



AFRICAN CONSTITUENCY BUREAU
FOR THE GLOBAL FUND

STRATEGIC PLAN 2022-2025

SEPTEMBER 2021



MAKING GLOBAL
HEALTH FUNDS
WORK FOR AFRICA



TABLE OF CONTENTS

1. Foreword	3
2. Introduction and Background	7
3. Identity Statement	10
4. Contextual Analysis	12
5. Performance review – learning from the past	15
5.1. Achievements, Strengths and Opportunities 2017-2020	16
5.1.1. Achievements	16
5.1.2. Future Focus	18
5.2. Gaps, Challenges and Risks	18
6. Strategic Intent (Vision, Mission and Values)	20
6.1. The ACB Vision	21
6.2. The ACB Mission	21
6.3. ACB's Values	21
6.4. Diversity	21
6.5. Integrity	22
6.6. Leadership	22
6.7. Collaboration	22
6.8. Ownership	22
6.9. Innovation	22
6.10. Transparency and Accountability	22
7. Strategic Objectives	23
7.1. SO1 To ensure, through advocacy and influence, that African priorities/interests are reflected in the Global Fund Board decisions	24
7.2. SO2 Through development and leveraging of innovative strategic partnerships, to amplify African Governments' policy positions in Global Health platforms and enhance resource mobilisation	25
7.3. SO3 To purposefully structure a sustainable Bureau with capacity to adequately support Africa's delegations to achieve their Global Health policies and priorities.	26
8. Results Framework	28
9. Conclusion	31



ACRONYMS



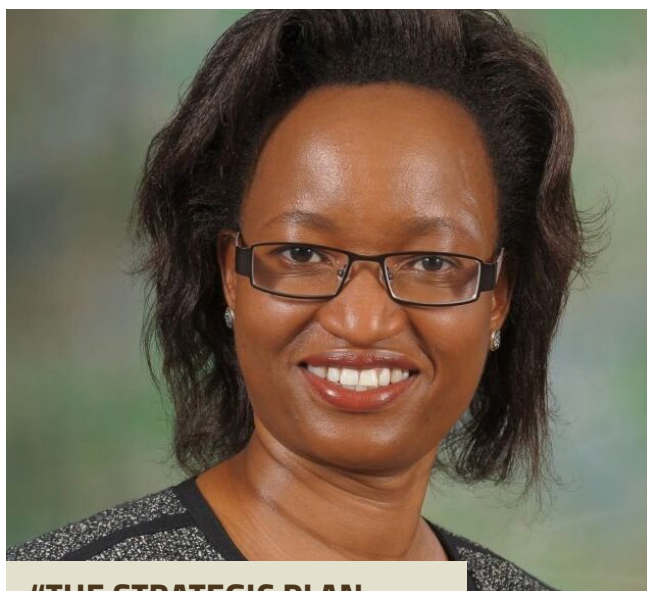
AFRICAN CONSTITUENCY BUREAU
FOR THE GLOBAL FUND

ACB	African Constituency Bureau for the Global Fund
ACM	Annual Consultative Meeting
AIDS	Acquired Immune Deficiency Syndrome
ALMA	African Leaders Malaria Alliance
ATM	AIDS Tuberculosis Malaria
AU	African Union
BMGF	Bill and Mill Gates Foundation
BP	Business Plan
CBLN	Cluster Based Learning Networks
CCM	Country Coordinating Mechanism
COE	Challenging Operating Environment
CSO	Civil Society Organization
DRM	Domestic Resource Mobilization
ECCAS	Economic Community of Central African States
ESA	Eastern and Southern Africa
FPM	Fund Portfolio Manager
GAVI	Global Alliance for Vaccines and Immunisation
GF	Global Fund to fight AIDS, TB and Malaria
GTS	Global Technical Strategy
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
IR	Intermediate Results
IT	Information Technology
KII	Key Informant Interview
KM	Knowledge Management
LMICs	Low to Middle Income Countries
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MoU	Memorandum of Understanding
OAFLAD	Organisation of African First Ladies for Development
OIG	Office of the Inspector General
OOP	Out Of Pocket
PIMMs	Programme Investment, Measurement & Management Tool
RECs	Regional Economic Communities
RBM	Roll Back Malaria
RSSH	Resilient and Sustainable Systems for Health
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SP	Strategic Plan
TB	Tuberculosis
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
WAHO	West African Health Organisation
WCA	West and Central Africa
WHO	World Health Organisation
WHA	World Health Assembly
#	Number (of)



FOREWARD





**"THE STRATEGIC PLAN
IS CAST AGAINST AT A
TURBULENT TIME IN OUR
HISTORY WITH COVID-19
AT THE EPICENTER."**



MESSAGE FROM BOARD CHAIR

On behalf of the ACB board, It is my distinct privilege to present to you the ACB 2022-2025 Strategic Plan. The new strategy sets clear direction on the ACB priorities, growth trajectory and underscores our commitment to the service of the East and Southern Africa (ESA) and West and Central Africa (WCA) constituencies in making their voices count in the Global Fund governance decisions as well as exert influence in other global health policy platforms in a sustainable manner.

The strategic plan is cast against at a turbulent time in our history with COVID-19 at the epicenter. The pandemic has brought with it untold suffering, deaths, disruption of economies and livelihoods and threats to even the most robust of health systems globally. COVID-19 remains to

be the greatest threat to years of investments in ending HIV, TB and Malaria. The strategic plan also comes at a time when the Global Fund is developing the 2023-2028 and refocusing its efforts to end the three diseases by 2030. Further, the strategy comes at an exciting time as the ACB seeks to expand its mandate to exploring new territory in the global health space flowing from its revised governance framework. The ACB strategic intents will therefore pivot to

address these challenges and growing opportunities

I am happy to inform you that the new strategy is more forward and outward looking. It espouses pan Africanism and premised on the principles of responsiveness, efficiency and sustainability. The new strategy therefore embraces increased rigour in policy analysis, partnerships, greater use of technology to allow for increased virtual engagement and a lean staff to help it focus on achieving results. The new strategy recalibrates and sets out new objectives to respond to the current ecosystem and anticipated demands from emerging global health needs. It is further complimented by a business plan that identifies resource required to implement the strategy and suggestions on how funding gaps will be addressed.

The ACB 2022-2025 strategic plan represents joint effort by stakeholders drawn from ESA and WCA through various mechanisms that includes individual key informant interviews, focus group discussions and a strategy workshop held in Dakar, Senegal 18-20 May, 2021. It therefore represents aspirations and obligations that they have all agreed to in addressing HIV, TB and Malaria, and emerging global health priorities. The implementation of the strategy will therefore require support and goodwill from all actors. The ACB Board commits to its full implementation while enhancing accountability to results.

**Susan N. Mochache, CBS
ACB Board Chair**



FOREWORD FROM EXECUTIVE DIRECTOR'S DESK



**"WHEN THE RHYTHM OF
THE DRUM CHANGES, SO
MUST THE DANCE "**

To say that the ACB has come a long way would be an understatement, and the ACB 2022-2025 Strategic Plan puts a cherry on a journey that has been characterized by growth, learning and immense opportunities. The African saying 'When the rhythm of the drum changes, so must the dance' in many ways summarizes the thrust of this plan as ACB seeks to pivot its efforts to respond to growing global health phenomena such as COVID-19 that threaten to reverse gains we have made over the years in combating HIV, TB and Malaria. The new plan also seeks to strategically place the ACB as the leading Pan African health policy think tank to effectively and boldly position Africa as a worthy player in the global health policy space.

The new strategy will retain a laser sharp focus on ending the three epidemics while contributing to the Sustainable Development goals. To achieve this the ACB will do several

things. First, it will use its convening capability to ensure that constituencies come together to collectively address their health policy and systems challenges in order make the Global Fund work better to address the three epidemics. Secondly, it will conduct health policy and systems research to bring in the required analytical heft required to adequately identify and diagnose structural, behavioral and systemic drivers that perpetuate global fund governance and grant implementation challenges. In addition, it will collect, transmit and amplify constituency interests, priorities and experiences with the Global Fund grant implementation by developing informative and creative materials from policy research and injecting these into public policy discussions. Further, it will convene coalitions with relevant stakeholders such as bilaterals to identify areas of policy convergence and galvanize action on those while conducting policy discussions on areas of policy divergence to seek common ground.

Like the traditional three-legged African stool, the success of this strategy will rest on three pillars. The first is a strong Bureau characterized by highly competent staff, strong organizational systems and an IT infrastructure that will enhance connectivity across the continent. Secondly, the bold and ambitious plan will need to be resourced sustainably and the ACB will be intentional on reaching out to non-traditional partners with the ultimate vision of having the ACB funded by Africa. It will also ensure every resource that comes its way is utilized responsibly and efficiently. Lastly, the success of this plan will hinge on political will of African governments and good will from all actors in achieving the common and unifying goal of ensuring that HIV, TB and Malaria are history so that Africans can remain focused on building strong and resilient economies to uplift their living standards.

I have no doubt that we will be successful, but we will not be able to do this alone. Together with the ACB Board, I invite you all to join us contributing to the implementation of this plan from the spaces that you are in. Finally, I remain aware that we are living in delicate times with COVID-19, I therefore urge you to keep safe by maintaining the safety protocols that have been prescribed so that we can maintain focus on implementing this plan.

Josephat Kakoma
EXECUTIVE DIRECTOR



ACKNOWLEDGEMENT

The African Constituency Bureau (ACB) strategic plan was developed under the steer of its board and with the technical support of a multi-disciplinary team spread across different geographies that included various delegates from ESA and WCA, Global Fund committee members, communication focal points (CFPs), the ACB staff, consultants, and stakeholders. The ACB acknowledges the time devoted to providing the much needed critical institutional memory, conceptualization and design of the strategy and reviewing several iterations of the draft most of which was done virtually in view of COVID-19. The ACB further acknowledges the support of the Foreign Commonwealth Development Office (FCDO) and the Bill and Melinda Gates Foundation (BMGF) whose financial support made it possible for the development of the strategy as well as L'Initiative for supporting the Business Plan that helps to map resource requirements for the strategy and how those will be filled.

The ACB Board

Hon. Dr. Zwelini Mkhize – Former ESA board member
Prof. Pascal Niamba
Dr. Benjamin Atipo-Vice Chair
Susan Mochache- Chair
Major Gen Dr. Gerald Gwinji
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East and Southern Africa

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2

BACKGROUND & CONTEXT





BACKGROUND AND CONTEXT



This document is based on a midterm review and revision of the 2017-2022 Strategic Plan, following a comprehensive situational analysis and evaluation of the pertinence and relevance of the Plan and any necessary modifications by the African Constituency Bureau (ACB) Board and Membership². By consensus, a new Strategic Plan for 2022-2025 is hereby proposed. This is particularly opportune given the current development by Global Fund (GF) of its own post-2022 strategy, to which ACB stakeholders will contribute significantly.

Discussions on the establishment of the ACB date as far back as the year 2012 when the two GF constituencies – Eastern and Southern Africa (ESA) and West and Central Africa (WCA) – came together and initiated governance reforms with a twofold intent: to ensure that constituency priorities were reflected in GF strategy and operational plans, and to strengthen the presence, voice and contributions of the Constituencies, through their delegations, in all GF processes.

A governance framework was developed and adopted, detailing how they were to operate and govern themselves henceforth. The framework provided for the establishment of the ACB so that it could serve as a technical resource centre for these two constituencies.

In 2014, the ESA and WCA Board members issued a call for expressions of interest from countries and regional organizations to host the Bureau. Four countries responded to the call, and Ethiopia was the successful candidate. In order to immediately start the process of strengthening the participation of the ESA and WCA constituency representatives at board and committee meetings, while the activities to identify the location and registration of the Bureau were underway, the Africa Population and Health Research Center (APHRC) was appointed in October 2014 to provide technical support services that included analyses, syntheses and studies, to the African delegates to the GF board and committees.

In June 2015, following a request by the Ethiopian Government to have some form of in-country presence with which to



engage when formulating the Country Host Agreement for the ACB, the Ethiopia Public Health Association (EPHA) was appointed to represent the ESA and WCA constituencies in Ethiopia. Subsequently, the EPHA also acted as the host office for the ACB pending its formal registration in Ethiopia, and received and managed financial resources from the Bill and Melinda Gates Foundation (BMGF).

The ACB was officially launched in Addis Ababa, Ethiopia, May 6th 2017. The formation of the Bureau is in firm recognition of the opportunities the GF and its mechanisms provided and have continued to provide to the African continent to save millions of lives. Although the GF is participatory in its operations, it was felt that African voices were not adequately heard in global health discussions and could be improved with specific support³ :

“ It was anticipated that representation and participation would improve if the delegations were supported on a permanent basis by professionals with the expertise, skills, and knowledge required to support high-level delegations. Such support could entail the following:

- a) Representing strategic constituency priorities and proactively positioning African priorities in GF processes, policies and meetings.
- b) Ensuring effective participation through advance distribution to delegation members of analyses and syntheses of documents the GF sends to delegations in advance of committee and board meetings as well as positions that support countries in the constituencies.
- c) Strengthening communication between countries/organizations in a constituency: this could help resolve the perception among countries, that the only countries effectively represented during the term of a Board members are the countries represented among members of the delegation itself. It is envisaged that the bureau staff would be able to handle the challenge of differences in official communication languages across member countries.

The Strategic Plan 2017-2022 was developed by the then Executive Director of ACB. It should be noted that this was developed rapidly and without wide stakeholder consultation, seen by the Board as a stopgap measure while other, more urgent, organisational systems were being set up, and not formally endorsed. However, it has served as a navigation tool at Board and Management levels, since 2017. The midterm review, falling just as GF is developing its own 2023-2028 strategy, was deemed to constitute an ideal opportunity to review past achievements against targets, verify the ACB strategic “pillars” (vision, mission and values) to ensure adequate alignment to the current context. A Strategic Planning initiative was convened in Dakar, May 18-20, 2021 to review and update the Strategic Plan 2017-2022; owing to COVID-19 constraints, this was a “hybrid” event, with both remote and onsite facilitators and participants.⁴

¹Q Partnership Mid-term review report May 2021

² It should be noted that the current Plan was drafted without broad consultation and lacked the necessary endorsement according to ACB's governance framework. This will be rectified on submission of the finalised Plan.

³ Concept Note, Task Force for the Africa Bureau, April 2016

⁴A workshop report (E and Fr versions) was written and circulated to stakeholders.



3

IDENTITY STATEMENT



WE CAN END HIV/AIDS, TB & MALARIA

*If the African
Voice is reflected
in the next Global
Fund Strategy*



IDENTITY STATEMENT



The ACB, also known as the Bureau, brings together the two African Constituencies represented at the GF to fight HIV/AIDS, Tuberculosis and Malaria. The two constituencies represent 47 African Countries that are recipients of GF support for HIV, TB and Malaria control. The Bureau facilitates collaboration across the two constituencies and ensures that Africa's voice is enhanced to influence Global Health policy decisions.

The Bureau facilitates effective engagement, representation and participation of the two constituencies in GF processes as well as enhancing their capacity to shape GF policies and processes. The Bureau offers new thinking and new approaches to address some of the most intractable health policy and health systems issues in Africa. It works to provide leaders in health in Africa with policy and strategy options to ensure Global Health policies and processes are responsive to Africa needs. ACB's focus is on tackling health policy challenges that are preventing Africa from ending the epidemics. Most importantly, the Bureau provides the 47 member countries and the respective constituency delegations with access to high quality technical support in analysing and identifying solutions critical to global and regional issues around resilient and sustainable systems for health.



4

CONTEXTUAL ANALYSIS





CONTEXTUAL ANALYSIS



2020 was a devastating year for global health. A previously unknown virus raced around the world, rapidly emerging as one of its top killers, laying bare the inadequacies of health systems. Today, health services in all regions are struggling to both tackle COVID-19, and provide people with vital care ⁵.

In another blow, the pandemic threatens to set back hard-won global health progress achieved over the past two decades - in fighting infectious diseases, for example, and improving maternal and child health. Plausible disruptions of 25-50% to access to testing and treating could lead to 50-100 thousand additional deaths per annum just from malaria. COVID-19 deaths recorded so far in sub-Saharan Africa is just under 30,000, of which more than two-thirds occurred in South Africa alone⁶.

So, in 2021 [and beyond], countries around the world will need to continue to battle COVID-19 (albeit with the knowledge that effective tools are evolving). They will need to move swiftly to repair and reinforce their health systems so they can deliver these tools, and to address the key societal and environmental issues that result in some sections of the population suffering more than others.

The ongoing pandemic status of COVID-19 worldwide is without doubt a dominant and highly disruptive intruder in the ACB ecosystem. Not only has the virus impacted negatively on implementation of health programs within the GF remit but also:

- Lockdown has hindered ACB functioning to a large degree, information-sharing and inter-member dialogue, not only

3 Big Trends Impacting ACB's Ecosystem:

- Pandemics (COVID-19, Ebola) affecting fiscal Strategic Plan and funding landscape
- Shrinking funding base threatening ACB's resources & sustainability
- Domestic Financing for Health across Africa remains challenging

⁵Notably, GF has highlighted persistently low absorptive capacity across much of WCA leading to failure to meet disease targets.

⁶BMJ 2020; 371 doi: <https://doi.org/10.1136/bmj.m4711> (Published 02 December 2020) Cite this as: BMJ 2020;371:m4711

⁷Both the COVID-19 pandemic itself and the rush to develop proposals to apply for GF's C19RM are adversely affecting program implementation

through diverse levels of access to remote conferencing technologies but also the absence of “live” interactions.

- This impact has had a “ripple effect” on development funding, with northern donor countries such as the United Kingdom cutting back on development funding to a worrisome degree, announcing swinging cuts that will bring spending to 0.5% of GNI (around £10 billion) instead of the 0.7% spent annually since 2013, a reduction of around £5 billion compared to the 2019 budget.
- The Global Fund’s COVID-19 Response Mechanism, aligned with the World Health Organisation (WHO) COVID-19 Response Pillar Framework, although welcomed by countries, is thought by some to present a potential risk to current programme implementation of disease eradication and health systems strengthening⁷.

More than ever, development organisations in the GF ecosystem need to build resiliency through partnerships (North-South, South-South) and find the most cost-effective investment opportunities to continue the fight to end the epidemics and reach toward the SDGs, particularly SDG3, (“Good Health and Well-Being for all”).

Key partner organisations are responding with updated strategies. The GF is currently engaged in this process, to which ACB will contribute significantly.

In March 2021, the UNAIDS Programme Coordinating Board (PCB) adopted by consensus a new Global AIDS Strategy 2021–2026, End Inequalities, End AIDS, endorsed by WHO, putting people at the centre and aiming to unite all countries, communities and partners across and beyond the HIV response to take prioritized action to transform health and life outcomes for people living with and affected by HIV. The three strategic priorities are to: (1) maximize equitable and equal access to comprehensive people-centred HIV services; (2) break down legal and societal barriers to achieving HIV outcomes; and (3) fully resource and sustain HIV responses and integrate them into systems for health, social protection and humanitarian settings. The Roll Back Malaria Partnership (RBM) has developed a Strategic Plan 2021-2025 (found at https://endmalaria.org/sites/default/files/RBM%20Partnership%20to%20End%20Malaria%20Strategic%20plan%20for%202021-2025_web_0.pdf) which focuses on convening and coordinating an inclusive, multi-sectoral response to control, eliminate and ultimately eradicate malaria.

Opportunities for ACB

- in the AU;
- harmonising COVID efforts;
- mobilising Partnerships;
- connecting with new funding sources from the Private Sector, Governments & African Technical Partners

WHO is currently updating the StopTB End TB Strategy which will be rolled out in order to inform (among others) GF’s current strategy development⁸.

Domestic financing for health remains a significant challenge across Africa, heavily – but not solely – influenced by the pandemic. Even pre-COVID-19, and “... despite continued global agreement on the need for strengthening national health financing systems to develop sustainable and comprehensive policies, health financing in Low and Middle Income Countries (LMICs) and individuals’ access to essential health services depends on Out of Pocket Payments (OOPs). Such access barriers contribute to high burdens of preventable deaths.”⁹

Notwithstanding the massive disruptions engendered by the COVID-19 pandemic, Africa has other severe and ongoing healthcare challenges. Ebola was another barrier to healthcare provision for those WCA countries widely and repeatedly affected. There has been some progress against HIV, TB and Malaria targets, but insufficient.

Of major concern is the low absorptive capacity of GF grant funds of the WCA region. Capacity building is one of the “Africa top asks” identified in stakeholder consultations to be factored into GF’s new strategy.

⁸ Key stakeholder strategy updates aimed at building resiliency through partnerships: Global Fund (and ACB), UNAIDS, WHO, RBM, GAVI 5.0, AU

⁹ Beattie A, Yates R, Noble DJ. Accelerating progress towards universal health coverage in Asia and Pacific: improving the future for women and children. *BMJ Global Health*. 2016;1(Suppl 2):i12.



PERFORMANCE REVIEW – LEARNING FROM THE PAST





PERFORMANCE REVIEW – LEARNING FROM THE PAST



With specific reference to the GF objective of eradicating HIV/AIDS, TB, and Malaria, clearly, most countries are not close to achieving this goal. Even before the pandemic, most countries were off-track in terms of the 2030 horizon, some lagging heavily. As the theatre for the highest disease burdens and greatest spending commitments, coupled with a highly diverse track-record of effective interventions, Africa will continue to be in the spotlight for the foreseeable future.

5.1. Achievements, Strengths and Opportunities 2017-2020

5.1.1. Achievements

ACB has successfully promoted stronger collaboration between the two African Constituencies: fighting the common enemies of HIV, TB and malaria has allowed them to demonstrate unity in diversity and build credibility across the continent and beyond.

For the first time, Africa has a structure that can consolidate and bring together the voices of Africa and have them heard at the GF Board; furthermore, an influential Board membership (including powerful representation on GF's Board and Committees) supported by a strong (dynamic, professional and functional) Secretariat opens doors at high levels.

"... the opportunity for increased alignment and future-focus, more outward-facing than during the set-up phase."

Throughout 2020, the ACB has continued to develop the organization to ensure its core mandate is supported by strong, tested, efficient and accountable systems, structures and staffing. Working with an ad hoc committee led by Dr. Djalo and Grace Rwakarema, ACB facilitated revision of the ESA and WCA Governance Framework, as well as revising the Human Resources Manual, Financial Management and Internal Control Manual, and developing the Administration Manual and the Code of Conduct for staff.

Additionally, Standard Operating Procedures (SOPs) for procurement processes and recruitment and management of consultants and planning were also developed. In 2020, 8 additional staff (most currently on one-year contracts) joined the organization including Policy Analysts, Advocacy Advisors, Strategic Information and a Translator. This allowed ACB to address the surge in work related to the Global Fund's next strategy development.

With support from an ad hoc elections committee led by Grace Rwakarema and Dr. Djalo Mele, a new cohort of ESA and WCA GF Board and committee members took their seats in May 2020.¹⁰ Participation by countries in the votes increased from 65%

¹⁰ Previous elections, also led by Dr Djalo Mele, had been held in 2018

to 74%. WCA participation was over 90% which is extremely commendable.

Other major events for the organization were engagements towards representing Africa in various fora vis-à-vis the Global Fund's post-2022 strategy. The Bureau hosted 20 engagement meetings with diverse African stakeholders including, but not limited to, the African Union (AU), Regional Economic Communities (RECs), Country Coordinating Mechanisms (CCMs), technical partners – including WHO AFRO, UNAIDS and UNHCR – Civil Society Organizations (CSOs), academia, etc.

ACB also launched policy research on 12 priority areas relevant to ending HIV, TB and malaria (HTM) by 2030.

Together, these efforts enabled ACB to identify Africa's top asks, at the African Union and other fora, summarised below:



Finally, ACB secured additional funding (supplementing the GF Constituency allocation) from donors to implement its mandate:



Foreign, Commonwealth
& Development Office

907 000 USD

- Evidence generation & analysis for GF post-2022 strategy
- Policy research
- Expanded staff



L'INITIATIVE
sida, tuberculose, paludisme

590 000 USD

- Support to policy dialogue on sub-optimal grant performance in WCA
- Development of Advocacy Strategy to address above
- Review & revision of ACB Strategic & Business Plans (TBD 2021)

**BILL & MELINDA
GATES foundation**

750 000 USD

- Anchoring ACB central operations



5.1.2. Future Focus

The current review of the ACB strategy concurrently with GF's and other countries', presents opportunities for increased alignment and focusing on the future, more outward-facing than during the setup phase.

5.1.2.1 Policy: ACB will move from a largely reactive to a proactive stance with regard to setting the policy agenda, extending this influence beyond the Global Fund to other global health policy spaces.

5.1.2.2 Integration with the African Union

Physical Proximity to the AU was a critical factor in placing the ACB in Addis Ababa. Leading up to its establishment, it was envisioned that the ACB would integrate with the AU for several strategic reasons. First, it would ensure that policy positions generated by ESA and WCA toward the global fund are anchored and informed by AU policies, decisions and common Africa positions to ensure alignment and political buy-in by member countries. Secondly, the ACB would use the AU's convening capabilities to mobilize and engage with countries, RECs (SADC, EAC, WAHO, ECCAS, IGAD, ECSA-HC) as well as Global Health Institutions (UNITAID, Gavi, STOP TB, etc.) at the highest levels to deliberate on global health policy issues that are of common interest across the continent and agree on common approaches to addressing policy issues like health financing, universal health coverage, and now, health security among others. Further, when the integration matures, the ACB would have the AU as its "institutional home" to enhance financial sustainability through the regular and sustained contribution of financial resources from member states to augment resources from other sources.

There now exists further and more targeted integration with the Africa CDC¹¹, which is now emerging as a strong and credible global health technical arm of the AU. The ACB will potentially draw on its extensive technical capacity and its regional collaborating centres (RCCs) to ensure that its policy positions are informed by empirical evidence, lessons learned and relevant context. In addition, the ACB can draw from the technical expertise of Africa CDC on specific diseases areas like HIV/TB, Malaria, non-communicable diseases, COVID-19 among others rather than rely on consultants that may be expensive and unreachable within short time frames required by the ACB to inform policy discussions.

Integration with the larger AU and the Africa CDC will be pursued within the life of the ACB 2022-2025 strategy. The ACB is however aware that this will be a long term journey and not a sprint with a possibility of unforeseen dimensions. Further, while the integration bears the potential for increased efficiency, continental presence, a stronger African voice, and sustainability, it carries with it some inherent risks/challenges. First, extended bureaucratic processes may delay the formalisation of the integration as it may take time for the relevant AU offices to understand what the ACB does, its potential value add to Africa and where to correctly attach the ACB. Second, there may exist tension on the definition of integration raising questions whether integration means semi-autonomy or whether ACB eventually gets fully subsumed into the AU / Africa CDC structures bearing with it the risks such as mission creep. Finally, the integration goal assumes that member countries will be incentivised to make consistent contributions to ensure the ACB's functions are sustained over time. This tension can only be addressed once the ACB starts engaging with the AU.

5.2. Gaps, Challenges and Risks

As part of the Business Plan development, the ACB strategic planning team carried out a SWOT analysis, considering Strengths (i.e. resources available to the organisation internally helpful in achieving objectives such as people, money, facilities, contacts, communities), Weaknesses i.e. internal factors potentially hindering the achievement of objectives, Opportunities i.e. external factors ACB could leverage to improve leverage and financial sustainability, and finally Threats i.e. external factors representing potential barriers to ACB's objectives.

In carrying out a PEST (Political, Economic, Social, Technological) analysis concurrently with the SWOT, there are clear areas of overlap as well as additional strategic directions indicated.

Strengths

¹¹ Established in 2017, Africa CDC is a specialized technical institution of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats.



- S1/P1. Stronger collaboration between the two African Constituencies.
- S2/P2. A structure that can consolidate African voices and have them represented at the GF (and other major health fora.)
- S3/E1. ACB is purposefully located in Addis Ababa, Ethiopia; future plans could include integration into the AU. (It is, however, worth noting that the cost of living in Addis Ababa is high, which impacts staff costs.)

Weaknesses

- W1/E2. Total reliance on donor funding.
- W2/S1. Limited involvement by Board members in resource mobilisation.
- W3/E3. Continuous strengthening of the ACB systems and structures has huge financial implications.
- W4/E4. No dedicated person for raising funds for the organisation.
- W5/S2. Language barriers (esp. English vs French as well as Portuguese) only partially addressed.
- W6/S3. SOPs still need finalizing, implementing & monitoring.

Opportunities

- O1/S4. Integration with the AU¹² – increased visibility, access to financing, extending reach beyond GF.
- O2/E5. Leveraging technical resources from Africa CDC to support PPR and M&E.
- O3/P3. Political will of the member states to contribute to GF replenishment rounds.
- O4/P4. Reaching all 47 countries.
- O5/S5. The pandemic response presents the opportunity for alignment and harmonisation.
- O6/T1. Rapid introduction of new technologies allowing for remote consultations and meetings (multi-lingual).

Threats

- T1/P5. Political instability in Africa diverts attention and funds from strengthening health systems.
- T2/E6. Heavy reliance on external donor funding, coupled with possible donor fatigue.
- T3/E7. Globally shrinking funding base.
- T4/E8. Inequalities in pandemic preparedness & response are a barrier to conducting future business, as it is unclear when travel and other social restrictions will be lifted.
- T5/S5. Lack of clarity/consensus around ACB mandate leading to disengagement by stakeholders, perception of “mission drift”.¹³

Mitigating the Risks:

- Eliminating “mission drift”
- Resolving role conflict/confusion
- Ensuring integrity, combating corruption
- Addressing language barriers proactively

¹² See link for overview of AU Agenda 2063 <https://au.int/en/agenda2063/overview>

¹³ It is still felt by some that ACB's primary clients are Implementer Governments and that this should be reflected in the vision, mission and goals while others feel the mandate covers all health stakeholders in Africa.



6

STRATEGIC INTENT (VISION, MISSION AND VALUES)





STRATEGIC INTENT (VISION, MISSION AND VALUES)



The ACB has outlined a purposeful agenda for the next 5 years. This agenda is defined by its reaffirmed vision, its refined mission and its framework of values. These statements of intent are supported by 3 strategic objectives, two driving directly at the value of ACB's offering, and one enabling the growth and reinforcement of the ACB institutional network.

6.1. The ACB Vision¹⁴

"An Africa free of the burden of HIV/AIDS, tuberculosis and malaria".

6.2. The ACB Mission¹⁵

"To influence global health policies towards increasing investment to end the three epidemics and support the attainment of the Sustainable Development Goals (SDGs) in Africa; coordinate countries to improve resource utilisation and accelerate for sustainable impact against the three diseases"¹⁶

6.3. ACB's Values

ACB espouses the following values:

6.4. Diversity

ACB members believe that creating a team and a workplace that values diversity and fosters inclusion is pivotal to promoting innovation and increasing productivity and impact. Their goal is to continually support and nurture individuals and organizations whose backgrounds, characteristics and perspectives are as diverse as the continent ACB serves. ACB is committed to leveraging the organizational diversity through teamwork, cross-functional collaboration and joint ventures to help it meet and exceed its goals and ensure its role as a leader in global health.

A common cause:

- Eliminating 3 diseases
- Managing COVID19
- All Africans first
- One Voice, many songs



6.5. Integrity

ACB members think and act with integrity, foster moral courage, ethical strength, and trustworthiness; keep promises and fulfil expectations. ACB is honest, reliable and caring in its dealings with others, internally and toward all stakeholders.

6.6. Leadership

ACB focuses on others' beliefs and values in order to build on this understanding and increase the potential for far-reaching impact. ACB both provides leadership to, and supports effective leadership within, the Constituencies, from a position of significant influence coupled with respect which transcends Africa's political agendas.

6.7. Collaboration

Through collaboration at multiple levels and in multiple fora, ACB multiplies Constituencies' contribution to, and positive impact on, ensuring Africa's voices are heard, its priorities recognised and taken into account. ACB supports unity while recognising and fostering diversity.

6.8. Ownership

ACB members have a unified mindset of taking the initiative to bring about positive health outcomes in Africa. ACB members hold themselves accountable in all ACB operations and efforts. ACB members hold themselves culpable for and remain committed to their obligations and are willing to do what it takes to get the desired results, regardless of the complexity of the health issues in Africa.

6.9. Innovation

ACB Members always seek creative ways to solve tough problems and help constituencies achieve their full potential through the shared development of skills, capabilities, inclusivity, potential, opportunity, sustainability and responsibility; where boundaries are pushed out of the norm and learn from things that do not always go according to plan.

6.10. Transparency and Accountability

ACB demonstrates accountability by providing accurate, complete and timely information in a transparent manner to stakeholders about the organisation (its performance and financial position), through appropriate reporting overseen by the Board and through holding available to stakeholders ACB's framework documents and policies relevant to its governance. Members have the opportunity to ask questions about the management and performance of the organisation and to hold the Board to account for their decisions.

¹⁴ While the Strategic Planning Team agreed that the vision needed only minor adjustment, this needs to be confirmed by a broader stakeholder consensus. It is worth considering whether this might be elevated to the status of an Ultimate Goal (in Theory of Change terms) while ACB's own vision might be more aligned with its initial strategic intent ("to ensure that constituency priorities (are) reflected in Global Fund strategy and operational plans, and to strengthen the presence, voice and contributions of the Constituencies, through their delegations, in all GF processes").

¹⁵ The Board will carry out a self-evaluation which will shed light on outcomes of the original strategy and mission.

¹⁶ The mission as stated previously was always unrealistic. The piece that is realistic is improved representation at the Global Fund Board and Committee Meetings (output level), directly attributable to ACB.



STRATEGIC OBJECTIVES





STRATEGIC OBJECTIVES



The strategic objectives will give the organisation a targeted yet flexible focus for the next four years. The goals (or to use ACB's preferred terminology, the strategic objectives) were comprehensively debated and subjected to a process of ranking. The following were selected as the most relevant and effective change pathways:

7.1. S01 To ensure that African priorities and interests are reflected in the Global Fund governance decisions

This objective speaks to the original intent and rationale for the establishment of a Bureau operating as a quasi-independent think tank responding to priority needs of the African continent, through representation on the GF Board and committees that presents clear and compelling evidence-based solutions to Africa's most pressing problems in the area of public health (and, more specifically, the three epidemics addressed by GF, including the implications of COVID-19).

The ACB program seeks to enhance the effective participation of ESA and WCA's Board and Committee representatives and effectively influence strategic conversations towards the post-2022 Global Fund (GF) strategy, as well as the rollout of the new strategy once set.

Assumption/s: as the region most widely and heavily affected by the 3 epidemics, Africa will remain a priority for Global Fund when developing and implementing its next strategy, and for other Global Health Partners working systemically to strengthen

THE INTENDED OUTCOME:		
AFRICAN PRIORITIES AND INTERESTS ARE REFLECTED IN GLOBAL FUND BOARD DECISIONS		
#	Desired Results	Marker
1	Constituencies are informed about evidence impacting African public healthpriority issues.	80% constituency awareness
2	African representatives on GF Board/Committees are fully capacitated to advocate for African priorities in GF deliberations.	95% Members Capacity
3	Global Fund Board/ Secretariat acknowledge and act on African policy priorities.	# of policy recommendations reflected in Board decisions



health interventions, resilience and reach.

Way forward: as stated above, henceforth ACB will adopt a proactive stance (bolder and more intentional) in influencing policy agendas.

Efforts aimed at supporting the engagements of African countries in the 2023-2028 GF strategy development and implementation will include:

- Identifying key trends and trajectories in the HIV, TB and Malaria responses, particularly in relation to 2030 goals and targets;
- Drawing lessons learned under the current GF strategy and in the broader global fight against the three epidemics;
- Analysing underperformance during the current GF strategy and appropriate levers for course correction;
- Understanding root causes or drivers and the pathways for responding in the most effective and efficient manner;
- Generating ESA and WCA's strategic priorities based on engagements with critical stakeholders;
- Advocating for and defending Africa's strategic priorities among various stakeholders to create buy-in;
- Supporting ESA and WCA's GF Board and Committee representatives to effectively engage in the fund's 2023-2028 strategy dialogue. Sharing experiences across African countries around how they are accessing funding from the GF for the COVID-19 response and identifying shared barriers;
- Sharing experiences around how countries are maintaining progress against the three diseases by flexing GF programmes, including the additional funding;
- Mapping the challenges that countries are facing in both of these areas, where additional support is needed, and any challenges to accessing that additional support;
- Sharing best practices and lessons learned; communication support to enable countries to quickly roll out and optimize utilization of virtual platforms to support stakeholder engagements and other priorities through acquiring tele-conferencing facilities and improved access to internet services;
- Feeding all this information back up to the GF through Africa's Board and Committee representation and through focal points, so as to amplify policy positions and ensure adequate resources are allocated.

“Ultimately, this initiative will make available a reliable source of African Health Wisdom”.

This strategic objective addresses the need to invest in research, generate knowledge that guides and drives the public health prioritisation process and narrows the focus around a few, relevant policy positions for Africa. It also continues the process of furnishing the African representatives on the Global Board and its Committees with strategic information and advice to support their contributions to global level decision-making (in GF and elsewhere). Ultimately, this initiative will make available a reliable source of African Health Wisdom.

7.2. SO2 To develop innovative strategic partnerships that support the amplification of African Governments' policy positions in global health platforms, and enhance sustainability

This objective involves increasing ACB's reach and influence through engagement with high-level actors in the public health arena, in Africa and internationally and guided by targeted, focused communications and advocacy plans, adequately resourced (expertise, technology, funding). Partnerships may also extend to exploration of a new “institutional home” for ACB, for example (as per early research) under the aegis of the African Union (see 5.1.2.2).

Assumption/s: The current context favours development of multisectoral partnerships to achieve economies of scale, facilitate ownership by communities and mitigate limiting effects of pandemic on economies; stakeholders perceive the value of ACB in coordinating African governments' policy positions.

Way forward: this initiative will involve the mapping and analysis of key stakeholders, identifying the potential for

cooperation and enhanced impact. Through implementation of its advocacy strategy, ACB will spearhead efforts to engage with key influencers impacting GF strategic decisions, including groupings like EANNASO, GFAN, GF4W, etc

It will also include a purposeful engagement with chosen partners to embark on joint efforts to gather information, prioritise opportunities and collectively influence health policies at investor and policy formulation level.

Furthermore, it will strengthen necessary relationships with African organisations (AU, SADC, WAHO, ECCAS, IGAD, ECSA-HC) for purposes of tapping into and aligning with their thinking and also sustainability of ACB.

Partnership development will support resource mobilization efforts intended to foster sustainability.

Partnering with research entities will strengthen evidence-based positioning by tapping into research outputs from multiple sources. This will allow delegates to present authoritative position papers in high-level public health fora.

7.3. SO3 To purposefully structure a sustainable Bureau with capacity to adequately support Africa's delegations to achieve their Global Health policies and priorities.

This objective is the foundation on which rests the achievement of SO1 and SO2, a strategic enabler which will create the right conditions to ensure the first two objectives can be achieved. Without such an entity to coordinate, collate, structure and archive complete, correct and up-to-date information, and disseminate it to the right stakeholders, delegates to GF and other health fora cannot hope to present a compelling case to decision-makers or influencers. While there is a clear need to remain focused on the core mission, a think tank of this calibre will be a highly effective tool in the broader health arena.

This strategic objective calls for coordinated learning across countries for optimum grant impact. This could include a range of community-based learning networks (both ACB-initiated and those already established). It may also include common learning or capacity development requirements shared by multiple countries and within the ACB's competence to provide or source. Importantly this ambition will include further development of ACB as an institution and, in particular, the establishment of capacity to generate compelling evidence of results and value for money in this important institution, and to fully and effectively implement its strategic plan.

THE INTENDED OUTCOME:

INNOVATIVE PARTNERSHIPS ARE DEVELOPED

#	Desired Results	Marker
1	Key stakeholders and partners are actively engaged with ACB	# of partner MoUs signed
2	African Governments' policy position shared at global health forums	# Position papers
3	Beneficiary communities are consulted and provide inputs/feedback on GF policy decisions.	# of consultations Policy recommendations

THE INTENDED OUTCOME:

STRUCTURED AND SUSTAINABLE AFRICA CONSTITUENCY BUREAU ESTABLISHED

#	Desired Results	Marker
1	Diversified financial resources are available to support ACB functioning, including capacity building & research initiatives.	Funding gap = zero # of donors = 5 Funding cycle length = or > 3years Annual impact reports on time
2	IT & KM systems are built.	Value for money analysis
3	The Secretariat comprises a small, lean competent Staff.	Total staff #s. Staff turnover < 10% Staff cost to total cost ,30% Admin cost to total cost 15%
4	ACB coordinates learning across countries for optimal grants impact	# Learning Events held
5	ACB coordinates technical assistance (TA) to address capacity gaps among countries	# Countries receiving TA



Assumption/s: ACB is a valuable tool for the achievement of continent-wide public health objectives including positively influencing Global Fund's strategic agenda.

Way forward: since inception, the ACB has successfully navigated the setup process and is now close to full functioning.

The ACB will carry out a stringent analysis of resource requirements going forward, and generate a clear target-driven strategy for securing resources, not only funds but also technical and infrastructure support, and not only from international donors but also African sources (governments, high net-worth philanthropists, Foundations, private enterprise, etc). This resource mobilisation agenda is interwoven with the technical arms – the more influential ACB becomes, the more attractive it will be to potential funders.

The revised Strategy provides a roadmap for the next four years, while the Business and M&E Plans show detailed activities supporting achievement of Intermediate Results as per Figure 3 above. Many of these involve establishment or strengthening of the pillars of organization development (Staff, Systems, Structures) and will contribute majorly to demonstrable impact in support of Strategic Objectives 1 and 2.



8

RESULTS FRAMEWORK





RESULTS FRAMEWORK



To achieve these strategic objectives, a Results Framework has been developed using causal (“if-then”) logic, i.e., if lower-level results are achieved, then the next higher-level result can be achieved, assuming that critical assumptions hold (see Figure 1 below). This framework is needed to allow ACB’s management staff, Board and other stakeholders to track progress from activities (inputs) to results (outputs, outcomes) and, ultimately impact (achievement of the strategic vision).

This framework is fully detailed in the M&E Plan, which itself reflects the Business Plan, and will be tracked using management dashboards. Annual reviews will allow ACB and stakeholders to carry out any necessary adjustments to targets and work-plans.

RESULTS FRAMEWORK

Diagram of cause-effects relationships among a number of interrelated results; each level identifies results necessary and sufficient to achieve the results in the level above, for the selected causal path.

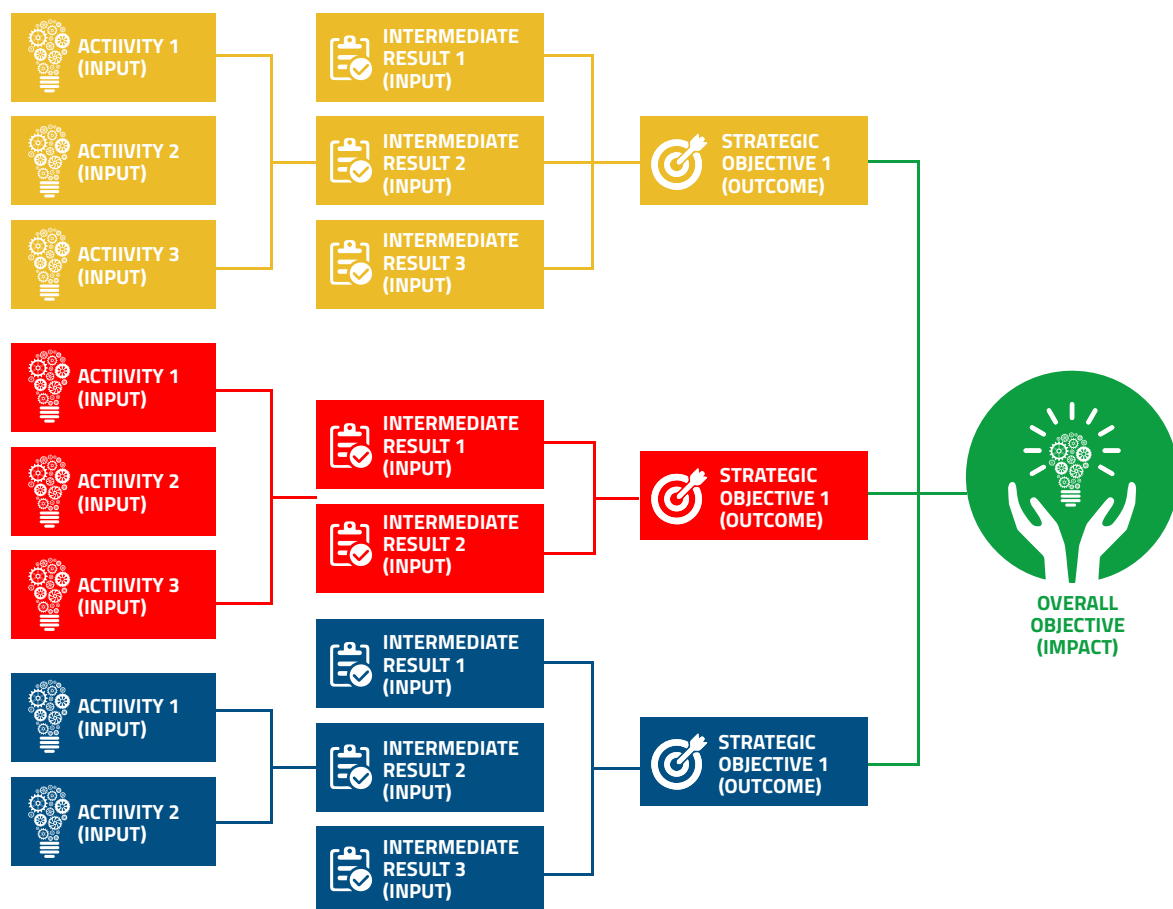


Figure 1

This logic informs the development of detailed implementation plans, activity-based budgets and Monitoring, Evaluation & Learning (MEL) frameworks (to monitor, evaluate and learn from progress toward stated results.) Appendix 1 gives the broad steps in ACB's results framework expressed as a logframe (read L to R).



9

CONCLUSION





CONCLUSION



This strategic plan has been developed in full collaboration with ACB Board members, countries and Secretariat staff through a series of stakeholder interviews and a strategic planning workshop, with iterative inputs and feedback from stakeholders.

The new plan will cover a 4-year period, and will be reviewed annually by the Board and management.¹⁸

It recentres the Bureau on its original mission rather than drifting into expansive non-core activities, while maintaining a focus on broad outreach and inclusivity to ensure that Africa's Voices (plural) are heard and taken into account: this will involve vigilance with regard to inter-sectoral dialogue and advocacy.

It has distilled the strategic focus under three objectives:

- SO1 To ensure that African priorities and interests are reflected in Global Fund governance decisions
- SO2 To develop innovative strategic partnerships that support the amplification of African Governments' policy positions in Global Health platforms and enhance sustainability
- SO3 There is a purposefully structured & sustainable Bureau with capacity to adequately support Africa's delegations to achieve their Global Health policies and priorities.

"Value for All:

- African priorities are reflected in GF decisions
- Partnerships amplify policy positions & resource mobilisation
- ACB's world network is strong"

Whereas the previous Strategic Plan was developed before the business plan, the new Strategic Plan will directly inform the costed business plan, which will cover 2 years and detail the financials, the human resource requirements, the proposed information

¹⁸ At the last Board meeting of each calendar year (or first if more appropriate), Board should review and evaluate past performance against targets (programmatic & financial) to adjust implementation plans, performance framework etc for the coming year.



architecture and various agendas for advocacy, policy and research.

Developing consensus around ACB's full strategic intent will thus inform operational elements needed to achieve ACB's objectives (advocacy and communications plans; business model and plan; policy research and exchanges, implementation plans for activities; Monitoring, Evaluation and Learning Framework with detailed KPIs, budgets etc; a Management Dashboard to enable the Board to easily track progress against targets and decide whether to maintain or change course.)

Attached to this Plan are Appendices with an itemised Theory of Change/Results Framework and suggested corresponding implementation plan. These will obviously need to be further detailed as part of the Business Plan which will include the M&E framework, workplan and activity-based budget.

Refocus & Enable:

ACB needs a new 'Plan & Do' culture to gather & share compelling evidence of impact and ensure sustainability of the initiative.

¹⁸ At the last Board meeting of each calendar year (or first if more appropriate), Board should review and evaluate past performance against targets (programmatic & financial) to adjust implementation plans, performance framework etc for the coming year.



1. ACB Logframe

(NB outcomes are most likely achieved through multiple inputs & outputs. For detail of activities, see Appendix

ACTIVITIES (INPUTS)	RESULTS (OUTPUTS)	STRATEGIC OBJECTIVES (OUTCOMES)	OVERALL OBJECTIVE (IMPACT)
<ul style="list-style-type: none"> – Research & data mining – Policy position development – Capitalization on lessons learnt & best practices – Capacity building – Provision of administrative support – Discussion of health systems & policy challenges/opportunities 	<ul style="list-style-type: none"> – Evidence to inform policy discourse & influence decisions is generated – Board and committee representation to promote and secure Africa's policy interests is enhanced – Ongoing and emerging health system & policy challenges and opportunities are identified and discussed 	<p>1. To ensure that African priorities and interests are reflected in Global Fund governance decisions</p>	<p>An Africa free of the scourge of AIDS, TB and Malaria</p>
<ul style="list-style-type: none"> – Roundtable discussion with key stakeholders – Campaigning on DRM – Intentional, substantive collaboration with key health stakeholders e.g. via side meetings at major events (WHA, IAS, SADC, WAHO etc) – Strategic communications & information-sharing (newsletter, website, virtual meetings, etc) 	<ul style="list-style-type: none"> – Key stakeholders/partners are actively engaged with ACB – Beneficiary communities are consulted and provide inputs/feedback on GF policy decisions. 	<p>2. To develop Innovative partnerships that support the amplification of African Governments' policy positions in Global Health platforms and enhance sustainability</p>	
<ul style="list-style-type: none"> – Development of a new Business Model & Plan to achieve sustainability (financial, programmatic, relationships) for ACB. – Mobilisation of resources – IT & knowledge management systems built to address communications needs. – Capacity building of staff – Planning & progress review events – Board elections, orientation, advisory meetings – Upgrading/procurement of materials & facilities – Learning events convened & facilitated to evaluate implementation, identify barriers/solutions, – Lessons learnt/best practices documented & disseminated 	<ul style="list-style-type: none"> – Diversified financial resources are available to support ACB functioning, including capacity building & research initiatives. – IT & KM systems are built. – The Secretariat comprises a small, lean, highly-competent Staff – Board capacity to effectively play its oversight role is enhanced – ACB is equipped with necessary materials & facilities – Learning is coordinated across countries for optimal grant impact 	<p>3. There is a purposefully structured & sustainable Bureau with capacity to adequately support Africa's delegations to achieve their Global Health policies and priorities</p>	



2. Implementation Matrix Appendix 2. Implementation Matrix)

ACTIIVITIES	RESPONSIBLE UNIT	TIMELINE
Strategic objective 1: To ensure,that African priorities and interests are reflected in the Global Fund governance decisions		
Sub-Objective 1:1 Evidence to inform policy discourse and influence decisions		
1.1.1 Commission research to generate evidence on African public health priorities; develop position papers on African public health priorities	Policy	URGENT ONGOING
1.1.2 Conduct data mining and analysis of country/constituency level data to generate evidence on policy implementation, GF funds expenditures and progress being made in HTM programming towards the 2030 goals	Strategic Information	URGENT ONGOING
1.1.3 Convene bi-monthly COVID-19 sessions to collate lessons learnt, challenges and bottlenecks related to HTM service delivery and access to Global Fund's C19RM in order to strategically engage with Global Fund governance bodies	Strategic Information	URGENT ONGOING
1.1.4 Commission two case studies to document lessons learnt/best practices in maintaining HIV, TB and malaria service delivery and how these lessons/practices could be scaled up strategically for pandemic preparedness and response (e.g., COVID-19, Ebola, Climate Change, etc.)	Strategic Information	URGENT ONGOING
1.1.5 Procure analytical tools to facilitate policy analysis	Finance & Admin	ASAP
Sub-Objective 1.2 Board and committee representation to promote and secure Africa's policy interests is enhanced		
1.2.1 Develop summaries, talking points & constituency statements for board and committee agenda items	Policy	URGENT ONGOING
1.2.2 Participate in Global Fund Board meetings (in-person), including strategizing and prepping	Management	ACCORDING TO GF AGENDA
1.2.3 Convene bilateral meetings ahead of Global Fund board and committee meetings	Policy/Advocacy	ACCORDING TO GF AGENDA
1.2.4 Identify and equip African representatives to GF: identify & address capacity needs among representatives (training, coaching, mentoring...)	Policy	URGENT ONGOING
1.2.5 Provide administrative support to board and committee members to enhance their effectiveness	Policy	URGENT ONGOING
Sub-Objective 1.3: Ongoing and emerging health system and policy challenges and opportunities are identified and discussed		
1.3.1 Convene Annual Consultative meeting	Management	ONGOING
1.3.2 Conduct CBLN (3 in person, 1 virtual)	Policy	ONGOING
1.3.3 Participate in implementer group meetings	Policy	ONGOING
1.3.4 Organize countries' peer support for Proof of Concept	Policy	2022 ONGOING



Strategic objective 2: To develop innovative strategic partnerships that support the amplification of African Governments' policy positions in Global Health platforms and enhance sustainability

Sub-objective 2.1 Africa's policy positions are amplified

2.1.1 Arrange roundtable discussion / Policy dialogue/Virtual Coffee Session on priority policy issues	Advocacy	ONGOING
2.1.2 Campaign on DRM	Advocacy	ONGOING
2.1.3 Develop/reinforce strategic partnerships to influence global health policies	Management	ONGOING

Sub objective 2.2 Strategic partnerships to influence global health policies are developed/reinforced

2.2.1 Identify and collaborate with partners to amplify African public health priorities in strategic advocacy platforms (Organize side meeting alongside the WHA, IAS, RECs (SADC, WAHO)	Advocacy	ONGOING
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Sub-Objective 2.3 Communication to effectively collect, transmit and amplify constituency interests, priorities and experiences is enhanced

2.3.1 Develop and implement a communications strategy	Communication	ONGOING
2.3.2 Develop and publish a newsletter	Communication	ASAP
2.3.4 Maintain the ACB website	Communication	ONGOING
2.3.5 Procure zoom subscription		ASAP

Strategic objective 3: To purposefully structure a sustainable Bureau with capacity to adequately support Africa's delegations to achieve their Global Health policies and priorities s

Sub-objective 3.1 ACB sustainability is achieved

3.1.1 Develop a new business model and plan		ONGOING
3.1.2 Develop and implement resource mobilization strategy	Management	ASAP

Sub-Objective 3.2 Staff capacity to effectively deliver on the strategic plan is enhanced

3.2.1 Undertake Staff Development (training, mentorship, conferences)	HR Function	AS NEEDED
3.2.2 Conduct Staff Planning Retreat	HR Function	ASAP
3.2.3 Convene internal quarterly review meetings of the ACB project to monitor progress of implementation of the strategic plan	Strategic Information	URGENT ONGOING



Sub-Objective 3.3 Board capacity to effectively play its oversight role is enhanced		
3.3.1 Conduct election of new board and committee members	ACB Board	ACCORDING TO GOVERNANCE PROCEDURE/BOARD CHARTER
3.3.2 Orient new board and committee members	ACB Board	
3.3.3 Convene ACB Board meetings	ACB Board	
3.3.4 Convene ACB advisory meetings	ACB Board	
Sub-Objective 3.4 The Bureau is equipped with necessary materials and facilities		
3.4.1 Conduct an inventory of facilities and equipment	Management	ASAP
3.4.2 Identify gaps, budget accordingly for acquisition/upgrading		ASAP
3.4.3 Secure necessary materials and facilities (resources permitting)		ASAP
Sub-Objective 3.5 Learning is coordinated across countries for optimal grant impact		
3.5.1 Convene learning events with implementing countries & stakeholders, to evaluate		ONGOING
3.5.2 Coordinate identification of barriers to implementation and potential solutions		ONGOING
3.5.3 Implement solutions/source solution providers		ONGOING
3.5.4 Document & disseminate lessons learnt		ONGOING



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