  
*Annual Report 2018*

# Our Vision

Health for all in Africa

# Our Mission

WACI Health exists to champion the end of life-threatening epidemics and improved health outcomes for all in Africa by influencing political priorities through an effective, evidence-driven Pan-African civil society voice and action

# Our Strategic Approach

1. Policy Analysis & Advocacy
2. Civil Society Capacity Strengthening for Advocacy
3. Civil Society Mobilization & Engagement



# *Annual Report 2018*



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# Letter from the Executive Director

**B**efore setting out on daring voyages, sailors build boats that can survive the sea by keeping their eyes on the strength of their vessels. That way, they are assured of beating many storms.

After more than two decades fighting infectious diseases using a fenced-off approach by different disease communities, it is time for all global health partners to pull together under sustainable development goal 3 – ensure healthy lives and promote well-being for all. To get there, we must build a strong boat that can soar above stormy waves ahead. That vessel is Universal Health Coverage (UHC). Nevertheless, while pressing forward with this new effort, partners must ensure they safeguard the gains made in the last two decades by investing more pointedly in the big three – HIV, tuberculosis and malaria.

To deliver UHC to all across the world is no easy task. To get there, there are many important steps to make. The global health community must find a way to package UHC into accessible and viable elements.

These elements must seek to address the fundamentals of UHC such as access, quality of health services, and protection against financial hardships. Without universal access to high-quality health care and public health services, millions of people die unnecessarily every year of preventable diseases and conditions such as HIV, TB, malaria, and maternal and child illnesses.

Progressive move towards UHC and deliberate response to epidemics must go hand in hand, especially in high-burden countries, through transformative integration approaches.

Partners working within particular disease communities should board the UHC train and leverage on the political momentum on UHC towards ensuring that scaled, inclusive and rights-based systems and programs are built in the context of UHC.

In the 1980s and the 90s, the HIV movement galvanised efforts to fight the disease in a memorable way. Funds were raised, scientific advances were supported and millions of lives were saved. In the intervening years, this movement has influenced other disease communities – strengthening efforts to address other diseases, es-



pecially TB and malaria. It is because of the HIV movement that we can talk about the success of the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as other agencies leading the charge against infectious diseases.

HIV programs established a roadmap for interventions against other communicable diseases and non-communicable diseases leaving a lasting effect on health systems. As the world builds stronger health systems, it makes ample sense to now work together by bridging the walls and going for the person-centred approach. This is the surest way to end epidemics and establish a firm roadmap to UHC.

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In our Annual Report 2018, we invite you to read and follow our progress in implementing our advocacy work as spelt out in the [2016-2020 Strategic Plan](#). In this report, we highlight the work we are doing to respond to diverse global health challenges by galvanising momentum towards: (i) increased resources for health. (ii) policies that improve health and facilitate health equity. (iii) improved accountability on health delivery and governance. We did this through: (i) policy advocacy (ii) Civil society capacity strengthening in advocacy (iii) civil society mobilization and engagement.

*Rosemary Mburu*  
**Executive Director**



# 1.0 Increased Resources for Health

To achieve Sustainable Development Goal 3 – ensure healthy lives and promote well-being for all at all ages – by 2030, the world must invest more in health. To raise sufficient resources to get us there, both international donors and national governments must invest more resources in global health. In 2017, WACI Health worked to champion increased investments in health from these two sources of funding. The following are sample highlights of achievements:

## ***Cultivating high-level champions in support of increased domestic investments and Global Fund resource mobilisation.***

For example, at a high-level meeting in Italy organised by the Italian Ministry of Foreign Affairs, Italian Ministry of Health and the Global Fund in August 2017, WACI Health spoke on the role of the Global Fund in implementing countries and the need for its continued support. The meeting aimed at creating political momentum post G20 and G7 and in preparation for the G7 Ministerial meeting in Milan in November 2017. WACI Health also leveraged on ACTION Italy's networks and presence in reaching out to high-level officials of the Italian government.

## ***Parliamentary engagement.***

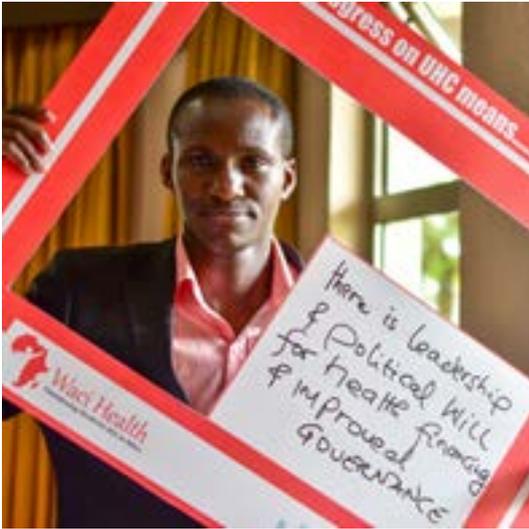
In collaboration with the African secretariat of the Parliamentary Caucus on TB, WACI Health engaged with members of parliament from various African countries to cultivate support for domestic investments and Global Fund resource mobilisation. For example, Honorable Stephen Mule, a Member of Parliament in Kenya and the Chair of the Africa TB Caucus, partnered with WACI Health to publish a blog on [why Africa must increase investments in health](#).

***Strengthened advocacy on domestic resource mobilization.*** Through the Civil Society Platform on Health in Africa (CiSPHA)

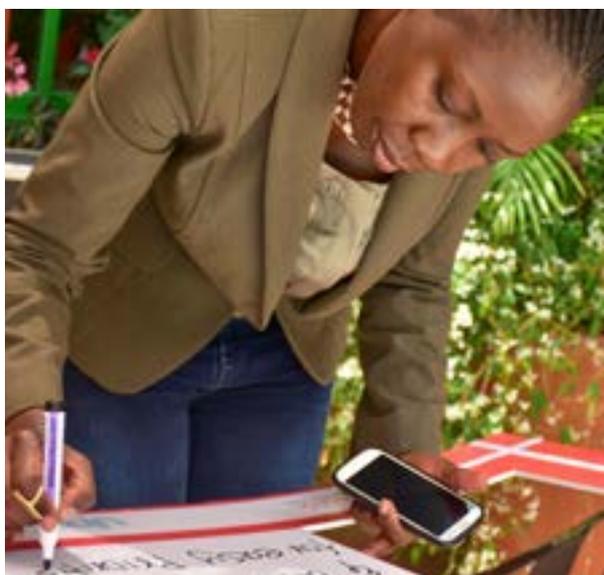
and Global Fund Advocates Network (GFAN) Africa, we worked with civil society to advocate for increased domestic investments in health. We provided civil society partners with data and other advocacy tools, at the national and regional levels and also facilitated development of messages, including a [blog on Domestic Resource Mobilisation](#).

We worked with regional and national civil society platforms to support civil society and community engagement with decision makers at various levels. For example, through GFAN Africa, WACI Health provided technical and financial support to partners in Kenya, Tanzania and Senegal on domestic resource mobilization. These efforts contributed to strengthening of the Civil Society Health Platform in Senegal, which would later become an avenue for civil society and community engagement in the development of the National Health Financing Strategy. In Tanzania, this work contributed to the development of a Civil Society Platform on Domestic Resource Mobilization, which is set to facilitate and strengthen Civil society and community engagement in Domestic Resource Mobilization (DRM) advocacy.

At the sidelines of the Africa Partnership and Coordination Forum in November 2017, WACI Health led a group of civil society Organizations in organizing a CSOs regional meeting on DRM. At the meeting, CSOs pulled together a position paper on DRM, which was then shared with a wide range of stakeholders at the main forum. The forum serves as a continental platform to chart a collective way forward, identify opportunities for joint action, advocate for continued political commitment, and coordinate the efforts of the different partners to improve the health outcomes in Africa. Participants are drawn from the African Union Commission and its organs, regional economic communities, multilateral and bilateral development partners, non-state actors, parliamentary sector, UN agencies, and regional networks of community groups.



## 2.0 Policies that Improve Health and Facilitate Health Equity



### *Strengthened advocacy for the implementation of the national strategic plan (NSP) on ending gender-based violence (GBV) in South Africa:*

In 2013 WACI Health was invited to join Stop Gender Violence (SGV) – a National Campaign to end gender-based violence. The purpose of the campaign is to call for a fully costed and fully funded national strategic plan to end GBV. That plan will create a roadmap that will align the country around a set of clear strategic priorities and create an accountability mechanism for the performance of government, the private sector and civil organizations, in addressing GBV. When developed through broad-based national consultations and engagement, the plan to end GBV can be transformative.

In 2017, WACI Health, as a member of the steering committee for this campaign, joined other CSOs to call on South African government to develop that plan to end GBV.

#### Highlights of achievements:

- i). Shadow framework on NSP to end Gender Based Violence was developed and launched as an advocacy tool in October 2017
- ii). Shadow Framework on NSP to end GBV handed over to various stakeholders including the then Deputy President's Office, Honorable Cyril Ramaphosa, (now the President of the Republic of South Africa), workstream team of department of social development and department of women driving the plan of action review process, European Union, and UN Women for buy in and as a tool of advocacy on what CS is calling for as response to GBV
- iii). We achieved buy-in of provincial partners such as Provincial DSD of-

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fices, AIDS councils and Commission for Gender Equality

- iv). The campaign was presented in two conferences in 2016. These are: International Violence Prevention Conference and South Africa Violence Conference. We made a presentation of the campaign and shadow framework, which increased support for the campaign.
- v). WACI Health (as a member of SGV Campaign) and MOSAIC are part of review process of the integrated plan of action working in collaboration with the national department of social development and department of women.

***Supporting advocacy towards UHC policies that promote people centered approaches, affirm human rights, 'leave no one behind', and prioritize primary health care***

As the world explores ways to provide health care for all, it makes ample sense to focus deeply on Universal Health Coverage and how to make it a reality. WACI Health's work is grounded on the belief that, across Africa, all people should get health care when they need it, where they need it and at an affordable cost.

In 2017, our Executive Director, Rosemary Mburu, was nominated to the UHC2030 Steering Committee as a southern civil society representative and is, therefore, a member of the UHC2030 Civil Society Engagement Mechanism (CSEM). This saw WACI Health contribute to the UHC agenda at global, regional and national levels.

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Progress on UHC means.....



Increased Domestic  
Resources for health  
from African heads of  
States. 😊

Health  
for ALL in Africa

uhc2030





This included co-hosting a civil society dialogue on UHC in Kenya on behalf of CSEM; speaking role at the UHC Forum 2017 in Tokyo; development of a civil society statement on UHC through CSEM; input into the Tokyo declaration on UHC, among other processes. Through these avenues, WACI Health contributed to the language and messaging that promote UHC policies and programs, which are people centered, affirm human rights, ‘leave no one behind’, and prioritize primary health care.

### ***Advocacy for Progressive Health financing Transition policies***

As economies grow, governments increasingly face the need for transition from donor funding to domestic funding for health. This is an important element in the effort to end epidemics.

Through ACTION’s report, [Progress in Peril: The Changing Landscape of Global Health Financing](#), released in September 2017, WACI Health worked to highlight the opportunities and risks of health financing transitions. For example, in December 2017, WACI Health and the Global Fund civil society engagement team co-hosted a civil society workshop on DRM during the ICASA Conference in Côte d’Ivoire entitled “Ending AIDS, TB and malaria and meeting UHC targets in Africa: A focus on expanding public finance and leaving no one behind”. It was attended by 35 African health advocates. At the meeting, the ACTION report on transition was disseminated and discussed with deliberate focus on its findings and recommendations.



## 1. Strengthening accountability on Global Financing Facility (GFF) Implementation

**W**ACI Health led in producing an in-depth analysis of the Kenya GFF Investment Framework and Project Appraisal Document (PAD) to support the Kenyan CSOs towards an understanding of

the GFF. The report, *[Understanding the Global Financing Facility: The case study of Kenya](#)* is a collaborative effort by WACI Health, KANCO and HENNET, which was instrumental in guiding CSOs towards clear roles and in shaping the society

engagement mechanism. The report was also used as a reference document by Kenya CSOs GFF coordinating group in developing a collaborative work plan and in informing the Kenya GFF score card. To foster learning among CSOs in GFF implementing countries, WACI Health co-convoked a GFF regional information sharing forum in

# 3.0 Improved Accountability on Health Delivery and Governance



April 2017 together with KANCO, HENNET and the Africa Health Budget Network (ABHN).

The meeting was a regional GFF exchange among CSOs from six (6) implementing countries: Kenya, Tanzania, Nigeria, Cameroon, Sierra Leon and Senegal to share experiences and learn from each other.

WACI Health also facilitated a high-level convening for CSOs from the six implementing countries bringing together a wide range of stakeholders including members of parliament, ministry of health, the World Bank, other development partners, media and civil society to deliberate on strengthening GFF implementation.

## 2. Nutrition

Undernutrition is still highly prevalent across Africa. Besides the immediate health challenges, undernutrition and malnutrition lead to stunting, which has long-term negative effects on human capital development and poverty eradication. To achieve health and broader development objectives, Africa must tackle the undernutrition and malnutrition head-on.

**In Kenya:** WACI Health has joined hands with like-minded partners like KANCO, the World Food Program, UNICEF, and Kenya's National AIDS and STI Control Program to call for the inclusion of nutrition in Global Fund investments. This effort resulted in a concept paper on nutrition funding needs that can be addressed through the Global Fund funding mechanisms. The paper included strategic nutrition language and targets for Global Fund funding requests.

**In Tanzania:** Together with KANCO, we supported Health Promotion Tanzania (HDT) and Partnership for Nutrition in Tanzania (PANITA) to identify and plan advocacy activities on nutrition in Tanzania. This led to the development of a six-month work plan on GFF and nutrition running from Feb-July 2017.

Overall, WACI Health has actively engaged the media on the need to provide more coverage on the investments and policy framework for nutrition in Kenya in line with the work of the Global Financing Facility. For instance, on the day of the African Child, WACI Health co-hosted a media briefing on the need to engage the public and policy makers on the centrality of nutrition in global health and development. The media event, jointly organised with International Network of Religious Leaders Living with or affected by HIV (INERELA+), resulted in a program that focused on nutrition on the day of the African Child.



### 3. HIV Prevention Research

Advances in science and greater implementation of programs have brought us to the right side of the tipping point in the fight against HIV. Biomedical approaches such as the availability of affordable and user-friendly rapid HIV tests and effective antiretroviral treatment for people living with HIV have changed the landscape of the HIV response.

Other impactful prevention tools have included voluntary male medical circumcision, male and female condoms, and oral pre-exposure prophylaxis (PrEP). HIV treatment programs are thriving today, with more than 21 million people living with HIV on treatment globally

However, to end HIV as an epidemic, the world must do more in preventing HIV. It must double the efforts in HIV prevention. WACI Health challenges global health partners, including governments, the private sector and international donors to invest robustly by supporting new research that can lead to new tools that accelerate the end of HIV epidemic by 2030.

### *Africa Free of New HIV Infection (AfNHi)*

WACI Health is the secretariat of an HIV biomedical prevention network, called Africa Free of New HIV Infections (AfNHi). Launched at the ICASA conference in Côte d'Ivoire, the network brings together partners such prevention advocates, scientists and the media to champion more domestic investments in HIV prevention and new HIV prevention tools, including vaccines. AfNHi will coordinate communication with advocates and oversee the implementation of an advocacy agenda for the coalition on HIV prevention research in the Africa region.

### *Global Coalition on HIV Prevention Research:*

WACI Health also worked with UNAIDS, giving feedback on five session papers that UNAIDS is producing to support HIV prevention. In a meeting in Cape Town, UNAIDS, the International HIV > 16



AIDS Alliance, AVAC and NACOSA discussed ways of revitalising HIV prevention in the 33 fast-track countries in Africa. The meeting discussed HIV combination prevention making emphasis on a person-centered approach. Country consultations in these fast-track countries is ongoing. Working with CASPR and partners, we continue to work to accelerate and support prevention research.

### **Strengthened CSO engagement for PrEP implementation in Kenya:**

WACI Health joined other civil society organisations in Kenya to deliberate on PrEP rollout in the country. We participated in planning for a national dialogue among CSOs ahead of Kenya's PrEP rollout launch and engaged the media on delivering accurate reporting. During this consultation, stakeholders developed a key advocacy agenda for PrEP and self-testing for civil society organisations. The process also included capacity strengthening for key population organisations on assessment of adherence to PrEP, and development of a Key populations PrEP communications strategy.

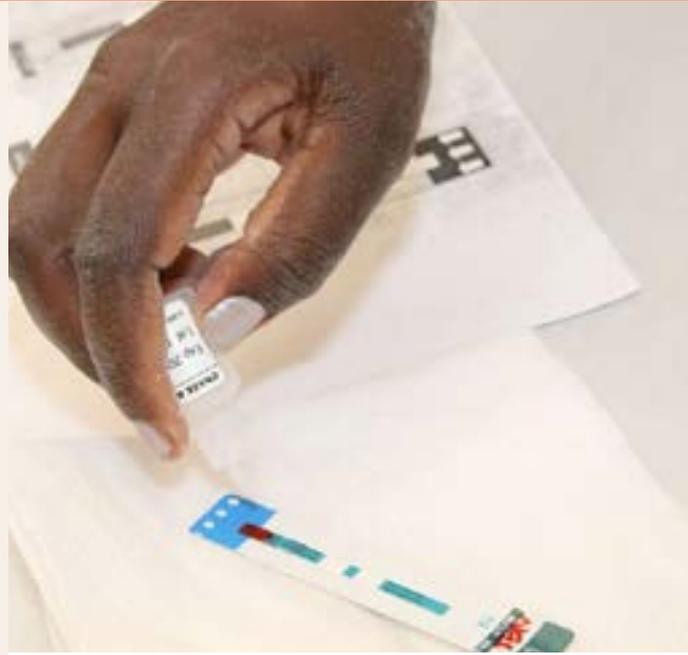
**HIV Vaccines awareness:** In collaboration with the Vaccine Advocacy Resource Group (VARG), WACI Health hosted an HIV Vaccines awareness media-briefing event. This event brought together a scientist from KAVI Institute of Clinical Research, AVAC fellows, civil society and media during the commemoration of the HIV Vaccines Awareness day on 18 May 2017.

## **4. Tuberculosis**

Tuberculosis – the world leading infectious disease – killed about 1.7 million people in 2016. Additionally, more than 10 million people globally got sick with the disease and about four million of them failed to be diagnosed, treated or reported by health systems.

The global state of TB management remains dire and the aim to end the epidemic by 2030 as agreed in the Sustainable Development Goals is still way out of reach. To change this, global health partners must pull together. To contribute to that effort, WACI Health is determined to keep TB prevention, treatment and management in the frontline.

WACI Health and other global health partners de-



mand and support efforts to accelerate action against TB.

In Africa, we are working with civil society organisations to galvanise and support leaders to champion more investments and better TB policies. For instance, we were part of a group that pushed to have more members of parliament attend the Global Ministerial Conference on Ending TB in the Sustainable Development in Moscow in November 2017. We are also supporting similar initiatives for the 2018 UN High-Level Meeting on TB in New York, to encourage the attendance of as many African heads of state as possible and to ensure that civil society key asks are prioritised by the heads of state.

*In commemoration of World TB Day in 2017, we issued a news release* through the Africa civil society platform on health and GFAN Africa, with a focus on drug resistant TB. We called on WHO to add TB to its list of high priority drug-resistant bacteria and called on African governments to prioritise tuberculosis in national health and development agendas. We further challenged G20 leaders to demonstrate leadership in responding to drug-resistant TB by committing to fund new research to develop better drugs and treatment regimens.

In South Africa, our World TB Day activities involved working with Section 27 and Treatment Access Campaign (TAC) to host two workshops – for TAC members in Free State Province and for Buffalo City



Municipality AIDS Council civil society sector members in Eastern Cape. In both meetings, we underlined the need for civil society movements to play a greater role in advocating for proper implementation of the South Africa’s national TB strategic plan.

In Kenya, we participated in the launch of Kenya’s first TB prevalence survey 2015/2016. We also participated in schools’ campaign to promote TB awareness in schools and the community. School children were engaged in essay writing and a photo competi-

tion on TB control in their communities.

WACI Health worked with Hon Stephen Mule, Kenyan Member of Parliament and Chair African TB Caucus, to write a blog on the integration of TB and HIV. *The blog* titled, ‘why we must invest in TB-HIV or lose two fights at once’ was also shared widely on Twitter and Facebook.

***WACI Health is supporting a Stop TB Partnership campaign to galvanise leaders to join the movement to end TB as an epidemic.***

**24TH MARCH 2018 WORLD TUBERCULOSIS DAY**



**WANTED!!!**  
**Leaders for a TB-Free World, END TB!**  
 you can make history.

This year presents multiple political opportunities for global leaders to make ambitious, measurable commitments to ending TB. In September, heads of state will gather at the UN for the first-ever High-Level Meeting (HLM) on TB, which will build on the outcomes of the 2017 Moscow Ministerial Conference and drive comprehensive efforts to end the world’s leading infectious killer.





## 5. Health R&D Advocacy

*In a 2017 report*, jointly published with Aids Accountability International, WACI Health noted that historically, there is a clear case for a palpable and urgent need for African governments to greatly increase public investment in HIV research and development. This was informed by a notable decline in global expenditure on some key components of HIV R&D.

To end HIV and other epidemics, African governments must find ways to commit more of their own resources in research and development in areas of glob-

al health. There is need to place stronger emphasis on R&D, both in policy and funding, so as to build resilient national health systems. Health R&D should be at the core of national innovation systems. WACI Health and other civil society partners in Africa are engaging with African governments to make this commitment possible.

WACI Health is a member of the Coalition on Health Research and Development in Kenya (CHReaD) as well as the South Africa Health Technologies Advocacy Coalition (SAHTAC)- both hosted by PATH- to promote action on health research and de-



To end HIV and other epidemics, African governments must find ways to commit more of their own resources in research and development.

development through coordinated advocacy efforts towards increased access to lifesaving products, technologies, and innovations.

***East African Health and Scientific Conference & International Health Exhibition:*** WACI Health joined other East African delegates in Burundi, at the East Africa's Community Health conference, hosted by the East African Health Research Commission.

WACI's Executive Director, Rosemary Mburu, was a speaker in a symposium at the Conference. The symposia, organized by PATH, was titled, ***'strengthening collaboration between civil society and key research stakeholders in promoting health research and innovation in Africa'***



## Pressing Forward

**O**ur mandate calls us to play a critical role in galvanising civil society voices to build a formidable global health movement across Africa. We believe that we can advocate for and accelerate efforts to achieve universal health coverage across Africa even as we support countries to end epidemics of HIV, TB and Malaria. We can help save lives and transform communities globally.

In the last year, we fast-tracked these efforts

through diverse activities captured in this report. We hope to build on this momentum in 2018. However, to achieve this goal of forming a strong movement of global health advocates, all partners – governments, private sector, international community and key civil society organizations – must work together.

To achieve sustainable development goal 3, the advocacy role of civil society and communities is fundamental.

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# Appreciation – Board Members

In 2017, we completed the formation of our board members. We appreciate this remarkable team, which has been front and centre of our growth in the last year.



## ***Dudu Simelane***

Dudu Simelane is the Team Leader: East and Southern Africa at the IPPF Africa Regional office and has a responsibility to lead a team of Technical Advisors who support the IPPF Member Associations (MAs) in the East and Southern Africa

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## ***Ida Jooste***

Is a South African journalist, the recipient of some twenty international and South African media awards. Her journalistic work across Africa has focused on science, governance and human rights issues with a particular emphasis on HIV related and analytical storytelling.

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## ***Itai Rusike***

Executive Director, Community Working Group on Health (CWGH) –Zimbabwe; Itai is a Public Health Activist with almost 20 years experience organizing involvement of communities in health actions in Zimbabwe. He is the immediate past Deputy-Chairperson of the Public Health Advisory

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## ***Evaline Kibuchi***

Is the Chief National Coordinator, Stop TB Partnership- Kenya. She is the Africa TB Caucus Regional Director. Evaline has over a decade of experience in advocacy in public health with demonstrated commitment to reducing the burden of public

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## ***Mike Podmore***

Mike Podmore is the Executive Director of STOPAIDS. He is also a board member for the developed country NGO delegation on the board of the Global Fund

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## ***Rosemary W. Mburu***

Has been a champion for healthy communities for over fifteen years and currently serves as the Executive Director for WACI Health. Mburu is a civil society leader in Africa and has extensively worked on supporting civil society



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