PRESENTATION OVERVIEW

1. Acknowledgment
2. Development of the WACI Health Strategy 2022-2027 (Process)
3. Situational analysis of the current health environment
4. Key strengths, development areas
5. Strategy: Five key pillars of WACI Health
Acknowledgement
Strategic Plan Advisory Group

1. Evaline Kibuchi
2. Itai Rusike
3. Katy Kydd Wright
4. Edwige Fortier
5. Whitney Mwangi
6. Matthew Greenall
7. Onesmus Mlewa Kalama
8. Bobby John
Technical Assistance

The process of reviewing and updating our organisational strategy was accomplished with technical support by Equal International.
Publications Team

1. WACI Health Staff
2. Pinch Africa
3. Jaywalk Designers
All Stakeholders

1. All participants in the key informant interviews; virtual workshops.
2. Funders
3. Collaborating partners
4. Communities and Civil Society we work with.
WACI HEALTH STRATEGY
2022-2027
DEVELOPMENT PROCESS
STRATEGY DEVELOPMENT PROCESS

- Review of WACI Health’s achievements, strengths and areas for development
- Situation analysis of the context for health in the region including new challenges and opportunities
- Consultation with stakeholders: key informant interviews; virtual workshops
- Consultation with Strategy Advisory Group
- Technical assistance from Equal International
SITUATION ANALYSIS ON THE CURRENT HEALTH ENVIRONMENT
The sustainable development goals (SDGs) provide a shared framework that anchors health as a core pillar to end extreme poverty and reduce inequality.

The African Union Agenda 2063 seeks to transform the African continent within a span of 50 years, to have a prosperous continent based on inclusive growth and sustainable development.

The Africa Health Strategy 2016-2030 and the Catalytic Framework to end AIDS, Tuberculosis and Malaria by end 2030 are key frameworks for health.

The slow pace of domesticating ratified global and regional policies is a key challenge in the global south, a good example being the Maputo Protocol of Action.
HEALTH FINANCING

• To sustain the health gains that have been made in addressing the known major pandemics and to address new and emerging health challenges, the resource basket will need to be sustained or scaled up.

• The reality is that the health basket is not growing as fast as the rate of health challenges. There is slow and uneven progress towards the targets of 5% of GDP and 15% of General Government Expenditure being allocated to health.

• As a consequence many countries in the region remain highly dependent on external funding for health.

• In addition, 37% of health expenditures are out-of-pocket, and have catastrophic and impoverishing impacts on the population, particularly those already living in poverty or vulnerable.

• In addition to increasing domestic financing, there is a critical need for reform of revenue collection and health financing systems in many countries.
Emerging pandemics and outbreaks accentuate health inequities and severely disrupt existing health efforts.

The COVID-19 pandemic has starkly illustrated the inequalities in deployment of essential diagnostics, therapeutics and vaccines, as well as other tools such as oxygen and PPE, between higher and lower income countries, with the African region in particular left behind.

Pandemic preparedness policies, strategies and tools including strengthening the ability of communities in pandemic surveillance is essential to ensure the global south is ready for current and emerging pandemics.

Economic responses to COVID-19 in wealthier countries are likely to have a knock-on negative impact on economies of lower income countries.
• Countries in the region have made significant efforts in progressing commitments towards realization of UHC but there are still significant gaps that require urgent attention.

• Some policy and legislative frameworks undermine the principle of quality of care for all. For instance, in many countries adolescent girls and young women are unable to access safe abortion care services leading to poor maternal health outcomes in the region.

• Inequalities in access to health services due to discrimination, stigma, criminalization and exclusion are compromising universal health coverage progress in many African countries.

• Further progress on UHC will require increased and more reliable resources for health, as well as reforms in how health financing is allocated and utilised.
• By 2020, over 25 million people in sub-Saharan Africa were living with HIV with 870,000 people becoming newly infected with HIV in the same year. There were 460,000 people who died of AIDS related illnesses in 2020.

• Tuberculosis (TB) is the 9th leading cause of death worldwide. There were an estimated 2,460,000 new cases in the African region in 2020, accounting for a quarter of new TB cases worldwide. An estimated 417,000 people died from the disease in the African region in 2016. TB-HIV coinfections, and drug-resistant TB, are among the main challenges in the region.

• Malaria is endemic to 14 of the 16 southern African countries, and an estimated 92% of annual global malaria cases – amounting to 200 million cases – occur in the region. Mozambique and the Democratic Republic of Congo are among the six countries that accounted for more than 50% of all cases reported in 2018. While progress is being made, over 400,000 deaths, mostly of children, are caused by malaria in Africa every year.

• The COVID-19 pandemic has slowed progress against these diseases in many countries.
Climate change affects the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.

The climate crisis threatens to undo the last fifty years of progress in development, global health, and poverty reduction, and to further widen existing health inequalities between and within populations.

These climate-sensitive health risks are disproportionately felt by the most vulnerable and disadvantaged, including women, children, ethnic minorities, poor communities, migrants or displaced persons, older populations, and those with underlying health conditions.

The climate crisis is also contributing to natural disasters and humanitarian crises, with significant negative health impacts.
Africa will account for 80% of the projected 4 billion increase in the global population that will occur by 2100.

African countries will need to put in place the policies and investments that will allow them to create the opportunity for a demographic dividend, and develop an environment conducive to reaping the social and economic benefits.

Improved health, especially for adolescents, young people and women, access to education and adequate employment opportunities are key to realizing the demographic dividend.
• The 17th sustainable development goal underpins the importance of partnership building in the realization of the SDGs. WACI Health has strived to forge significant partnerships with global, regional and national stakeholders to be able to contribute to better health on the continent.

• Civil society organizations often focus on specific health challenges, or the needs of particular excluded populations. Greater progress in UHC, including health financing, will require civil society to identify the common ground in order to build more powerful advocacy and action coalitions.

• The high level of reliance on donors for health funding has limited the leadership and autonomy of African health actors, including civil society. African CSOs must be at the forefront of efforts to decolonise global health and aid, by embedding stronger leadership, commitment and vision for health in the region.

Digital technology has the potential to transform and expand health care and support as well as transparency and accountability.

Without urgent technological, industrial, intellectual, and research oriented health interventions, Africa cannot tackle the needs and demands of its population.

If health technology innovations are needed to transform health system gaps in Africa, it is important to generate country-specific evidence to identify challenges and opportunities in the region as potential resources for further interventions.

In order to ensure that digital health efforts to not entrench inequities, it will be important to address access to technologies an the digital divide.
The COVID-19 pandemic has brought to the fore the continued inequity in access to science and technology between wealthier and poorer countries. African countries in particular have largely been left without access to COVID-19 vaccines and other tools.

Global progress in equity requires concerted efforts to resolve intellectual property barriers, to ensure technology transfer and build continent wide capacity.

Equity challenges also abound within the region and at country level. African governments need to develop policies and legal frameworks that address structural inequalities and discrimination against marginalised and excluded populations.
• WACI Health works with the African Union to create awareness on commitments, frameworks and strategies on health to the wider African CSO.

• WACI Health engages with the African Union in a strategic manner and represents African CSOs in the following structures:
  • ALM (Africa Leadership Meeting on Investing in Health) Declaration Advocacy & Communication and private sector engagement subcommittees.
  • Specialized Technical Committee on Health; observer status.
  • Member of the Reproductive, Maternal, Newborn and Child Health (RMNCH) task force.
  • AIDS Watch Africa (AWA) Expert Group

• Regional level engagement presents a critical opportunity to decolonise and promote an African-led agenda on health.
KEY STRENGTHS,
DEVELOPMENT AREAS,
OPPORTUNITIES
# WACI HEALTH KEY STRENGTHS

## Presence
- Relevance
- Reliable
- Influence
- Advocacy
- Enabler
- Brand awareness
- Networks
- Global-Regional-National

## Impact
- Health Financing
- Women, Adolescent and children’s Health Nutrition
- Capacity Strengthening
- Knowledge sharing
- Community mobilization and engagement
- Youth Engagement

## Leadership
- Leadership on civil society and health
- CSO Leadership development
- Good Corporate Governance
- Networks
- Representation of civil society and community Coordination
Areas for development

1. Internal and external Communications
2. Development of the organizational personality (Assertiveness and intentionality)
3. Standard Operating Procedures- develop the WACI way of doing things
4. Project management and systems strengthening
5. Team building and managing capacity
6. Coordination across projects
7. Succession planning
8. Knowledge sharing
STRATEGY: FIVE KEY PILLARS OF WACI HEALTH
Health for all in Africa
MISSION

**WACI Health** champions the end of life-threatening epidemics, and improved health outcomes for all in Africa, by influencing political priorities through evidence-driven Pan-African civil society voice and action.
Core Values

Equity focused
Human rights orientation
Participation and Collaborations
Diversity
Accountability
STRATEGIC GOALS

• **Increased resources for health** – by advocating with governments and international agencies to step up their investments in health

• **Adoption of regional and national policies and reforms that improve health and equity** – by defining and advocating for progressive policy change

• **Enhanced accountability in health governance and delivery** – ensuring that commitments, investments and policies translate into practice, and into equitable health impact

• **Health Systems that are equitable and responsive to people’s needs** – ensuring that health systems work for people.
FIVE KEY PILLARS OF WACI HEALTH

PILLAR 1
Strengthening Civil Society

PILLAR 2
Promoting justice and equity

PILLAR 3
Innovation and Learning

PILLAR 4
Nurturing Leadership

PILLAR 5
Functioning Organisation
Pillar 1

STRENGTHENING CIVIL SOCIETY

We advance civil society leadership

We are conveners and connectors

We support stronger community systems that are well resourced

We promote spaces for youth to engage

We influence national, regional and global policy with an informed civil society
PROMOTING JUSTICE AND EQUITY

Pillar 2

We address the inequities created by new pandemic threats in primary healthcare and nutrition.

We promote the role of women and girls as it relates to HIV, TB and Malaria, and health more generally.

We work to bring justice and equal access to people who are most left behind.

We examine and address the disparity of financial inequality within and between countries.
INNOVATION AND LEARNING

We promote and enable learning and knowledge sharing across the sector.

We promote thinking on new opportunities and challenges such as digital health, AI, intersectionality of climate & health.

We pursue research and development which supports community engagement.

We learn from Covid-19 and other pandemics to support preparedness for future pandemics.
NURTURING LEADERSHIP

We are a women led organisation.

We nurture and equip young women and girls to play a leadership role.

We provide platforms that empower youth leadership in advocacy.

We ensure that African civil society and young African leaders have a seat at the decision-making table.
We are well resourced with skills, people and finances.

We have clear values and characteristics.

Our personality is proactive, progressive, influential and respected.

We have a caring and efficient human resource system.

We are recognised and respected through coherent branding and communication.
**Strengthening Civil Society**

- Addressing inequalities amplified by COVID-19 (primary healthcare and nutrition)
- Role of women and girls
- Justice and equal access for those left behind
- Addressing financial inequality within and between countries

**Promoting justice and equity**

Promoting new thinking on digital health, AI and the intersectionality of climate & health

**Innovation and Learning**

- Learning organisation
- Promoting new thinking on digital health, AI and the intersectionality of climate & health

**Nurturing Leadership**

- Women led organisation
- Nurturing young women and girls
- Empowering youth leadership

**Functioning Organisation**

- Well resourced
- Clear values and characteristics
- Personality proactive, progressive, influential, respected, deliberate organisational pride
- Human resources
- Coherent branding & communication: provide a better understanding of communication

**Mission**

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

**Vision**

Health for All in Africa

**Strategic Goals**

- Increased and effective resources for health
- Adoption of regional and national policies and reforms that improve health and equity
- Enhanced accountability in health governance and delivery
- Health Systems that are equitable and responsive to people’s needs

**Key Pillars**

- Strengthening Civil Society Leadership
- Convening and Connecting
- Community Systems Strengthening
- Youth Engagement
- Informed and Influential civil society at national, regional and global policy level

**WACI Health**

Champions the end of life-threatening epidemics, and improved health outcomes for all in Africa, by influencing political priorities through evidence-driven Pan-African civil society voice and action.