



Africa Health Agenda
International Conference
2021

EXECUTIVE SUMMARY REPORT



Theme: **Decade for Action – Driving Momentum to Achieve UHC in Africa**

Sub-themes: **Leadership | Accountability | Technology | Health Security**

Location: **Virtual**

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List of ABBREVIATIONS

AHAIC	Africa Health Agenda International Conference
AI	Artificial Intelligence
AIDS	Acquired Immune Deficiency Syndrome
AMA	African Medicines Agency
AU	African Union
CBO	Community-Based Organisation
CDC	Centres for Disease Control and Prevention
CEO	Chief Executive Officer
CHW	Community Health Worker
COVID	Coronavirus Disease
CS	Cabinet Secretary
CSO	Civil Society Organisation
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IFPMA	International Federation of Pharmaceutical Manufacturers and Associations
IT	Information Technology
IWD	International Women's Day
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
PHC	Primary Health Care
PPE	Personal Protective Equipment
PPP	Public-Private Partnership
R&D	Research and Development
UHC	Universal Health Coverage
WHO	World Health Organisation

FOREWORD

In March, we successfully hosted the first ever virtual (and 4th in the bi-ennial series) **Africa Health Agenda International Conference (AHAIC 2021)**. Since 2015, the Africa Health Agenda International Conference (AHAIC) has established itself as Africa's premier forum on African health issues providing an opportunity to mobilise continental leadership, including government, civil society and the private sector, in investing in the health of the continent's people.

This year, the virtual conference, co-convened by the **Africa CDC, Johnson and Johnson, Roche, Takeda and the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)** was attended by over 3,000 delegates, from across 98 countries where the AHAIC commission for the State of UHC in Africa, established through the leadership of **Amref Health Africa** with support from the **Bill and Melinda Gates Foundation (BMGF)** released a critical report on the State of UHC in Africa. The report takes stock of the progress made by African countries toward realizing health for all through Universal Health Coverage. The Theme of the conference was **Decade for Action: Driving Momentum to Achieve UHC in Africa**; under the themes of **Leadership, Accountability, Health, Security and Technology**.

The three-day conference held an array of high-level plenaries, panel discussions and town hall sessions designed to share ideas and find solutions to accelerate progress towards Universal Health Coverage (UHC) in Africa. Kenya's President, **H.E. President Uhuru Kenyatta** formally opened the conference, encouraged stakeholders in health to embrace the empowerment that comes from optimism and hope even during times of uncertainty such as those caused by the COVID-19 pandemic, and urged African countries to consider seven priority areas to anchor their health policies and programmes, including giving greater priority to primary health care; increasing access to health care services; making health care more affordable; harnessing Africa's innovative energy and creativity; strengthening health sector collaboration; improving health security and increasing political will towards UHC.



Dr Githinji Gitahi,
Group Chief Executive Officer

The **World Health Organization (WHO) Director General Dr. Tedros Adhanom Ghebreyesus** touched on the underrepresentation of women in health leadership despite making up 70% of the health workforce and highlighted the urgent need for gender equality as he paid homage to women and their contributions to health, social and economic development, calling for greater inclusion of women in leadership and decision-making to achieve equality and equity in health.

The discussions were thought-provoking featuring some of the continent's most respected and admired decision makers and opinion shapers in health, from government representatives and health innovators to entrepreneurs, development partners, youth advocates and community mobilizers.

The [State of UHC in Africa Report](#), the key anchor of the conference takes stock of the progress made by African countries toward realizing health for all, details the impact of colonial legacies, poor governance, and economic challenges on the continent's health policies and outcomes, and provides key recommendations for transformative change, which African countries should adopt to accelerate progress toward UHC.

Key highlights from the report include revelations that:

- **Africa's health systems are poorly attuned to meet the health care needs of the poor**, those living with disabilities and other vulnerable groups, with coverage of essential health care services being decidedly low: only 48 per cent of the population (approximately 615 million people) receive the health care services they need.
- **Quality of health care services provided in African countries is low** and is considered the poorest performing indicator of UHC. When quality of health care services is considered, service coverage scores across African countries are even lower.
- **Coverage of essential services needed by women and girls in Africa is low**, with data indicating that between 2015 to 2019, only 49 per cent of African women had their demand for family planning satisfied by modern methods.
- **The proportion of individuals that are pushed into poverty due to out-of-pocket health care payments each year is high**, at 15 million people (representing 1.4 per cent of the continent's population), though the number is gradually reducing.

In its recommendations, the report proposes several actions to ensure steady progress towards UHC, including:

- » Re-orienting health systems and health system priorities to respond to population health needs;
- » Prioritizing and strengthening primary health care as the foundation for UHC;
- » Investing in strengthening health system inputs through, for example, boosting the number of skilled health workers especially in primary health care; and
- » Investing in health technologies to enhance the performance of all health system functions and strengthening governance and accountability.

AHAIC 2021 was convened through the generous support of our co-conveners and other partners including; **Transform Health and Foundation Botnar, Primary Health Care Performance Initiative (PHCPI), Coalition for Health Research and Development (CHreaD), UNFPA, Strategic Purchasing Africa Resource Centre (SPARC), PATH, PATHFINDER, Malaria No More UK, MSD, Philips, General Electric, Governing Health Futures-The Lancet and Financial Times Commission, Nutrition International, Partnership for Maternal, Newborn and Child Health (PMNCH), Living Goods, Eco-Carriers** among other partners.

AHAIC 2021 may be behind us, but the journey to achieving Universal Health Coverage (UHC) in Africa remains ahead. If the COVID-19 pandemic has taught us anything, it is that now is the time to amplify calls for greater commitment, collaboration and action towards achieving health for all on the continent. This is not the time to be silent. We have a responsibility to take advantage of every opportunity to address the challenges that hinder us from achieving UHC, and to strip down the barriers that stand in the way of realizing better outcomes for Africa. It is time for us to join forces toward a common goal - because a win for UHC is a win for all of us.

OVERVIEW

AHAIC 2021 is an African-led biennial global health convening hosted by Amref Health Africa, a leading health development organisation in Africa that was founded in 1957. This year, the virtual conference was co-convened by **Africa CDC, Roche, Takeda Pharmaceuticals and the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)**.

This event brings together diverse stakeholders to accelerate progress toward Universal Health Coverage (UHC) and collectively chart a course forward by highlighting and seeking to address Africa's most pressing health challenges. It seeks to spotlight key health issues on the continent, and showcase how new research, innovation and political commitments can solve those challenges to advance UHC.

The 3-day virtual conference, which began on 8 March 2021 under the theme, **Decade for Action: Driving Momentum to Achieve UHC in Africa**, attracted 3,000 participants from 98 countries across the African continent and beyond.

Held against the backdrop of COVID-19 recovery efforts, AHAIC 2021 provided a platform for representatives from the health sector, political leadership, development organisations, private sector, academia and civil society to explore the continent's health challenges, identify opportunities and propose sustainable solutions for, and by, Africa.



Leadership for Change: AFRICA'S JOURNEY TOWARDS UHC

The first day of AHAIC 2021 coincided with the **International Women's Day (IWD)** whose theme was **Women in leadership: Achieving an equal future in a COVID-19 world**.

It aimed to celebrate the remarkable **efforts by women and girls around the globe, to shape a more equitable future and the recovery from the COVID-19 pandemic**.

Various speakers paid homage to women and their contribution to health, social and economic development, and called for greater inclusion of women in leadership and decision-making to achieve equality and equity in health. Women stand at the front lines of the COVID-19 crisis as health care workers, caregivers, innovators, community organisers and as some of the most exemplary and effective national leaders in combating the pandemic. The crisis has highlighted both the centrality of their contributions and the disproportionate burdens that they carry.

The event was [officially opened](#) by His Excellency **President Uhuru Kenyatta** of Kenya. Other speakers included **Dr. Tedros Adhanom Ghebreyesus**, Director General, World Health Organisation, **Dr. John Nkengasong**, Director, Africa CDC, **Dr. Charles Okeahalam**, Chairperson of the International Board of Directors, Amref Health Africa and **Dr. Githinji Gitahi**, Group CEO, Amref Health Africa.

The world has only 10 years to go before all the commitments to humanity are actually achieved, including UHC. Yet several countries, specifically in Africa, are still struggling with achievement and a clear roadmap to UHC. The continent has 17% of the world's population, but 23% of the global burden of disease.

Achieving UHC requires investment in resilient health systems, especially in strong primary health care (PHC) with emphasis on promoting health and preventing diseases. It also includes ensuring a reliable supply of safe, effective and high-quality medicine. There is need to invest in a competent workforce to ensure achievement of UHC in Africa, and to build capacity through collaboration and partnerships.

In the wake of the COVID-19 pandemic, investing in universal health care has never been more critical. This pandemic has highlighted the centrality of health; when health is protected everything is possible, but when health is at risk everything is at risk.

African countries should consider seven key priority areas on which to anchor their health policies and programs. These comprise giving greater priority to primary health care; increasing access to health care services; making health care more affordable; harnessing Africa's innovative energy and creativity; strengthening health sector collaboration; improving health security and increasing political will towards UHC.

Additional issues include the need for greater focus on gender equality and equity, and the importance of communicating policies effectively to communities and promoting efficiency in the allocation of resources.

The inspiring opening ceremony was followed by an energetic [Fireside Chat](#) dubbed, **Politics for good – leading the UHC agenda with conviction**. Presenters included **Dr. Tedros Adhanom Ghebreyesus**, **Hon. Dr. Daniel Ngamije**, Rwanda's Health Minister and **Hon. Mutahi Kagwe**, Cabinet Secretary in the Ministry of Health in Kenya. It offered interesting insights into the need for unity, collaboration, inclusive policies and sharing of key learnings among African countries to achieve UHC and resolve more immediate challenges such as ensuring vaccine equity in the fight against COVID-19. Political will and leadership are critical drivers of UHC in Africa. The continent needs leaders who believe that health is a fundamental human right and recognise its centrality in economic development.

The current economic and health crisis resulting from the COVID-19 pandemic has revealed the importance of strong, resilient health systems. It has also unveiled the need for nations to look within to see how they could strengthen their national capacities to deliver primary health care. African leaders need to work together across geographical boundaries to ensure continental self-reliance that is consistent, comprehensive and sustainable.

This means supporting multi-sectoral and international partnerships to facilitate manufacturing, supply chain management and access to health services and goods.

In order to ensure UHC and equitable access to health care for all citizens, countries should commit to substantive investments in health and local/regional manufacturing infrastructure, and work together to strengthen their positions during negotiations with international partners. They must also prioritise health workforce development, and financing of health care to address catastrophic out-of-pocket expenses which prevent citizens from accessing critical services.

The AHAIC Commission launched its report titled, [The State of Universal Health Coverage in Africa](#). The document provides a detailed account of steps taken by African governments to achieve UHC in their countries; it reflects on successes, barriers and lessons learned, and opportunities that African countries could leverage to accelerate progress towards UHC.

[Discussions on the report](#) once again pointed to the need for greater political commitment and action towards Africa's health agenda, the importance of strengthening UHC legislation and setting clear, measurable targets at the national level, the need to prioritise gender equality and the rights of women, the role of partnerships, and the importance of prioritising the youth in implementation of UHC.

The [first plenary](#) of the conference explored the themes of **leadership, health policy and investment in UHC**. It also included six parallel sessions on topics touching on gender, technology and innovation, partnerships and finance.

The session on [Gender-inclusive Health and Leadership in Africa](#) provided a glimpse into the different journeys of resilience experienced by women. The impact stories brought to light challenges faced by women across the continent and offered innovative solutions that can be used to solve Africa's problems and transform livelihoods.

There is need to [ensure social accountability by including women and girls' voices](#) to make a stronger case for investment in UHC. The protection of women and children's rights must be prioritised. In addition, countries should invest in women's health care and efforts made to address violence against women. Men play an important role in achieving gender equality and promoting women empowerment initiatives. They can serve as agents of change by challenging gender norms, and can be role models in promoting women's access to employment, control of economic resources and participation in decision-making.

The [Technology and Digital Platforms for UHC](#) session delivered a liberating discussion on whether Africa is fully embracing digital health interventions and offered remarkable examples of local innovations providing access to primary health care at the community level – highlighting the importance of technology in delivering health care services to those who need it most, and the need to scale up homegrown interventions to address Africa's health care challenges.

Governments need to accelerate progress towards UHC by leveraging on technology. Universal Health Coverage will not be achieved unless there is a rapid scale-up of digital solutions that are fully integrated, inter-operational and involve the youth right from the design stage.

[Purposeful partnerships](#) present an opportunity to celebrate innovative and adaptable partnerships. Partnerships must be fostered across sectors and geographies to leverage the knowledge, skills, expertise and resources of diverse players.

The COVID-19 pandemic has tested health systems, disrupted economies and transformed the global health landscape – in light of this, it is imperative that health partnerships are flexible, dynamic and adaptable to shifting circumstances.

Build Back Better: HEALTH SECURITY BEYOND COVID-19



The second day of the conference was marked by calls for greater Pan-African collaboration.

The [plenary](#) focused on **health systems strengthening & highlighted existing response and preparedness strategies to mitigate the risks of future disease outbreaks and build resilient health systems.**

It was followed by eight parallel and three town hall sessions that covered a variety of topics including **health security, health systems strengthening, human resources for health, youth engagement, women leadership, vaccine research, development and manufacturing.**

The COVID-19 pandemic has revealed how glaring gaps in health security and health systems preparedness can fail to prevent the spread of disease outbreaks. Health care delivery should be prepared to withstand shocks presented by a pandemic. Therefore, African governments need to ramp up health financing efforts, embrace eHealth for delivery of UHC, ensure that national development plans have a component of health resilience and preparedness, and form strong coalitions. They should also focus on developing the skills of community health workers and nurses who are always at the forefront working with communities. This would ensure that they are multi-skilled and able to handle a variety of conditions.

Prioritising public health financing is key to protecting the most vulnerable populations to avoid the catastrophic and impoverishing effects of out-of-pocket health care payments.

This means allocating more resources for health and investing in infrastructure that will help deal with future pandemics.

African countries should be encouraged to allocate at least 1% of their GDP to research and development in order to improve innovation, productivity and economic growth.

[There is tremendous potential in eHealth.](#)

Technology can be used to improve health systems in the following ways: through use of mobile technology to improve access to health services and to fight counterfeit drugs; to digitise medical health records; and to improve health systems, e.g., use of drones to deliver COVID-19 tests and vaccines.

The pandemic has had a positive impact on the health community's acceptance and use of digital technologies. Health care providers can now turn to telemedicine; AI can be used to support diagnosis and treatment of disease, and other health care administrative activities.

African countries should be able to deliver remote learning and support, which are important for health workers — particularly in rural areas — long after this pandemic ends. Communities play a key role in the delivery of UHC.

Therefore, they need to be enabled to contribute not only to service delivery or information sharing at the community level, but also to the governance of the health care system.

Gender inequity, poverty among women, sexual and gender-based violence all contribute to overall weaker health for women across Africa. Governments should put in place policies and programs geared towards getting women out of poverty. One of the ways to uplift women's health and place it higher on the agenda is to promote career development for women within the health sector.

In order to create clear pathways for women leadership, there is need to promote enabling legislation that creates the space and ensures that institutions and agencies draw down on the laws and incorporate these into their own policies. Boardroom policies need to be revised to encourage more women to take up leadership roles. Organisations must work to reduce bias in recruitment and roll out mentorship initiatives to support women.

In order to respond to the needs of young people, and to guarantee that their basic human rights are recognised and enforced, their active and meaningful participation in their societies is of crucial importance.

Meaningful youth participation and leadership require that young people and young people-led organisations have opportunities, capacities and benefit from an enabling environment.

Leadership should appreciate the role that youth play in an economy and have policies in place to support them through purposeful legislation.

Effective partnering helps in leveraging solutions and creating more marketing opportunities. The COVID-19 crisis has provided opportunities to transform traditional approaches to development.

For instance, by involving the private sector, academia, and local partners to promote sustainable investments in community-level preparedness and public sector service delivery to build the resilience needed to respond to and prevent future crises.

A viable pharmaceutical industry in Africa would contribute to the overall socioeconomic development of the continent. In addition to improving response to emergency situations, African vaccine manufacturing could improve security and sustainability of vaccine supply, respond to unmet health needs of a growing population and aid socio-economic development in the continent. It is therefore imperative for the continent's leadership and R&D advocates comprising the African Union, African CDC, WHO and AMA to remain engaged and fully involved in the global research and development ecosystem.

One of the key highlights from the parallel sessions was the launch of the **Future Proofing Healthcare Africa Sustainability Index** by Roche. The index provides a unique overview of the status of 18 health systems across the continent and contains a ranking of countries based on 76 different measures split across six categories dubbed "vital signs": access, financing, innovation, quality, status, and wider factors.

As African countries determine how to accelerate UHC goals and progress on the SDGs in the face of the COVID-19 pandemic, the results of the Index indicate that UHC can be achieved by looking not only to fix existing financial barriers to access, but at broader issues such as **equity of access and wider societal and economic factors**.



Our Health, Our Rights: UHC AND ACCOUNTABILITY FOR ALL

The third and final day began with a plenary session, which was followed by six exciting parallel sessions that focused on a range of topics, from **nutrition, primary health care, and youth leadership for UHC, to health communication, innovation & [vaccine hesitancy and uptake](#)**.

There are gaps in the care available to [minorities and vulnerable populations](#), including Africa's Lesbian, Gay, Bisexual, Transgender (LGBT) community. In order to truly achieve health for all, conversations on UHC need to hinge on humanity and preserving the agency of members of the LGBT community.

Accountability means ensuring that decision-makers honour their commitments and obligations, and therefore, holding them to account is a critical step in making sure that public resources are used effectively to reach entire populations, especially the most deprived and marginalised communities.

On [Youth Leadership](#), global health organisations, national, regional and continental bodies, should work with the youth to come up with a powerful recipe aimed at achieving better health care. It is critical for youth to speak up; they should not accept tokenistic positions. Youth engagement should be professionalised, and workplaces strive to create modern, technology-driven environments where young people can prosper.

The youth should, in turn, invest in themselves, invest in their own skills intellectually and be experts in their work.

The session on multi-sectoral collaboration in nutrition programs [in Africa](#), spotlighted the vital role of country ownership, pro-policy agendas, donor support and leadership voices in achieving the best possible results in nutrition programs.

Highlighting the importance of partnerships with governments, donors and other development stakeholders in delivering nutrition services, panellists noted that by engaging multiple sectors, partners can leverage knowledge, expertise, reach and resources, thus benefiting from their combined and varied strengths as they work towards the shared goal of producing better health outcomes.

During a time of overwhelming false news, myths and misinformation, the session on [effective communication](#) highlighted the realities of living in the Information Age. The internet and social media have led to an abundance of information, defined as infodemic, that makes it difficult for people to identify trustworthy sources.

Social media is increasingly being used as an information source, including information related to risks and crises. Therefore, social media platforms have a responsibility to regulate the content they relay for consumption. The need to combat health scepticism and misinformation with compelling, evidence-based information is key. If left undisputed, misinformation can undermine adoption of evidence-based public health efforts and exacerbate the spread of an epidemic in the event of a health crisis. Tackling misinformation cannot be achieved in isolation; it is a shared responsibility cutting across governments, influencers and opinion shapers, media and the public. Effective communication can calm a nervous public, provide much-needed information, encourage positive behaviour and help save lives.

With excitement due to the arrival of close to 15 million vaccines in 22 African countries, the session on [vaccine hesitancy and uptake](#) explored issues around accessibility and sought to uncover the rationale behind vaccine hesitancy. Anti-vaccine messages often disproportionately affect vulnerable or marginalised communities, and COVID-19 vaccine hesitancy risks influencing the acceptance and uptake of these vaccines. Key issues driving hesitancy include confusing information and anti-vaccine messages, concerns about the reliability or source of vaccines and cost to individuals.

The COVID-19 pandemic has highlighted the need to strengthen primary health care and engage more community health workers. This is one avenue that could be used to increase vaccine uptake. In countries like Ethiopia, CHWs are highly trusted as they deal directly with communities. Governments should also consider involving the private sector.

The sessions on [tackling cancer](#) and [rare diseases](#) explored key issues pertaining to making treatment accessible through publicly-funded health insurance schemes. The integration of these diseases into health systems as part of UHC will contribute to the achievement of reduction in premature mortality and transform the lives of millions of people in Africa. Reduction in mortality and morbidity from Non-Communicable Diseases (NCDs) are key to attainment of the WHO voluntary global target of 25% reduction in premature mortality by 2025, as well as the SDG target of a one-third reduction in premature mortality by 2030. There is, therefore, need to put in place legislative actions and policies to guide delivery of these services in Africa.

The session on [driving accountability for Primary Health Care](#) (PHC) explored how in-country advocates can effectively leverage global attention on health care delivery to hold governments accountable. The need for strong leadership from the top to the bottom, to build trust and coordinate the health response in an integrated model was stressed. The COVID-19 pandemic has exposed the need for clear communication and real time data transmission, as well as community participation. On partnerships, COVID-19 had opened up space for private sector health care providers to participate in PHC in support of providers in the public sector.

Pharmaceutical companies should align their business goals with national health priorities. They should recognise that there has been a fundamental shift in public-private partnerships with a strong focus on community engagement, sustainable business, data collection and analysis, and accountability to broaden access and improve quality of care.

Advocacy plays a key role in holding governments accountable. Some key elements of effective advocacy include capacity building, collaboration, monitoring and evaluation, and engaging in dialogue with policy makers by building networks and collaboration with government, media and civil society.

African countries must have a seat at the table in prioritising and shaping the health agenda. Funding decisions for the continent must be driven from the Global South. It is important to launch discussions on how global health institutions can re-orient their work to be more accountable to the people they serve; and promote local processes, decision-making and learning (both North-South and South-South).

Public-private partnership (PPP) linkages involving R&D institutions (knowledge generators) and the government (policy implementers) should be promoted. Academia and government institutions should come together as strong development research entities and should be linked with policy desks to deliver the intended results of interest. All key stakeholders – academics, researchers, innovators, donors, entrepreneurs, private sector, civil society and the public – should be mobilised to collectively and inclusively deploy science, technology and innovation.

A high-level roundtable dubbed, **Why An Africa Medicines Agency, Why Now?** brought together stakeholders to discuss why the Africa Medicines Agency (AMA) is key to optimising sustainability in the supply of medical products for Africa.

The Agency will serve as a centralised patient-centric, people-centric body to improve the regulation of medical products to enable African populations to access high-quality, safe and effective medication.

A call was made for all member states of the African Union to ratify the treaty on AMA. It was proposed that civil society work towards advocating for ratification of the treaty by member states.

Awards CEREMONY

At the close of AHAIC 2021, an award ceremony was held to recognise individuals who had dedicated their lives to advocating for better health in Africa. These health leadership awards were launched during AHAIC 2019 in Kigali, Rwanda. The awards were presented in the following categories:

1. Global Health Leadership
2. Africa Health Leadership on COVID-19
3. Global UHC Journalism Award

The Global Health Leadership Award



Presented to **Dr. Tedros Adhanom Ghebreyesus**, Director General, World Health Organisation (WHO), in recognition for his contribution towards the advancement of universal and equitable health. He has guided and supported nations in keeping their populations safe, and made a significant contribution towards ensuring that the world's poorest, especially in Africa, have access to COVID-19 vaccines.

The Africa Health Leadership on COVID-19 Award



Presented to **Dr. John Nkengasong**, Director, Africa Centres for Disease Control and Prevention (CDC), in recognition of his visionary continental leadership during the COVID-19 pandemic, his dedication to facilitating regional collaboration and to ensuring continuity of health delivery.

The Africa Health Leadership on COVID-19 Award



Presented to **Dr. Matshidiso Moeti**, Regional Director for Africa, World Health Organisation (WHO), in recognition of her visionary continental leadership during the COVID-19 pandemic, her dedication to facilitating regional collaboration and to ensuring continuity of health delivery.

The Global UHC Journalism Award



Presented to **Elizabeth Merab**. She is a Multimedia, Health and Science journalist with the Nation Media Group. She has made a significant contribution to quality health reporting, and has consistently used her social media platforms to educate audiences on various health topics.

Closing REMARKS

Africa needs to take the health security agenda seriously. In order to secure its future and guarantee its development, the continent will need a new public health order to address the threat of infectious diseases.

Africa currently has a population of 1.2 billion and is projected to grow to 2.4 billion in the next 30 years. In fact, by then, 1 in 5 people in the world will be African.

If Africa fails to invest in UHC and health security, its aspiration to be the continent of the future will be challenged. Therefore, we must act now.

The curtains came down on AHAIC 2021 with more calls for greater cross-border and multi-sectoral partnerships to achieve Universal Health Coverage in Africa.

Key Outcomes of THE CONFERENCE and AHAIC 2021 RESOLUTIONS

Eight outcomes reflecting the themes of **Leadership, Accountability, Technology** and **Health Security** that guided discourse during the convening were released. They include:

- » That we must reaffirm and commit to uphold health as a right of every person regardless of their socio-economic status, gender or age.
- » That political goodwill must match deliberate action for domestic financing and increased investments in health systems.
- » That African countries must strengthen emergency preparedness and health security to build back better and mitigate the adverse effects of future health emergencies.
- » That Primary Health Care as a cornerstone to the achievement of UHC must be strengthened.
- » That we must commit to uphold the right to lead and participate in the health development agenda and ensure gender transformative policies and meaningful engagement of Africa's youth, for the attainment of UHC.
- » That UHC requires Pan-African collaboration and collective stakeholder engagement, governed by robust frameworks for public-private partnerships and unconventional partnerships.
- » That African countries are poised to harness innovation and digital technologies to strengthen access to quality health care services, while implementing the required policy and data regulatory frameworks.
- » That to achieve health and rights for all, people-centred systems and an enabling environment for accountability must be in place to ensure that health commitments are achieved and upheld.

Organizing COMMITTEE

1. Dr Githinji Gitahi, **Group CEO**
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6. Dirkje Jansen, **Group Programmes Director**
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10. Gythan Munga, **Digital Technology Lead**
11. Gloria Nyanja, **Remote Learning Content Lead**
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15. Nancy Woche - **Conference Associate**
16. Natasha Godinho - **Senior Director, GHS**
17. Niamh Fitzgerald - **Director, GHS**
18. Wanjiru Gaitho - **Senior Manager, GHS**

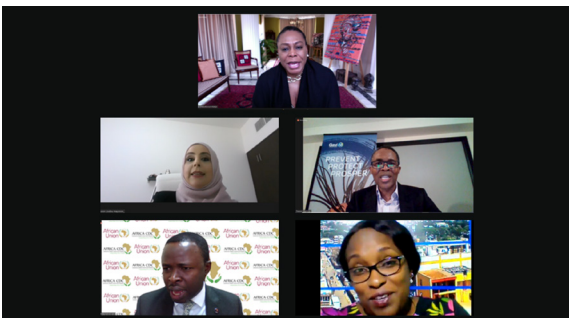
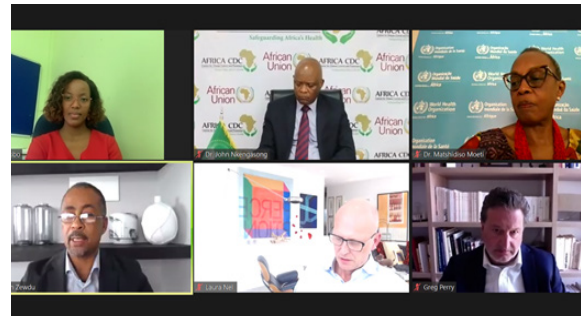
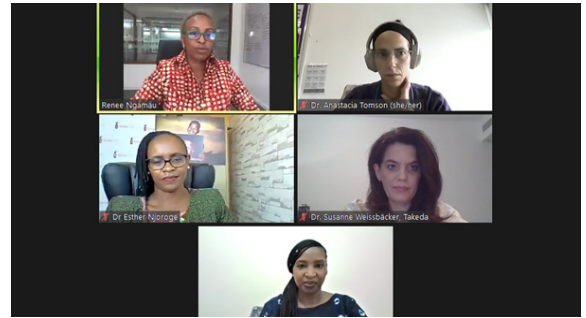
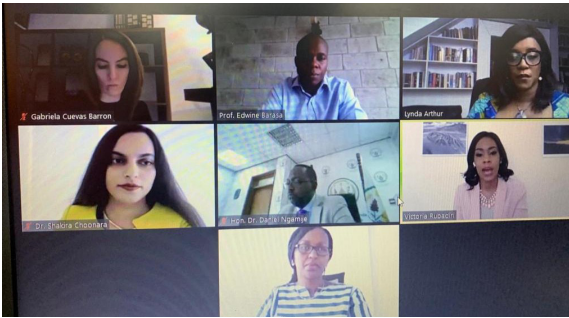
Session LEADS

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17. Beatrice Okech
18. Lilian Maria Wambui
19. Sitara Khan
20. Gloria Nyanja
21. Joyce Murerwa
22. Jenny Njuki
23. Alex Gray
24. Beatrice Okumu
25. Beatrice Okech
26. Evalin Karijo
27. Frida Ngalesoni
28. Maureen Awuor
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30. Maureen Katusiime

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3. Victor Kidake
4. Ronald Maragia
5. Lilian Orwa
6. Michael Kembo
7. Faith Ogeto
8. Julie Murimi
9. Kevin Buno
10. Dalle Abraham
11. Simon Chiwanga
12. Joy Alusa
13. Caroline Kangai
14. David Katuta
15. Wilfred Osozi
16. Edna Osebe

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