



AFRICA HEALTH
ORGANISATION

BUSINESS PLAN

2020–2025

UNITED KINGDOM

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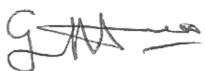
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Foreword by the Founder & President & CEO

1. This ambitious Plan is the product of intensive consultation and collaboration with Members and staff across the organisation. While ensuring a country focus, it provides a clear direction for the coming years, allowing the organisation to remain in the forefront of efforts to improve the health and quality of life of the African people in the UK.
2. In developing this Plan, the organisation continues to be responsive to African people and to UK's public health priorities while ensuring programmatic alignment with the NHS and global health objectives in the Sustainable Development Goals (SDGs).
3. African people in the UK like other Black, Asian and Minority Ethnic (BAME) communities face many challenges and health inequalities as a result of poverty, discrimination failure in addressing the determinants of health and improving the health of these populations. Together with these social ills, Africans have seen negative trends in health indicators, including rise in infant and maternal mortality, an increase in HIV morbidity and mortality, increase rates of tuberculosis and low rates of immunisation uptake.
4. An important challenge facing Africans over the next five years is to halt and reverse the epidemic of chronic non-communicable diseases. Our members have shown considerable eagerness on this issue, which has dramatic social and economic impacts on individuals, families, communities, and health services, and demands an integrated, multi-sectoral response.
5. The leadership, involvement, and ownership of the local authorities will be critical for the success of this Business Plan. Accordingly, the Plan establishes the joint responsibility and commitment of Members and the community to support the range of interventions needed to sustain progress and meet new challenges. The Plan also details targets and indicators by which the performance of the organisation will be assessed. In this way, the Plan reflects Africa Health Organisation (AHO)'s commitment to a results-based approach, leading to improved efficiency, effectiveness, accountability, and transparency.
6. Through ongoing collaboration and dialogue with the range of stakeholders, we will build upon and implement this Plan together. Our commitment to health redesign, social innovation depends upon the organisation's leadership and its ability to build a broad coalition with engaged partners across sectors. The Business Plan 2020-2025 commits AHO to improve the health of the African and BAME peoples in the UK in the years to come.



Graciano Masauso
Founder & President & CEO



CONTEXT

Business Plan

2020-2025

United Kingdom



7. The context analysis highlights the leading health gains, gaps, and trends in the BAME communities as the basis for defining the strategic agenda and corresponding interventions outlined in the Business Plan 2020-2025. The UK government has been working hard to involve BAME communities in health intervention with some positive results.

8. Despite these encouraging indicators, poverty and inequities continue to be challenges for Africans. Some recent evidence qualifies Africans as facing the most inequitable, with 59% of the African population below the poverty line and the poorest 70%. Black and minority ethnic (BAME) households in the UK are over twice as likely to live in poverty as their white counterparts, leaving them disproportionately exposed to job losses and pay cuts caused by the coronavirus pandemic, an independent study by Social Metrics Commission has revealed. It found that 19% of people in families where the head of the household was white lived in poverty in 2018-19. This compared with 32% of mixed ethnicity families, 39% of Asian/Asian British families, 42% of families classified as an "other ethnic" and 46% for Black/African/Caribbean/Black British.

9. Ethnic gaps persist in employment, as unemployment among African people continues to be 1.4 times the general unemployment rate. There are concerns about the exclusion of African people from the labour market, as African youth unemployment is triple that of the general population.

10. Education and health are interrelated cornerstones of development. A boost in educational levels is associated with improvements in population health and increases in productivity, social mobility, poverty reduction, and citizenship building. Adolescent pregnancy is most concentrated among African girls who have dropped out of school and the highest child mortality and morbidity rates are seen in children born to adolescent mothers

11. The underachievement of Black Caribbean heritage pupils has been a persistent problem facing national policy makers in British schools for many years. This educational disadvantage has led to various other experiences of inequality. For example, the DfE (2014) data shows Black Caribbean pupils are three times more likely to be permanently excluded from school than their white peers. Only 16% of all Black Caribbean men go on to University. They are nearly 8 times as likely to be stopped and searched by the Police as their white counterparts.

12. Regarding ambient and indoor air pollution, it is estimated that more than 10 million people in the UK are exposed to concentrations of environmental contaminants exceeding the recommended limits in WHO air quality guidelines. Indoor air pollution is the environmental risk with the greatest disease burden.

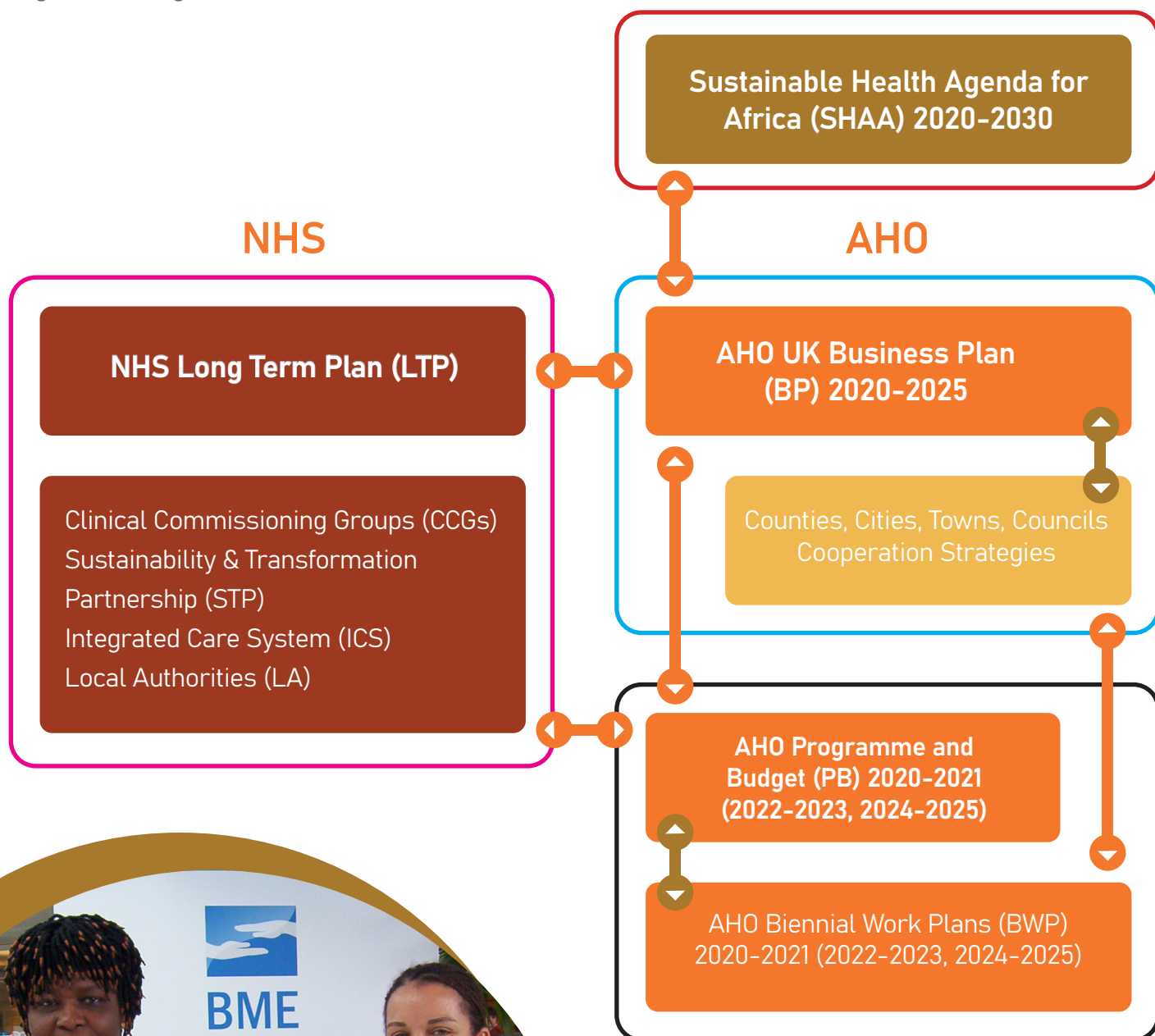
13. Infant mortality continues to increase in African mothers. The Infant Mortality Rate (IMR) increased from 16 per 1,000 live births in 1990 to 42 per 1,000 in 2011, a 62% increase. Maternal mortality has increased in the Africans. Estimates of new HIV infections in the Africans reflect a reduction in morbidity and mortality. In 2015, Africans accounted for nearly 70% of all new HIV infections in the UK.

14. Multidrug-resistant tuberculosis (TB) and HIV-associated tuberculosis pose serious challenges that must be addressed. Cardiovascular diseases (CVDs) are the leading cause of death from NCDs. Shared risk factors for NCDs are tobacco consumption, harmful use of alcohol, unhealthy diet, and physical inactivity. Violence, including gender-based violence, is a growing problem and a major public health challenge in Africans.



Figure 1 shows the key elements of AHO planning frameworks and their alignment with the Sustainable Health Agenda for Africa 2020–2030 as well as with NHS’s planning frameworks. Increased alignment and harmonisation between the Business Plan and the CCSs is an important aspect of the formulation and implementation of the Plan. The Biennial Work Plans (BWPs) are operational plans developed by AHO entities to implement the Programme and Budget, and by extension the AHO Business Plan.

Fig. 1. Planning Framework



Overview

Business Plan

2020-2025

United Kingdom

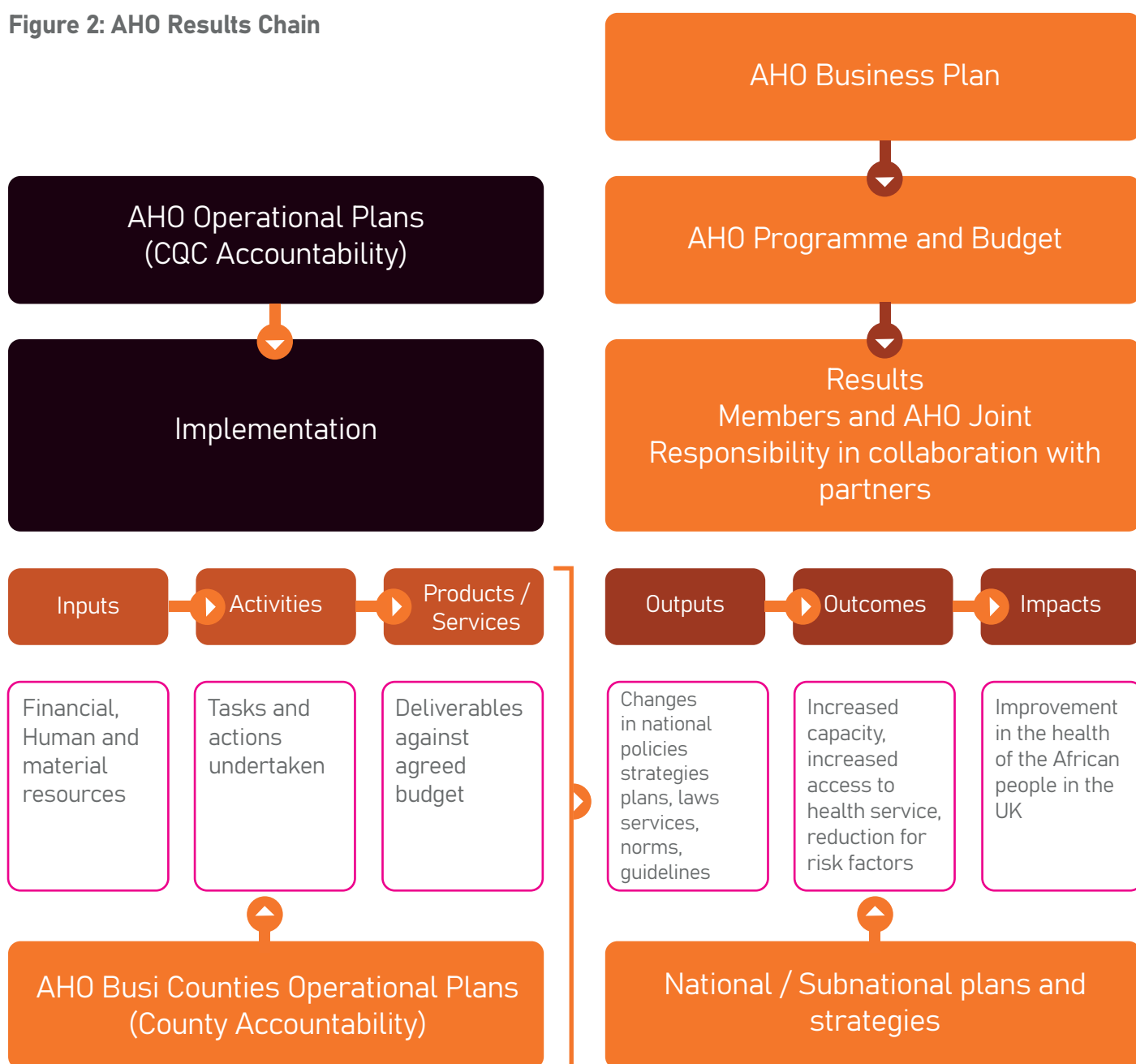


Results-based Management Framework for Planning, Programming, and Budgeting

Results chain: The BP 2020–2025 adapts the AHO results chain, clearly identifying the relationship between planning instruments at different levels as well as the accountability and respective responsibilities of AHO Members and Governance. Because the Plan is a joint commitment of AHO Members and AHO, results will be derived from the implementation of individual plans and strategies (at national or subnational level), AHO operational plans, and the collective efforts of the Organisation, as shown in Figure 2. Section VIII includes details on monitoring, reporting, accountability, and transparency for the Plan.

The Business Plan and the Programme and Budget together cover the complete chain of results. The Business Plan contains impact and outcome results with their respective indicators and outputs that Members and Governance agree jointly to achieve in a particular biennium, as well as the biennial outcome indicator targets.

Figure 2: AHO Results Chain



15. The implementation of a new results chain is a key element of AHO brings a greater level of clarity and coherence to the stated outcomes in the GPW. The improved results chain has also been incorporated into the AHO proposed planning framework and is reflected in the structure of both the Business Plan and the Program and Budget. The new results framework links the work (outputs) to the health and development changes in the countries to which it contributes (outcomes and impact).

16. Impacts are sustainable changes in the health of populations, to which AHO Members, the organisation, and other partners contribute. Such changes will be assessed through impact indicators that reflect a reduction in morbidity or mortality or improvements in well-being of the population (e.g., increases in people's healthy life expectancy). Consequently, implementing the AHO Business Plan will also contribute to both national and global health and development.

17. Outcomes are collective or individual changes in the factors that affect the health of populations, to which the work of the Members and the Governance will contribute. These include, but are not limited to, increased capacity, increased service coverage or access to services, and/or reduction of health-related risks. The UK is responsible for achieving outcomes, in collaboration with AHO and other partners. The outcomes contribute to the Plan's impact goals. Progress made toward achieving outcomes will be assessed with corresponding indicators that measure changes at national or regional level.

18. Outputs are changes in national systems, services, and tools derived from the collaboration between AHO Members, for which they are jointly responsible. These outputs include, but are not limited to, changes in national policies, strategies, plans, laws, programs, services, norms, standards, and/or guidelines. The outputs will be defined in the respective BP and will be assessed with a defined set of output indicators that will measure the organisation's ability to influence such changes.

19. The operational plans include the following components:

(a) Products and Services: deliverables against an agreed budget for which AHO is directly accountable during the biennium. Products and services are tangible and observable.

(b) Activities: actions that turn inputs into products or services.

(c) Inputs: resources (human, financial, material and other) that AHO will allocate to activities and that produce products or services.

20. Risks and Assumptions: The full results chain is predicated upon a number of risks and assumptions. They include the premise that resources and country collaboration are in place to ensure that interventions contribute to and achieve the outputs and outcomes as outlined in the Plan.

AHO's Vision, Mission, and Values

Vision

Africa Health Organisation (AHO) will be the major catalyst for ensuring that all the peoples of African origin enjoy optimal health and contribute to the well-being of their families and communities.

Mission

To lead strategic collaborative efforts among governments and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of African origin.

Values

Equity – Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.

Excellence – Achieving the highest quality in what we do.

Solidarity – Promoting shared interests and responsibilities and enabling collective efforts to achieve common goals.

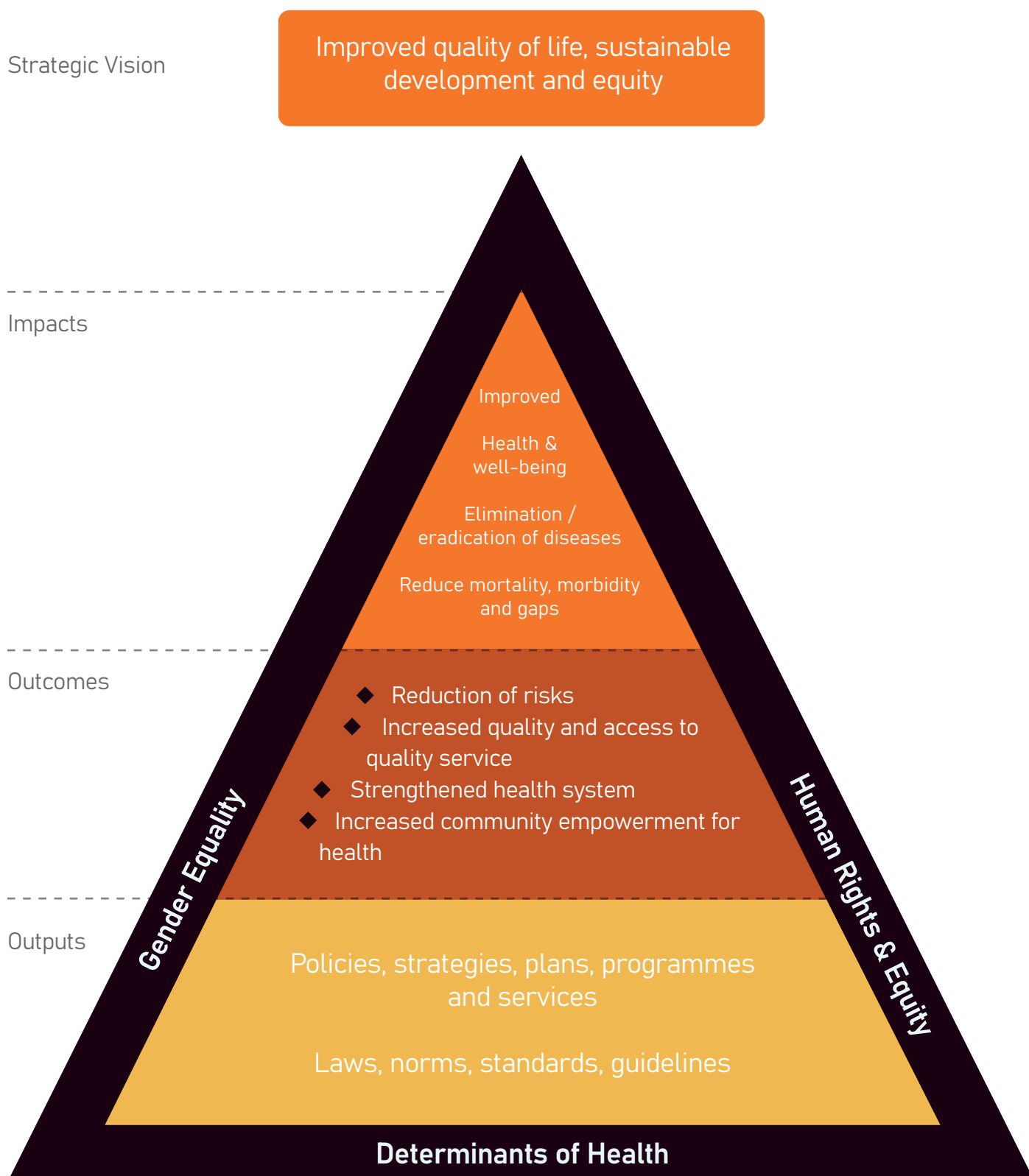
Respect – Embracing the dignity and diversity of individuals, groups, and countries.

Integrity – Assuring transparent, ethical, and accountable performance.

AHO's Core Functions

- i. Providing support to the British government through the Department of Health and Social Care, Public Health England and the NHS and other statutory bodies on matters of African health issues.
- ii. Providing leadership on matters critical to health and engaging African people in partnerships where joint action is needed.
- ii. Shaping the research agenda and stimulating the generation, dissemination, and application of valuable knowledge.
- iii. Setting norms and standards and promoting and monitoring their implementation.
- iv. Articulating ethical and evidence-based policy options.
- v. Establishing technical cooperation, catalysing change, and building sustainable institutional capacity.
- vi. Monitoring the health situation and assessing health trends.

Figure 4. Strategic Vision and Hierarchy of Results



In line with the above, and building upon the experiences and lessons learned, four cross-cutting themes (CCTs) are central to addressing the determinants of health: gender, equity, human rights, and ethnicity. In addition, the Plan will apply key public health strategies, such as health promotion, primary health care, and social protection in health. The CCTs are programmatic approaches to improving health outcomes and reducing inequalities in health and are applicable to Categories 1 through 4. The public health strategies are overarching approaches to attaining better health for all and by all, with special emphasis on proven public health policies and community-wide interventions.

Impact Goals and Strategic Focus

The success of the Plan will be measured by the Organisation's contribution to the attainment of the impact goals outlined in Table 1, as measured by their corresponding indicators.

Aligned with the impact goals at the global level, and addressing the specific goals for the UK, Table 1 outlines the impact goals and indicators of the Plan. The rate of change during the planning cycle will be the basis for measuring the success of the Plan, according to the established impact indicators

Table 1: Impact Goals

1	<p>Improve health and well-being with equity</p> <p>1.1 At least a 1.0% increase in Healthy Life Expectancy (HALE) for the Africans achieved by 2025 (75.3 years), as compared to the baseline rate in 2019. (This information will be updated once the most recent data from the Institute for Health Metrics and Evaluation is received.)</p>
2	<p>Ensure a healthy start for newborns and infants</p> <p>2.1 At least a 15% reduction in the Infant Mortality Rate (IMR) achieved by 2025 (6.3 per 1,000 live births) compared to 2019.</p> <p>2.2 A relative gap reduction of at least 10% in the IMR between the top and bottom country groups of the Health Needs Index (HNI) by 2025 compared to 2019.</p> <p>2.3 An absolute reduction of at least 3 excess infant deaths per 1,000 live births between 2020 and 2025 across the HNI country gradient.</p>
3	<p>Ensure safe motherhood</p> <p>3.1 At least an 11% reduction in the Maternal Mortality Ratio (MMR) achieved by 2025 (per 100,000 live births) compared to 2019.</p> <p>3.2 A relative gap reduction of at least 25% in the MMR between the top and bottom country groups of the HNI by 2025 compared to 2019.</p> <p>3.3 An absolute reduction of at least 18 excess maternal deaths per 100,000 live births between 2019 and 2025 across the HNI country gradient.</p>

4

Reduce mortality due to poor quality of health care

- 4.1 At least a 9% reduction in the rate of Mortality Amenable to Health Care (MAHR) achieved by 2025 (per 100,000 population) compared to 2019.
- 4.2 A relative gap of no more than 6% increase in the MAHR between the top and bottom country groups of the HNI by 2025 compared to 2019.
- 4.3 An absolute reduction of at least 8 excess preventable deaths per 100,000 population between 2019 and 2025 across the HNI country gradient.

5

Improve the health of the BAME population with an emphasis on NCDs and risk factors

- 5.1 At least a 9% reduction in the Premature NCD Mortality Rate (PNMR) achieved by 2025 (per 100,000 population) compared to 2019.
- 5.2 A relative gap of no more than 6% increase in the PNMR ratio between the top and bottom country groups of the HNI by 2025 compared to 2019.
- 5.3 An absolute reduction of at least 18 excess premature deaths due to NCDs per 100,000 population between 2019 and 2025 across the HNI country gradient.

6

Reduce mortality due to communicable diseases

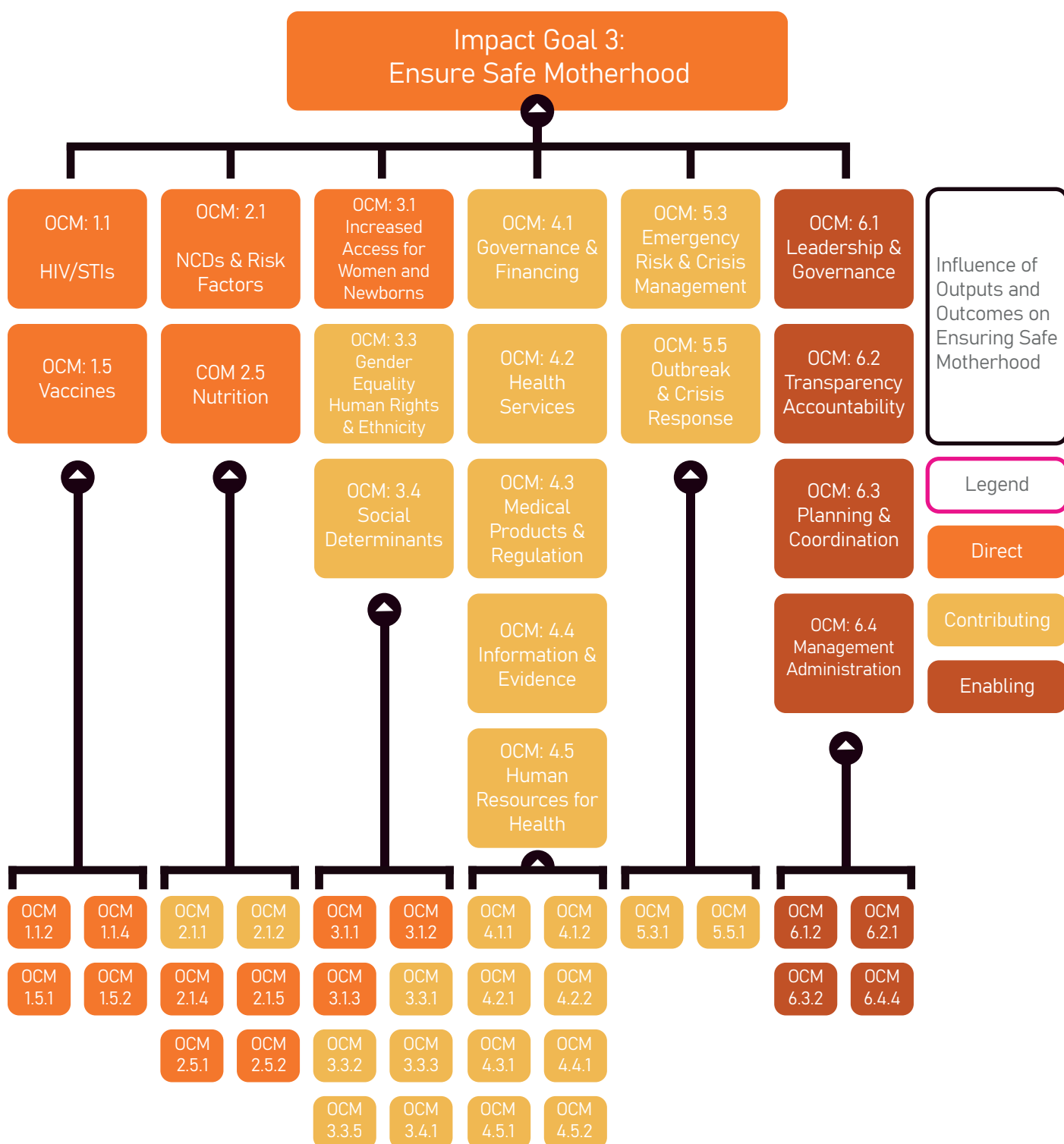
- 6.1 At least a 15% reduction in the mortality rate due to HIV/AIDS by 2025 compared to 2019.
- 6.2 At least a 24% reduction in tuberculosis mortality rate achieved by 2025 (0.8 per 100,000 population) compared to 2020 (1.1 per 100,000 population).

7

Curb mortality due to violence, suicides, and accidents among adolescents and young adults (15–24 years of age in BAME youths)

- 5.1 At least a 6% reduction in the homicide rate achieved by 2025 (25.7 per 100,000 youth 15–24 years of age) compared to 2020 (27.3 per 100,000 youth 15–24 years of age).
- 5.2 No increase in the suicide rate achieved by 2025 compared to 2020 (7.8 per 100,000 youth 15–24 years of age).
- 5.3 No increase in the mortality rate due to road traffic injuries by 2025 compared to 2020 (20.5 per 100,000 youth 15–24 years of age).

Figure 5. Relationships between Outputs, Outcomes, and Impacts: An Illustrative Example



In keeping with the results-based approach, and as noted above, Organisational outputs (OPT) and outcomes (OCM) contribute toward the achievement of impacts. These outputs and outcomes may be located in several different categories, as detailed below and shown in Figure 5. Some outcomes, including enabling functions, may contribute toward the achievement of several impacts, as there is not a one-to-one relationship between outcomes and impacts.

In addition to the impact goals, the Plan contains six strategic areas of focus, or categories, to guide its implementation:

Table 2. Categories and Programme Areas

1	<p>Communicable Diseases</p> <ul style="list-style-type: none"> 1.1 HIV/AIDS and STIs 1.2 Tuberculosis 1.3 Vector-borne Diseases (including Dengue and Chagas) 1.4 Zoonotic Diseases 1.5 Vaccine-Preventable Diseases (including Maintenance of Polio Eradication)
2	<p>Noncommunicable Diseases and Risk Factors</p> <ul style="list-style-type: none"> 2.1 Noncommunicable Diseases and Risk Factors 2.2 Mental Health and Psychoactive Substance Use Disorders 2.3 Violence and Injuries 2.4 Disabilities and Rehabilitation 2.5 Nutrition
3	<p>Determinants of Health and Promoting Health throughout the Life Course</p> <ul style="list-style-type: none"> 3.1 Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health 3.2 Aging and Health 3.3 Gender, Equity, Human Rights, and Ethnicity 3.4 Social Determinants of Health 3.5 Health and the Environment
4	<p>Corporate Services/Enabling Functions</p> <ul style="list-style-type: none"> 4.1 Leadership and Governance 4.2 Transparency, Accountability, and Risk Management 4.3 Strategic Planning, Resource Coordination, and Reporting 4.4 Management and Administration 4.5 Strategic Communications

Programmatic Priorities for AHO's Technical Cooperation for 2020–2025

21. AHO's general programmatic direction for the next six-year period has been extensively informed by the AHO reform dialogue. With a view to maintaining programmatic alignment with AHO will use the same programmatic structure developed by AHO for the Business Plan 2020–2025 and Program and Budget 2020–2021.

22. The programmatic structure consists primarily of the six major categories of work and their programme areas, as follows:

(a) Communicable diseases: Reducing the burden of communicable diseases, including HIV/AIDS, sexually transmitted infections, and viral hepatitis; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; and vaccine-preventable diseases.

(b) Non-communicable diseases and risk factors: Reducing the burden of non-communicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of non-communicable diseases and their risk factors.

(c) Determinants of health and promoting health throughout the life course: Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age), and implementing approaches based on gender equality, ethnicity, equity, and human rights.

(d) Corporate services/enabling functions: Fostering and implementing the organizational leadership and corporate services that are required to maintain the integrity and efficient functioning of the Organisation, enabling it to deliver effectively on its mandates.

Table 3 presents the national results of the priority-setting process. It organises 23 program areas into three priority strata or tiers and assigns each area a priority ranking within these strata. This stratification will inform resource allocation in the Programme and Budgets for the BP 2020-2025.

Table 3. Stratification of Programmatic Priorities

No.	Program Area	Tier
1.5	Vaccine-preventable diseases (including maintenance of polio eradication)	1
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	1
2.1	Noncommunicable diseases and risk factors	1
5.2	Epidemic- and pandemic-prone diseases	1
2.5	Nutrition	1
1.1	HIV/AIDS and STIs	1
1.3	Vector-borne diseases (including dengue and Chagas)	1
5.1	Alert and response capacities (for IHR)	1
5.3	Emergency risk and crisis management	2
1.2	Tuberculosis	2
4.5	Human resources for health	2
4.1	Health governance and financing; national health policies, strategies, plans	2
4.3	Access to medical products and strengthening of regulatory capacity	2
3.4	Social determinants of health	2
2.3	Violence and injuries	2
5.4	Food safety	3
4.2	People-centered, integrated, quality health services	3
3.5	Health and the environment	3
2.2	Mental health and psychoactive substance use disorders	3
4.4	Health systems information and evidence	3
3.2	Aging and health	3
2.4	Disabilities and rehabilitation	3
1.4	Neglected, tropical, and zoonotic diseases	3

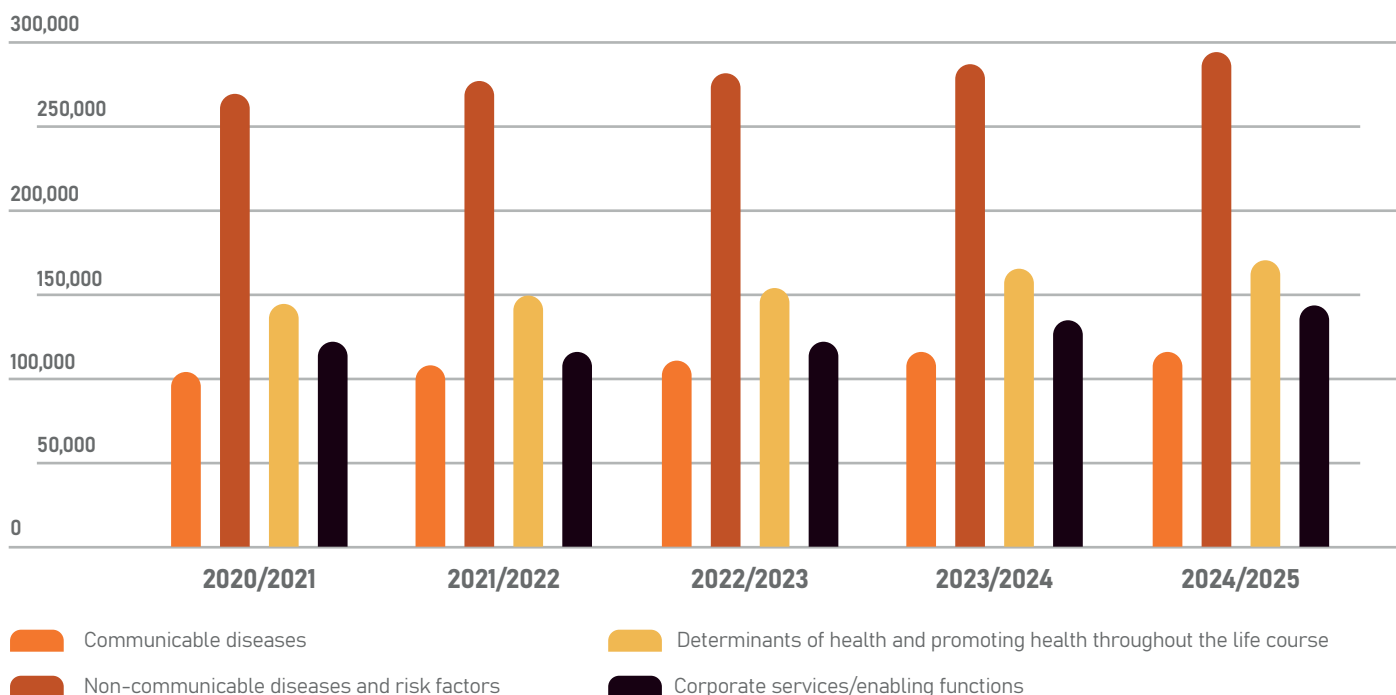
Budget by Programme Area

23. The Programme and Budget by category and programme area reflects the planned investment required to carry out the two-year program of work. The budget also applies a cap on increases in the budget assigned to programme areas in tier 1 (20%) and tier 2 (10%), as a mechanism to balance the shifts as the Organisation redirects its focus and reflects the decisions of Members and the direction of technical cooperation for the biennium.

Table 1. Budget Summary by Category and Programme Area (GBP£)

Category and Programme Area		Budget (GBP£)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
1	Communicable diseases	105,000	108,000	111,000	114,000	117,000	555,000
2	Non-communicable diseases and risk factors	271,000	276,000	281,000	286,000	291,000	1,405,000
3	Determinants of health and promoting health throughout the life course	147,000	151,000	155,000	159,000	163,000	775,000
4	Corporate services/enabling functions	117,000	122,000	127,000	132,000	137,000	635,000
Total (Categories 1 - 4)		640,000	657,000	674,000	691,000	708,000	3,370,000

Budget Summary by Category and Programme (GBP£)



Communicable Diseases

Reducing the burden of communicable diseases, including HIV/AIDS, sexually transmitted infections, and viral hepatitis; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; and vaccine-preventable diseases.

Business Plan
2020–2025
United Kingdom



Scope

24. Prevalent infectious diseases, as well as newly re-emerging communicable diseases, result in significant morbidity and mortality in Africans, which can dramatically increase during times of outbreaks (e.g., COVID-19). These diseases are a crisis for the deprived communities, exacerbating poverty, inequities, and ill health. They also present substantial challenges for developed countries by placing an unnecessary burden on health and social systems, national security, and the economy. This category covers the following program areas: (a) HIV/AIDS and sexually transmitted infections (STIs); (b) tuberculosis (TB); (c) infectious disease outbreak (including COVID-19); (d) Antimicrobial resistance, and (e) vaccine-preventable diseases (including maintenance of polio eradication).

Priorities for AHO Technical Cooperation for the Biennium

1.1 HIV/STIs

(a) Implement HIV-related strategies aligned with the four flagships: (a) strengthen and expand treatment programmes; (b) eliminate childhood diseases through immunisation; (c) advocate for policy and priority setting and strengthen outreach to key populations such as BAME communities; and (d) strengthen health information systems and the analysis and dissemination of information.

(b) Support NHS in the delivery of STI prevention and management including iCAHS Chlamydia Screening in which AHO has been involved with in Norwich with NHS Norfolk.

(c) Support NHS in the prevention and control of viral hepatitis, with emphasis on monitoring and surveillance.

1.2 Tuberculosis

(a) Improve capacity in the use of rapid TB diagnostic tools, application of improved laboratory practices, and delivery of care for multidrug-resistant tuberculosis (MDR-TB) patients, and integrated community-based management.

(b) Strengthen surveillance systems and increase access to quality first- and second-line drugs.

(c) Adapt TB-related emerging policies and technical guidelines to the national context.

1.3 Infectious Disease Outbreak

(a) Strengthen efforts to prevent, control, and/or eliminate infectious disease outbreak in areas where it is endemic and prevent reintroduction in COVID-19 free-areas.

(b) Strengthen national capacities in prevention, comprehensive surveillance, patient care, and early detection, preparedness, and control of outbreaks within the framework.

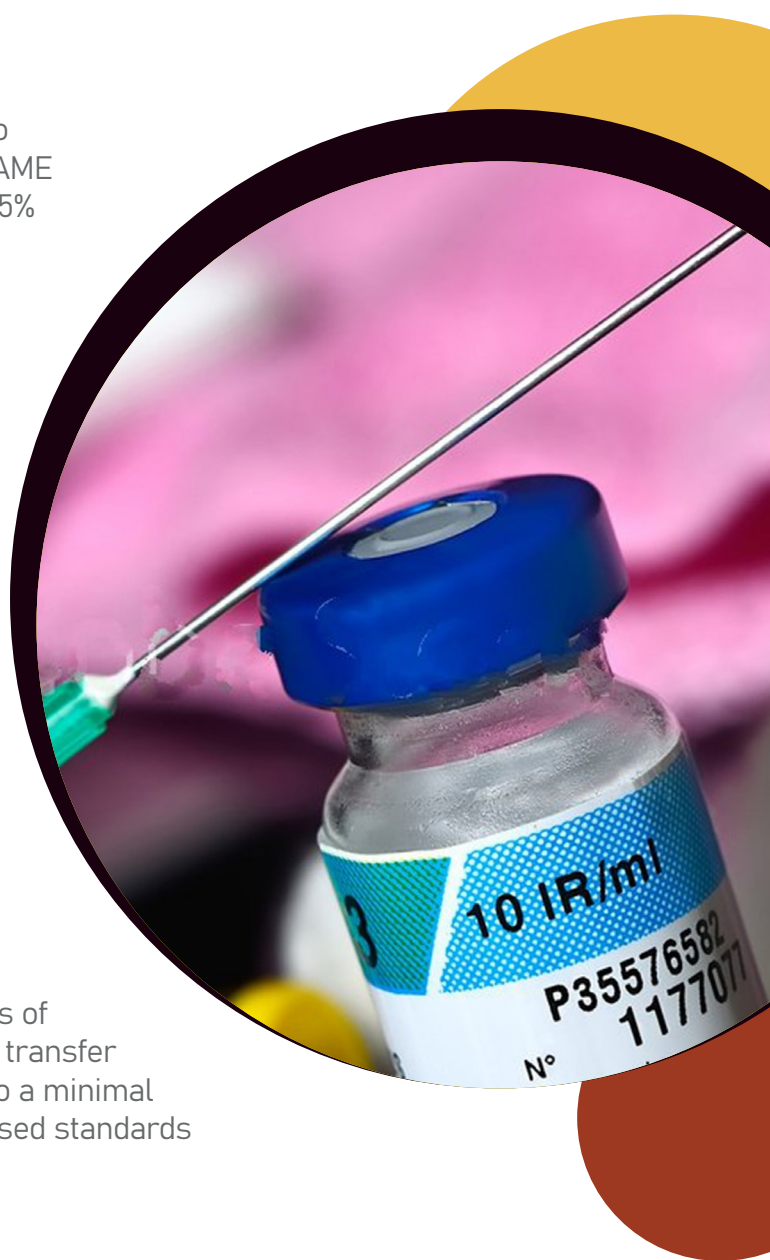
(c) Sustain efforts to eliminate COVID-19 and improve the identification, diagnosis, and treatment of infected patients. BAME people including NHS workers have been seriously affected by the COVID-19. AHO to carry out research for the understanding of this trend.

1.4 Antimicrobial Resistance

- (a) Expand preventive, innovative, and intensified disease management and increase access to essential medicines for neglected, tropical, and zoonotic diseases.
- (b) Strengthen national capacity for disease surveillance and the timely monitoring of progress toward certification/verification of the elimination of diseases.
- (c) Implement sound strategies for the prevention, control, and elimination of antimicrobial resistance diseases.
- (d) Establish and/or strengthen inter-sectoral coordination mechanisms for managing risks, with special focus on marginalised populations.

1.5 Vaccine-Preventable Diseases

- (a) Strengthen national immunisation programmes to improve access of vulnerable populations such as BAME people to quality vaccination services and achieve >95% coverage in at-risk areas. AHO to launch a Norwich BAME Immunisation Project (NOBIP) in April 2020 to increase uptake of immunisation in the BAME population in Norwich as a pilot scheme to be used to expand the programme across the UK.
- (b) Sustain efforts to keep the country free of measles, rubella, and congenital rubella syndrome, with particular emphasis on strengthening surveillance systems.
- (c) Work with the NHS to build capacity to generate the necessary evidence to facilitate decision making on the introduction of new vaccines (e.g., rotavirus, pneumococcal conjugate, human papillomavirus), thus accelerating the reduction of morbidity and mortality related to vaccine-preventable diseases.
- (d) Identify, secure, and rigorously monitor collections of wild-type polio viruses, destroy remaining stocks, or transfer collections from inadequately secured laboratories to a minimal number of facilities that meet internationally recognised standards for biosafety and biosecurity.



Programme Areas, Outcomes, and Outputs

1.1 HIV/AIDS and STIs

Programme Area: HIV/AIDS and STIs				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.1 Increased access by BAME communities to key interventions for HIV and STI prevention and treatment	OCM 1.1.1	Coverage of antiretroviral therapies (ART) in BAME eligible populations	TBC	95%
	OCM 1.1.2	Number of BAME organisations involved in HIV/STI awareness.	5	15
	OCM 1.1.3	Number of BAME organisations taking part in STI screening.	6	20
OPT 1.1.1 BAME Young people aged 16-24 have access to ICASH and improve their sexual and reproductive health and prevent STIs and HIV		Number of BAME organisations participating in iCASH programme	7	15
OPT 1.1.2 Adaptation and implementation of the most up-to-date norms and standards in preventing and treating paediatric and adult HIV infection, integrating HIV and other health programmes, and reducing inequities in the BAME populations		Number of BAME organisations involved in HIV/STI prevention.	5	18
OPT 1.1.3 Facilitation of development, implementation, and monitoring of national strategies for the prevention and control of sexually transmitted infections		Level of prevention and control of Sexually Transmitted Infections (STIs) in the BAME communities in the UK	10	60%

1.2 Tuberculosis

Programme Area: Tuberculosis				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.2 Increased number of tuberculosis patients successfully diagnosed and treated from BAME communities in the UK	OCM 1.2.1	Number of TB bacteriologically confirmed BAME patients successfully treated in programmes that have adopted the recommended strategy	8.3 per 100,000 pop	5 per 100,000 pop
	OCM 1.2.2	Annual number of tuberculosis BAME patients with confirmed or presumptive MDR-TB, including rifampicin-resistant cases, placed on MDR-TB treatment	1,250	775
	OCM 1.2.3	Percentage of new BAME TB patients diagnosed in relation to estimated cases from 2020 to 2025	TBC	80%
OPT 1.2.1 The UK is enabled to implement new diagnostic approaches and tools to strengthen TB diagnosis		Level of implementing Rapid diagnostic for TB	0	6

1.2 Tuberculosis (Cont.)

Programme Area: Tuberculosis				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OPT 1.2.2 UK capacity strengthened for early diagnosis and treatment of MDRTB patients in BAME populations		Number of BAME organisations involved in early diagnosis and treatment of BAME MDR-TB patients	0	25
OPT 1.2.3 UK capacity strengthened for early diagnosis and treatment of TBHIV patients in the BAME population		Level of implementing guidelines for early diagnosis and treatment of BAME TB-HIV patients	0	7

1.5 Vaccine-Preventable Diseases

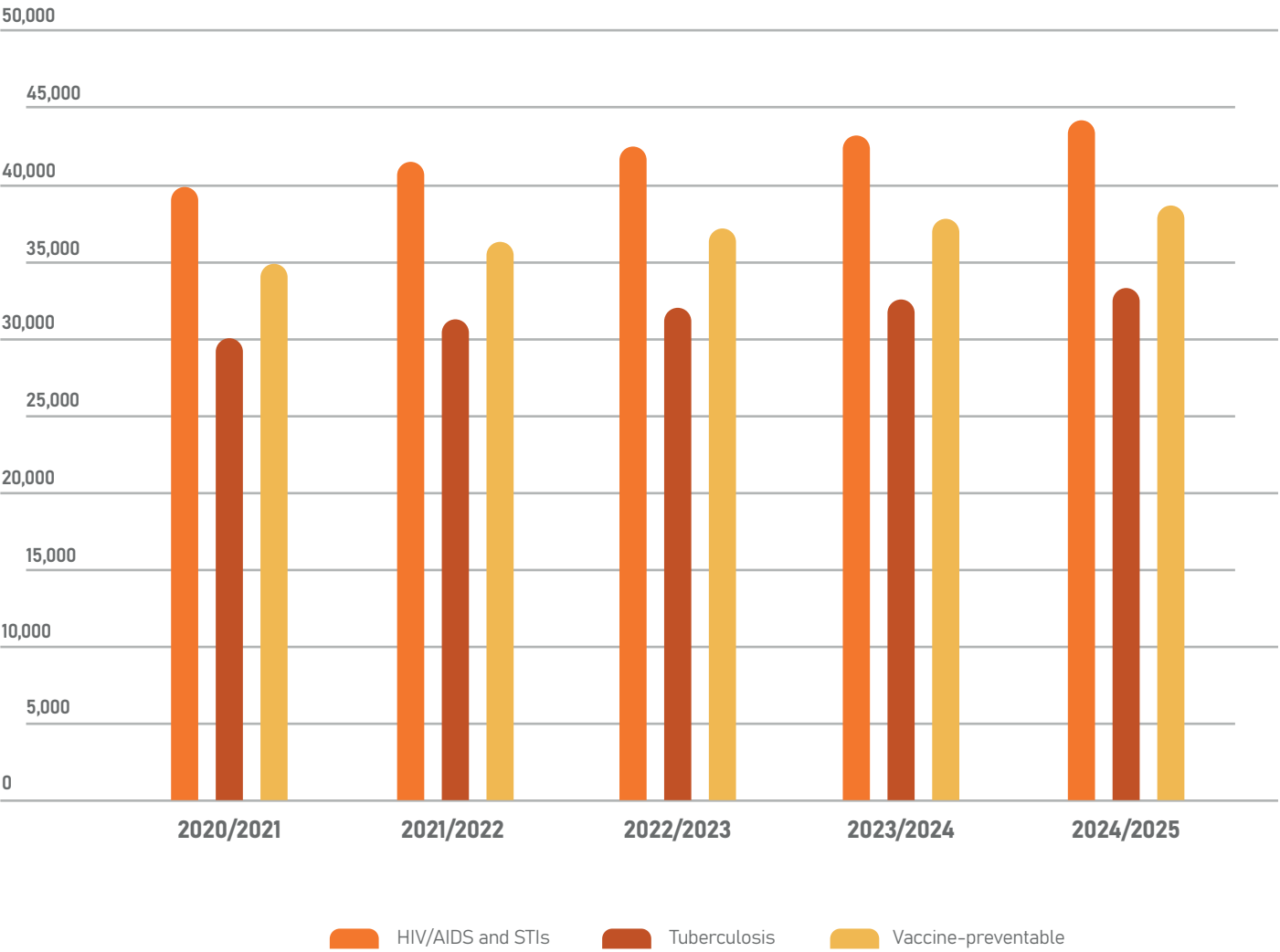
Programme Area: Vaccine-Preventable Diseases				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.5 Increased vaccination coverage for BAME hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases	OCM 1.5.1	Average coverage with three doses of diphtheria, tetanus, and pertussis-containing vaccine	TBC	80%
	OCM 1.5.2	Reestablishment of endemic transmission of measles and rubella virus	0	5
OPT 1.5.1 Implementation of the of the Global Vaccine Action Plan as part of the Decade of Vaccines Collaboration to reach unvaccinated and under-vaccinated populations		Level of immunization coverage >95% that are implementing strategies within immunization plans to reach unvaccinated and under-vaccinated BAME populations	0	5

1.6 Budget by Programme Area (GBP£)

Communicable diseases

Category and Programme Area		Budget (GBP£)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
1	HIV/AIDS and STIs	40,000	41,000	42,000	43,000	44,000	210,000
2	Tuberculosis	30,000	31,000	32,000	33,000	34,000	160,000
3	Vaccine-preventable	35,000	36,000	37,000	38,000	39,000	185,000
Subtotal (Categories 1)		105,000	108,000	111,000	114,000	117,000	555,000

Budget by Programme Area: Communicable Diseases (GBP£)



Non-Communicable Diseases

Reducing the burden of non-communicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of non-communicable diseases and their risk factors.

Business Plan

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United Kingdom



Scope

25. AHO will support the British government through the Department of Health and Social Care and the NHS and together with partners in various sectors, will address the burden of non-communicable diseases (NCDs) in the Black, Asian and Minority Ethnic (BAME) communities especially Africans with a focus on cardiovascular diseases (in particular hypertension), cancer, diabetes, lung disease, and chronic renal disease.

Emphasis will be placed on the common risk factors of tobacco use, harmful use of alcohol, unhealthy diet, salt consumption, physical inactivity, and obesity. In the NCD response, AHO will also focus on nutrition and other NCD-related conditions, including mental health, violence and injuries, and disabilities and rehabilitation. The primary aims of the work in this category will be to address the underlying determinants of NCDs, including socioeconomic, environmental, and occupational factors across the life course, as well as to strengthen the primary care response to NCDs, risk factors, and related conditions. The specific approaches are set out in the various AHO mandates related to NCDs, including the AHO Plan of Action for the Prevention and Control of Non-communicable Diseases 2020-2030.

Priorities for AHO Cooperation for the Biennium

2.1 Non-communicable Diseases and Risk Factors

(a) To support the NHS capacities for implementing evidence based and cost-effective NCD and risk factor policies, programs, and services for primary prevention, screening, early detection, diagnosis, and treatment in the BAME communities especially Africans

(b) To support the NHS capacity for surveillance and monitoring of NCDs and risk factors in the BAME communities in the UK.

2.2 Mental Health and Psychoactive Substance Use Disorders

(a) To support the NHS capacity in the area of mental health and substance use to provide responsive treatment and care and social welfare in community-based services in the BAME communities especially Africans.

(b) To protect and promote the human rights of BAME people with mental health conditions against human rights violations and gender-based discrimination.

2.3 Violence and Injuries

(a) To support the British government and the NHS in implementing evidence-based policies and programmes for preventing violence and injuries, with focus on road safety and violence against women, children, and youth in the BAME communities.

(b) To improve the quality and use of data on violence and injuries for evidence-based policies and programming.

2.4 Disabilities and Rehabilitation

(a) Support the British government in providing access for BAME people with disabilities to all key services; invest in programming to meet specific identified needs of these people with disabilities; and adopt a disability strategy and plan of action.

(b) To support the development of national eye, ear, and oral health policies, plans, and programmes as pertaining to BAME communities, and strengthen service delivery as part of wider health system capacity building.

2.5 Nutrition

(a) Support the evidence base for effective nutrition interventions and the development and evaluation of policies, regulations, and programs; provide the leadership, necessary practical knowledge, and capacities required in order to scale up actions; and promote multi-sectoral approaches involving key factors such as ministries of education, agriculture, and the environment.

Programme Areas, Outcomes, and Outputs

2.1 Non-communicable Diseases and Risk Factors

Programme Area: Non-communicable Diseases and Risk Factors				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.5 Increased vaccination coverage for BAME hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases	OCM 2.1.1	Reduce harmful use of alcohol, as appropriate within the national context	8.67 litters/ person/ year	7.8 litters/ person/year (10% reduction)
	OCM 2.1.2	Prevalence of current tobacco use in the BAME communities (15+ years of age)	TBC	15%
	OCM 2.1.3	Prevalence of insufficient physical activity	60%	55%
	OCM 2.1.4	Percentage of persons with controlled hypertension (<140/90 mmHg)	15%	35%
	OCM 2.1.5	Prevalence of raised blood glucose/diabetes	18%	18%
	OCM 2.1.6	Reducing of obesity at current national levels	3	5
	OCM 2.1.7	Mean population intake of salt (sodium chloride) in BAME	11.5 grams	7 grams
	OCM 2.1.8	Percentage cervical cancer screening coverage of BAME women aged 30-49 years, at least once, or more often and for lower and higher age groups according to national policies	50%	70%
	OCM 2.1.9	Reducing prevalence rate of BAME people diagnosed with late end-stage renal disease	0	4
OPT 2.1.2 Increased evidence-based interventions, regulations, and guidelines for the prevention and control of NCDs and risk factors	OCM 2.1.9	Level of implementing at least one of the most cost-effective interventions to tackle each of the four major NCDs and four risk factors (total of eight interventions)	0	5

2.1 Non-communicable Diseases and Risk Factors (Cont.)

Programme Area: Non-communicable Diseases and Risk Factors				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OPT 2.1.3 Improved and strengthen NHS NCD and risk factor surveillance systems		Frequency of reporting on NCDs and risk factors, including chronic kidney disease (CKD) risk markers with ethnicity disaggregation	TBC	5
OPT 2.1.4 Increased the percentage of BAME persons with hypertension taking blood pressure-lowering medication		Level of compliance of at least 50% of persons with hypertension taking blood pressure-lowering medication	TBC	4
OPT 2.1.5 Increased the percentage of BAME persons with diabetes taking blood glucose lowering medications		Level of compliance of at least 50% of persons with diabetes taking blood glucose-lowering medication	TBC	5
OPT 2.1.7 Improved CKD, support and surveillance		high-quality dialysis and a transplantation registry for BAME CKD cases	TBC	5

2.2 Mental Health and Psychoactive Substance Use Disorders

Programme Area: Non-communicable Diseases and Risk Factors				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 2.2 Increased service coverage for mental health and Psychoactive substance use disorders	OCM 2.2.1	Proportion of the rate of BAME users treated through mental health outpatient and substance abuse treatment facilities	0	50%
OPT 2.2.2 Integrate a mental health component into primary health care using the Mental Health Global Action Plan Intervention Guide		Proportion of service established a programme to integrate mental health into primary health care using the Mental Health Global Action Plan Intervention Guide	0	45%
OPT 2.2.3 Expanded and strengthened strategies, systems, and interventions for disorders due to alcohol and substance abuse		Proportion of policy or plan for the prevention and treatment of alcohol use disorders in line with the Global Strategy to Reduce the Harmful Use of Alcohol	0	50%

2.3 Violence and Injuries

Programme Area: Violence and Injuries				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 2.3 Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth	OCM 2.3.1	at least 70% use of seat belts by all passengers	35%	65%
	OCM 2.3.2	Percentage of public health perspective in an integrated approach to violence prevention	30%	60%
OPT 2.3.1 Develop and implemented multi-sectoral plans and programmes to prevent injuries, with focus on achieving the targets		Percentage implementing comprehensive laws on reducing risk factors for road traffic injuries (speed and drunk driving) and increasing protective factors (helmets, seatbelts, and child restraints)	56%	70%
OPT 2.3.2 Assessed and improved national policies and programs on integrated violence prevention, including violence against women, children, and youthwomen, children, and youth		Percentage implementing national policies, plans, or programs on violence prevention that include evidence-based public health interventions	54%	70%
OPT 2.3.3 Developed and implemented a national protocol for the provision of health services to victims of intimate partner and sexual violence in accordance with WHO 2013 guidelines		Percentage of BAME victims of intimate partner and sexual violence who use the services according to WHO 2013 guidelines	0	50%

2.4 Disabilities and Rehabilitation

Programme Area: Disabilities and Rehabilitation				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 2.4 Increased access to social and health services for BAME people with disabilities, including prevention	OCM 2.4.1	Percentage reaching 12% access to social and health services for BAME people with disabilities, developed as part of the global plan of action on disability	0	50%
	OCM 2.4.2	Percentage of BAME people reaching cataract surgical rate of 2,000/million population/year	0	50%
OPT 2.4.2 Implemented more effective policies and provide integrated services to reduce disability due to visual impairment and hearing loss		Percentage of BAME reaching eye and ear health services in line with NHS recommendations	0	50%

2.5 Nutrition

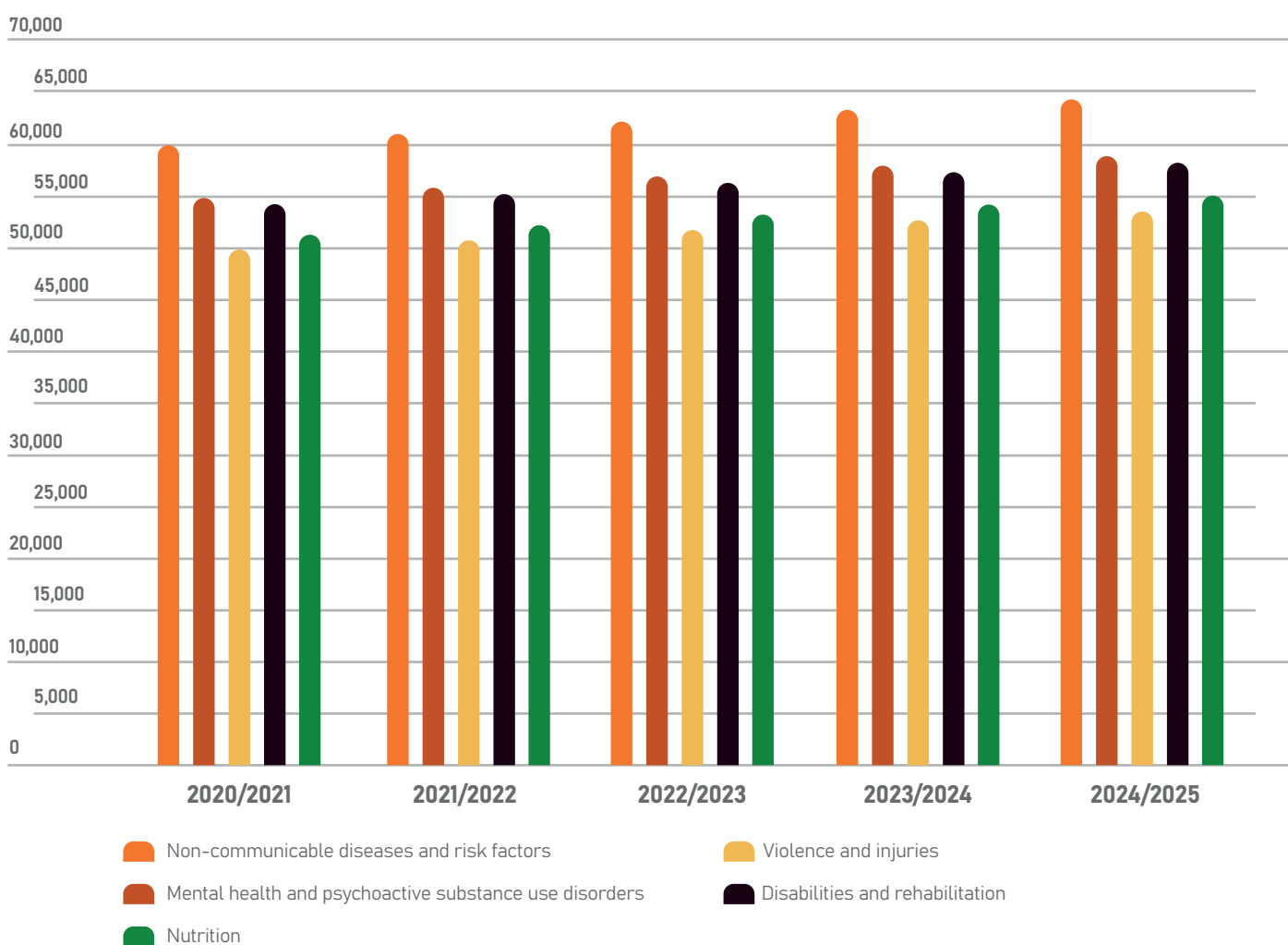
Programme Area: Nutrition				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 2.5 Nutritional risk factors reduced	OCM 2.5.1	Percentage of BAME children less than 5 years of age who are stunted	TBC	1.5%
	OCM 2.5.2	Percentage of BAME women of reproductive age (15-49years) with anaemia	TBC	1.8%
	OCM 2.5.3	Percentage of BAME children less than 5 years of age who are overweight	36%	12%
OPT 2.5.1 Develop, implemented, and monitored action plans based on the global Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition	OCM 2.4.2	Number of BAME groups implementing action plans based on the Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition	4	25
OPT 2.5.2 maternal, infant, and young child nutrition, population dietary goals, and breastfeeding; policy options provided for effective nutrition actions for stunting, wasting, and anaemia		Number of BAME groups implementing effective nutrition actions for stunting, wasting, and anaemia, and overweight according to the national context	0	14

Budget by Programme Area (GBP£)

Non-communicable Diseases

Category and Programme Area		Budget (GBP£)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
2.1	Non-communicable diseases and risk factors	60,000	61,000	62,000	63,000	64,000	310,000
2.2	Mental health and psychoactive substance use disorders	55,000	56,000	57,000	58,000	59,000	285,000
2.3	Violence and injuries	50,000	51,000	52,000	53,000	54,000	260,000
2.4	Disabilities and rehabilitation	54,000	55,000	56,000	57,000	58,000	280,000
2.5	Nutrition	52,000	53,000	54,000	55,000	56,000	270,000
Subtotal (Categories 2)		271,000	276,000	281,000	286,000	291,000	1,405,000

Budget by Programme Area: Non Communicable Diseases (GBP£)



Determinants of Health and Promoting Health throughout the Life Course

Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age), and implementing approaches based on gender equality, ethnicity, equity, and human rights.

Business Plan
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United Kingdom



Scope

26. This category brings together strategies for promoting health and well-being from preconception to old age. It is concerned with (a) health as an outcome of all policies; (b) health in relation to development, including the environment; and (c) the social determinants of health, which embrace gender, equity, human rights, and ethnicity mainstreaming and capacity building.

27. The category is by its nature cross-cutting and is critical for addressing the social determinants of health and equity in order to improve health outcomes for BAME communities in the UK. It addresses African population health needs with a special focus on key stages in life. This approach enables the development of integrated strategies that respond to evolving needs and changing demographics, to epidemiological, social, cultural, environmental, and behavioural factors, and to health inequities and equity gaps in the BAME communities. The life course approach considers how multiple determinants interact and affect health throughout life and across generations.

Health is considered as a dynamic continuum rather than as a series of isolated health states. The approach highlights the importance of transitions, linking each stage to the next. It defines protective and risk factors and prioritises investment in health care and social determinants, gender, human rights promotion and protection, and ethnic/racial approaches in health. Moreover, the work undertaken in this category contributes to the achievement of the Sustainable Development Goals (SDGs). It is also consistent with universal and regional human rights treaties and standards and responds to the vision of the post-2015 development agenda.

Priorities for AHO Technical Cooperation for the Biennium

3.1 Women, Maternal, New-born, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health

Mandates from the Governing Bodies to work with the British government and the NHS to fulfil plans on maternal, new-born, child, adolescent, and adult health are guiding priorities for the biennium 2020-2021 and beyond. To address these priorities, this programme area will target the improvement of strategic information; implement guidelines and standards to enhance the quality of health services; and conduct capacity building in human resources, with emphasis on primary health care (PHC) and obstetric emergencies. Furthermore, a core priority will be to revise policies and legislation to facilitate universal access in health and build and strengthen strategic alliances.

3.2 Aging and Health

This programme area will emphasise implementation of the AHO Plan of Action on the Health of Older Persons and will focus specifically on the following priorities: promoting integration of the health of older persons into national public policies; adapting health systems to respond to the challenges associated with aging; retraining human resources in primary health care and public health to deal with issues of aging; and building the information capabilities necessary in order to implement and evaluate interventions in the area of aging and health.

3.3 Gender, Equity, Human Rights, and Ethnicity

This programme area has the following priorities: developing inter-programmatic plans, policies, and laws on gender, equity, human rights, and ethnicity; maintaining and expanding training modalities on gender, equity, human rights, and ethnicity; generating and publishing technical documents on gender, equity, human rights, and ethnicity;

3.4 Social Determinants of Health

The priorities for this programme area will be to implement the Abuja Declaration on Social Determinants of Health adopted by the UN. This effort will entail strengthening governance through partnerships with different sectors of society to address the stark inequities seen in the UK with concrete actions and consensus-based public policies; integrating the social determinants of health within health sector programs; and developing a standard set of indicators to monitor action on the social determinants of health.



Program Areas, Outcomes, and Outputs

3.1 Women, Maternal, New-born, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health

Programme Area: Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 3.1 Increased access to interventions to improve the health of BAME women, new-borns, children, adolescents, and adults	OCM 3.1.1	Percentage of unmet needs for modern family planning methods	44%	15%
	OCM 3.1.2	Percentage of live births attended by skilled health personnel	80%	95%
	OCM 3.1.3	Percentage of mothers and new-borns receiving postnatal care within seven days of childbirth	70%	85%
	OCM 3.1.4	Percentage of infants under 6 months of age who are exclusively breastfed	43.8%	79%
	OCM 3.1.5	Percentage of children aged 0-59 months with suspected pneumonia receiving antibiotics	TBC	TBC
	OCM 3.1.6	Specific fertility rate in women 15-19 years of age	60	55
	OCM 3.1.7	Level of access and coverage of medical occupational evaluations for working adult populations (18-65 years of age)	5	7
OPT 3.1.1 Implementation of the AHO Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity and the AHO Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, New-born, and Child Care		Number of BAME groups implementing an integrated plan for maternal and perinatal mortality in line with the plans of action on maternal mortality and neonatal health	0	15
OPT 3.1.2 Implementation of the AHO Strategy and Plan of Action for Integrated Child Health, with emphasis on the most vulnerable		Number of BAME groups implementing integrated child health policy/strategy or plan consistent with legal frameworks and regulations	0	16
OPT 3.1.3 Implementation of the global Strategy for Sexual and Reproductive Health, focusing on addressing unmet needs of vulnerable populations such as BAME communities		Number of BAME groups implementing guidelines on family planning	2	17

3.1 Women, Maternal, New-born, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health (Cont.)

Programme Area: Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OPT 3.1.4 Research undertaken and evidence generated and synthesised to design key interventions in reproductive, maternal, new-born, child, adolescent, and adult health, and other related conditions and issues in the BAME communities		Number of studies conducted to inform the design of new or improved interventions for reproductive, maternal, new-born, child, adolescent, and adult health	0	4
OPT 3.1.5 Implementation of the AHO Plan of Action on Adolescent and Youth Health		Number of BAME groups implementing health-related policies or plans on comprehensive adolescent health	0	13

3.2 Aging and Health

Programme Area: Aging and Health				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 3.2 Increased access to interventions for BAME older adults to maintain an independent life	OCM 3.2.1	Number of BAME groups with access to integrated community service and self-care programs for older adults	0	17
OPT 3.2.1 Implementation of the AHO Plan of Action on the Health of Older Persons, including strategies to promote active and healthy aging		Number of BAME groups incorporating strategies to promote active and healthy aging or access to an integrated continuum of care	0	15
OPT 3.2.2 NHS supported to assess and address the health needs of BAME older persons for improved care		Number of BAME groups monitoring and quantifying the diverse health needs of BAME older people	0	15
OPT 3.2.3 NHS supported to implement policies and plans focusing on the health of BAME women beyond reproductive age		Number of CCGs implementing national health-related policies, legislation, or plans on the health of BAME women beyond reproductive age	0	14

3.3 Gender, Equity, Human Rights, and Ethnicity

Programme Area: Gender, Equity, Human Rights, and Ethnicity				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 3.3 NHS supported to integrate gender, equity, human rights, and ethnicity in health	OCM 3.3.1	Number of CCGs responding to inequities in health (gender and ethnicity) and human rights	0	17
OPT 3.3.1 Gender, equity, human rights, and ethnicity integrated into the NHS programmes		Number of NHS entities integrating gender, equity, human rights, and ethnicity into operational planning	0	20
OPT 3.3.2 NHS supported to implement and monitor health policies/plans that address ethnicity and gender equality		Number of CCGs implementing health policies or plans that address ethnicity and gender equality	0	16
OPT 3.3.4 NHS supported to implement health policies/plans and/or laws to address ethnicity		Number of CCGs implementing health policies/plans or laws for ethnic/racial populations	0	15

3.4 Social Determinants of Health

Programme Area: Social Determinants of Health				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 3.4 NHS supported in addressing the social determinants of health	OCM 3.4.1	Number of CCGs implementing at least two of the five pillars of the Rio Political Declaration on Social Determinants of Health	TBC	20
	OCM 3.4.2	Number of CCGs reoriented health sector to address health inequities	0	13
OPT 3.4.2 NHS supported to generate equity profiles to address the social determinants of health		Number of CCGs producing equity profiles that address at least two social determinants of health	0	18
OPT 3.4.3 NHS supported to scale up local experiences using health promotion strategies to reduce health inequity and enhance BAME community participation and empowerment		Number of CCGs implementing health promotion strategies to reduce health inequities and increase BAME community participation	0	20

Budget by Programme Area (GBP£)

Determinants of health and promoting health throughout the life course

Category and Programme Area		Budget (GBP£)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual reproductive health	50,000	51,000	52,000	53,000	54,000	260,000
3.2	Aging and health	25,000	26,000	27,000	28,000	29,000	135,000
3.3	Gender, equity, human rights, and ethnicity	42,000	43,000	44,000	45,000	46,000	220,000
3.4	Social Determinants of Health	30,000	31,000	32,000	33,000	34,000	160,000
Total (Categories 1 - 6)		147,000	151,000	155,000	159,000	163,000	775,000

Budget by Programme area: Determinants of Health (GBP£)



Corporate Services/ Enabling Functions

Fostering and implementing the organisational leadership and corporate services that are required to maintain the integrity and efficient functioning of the Organisation, enabling it to deliver effectively on its mandates.

Business Plan

2020-2025

United Kingdom



Scope

28. This category includes functions and services that contribute to strengthening AHO's leadership and governance, as well as transparency, accountability, and risk management. It also seeks to enhance strategic planning, resource coordination, resource mobilization and reporting, management and administration, and strategic communications. The work in this category will continue to strengthen AHO's leading role in Africa to enable the many different actors to play active and effective roles in contributing to the health of all people. It will also result in an Organisation that is responsive and transparent and will enhance the work of the organisation in supporting the delivery of technical cooperation in all categories in an effective and efficient manner. The work in this category will be important to improve coordination with national authorities, international agencies and other intergovernmental organisations, public-private partnerships, and civil society in line with the Quadrennial Comprehensive Policy Review.

Priorities for AHO Technical Cooperation for the Biennium

29. For the biennium, the focus will be on organisational effectiveness to meet the changing health needs and realities of the UK and the demands of the African community. The Organisation's governance will be strengthened to develop capacity at all its levels to act as leaders and conveners for health; to make its work more efficient and effective in delivering technical cooperation; and to implement a system of control and accountability, including risk management. Major focus will be on strengthening the Organisation's position by enhancing its presence and the capacity of its leaders as health diplomats and conveners and by updating and modernising the Organisation's financial systems, including program planning, budget, procurement, and human resources management. This will include revising profiles and training for its personnel and changing current business processes so they more efficiently support the work of AHO at all levels, resulting in a more agile and effective Organisation.

6.1 Leadership and Governance

(a) Support the Board in their governance role with respect to AHO, as well as in their involvement in the process.

(b) Establish strategic partnerships with the NHS and relevant stakeholders to ensure that African health figures prominently in the political and development agendas at the regional and country levels.

(c) Strengthen NHS presence in order to efficiently address African health needs.

(d) Develop and enhance the concept of global health diplomacy. This will call for an enhanced role at the regional level, as well as for AHO Representative Offices, to reach beyond the health sector with greater focus on the human rights dialogue within a solid framework for understanding and negotiating global health issues. It will also be necessary to identify instruments and mechanisms for engaging with other stakeholders and promoting an inter-sectoral approach to addressing African health inequalities and the social determinants of health.

(e) Strengthen the role of AHO in convening and advocating, building partnerships, mobilising resources, sharing and brokering knowledge, and analysing and monitoring progress in relation to health needs of African communities.

48. Performance of these functions will be informed by the nine AHO overarching leadership priorities:

(a) Strengthen the NHS capacity to address the social determinants of health, utilising the Health in All Policies strategy and promoting increased African community participation and empowerment.

(b) Catalyse the progressive realisation of universal health coverage, including promotion and preventive interventions, with emphasis on African health needs.

(c) Increase inter-sectoral and multi-sectoral action for prevention and care of non-communicable diseases in the African communities.

(d) Enhance the core capacities of the UK to implement the International Health Regulations (2005).

(e) Accelerate actions for the elimination of priority communicable diseases in the UK in relation with African communities.

(f) Conclude work on the health-related SDGs and influence the integration of health in the post-2015 agenda for sustainable development.

(g) Strengthen the NHS's capacity to generate information and evidence to measure and demonstrate progress on healthy living and well-being in the BAME communities

(h) Leverage the knowledge and expertise in the UK for the provision of technical cooperation, sharing successful experiences and lessons learned.

(i) Increase accountability, transparency, efficiency, and effectiveness of the Organisation's operations.

6.2 Transparency, Accountability, and Risk Management

30. AHO will strengthen existing mechanisms and introduce new measures designed to ensure that it continues to be accountable, transparent, and adept at effectively managing risks.

(a) A coordinated approach and ownership of the evaluation function will be promoted at all levels of the Organisation. Objective evaluation will be facilitated, in line with the proposed AHO evaluation policy, and will be supported by tools, such as clear guidelines.

(b) The internal audit function in AHO has been significantly strengthened in the past few years. The Organisation will continue to perform audits of Headquarters, taking into account specific risk factors.

(c) The Ethics Office will continue to focus on strengthening standards of ethical behaviour by staff and will perform risk assessments to identify any vulnerability that may affect the image and reputation of the Organisation.

(d) AHO will continue to develop its risk management processes and monitoring systems to ensure that all risks are properly identified, managed, and reported regularly to AHO senior management to enable informed decisions and actions to be taken on a timely basis. To ensure the effective working of the risk management system, as well as compliance and control activities, AHO will continue to operationalise an Enterprise Risk Management (ERM) system at all levels of the Organisation.

6.3 Strategic Planning, Resource Coordination, and Reporting

(a) AHO will continue to advance and consolidate Results-based Management (RBM) as the central operating framework for the improvement of organisational effectiveness, efficiency, alignment with results, and accountability. During the biennium, efforts will focus on optimising and simplifying the operational planning and programme management processes based on lessons learned. This will include the implementation of a refined performance, monitoring, and assessment process.

(b) In line with the programmatic approach and the prioritisation framework of the SP, approved by the Board, the Organisation will refine its mechanisms for resource management. This should result in increased effectiveness of the resources available to AHO.

(c) Based on lessons learned and recommendations, AHO will develop and implement a comprehensive framework for project management using the appropriate guidelines and tools.

(d) The development, negotiation, and implementation of new approaches to external relations, resource mobilisation, and partnerships will be designed to increase the visibility of health in the development agenda and health outcomes. During the period AHO will implement a corporate resource mobilisation strategy in coordination with the partners that will focus on diversifying AHO sources while developing a more coordinated and strategic approach to resource mobilisation. AHO will draw on its lessons learned in multi-stakeholder partnerships and develop and enhance the capacity of AHO staff to collaborate with partners within and outside the health sector in addressing the social determinants of health.

6.4 Management and Administration

(a) AHO will seek to implement the Management Information System (PMIS), a modern system that will simplify administrative processes and improve performance controls and indicators. In the area of financial resources management, financial processes will be reviewed and updated along with efficiencies and personnel skills as they relate to integration of the new system. In addition, this function will include oversight of financial transactions and financial assets, investment of financial resources, and general management and financial administration activities across all levels of the Organisation.

(b) Human resource management equally involves all executives, managers, supervisors, and staff. Under this function, the Organisation will strive to be a steward of good human resource practices; further the awareness and accountability of managers, supervisors, and staff; and ensure consistent and fair application of AHO human resource policies, regulations, and rules in order to promote a productive work environment. Key focus in the biennium will be placed on maintaining strategic performance goals with corresponding objectives and performance targets to attract top talent; reducing the time spent in recruitment processes (including selection integrity and efficiencies); and promoting motivation and retention strategies that encourage increased job satisfaction, improve staff performance management, encourage continuous learning and knowledge sharing, promote work-life balance and staff well-being, foster accountability and innovation, and enhance organisational flexibility and staff mobility.

(c) Procurement is a key component of the Organisation's mission, supporting technical cooperation through the procurement of goods and services on behalf of partners to ensure access to affordable drugs, vaccines, and other public health supplies. Focus during the biennium will be on strengthening knowledge and awareness at all levels (internal and external) to ensure optimal use of tools, efficiency, and effectiveness of actions and processes, as measured by the implementation of a business intelligence model. In an effort to continuously improve procurement capabilities within the Organisation, there will be increased focus on the use of partnerships and strategic alliances with agencies in the AHO system and other critical stakeholders at every level of the procurement supply chain, as well as on policy and process compliance to sustain integrity of the procurement processes. In addition, there will be emphasis on development of a market intelligence approach in order to better understand market dynamics and anticipate challenges and opportunities.

(d) AHO will ensure a safe and healthy working environment for its staff through the effective and efficient provision of operational and logistics support, infrastructure maintenance, and asset management.

(e) During the biennium, AHO will continue to work on the information technology (IT) governance structure to ensure an IT decision-making process that promotes optimal IT investments throughout AHO. Emphasis will be placed on advancing the consolidation of infrastructure support services, improving customer service, ensuring business continuity for corporate applications, and creating a data management strategy to improve stewardship of the Organisation's corporate information. All these activities will be carried out in concert with the Organisation's new management information system, PMIS.

6.5 Strategic Communications

Health is an issue of public and political concern in the UK. The increasingly complex institutional landscape, the emergence of new players influencing health decision making, the changes in the news media and social media, the marked inequality in access to health for BAME communities, and a growing demand from donors, governments, and the public for information on the impact of AHO's work will require appropriate positioning of the Organisation in the external environment. Rapid, effective, well-coordinated, and segmented communications efforts to reach the various audiences are essential. Key elements of the communications strategy include a more proactive approach to working with the news media and social media in order to explain AHO's role and impact; developing and sharing evidence-based information and knowledge.

Program Areas, Outcomes, and Outputs

4.1 Leadership and Governance

Programme Area: Leadership and Governance				
Outcome	Ind. #	Outcome Indicator	Baseline 2020	Target 2025
OCM 4.1 Greater coherence in health, with AHO/NHS playing a pivotal role in enabling the many different actors to contribute effectively to the health of African people in the UK	OCM 4.1.1	Level of satisfaction of stakeholders with AHO's role on African health issues in the UK	0	High
	OCM 4.1.2	Number of African health issues incorporated in the NHS Long Term Plan	0	5
	OCM 6.1.3	Percentage of African health issues reflecting priorities of the NHS	0%	60%
OPT 4.1.1 Effective AHO leadership and management in place		Number of partnerships with the Department of Health and Social Care, Public Health England and the NHS in place	0	4
OPT 4.1.2 Effective engagement with other stakeholders in building a common health agenda that responds to the priorities of the African people		Number of partnerships having an active multi-partner mechanism for implementation of the health priorities of African people in the UK	0	15
OPT 4.1.3 Strengthened AHO governance with effective oversight of the meetings of the Governing Bodies		Proportion of agenda items of AHO Governing Bodies aligned with the NHS Long term Plan	20%	70%

4.2 Transparency, Accountability, and Risk Management

Programme Area: Transparency, Accountability, and Risk Management				
Outcome	Ind. #	Outcome Indicator	Baseline 2020	Target 2025
OCM 4.2 AHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks	OCM 4.2.1	Proportion of corporate risks with approved response plans implemented	20%	80%
OPT 6.2.1 Increased accountability through strengthened corporate risk management and evaluation at all levels of the Organisation		Proportion of entities in the Organisation with completed risk assessment and approved mitigation response plans implemented	20%	60%
OPT 4.2.2 AHO evaluation policy implemented across the Organisation		Percentage of the CEO approved evaluations' lessons learned implemented during the biennium	30%	80%

4.2 Transparency, Accountability, and Risk Management (Cont.)

Programme Area: Transparency, Accountability, and Risk Management				
Outcome	Ind. #	Outcome Indicator	Baseline 2020	Target 2025
OPT 4.2.3 Improved ethical behaviour, respect within the workplace, and due process across the Organisation		Level of staff satisfaction with the ethical climate and internal recourse procedures of the Organisation	Medium	High
OPT 6.2.4 Strengthened audit function		Proportion of internal audit recommendations accepted by the Director closed within the biennium	30	70%

4.3 Strategic Planning, Resource Coordination, and Reporting

Programme Area: Strategic Planning, Resource Coordination, and Reporting				
Outcome	Ind. #	Outcome Indicator	Baseline 2020	Target 2025
OCM 4.3 Financing and resource aligned with priorities and health needs of African people in a Results-based Management framework	OCM 4.3.1	Percentage of the AHO budget funded	20%	80%
	OCM 4.3.2	Percentage of outcome indicator targets achieved	50%	70%
OPT 4.3.1. Consolidation of the AHO Results-based Management framework, with emphasis on the accountability system for corporate performance assessment		Percentage of outputs achieved	50%	80%
OPT 4.3.2 Alignment of AHO resources and financing with agreed priorities facilitated through strengthened resource mobilisation, coordination, and management		Percentage of programme areas with funded budgets of 75% or greater	50%	80%
OPT 4.3.3 AHO resource mobilisation strategy implemented		Number of partners contributing at least 10% of the AHO budget	3	10

4.4 Management and Administration

Programme Area: Management and Administration				
Outcome	Ind. #	Outcome Indicator	Baseline 2020	Target 2025
OCM 4.4.1 Effective management and administration across the three levels of the Organisation	OCM 4.4.1	Proportion of management and administration metrics (as developed in Service Level Agreements) achieved	60%	80%
OPT 4.4.1 Sound financial practices in place through an adequate control framework, accurate accounting, expenditure tracking, and timely recording of income		Unqualified audit opinion	YES	YES
OPT 4.4.2 Effective and efficient human resources management in place to recruit and support a motivated, experienced, and competent workforce in an environment conducive to learning and excellence		Proportion of HR-agreed Service Level Agreements achieved	50%	70%
OPT 4.4.3 Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support and training services		Proportion of end-user support provided according to Service Level Agreements	50%	80%
OPT 4.4.4 Effective and efficient operational and logistic support, procurement, infrastructure maintenance, asset management, and secure environment for AHO staff and property		Proportion of agreed Service Level Agreements reached	50%	80%

4.5 Strategic Communications

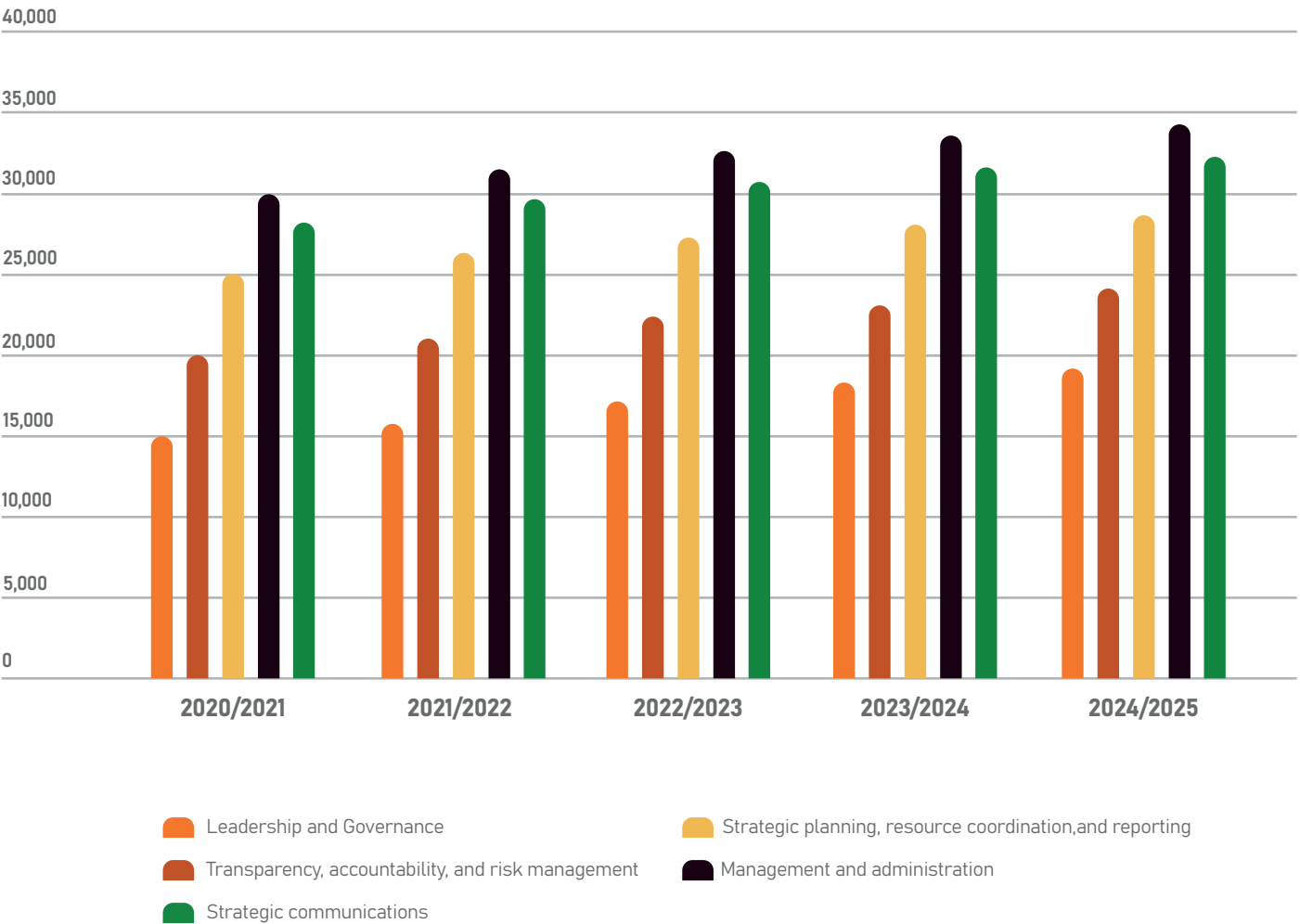
Programme Area: Strategic Communications				
Outcome	Ind. #	Outcome Indicator	Baseline 2020	Target 2025
OCM 4.5 Improved public and stakeholders' understanding of the work of AHO	OCM 4.5.1	Percentage of Funders, Members and other stakeholder representatives evaluating AHO performance as excellent or good	50%	80%
OPT 4.5.1 Improved communication by AHO staff, leading to a better understanding of the Organization's action and impact		Number of AHO offices having completed the training component of the Organisation's knowledge management and communication strategy	2	5
OPT 4.5.2 Effective and innovative communication platforms, policies, and networks		Number of AHO offices having completed the platform, policy, and network component of the Organisation's knowledge management and communication strategy	1	5

Budget by Programme Area (GBP£)

Corporate services/enabling functions

Category and Programme Area		Budget (GBP£)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
4.1	Leadership and Governance	15,000	16,000	17,000	18,000	19,000	85,000
4.2	Transparency, accountability, and risk management	20,000	21,000	22,000	23,000	24,000	110,000
4.3	Strategic planning, resource coordination, and reporting	25,000	26,000	27,000	28,000	29,000	135,000
4.4	Management and dministration	30,000	31,000	32,000	33,000	34,000	160,000
4.5	Strategic communications	27,000	28,000	29,000	30,000	31,000	145,000
Categories 4: Subtotal		117,000	122,000	127,000	132,000	137,000	635,000

Budget Programme Area: Corporate Services (GBP£)



Monitoring and Reporting, Assessment, Accountability, and Transparency

31. Performance monitoring and assessment are essential for proper management of the Program and Budget and to inform the revision of policies and strategies and interventions.

As a result, assessment of the Program and Budget 2014–2015 is the means by which the AHO Strategic Plan itself will be monitored and assessed. Monitoring of implementation of the Program and Budget will be conducted in two stages:

(a) a midterm review at the end of the first 12-month period; and, (b) a full assessment upon completion of the biennium (Program and Budget Performance Assessment), which is reported to the Member States.

32. The midterm review provides a means of tracking and appraising progress made toward the achievement of results—in particular, progress made in delivering outputs. It facilitates corrective action and the reprogramming and reallocation of resources during implementation. This process allows AHO to identify and analyse the impediments and risks encountered, together with the actions required to ensure achievement of results. The end-of-biennium Program and Budget Performance Assessment is a comprehensive appraisal of the performance of the Organization at the end of the two-year period. It will include an assessment of the achievement of the outputs along with an assessment of progress made toward attainment of the stated outcomes.

33. The improved results chain is expected to lead to greater clarity and coherence in the division of labour and the reporting of achievements. Demonstrating how AHO's work contributes to, or influences, health outcomes and impacts is important for the Member States. This not only allows for assessment of the effectiveness of the work of AHO but also enables the **state agencies** to better communicate the Organization's contribution toward achieving better health for the peoples of Africa.



List of Tables

Table 1: Budget Summary by Category and Programme Area (GBP£)

1 Communicable diseases

Category and Programme Area		Budget (GBP£)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
1	HIV/AIDS and STIs	40,000	41,000	42,000	43,000	44,000	210,000
2	Tuberculosis	30,000	31,000	32,000	33,000	34,000	160,000
3	Vaccine-preventable	35,000	36,000	37,000	38,000	39,000	185,000
Categories 1: Subtotal		105,000	108,000	111,000	114,000	117,000	555,000

2 Non-communicable diseases and risk factors

Category and Programme Area		Budget (GBP£)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
2.1	Non-communicable diseases and risk factors	60,000	61,000	62,000	63,000	64,000	310,000
2.2	Mental health and psychoactive substance use disorders	55,000	56,000	57,000	58,000	59,000	285,000
2.3	Violence and injuries	50,000	51,000	52,000	53,000	54,000	260,000
2.4	Disabilities and rehabilitation	54,000	55,000	56,000	57,000	58,000	280,000
2.5	Nutrition	52,000	53,000	54,000	55,000	56,000	270,000
Categories 2: Subtotal		271,000	276,000	281,000	286,000	291,000	1,405,000

3 Determinants of health and promoting health throughout the life course

Category and Programme Area		Budget (GBP£)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual reproductive health	50,000	51,000	52,000	53,000	54,000	260,000
3.2	Aging and health	25,000	26,000	27,000	28,000	29,000	135,000
3.3	Gender, equity, human rights, and ethnicity	42,000	43,000	44,000	45,000	46,000	220,000
3.4	Social Determinants of Health	30,000	31,000	32,000	33,000	34,000	160,000
Categories 3: Subtotal		147,000	151,000	155,000	159,000	163,000	775,000

4 Corporate services/enabling functions

Category and Programme Area		Budget (GBPE)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
4.1	Leadership and Governance	15,000	16,000	17,000	18,000	19,000	85,000
4.2	Transparency, accountability, and risk management	20,000	21,000	22,000	23,000	24,000	110,000
4.3	Strategic planning, resource coordination, and reporting	25,000	26,000	27,000	28,000	29,000	135,000
4.4	Management and dministration	30,000	31,000	32,000	33,000	34,000	160,000
4.5	Strategic communications	27,000	28,000	29,000	30,000	31,000	145,000
Categories 4: Subtotal		117,000	122,000	127,000	132,000	137,000	635,000

Summary Total Budget Category 1 through to 4

Category and Programme Area		Budget (GBPE)					
		2020/21	2021/22	2022/23	2023/24	2024/25	Total
1	Communicable diseases	105,000	108,000	111,000	114,000	117,000	555,000
2	Non-communicable diseases and risk factors	271,000	276,000	281,000	286,000	291,000	1,405,000
3	Determinants of health and promoting health throughout the life course	147,000	151,000	155,000	159,000	163,000	775,000
4	Corporate services/enabling functions	117,000	122,000	127,000	132,000	137,000	635,000
Total (Categories 1 - 4)		640,000	657,000	674,000	691,000	708,000	3,370,000

Table 2: Annual Income and Expenditure 2020 - 2025

Income and Expenditure	2020/21	2021/22	2022/23	2023/24	2024/25	Total
INCOME						
Grants	350,000	300,000	300,000	315,000	320,000	1,595,000
Donations and Legacies	60,000	60,000	60,000	60,000	60,000	300,000
Charity shop	0	70,000	70,000	80,000	85,000	310,000
Contracts	170,000	160,000	160,000	165,000	170,000	825,000
Membership fees	50,000	50,000	50,000	50,000	50,000	250,000
Bank interest	5,000	7,000	7,000	9,000	10,000	39,000
Fees and Charges	5,000	10,000	10,000	12,000	13,000	51,000
TOTAL INCOME	640,000	657,000	657,000	691,000	708,000	3,370,000

Income and Expenditure	2020/21	2021/22	2022/23	2023/24	2024/25	Total
EXPENDITURE						
Fixed asset purchases	120,000	11,000	13,000	14,000	15,000	173,000
Leased equipment	5,000	10,000	10,000	11,000	12,000	48,000
Staff salaries	252,000	267,000	267,000	271,000	275,200	1,332,200
National Insurance	33,000	35,000	35,000	35,000	37,000	175,000
Pension at 6%	15,000	16,000	17,000	18,000	19,000	85,000
Staff costs	20,000	31,000	32,000	33,000	34,000	150,000
Volunteer expenses	15,000	26,000	27,000	28,000	29,000	125,000
Rent and service charges	53,000	62,500	63,000	63,500	64,000	306,000
Rates	6,000	10,000	14,000	16,000	17,000	63,000
Fixtures and fittings	17,000	9,000	9,000	9,000	9,000	53,000
Repairs & Maintenance	4,200	4,200	4,200	4,200	4,200	21,000
Cleaning	1,700	3,700	3,000	3,000	3,800	14,200
Utilities	4,800	6,800	6,800	6,800	6,800	32,000
Web/internet	1,700	3,000	3,700	3,700	3,700	15,800
IT software/maintenance	1,900	3,200	3,200	3,200	3,200	14,700
Project Activities	50,800	93,000	94,000	98,000	100,000	435,800
Meetings & Conference	5,000	10,000	15,000	16,000	17,000	63,000
Printing and Stationery	1,000	3,000	3,000	3,000	3,000	13,000
Phone, fax and copy	2,000	9,000	10,000	10,000	10,000	41,000
Publications	5,500	7,500	7,500	7,500	7,500	35,500
Hospitality	4,500	6,500	6,500	6,500	6,500	30,500
Insurance & Licenses	3,000	3,900	3,900	3,900	3,900	18,600
Legal	2,300	3,600	3,600	3,600	3,600	16,700
Other professional fees	2,200	3,200	3,200	3,200	3,200	15,000
Audit fees	3,000	4,000	4,000	4,000	4,000	19,000
Marketing & Promotion	3,200	4,200	4,200	4,200	4,200	20,000
Monitoring & Evaluation	4,000	4,500	5,000	5,500	6,000	25,000
Sundry items and other	1,200	3,200	3,200	3,200	3,200	14,000
Contingency	2,000	3,000	3,000	3,000	3,000	14,000
TOTAL EXPENDITURE	640,000	657,000	674,000	691,000	708,000	3,370,000

Table 3: Monthly Income and Expenditure

Year 1: 2020-2021

Income and Expenditure	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	TOTAL
INCOME													
Grants	29,167	29,167	29,167	29,167	29,167	29,167	29,167	29,167	29,166	29,166	29,166	29,166	350,000
Donations and legacies	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Charity shop	0	0	0	0	0	0	0	0	0	0	0	0	0
Contracts	14,167	14,167	14,167	14,167	14,167	14,167	14,167	14,167	14,166	14,166	14,166	14,166	170,000
Membership fees	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,166	4,166	4,166	4,166	50,000
Bank interest	417	417	417	417	417	417	417	417	416	416	416	416	5,000
Fees and Charges	417	417	417	417	417	417	417	417	416	416	416	416	5,000
TOTAL INCOME	53,335	53,335	53,335	53,335	53,335	53,335	53,335	53,335	53,330	53,330	53,330	53,330	640,000
EXPENDITURE													
Fixed asset purchases	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	120,000
Leased equipment	417	417	417	417	417	417	417	417	416	416	416	416	5,000
Staff salaries	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	252,000
National Insurance	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	33,000
Pension at 6%	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000
Staff costs	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,666	1,666	1,666	1,666	20,000
Volunteer expenses	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000
Rent and Service charges	4,417	4,417	4,417	4,417	4,417	4,417	4,417	4,417	4,416	4,416	4,416	4,416	53,000
Rates	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Fixtures and fittings	1,417	1,417	1,417	1,417	1,417	1,417	1,417	1,417	1,416	1,416	1,416	1,416	17,000
Repairs and Maintenance	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Cleaning	142	142	142	142	142	142	142	142	141	141	141	141	1,700
Utilities	400	400	400	400	400	400	400	400	400	400	400	400	4,800
Web/internet	142	142	142	142	142	142	142	142	141	141	141	141	1,700
IT software/maintenance	158	158	158	158	158	158	158	158	159	159	159	159	1,900
Project Activities	4,233	4,233	4,233	4,233	4,233	4,233	4,233	4,233	4,234	4,234	4,234	4,234	50,800
Meetings and conference	417	417	417	417	417	417	417	417	416	416	416	416	5,000
Printing and stationery	83	83	83	83	83	83	83	83	84	84	84	84	1,000
Phone, fax and copy	166	166	166	166	166	166	166	166	168	168	168	168	2,000
Publications	458	458	458	458	458	458	458	458	459	459	459	459	5,500
Hospitality	375	375	375	375	375	375	375	375	375	375	375	375	4,500
Insurance and Licenses	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Legal	191	191	191	191	191	191	191	191	193	193	193	193	2,300
Other Professional fees	183	183	183	183	183	183	183	183	184	184	184	184	2,200
Audit fees	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Marketing and Promotion	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Monitoring and Evaluation	333	333	333	333	333	333	333	333	334	334	334	334	4,000
Sundry items and other	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Contingency	166	166	166	166	166	166	166	166	168	168	168	168	2,000
TOTAL EXPENDITURE	53,331	53,331	53,331	53,331	53,331	53,331	53,331	53,331	53,338	53,338	53,338	53,338	640,000
Balance Surplus/Deficit	4	4	4	4	4	4	4	4	-8	-8	-8	-8	0
Predicted Cashflow	4	8	12	16	20	24	28	32	24	16	8	0	

Table 4: Monthly Income and Expenditure

Year 2: 2021-2022

Income and Expenditure	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	TOTAL
INCOME													
Grants	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	300,000
Donations and legacies	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Charity shop	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,834	5,834	5,834	5,834	70,000
Contracts	13,333	13,333	13,333	13,333	13,333	13,333	13,333	13,333	13,334	13,334	13,334	13,334	160,000
Membership fees	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,166	4,166	4,166	4,166	50,000
Bank interest	583	583	583	583	583	583	583	583	584	584	584	584	7,000
Fees and Charges	833	833	833	833	833	833	833	833	834	834	834	834	10,000
TOTAL INCOME	54,749	54,749	54,749	54,749	54,749	54,749	54,749	54,749	54,752	54,752	54,752	54,752	657,000
EXPENDITURE													
Fixed asset purchases	916	916	916	916	916	916	916	916	918	918	918	918	11,000
Leased equipment	833	833	833	833	833	833	833	833	834	834	834	834	10,000
Staff salaries	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	267,000
National Insurance	2,916	2,916	2,916	2,916	2,916	2,916	2,916	2,916	2,918	2,918	2,918	2,918	35,000
Pension at 6%	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,334	1,334	1,334	1,334	16,000
Staff costs	2,583	2,583	2,583	2,583	2,583	2,583	2,583	2,583	2,584	2,584	2,584	2,584	31,000
Volunteer expenses	2,166	2,166	2,166	2,166	2,166	2,166	2,166	2,166	2,168	2,168	2,168	2,168	26,000
Rent and Service charges	5,208	5,208	5,208	5,208	5,208	5,208	5,208	5,208	5,209	5,209	5,209	5,209	62,500
Rates	833	833	833	833	833	833	833	833	834	834	834	834	10,000
Fixtures and fittings	750	750	750	750	750	750	750	750	750	750	750	750	9,000
Repairs and Maintenance	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Cleaning	308	308	308	308	308	308	308	308	309	309	309	309	3,700
Utilities	566	566	566	566	566	566	566	566	568	568	568	568	6,800
Web/internet	250	250	250	250	250	250	250	250	250	250	250	250	3,000
IT software/maintenance	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Project Activities	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750	7,750	93,000
Meetings and conference	833	833	833	833	833	833	833	833	834	834	834	834	10,000
Printing and stationery	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Phone, fax and copy	750	750	750	750	750	750	750	750	750	750	750	750	9,000
Publications	626	626	626	626	626	626	626	626	625	625	625	625	7,500
Hospitality	541	541	541	541	541	541	541	541	543	543	543	543	6,500
Insurance and Licenses	325	325	325	325	325	325	325	325	325	325	325	325	3,900
Legal	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Other Professional fees	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Audit fees	333	333	333	333	333	333	333	333	334	334	334	334	4,000
Marketing and Promotion	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Monitoring and Evaluation	375	375	375	375	375	375	375	375	375	375	375	375	4,500
Sundry items and other	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Contingency	250	250	250	250	250	250	250	250	250	250	250	250	3,000
TOTAL EXPENDITURE	54,742	54,742	54,742	54,742	54,742	54,742	54,742	54,742	54,766	54,766	54,766	54,766	657,000
Balance Surplus/Deficit	7	7	7	7	7	7	7	7	-14	-14	-14	-14	0
Predicted Cashflow	7	14	21	28	35	42	49	56	42	28	14	0	

Table 5: Monthly Income and Expenditure

Year 3: 2022-2023

Income and Expenditure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TOTAL
INCOME													
Grants	25,833	25,833	25,833	25,833	25,833	25,833	25,833	25,833	25,834	25,834	25,834	25,834	310,000
Donations and legacies	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Charity shop	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	75,000
Contracts	13,333	13,333	13,333	13,333	13,333	13,333	13,333	13,333	13,334	13,334	13,334	13,334	160,000
Membership fees	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,166	4,166	4,166	4,166	50,000
Bank interest	666	666	666	666	666	666	666	666	668	668	668	668	8,000
Fees and Charges	916	916	916	916	916	916	916	916	918	918	918	918	11,000
TOTAL INCOME	56,165	56,165	56,165	56,165	56,165	56,165	56,165	56,165	56,170	56,170	56,170	56,170	674,000
EXPENDITURE													
Fixed asset purchases	1,083	1,083	1,083	1,083	1,083	1,083	1,083	1,083	1,084	1,084	1,084	1,084	13,000
Leased equipment	833	833	833	833	833	833	833	833	834	834	834	834	10,000
Staff salaries	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	22,250	267,000
National Insurance	2,916	2,916	2,916	2,916	2,916	2,916	2,916	2,916	2,918	2,918	2,918	2,918	35,000
Pension at 6%	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,418	1,418	1,418	1,418	17,000
Staff costs	2,666	2,666	2,666	2,666	2,666	2,666	2,666	2,666	2,668	2,668	2,668	2,668	32,000
Volunteer expenses	2,250	2,250	2,250	2,250	2,250	2,250	2,250	2,250	2,250	2,250	2,250	2,250	27,000
Rent and Service charges	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	63,000
Rates	1,166	1,166	1,166	1,166	1,166	1,166	1,166	1,166	1,168	1,168	1,168	1,168	14,000
Fixtures and fittings	750	750	750	750	750	750	750	750	750	750	750	750	9,000
Repairs and Maintenance	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Cleaning	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Utilities	566	566	566	566	566	566	566	566	568	568	568	568	6,800
Web/internet	308	308	308	308	308	308	308	308	309	309	309	309	3,700
IT software/maintenance	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Project Activities	7,833	7,833	7,833	7,833	7,833	7,833	7,833	7,833	7,834	7,834	7,834	7,834	94,000
Meetings and conference	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000
Printing and stationery	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Phone, fax and copy	833	833	833	833	833	833	833	833	834	834	834	834	10,000
Publications	626	626	626	626	626	626	626	626	625	625	625	625	7,500
Hospitality	541	541	541	541	541	541	541	541	543	543	543	543	6,500
Insurance and Licenses	325	325	325	325	325	325	325	325	325	325	325	325	3,900
Legal	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Other Professional fees	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Audit fees	333	333	333	333	333	333	333	333	334	334	334	334	4,000
Marketing and Promotion	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Monitoring and Evaluation	416	416	416	416	416	416	416	416	418	418	418	418	5,000
Sundry items and other	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Contingency	250	250	250	250	250	250	250	250	250	250	250	250	3,000
TOTAL EXPENDITURE	56,159	56,159	56,159	56,159	56,159	56,159	56,159	56,159	56,182	56,182	56,182	56,182	674,000
Balance Surplus/Deficit	6	6	6	6	6	6	6	6	-12	-12	-12	-12	0
Predicted Cashflow	6	12	18	24	30	36	42	48	36	24	12	0	

Table 6: Monthly Income and Expenditure

Year 4: 2023-2024

Income and Expenditure	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
INCOME													
Grants	26,250	26,250	26,250	26,250	26,250	26,250	26,250	26,250	26,250	26,250	26,250	26,250	315,000
Donations and legacies	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Charity shop	6,666	6,666	6,666	6,666	6,666	6,666	6,666	6,666	6,668	6,668	6,668	6,668	80,000
Contracts	13,750	13,750	13,750	13,750	13,750	13,750	13,750	13,750	13,750	13,750	13,750	13,750	165,000
Membership fees	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,166	4,166	4,166	4,166	50,000
Bank interest	750	750	750	750	750	750	750	750	750	750	750	750	9,000
Fees and Charges	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
TOTAL INCOME	57,583	57,583	57,583	57,583	57,583	57,583	57,583	57,583	57,584	57,584	57,584	57,584	691,000
EXPENDITURE													
Fixed asset purchases	1,166	1,166	1,166	1,166	1,166	1,166	1,166	1,166	1,168	1,168	1,168	1,168	14,000
Leased equipment	916	916	916	916	916	916	916	916	918	918	918	918	11,000
Staff salaries	22,583	22,583	22,583	22,583	22,583	22,583	22,583	22,583	22,584	22,584	22,584	22,584	271,000
National Insurance	2,916	2,916	2,916	2,916	2,916	2,916	2,916	2,916	2,918	2,918	2,918	2,918	35,000
Pension at 6%	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000
Staff costs	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	33,000
Volunteer expenses	2,333	2,333	2,333	2,333	2,333	2,333	2,333	2,333	2,334	2,334	2,334	2,334	28,000
Rent and Service charges	5,291	5,291	5,291	5,291	5,291	5,291	5,291	5,291	5,293	5,293	5,293	5,293	63,500
Rates	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,334	1,334	1,334	1,334	16,000
Fixtures and fittings	750	750	750	750	750	750	750	750	750	750	750	750	9,000
Repairs and Maintenance	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Cleaning	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Utilities	566	566	566	566	566	566	566	566	568	568	568	568	6,800
Web/internet	308	308	308	308	308	308	308	308	309	309	309	309	3,700
IT software/maintenance	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Project Activities	8,166	8,166	8,166	8,166	8,166	8,166	8,166	8,166	8,168	8,168	8,168	8,168	98,000
Meetings and conference	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,334	1,334	1,334	1,334	16,000
Printing and stationery	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Phone, fax and copy	833	833	833	833	833	833	833	833	834	834	834	834	10,000
Publications	625	625	625	625	625	625	625	625	625	625	625	625	7,500
Hospitality	541	541	541	541	541	541	541	541	543	543	543	543	6,500
Insurance and Licenses	325	325	325	325	325	325	325	325	325	325	325	325	3,900
Legal	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Other Professional fees	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Audit fees	333	333	333	333	333	333	333	333	334	334	334	334	4,000
Marketing and Promotion	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Monitoring and Evaluation	458	458	458	458	458	458	458	458	459	459	459	459	5,500
Sundry items and other	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Contingency	250	250	250	250	250	250	250	250	250	250	250	250	3,000
TOTAL EXPENDITURE	57,574	57,574	57,574	57,574	57,574	57,574	57,574	57,574	56,602	56,602	56,602	56,602	691,000
Balance Surplus/Deficit	9	9	9	9	9	9	9	9	-18	-18	-18	-18	0
Predicted Cashflow	9	18	37	46	55	64	73	82	64	46	18	0	

Table 7: Monthly Income and Expenditure

Year 5: 2024-2025

Income and Expenditure	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	TOTAL
INCOME													
Grants	26,666	26,666	26,666	26,666	26,666	26,666	26,666	26,666	26,668	26,668	26,668	26,668	320,000
Donations and legacies	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Charity shop	7,083	7,083	7,083	7,083	7,083	7,083	7,083	7,083	7,084	7,084	7,084	7,084	85,000
Contracts	14,166	14,166	14,166	14,166	14,166	14,166	14,166	14,166	14,168	14,168	14,168	14,168	170,000
Membership fees	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,167	4,166	4,166	4,166	4,166	50,000
Bank interest	833	833	833	833	833	833	833	833	834	834	834	834	10,000
Fees and Charges	1,083	1,083	1,083	1,083	1,083	1,083	1,083	1,083	1,084	1,084	1,084	1,084	13,000
TOTAL INCOME	58,998	58,998	58,998	58,998	58,998	58,998	58,998	58,998	59,004	59,004	59,004	59,004	708,000
EXPENDITURE													
Fixed asset purchases	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000
Leased equipment	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
Staff salaries	22,916	22,916	22,916	22,916	22,916	22,916	22,916	22,916	22,918	22,918	22,918	22,918	275,000
National Insurance	3,083	3,083	3,083	3,083	3,083	3,083	3,083	3,083	3,084	3,084	3,084	3,084	37,000
Pension at 6%	1,583	1,583	1,583	1,583	1,583	1,583	1,583	1,583	1,584	1,584	1,584	1,584	19,000
Staff costs	2,833	2,833	2,833	2,833	2,833	2,833	2,833	2,833	2,834	2,834	2,834	2,834	34,000
Volunteer expenses	2,416	2,416	2,416	2,416	2,416	2,416	2,416	2,416	2,418	2,418	2,418	2,418	29,000
Rent and Service charges	5,333	5,333	5,333	5,333	5,333	5,333	5,333	5,333	5,334	5,334	5,334	5,334	64,000
Rates	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,418	1,418	1,418	1,418	17,000
Fixtures and fittings	750	750	750	750	750	750	750	750	750	750	750	750	9,000
Repairs and Maintenance	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Cleaning	333	333	333	333	333	333	333	333	334	334	334	334	4,000
Utilities	566	566	566	566	566	566	566	566	568	568	568	568	6,800
Web/internet	308	308	308	308	308	308	308	308	309	309	309	309	3,700
IT software/maintenance	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Project Activities	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,334	8,334	8,334	8,334	100,000
Meetings and conference	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,416	1,418	1,418	1,418	1,418	17,000
Printing and stationery	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Phone, fax and copy	833	833	833	833	833	833	833	833	834	834	834	834	10,000
Publications	625	625	625	625	625	625	625	625	625	625	625	625	7,500
Hospitality	541	541	541	541	541	541	541	541	543	543	543	543	6,500
Insurance and Licenses	325	325	325	325	325	325	325	325	325	325	325	325	3,900
Legal	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Other Professional fees	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Audit fees	333	333	333	333	333	333	333	333	334	334	334	334	4,000
Marketing and Promotion	350	350	350	350	350	350	350	350	350	350	350	350	4,200
Monitoring and Evaluation	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Sundry items and other	266	266	266	266	266	266	266	266	268	268	268	268	3,200
Contingency	250	250	250	250	250	250	250	250	250	250	250	250	3,000
TOTAL EXPENDITURE	58,991	58,991	58,991	58,991	58,991	58,991	58,991	58,991	59,018	59,018	59,018	59,018	708,000
Balance Surplus/Deficit	7	7	7	7	7	7	7	7	-14	-14	-14	-14	0
Predicted Cashflow	7	14	21	28	35	42	49	56	42	28	14	0	

Partners





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Business Plan

2020-2025

United Kingdom

