















#IAMAPHRC

TABLE OF CONTENTS

06	08	10	12
Word from the Executive Director	Word from the Board Chair	The Board	The Year That Was
14	18	22	26
Research Division	Research Capacity Strengthening Division	Operations Division	Policy Engagement and Communications Division
30	34	35	
Financial Report	Our Donors	Our Collaborators	



WORD FROM THE EXECUTIVE DIRECTOR

This was an exceptional year of evolution, growth and maturation for APHRC, illustrated both by the breadth of projects we implemented across our three programmatic divisions and the depth of the systems and operations we have put in place to support them. We are still prodigious in our publications - more than 70 in 2018, including two special issues of the BMC Public Health journal - on research drawn from a national survey on noncommunicable disease (NCD) risk factors in Kenya and an analysis of NCD prevention policies from six African countries.

But beyond publications, we are moving into new terrain, bringing our research findings into public and policy-oriented conversations, all the way from the study communities in which we collect our data to debates within the African Union Commission. In 2018, we embarked on structured public engagement as a way to bring the findings from our work back to the communities providing data and to co-create with them solutions to some of the problems identified by our research.

We are approaching this new terrain, not walking alone, but engaging in, thinking and planning with a growing network of collaborators - policy actors from government and civil society who are bringing their experience in implementation and service delivery into development of research questions to meet relevant policy and legislative needs.

New terrain, new partners, new approaches. Our evidence and expertise is being used to inform and shape conversations that can be downright uncomfortable but fundamentally necessary. We thus embarked on an initiative to understand social exclusion and its drivers and consequences. We recognize that social exclusion - - for any reason related to identity or expression or place of origin - carries with it unacceptable consequences for health and wellbeing and impedes growth and development for our continent and her people.

As we tackle exclusion in the wider society, in 2018, we also took a hard look at our institutional culture, and embarked on a journey to make the Center a place where everyone thrives. I am excited to see what lies at the end of this journey of self-reflection,

learning, unlearning and relearning new ways of relating with each other, speaking up and speaking out, taking care of ourselves, all the while maintaining the excellence for which we are known.

When we broke ground for our new training facility in Kitisuru, Nairobi and when we formally registered our new regional office in Dakar, we validated our intention to expand our footprint to achieve the truly African vision we have of nurturing the continent's next generation of research leaders. We invite you to join us in November when we cut the ribbon on the new building: a space we know will invite the kind of diversity of ideas and voices that will support our continent in making important strides to ensure good health and wellbeing that leaves no one behind.

All the new ground we broke in 2018 would not have been possible without the unfailing support of our Board, staff, partners and funders. And for that, I say Thank You!

Catherine Kyobutungi



WORD FROM THE BOARD CHAIR

It's been a very long time since I last wore a hard hat. But I was thrilled to be among those who fastened them around our chins and trod carefully through clumps of dirt to take my turn behind the controls of an earth mover as part of APHRC's groundbreaking ceremony in November, to lay the foundations for the next phase of the Center's ambitious trajectory of growth.

This organization is itself something of an earth mover. From its roots in a fellowship program to its transformation into a premier research institution and think tank, APHRC has time after time pushed aside the obstructions to demonstrate the power and value of African experts leading African conversations about African change.

But there is something more about APHRC than the work that it does - something that I see in sharper relief every time I have the opportunity to be in Nairobi to participate in board meetings,

supporting the organization in its shaping of its future. It is an evolving institutional culture that celebrates collaboration and partnership, and sees a diversity of voices and research perspectives and niche interests as enhancing its reputation and ability to achieve impact. It's also an institution that is faithful to its values of excellence and integrity, and above all its definition of fairness: impartial and committed to equity.

That commitment to equity isn't just words on a page - it's the lived experience of an organization that does and will continue to strive to be a model for what is possible. More than ever, those possibilities resonate globally as a challenge to a world view darkened by nationalism, exclusion, and unfounded bias.

Which is why it was so heartening to see that APHRC ranks not only among the world's leading think tanks for policy impact but also among the leaders in global health for gender equality. The Global Health 50/50 initiative aims to advance action and accountability for gender equality in global health, to overcome embedded inequality that translates into leadership, programming objectives, and funding.

It is with no small amount of pride that I note that APHRC's structure reflects its commitment to gender equity in its approach and its programming. In the 2019 Global Health 50/50 report, APHRC is among the elite few in a pool of nearly 200 organizations worldwide recognized for living its values around gender equity.

We continue to look for ways to live this and others of our values around diversity, inclusion, and equity both internally and in all of our work, in partnership with our funders, collaborators, and community partners.

Tamara Fox

THE BOARD



Board Chair Tamara Fox Principal, Renarde LLC, USA



Board Member Catherine Kyobutungi Executive Director, APHRC, Uganda



Board Member Akpan Ekpo Director General, West African Institute for Financial & Economic Management, Nigeria



Board Member Nalinee Sangrujee Associate Director, Health Economics, Centers for Disease Control and Prevention, USA



Board Member Nancy Birdsall President Emeritus. Center for Global Development, USA

THE BOARD



Board Member Goran Bondiers Emeritus Professor, University of Gothenburg Sweden



Board Member Patricia Vaughan General Counsel and Secretary, Population Council, USA



Board Member James Ole Kiyiapi Former Permanent Secretary, Ministry of Education, Kenya



Board Member Tade Aina Executive Director, Partnership for African Social & Governance Research, Nigeria



Board Member Timothy Stiles Global Chair, International **Development Assistance** Services, KPMG, USA

2018: THE YEAR THAT WAS

---- JANUARY

APHRC presents study on the risks to informal laborers in solid waste management at the Urban Africa Risk and Knowledge Consortium. The consortium brings together African and international experts working in six urban centers of Ibadan (Nigeria), Karonga (Malawi) and Niamey (Niger), Dakar (Senegal), Mombasa and Nairobi (Kenva) to study man-made environmental hazards and implications for health.

FEBRUARY

APHRC with Government of Kenya releases a report on a landmark study on costs of treating unsafe abortion in public health facilities.

· MARCH

APHRC unveils a tool to track ministerial level commitments related to maternal, newborn and child health in the East. Central and Southern Africa Health Community (ECSA-HC) at the annual Conference of Health Ministers, ECSA-HC member states are: Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia and 7imbabwe.

-- APRIL

APHRC registers West Africa Regional office in Dakar, Senegal.

-•МАҮ

Beginning of the "culture shift" program aiming to create an enabling culture for everyone to thrive at APHRC.

- JUNE

APHRC hosts first-ever Africa-based Brown International Advanced Research Institutes (BIARI) workshop for early career researchers interrogating key questions related to development in Africa.



--JULY

APHRC together with Government of Kenya and Nairobi County government launch the first-ever Shit Flow Diagram that tracks the amount of fecal waste that is un-contained within the sewerage system serving the city of 5 million people.

--- AUGUST

Dr. Isabella
Aboderin joins
the board of
directors of the
Population
Reference
Bureau
reflecting her
global profile
as an expert in
population
aging in Africa.

• SEPTEMBER

APHRC's Immunization Advocacy Initiative selects civil society organizations from Cote d'Ivoire, Ghana and Kenya to receive bespoke training in using evidence for advocacy at the national level, marking a critical milestone in this 5-year initiative to increase and sustain domestic financing for immunization programs.

-- OCTOBER

Dr. Catherine
Kyobutungi is
appointed a Joep
Lange Chair to lead
evidence and
knowledge generation
on chronic disease
management which is
at the interface of the
increase in
non-communicable
diseases (NCD) and
health systems
strengthening in Africa

-NOVEMBER

APHRC breaks ground on its leadership and training center, expanding its Nairobi campus with a residential training complex to open its doors in November 2019.

• DECEMBER

A special issue of BMC Public Health journal is published. The special issue is a compilation of papers drawn from a national survey on risk factors for non-communicable diseases in Kenya, written by mostly Kenyan authors with support from APHRC. researchers.











Our growing cadre of researchers from more than a dozen African countries continued to set the pace for research across the continent, developing evidence to influence policy change for the ultimate goal of more inclusive and equitable societies.

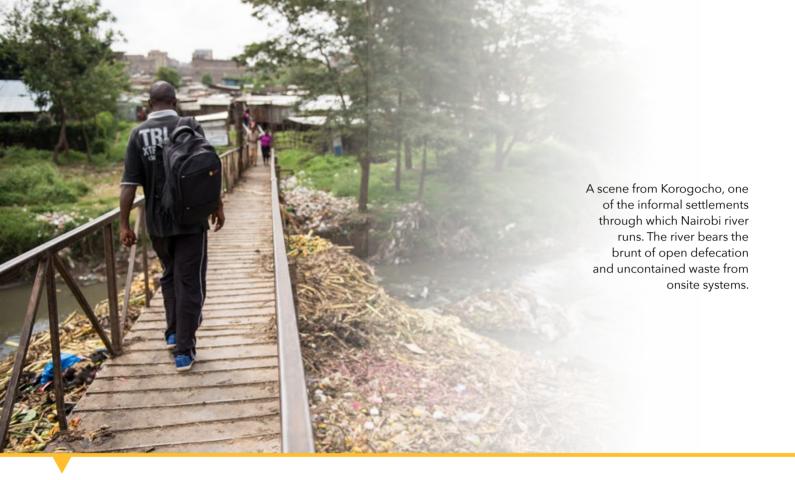
Our integrated program of work is cultivating from the outset collaboration and cooperation with civil society, government agencies, and regional bodies to ensure that policy-relevant evidence helps identify bottlenecks to implementation of existing policies. Whether it's new technologies to reach even the most vulnerable and remote populations, or adapted models of public engagement to make certain that beneficiary and target communities are included in program design, APHRC is committed to giving voice to the voiceless.

In the Research Division, we broke new ground in several respects. A long-standing initiative in our Education and Youth Empowerment unit aiming to increase the number of slum-dwelling young people who go on to high school after primary school broke new ground in 2018. Initially designed to reach only girls, we saw a compelling interest in ensuring that boys, too, could access a package of interventions that includes after-school coaching, life skills awareness, and support for parents to navigate life parenting teenagers.

In 2018 we also began to delve deeper into how marginalization and vulnerability are shaped by perceptions and historical perspectives that make their way into policy and practice. We continued, through our largest portfolio led by the Population Dynamics and Sexual and Reproductive Health and Rights unit, to identify the barriers to access to safe abortion services; sexual reproductive health services for young people; and to health and rights of sexual and gender minorities. We are thus bringing our approach to evidence generation, synthesis and use to bear in an exploration of both the drivers and the consequences of marginalization and social exclusion, cognizant of the impact of exclusion on health, economic growth and the fabric of communities.

Harnessing the power of technology is another way we broke new ground, coding our own m-health approach to improve integrated management of chronic diseases. Within the Health and Systems for Health unit, we are looking to make home-based monitoring of patients with diabetes and hypertension easier, to mitigate the effects of two of the major non-communicable diseases that are becoming epidemics in low-resourced countries.

As part of our holistic approach to a better understanding of the interplay between environmental and population health, we are looking at some of the structural determinants of health at community level. Through the Urbanization and Wellbeing in Africa unit, our researchers were getting their hands dirty, conducting studies about the daily hazards confronting solid waste workers. Another ground-breaking initiative in this unit was the co-development of the first ever shit-flow diagram with the Nairobi City County government, seeking to determine the extent of leakage of fecal waste into the environment in Nairobi and pursuing recommendations for safer handling of waste that has contributed to chronic and cyclical outbreaks of cholera and other water-borne diseases in Nairobi's slum communities.



RESEARCH STATISTICS



Journal articles and papers



Technical reports



Policy briefs

VOICE FROM THE RESEARCH DIVISION

"Towards the end of the year, I was a little bit anxious -- what was the future of the Advancing Learning Outcomes for Transformational Change (A LOT-Change) project, my main piece of work for the past six years? With the rest of the Education and Youth Empowerment team, we embarked on finding the magic combination to unlock more funding for the next phase of the project. And that hard work paid off with not one but two new grants; one to keep the work going here in Kenya, and the other to support the very first project anchored in our new West Africa office in Senegal. I am immensely proud of my contribution to this hard-won effort."

Nelson Muhia Research Officer - (Education and Youth Empowerment)





It was a year of growth and expansion for the Research Capacity Strengthening (RCS) Division in 2018 as we continued to build and expand partnerships with local and international universities, research and training institutes to keep improving graduate training in general, and doctoral training in particular in the broader areas of APHRC's work.

The RCS team broke new ground in 2018 in efforts to expand partnerships across the continent and beyond, to achieve our vision of a generation of research leaders nurtured and empowered within well-resourced and dynamic academic institutions.

A historic first opportunity came with the inaugural African convening of Brown University's Brown International Advanced Research Institutes (BIARI) annual workshop which was anchored under the theme of Health and Social Change in Africa. The week-long workshop brought together over 50 scholars to learn about cutting- edge research and scholarship on the relationship between health and social change; develop research capacities; and to build interdisciplinary professional networks of scholars.

Increasingly, we are realizing that it is not enough to provide people with the tools to do research, and to do it better: we must also make sure we monitor, evaluate, and learn from the impact of all that new capacity. Our flagship fellowship program, the Consortium for the Advancement of Research Training in Africa (CARTA), is undergoing an intensive impact assessment for the first time in its 10-year history, to accelerate graduation efforts among the 209 scholars the program has supported so far. In 2018, we celebrated the award of 15 new doctoral degrees, bringing the number of CARTA graduates to 56.

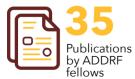
The APHRC approach to developing and institutionalizing greater discipline in research is steadily being recognized as a replicable model for other knowledge-driven institutions. RCS secured a ground-breaking long-term partnership with the World Health Organization in 2018 to anchor WHO training hubs across Africa for countries to generate relevant and contextual solutions to challenges in meeting unmet need for sexual and reproductive health and rights services and information, as part of its Human Reproduction Program. This hub and spoke model will be adapted for training across sectors going forward, including for another WHO partnership to support a holistic exploration of adolescent issues through the lens of sexual reproductive health and rights.

Our approach is also yielding stellar opportunities for the Center's own early and mid-career scientists. Three of our post-doctoral fellows were accepted into the prestigious Africa Research Excellence Fund (AREF) leadership program, which emphasizes leadership as a critical component of scholarship in the field of global health. The 18-month fellowship established by the UK Medical Research Foundation provided the APHRC team with the tools to establish a mentorship program at the Center, a longawaited initiative to help us provide mentorship and growth opportunities internally.

Among our CARTA fellows, too, were achievements of the highest of heights. Dorothy Ononokpono, (2011 Cohort) was awarded the Caldwell Visiting Fellowship at the Australian National University; Tano Konan Dominique (2009 Cohort) won the national competition of Falling Walls Lab in Abidjan, Ivory Coast; and Dr. Steven O. Maluka (2010 Cohort) was appointed director of the Institute of Development Studies, University of Dar es Salaam.



RESEARCH CAPACITY STRENGTHENING STATISTICS





Publications by CARTA fellows



ADDRF fellows graduated in 2018, bringing the total to 158



New training partnerships were established in 2018

VOICE FROM THE RESEARCH CAPACITY STRENGTHENING DIVISION

"I am proud of shepherding seven of our CARTA fellows through the process of being published in The Conversation -- an independent source of news and views from the research community delivered directly to public audiences. Through this platform, we engaged over 85,000 readers across the world, from Kenya to Nigeria, to Canada and the United States, giving our fellows the ability to reach new partners, audiences, and potentially interested parties to support further research."

Eunice Kilonzo CARTA Communications Officer





With every project we bring into the Center, we are tapping into a larger and more diverse pool of talent, drawn from across the continent, to enhance our existing staff complement numbering 135 permanent employees from more than a dozen countries by the end of the year. We began the first-ever job evaluation and salary scaling exercise with the intention of creating harmonization and achieving greater equity within the Center. We also completed the latest three-year cyclical staff satisfaction survey -- all against a backdrop of an organization-wide endeavor to tweak the culture and make APHRC a place for everyone to thrive.

Ensuring that everyone at APHRC feels at home has required a thoughtful look at our organizational culture, in order to ensure that we integrate backgrounds, influences and experiences within the walls of our institution. With support from the David and Lucile Packard Foundation, we began to engineer a culture shift and hence improve our organizational effectiveness. The culture shift program is a collaborative opportunity for staff at all levels to feel empowered to speak up, and speak out about issues that contribute to burnout, poor work/life balance, and a fear of retribution while

maintaining our culture of excellence. We are committed to living our values as an institution and to demonstrate that we can be a role model for others -- not only in the work we do but also in the way we work.

We marked a major milestone in 2018 with the registration of our new West Africa Regional Office. This office will anchor our West African partnerships and also act as a hub for new programs. We will operate the next phase of the continent-wide Countdown to 2030 initiative, for tracking progress towards SDGs for maternal, newborn and child health out of the West Africa office and progressively build our portfolio of research, research capacity strengthening, and policy engagement and communications in the region.

Our growth is not only extending outside of Kenya, but within. In November, we broke ground to lay the foundation for the next phase in our infrastructural development, with the first in a threeblock residential training facility that will expand our campus with an incubator for research training and peer learning.



In November, we held a groundbreaking ceremony to commission the construction of our training center, expanding the APHRC campus. The facility will serve as a training hub for researchers across the continent.

OPERATIONS STATISTICS











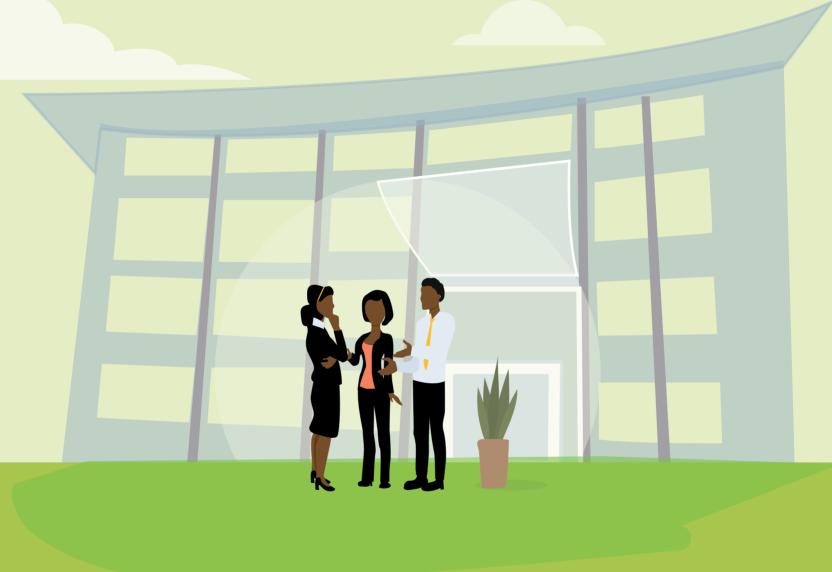


VOICE FROM THE OPERATIONS DIVISION

"With a job evaluation exercise supported by a staff satisfaction survey, we demonstrated that we are hearing the concerns of our teams and making the best effort to respond to them in line with the institution's own growth strategy. This is a turning point for APHRC, I think, because in addition to streamlining our internal grading structure, it makes us more competitive than similar institutions in research and knowledge translation. We have always known the worth of our staff -- now we are able to assess what that worth translates into for our ability to achieve our aims and to achieve their ambitions at APHRC."

Nancy Kangethe Senior Human Resource Officer





POLICY ENGAGEMENT AND COMMUNICATIONS DIVISION

Since the launch in 2017 of APHRC's strategic plan, the Policy Engagement and Communications (PEC) team has been pursuing ever more innovative ways to tell the compelling stories behind the research seeking to transform lives in Africa. From whiteboard animations to youth forums to call-in radio talk shows and documenting everything in tweets and text, and in images and conversations, PEC is collaborating and leading in the way we use evidence to drive change.

In 2018, we broke new ground in the way we present ourselves in real and virtual spaces, with a revamp of our logo and branding guidelines. We unveiled a sleek new look that pays tribute to the truly African nature of our work and our presence on the continent.

The year also marked a major step forward in the way we approach our systematic, longer-term policy engagement around the signature issues at the heart of the Center. We grappled with models and mind maps and theories of change to present a bespoke approach for each of our seven Research Units in how to build a compelling case based on multiple findings from an array of projects for strong policy recommendations at the national, subregional and continental levels.

Going forward we see these models as laying the foundations for greater investment in longer-term policy work in order to accelerate, amplify, and monitor progress toward some of the continent's most pressing development goals.

PEC's ever-growing team stepped forward to take leading roles in the capacity strengthening work we do as a Center, reaching audiences of policy actors and civil society groups and technical partners and development champions in a dozen countries. We contributed as panelists, discussants, and facilitators in global forums, including the Canadian Conference on Global Health, sponsored by APHRC's long-time partner, the International Development Research Centre.

Through our PEC-led portfolio of evidence-informed advocacy projects, we worked across sectors from sanitation to maternal health and immunization. Our Fecal Waste Management project evidence led to an invitation to anchor, review and finalize the Urban Sanitation Guidelines for Kenya by the Ministry of Health: a testimony to the strengthening of relationships with policymakers in APHRC's new areas of exploration.

More than ever, we are thinking of innovative ways to engage audiences from researchers, to policy actors to decision-makers in an effort to encourage knowledge sharing and transfer. These efforts to enhance strategic relationships led to us successfully developing and launching a tracking tool of ministerial commitments during the East, Central and Southern Africa Health Community (ECSA-HC) Conference of Health Ministers. By having sustainable access to human and financial resources, establishing accountability systems for universal health coverage and working with partners in the public and private sector, we have the potential to leave no one behind.

Gaye Agesa, project manager of the Immunization Advocacy Initiative, engages with technical, government and CSO partners in health, immunization and budgeting. The meeting was the first in a three country series held to validate findings from a year-long scoping aimed at understanding nuances in the political, economic, health and immunization landscape in Cote d'Ivoire, Ghana and Kenya. Findings from the scoping and stakeholder engagement led to the identification of advocacy priorities and civil society organizations to drive in-country advocacy towards increasing domestic financing for immunization.



POLICY ENGAGEMENT AND COMMUNICATIONS STATISTICS



Publications



Twitter campaigns



Blogs



Media hits



Press releases



Global Media Hits | 9 from countries including: US, Kenya, UK, South Africa, China, Rwanda, Netherlands, Côte d'Ivoire, Middle East

VOICE FROM THE POLICY ENGAGEMENT AND COMMUNICATIONS DIVISION

"As the lead of the 'Innovating for Maternal and Child Health in Africa (IMCHA) program; APHRC's first policy-led, evidence-supported initiative, I had the opportunity to develop and refine a modular approach to knowledge translation and improved capacity for evidence use. I celebrate that I am breaking new ground internally at the Center, demonstrating what is possible with knowledge translation, and that my work, and our leadership as an institution, is nurturing a culture of evidence across the continent."

Lynette Kamau-Ngondi **Senior Policy and Communications Officer**



FINANCIAL REPORT

(For the year ended 31st December 2018)

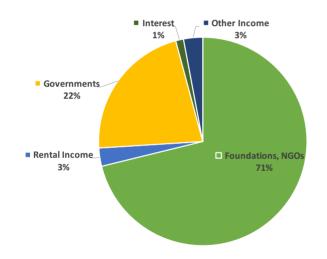




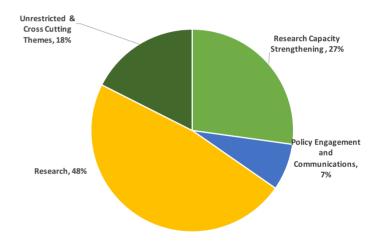
STATEMENT OF PROFIT				
AND LOSS AND OTHER	2018	2018	2018	2017
COMPREHENSIVE INCOME	RESTRICTED	UNRESTRICTED	TOTAL	TOTAL
INCOME	INCOME	INCOME		
	US\$	US\$	US\$	US\$
INCOME				
Grant income	12,544,097	2,706,947	15,251,044	12,702,510
Other income		583,179	583,179	367,633
Kitisuru building rental income		463,504	463,504	423,288
Service charge income		102,745	102,745	85,565
Total Income	12,544,097	3,856,375	16,400,472	13,578,996
EXPENDITURE				
Direct program expenses	12,544,097	346,396	12,890,493	11,207,042
Administration and support	-	1,957,995	1,957,995	1,687,648
costs				
APHRC campus development	-	106,166	106,166	-
APHRC campus administration	-	203,025	203,025	193,099
expenses				
Exchange loss	-	18,714	18,714	-
Loss on disposal of investment	-	-	-	4,052
Total Expenditure	12,544,097	2,632,296	15,176,393	13,091,841
SURPLUS FOR THE YEAR	-	1,224,079	1,224,079	487 <u>,</u> 155

STATEMENT OF FINANCIAL			
POSITION AS OF DECEMBER	2018	2017	
31, 2018	US\$	US\$	
ASSETS			
Non-current assets			
Property and equipment	8,569,330	8,584,947	
Intangible assets	1,616	3,233	
	8,570,946	8,588,180	
Current assets			
Grant receivable	1,449,341	1,173,881	
Debtors and prepayments	909,303	580,602	
Cash and cash equivalents	11,395,452	9,241,252	
Total current assets	13,754,096	10,995,735	
TOTAL ASSETS	22,325,042	19,583,915	
FUNDS AND LIABILITIES			
Fund balance	11,559,767	10,335,688	
Current liabilities			
Creditors and accruals	884,563	1,054,232	
Deferred grants	9,880,712	8,193,995	
	10,765,275	9,248,227	
TOTAL FUNDS AND LIABILITIES	22,325,042	19,583,915	

SOURCES OF FUNDS



USES OF FUNDS BY DIVISIONS



OUR 2018 DONORS

- Big Win Philanthropy
- Bill & Melinda Gates Foundation
- The British Academy
- Carnegie Corporation of New York
- Children's Investment Fund Foundation (CIFF)
- The County Innovation Challenge Fund (CICF)
- Comic Relief

Ó

- David and Lucile Packard Foundation
- Economic and Social Research Council (ESRC)
- Elma Foundation
- Ford Foundation
- German Academic Exchange Service (DAAD)
- Grand Challenges Canada
- Heinrich Boll Stiftung (HBS)
- Innovative Development Solutions (IDS)
- International Development Research Centre (IDRC)
- MacArthur Foundation
- MasterCard Foundation
- Medical Research Council (UK)
- National Institute for Health Research (UK)

- National Institutes of Health (NIH)
- Porticus Foundation
- Segal Family Foundation
- Spencer Foundation
- Swedish International Development Cooperation Agency (SIDA)
- UK Department for International Development
- UK Government County Innovation Challenge Fund (CICF)
- UK Government Global Challenges Research Fund (GCRF)
- UK Medical Research Foundation Africa Research Excellence Fund (AREF)
- United States Agency for International Development
- Wellcome Trust
- Wellsprings Philanthropic Fund
- William and Flora Hewlett Foundation
- WOTRO Science for Global Development



OUR 2018 COLLABORATORS

- Adam Smith International African Academy of Sciences Aga khan Foundation, East Africa Agincourt Health and Population Unit Amsterdam Health and Technology Institute Amsterdam Institute For Global Health & Development Amsterdam Institute of International Development Avanti Communications Limited
- **Brown University**
- Canadian Coalition for Global Health Causal Links Center for the study of adolescents Christian Health Association of Kenva Columbia University The Conversation Africa
- Duke Kunshan University (DKU)
- East, Central and Southern African Health Community Educate **Episcopal Relief and Development** ESE: O - Escritura Para Liderar Ethiopian Public Health Association
- Family Health Options Kenya Forum for African Women Educationalists (FAWE)
- The Guttmacher Institute (GI) The Global Fund African Constituency Bureau
- HakiElimu Harvard University

- Ifakara Health Institute INDEPTH Network International Association of Gerontology and Geriatrics (IAGG) International Center For Research on Women (ICRW) International Food Policy Research Institute International Institute for Environment & Development (IIED) International Organization for Migration (IOM) International Rescue Committee lpas
- Kenya Council of Governors Kenya Medical Research Institute Kenyatta University King's College London
- Liverpool School of Tropical Medicine (LSTM) London School of Hygiene & Tropical Medicine (LSHTM) Loughborough University
- Makerere University Management Sciences for Health Marie Stopes Kenya (MSK) McGill University Metropolitan Hospital Milele Zanzibar Foundation Miss Koch Kenva Moi University
- National Academy of Sciences National Aids Control Council
- Obafemi Awolowo University

- Palladium Pal Network Partners in Population and Development PATH Pathfinder International Population Council PharmAccess International
- Save the Children Stockholm Environmental Institute (SEI) The Swiss Tropical and Public Health Institute
- **UHAI-Neema Hospital** Uganda Society for Disabled Children UN-Habitat **UNICEF** Kenya UNICEF - USA United Nations Department for Economic and Social Affairs United Nations Population Fund University of Cape Town University College London (UCL) University of Gothenburg University of Ibadan University of Liverpool University of Maastricht (MGSoG) University of Malawi University Medical Center Utrecht University of Nairobi University of Rwanda University of Southampton University of Glasgow University Research Co (URC) University of Warwick University of The Witwatersrand University of York **UNOPS** U-Tena Youth Group
- Women Educational Researchers of Kenva World Health Organization

