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March 2022 Newsletter



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AUDA-NEPAD Home Grown Solutions Accelerator for Pandemic Resilience Announces its Second Pan-African Cohort

On March 24th, Dr Ibrahim Assane Mayaki, CEO of the African Union Development Agency-NEPAD (AUDA-NEPAD) chaired a Steering Committee session of the Home-Grown Solutions (HGS) Accelerator which selected 14 African healthcare ventures to form the second cohort to receive support by the initiative.

The HGS Accelerator for Pandemic Resilience is an initiative that aims to accelerate the growth of African healthcare companies to strengthen the continent's pandemic resilience, in line with the African Union's Agenda 2063 aspirations. This is achieved through offering hands-on and tailored support to growth and mature stage healthcare businesses. AUDA-NEPAD founded the accelerator initiative in 2020 in partnership with the Japan International Cooperation Agency (JICA) and with support from the Boston Consulting Group (BCG) and Villgro Africa.

The Steering Committee, whose members can be found at the bottom of this page, provided the following in overall high level reflections and guidance for the initiative:

- Commendation for the highly successful call for applications conducted over December 2021 and January 2022, which attracted 160 applications from over 25 countries on the continent
- Selection of 14 promising African ventures from 13 countries and covering a topic of pressing issues in healthcare, with end beneficiaries in over 25 countries (see below)
- Satisfaction to see how the 5 ventures supported during the 2021 East Africa pilot continue to thrive as seen by international expansion of end beneficiaries, opening of new clinics, manufacturing of large quantities of diagnostic test kits, and other indicators
- Support and guidance on how to continue to build out the initiative, both on topics of growing future traction across the continent, further institutionalize and disseminate learnings and successes, expanding the offering with support mechanisms such as grant provision and diversifying funder base with domestic and international funders

During the meeting, Dr. Ibrahim Assane Mayaki said, "We went through a first pilot phase, which has allowed us to see clearly the impact that this idea of supporting Home Grown Solutions can have [...] I believe that in this second phase and as we expand the initiative, we will be able to show even more impact on health systems, this time across the continent", expressing his satisfaction not just with the Accelerator, but even more so with the innovative and impactful work undertaken by the selected and other African 'Home Grown Solutions' healthcare ventures.

With around 30 Home Grown Solutions shortlisted for deliberation, the Steering Committee has chosen 14 companies



to be supported as part of the 2022 cohort, all of which will receive the Accelerator's support over a period of 6 months and are described below:

Africa Health Holdings [[website](#)] is a Ghanaian-based venture that acquires and operates provider networks in multiple countries, with a focus on introducing harmonized technology, optimized utilization and economies of scale & scope to build health system capacity and affordability.



Appy Saúde [[website](#)] is an Angola-based e-commerce platform with a B2B2C model which enables consumers to assess pharmaceuticals' availability at nearby pharmacies as well as order or book, and for pharmacies to purchase supplies themselves.



DataPathology [[website](#)] is a Morocco-based company whose main solution is to outsource pathology for a hospital by installing and running a local laboratory with a technical staff member, who sends sample scans for remote assessment to a network of anatomical pathologists.



Dawa Life Sciences [[website](#)] is a Kenyan pharmaceuticals manufacturer aiming to steadily reduce Africa's dependence on drugs imports,





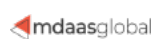
with a catalogue of more than 800 products and already supplying more than 20 countries across the continent.



Doctora [website] is a Nigerian company offering home visits through an online platform, and currently rolling out a novel pre-paid health scheme which allows uninsured individuals to access healthcare at affordable prices by utilizing underused capacity of existing healthcare facilities.



Doctor on Call [website] is a Sudan-based platform linking patients with healthcare professionals for home visits and wellness services, through an Android app and call center in Khartoum.



Mdaas Global [website] is a Nigeria-based network of modern and tech-enabled diagnostic referral centers for underserved communities, supported by a digital and physical health management platform for continues and preventive care.



Online Clinic Yathu (Ocliya) [website] is a Malawi-based online platform which facilitates tele-consultations, home based primary healthcare delivery, wellness, and other specialists' services such as physiotherapy.



Polyclinique Pasteur [website] is a Mali-based hospital which has grown to become a referral hospital of choice, providing primary to tertiary care in Mali itself as well as Guinea C.



Rology [website] is an Egyptian-based company operating an AI-assisted teleradiology platform that matches a hospital's radiology results with a network of radiologists who interpret and share reports.



Simbona [website] is an Ethiopian manufacturer of ultraviolet light based (UV) sterilization machines to clean items and surfaces with which facilities can reduce prevalence of hospital-acquired infections.



Sinapi [website] is a South African manufacturer of affordable, high quality and life-saving medical devices such as chest drains or uterine ballon tamponades exporting to 15 countries in Africa



Streamline Health [website] is a Uganda-based company introducing Electronic Medical Records (EMR) in urban or rural facilities, and building on that to provide localized community insurance solutions.



Wiiqare [website] is a Congo-based health finance solution, a loyalty-card like digital health wallet that helps uninsured communities save and transfer funds which can solely be accessed for healthcare.

For more information, please consult our microsite.

AUDA-NEPAD Convenes Leading African Think Tanks to Shape the Future of African Development Systems



The African Union Development Agency-NEPAD (AUDA-NEPAD) is convening leading African think tanks and research organisations to shape the future of African development systems.

The Technical Advisory Group (TAG) meeting held under the auspices of the AUDA-NEPAD Policy Bridge Tank on 28-29 March 2022, aims to explore knowledge-driven policy-making, scenario planning, and innovative solutions to address pertinent developing issues in the areas of food systems, health systems as well as economic recovery and jobs.

“The Policy Bridge Tank serves as a crucial source of continental development intelligence on regional development concerns, thereby accelerating the regional integration process towards The Africa We Want,” said Dr Ibrahim Assane Mayaki, CEO of AUDA-NEPAD.

AUDA-NEPAD has established the Policy Bridge Tank as one of its strategic

initiatives aimed at engaging African Think Tanks to identify and address continental and regional challenges through evidence-based policy and knowledge services. Its main objective is to help translate research output and connect knowledge to decision-making to build a strong and interlinked African-driven science, research, and policy space.

“In Science, Technology, and Innovation there is very little policy research. We have to enhance collaboration between African scholars and strengthen research on policy implementation for improved learning,” highlighted Dr Bitrina Diyamet, Founder and Executive Director, Science, Technology and Innovation Policy Research Organization (STIPRO), as one of the key priority areas the Policy Bridge Tank will focus on.

Ms Elizabeth Sideropolous, Chief Executive of the South African Institute of International Affairs (SAIIA), emphasised the need to avail African-generated knowledge to provide local and regional

decision-makers with independent, evidence-based options for Africa’s future development.

Mr Jakkie Cilliers, Chair of the Institute for Security Studies (ISS) Board of Trustees and Head of the African Futures and Innovation Programme, stressed the importance of data and foresight modelling to support countries develop a long-term vision for their development process.

Members of the Technical Advisory Group also include Dr Mavis Owusu-Gyamfi, Executive Vice-President, the African Center for Economic Transformation; Prof Njuguna Ndung’u, Executive Director of the African Economic Research Consortium (AERC); and Prof Neissan Besharati, Director, Development Advisory Pan-African Investment and Research Services (PAIRS).

Obstetric Fistula: Enhancing Preventative Maternal Healthcare For African Women Using Smart Technologies

Access to basic and preventative maternal health for African women is regarded as a fundamental human right and essential. Maternal health is not only considered crucial to the health of the mothers giving birth but also the babies being given birth to. Healthy babies will yield to economically healthy citizens, which has direct implications on the socio-economic development of the African continent.

Women represent slightly over 50% of the African population and remain an essential human resource. Thus, their health has significant implications for the continent's economic development. Recognising the importance of women's health, African countries should ensure the provision of maternal and preventative health healthcare.

The United Nation's Sustainable Development Goal Number 3 strives to ensure healthy lives and promote the well-being of global citizenry of all ages, including pregnant women and the babies they are carrying. Furthermore, the African Union's (AU) Agenda 2063 envisions a prosperous Africa based on inclusive growth and sustainable socio-economic development and growth. In addition, the regional African Charter on Human and People's Rights (Banjul Charter) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa also recognise women's right to health as a fundamental right.

Despite calls to improve the health conditions of women across the African continent, African women remain subject to a myriad of healthcare challenges. The World Health Organisation (WHO) reports that African women are highly likely to die from diseases such as Human Immunodeficiency Virus Acquired Immunodeficiency Syndrome (HIV/AIDS), tuberculosis, malaria, maternal and perinatal complications, and nutritional deficiencies, more than other women from other parts of the world.

Maternal healthcare remains crucial as it's a leading cause of death in African Women. One threat to maternal health on the continent is Obstetric Fistula, a "hole formed between the birth canal and bladder and/or rectum, and caused by prolonged, obstructed labour without access to timely, high-quality medical treatment". This condition can lead to continuous urinary and, in some cases, faecal incontinence and may be triggered by malignancy, radiation therapy, surgery, and traumatic injury.

In developing countries such as the African continent, obstetric Fistula can result from prolonged and obstructed labour, often occurring over several days because the unborn baby cannot pass through the pelvis.[9] This may be caused by the big size of the new-born baby since they may not easily pass through the pelvis. In some cases, the foetus may be lying in the wrong position, or the pelvis may be malformed or not fully developed. The prolonged pressure of the baby's head can damage the blood vessels supplying the tissues of the vagina, bladder, urethra,

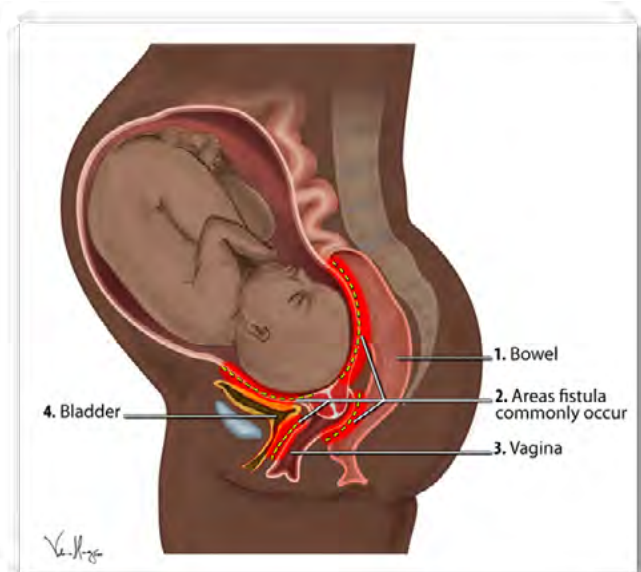


Figure 1: An illustration of areas where obstetric fistula commonly occurs. SOURCE: https://en.wikipedia.org/wiki/Obstetric_fistula#/media/File:Obstetric_Fistula_Locations_Diagram.png

and rectum. The damage may end up cutting off the supply of oxygen; a condition referred to as ischaemia. Regrettably, this may lead to the death of the affected tissue in the form of necrosis. Subsequently, the dead tissue may then exuviate away, thereby leaving a hole between adjacent organs.

Notably, approximately two (2) million women in Sub-Saharan Africa, Asia, across the Middle East region, Latin America, and the Caribbean are living with this obstetric fistula injury. Furthermore, approximately 50 thousand to 100 thousand new cases are reported each year. For instance, in Burkina Faso, the occurrence rate of Obstetric Fistula is reported at 6 out of 10,000 cases amongst gynaecological patients, with more patients affected in rural areas. Leaving this condition untreated can lead to skin infections, kidney malfunction and subsequently cause death among women, especially delivering mothers.

The various types of Obstetric Fistula can include the Vesicovaginal Fistula that occurs between the bladder and vagina and the Urethrovaginal Fistula that occurs between the urethra, known as the bladder outlet and vagina. There is also the Rectovaginal Fistula that occurs between the rectum and vagina; Ureterovaginal Fistula that occurs between the ureters (kidney tubes) and the vagina; and the Vesicouterine Fistula that occurs between the bladder and the uterus (womb). In some cases, more than one type of Fistula may occur simultaneously because of severe damage.

The best approach to addressing this challenge is an urgent caesarean section. Thus, Obstetric Fistula has been effectively eliminated in the developed world because of the availability of

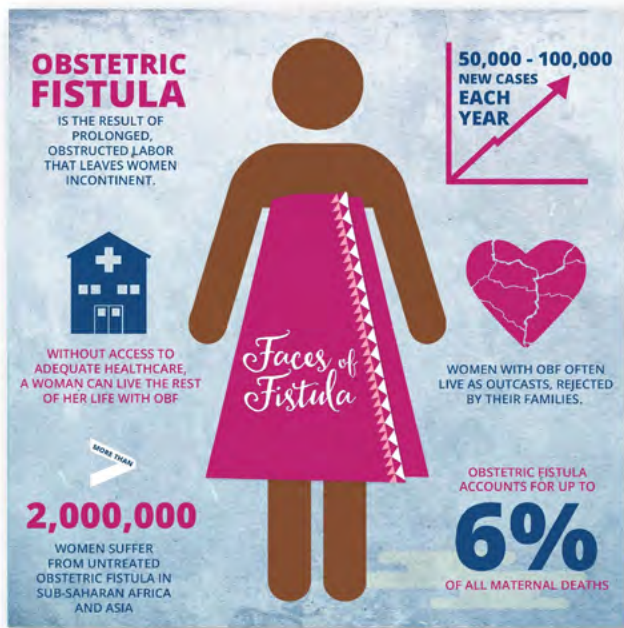


Figure 2: Obstetric Fistula Facts. SOURCE: Mercy Ships UK (<https://twitter.com/MercyShipsUK/status/1131454903875002368/photo/1>)

healthcare facilities such as emergency obstetric facilities and caesarean section services. However, in developing countries, this may not be readily available because of limited resources to detect such challenges during pregnancy or on delivery. There exists limited a limited number of adequately trained and skilled medical staff, as well as the lack of medical supplies and equipment in most African clinics and hospitals. This calls for the formulation of effective solutions

The African Union High Level Panel on Emerging Technologies (APET) notes that the obstetric fistula challenge has been eliminated in developed countries. However, this condition remains highly prevalent within African countries. APET believes that Africa can eliminate Obstetric Fistula by incorporating smart technologies as part of preventative healthcare facilities to monitor this condition among African women. APET further acknowledges that health digital technologies can potentially enhance access to healthcare towards chronic maternal morbidities such as obstetric Fistula.

Uganda and Nigeria are leveraging digital Interactive Voice Response (IVR) technology to identify cases of Obstetric Fistula. The IVR technology enables obstetric fistula screening and can be utilised as a referral hotline. As a hotline, it was developed to cater for inaccessible women, more especially in rural communities, that are living with obstetric fistula conditions. This technology utilises a mobile phone where a caller can dial a toll-free number. Through a consultative conversation, the technology allows the women to answer specific questions that will give insights into their health status. Subsequently, the hotline collects data on the demographics of Obstetric Fistula and experienced barriers against access to treatment.

Once the data has been collected, the women who screen positively within the intervention catchment areas receive

follow-up consultation via telephonic consultative conversation from a community healthcare agent. This agent subsequently books the women for a doctor's appointment and surgery for the patient, where applicable and necessary. Specifically, this technology was created to assist women who cannot read text messages on their mobile phones. This enables access to the most vulnerable women likely to struggle from this condition but lacks information on available preventative healthcare and medical facilities.

The greatest challenge for most women towards accessing basic healthcare is usually money for transport to access basic healthcare. This is observed even in cases where the healthcare facilities and services are subsidised financially by African governments in partnership with developmental partners. Therefore, technologies to enable access to funds for transportation and buying medical supplies, among others, need to be availed to these women. For instance, Mobile money technology has gained traction in trying to address access to funds for transport in places without banking facilities. African countries such as Tanzania are leveraging mobile money through the M-Pesa platform to pay for procedures and medical supplies related to preventative healthcare for such communities without banking facilities.

The United Nations Population Fund has estimated that there are approximately 3000 new obstetric fistula cases in Tanzania. Maternal healthcare in Tanzania is free; however, the transport costs remain a huge challenge for most women. Thus, through the M-Pesa money mobile facility, women from inaccessible villages and without banking facilities can be given transport money through the mobile money platform to travel to nearby clinics and hospitals for treatment. The mobile money project has been spearheaded by the Comprehensive Community-Based Rehabilitation in Tanzania (CCBRT), collaborating with the UN Population Fund (UNFPA) and the telecommunications company Vodacom. They provide patients suffering from obstetric Fistula with transport costs for their repair surgery.

Women who suffer from obstetric Fistula are often subjected to constant incontinence, shame, social segregation, and health problems. Thus, addressing these social segregations and health problems remain crucial when addressing preventative healthcare measures for African countries. Even though approximately 2 million young women live with untreated Obstetric Fistula in Asia and sub-Saharan Africa, APET notes that obstetric Fistula can be preventable and treatable. For example, this condition can largely be avoided by delaying the age of first pregnancy, ending the harmful traditional practices that promote obstetric fistula injuries, and timely access to obstetric care. As such, appropriately preventing and managing obstetric fistula conditions using supporting technologies can largely contribute to the Sustainable Development Goal 3 of enhancing maternal health.

In 2010, in Burundi, approximately 40% of women had limited or no access to skilled attendants at birth. The caesarean section rate was estimated to be approximately 4% against the minimum acceptable caesarean rate of 5%. [READ MORE](#)

Conversation with Dr Ibrahim Mayaki on Africa's Development

As the curtain fell on the 7th Programme for Infrastructure Development in Africa (PIDA) Week taking place in Nairobi, KTN's Laban Cliff held an interview with Dr. Ibrahim Mayaki, CEO of the African Union Development Agency-NEPAD whose term at the agency comes to an end later this year.

LC: Thank you so much for speaking with us on KTN NEWS. Dr Mayaki, looking back at your tenure, what are some of the reflections and milestones and proud moments that will remind you of the efforts that you and your team put into solidifying and strengthening AUDA-NEPAD?

IM: Thank you very much for the question, there are three issues I will focus on:

The first being on African institutions which generally tend to be weakened along the years. The strengthening of NEPAD from being a Secretariat to an African Union continental development agency was due to the support from the AU Member States, our governance structure which is the NEPAD Steering Committee and the NEPAD Heads of States and Government Orientation Committee. The transformation was a big achievement for all of us and the support of the African Union was also invaluable. Secondly, we developed strategic continental frameworks, one in agriculture (CAADP) and the other in infrastructure (PIDA) which both led to a paradigm shift in the way the continent would look at agriculture and infrastructure development. In agriculture, we moved towards making the agricultural sector dynamic and taking into account small scale farmers- that was a huge change from the approach that the multi-lateral institutions were proposing. In infrastructure, we shifted the thinking from nationally connected projects to regionally connected projects with the concept of corridor development and this has transformed the geography of the continent.

Thirdly, the African Union Development Agency-NEPAD has brought together highly specialized experts from across the continent, and this has been beneficial as it has become a think-tank hub that can focus on programme implementation.



LC: What are some of your personal reflections as a leader and what are some of the moments you are proud of?

IM: A leader is fundamentally a servant, to serve in this case, the continent. So, a leader needs to connect with the ordinary citizen. A leader should self-reflect by asking him/herself: "Taking into consideration the size of institution I am leading, is what I am doing useful to the ordinary African? If a leader can respond positively to this question, it means he/she is on the right path and will be more tranquil in his/her role."

LC: Lastly, what is your advice towards fellow leaders, your advice to African governments to support these large-scale infrastructure projects

IM: African governments and Regional Economic Communities are already part of the NEPAD Agenda, and this was evident in the high attendance of PIDA Week. You witnessed the motivation of the leaders who spoke and you also saw the quality of projects which were showcased, so, this is evidence that we are on the right track. The crucial part is now about acceleration and acceleration.

The future of personalised medicine is vast. This workshop provided a platform for stakeholders to exchange knowledge and contribute to the global effort to use data from Research and Development to address the health challenges and aid in preparedness for future pandemics.

[Download the Final Communiqué of the Seventh PIDA Week held from 28 February to 4 March 2022, Nairobi, Kenya \(Hybrid Format\) | Kenyatta International Conference Center](#)

The (Lost?) Promise of Genome Editing (And How to Rediscover the Promise)

Co-author: *Martin Bwalya Martin Bwalya is ag director, Knowledge Management and Programme Evaluation (KMPE) at the African Union Development Agency-New Partnership for Africa's Development (AUDA-NEPAD).*



The pace of research in the field of genome editing — understanding, modifying and altering gene function — has quickly accelerated in the past 10 years. The first novel methods — zinc finger nuclease (ZFN), transcription activator-like effector nucleases (TALEN) and meganucleases — made it quicker and easier to modify genes. This was followed by CRISPR/Cas9 gene editing, with improved precision, speed and flexibility, and the potential to change the field of plant breeding, improve food security and stay a step ahead of climate change.

Yet, due to policy and regulatory uncertainty around the world and some technical obstacles, very few products have attained commercialization, indicating a lack of follow-through on the incredible depth and breadth of research and investment. And in regions where CRISPR/Cas9 could have perhaps the greatest impact, like Africa, scientists are engaging but not fully participating due to policy incoherence as well as technical and the usually mind-set barriers.

We are posing two questions:

1. Why has CRISPR/CAS9 genome editing created so much excitement and investment?
2. Can we deliver and expand on the promise and investments made? This is especially important for catalyzing the agriculture and food systems transformation that is able to provide for resilient and viable systems from production through to consumption.

[READ MORE](#)

Mozambique Government, Partners Join Forces to Improve Dairy Farming

By Charles Mangwiro, Agenda 2063 Media Network

Arnaldo Dimande, a peasant farmer in the region of Machiane, saw a chance to transform his ambition of becoming a milk producer into reality when a United States Department of Agriculture USDA-funded Land O'Lakes dairy project was launched in the district of Manhica, situated in the southern province of Maputo, Mozambique.

Because of the climate and availability to different markets in the area, the USDA and Land O'Lakes International Development wanted to help resuscitate a Mozambique dairy farming history and grow small-scale farmers in one of Mozambique's top animal producing locations.

Land O Lakes introduced a once off pilot heifer transfer project in 2014 to help subsistence farmers rebuild Mozambique's dairy industry to meet market demand and increase incomes for smallholder farmers by participating in a sustainable dairy value chain. The program provided inputs (dairy cows), training (fodder crop and pasture management, animal husbandry), and assistance in establishment of producer cooperatives, milk collection centres and marketing campaigns.

Land O Lakes subsequently trained 193 farmers for a month and then after having taught the whole process for milk production the company offered a cow to a farmer to reproduce and offer the calf to another beneficiary. But today, the project is non-existent and was moved to other regions of the country.

"I was among the first group of beneficiaries who received one cow each in 2015. The Land O'Lakes Project provided us with training in feed and fodder-making techniques, pasture management, milk collection and marketing, and animal husbandry. It also showed us how to increase productivity by using the cattle to cultivate crops," Dimande said.

Dimande now has seven cows, four of which are milked, and on a good day, he may yield as little as 30 litres.

He said: "This (Land O lakes) was a brilliant idea and it was promising but the project has ceased to exist and we are now struggling to make ends meet. We are struggling to take good care of the animals, particularly their health and food. If the cows would be healthy, I would produce up to 100 litres of milk a day. One litre of fresh milk costs 50 meticaïs and that would fetch 5000 meticaïs (US\$79). Dimande sells his milk alongside other farmers by the roadside highway that runs through Machaiane from the capital, Maputo to the northern regions of the country.

Dimande claims he spends at least 560 meticaïs (US\$ 9) per day feeding the cows.

In the Manhica district, he said, he and other farmers raise Jersey exotic breeds and cut native grass, chop them up, and feed them to the animals in feeding troughs.



Arnaldo Dimande feeding his cows with grass chopped from the farmlands

"Farmers use molasses and water diluted in a 1:10 ratio on the grass (1litre to 10 litres). For feeding cows, a few farmers combine natural grass with chopped sugarcane top. The cows are kept permanently in a barn and fed in stalls. The majority of cows do not fulfill the genetically modified breed's nutrition needs, which include forages," said Dimande.

Another farmer, Justino Mungove, stated that animal health is another issue that farmers confront.

"We already have a problem feeding the cows, but we also have to deal with mastitis (an inflammatory condition affecting the mammary gland of cows), which lowers milk output," he said. "Milk from ill animals has an impact on the end product in Mungove since it is sold fresh to residents in Manhica district and then turned into yogurt by purchasers in the neighboring Xai-Xai district."

According to Gomes Paulo Tivane, chairman of the local Milk Collection Centre, Cooperativa Leitera Hluvucane Vafu Machiana, there are potential milk producers and buyers in the Manhica and Xai-Xai districts in Southern Mozambique.

“The daily monetary earnings from the sale of milk and milk products have a positive impact on rural households’ financial flow. Farmers who used to make an average of \$106 per month from dairy farming were formerly considered wealthy. This is a lucrative enterprise. “The most successful dairy producers may treble their net income to \$190 per month and boost milk output to an average of 32,000 liters per month, or more than 15 liters per cow each day,” Tivane added.

Mozambique’s government has made significant institutional changes in its policies and plans during the last decade in order to promote sustainable development and the rational and sustainable use of natural resources.

The government’s National Research Fund, FNI, is playing a role in research and training as a result of this. FNI, in general, is charged with developing new goods and technologies via research and bringing them to the market.

To boost output and productivity, farmers’ groups, the corporate sector, and non-governmental organizations (NGOs) should adopt the FNI’s innovative goods and technology.

Dr. Damiao Nguluve, the head of department at FNI, stated in an interview that his institution is about to launch a research targeted at integrating and adding value to dairy producers, native fruits, yogurt manufacturing, and marketing.

“To boost milk output, farmers like Dimande will be taught how to make milk from a complete mixed diet. Agriculture is their primary source of income, and livestock play a critical role in poverty reduction and nutritional household food security,” said Nguluve, who also noted that cow milk production increased by about 11 percent last year, with 63 percent of milk processed by the milk industry and the remaining 37 percent sold in informal markets.

Mozambique production of milk was at level of 557,859 thousand tonnes in 2020

“We’re launching this project to examine milk cattle production methods, as well as milk and milk product marketing, in order to identify the key impediments to dairy farming production.” Farmers rearing and milking cattle, buyers and sellers of milk and milk products are the main actors in Manhiça district, Maputo province, and Xai-Xai district, southern Gaza province, both districts in Southern Mozambique.



New Appointments at the AUDA-NEPAD - March 2022

LAST NAME	Oloo
FIRST NAME	Rebecca
TITLE	Mrs.
POSITION	Head of Human Resources
DIRECTORATE/DIVISION	Operations
DATE OF EMPLOYMENT	01 March 2022

Mrs. Rebecca Oloo, a national of Kenya has been appointed as Head of Human Resources within the Operations Directorate, with effect from 01 March 2022. Mrs. Rebecca Oloo holds an MBA degree in Strategic Management Practice (2004) from the University of KwaZulu-Natal; Master's Degree in Investment Promotion and Economic Development (2012) from Edinburgh Napier University, Scotland; Certificate in Executive Leadership (2020) from Said Business School Oxford University; College Certificate, Foundations of Executive Coaching (2014) from University of Cape Town; College Certificate in Project Administration (2012) from University of Cape Town. Mrs. Oloo is a Certified Professional Coach from the Coaching Transformation Academy.

Prior to her appointment, Mrs Rebecca Oloo was an Acting Head of Human Resources at AUDA-NEPAD. She also held other positions at AUDA-NEPAD as Senior Human Resources Officer; Human Resources Officer and Human Resources Assistant; Executive Assistant in the Executive Director's Office at African Peer Review Mechanism; Project Officer at Palmer Development Group; Personal Assistant to the Regional Manager, SADC at Siemens Ltd; Office Manager at Safer Africa; Training and Administrative Assistant at the World Agroforestry Research Centre in Nairobi, Kenya.

LAST NAME	Gebreselassie
FIRST NAME	Azeb Desta
TITLE	Mrs.
POSITION	Head of Finance
DIRECTORATE/DIVISION	Operations
DATE OF EMPLOYMENT	01 March 2022

Mrs. Azeb Desta Gebreselassie, a national of Ethiopia has been appointed Head of Finance within the Operations Directorate, with effect 01 March 2022, Mrs. Azeb Desta Gebreselassie holds a Master's in Business Administration (MBA) (2014) from Witwatersrand (Wits) Business School, South Africa; BA Degree in Accounting (1999) from Addis Ababa University, Ethiopia; Diploma in International Financial Reporting Standards (DiP IFRS) (2012) from the Association of Chartered Certified Accountants, United Kingdom; Diploma in International Public Sector Accounting Standards (IPSAS) (2016) from the Chartered Institute of Public Finance & Accountancy; International Public Sector Accounting Standards (IPSAS) - Expert's Training (2018) from PWC Brussels, Belgium.

Prior to her appointment, Mrs. Azeb Desta Gebreselassie was an Acting Head of Finance at the African Union Development

Agency (AUDA-NEPAD). She also held other positions as Senior Finance Officer - Financial Management at African Union Development Agency (AUDA-NEPAD); Senior Finance Officer - Grants management at African Union Development Agency (AUDA-NEPAD); Thematic Finance Coordinator and Global Financial Reporting specialist at ActionAid International, South Africa; Financial Analyst at ActionAid Ethiopia Country Office, Ethiopia; Finance & Administration head at Oxfam Australia-Ethiopia Office & Family Guidance Association of Ethiopia (FGAE) – Ethiopia.

LAST NAME	Abdellah
FIRST NAME	El Kouraich
TITLE	Mr.
POSITION	Head of Human Resources
DIRECTORATE/DIVISION	Technical Cooperation and programme Funding
DATE OF EMPLOYMENT	01 March 2022

Mr. El Kouraich Abdellah , a national of Morocco has been employed as an AUC Youth Volunteer within the Technical Cooperation Programme Fund Directorate, with effect 07 March 2022. Mr. El Kouraich Abdellah holds a Master's degree in Diplomatic Studies (2017) from University Mohammed 5 Agdal; Bachelor's degree in Public Law (2015) from University Hassan 1 Settat.

Prior to his appointment, El Kouraich Abdellah was volunteering at Prometheus Institute for Democracy and Human Rights (NGO based in Rabat). He also held other positions as Assistant Legal Counsel at Prometheus Institute for Democracy and Human Rights".

LAST NAME	Paqira
FIRST NAME	Ali
TITLE	Mr.
POSITION	AUC Youth Volunteer
DIRECTORATE/DIVISION	Programme Delivery and Coordination Directorate
DATE OF EMPLOYMENT	07 March 2022

Mr. Ali Paqira, a national of Mozambique has been employed as an AUC Youth Volunteer within the Programme Delivery and Coordination Directorate, with effect 01 March 2022. Mr. Ali Paqira holds a BSc in Commercial Agriculture (2016) Eduardo Mondlane University, School of Business & Entrepreneurship, Mozambique.

Prior to his appointment, Mr. Ali Paqira was a Research Assistant at MSU- Assessment of investment priorities in the agriculture sector. He also held other positions as Quality Controller at upscale Health Digital Assessment of Community Health Agents in Mozambique; Research Assistant at Bath Social and Development Research.

AUDA-NEPAD staff bid farewell to Dr Ibrahim Mayaki

AUDA-NEPAD staff got together to honour Dr Ibrahim Mayaki at a farewell event on 25 March



Did you know?

THE WORLD'S FIRST COMPUTERIZED, CENTRALISED TICKET BOOKING SYSTEM WAS CREATED IN AFRICA- COMPUTICKET

In 1971, Percy Tucker from Benoni transformed the events and entertainment industry by inventing the world's first computerized, centralised ticket booking system - Computicket. No longer did people have to stand in theatre queues for hours only to be told that the cheapest tickets had already sold out (often to friends and family of the event organisers).

Computicket soon secured Ster-Kinekor as its first client, and the service took off across South Africa and internationally.

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