

ACTION FOR GLOBAL HEALTH STRATEGY 2022 - 2025



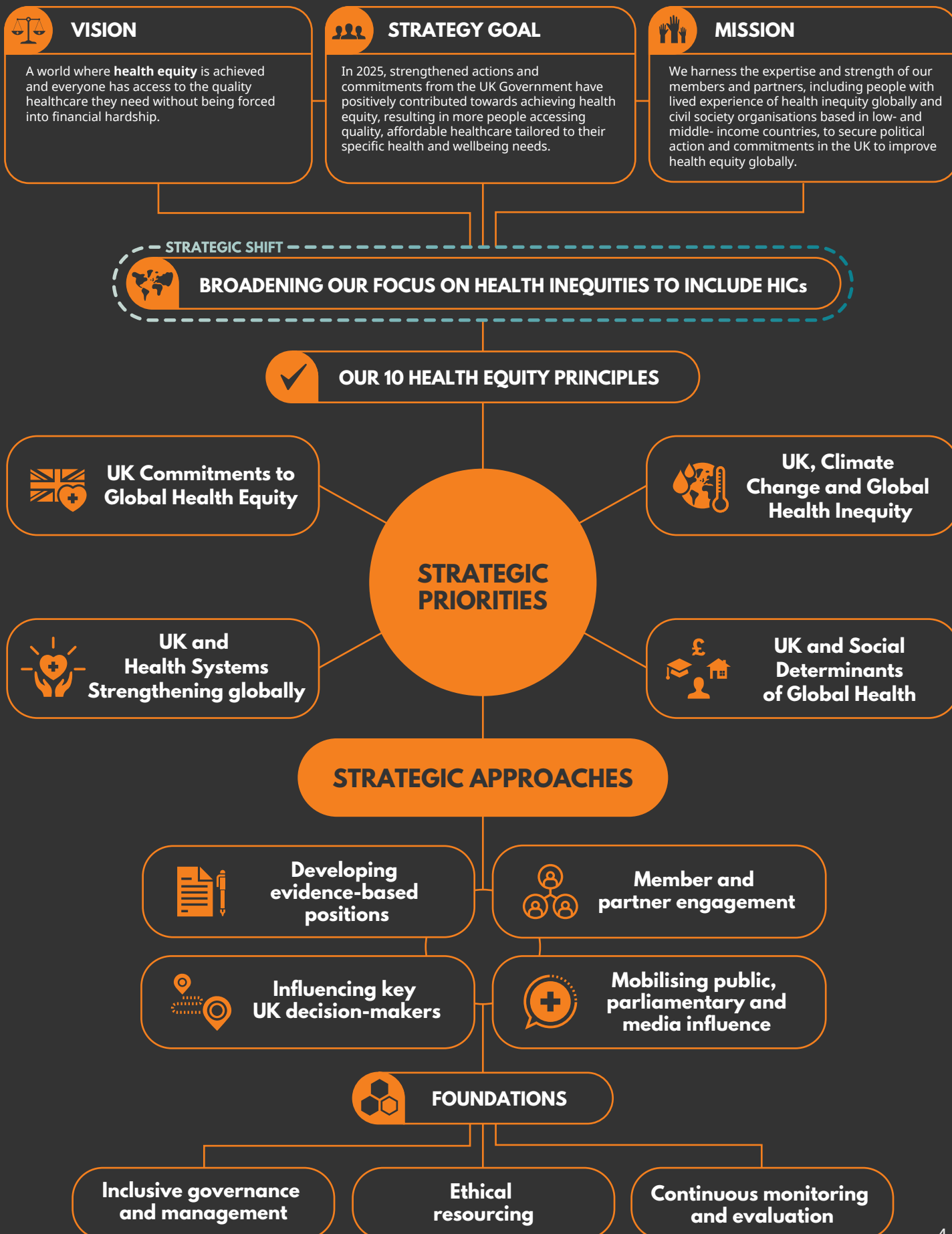
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ABBREVIATIONS

AfGH	Action for Global Health
APPG	All-Party Parliamentary Group
CSOs	Civil Society Organisations
DFID	Department for International Development
FCDO	Foreign, Commonwealth and Development Office
FCO	Foreign and Commonwealth Office
HIC	High-Income Countries
HE	Health Equity
HSS	Health Systems Strengthening
KSAG	Key Stakeholder Advisory Group
LMIC	Low- and Middle-Income countries
MNCH	Maternal, Newborn and Child Health
NGO	Non-Governmental Organisation
ODA	Official Development Assistance
SC	Steering Committee
SDGs	Sustainable Development Goals
SDH	Social Determinants of Health
ToR	Terms of Reference
UHC	Universal Health Coverage
WG	Working Group
WHO	World Health Organisation





BACKGROUND

Action for Global Health (AfGH) is an influential membership network, convening more than 50 organisations working in global health, including non-government organisations (NGOs), consortia, networks, charities, private foundations, research institutions, private development consultancies and advocacy organisations.

In 2020-2021, AfGH conducted a strategic review and new strategy development process (as outlined in Annex A), resulting in this strategic plan for 2022-2025. AfGH would particularly like to note and thank our Key Stakeholder Advisory Group, Secretariat, Steering Committee, members, funders and our host organisation (STOPAIDS) for their active contributions throughout this process.



WHAT WE WILL CONTINUE TO DO

Over the course of the previous strategy (2019-2021), AfGH advocated to the UK government to ensure strong political, financial and programmatic commitments to Universal Health Coverage (UHC), as a means of achieving Sustainable Development Goal (SDG) 3 to “ensure healthy lives and promote well-being for all at all ages”. The network has major influence and credibility in the UK global health space and has developed excellent working relationships with key decision-makers in the UK including the Foreign, Commonwealth and Development Office (FCDO) and within the UK Parliament.

In light of the COVID-19 pandemic, the need for international collaboration in health and development for the achievement of the SDGs has become even more evident and necessary. The UK Government, as one of the largest donors to global health, has now more than ever an important role to play in addressing health inequities both domestically and in collaborating with other countries to reach their health-related goals. The notable changes to the UK’s development sector through the merger of the Foreign and Commonwealth Office (FCO) and the Department for International Development (DFID) to form the FCDO and the significant reductions in the UK’s Official Development Assistance (ODA) have reiterated the need to redouble our advocacy.

AfGH’s engagement with its members to strengthen their work in global health is also crucial, including through sharing evidence, policy advice, support and relevant resources to inform their advocacy activities, as well as providing a platform to convene an active global health community and the opportunity to take part in joint advocacy and campaigning activities.

OUR DEFINITION OF UHC

A world where everyone has access to the quality healthcare they need without being forced into financial hardship.



WHAT WE WILL DO DIFFERENTLY

Over the past two years, the COVID-19 pandemic and social justice movements such as Black Lives Matter and Decolonising Global Health have placed a greater focus on inequity and led many organisations to be accountable and consider their contribution to upholding systems of oppression.

Through our new vision, AfGH has acknowledged the need for a more rigorous focus on health equity. This new focus means that the network will need to operate differently and have a different makeup of organisations more reflective of the issues which it advocates on.

As a UK-based network advocating on health issues affecting low- and middle-income countries (LMICs), our new approach includes how the network will meaningfully engage and collaborate with people with lived experience of health inequities and civil society organisations (CSOs) based in LMICs across all of AfGH's work.

As a result of this strengthened equity lens, the network will also progress over the course of this strategy to broaden our focus on the social determinants of health and begin our exploration and advocacy on health inequities in the UK and other high-income countries (as well as LMICs). We recognise that these shifts will not happen overnight, but will need gradual steps, regular review and continual learning.



OUR VISION

A world where **health equity** is achieved and everyone has access to the quality healthcare they need without being forced into financial hardship.

OUR DEFINITION OF HEALTH EQUITY

Individuals have parity in health outcomes; people facing disadvantage because of their specific characteristics (including age, gender, ethnicity, disability, sexual orientation, gender identity, gender expression and sex characteristics) and/or their socio-economic, demographic or geographic standing have access to quality, affordable healthcare services tailored to their specific health and wellbeing needs.



OUR STRATEGY GOAL

In 2025, strengthened actions and commitments from the UK Government have positively contributed towards achieving health equity, resulting in more people accessing quality, affordable healthcare tailored to their specific health and wellbeing needs.



OUR MISSION

We harness the expertise and strength of our members and partners, including people with lived experience of health inequity globally and civil society organisations based in low- and middle-income countries, to secure political action and commitments in the UK to improve health equity globally.

Broadening our focus on health inequities to include HICs

Health inequities are not specific to LMICs; the COVID-19 pandemic has exposed starkly how health inequities are also pervasive in HICs, including the UK. As the network shifts our focus to health equity, there is a need to give attention to health inequities in HICs, as well as LMICs (where the network has historically focused). Given our mission and UK focus, we will initially focus on broadening our attention to include health inequities in the UK, as well as LMICs. This major shift in how the network operates, the types of stakeholders it engages and the health issues it addresses will require initial scoping, a gradual step-change process, continual learning (including from members who focus on both HIC and LMICs) and regular review. As with all of our activities, meaningful engagement of people with lived experience of health inequities will continue to be considered at every stage in this process.



DEFINING HEALTH EQUITY



EQUALITY

The access to and distribution of a set of resources (in this case health resources) evenly across individuals of a population.



EQUITY

The access to or distribution of resources (in this case health resources) according to need, so that equal outcomes are achieved.



OUR DEFINITION OF HEALTH EQUITY

Individuals have parity in health outcomes; people facing disadvantage because of their specific characteristics (including age, gender, ethnicity, disability, sexual orientation, gender identity, gender expression and sex characteristics) and/or their socio-economic, demographic or geographic standing have access to quality, affordable healthcare services tailored to their specific health and wellbeing needs.



Health equity is rooted in social justice and holding systems that cause health disparities to account. It is imperative that the language which the network uses for select population groups and communities is carefully considered. Instead of using generalising terms (eg. 'vulnerable groups' or 'underprivileged communities'), we will take an evidence-based approach to inequity and be specific in describing differences between groups and people (eg. 'groups or people experiencing disadvantage because of [reason]' or 'groups or people put at increased risk of [outcome]').

Health equity is a broad, somewhat intangible term. In order to make it more accessible, it is helpful to consider the measures of health that are unequally distributed and between which people or groups.

Measures of health unequally distributed:

Health status	for example, life expectancy and prevalence of health conditions.
Access to care	for example, availability and affordability of treatments, physical accessibility.
Quality and experience of care	for example, outcome measures or levels of patient satisfaction.
Behavioural changes	for example, harm reduction for people who misuse alcohol, people who use drugs, tobacco control.
Social determinants of health (SDH)	for example, poverty; quality of housing, roads, water and sanitation; working conditions; education; development agendas; social norms, social policies and political systems; socio-economic status, economic policies and systems.

Between people and groups based on:

Geography	for example, region or country, rural or urban setting.
Socio-economic status	for example, income; employment status.
Specific characteristics	including age, gender, ethnicity, disability or sexual orientation, gender identity, gender expression and sex characteristics.
Socially excluded groups	for example, people experiencing homelessness, nomadic populations, people affected by conflict, internally and externally displaced people.



OUR HEALTH EQUITY PRINCIPLES



Health is a human right

We believe in the fundamental right to the highest attainable standard of physical, mental and social health and well-being as well as healthcare for all without distinction on the grounds of race, religion, political belief, sexuality, disability, economic or social condition.



Centering the voices and experiences of people living with or communities affected by health inequities

We believe people with lived experiences of health inequities are experts and we will actively solicit meaningful input from members within our community and support them to authentically tell their stories in a dignified and respectful manner in all of our work.



Meaningful engagement

We will extend AfGH membership to LMIC-based organisations and UK diaspora groups and work with them to highlight health inequities and propose solutions to the UK government.



Inclusivity

We will embrace diversity in all its forms and promote an environment of inclusion to ensure all our members feel welcome, free from discrimination, are comfortable to engage, bring new topics to the table and can challenge us, as well as having equal access to resources and opportunities to shape our work.



Redressing systems (and history) which lead to health inequities

We will not victim blame or knowingly imply that certain conditions (health or otherwise) are inherent to a particular person or group. We will instead focus on shining a spotlight on oppressive systems in place, explaining why and how some people are more affected by structural health inequity, that is - in historical, social, cultural and economic context - and then hold those systems which perpetuate health inequities to account. As a UK-based network, we will always consider how racism and other forms of discrimination unfairly disadvantage people and lead to social and health inequities, including through our continual learning and action to decolonise global health and health systems.



Continual learning

We do not claim to be experts in health equity and will strive to continually test and adapt our approach, and learn from and be guided by people living with or communities affected by health inequities.



Mutual respect

We will appreciate every member's unique contribution to the network and will foster a healthy anti-discriminatory environment and non-oppressive approach for our members. We recognise that we are different and do not all share the same beliefs, values and culture, however we choose to respect the beliefs, values and culture of others whilst not imposing our own on others.



Transparency and accountability

We recognise that our past, present and future actions have consequences, and we are committed to making meaningful amends that support transparency and responsiveness when we cause harm.



Appreciating intersectionality

We acknowledge that health and health equity is intersectional and individuals may belong to more than one group and may therefore have overlapping health and social inequities. We strive to present individuals as the multi-dimensional persons that they are and we will articulate the particular needs and experiences of these people while not overgeneralising a particular community.



Collectivism and solidarity

We stand in solidarity with our fellow global citizens affected by health inequities, as well as our new LMIC members and diaspora organisations championing health equity, and we will use our platform to offer active allyship and advocacy, practical support and to propose solutions to redress health inequities, highlighting how reduced health disparities contributes to the common good and benefits all.



STRATEGIC PRIORITIES

AfGH's 2022-2025 strategy sets out long-term strategic priorities, focused on addressing the most pressing developments and needs in the coming years. More detailed objectives and activities for this strategic period will be outlined in the relevant 'theory of change' for each strategic priority (for which we will actively gather input from members and partners, often through our working groups (see p.X)).

The following four overarching strategic priorities have been identified and prioritised by AfGH members:



UK Commitments to Global Health Equity

AfGH will continue our focus on the UK's role in achieving UHC globally, but with an enhanced and sharpened focus on ensuring political, financial and programmatic commitments that will contribute to improved health equity globally. Building on the strong relationships and multiple channels for engagement established with FCDO and parliamentarians over the period of the last strategy, AfGH will continue to act as the common platform for members to unify their voices and influence the UK Government.



UK and Health Systems Strengthening globally

AfGH will advocate on Health Systems Strengthening (HSS) as a core approach in the UK's work towards achieving health equity and UHC, building on the FCDO's Health Systems Strengthening Position Paper. Where appropriate, AfGH will ground its work on HSS in WHO's framework and building blocks (see Figure 2), as well as further exploring decolonisation of HSS, opportunities to integrate HSS with the COVID-19 response and recovery and increased resourcing for and meaningful engagement of people with lived experience, civil society and communities in LMICs in health governance and leadership.

SYSTEM BUILDING BLOCKS

Leadership / governance

Health care financing

Health workforce

Medical products, technologies

Information and research

Service delivery

Access
Coverage



Quality
Safety

GOALS / OUTCOMES

Improved health
(level and equity)

Responsiveness

Financial risk protection

Improved efficiency

Note: This image was adapted from the original graphic at http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf



UK, Climate Change and Global Health Inequity

AfGH will continue to develop our understanding and evidence base on the relationship between health inequity and climate change and advocate for stronger UK action in this field. This work will build from the policy recommendations outlined in our position paper on [Climate Change and Health Inequalities](#) and collaborations/partnerships fostered across sectors.



UK and Social Determinants of Health

AfGH will increasingly advocate for the UK to tackle the social determinants of health in order to improve health equity globally, expanding our remit beyond the impacts of climate change on health to other, additional determinants. The need to put greater emphasis on social determinants is underpinned by research which has shown that these can be more important than healthcare or lifestyle choices in determining health. How the network works on social determinants will evolve over time based on lessons learned and network capacity and resourcing.



STRATEGIC APPROACHES

Developing evidence-based positions



We will identify cross-cutting health equity issues within our strategic priorities and collaboratively develop evidence-based reports, briefings and positions with our members. This approach is critical to build consensus within our network on core policy issues and ground our advocacy in the broad learnings and case studies from our membership, particularly the evidence and testimony of people with lived experience.

Mobilising public, parliamentary and media influence



We will continue to build our Healthy Futures movement, widening our reach and engagement with the UK public, to increase political pressure to act on our strategic priorities. We will achieve this through deepening our collaborations with members (particularly with people with lived experience of health inequities) and through strengthening our media work.

We will also foster stronger relationships with individual parliamentarians, groups and committees in order to leverage parliamentary influence for UK action to improve health equity, including through our critical role coordinating across all relevant All-Party Parliamentary Groups (APPGs).

Influencing key UK decision-makers



We will leverage the collective strength of our diverse membership and strong relationships and credibility with the UK Government to influence the UK's actions and commitments to health equity. We recognise that the shifts in our vision and strategic priorities (particularly in relation to social determinants) will require engagement with new stakeholders across the UK Government, including as our advocacy expands to include domestic UK policy and its impact on health equity.

Spotlight: Member Working Groups



AfGH develops policy, advocates and campaigns on a range of global health issues and a majority of its outputs are developed through working groups with members. As the membership changes, AfGH will foster an inclusive environment in the working groups, ensuring that new members are included and actively contribute into working groups (which currently have a majority UK representation). We will update our ways of meeting, working, managing, decision-making and representation to ensure that these new collaborations and relationships are not tokenistic and new members can meaningfully engage with and influence the network.



HEALTH EQUITY SEVEN-STEP CHECKLIST

Before any output gets underway within the network, the below checklist should be used by the secretariat/our members/our working groups/the AfGH Steering Committee (as relevant) to ensure a focus on health equity from the outset:

To be considered

Yes
(and details)

Once members agree to take forward a global health issue (for example advocacy/campaigns/policy document) or participate in external events, can you identify and articulate the associated equity issues:

1. Can you **identify the measures of health that are inequitably distributed** (as per the network's agreed scope on health equity) and **between the different populations** as a result of this issue?
2. **Do you understand underlying issues, root causes and barriers?**
3. Can you link this issue (and articulate it) to health equity and UHC?



Once equity issues are identified, have you agreed how (as an advocacy and campaigns network) **do you plan to address the inequity and what is your objective?**

eg. Will you raise awareness of the inequity, hold UK and global stakeholders to account to play their role in reducing the inequity, amplify the voices of those affected by the inequities, support organisations already working to reduce inequity?



Have people with lived experiences of health inequities or people from LMICs been consulted in how you have identified and planned to address the inequity through your activity? Is there a clear role for them to play? Have they been offered fair recompense for their time? If not, you are not meaningfully engaging them.



Have you added a human dimension to your output (for example in your advocacy campaign, have you included a case study; given space for someone with lived experience to tell their story in a dignified manner?)



Have you reviewed the language to ensure the emphasis is on systems and not victim blaming?



Have you considered who your target audience is and are translation or sign language services required to ensure the target audience can access it? Is any preamble needed to provide additional context to your target audience? Is the information presented culturally appropriate?



Have you allocated time for a debrief session to review your process and output and make recommendations for improvements in future activities?





MEMBER AND PARTNER ENGAGEMENT

Over the course of the new strategy, AfGH will be seeking ways to diversify our network to help us improve our focus and activities on health equity in the following ways.

Expanding our network membership

Opening the membership to LMIC-based organisations

AfGH is currently a UK-based and UK-majority member network advocating on global health issues in LMICs. Our 2022-2025 strategy and our work on health equity will (at least initially) continue to primarily focus on LMICs, therefore LMIC-based organisations should be able to contribute to and influence the network. Whilst AfGH will remain focused on the role of the UK Government, AfGH will open our membership to registered **civil society organisations, people with lived experience of health inequities, organisations of persons with disabilities, health advocacy or communications organisations or networks, universities and research institutions, or private sector development consultancies based in LMICs** working on health equity, including the social determinants of health, with an interest in the UK's role in global health and/or experience in holding governments and global health stakeholders to account.

"Nothing about us without us."

Representation of country office staff based in LMICs and HICs across AfGH membership

The current UK-based international organisations within AfGH often have LMIC country and/or regional offices who implement public health programmes, undertake or support advocacy and policy influencing, and/or support civil society action at the national and local levels. Country offices and their staff are closer to the health issues which AfGH advocates on. As appropriate, country office staff will be offered the opportunity to join the network under their organisational umbrella and contribute according to their interests and strengths. For example, a programme manager in an LMIC country office could provide statistics, case studies or potential solutions for their country context to feed into AfGH's policy documents or participate in AfGH working groups. AfGH will also consult with and involve UK-based AfGH staff members who work on health inequity in the UK as we gradually broaden our focus to include health inequities in HICs.

Regional Health Networks

AfGH will proactively reach out to extend membership or partnership with regional health networks whose vision are aligned to AfGH or who are working towards the attainment of SDG 3. Regional health networks can represent CSOs from countries in their region, bringing vital knowledge and expertise to the network, including insights on trends within their region.

UK Diaspora organisations

The diaspora is a powerful network of individuals with close connections with LMICs. AfGH will extend membership to UK diaspora organisations in order to benefit from their rich experiences living and working in both LMICs and HICs.



Facilitating Our Expanded Membership

Two-way collaboration

Extending membership to the above groups will ensure the voices of people experiencing health inequities in LMICs are at the forefront of AfGH's work. We will carefully consider and be transparent about what we can offer and how the network can support and benefit the member organisation. We will also implement membership reviews to allow reflection on how to further adapt the network's processes to ensure meaningful engagement and maximal participation of new members.

Fee waiver

In recognition of historical and current inequity in resource distribution and to avoid barriers to membership, a fee waiver will be put in place for LMIC-based organisations and UK diaspora groups (except for private development consultancies).

Representation

Becoming a member of AfGH gives access to key UK stakeholders and opportunities to participate in events which can support one's career advancement. AfGH will give preference to LMIC-based and/or UK diaspora organisations to participate, attend and speak at key events, representing their organisation and the network, thus raising their profile and influence within the global health space.

Partnerships

There may be instances where membership may not be the best route for an organisation to engage with AfGH and a partnership is better suited. A partner could be any civil society organisation, organisations of people with disabilities, research institution or other group who may not fulfil our member criteria or may or may not be health focused, but with a shared common ground with AfGH - for example, social justice. An organisation may decide to initially partner with AfGH on a specific initiative (for example collaborating on a campaign activity) before progressing to membership, or there may be continuous partnerships where the roles and areas of engagement have been clearly agreed. Partners will be able to influence the network, but will not have decision making powers as members do.



FOUNDATIONS: INCLUSIVE GOVERNANCE AND MANAGEMENT

Steering Committee

The Steering Committee supports the network by providing oversight, guidance and support to the AfGH Secretariat for the development and implementation of AfGH's strategy, fundraising and membership engagement. With the agreement that membership will be expanded to include LMIC-based organisations and people with lived experience of health inequities, likewise the Steering Committee membership will be diversified to include at least one representative from an LMIC, one from a UK based diaspora organisation and/or one person with lived experience of health inequities, and the operation of the Steering Committee will be reviewed to ensure it is inclusive for new members and regularly reviews the implementation of the new approaches focused on health equity outlined in this strategy.

Secretariat

The Secretariat are permanent employees who oversee and coordinate the day-to-day running of the network, implement the network's different strategies (including advocacy; digital campaigns and communications), work with global stakeholders and engage the UK Government. Members of the Secretariat also guide the strategic direction and support the sustainability of the network.

The Secretariat is currently hosted by one of its member organisations, STOPAIDS, which provides employment, line management, administrative, financial and legal support and services. The Secretariat, Steering Committee and host organisation will work together continuously to ensure that active steps are taken to recruit members of staff who are representative of the issues that the network advocates on.



STUDENTS
FOR
GLOBAL
HEALTH

UK

Students For Global Health

In 2020-21, AfGH took on a hosting role for the Students for Global Health (SfGH) Coordinator and agreed a Memorandum of Understanding outlining a closer relationship between AfGH and SfGH. Over the course of the new strategy, AfGH will continue to play this hosting role and work in partnership with SfGH (and through SfGH's membership of the International Federation of Medical Students Association, wider youth networks globally) across all of our activities, in recognition of the close alignment in our vision, mission and ways of working and the importance of meaningfully engaging youth and promoting youth perspectives in our work.

Decolonising Global Health

The global health sector in the UK is very white, middle classed and Westernised. AfGH will actively work to change the face of global health by supporting the professional development of people from LMICs living in the UK who are looking to enter the global health space, as well as proactively encouraging our members to do the same. Our UK advocacy will also incorporate the need for increased funding and support for LMIC-based civil society organisations.



FOUNDATIONS: ETHICAL RESOURCING

In order to secure our ongoing sustainability and build resources that facilitate our work in pursuit of our strategic priorities, we aim to maintain a broad base of different sources of funding, including support from trusts and foundations and income from membership fees.

We will build our resource mobilisation and fundraising strategy from our health equity principles. As a UK-based network which stands in solidarity and alliance with member organisations and individuals affected by health inequity, we recognise our responsibility in redressing systems and histories that have and continue to contribute to ongoing disparity in health and wellbeing.

We commit to promoting social justice values in our fundraising by supporting equitable distribution of funding and resources and by pursuing two overarching standards (which will be upheld by the AfGH Steering Committee):

When seeking support, we will not enter into a relationship with a potential supporter whose work or activities negatively impact on the mission of AfGH, our members and/or our host STOPAIDS, i.e. whose interests or approach conflicts with the rights of all to quality healthcare to meet their individual needs.

AfGH will not enter into a relationship with a third party organisation or individual that poses a risk to health equity, or to the networks' reputation, that could lead to a loss of credibility or support.



FOUNDATIONS: CONTINUOUS MONITORING, EVALUATION AND LEARNING

Continuous monitoring and evaluation is a core foundation of our 2022-2025 strategy and will be essential for monitoring and holding AfGH accountable to the significant shifts in approach outlined above.

The Secretariat will monitor and report progress on a monthly basis to the AfGH Steering Committee, as well as on a quarterly basis to our members and the STOPAIDS board (our host organisation). In recognition of the substantial changes to our approach, AfGH will also conduct a six-month evaluation of the strategy's implementation, as well as further reviews at the midpoint and end of the strategic period. Members will both feed into and receive the findings of these reviews.

AfGH has also developed an overarching monitoring and evaluation framework to accompany this 2022-2025 strategic plan, as well as specific 'theories of change' for each of our strategic priorities, which provide the detailed goals, outcomes and indicators.



ANNEX A

Methodology for the Development of AfGH's 2022-2025 Strategy



The process for AfGH's strategic review and strategy development for 2022-2025 included the following steps:

1. Consultation on relationship between AfGH and STOPAIDS (host organisation) and future structure

AfGH and STOPAIDS consulted with staff, members (of both networks) and key partners to review the relationship between the two networks and consult on three possible future structures: a) Maintain the current structure b) Create a hub organisation that would host STOPAIDS and AfGH and possibly other networks c) Merge STOPAIDS and AfGH into one global health network. Consultation results indicated strong interest for close working between the two networks, but in the absence of a clear indication for option (c), AfGH and STOPAIDS decided to develop separate strategies.

2. Recruitment of Key Stakeholder Advisory Group

For the strategic review and development, AfGH recruited a Key Stakeholder Advisory Group (KSAG), who were responsible for ensuring that our key stakeholders - those whose right to health is not realised and those without access to quality healthcare - were meaningfully involved in the process. The KSAG provided guidance from the very beginning on the strategy process and held AfGH and the Steering Committee to account on the delivery of these plans, including developing a thought paper for AfGH to meaningfully involve key stakeholders in the longer-term. This group was made up of seven members and had diverse representation, including:

- At least four people living with or affected by health issues
- At least three people born, spent significant time living in or currently living in a low- or middle-income country (representing at least three different continents)
- Strong representation (at least half the group) of people who identify as women or trans-women
- At least one person who identifies as lesbian, gay, bisexual, transgender, queer and/or questioning, intersex or asexual
- At least two people from black, Asian and minority ethnic backgrounds
- At least one person below the age of 25
- At least one person above the age of 65

3. Review of previous strategy (steps 3-7 conducted by Q3 Consultancy)

AfGH hired Q3 Consultancy to lead their strategic review and support the development of the new AfGH 2022-2025 strategy. The strategic review sought to gain insight into the vision of the network as a UK-based global health network, AfGH's overarching strategic priorities, and how AfGH should operate as a global health membership network to meet the needs and expectations of its members, stakeholders and the populations it serves.



4. Consultations with all stakeholders

The consultation involved two focus groups (with the Key Stakeholder Advisory Group and diverse member representatives), seven semi-structured interviews, and a survey distributed to all member organisations, UK-based and international partners, key targets, our Key Stakeholder Advisory Group, the AfGH Steering Committee and the AfGH Secretariat (a total of 52 responses were collected).

In order to reduce the risk of selection bias, stakeholders for the in-depth focus groups and interviews were determined by the following criteria:

- Interviews should cover the full range of stakeholders (including funders, partners, key targets, members and the Key Stakeholder Advisory Group)
- Interviews should have a significant representation of organisations based in low- and middle-income countries
- Members' representation should include a range of types of organisations (large and small NGOs, research or university, private sector), approach (advocacy, programmatic, research, campaigns) and geographies served
- Selection of interviewees should ensure diversity of perspectives in terms of gender, age, etc.

AfGH also conducted a series of workshops with members on relevant global health topics, and created a number of informal thought papers from the workshops. These thought papers covered the following themes:

- Balance of UK vs international advocacy
- Cross-sectoral collaboration
- Balancing disease-specific integration vs exceptionality
- Civil society's role in global health accountability
- Health inequality and inequity and the 'Leave No One Behind' agenda
- Decolonisation of global health
- Transparency and meaningful evaluation
- Health financing
- AfGH engagement with UK Government
- Private sector engagement in civil society spaces
- Inclusion of mental health in global health
- Assessment of barriers and opportunities for UHC and HSS
- Meaningful involvement of key stakeholders (developed by the Key Stakeholder Advisory Group)



5. Development of findings report

As a result of the analysis, the following key themes were identified:

- Shaping global health policy - AfGH has a key role to play in amplifying members' voices, engaging with the UK government to drive global health policy dialogue and increase governance around global health commitments.
- Growing global health presence - AfGH has an evolving and dynamic presence in the global health landscape. AfGH's increasing visibility marks an opportunity to transition how AfGH continues to engage with people with lived experience of the issues it works on and with LMIC-based civil society organisations.
- Convening role - AfGH serves as a convening powerhouse, unifying member expertise and strengthening collaboration with partner organisations.
- Knowledge management and sharing - AfGH's approach to keeping members abreast of key global health developments and facilitating knowledge exchange between members is highly valued.
- In addition, respondents identified key cross-cutting strategic priorities for the network for the 2021-2024 cycle.

6. Options paper and development of recommendations and next steps

An options paper was developed by Q3 Consultancy to outline how AfGH could change its activities and strategic approach. Each option was presented with a thorough analysis identifying pros and cons, as well as operational and financial/resource implications of implementing a change in strategy or practice.

Options were discussed in-depth with members at a members' meeting, where stakeholders were able to find a consensus on AfGH's vision, mission, overall approach and strategic objectives, as well as more practical changes to be made to its activities.

Key elements discussed included:

- Whether AfGH's overall vision should remain Universal Health Coverage (as in previous strategy), move to Health Inequalities or to Universal Health Coverage with a focus on Health Inequalities
- How AfGH should increase engagement with LMICs, whether remaining a UK-focused membership or opening the membership up to more international organisations.
- Which strategic priorities to prioritise and focus on.
- How AfGH should engage with the UK Government / FCDO, in the spectrum between being a critical friend and being more outspoken and critical.
- Which comms activities to prioritise to increase AfGH's public presence.



7. Development of draft strategic plan and logic model

Q3 strategy ran an interactive workshop with the Steering Committee and AfGH Secretariat to agree on AfGH's vision and programme structure, develop a strategic plan for AfGH's 2021-2024 agenda, based on previous findings, and develop a Logical Framework to outline how AfGH is planning to achieve the desired outcomes through its resources and activities.

8. Development of health equity strategic approach (conducted by Lazenya Weekes-Richemond)

In order to ensure AfGH shifted its approach in light of the increased focus on health equity, AfGH recruited an independent consultant, Lazenya Weekes-Richemond, to develop a strategic approach focused on health equity.

The approach was developed through a review of AfGH documentation, two focus group discussions held in December 2021 with the AfGH Steering Committee and Secretariat to co-create the new approach and through a written consultation with the Key Stakeholder Advisory Group.

9. Development of final AfGH 2022-2025 strategy

The draft strategic documents and new health equity strategic approach were then integrated to create this final 2022-2025 strategy. AfGH consulted with the Secretariat, Steering Committee, Key Stakeholder Advisory Group and the network membership ahead of the launch.

