The Washington global health community’s shared vision:

Building the next generation of African health leaders and the systems that support their success

Washington-based global health organizations are addressing health inequities that disproportionately impact the African continent. This work is effective and sustainable only when local people determine, lead, and own solutions to the health challenges facing their communities.

We recognize that we—as nongovernmental organizations, academies, private-sector entities, and funders—are working by implicit agreement in a way that often fails to improve the components of global health equity work that lead to effective African health leadership. We can do better.

We want to work collectively to improve the way global health planning, funding, and implementation embrace system change, infrastructure, and human capital so that education, research, and production in Africa are locally based and locally led.

Our challenge.

Global health work occurs in parts of the world where too often gaps in the systems that yield health education, research, production, and local leadership result in unacceptable health outcomes. African countries are no exception.

Local determination of need, capacity building, and system strengthening are intrinsic to our work and to creating a stable environment in which local health leadership can thrive. But in the scope of project plans and budgets, we often fail, both as implementers and donors, to insist on adequate focus for each of these components.

In our collective experience, one thing is clear—interventions that do not address the whole of the system are not enough. If the full participation of local leadership and capacity improvements were more intentionally emphasized as a core part of global health work in Africa, solutions would be more durable.

Our response.

We build capacity where we work because it is central to our impact and because it contributes to a climate that supports local leadership. We are training doctoral
researchers in Tanzania, Uganda, and Kenya to ensure that local leaders determine and lead the research affecting their communities. We are training eye bank technicians and ophthalmic surgeons in Ethiopia so that local leaders will operate eye banks and perform transplants. We are developing vaccine production in South Africa so that vaccines given in-country will be made in-country. We are building supply chain expertise in Mozambique and laboratories in Kenya to strengthen local infrastructure and equip the local technicians and engineers who maintain, expand, and replicate it.

In these and other disciplines, Washington-based global health organizations are contributing by transferring skills and knowledge to local health leaders and strengthening capacity in local health systems. We are making space for today’s local health leaders to determine and lead international investment in the health planning, implementation, and research of tomorrow.

We see talent, desire, and potential for stronger systems and recognize that we should do more to invest in them. This is the work that will allow us to take a step back and create more opportunity for local leadership to step forward.

**Together, we can do more.**

As a Washington-based global health community, we recognize the value—the imperative—of investing in the communities where we work. We share with funders the mission of addressing health equity, and we share the vision of sustaining this work by moving full ownership of education, research, production, and leadership to the countries where we work.

As we work in tandem with the next generation of African leaders, we see the need for contributing to more effective systems and environments that allow emerging leaders to succeed. We ask donors to consider holding us as implementers accountable for key elements of global health projects and budgets.

**Our vision.**

Let’s agree to design global health projects with the following principles:

- **Locals lead.** Conceptualize what is needed in-country with local leaders and stakeholders to develop the project and start there.

- **Research is community-based and participatory.** Design research components in partnership with the local community to benefit research participants and give the community authority in the research.
• **Sustained commitment.** Build projects of three or more years, recognizing that outcomes require time to cultivate. Make successful transition of local projects to local leadership integral to the project and check in on progress toward that end throughout. Avoid capability cliffs by building in at least one year for transition.

• **Stay focused but build in flexibility.** Maintain consistent overall strategy, structure, and outcomes, while recognizing the need for flexibility to make adjustments informed by project experience rather than external priorities.

• **Strengthen people.** Demonstrate that skills developed by local leaders and workers through the project are transferrable to other programs. Evaluate skills and capacity throughout projects to ensure the local people and systems are prepared to carry forward the public health mission.

• **Invest in systems.** Where needed, build fiscal and accounting capacities that prepare the community to participate fully in funded projects. Identify system gaps and explore resources to reinforce systems so that local health leaders can succeed, recognizing that the ability of locals to carry forward activities may depend on additional investment in technology, software, devices, or people.