Civil Society Leadership amid COVID-19 Crisis

Annual Report 2021
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 Core Strategies


Our Strategic Goals

Increased resources for health: We advocate for increased investments in health by governments and international agencies.

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Enhancing equity in health: We use our linkages, experience and expertise in political systems, policy variants, and proven health interventions to push for policies that consistently increase equity in health access and delivery.

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Improved accountability in health delivery and governance: We strive to ensure that investments and policies in health translate into practice, and ultimately into identifiable, quantifiable and positively felt impact.
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# Abbreviations and Acronyms

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<tr>
<td>AfNHi</td>
<td>Africa Free of New HIV Infections</td>
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<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<td>ALM</td>
<td>Africa Leadership Meeting</td>
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<td>AUC</td>
<td>African Union Commission</td>
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<td>CISMAT- SL</td>
<td>Civil Society Movement Against Tuberculosis-Sierra Leone</td>
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<td>CiSPHA</td>
<td>Civil Society Platform for Health in Africa</td>
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<td>CSEM</td>
<td>Civil Society Engagement Mechanism</td>
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<td>CHReaD</td>
<td>Coalition for Health Research and Development</td>
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<td>COVID</td>
<td>Coronavirus Disease</td>
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<td>EAC</td>
<td>East African Community</td>
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<td>GFAN</td>
<td>Global Fund Advocates Network</td>
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<td>GFF</td>
<td>Global Financing Facility</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PHCPI</td>
<td>Primary Health Care Performance Initiative</td>
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<td>PPH</td>
<td>Postpartum Hemorrhage</td>
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<td>RMNCH</td>
<td>Reproductive, Maternal, Newborn and Child Health</td>
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<td>R&amp;D</td>
<td>Research and Development</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>TB</td>
<td>Tuberculosis</td>
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At the beginning of 2020, COVID-19 checked in, caught everyone unawares, presented unforeseen challenges and reversed gains made towards achieving universal healthcare coverage by 2030. With the pandemic also came uncertainties in health advocacy and the need to adjust priorities as the disease was declared a pandemic. Planned activities were cancelled or postponed indefinitely. Along the way, there was the realization that global health was a serious concern, more that we had ever imagined as COVID-19 had a knock on effect on all aspects of life.

I am impressed by the manner in which WACI Health adjusted and integrated civil society engagement, advocacy and policy work to align with the onset of COVID-19. There was no better way to do it. Further, I am delighted that WACI Health took on greater responsibilities by hosting the Civil Society Engagement Mechanism jointly with MSH and co-leading the ACT-A community and civil society representatives Platform.

In addition, I recognize the impressive and unique role that WACI Health plays in representing civil society in the various African Union committees and the special liaison role of informing civil society on the commitments, frameworks, declarations and strategies of the African Union that are related to health.

These many roles place WACI Health as an outstanding African organization and a civil society leader working towards better health outcomes for all. I urge WACI Health to sustain this great work of championing improved health across Africa particularly at this critical time when achieving the sustainable development goals has negatively been impacted by COVID-19.

On behalf of the Board, I take this opportunity to thank all WACI Health partners for their continued support.

Evaline Kibuchi
Board Chair
Note from the Executive Director

Staying the course

At WACI Health, we champion health by working towards ensuring equitable access to healthcare for all in Africa. Our strategic approach incorporates policy and advocacy, strengthening Southern advocacy, and civil society engagement in key decision-making processes. Our work impacts three areas of global health work, namely increased resources for health, rooting for policies that improve health generally and particularly in achieving equity in health, and accountability in health governance and delivery.

Our tried and tested experience and expertise in supporting and coordinating civil society for effective advocacy remains a fundamental undertaking of the work we do. We facilitate national, regional, and global civil society coordination that help with strategic input into key decision-making processes and effective advocacy for policy formulation and change.

The COVID-19 pandemic, particularly the response to the pandemic, has demonstrated huge challenges for inclusion, pushing millions more into poverty. As vaccines become available, many are still at risk of being excluded. Vaccines, of course, are only part of the picture. Without affordable diagnostics we cannot accurately understand the pandemic, guide vaccination campaigns and isolate patients. And lifesaving therapeutics like dexamethasone and oxygen remain in short-supply for many of the world’s most vulnerable communities.

Quality primary health care is the cornerstone to ensuring health for all, and during these tough times, we can achieve significant reduction in inequities at scale by investing in ambitious health strategies that will deliver results. Together, the global community, must find the most effective and equitable way of reaching segments of a large population with these services especially through a strengthened primary health care system and embed these through policy and resource commitments.

As communities and civil society, we have a responsibility to hold national, regional and global leaders and governments, international donors, and ourselves, as civil society, accountable and ensure that we all can deliver impact.

Rosemary Mburu
Executive Director
Looking back, and falling forward: Success through the Covid Challenge
Defeating COVID-19 and mitigating impact on HIV, TB and malaria

The COVID-19 pandemic has negatively impacted the provision of healthcare by disrupting and weakening already fragile health systems in Africa, resulting in loss of gains made over time towards defeating life-threatening diseases. Increasing resources to build strong and resilient health systems that can withstand future shocks will help stop further loss of gains because of COVID-19.

Through the GFAN Africa platform, we mobilized for and supported civil society advocacy efforts in xx number of countries. Organized under the #TheBeatContinues campaign we urged for sustained efforts to defeat HIV, TB and malaria, as well as health systems strengthening amid COVID 19 to protect gains made so far and to save lives. This campaign aligned to the Global Fund's ‘Unite to Fight’ campaign, which sought to defeat COVID-19 and mitigate the impact of the pandemic on the fight against HIV, TB and malaria.

Through this campaign, we disseminated messages on the need to safeguard the critical fight against HIV, TB & malaria amid COVID-19; the need for additional domestic and international funding to overcome this challenge; and the need to address gender barriers, stigma & discrimination, as well as protecting human rights while fighting these diseases. For example, as part of the campaign in Zimbabwe, and to mark World AIDS Day, an interview titled ‘Girls, women face high risk of HIV/Aids’ was published.

More about this can be accessed here (put link to the campaigns report)

Civil Society capacity strengthening for Budget Advocacy

Together with Tanzania Women Living with HIV and AIDS (TNW+), Positive Generation in Cameroon and Society for Women against AIDS in Africa (SWAA) in Senegal, we supported budget advocacy-focused training in these three countries. The pool of trained advocates then were able to educate policy makers on the importance of investing in health and pointed them to gaps and priorities for consideration within the budget allocations.

In Kenya, we worked with other civil society partners in advocating for increased domestic resources for health. We joined in public hearings, which are part of the budget making process in Kenya, and presented a memorandum with budget proposals for the Ministry of Health. In the memorandum addressed to the National treasury, we emphasized the need to invest more resources for promotive, preventive, curative and rehabilitative healthcare to achieve UHC.

Debt Sustainability

COVID-19 led to an economic contraction of about 20% in Africa in 2020. In view of declining revenue and increase in spending most countries in Africa responded to COVID-19 by borrowing, which significantly raise the debt to GDP ratio for many countries across Africa. Our work on sustainable health financing included highlights and messages on the World Bank’s messaging included debt sustainability policy for IDA countries – the Sustainable Development Finance Policy (SDFP), and the Debt Service Suspension Initiative (DSSI) allowed some countries to free up critical resources so they could focus on responding to the COVID-19 pandemic and safeguarding the lives and livelihoods of millions of the most vulnerable people. However, supporting even more robust debt relief in order for governments to be able to increase domestic resources in these areas is key. While these efforts are essential, there is still no guarantee that new financing and/or savings from debt relief initiatives will be channeled to health, nutrition, education, social protection, or other human capital investments that will be critical to supporting their recovery.
Health equity is key to ensuring that everybody, everywhere, has access to efficient and affordable health care. It is important for achieving Sustainable Development Goal 3 on health and wellbeing for all. One key element of policy formulation for improved health is capacity building to impart the requisite health advocacy skills, especially so in Africa where approximately 60% of the population is youthful aged 25 years and below. Engaging the youth in addressing matters that affect them is particularly crucial in enabling them to participate in finding solutions to the challenges that they face.

Youth Leaders for Health: Malaria prevention and health systems strengthening advocacy

Youth Leaders for Health (YL4H) has been an advocacy journey for young people, focusing on the critical issues of malaria prevention and health systems strengthening in three African countries. Partners in the programme are Results UK, WACI Health (pan-Africa), Health Promotion Tanzania (HDT), Hope For Future Generations (Ghana) and CISMAT-SL (Sierra Leone). Our role as WACI Health in this partnership was to support in the delivery of the advocacy training, ongoing learning, coaching and mentorship as well as coordination at regional level. We led in the conceptualization of ‘The Beat Continues’ platform where artists and others could upload short music videos with relevant messaging around the slogan ‘Zero Malaria Starts with Me’, and associated social media campaign. Subsequently, Global Fund Advocates Network (Africa) joined in using the YL4H hashtag ‘#TheBeatContinues’ as part of their COVID-19 advocacy campaign.

Through YL4H, 25 young people from Ghana, Tanzania and Sierra Leone were equipped with the skills to advocate for policy change related to the aforementioned issues, in order to engage policymakers and make the case for increased funding. In addition, they used their voices to raise awareness of these issues within their own local communities and networks, and instigated peer-to-peer learning to pass their skills onto a Second Generation of Youth Leaders. Participants were supported through intensive coaching and mentoring to carry out activities in both their home countries and at an African regional level. This involved writing, editing, media engagement (traditional print media and radio, and social media), direct advocacy in meetings with decision makers, grass roots mobilising and community work, and documenting the advocacy process.

AfNHi Youth Cohort: securing access to SRHR for young people in Africa, amid COVID-19

At the onset of COVID-19 WACI Health helped launch a webinar series on SRHR and young people. Organized and coordinated by AfNHi the webinars were aimed at addressing the effects of COVID-19 pandemic on sexual reproductive health and rights (SRHR) among young people in Africa, including Adolescent Girls and Young Women (AGYW), Young People Living with HIV (YPLHIV), those who identify as Lesbians Gay Bisexual Transgender and Intersex and Queer (LGBTIQ) among others. The sessions were implemented as a collaboration between AfNHI Youth Cohort, Y+ Global, HER Voice Fund, READY4UHC Campaign and Youth4UHC Movement.

Discussions centred on the vulnerability of
young people in accessing the much needed SRHR services in the face of COVID-19 pandemic. The sessions also covered the plight of key marginalized populations especially young people who identify as LGBTIQ, and those living with HIV.

Key major issues arose from the webinars are documented in this policy brief. The policy brief is an outcome of three webinar series held on 21-28 May 2020. The three sessions dubbed ‘Access to Sexual Reproductive Health and Rights (SRHR) services for young people in Africa in the time of Corona Virus Disease (COVID-19) pandemic’, lasted approximately ninety minutes per session.

**Rise Up Now for TB (RUN4TB)**

Rise Up Now 4 TB (Run4TB) is a program by WACI Health in collaboration with the Stop TB Partnership that aims to catalyse and amplify community voices for TB advocacy in the African region to create a sense of urgency, and in a coordinated approach call upon African leadership to mitigate against TB by prioritizing the delivery of the UNHLM targets. The program also supports National level TB advocacy by working with TB affected communities towards ensuring that National TB programs are responsive to community, rights and gender needs. Countries involved in RUN4TB are: Angola, Botswana, Ethiopia, Eswatini, Kenya, Lesotho, Nigeria, South Africa, Tanzania, Zambia and Zimbabwe.

In this program, we support civil society and community partners in the aforementioned 10 African countries to advance their understanding and knowledge of Community rights and gender needs in TB programming and how to include that as a priority in advocacy at national and regional level. This is achieved through interventions such as: Packaging UNHLM targets and Community Rights and gender messages in creative and easy to digest formats; convening digital monthly dialogue forums/webinars for intel, updates and information sharing; developing advocacy briefings (together with national and regional partners through a bottom-up approach), key messages and advocacy materials such as country profiles and fact sheets, letters, op-eds, to support CSO and community engagement at key meetings; regional consultations in the lead up to key meetings for common messaging and priorities; parliamentary engagement.

**Accelerating advocacy for Health R&D**

In South Africa, WACI Health joined South African Health Technologies Advocacy Coalition (SAHTAC) in capacity building on advocacy to increase understanding of policy advocacy as it forms the basis of WACI Health’s work. This advocacy is important to ensure an enabling environment for policy formulation, ethical research and clinical trials, development, and access to lifesaving technologies and innovations.

WACI Health jointly with CHReaD membership released a statement on clinical trials of the COVID-19 vaccine in Africa to address concerns by the public about the clinical trials of COVID-19. Ethical trials are a human rights concern and have a bearing on the acceptability of the vaccine. CHReaD membership, through coordinated advocacy, underscores the importance of health R&D in increasing access to lifesaving technologies across the health spectrum.

WACI Health joined in SRHR advocacy work in South Africa and in Kenya following the positive opinion by the European Medicines Agency on
the use of the ring by women in low and middle-income countries outside of the European Union, and the subsequent approval by the World Health Organization. WACI Health joined in urging the Governments to mobilize resources that will make the ring widely accessible and available to reduce the risk of acquiring HIV during vaginal sex for women who are at substantial HIV risk. We are keen to see widespread rollout and use of the dapivirine ring.

Accelerating access to medicines for prevention of Postpartum Hemorrhage

Postpartum hemorrhage remains the main cause of direct maternal deaths. The situation is especially dire in sub-Saharan Africa due to, among other health systems challenges, the frequent use of substandard or falsified products. The PPH landscape changed significantly between 2010 and 2020 with several successful research projects. Because of controlled trials, and a new Uterotonic Network Meta-Analysis, WHO revised its guidelines and published ‘WHO Recommendation on Tranexamic Acid for the treatment of PPH’ in 2017 and the new, updated, ‘Recommendations on the use of uterotonics for the prevention of postpartum hemorrhage (PPH)’ in 2018. In 2019, WHO accordingly revised its Essential Medicines List (EML).

WACI Health, Concept Foundation, with support from MSD for Mothers have been supporting countries in updating their postpartum hemorrhage guidelines, national essential medicines lists and Essential Package of Health Services in line with the most recent WHO recommendations on the pathway to attain UHC. The initiative aims to close the gap between global evidence-based recommendations and the actual implementation of these life-saving medicines in countries by ensuring national norms and standards are in place and health care providers are trained and empowered in implementing these interventions at all levels of the health care system. The initiative has been successfully implemented in Rwanda, Uganda, South Sudan, Ethiopia, Burkina Faso, Liberia, Ghana, Sierra Leone, Ivory Coast and Senegal.
Gender equality and women’s empowerment

Gender equality and women’s empowerment are key determinants of health and wellbeing. Health systems and health care services should meet the needs of both women and men. Often, gender gaps in health are premised on the variable ways in which women and men understand and use preventive health care, their health behavior and in their access to health care and treatment. To amplify existing inequalities in health and emphasize the need for gender equality, GFAN Africa, CISPHA and WACI Health mobilized partners who joined in advocacy activities on women’s empowerment, ending violence against women, and women’s health to mark the International Women’s Day.

Primary health care

The Primary Health Care Performance Initiative aims to unlock the full potential of primary health care as a vehicle for universal health coverage. WACI Health is one of the allies improving PHC, an initiative of PHCPI, that brings together global and local organizations representing engaged citizens, patients, health workers, international NGOs, advocates, researchers and representatives from the private sector to work together in this effort. As governments and donors make critical decisions about rebuilding and investing in health systems amid COVID-19, uniting behind the shared goal of improving primary healthcare has become urgent.

To mark the second anniversary of the ASTANA declaration, WACI health joined the allies improving PHC on the campaign #StrongerwithPHC# to urge for a world’s renewed commitment to PHC as the foundation of health systems that keep humanity healthy and safe.

The GFF We Want

WACI Health has continued to support and be part of the platforms that are advancing GFF implementation advocacy and tracking. We are a member of the Global GFF civil society-coordinating group, and a member of the accountability working Group as well as the Kenya GFF coordinating group meeting. Kenya has in January 2021, launched the GFF multi stakeholder platform, a prominently significant step towards transparency of the GFF implementation in Kenya.

WACI Health continued to engage in the ‘GFF We Want’ campaign to elevate the voice of civil society and embed lessons learned by GFF implementing countries into national, regional and global conversations and forums to strengthen cross-country learning, improve accountability, and ensure long-term sustainability of the GFF through a number of resource mobilization strategies. There was continuous engagement with African Governments, outreach to communities and civil society towards national and regional advocacy to ensure that the GFF delivers on its promises and for enhanced tracking of achievements on equity and health impact.
Increasing accountability is a key element for improved health outcomes at global, regional, national and community level. It is accountability that enables health reforms, availability of additional resources regulation, oversight, monitoring and reporting of prudent use of available resources leading to efficient and affordable healthcare.

For 24 years now we have supported civil society organizing and leadership for advocacy and accountability. We do this by hosting and facilitating/co-facilitating various society networks:

Africa Free of New HIV Infections (AfNHi) is an Africa regional advocacy network that exists to unite African Civil Society voices and action on regional advocacy for HIV prevention research. AfNHi is committed to influencing Africa regional policies in order to accelerate ethical development and delivery of HIV prevention tools towards ending the AIDS epidemic by 2030. The network seeks to fast track the biomedical HIV prevention research agenda in the continent through local ownership, using indigenous strategies to enhance Africa’s contribution to global goals.
Global Fund Advocates Network (GFAN Africa)

GFAN Africa aims at uniting African civil society voices and action for a fully funded Global Fund. This includes domestic resource mobilization as a component for sustainable financing. GFAN Africa, hosted by WACI Health, is the Africa regional hub for GFAN. GFAN Africa’s specific objectives are:

- Mobilize Africa civil society to support and engage in Global Fund resource mobilization
- Mobilize African leaders to speak in support of Global Fund resource mobilization
- Mobilize world leaders to contribute to the Global Fund
- Urge African leaders to mobilize domestic resources and invest directly in their health programs
- Amplify community, rights and gender considerations in Global Fund investments

Civil Society Platform for Health in Africa (CiSPHA)

The African Civil Society Platform for Health (CiSPHA) is a Pan-African non-profit advocacy platform of Civil Societies working on health that was launched in 2009. A year later, 60 networks and network organizations joined forces with the determination to mobilize and utilize evidence to advocate for increased domestic resource mobilization for health at national levels.


Working with the African Union is important for our advocacy work. In this regard, CiSPHA coordinates civil society voices and actions on health for a meaningful impact at the regional level, as well as with the African Union towards
improved health outcomes in the continent. In 2020, WACI Health joined in advocacy to strengthen the continent’s response to the COVID-19 pandemic seeking quick and effective efforts to mitigate the impact of the disease on the general population. We participated in multiple platforms convened by the African Union and Africa CDC.

In addition, WACI Health continued to popularize African Union’s commitments, frameworks, declarations and strategies on health within the civil society and communities to introduce the African context and the interventions employed. Our organization represents the civil society in the advocacy and communications sub-committee of the Africa Leaders meeting, is a member of the RMNCH taskforce, is a member of the Hepatitis technical working group and has observer status on the specialized technical committee on health. We promote the civil society opinion, concerns and input in these processes so as to ensure there is increasing commitments for health and to accelerate the achievement of Universal Healthcare Coverage.

WACI Health has also contributed to the first continental framework on Neglected Tropical Diseases (NTD) and is working with the AUC to design a joint action plan to mobilize African civil society for effective response and implementation. We have also joined in advocacy as the COVID-19 vaccine is rolled out to advocate for its uptake and as well educate communities on their role to ensure equitable access of the vaccine to everybody who needs it wherever they are.

**UHC2030 Civil Society Engagement Mechanism (CSEM)**

CSEM is the civil society constituency of the International Health Partnership for UHC 2030 (UHC2030), the global movement that endeavors to strengthen health systems for universal health coverage. As an Africa regional advocacy organization, WACI Health brings to this partnership over two decades of experience and expertise in civil society convening and organizing for health advocacy and accountability.

In June 2020, WACI Health joined Management Sciences for Health in co-hosting the secretariat of the Civil Society Engagement Mechanism (CSEM) of UHC2030. UHC2030 as a global movement to strengthen health systems for universal health coverage enhances WACI Health’s critical push for universal health coverage, ensuring that no one is left behind as the center of the global response to the existing health challenges. Through publications and speaking engagements as well as meetings and knowledge-sharing sessions, CSEM worked during the year to hold leaders accountable to commitments on UHC and to link health systems strengthening for UHC to the needs of the global COVID-19 pandemic response.

More of this is available in an overview of CSEM publications and activities in 2020. Additional information is detailed on csemonline.net.  

**ACT-A community and civil society representatives platform**

WACI Health alongside partner organizations Global Fund Advocates Network and STOPAIDS UK, identified a need and a role to create a platform that would serve to:

i) convene and support the identified civil society and community representatives in ACT-A and

ii) provide a platform for engagement for broader civil society and communities with ACT-A civil society and communities representatives; facilitate broader, global collaboration by bringing the expertise in civil society and communities to inform the work of the representatives in ACT-A; and provide a space for information sharing, consultation and cohesive action and advocacy.