



Celebrating Innovation at the 9th African Population Conference

Domestic Health Financing Innovations: A Requisite for a Productive Population in Africa

Examining the Integration of Youths Towards Africa's Socio-Economic Transformation

AFIDEP *News* is the African Institute for Development Policy's newsletter. It is published twice a year to provide our stakeholders with updates of AFIDEP's programmes and highlight emerging policy issues in population dynamics and demographic dividend; health and wellbeing; transformative education and skills development; environment and climate change; governance and accountability; and gender equality.



AN AFRICA WHERE EVIDENCE IS USED CONSISTENTLY TO TRANSFORM LIVES

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Population Dynamics and the Demographic
Dividend, speaking to President Lazarus
McCarthy Chakwera of Malawi and Prime
Minister Bjarni Benediktsson of Iceland on
AFIDEP's work at the 9th African Population
Conference

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Celebrating Innovation at the 9th African Population Conference

By Ruckia Ibrahim-Nyirenda

Amidst global economic challenges, conflicts, and the crises of climate change, biodiversity loss, and pollution, Africa’s progress towards achieving the UN Sustainable Development Goals and the African Union’s Agenda 2063 has been significantly impacted. The COVID-19 pandemic has exacerbated these issues, threatening recent socioeconomic gains and underscoring the need for transformative actions. Low investment in human capital, cultural norms such as child marriage, and gender-based violence, have negative impacts on women and further stall achievement of these goals. It is within this context that the Union for African Population Studies (UAPS) hosted the 9th African Population Conference (APC) in Lilongwe, Malawi under the theme “Road to 2030 – Leveraging Africa’s Human Capital to Achieve Transformation in a World of Uncertainty,” to put at the forefront scientific innovation and collective ambition to navigate these challenges.

This quadrennial conference is the largest and most significant scientific meeting on population issues in Africa, and it brought together the scientific community to explore cutting-edge research and transformative insights. It featured scientific sessions, plenary discussions, side meetings, workshops, poster sessions, exhibition booths, sponsored research leader sessions, and a Policy and Parliamentary Forum. The 9th APC focused on data-driven policymaking, targeted investment in human capital, and strategic partnerships, centred around seven sub-themes:

- **Migration and Urbanisation:** Highlighting demographic shifts and the need for strategic investments to manage urban growth challenges.
- **Health and Mortality:** Emphasising enhanced healthcare access to reduce mortality rates and bolster human capital.
- **Sexual and Reproductive Health:** Advocating for comprehensive healthcare services and reproductive rights to empower women and adolescents.
- **Education and Human Development:** Focusing on improving educational outcomes and promoting lifelong learning essential for sustainable economic growth.
- **Environment and Climate Change:** Addressing the intersection of population dynamics with resource management and climate change.
- **Data and Methods:** Exploring innovative methodologies for demographic data collection and analysis.
- **Population and Economic Development:** Examining the relationship between population dynamics and economic growth.

AFIDEP at the 9th African Population Conference

AFIDEP’s role at the 9th APC further cemented its dedication to bridging the gaps between research, policy, and practice in Africa. As a key partner of the conference, AFIDEP’s

extensive involvement included leading pre-conference workshops, scientific sessions, plenary discussions, side meetings, workshops, poster sessions, and exhibitions, where it highlighted its commitment to translating research into actionable policies.

The AFIDEP-led Building Capacity for Integrated Family Planning/Reproductive Health and Population, Environment and Development Action (BUILD) project organised a pre-conference workshop that brought together population, health, environment, and development (PHED) implementers from Kenya, Uganda, Tanzania, Malawi, Madagascar, and Ethiopia. The workshop focused on best practices in PHED programme implementation, addressing partnership roles, data collection challenges, and scaling strategies. Emphasis was placed on integrating climate resilience into programme design and the importance of gender equity in community-led interventions. A visit to Pact Malawi's innovative PHED project in Salima showcased a model integrating fisheries management with health interventions, demonstrating effective community-driven solutions to address gender inequalities and health disparities.

During the scientific and poster sessions, AFIDEP provided critical insights into health challenges across Africa. Dr Michael Chipeta presented an analysis from the Putting Countries Back on the Path to Achieving the Sustainable Development Goals (Back-on-Track) project, revealing significant disparities in maternal and child health impacts across sub-national regions, and emphasising the need for resilient health systems and enhanced data integrity. Complementing this, Chifuniro Mankhwala presented on the resilience of child immunisation programmes in Ethiopia and Kenya during the COVID-19 pandemic, emphasising the critical need for targeted interventions to sustain vaccination coverage. While Dr McEwen Khundi shared on the use of modern contraceptives among adolescents girls and young women in Ethiopia, Kenya and Nigeria, offering insights into the factors that influence contraceptive uptake and the implications for maternal and reproductive health outcomes.

At a side event co-hosted by the ASHER and FP-IMPACT projects, innovative family planning measures and youth-focused approaches in sexual and reproductive health and rights research were shared. Similarly, the TEAM-UP project hosted a side event, presenting recent evidence and frameworks designed to guide the development of new family planning measures aligned with the principles of the International Conference on Population and Development. Dr Nurudeen Alhassan, the project lead, during one of the scientific sessions, also shared findings on the impact of bridewealth on contraceptive use and the prevalence of traditional contraceptive methods, shedding light on the intersection of cultural practices and women's reproductive health.

Julius Rwenyo's poster presentation from the Full Access, Full Choice project explored the role of religious leaders in promoting culturally sensitive family planning initiatives among adolescent women in Kenya's Mombasa and Wajir counties, highlighting the importance of engaging religious communities to enhance family planning acceptance and

implementation. A plenary discussion at the conference featured Dr Bernard Onyango's exploration of Africa's demographic dividend, emphasising the need for strategic investments in health, education, and economic empowerment.

Beyond participating in scientific discourse, AFIDEP served as the secretariat for the first-ever Policy and Parliamentary Forum at the APC, marking a significant step towards evidence-based policymaking in Africa. Dr Eliya Zulu, AFIDEP's Executive Director, emphasised the significance of this initiative stating, "One of the standout features of this conference has been the policy forum, which brought together parliamentarians, heads of population secretariats, and policymakers. The seamless integration of science, policy, and programme issues has been remarkable. AFIDEP's work extends beyond academic publications—our evidence has the power to shape policies, programmes, and ultimately transform lives. We must continue to drive evidence-driven approaches and utilise our leadership to advocate for positive societal changes."

The Policy and Parliamentary Forum brought together experts and policymakers to develop strategies for integrating population dynamics into national policies. The discussions culminated in the historic Lilongwe Political Declaration, which outlined actionable commitments to advance population health, social equity, and economic prosperity.

The 9th APC featured esteemed speakers who emphasised Africa's youthful population's potential and challenges, including President Lazarus McCarthy Chakwera of Malawi, Prime Minister Bjarni Benediktsson of Iceland, and the late Vice President Saulos Klaus Chilima of Malawi. President Chakwera advocated for inclusive governance and technological advancement, while Prime Minister Benediktsson highlighted the necessity of gender equality in sustainable development. To celebrate the host nation, Wednesday was 'Malawi Day', and it featured panels on youth engagement in national development, sessions on gender equality, and youth representatives speaking on topics such as sexual health and entrepreneurship.

The conference concluded with the handover of the UAPS presidency to AFIDEP's Director of Development Policy & Head of Malawi Office, Professor Nyovani Madise, the first female president. Professor Madise declared, "I commit to championing population issues, acknowledging that we cannot address population without empowering girls and women, ensuring universal access to high-quality education, creating decent jobs for youth, and building strong healthcare systems. Together, we will innovate with the changing world and take the Union to even greater heights."

Looking ahead, the knowledge shared and connections forged at the 9th APC are poised to shape future policies and initiatives across Africa. The spirit of collaboration and innovative dialogues promises to drive substantial progress in population health, gender equality, and sustainable development. The conference's success fuels a wave of optimism and commitment, heralding Africa's brighter, healthier future.

PICTORIAL: AFIDEP AT THE 9TH AFRICAN POPULATION CONFERENCE



Prof. Nyovani Madise, AFIDEP's Director of Development Policy and Head of Malawi Office, welcomes delegates to the 9th African Population Conference as Head of the international Organising Committee



Prof. Nyovani Madise smiles following her appointment as President of the Union for African Population Studies (UAPS)



Dr Rose Oronje, AFIDEP's Director of Public Policy and Knowledge Translation, and Head of Kenya Office making a presentation during a session on domestic health financing



Dr McEwen Khundi, AFIDEP's Research and Policy Analyst explaining to a participant during a poster session



Clive Mutunga, Director of the USAID-funded BUILD Project making a presentation during a session on population, health, environment, and development (PHED)

PICTORIAL: AFIDEP AT THE 9TH AFRICAN POPULATION CONFERENCE



Malawi's Speaker of Parliament, Hon. Catherine Gotani-Hara, Malawi's Minister of Finance, Hon. Felix Chithyola and Dr Eliya Zulu, AFIDEP's Executive Director view pavillions during the 9th APC



Dr Bernard Onyango, AFIDEP's Senior Research and Policy Analyst making a presentation on Africa's demographic dividend



Chifuniro Mankhwala, AFIDEP's Research and Policy Associate presenting on child immunisation



Dr Michael Chipeta, AFIDEP's Head of Health and Wellbeing, making a presentation on maternal and child health



Charlotte Chisoni, AFIDEP's Communications Associate at the Institute's booth



The Debate: Should African Countries Pursue Replacement-Level Fertility?

By Charlotte Chisoni

The debate over Africa's fertility rate has gained significant attention as the continent contends with rapid population growth and its associated challenges. At the heart of this discussion is whether African countries should pursue policies to achieve replacement-level fertility – the rate at which a population exactly replaces itself from generation to generation, typically around 2.1 children per woman. This question was a central topic at the 9th African Population Conference (APC) in Malawi, where experts, policymakers, and researchers discussed the future of Africa's demographic landscape.

Africa currently boasts the world's highest fertility rate, with women having an average of four children over their reproductive lifetime, compared to the global average of two. This high fertility rate has profound implications for the continent's resource allocation and socioeconomic development. While some African countries such as Mauritius, Seychelles, and South Africa are approaching replacement-level fertility, others maintain significantly higher rates. The discourse surrounding fertility rates in Africa is not merely about numbers; it encompasses complex issues of cultural values, economic aspirations, healthcare systems, and the overall vision for Africa's future.

The debate centred on whether African countries should actively pursue lowering birth rates or embrace their growing populations as potential economic assets. Proponents of fertility reduction argued that high fertility rates are associated with poor economic development, low living standards, low educational attainment, and high disease burden. They suggest that family planning programmes can help manage rapid population growth, prevent unintended pregnancies, reduce maternal and child mortality, and improve the economic wellbeing of families and communities. They believe pursuing lower fertility rates could improve economic and social outcomes.

Dr Ben Malunga Phiri, a Member of Parliament in Malawi, and Chairperson of the Southern and Eastern African Parliamentary Caucus on Sexual and Reproductive Health and Rights, strongly argued for managing population growth. He highlighted the strain on resources and infrastructure, stating, "Fifty-five babies are born daily at Mangochi District Hospital in Malawi and education standards call for 40 to 60 kids per classroom, even if we have the money, will we build a classroom every day for the pupils and the population to ensure that all the children are not learning under a tree?" He also drew comparisons with Singapore and Hong Kong with low fertility rates, which are currently enjoying economic success.

Dr Estelle Monique Sidze, a Senior Research Scientist at the African Population and Health Research Center (APHRC), highlighted that fertility rates in Africa are already on a downward trend. She noted that across the continent, families are increasingly accessing contraceptives and planning their family sizes, contributing to this gradual decline. However, she cautioned that Africa still lacks comprehensive, localised data to effectively plan and manage population changes. “We live on a continent where people can be born and die without a trace of existence,” Sidze remarked, emphasising the critical need for better investment in domestic data systems to guide policy decisions. She stressed that while fertility will continue to decline, reaching replacement-level fertility in the near future is unlikely without adequate planning and resources. Ultimately, Sidze argued that strong plans to manage population growth is essential to enable Africa reap the benefits of its demographic dividend, wherein there are adequate investments in its youth population, enabling the necessary education and opportunities to drive socioeconomic transformation.

Opponents cautioned against actively pursuing lower fertility rates, citing potential negative consequences and emphasising the importance of overall development rather than focusing solely on birth rates.

Prof. Nyovani Madise, Director of Development Policy and Head of Malawi Office at the African Institute for Development Policy (AFIDEP), argued: “We should not focus on reducing our fertility levels as a continent. Instead, we should focus on education, gender equality and poverty reduction.” Madise used Japan as an example of the challenges faced by countries with very low fertility rates, which had initiated a state birth control programme. She noted that presently, “Japan’s fertility rate is below the replacement level. In 2022, Japan’s population shrunk by half a million, and the country is trying anything to bring fertility back up.”

Prof. Madise also highlighted the relationship between child mortality and fertility in Africa: “It is really difficult for families to think about having only two children if the risk of their child dying is high.” In Africa, the high child mortality rate leads families to often make the choice of

having multiple children to increase the likelihood that more will survive into adulthood. We should therefore focus on the wellbeing and health of women and children, and in doing so, individuals will make informed choices about their family sizes.

Prof. Ayaga Bawah, Senior Lecturer at the Regional Institute for Population Studies, University of Ghana, warned about the potential negative impacts of population control on the workforce and healthcare systems. He noted that maintaining replacement-level fertility over an extended period creates an age structure heavily weighted toward older adults, which has significant implications for a country’s healthcare infrastructure: “We already have fragile healthcare systems, and if the continent is not prepared to take care of the aged, it would be another problem affecting the quality of life for Africans.” Prof. Bawah further noted that the skewed age structure means a limited workforce of young people, placing substantial pressure on a small group to sustain the country’s infrastructure and systems. This reduced productivity could, in turn, hinder economic growth.

The moderator, Dr Cheikh Mbacké of the Regional Consortium for Research on the Generational Economy (CREG), University of Thiès, noted that striking the right balance on fertility is key to harness the demographic dividend of Africa’s young population. Both sides of the debate recognised the complexity of doing so, where cultural values and socioeconomic development intersect. The challenge for African countries is to carefully navigate the potential benefits of slowing population growth while also respecting cultural sensitivities and ensuring that development remains sustainable and beneficial for future generations.

As the continent continues to develop, policymakers face the challenge of navigating this complex demographic landscape. They must consider a range of factors that will shape Africa’s future. A younger, larger workforce presents opportunities for rapid economic growth and innovation. However, this must be balanced against the strain on resources and infrastructure caused by rapid population growth, which can lead to challenges in providing adequate education, healthcare, and employment opportunities.

National governments play a critical role in population-related issues, as they control key systems such as education and healthcare, which directly influence fertility rates. More educated populations with access to quality healthcare tend to have fewer children. Policymakers must also consider the long-term consequences of measures to curb population growth, learning from the experiences of countries such as Japan and China, which now face challenges related to aging populations and labour shortages. Balancing these various factors requires nuanced, context-specific approaches that can address the unique circumstances of each African country while working towards sustainable development and improved quality of life for all citizens.



The debate recognised the complexity of managing Africa’s population growth, balancing cultural values, economic development, and social progress. The challenge is to slow growth sustainably while respecting cultural sensitivities

Migration: A Double-Edged Sword?

By Dr Bernard Onyango

The 9th African Population Conference (APC) in Lilongwe, Malawi, presented a platform for profound discussions on a range of issues affecting the continent. Among these, migration emerged as an important theme, revealing a range of concerns, opportunities, and complex dynamics around the movement of Africans within the continent and yonder. The dialogue on migration at the conference highlighted the multifaceted nature of this phenomenon, which presents both opportunities and challenges for African countries and for migration policies globally.

The brain drain dilemma

A recurring concern was the migration of skilled professionals from Africa to high-income countries, particularly in Europe, North America, and Australia. This 'brain drain' is perceived as a significant impediment to the continent's development. Skilled individuals, including doctors, engineers and academics, often leave in search of better opportunities, leading to a deficit in critical human resources back home. According to the International Organization for Migration (IOM), about 20,000 professionals leave the African continent annually, exacerbating the challenge of building robust healthcare, education, and technological systems in their home countries. On the flip side, there is no doubt that it will be difficult to stem the tide, with high unemployment and underemployment rates faced by these professionals on the continent. In fact, a number of African countries encourage the export of their professionals, despite their skills being badly needed in their countries, in the hope of benefitting from remittances that have become a major source of income for these countries.

The perils of undocumented and unregulated migration

Another critical issue raised was the plight of African migrants who undertake perilous journeys to high-income countries through irregular means. These migrants often end up in precarious living conditions, facing exploitation, abuse, and severe risks to their safety. Africa is currently dealing with the challenge of human trafficking, and it is not only to the shores of Europe but also evident in the Middle East, where many African migrants, especially domestic workers, find themselves trapped in situations akin to modern-day slavery. The United Nations reported that in 2019, over 30 million Africans were living outside their home countries, with a significant number residing in precarious conditions in non-Western high-income countries.

Will migration become a demographic solution?

During the conference, there was also a notable debate on the potential of migration as a solution to demographic

challenges in high-income countries. With falling fertility rates and an aging population, countries in Europe and North America face potential labour shortages. Migration from Africa, where the population is much younger and growing rapidly, could help mitigate these issues. The United Nations' 2022 World Population Prospects report highlights that Africa is projected to contribute over half of the global population growth between now and 2050, suggesting a significant potential labour force that could benefit aging societies in high-income countries.

The backlash from host countries

However, the reception of African migrants in high-income countries is increasingly fraught with challenges. Policymakers and segments of the population in these countries express concerns about security, cultural dilution, and economic strain. The rise of the 'replacement theory' conspiracy, which unfoundedly suggests that migrants are being brought in to replace native populations, has fueled xenophobia and restrictive immigration policies. These concerns were echoed in sessions at the conference, underscoring the need for more inclusive and informed dialogues about the contributions of migrants to host societies and how to promote more progressive and inclusive migration policies.

Rural-urban and intra-Africa migration

Within Africa, the migration narrative is also complex. Rural-urban migration continues to be viewed negatively by many policymakers, who see it as a cause of urban congestion and pressure on infrastructure. Yet, this migration is often driven by the search for better economic opportunities and services. Despite its prevalence, intra-Africa migration receives far less attention than international migration. The African Union's Migration Policy Framework for Africa (2018–2030) aims to address this by promoting policies that facilitate the movement of people within the continent, recognising its potential to foster economic integration and development.

Conclusion

The discourse at the 9th APC painted a nuanced picture of migration involving both opportunities and challenges. While potentially beneficial for high-income countries facing demographic shifts, migration poses significant risks for migrants themselves, especially when undertaken through irregular means. The brain drain phenomenon remains a critical issue for Africa, but intra-continental migration could hold the key to unlocking economic development and integration. As Africa continues to navigate these complex dynamics, it is imperative for policymakers to adopt balanced approaches that safeguard the rights and wellbeing of migrants while maximising the developmental benefits of migration.

Domestic Health Financing Innovations: A Requisite for a Productive Population in Africa

By Derick Ngaira

Africa stands on the cusp of a demographic transformation with the potential to drive unprecedented economic growth and development. According to the United Nations (UN), the continent's population is expected to double by 2050, with a significant proportion of this growth occurring among young people. This burgeoning youth population presents an opportunity to harness a demographic dividend—accelerated economic growth resulting from a change in the age structure of a population.

However, to fully realise this potential, it is imperative to prioritise and increase domestic health financing across the continent. Health is the bedrock of human capital development. A healthy population is more productive, innovative, and capable of driving economic growth. Investing in health is not merely a moral imperative but a financial necessity for Africa to thrive in the 21st century and beyond.

Evidence generated by the Advance Domestic Health Financing (ADHF) project, co-led by the African Institute for Development Policy and Partners in Population and Development Africa Regional Office (PPD ARO), reveals that health has significant impacts on the per capita gross domestic product (GDP). For instance, in 2019, the morbidities and mortalities from non-communicable diseases resulted in a loss in the economic outputs in Ethiopia (1.16% of GDP), Ghana (0.95% of GDP), and Rwanda (1.19% of GDP). Furthermore, the East African Community (EAC) lost \$ 1,811 per disability-adjusted life-year (DALY) due to neglected tropical diseases (NTDs).

For a long time, Africa has relied on external aid and donors to sustain the provision of healthcare services to citizens; however, the need for increased domestic resources in the health sector cannot be overemphasised.

Innovative health financing mechanisms

One promising approach is using health insurance schemes that pool resources and spread risk across the population. Rwanda has made significant strides in implementing community-based health insurance, increasing access to healthcare and improving health outcomes. According to a 2019 International Monetary Fund working paper, Rwanda has one of the most successful community-based health insurance (CBHI) schemes in sub-Saharan Africa (SSA). In a few years, the country went from having 7 percent of the informal sector population covered to 74 percent in 2013.

Another critical strategy involves bolstering public-private partnerships (PPPs). By harnessing the expertise and resources of the private sector, including its data and innovative technologies, African governments can enhance healthcare delivery and infrastructure. A 2022 World Health Organization report

indicates that Nigeria has the highest proportion of private healthcare seekers in SSA, with about 52% of its population utilising private healthcare services. It is an approach that has led to improved service delivery and increased accountability in the health sector in Nigeria.

African countries can deploy sin taxes as a strategic measure to raise healthcare revenue and improve public health outcomes. Evidence generated by the ADHF project shows that taxes levied on products such as tobacco and alcohol in Indonesia serve a dual purpose. It not only supports the financial sustainability of healthcare systems but also fosters healthier lifestyles among the population thus reducing the burden on healthcare facilities. They generate substantial revenue that can be allocated to bolster healthcare systems, fund essential medical services, and promote health initiatives. Secondly, by increasing the cost of unhealthy products, sin taxes can deter consumption, leading to a reduction in the prevalence of non-communicable diseases linked to these products.

Primary healthcare (PHC) is the first point of contact for individuals and families, providing essential health services that are critical for preventing and managing diseases. By strengthening PHC, African nations can ensure that even the most remote and underserved populations have access to quality healthcare. Investing in PHC promotes early detection and treatment of diseases, reducing the burden on secondary and tertiary healthcare facilities. This improves health outcomes and reduces healthcare costs in the long run. According to a 2023 study by Daniel Mwai et al., "Investment case for primary health care in low- and middle-income countries: A case study of Kenya", every dollar invested in PHC interventions can yield savings of up to \$16 by reducing expenditures on conditions such as stunting, non-communicable diseases (NCDs), anemia, tuberculosis, malaria, and maternal and child health complications.

Conclusion

Innovative health financing strategies are pivotal to realising Africa's demographic dividend. By prioritising health financing, the continent can build a healthier, more productive population capable of driving economic growth and realising the demographic dividend. By focusing on mechanisms such as health insurance schemes, public-private partnerships, and sin taxes, African countries can enhance healthcare access, improve health outcomes, and drive economic growth. Strengthening primary healthcare ensures even the most remote populations receive essential services, fostering a healthier, more productive society. As Africa stands poised for demographic transformation, robust health financing is the bedrock for unlocking the continent's full economic potential and securing a prosperous future.



Photo: Canva

Innovating in Reproductive Health Surveys

By Dr Nurudeen Alhassan, Prof. Nyovani Madise and Themba Mzembe

Uncovering the scale of usage of traditional contraceptives and the motivations for their use is key to addressing the reproductive needs of women. The contraceptive methods classified as traditional include rhythm (also known as periodic abstinence), withdrawal and folkloric methods. Globally, among women who wanted to avoid pregnancy, 8% of them relied on traditional contraceptives in 2021.

Many demographers and reproductive health experts have speculated that the actual prevalence of traditional methods may be higher than the estimates provided in national surveys. This is because national surveys often prioritise data on modern contraceptives, and do not probe sufficiently to get accurate estimates of the prevalence of traditional methods.

As part of the efforts to improve understanding of the estimation and motivation for traditional method use, the African Institute for Development Policy (AFIDEP) and its partners led the Re-examining Traditional Method Use – Desperation or Innovation (TEAM-UP) to generate new evidence on traditional method use in the Democratic

Republic of Congo (DRC), Ghana, Kenya and Nigeria. The Bill & Melinda Gates Foundation funded the TEAM-UP project, and quantitative and qualitative data between 2020 and 2023 were collected in two sites per country.

The TEAM-UP project introduced the following revisions to existing standard questionnaires and approaches for collecting contraceptive use data in surveys such as the Demographic and Health Survey:

- Changing the wording of key questions on contraceptive use. For example, the question “*which method(s) did you use in the last four weeks to try to delay or avoid getting pregnant?*” which is often asked in DHS surveys was changed to “*what did you or your partner do in the last one month to delay or avoid getting pregnant?*”. The reason for this change was to reduce the potential risk of priming respondents to focus on modern methods in their responses.
- Changing the sequence of probing for methods in interviews. During interviews, we first probed for methods using traditional contraceptives before modern methods.



- Revising the standard estimation technique to account separately for women concurrently using traditional and modern contraceptives, and compared the results to estimates from the standard approach.
- Collecting data on sexual practices or strategies that women may be relying on to delay or avoid pregnancy, including using sex toys, anal sex, intercrural sex, etc.

Highlights of key findings

The project interviewed a total of 13,633 women of reproductive age. The results from the survey demonstrates that revising standard survey techniques and estimation approaches increases the reporting and prevalence of traditional and modern contraceptives. However, there are nuances in the level of reporting of traditional and modern methods by site. Below is a summary of the key findings:

- Carefully probing for other methods, after spontaneous responses—by describing methods in words and terms easily understood by respondents—increased the reporting of both traditional and modern methods in all the study sites. For example, probing increased the percentage of women using traditional methods by about 4 percentage points in Mai-Ndombe province in DRC, that is from 9.4% before probing to 13.6% after probing. The percentage of women using modern methods in Mai-Ndombe increased by about 3%, from 6.6% to 9.6% after probing. In Adamawa State (Northern Nigeria), probing doubled the percentage of

women using modern contraceptives, from 8.6% to 17.4%. However, the percentage of women reporting traditional method use increased by less than 2% after probing in Adamawa State.

- The results demonstrate that the standard approach for estimating contraceptive prevalence by prioritising and reporting only the most efficacious method reported by the respondents, masks concurrent use of traditional and modern methods, and therefore underestimates traditional method use. For instance, the results in Accra (Ghana) show that the percentage of currently married/living with a partner or sexually active unmarried women that used traditional and modern methods concurrently (16%) was the same as those that exclusively used modern methods, with 8.4% relying only on traditional methods.
- The prevalence of sexual practices such as masturbation, anal sex, intercrural sex, use of sex toys varied widely across the study sites. This ranged from 1% among married/living with a partner or sexually active unmarried women in Mombasa, Kenya to as high as 9% in Accra, Ghana.

Implications and way forward

The findings of the TEAM-UP study imply that if the aim of surveys is to estimate prevalence of only the most effective methods of preventing pregnancy (which is the status quo), then the traditional DHS-style method and estimation approach may yield accurate results in some contexts. However, if we aim to also understand preferences and motivations of use, then approaches that use probing, that acknowledge concurrency and test different ordering of questions are needed.

The pattern and prevalence of concurrent use of traditional and modern methods suggests that women may not be satisfied with one or both of the methods. It may also mean that they are in transition from one method to the other (from effective to less effective, or vice versa). Both scenarios would have implications on true estimates of the modern contraceptive prevalence rate (mCPR), and consequently fertility.

Lastly, the prevalence of other sexual practices, including masturbation, anal sex, etc., and their possible use as part of the repertoire of “ways or things” women and couples use to delay or avoid pregnancy, have implications for unintended pregnancies and sexually transmitted infections.



The AFIDEP-led study found that revising survey techniques—such as altering the wording of key questions and first probing for traditional methods—significantly increased reporting of both traditional and modern contraceptives across study sites

Empowering Women, Transforming Lives: The Crucial Link Between Gender Equality, Poverty Reduction, and Reproductive Health



Photo: NzewiConfidenceImages

By Edel Sakwa and Josephine Cherotich

Every day, approximately 810 women die globally from preventable causes related to pregnancy and childbirth, with a significant number of these tragedies occurring in resource-constrained settings, as reported by the United Nations Population Fund (UNFPA).

Gender equality ensures equal opportunity and resources for everyone. However, gender inequality worsens disparities in accessing reproductive health services, education, and economic opportunities. In sub-Saharan Africa, where the poverty rate averages 41%, millions of women face significant barriers to accessing economic opportunities and healthcare. In Kenya, for instance, the poverty rate remains high, with 36.1% of the population living below the international poverty line. This economic hardship disproportionately affects women, who encounter financial barriers to accessing contraceptives, transportation to health centres, and consultation fees. These challenges restrict access to family planning services, limiting progress in women's health, autonomy and economic participation, and perpetuating a cycle of disempowerment that is difficult to break.

The 2022 Kenya Demographic and Health Survey (KDHS) reveals a 14% unmet need for family planning among married women, showing significant progress from previous years. Data from the UN shows unmet need for family planning has dropped from 27% in 2003 to 14% in 2022, while modern contraceptive use among married women has risen steadily from 32% in 2003 to 57% in 2022, indicating improvements in contraceptive access. However, gaps remain, as evidenced by the maternal mortality ratio of 362 deaths per 100,000 live births, highlighting the urgency to further expand access to contraception. Access to family planning is crucial for reducing maternal deaths, as studies show it can decrease mortality rates by 30%.

Moreover, the prevalence of sexually transmitted infections (STIs), including HIV, continues to be a significant public health concern. Efforts to fight STI transmission in Kenya include awareness campaigns, testing, and treatment programmes. Initiatives such as the Beyond Zero Campaign have increased awareness and access to reproductive health services, particularly in HIV/AIDS prevention and treatment. According to the World Health Organization, these initiatives, coupled with educational programmes, have expanded testing and treatment facilities and reduced stigma surrounding STIs.

Targeted investments in public health have strengthened family planning services, particularly benefiting impoverished women and empowering them to make informed choices about reproduction, thereby enhancing their economic prospects. There have also been improvements in the training of birth attendants, strengthened healthcare infrastructure, and increased public awareness of maternal health. These collaborative efforts between the government and international partners have ensured more women receive essential care during pregnancy and childbirth, further reducing maternal mortality rates in Kenya.

Access to reproductive health services is not just a health right, it also empowers women to make informed choices about their reproductive lives, influencing their education, career opportunities, and economic stability. Comprehensive sex education programmes in Kenyan schools have been effective in keeping girls in school and reducing teenage pregnancies. Increased access to reproductive health services has also led to a rise in female labour force participation, demonstrating their impact in alleviating poverty. Family planning services result in significant savings and enhance women's economic stability by reducing unplanned pregnancies and enabling more investment in education and careers, fostering economic growth.

Despite persistent challenges in achieving universal access to reproductive health services due to socio-cultural barriers, inadequate education, and healthcare infrastructure gaps, innovative solutions offer promising opportunities. Integrated approaches that include gender-responsive policies, increased investments in education and healthcare, poverty alleviation initiatives, and societal movements toward gender equality are necessary to transform lives. Advocacy campaigns can break down socio-cultural barriers and promote gender equality. Mobile health (mHealth) initiatives can improve access to reproductive health information and services, particularly in remote and underserved areas.



By promoting women's economic autonomy and reproductive health, societies can empower women to shape their future, contribute to community prosperity, and foster sustainable development. The African Institute for Development Policy (AFIDEP)'s Women's Economic Empowerment (WEE) project is dedicated to catalysing transformational change in gender-responsive macroeconomic policy. Its mission is to shatter persistent barriers hindering women's equitable participation in economic activities. Through evidence-driven policy solutions, strategic partnerships, and advocacy, we strive to create a future where women's economic empowerment is not just a goal, but a reality.



Photo: Freepik



Empowering Adolescents Through Needed Sexual and Reproductive Health Services

By Chifuniro Mankhwala and Charlotte Chisoni

Globally, the population of adolescents (ages 10–19) with a high unmet need for sexual and reproductive health services is rapidly increasing. This leads to increased fertility, unintended pregnancies, and unsafe abortion rates, which is a challenge in many low- and middle-income countries (LMICs), where a third of all women become mothers during adolescence. Adolescent sexual and reproductive health and rights (ASRHR) is the ability for adolescents to have access to comprehensive sexuality education, essential sexual and reproductive health services, and autonomous decision-making power needed to protect their health. It can improve overall wellbeing and expand future educational and economic opportunities when supported.

The Adolescent Sexual and Reproductive Health and Rights Exemplars project (ASHER) was a two-year project in 2021–2023 aimed at examining the policies and programmes that have been successful in select LMICs in reducing high levels of unintended adolescent pregnancies, including prevention and management of

these, and advancing ASRHR. The project also sought to determine how the lessons learned and best practices can be applied to improve SRHR outcomes for adolescents across geographies.

The ASHER project identified six countries from low- and middle-income regions of the world which had made tremendous progress in reducing unintended adolescent pregnancies as compared to their peers. The countries also known as exemplars in ASRHR are Cameroon, Ghana, Malawi and Rwanda in Africa, and Nepal and India in Asia. The African Institute for Development Policy (AFIDEP) led the research in five countries except India, which was led by the Gates Ventures office in India. Through the studies conducted, the following were established:

Nepal: Adolescent pregnancies rate had remained at a constant level of 18% from 2011 to 2016 but reduced to 14% on 2020. The pregnancy rate was higher among older adolescents of ages 18–19 years who were married. It was established that adolescents with higher education were

less likely to get pregnant. When a policy and programme review was conducted to establish interventions that had led to such positive progress, it was noted that Nepal invested in sexuality education and youth-friendly health services. The country also implemented a national programme which trained 4,500 service providers and 1,516 health facilities on safe abortion between 2001 and 2022.

Rwanda: Pre-marital pregnancy among adolescents had reduced from 5.7% in 2000 to 2.4% in 2020 while marital pregnancy had increased from 1.3% to 3.1%. Adolescents with lower education or no education were more likely to get pregnant. Contrary to expectation, youth from urban areas had high rates of marital or pre-marital pregnancy as compared to those from rural areas. Rwanda has focused on creating youth corners and safe spaces for adolescents to access sexuality education and services. The country has also invested in community involvement and sexuality education in their academic curricula.

Cameroon: Adolescent pregnancy rate declined from 32% in 1998 to 22% in 2018, with a notable decline among married adolescents. Similar to other countries, adolescents with low education and from poor households were more likely to get pregnant before marriage. Cameroon integrated sexuality education and family life education in their curricula in 2007, targeting both in-school and out-of-school adolescents. The country has also employed a multisectoral approach to addressing ASRHR, set stands for youth-friendly health service delivery, and identified strategic funding mechanisms that focus on reproductive maternal, newborn, child and adolescent health as well as nutrition.

Ghana: Adolescent pregnancy is less prevalent among young adolescents aged 10–17 years but higher among older adolescents of 18–19 years. It is also higher among married adolescents than their unmarried counterparts. Similar to other exemplars, education and economic status play a significant role in reducing adolescent pregnancy.



Investing in comprehensive sexuality education, youth-friendly health services, and community engagement is key to addressing adolescent reproductive health challenges



Aside from a good policy environment, Ghana has invested in digital counselling services targeting youth through mobile applications. The digital platforms provide information on SRHR and allow adolescents to ask questions in a safe environment without parental restriction or fear of cultural biases.

Malawi: Adolescent pregnancy in Malawi is higher among married youths as compared to their unmarried counterparts. It was noted that adolescent pregnancies were common in the Southern region as compared to the North and Central regions of the country. Adolescents with higher levels of education, particularly those who have attained secondary or higher levels, recorded lower rates of both pre-marital and marital pregnancies. In order to reduce adolescent pregnancies, the country has focused on implementing youth-friendly health services, school-based initiatives, household empowerment programmes, ending child marriages and a cross-sectoral approach to programme delivery.

A cost-benefit analysis was conducted to assess the feasibility of interventions that reduce unintended adolescent pregnancies. In line with the other analyses conducted, the cost-benefit analysis established that health system interventions such as youth-friendly health services and integrated health service delivery are the most beneficial and cost-effective measures of reducing unintended pregnancies among adolescents. It was also noted that community-led initiatives are the next best option when investing in adolescent SRHR.

In conclusion, the exemplary efforts of countries such as Cameroon, Ghana, India, Malawi, Nepal and Rwanda, underscore the importance of investing in comprehensive sexuality education, youth-friendly health services, and community engagement to address adolescents' multifaceted challenges. By learning from these exemplars, policymakers, researchers and practitioners can glean valuable insights into successful approaches and leverage this knowledge to inform and strengthen ASRHR programmes globally.



Photo: Freepik

Examining the Integration of Youths Towards Africa's Socio-Economic Transformation

By Dr Alex Jiya

Africa has the youngest population in the world, with over 70% of its population under 30 years of age. By 2030, it is estimated that nearly 42% of the global youth population will be African. In response to this demographic trend, African governments, aligned with global commitments, have put in place and implemented various interventions to facilitate skills development and opportunities for youth. Some countries have successfully placed youth at the forefront of development initiatives.

At the regional level, the African Union's Agenda 2063 emphasises youth involvement across its 7 Aspirations, envisioning a continent where young people play a crucial role in development. This requires equipping youth with relevant skills for meaningful participation. This analysis highlights the performance of different countries on the Africa Integrity Indicators, focusing on common challenges in establishing effective mechanisms for the socio-economic integration of youth.

The Africa Integrity Indicators, a research project by the African Institute for Development Policy (AFIDEP) on African governance in practice, include an indicator (Indicator #101) that assesses the existence of departments or equivalents mandated to ensure the socio-economic

integration of youth. It examines the permanent programmes implemented by governments in the previous year to support education, employment and housing, as well as the accessibility of these programmes to the targeted population. This indicator is among the top 10 best-performing indicators, alongside those measuring women's representation, birth registration, and pandemic responses.

Trends and challenges

A notable decline in the performance of this indicator was observed across the continent between 2019 and 2021, following a sharp increase from 2016. This drop was primarily due to the COVID-19 pandemic, which forced governments to halt programmes and divert resources to pandemic response and recovery efforts.

Africa's young population presents a huge opportunity for development, but to fully harness it, governments must create dedicated youth ministries, improve programme accessibility, and invest in skills development, especially for rural and underserved youth



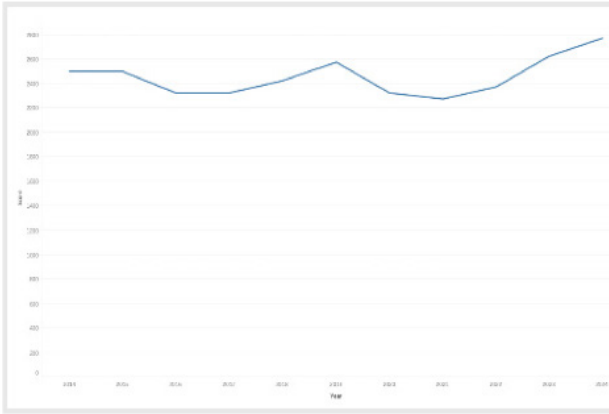


Figure 1: Evolution of the indicator measuring the socio-economic integration of the youth in Africa on the Africa Integrity Indicators

Since 2021, the indicator has shown an increasing trend, indicating a rebound in countries' efforts to implement youth-targeted programmes. This upward trend will continue as governments allocate more resources towards youth skills development and capacity-building.

Performance analysis

The top-performing countries in the 2024 release for the indicator on the socio-economic integration of youth are Togo, Seychelles, Mauritius, Kenya, Burkina Faso, Gambia, Djibouti, Senegal, Rwanda, Mali, Botswana, Tunisia, Nigeria, Morocco, Liberia, Ghana, Namibia, Lesotho, Côte d'Ivoire, Niger, Gabon, Benin, Sierra Leone, Malawi, Madagascar, Guinea, Ethiopia, Chad, Cameroon, Uganda, Mauritania, Cabo Verde, South Africa, Egypt, Burundi, Comoros, Algeria, Zambia, Libya, Tanzania, Zimbabwe, Democratic Republic of Congo, Central African Republic, Congo, Angola, São Tomé and Príncipe, Eswatini, Sudan, Somalia, Equatorial Guinea, Mozambique, Guinea Bissau, Eritrea, and South Sudan.

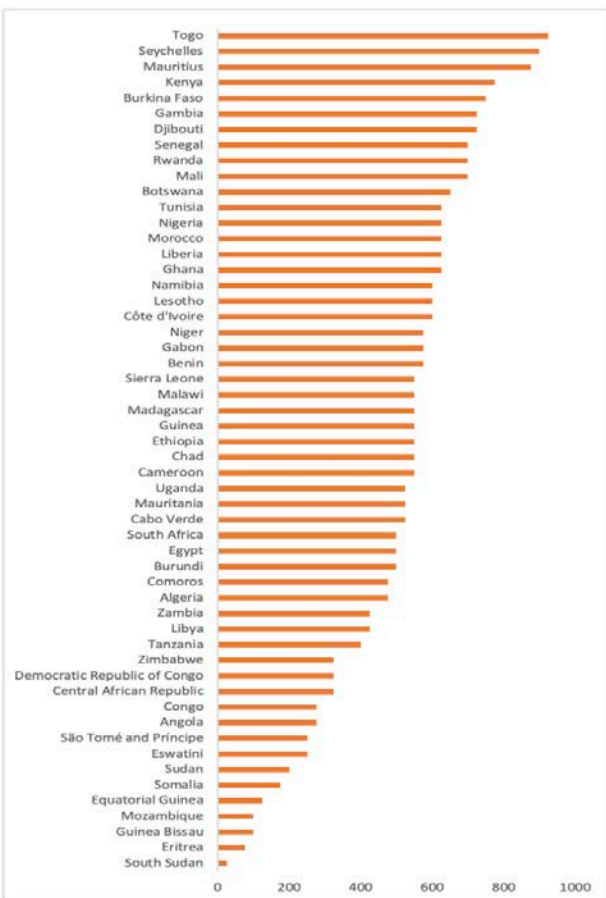


Figure 2: Top-performing countries in the 2024 release of the Africa Integrity Indicators on the socio-economic integration of youth These countries have dedicated ministries,

departments, and agencies with active education, entrepreneurship, and skills development programmes. In contrast, the bottom-performing countries, such as South Sudan, Eritrea, Guinea-Bissau, Mozambique, Equatorial Guinea, Somalia, Sudan, Sao Tome and Principe, Angola, and Congo, face significant challenges. These challenges include limited resources and infrastructure to support youth programmes, ongoing conflicts, political instability, and restrictive political environments that hinder youth participation and empowerment.

Key takeaways

Regardless of their performance, a common issue to note across all countries is the absence of dedicated ministries focused solely on youth issues. Most countries have youth departments within broader ministerial portfolios, often combined with sports or other sectors. Also, accessibility to government-implemented programmes remains a significant challenge, particularly for youth in rural areas. This issue is exacerbated in countries with poor internet and electricity access and a lack of vibrant networks to raise awareness about available programmes.

There should be a concerted effort to create dedicated ministries or agencies solely for the youth, improve infrastructure, and ensure that programmes are inclusive and accessible to all youth, especially those in rural and underserved areas. By focusing on these areas, African countries can better harness the potential of their young populations and drive sustainable development.



Photo: Canva



Investing in the Next Generation of African Population Researchers: A Key to Harnessing the Demographic Dividend

By Charlotte Chisoni and Tabitha Ngwira

According to projections by the United Nations, Africa's population will reach 2.5 billion by 2050, representing more than 25 percent of the world's population. Across the continent, the working-age population in many African countries will grow faster than any other age group. Africa's youth population is expected to reach 850 million by 2050, and by 2063, young people will constitute half of the two billion working-age population. Africa will remain the world's youngest region, with a median age of 25 years. This significant demographic shift presents a unique opportunity to harness the demographic dividend – a potential economic boost driven by a larger working-age population relative to dependents.

However, realising this dividend requires evidence-based policies, as well as strategic investments in health, education, and job creation to address the complex interplay of population dynamics and development. To capitalise on this demographic transition, Africa needs a strong cadre of population scientists equipped to tackle emerging issues and inform critical policy decisions.

Recognising this need, the African Institute for Development Policy (AFIDEP) and the Union for African Population Studies (UAPS) collaborated to launch the African Research and

Data Use Capacity Building (AfRes-Data) project. This initiative invests in the next generation of African population researchers, empowering them to generate cutting-edge research and shape evidence-based solutions to the continent's most pressing population and development challenges.

The AfRes-Data project focuses on two strategic interventions:

1. Developing the capacity of early career researchers (ECRs) to conduct and disseminate research on population and development issues.
2. Creating platforms for data utilisation, knowledge sharing, and networking.

The project has established a sustainable ECR development programme through these interventions, delivering targeted technical training to young researchers. This programme equips ECRs with advanced research methodologies, grant writing skills, and scientific communication techniques, enabling them to conduct impactful research and contribute to evidence-based policymaking. Having commenced in October 2022, the programme has thus far seen

the participation of two cohorts with the second cohort continuing through to October 2024.

Empowering voices: Our fellows' stories

One of the fellows from the first cohort who has benefited from the AfRes-Data project is Obasanjo Bolarinwa. Reflecting on how transformative the fellowship has been for his career and research, Bolarinwa noted: "The fellowship profoundly impacted my career trajectory and research focus. It allowed me to transition from being just a doctoral student to combining teaching, research, and practical public health interventions."

Bolarinwa cites the acquisition of advanced data analysis skills and a deeper understanding of population health issues as critical contributors to his success. He has since published impactful research, such as a study on the spatial distribution and predictors of intimate partner violence among women in South Africa, and secured funding for research on adolescent pregnancy in Nigeria.

Beyond skill development, the AfRes-Data project has facilitated the creation of a robust network of researchers and professionals in the field. Bolarinwa acknowledges the unexpected benefit of this network, stating, "This network has led to collaborative research projects and publications, such as the multi-level analysis of adolescent pregnancy in Nigeria, published in BMC Archives of Public Health, along with many other publications."

Another fellow, Nissily Mushani, echoes the project's impact. As a passionate advocate for research and data-driven policies, Mushani's journey as an ECR has been shaped by a deep curiosity about development and population challenges in Africa, particularly in her home

country of Malawi. The AfRes-Data fellowship represented an invaluable opportunity for her to reignite her career, further develop her skills, expand her knowledge base, and collaborate with like-minded individuals.

"The programme's interdisciplinary approach has equipped me with advanced methodologies and analytical tools essential for my PhD research," Nissily Mushani noted. "Collaboration with fellow researchers and experts on utilising secondary data has enriched my academic discourse and opened up new avenues for impactful policy recommendations."

The lessons learned through the AfRes-Data project have profoundly impacted the professional trajectories of its fellows, giving them the confidence and expertise to engage in significant academic and professional events. In May 2024, several fellows had the opportunity to participate in the prestigious 9th African Population Conference, where they presented their research findings and shared insights gained through the project. Bolarinwa, like several other fellows, presented work on various areas of focus that allowed them to exercise the practical application of the skills and knowledge acquired through the fellowship. Their participation highlighted their individual achievements and underscored the AfRes-data initiative's success in building a robust community of skilled population researchers.

The Afres-Data project exemplifies the importance of investing in the next generation of African population researchers. By equipping ECRs with the necessary skills and resources, the project lays the foundation for evidence-based solutions to address African population and development issues. As the continent navigates its population transition, initiatives like Afres-Data will be crucial in unlocking Africa's potential and shaping a prosperous future for all Africans.





Stakeholder Involvement: A Pillar of Success for the African Population Cohorts Consortium (APCC)

By Dr Maame B. Peterson (AFIDEP), Dr Joanes Atela (ARIN), Leah Aoko (ARIN), Prof. Nyovani Madise (AFIDEP), and Dr Michael Chipeta (AFIDEP)

The Collaboration for the Establishment of the African Population Cohorts Consortium (CE-APCC) is a transformative initiative aimed at addressing Africa's critical health and development challenges through comprehensive population-based research centred on innovative, multidisciplinary approaches. Its goal is to create a robust platform for population-based cohorts across Africa by uniting a diverse group of policymakers, community leaders, and other key contributors. Central to the APCC's success is the active engagement of stakeholders, each bringing unique strengths and perspectives to this monumental effort.

Funded by the Wellcome Trust (WT), Bill & Melinda Gates Foundation (BMGF), and Medical Research Council UK Research and Innovation (MRC UKRI), the collaborative and inception phase to establish the consortium began in August 2022. It concluded in July 2024, with the highlight of activities the successful launch of the APCC and its management at the maiden conference in May 2024 in Cape Town. Over 150 participants across Africa were present, including over 80 population cohort representatives from various institutions and Health and Demographic Surveillance Sites/Systems (HDSS) on the continent.

The African Institute for Development Policy (AFIDEP) and the Africa Research and Impact Network (ARIN) have been instrumental in driving stakeholder engagement during the formative phase and planning of the APCC. The two partners co-led the stakeholder engagement workstream, one of the seven workstreams of the CE-APCC. With extensive networks and expertise in stakeholder engagement, both partners played a pivotal role in garnering support and buy-in from various stakeholders.

The stakeholder engagement workstream facilitated numerous consultations and a workshop, bringing together stakeholders to discuss and align on the consortium's objectives, methodologies, and expected outcomes. These collaborative efforts helped build a strong foundation for the APCC, ensuring all stakeholders were committed to the consortium's success and understood their roles and contributions.

Academic and research institutions: The backbone of scientific rigor

Universities and research institutions across Africa form the backbone of the APCC, contributing significantly through

rigorous scientific research and intellectual capital. Their involvement ensures that the methodologies employed are sound and that the findings are credible and impactful. These institutions bring together experts from various disciplines, fostering an environment of interdisciplinary collaboration crucial for addressing complex health issues.

By partnering with local and international academic institutions, the APCC leverages diverse knowledge and expertise, enabling it to conduct high-quality research that can withstand scrutiny and drive policy changes. These collaborations also facilitate the exchange of ideas and best practices, enhancing the overall effectiveness of the consortium's efforts.

International partners: Bridging global knowledge and resources

The consortium engaged global health organisations and international research bodies such as the African Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) Regional Office for Africa to provide technical support, platforms for knowledge exchange, and potential funding for future consortium activities. Their participation ensures that the APCC's work is aligned with global health initiatives, enhancing its relevance and application. These partners bring diverse perspectives and resources, enabling the APCC to address health challenges from a global standpoint while focusing on local needs.

The collaborations also enable the APCC to tap into a broader network of expertise and resources, ensuring that the consortium remains at the forefront of population health research. By integrating global knowledge with local realities, the APCC can develop effective, sustainable and innovative solutions.

Community engagement: The heart of APCC's operations

Local communities are at the core of APCC's research activities. Engaging communities through the networks of population cohorts and HDSS sites in Africa ensures that the research is culturally sensitive and that the findings apply to real-world settings. Community involvement builds trust and cooperation, which are essential for the success of long-term population studies.

The APCC's approach to community engagement is multifaceted, involving local leaders, health workers, and community members in the research process. This inclusive approach enhances the quality of the collected data and ensures that the findings are relevant and beneficial to the communities involved. By prioritising community engagement, the APCC ensures that its research directly and positively impacts the health and wellbeing of its study populations.

Non-governmental organisations (NGOs): Bridging research and practice

NGOs play a crucial role in the APCC by bringing their expertise in community outreach and advocacy. They help bridge the gap between research and practice, ensuring that the findings of the APCC are translated into tangible health interventions. NGOs are adept at disseminating research findings and advocating for policy changes based on evidence generated by the APCC.

The involvement of NGOs ensures that the consortium's research has a practical impact, leading to improved health outcomes and policy reforms. By partnering with NGOs, the APCC can leverage their extensive networks and community engagement experience, enhancing its initiatives' overall effectiveness.

Government agencies: Paving the way

The consortium's activities align with national health policies, ensuring that the research findings are implemented in ways that directly benefit public health. Thus, government agencies are pivotal in providing the regulatory framework, funding, and policy alignment necessary for the APCC's success.

To this end, the APCC collaborators engaged various partners such as the Network of African Parliamentary Committees of Health (NEAPACOH) and regional economic blocs. Government support is instrumental in creating an environment where the APCC can thrive. This backing legitimises the consortium's efforts and ensures the necessary resources are available for extensive and meaningful research. Furthermore, government agencies help bridge the gap between research and policy, ensuring that the findings of the APCC are translated into actionable health interventions.

Building trust and fostering collaboration

One of the key successes of the stakeholder workstream was fostering trust and promoting a spirit of collaboration among all involved. By establishing regular interaction and feedback platforms, partners ensured that diverse stakeholder perspectives were meaningfully integrated into the planning and development process, leading to widespread support for the APCC. Transparent communication and inclusive engagement made stakeholders feel valued, heard, and integral to the project's success.

This continuous engagement helped maintain momentum and commitment, leading to the successful establishment of the APCC. The CE-APCC has laid a blueprint and platform for actors to enhance African population health research. The collaborative efforts of these diverse stakeholders have led to establishing a consortium that remains dynamic, responsive, and capable of addressing evolving health challenges across the continent. As the APCC continues to grow, the ongoing involvement of stakeholders will remain crucial for its success.



Emerging Health Technologies as Cornerstones for Realising a Healthy African Population

— By Derick Ngaira and Patricia Wamukota

Africa's potential for economic and social transformation is immense. Yet, most of its population experience multidimensional poverty, along with limited access to necessities such as healthcare, education and adequate shelter. This lack of fundamental needs is further exacerbated by the continent's substantial disease burden, hindering the realisation of Africa's full potential for growth and prosperity. Leveraging innovative health technologies and bolstering healthcare systems could however ensure that all individuals thrive and contribute to the continent's development.

One of the most pressing issues in African healthcare is the disparity in access to medical services, particularly between urban and rural areas. Health technologies, such as telemedicine and mobile health (mHealth) applications, can bridge this gap effectively. Telemedicine enables remote consultations, bringing specialist care to underserved regions without traveling. mHealth applications offer health education, reminders for medication and vaccinations, and tools for managing chronic diseases. These technologies empower individuals with the knowledge and resources they need to take charge of their health.

Effective disease surveillance and response systems are critical for managing outbreaks and preventing widespread health crises. Technologies such as geographic information systems (GIS), data analytics, and artificial intelligence (AI) enhance the ability to monitor disease patterns, predict outbreaks, and coordinate swift responses. During the Ebola epidemic and COVID-19 pandemic, digital tools were pivotal in tracking infections and disseminating information, significantly aiding containment efforts. Strengthening these technologies across Africa will ensure better preparedness and protection against future epidemics, safeguarding the continent's population.

Moreover, health technologies, including vaccines and health education platforms, play a critical role in preventive efforts. Vaccination programmes, supported by robust cold chain technologies and digital tracking systems, can successfully reduce the incidence of vaccine-preventable diseases such as measles and polio. Mobile health applications can help individuals monitor their health, adopt healthier lifestyles, and manage chronic conditions. By emphasising prevention, health technologies contribute to long-term health and safety, enabling the continent to productively engage its young population and harness the demographic dividend that comes with it.

Timely and accurate diagnosis is essential for effective treatment and disease management. Innovative diagnostic tools, such as point-of-care testing devices and rapid diagnostic tests, have revolutionised healthcare delivery in resource-limited settings. These technologies enable healthcare providers to quickly diagnose diseases such as malaria, HIV, and tuberculosis, facilitating early treatment and reducing mortality rates. Improving diagnostic capabilities is crucial for ensuring the health and safety of the African population.

Robust health systems are the backbone of effective disease management and population safety. Health technologies streamline operations, improve resource management, and enhance service delivery within health systems. Supply chain management technologies ensure the availability of essential medicines and medical supplies, while digital health platforms support training and capacity building for healthcare workers. Strengthened health systems lead to better health outcomes and more resilient communities, laying the foundation for a prosperous future.

Health technologies empower communities and individuals by providing access to vital health information, facilitating self-care, and enabling informed decision-making. This empowerment increases health literacy, promotes adherence to treatment plans, and encourages proactive healthcare behaviours. Empowered communities are better equipped to safeguard their health and wellbeing, contributing to a healthier and more productive population.

As Africa stands poised to harness its demographic dividend, the role of health technologies in addressing the continent's disease burden and inadequate healthcare infrastructure cannot be overstated. Through the Platform for Dialogue and Action on Health Technologies in Africa (Health Tech Platform), AFIDEP and the African Union Development Agency (AUDA-NEPAD), aim to promote evidence-informed innovations to address critical health challenges.

By improving access to healthcare, enhancing diagnostic and surveillance capabilities, facilitating preventive measures, strengthening health systems, and empowering individuals and communities, these technologies offer sustainable solutions to Africa's health challenges. As we look to the future, prioritising health technologies will be essential in building a healthier, safer, and more prosperous Africa for future generations.



By embracing innovative health technologies such as telemedicine, mobile health applications, and rapid diagnostic tools, alongside strengthening healthcare systems, we can empower individuals and communities to thrive

“This Study Has Been an Eye-Opener” – A Participatory Study with Healthcare Workers and Policymakers to Advance Person-Centred TB Care in Nairobi



By Ediel Sakwa and Dr Beate Ringwald

Healthcare workers are at the forefront of tuberculosis (TB) diagnosis, treatment, and care and remain key stakeholders in global efforts to end the epidemic. They bring invaluable knowledge about working with people from different backgrounds as they face numerous challenges and risks in their daily tasks. Efforts to end TB necessitate innovative and effective approaches to engage people who are more likely to acquire TB but less likely to seek care.

The LIGHT Consortium partners in Kenya, the African Institute for Development Policy (AFIDEP) and the Respiratory Society of Kenya (ReSoK), conducted a participatory qualitative study titled “Person-centred, rights-based, gender-responsive TB care” between February and April 2024. They actively involved nurses, clinical officers, doctors, and TB stakeholders in workshops and discussions to identify problems, develop strategies, and implement solutions to

person-centred care for people with TB. By engaging healthcare workers directly, the study sought to harness their firsthand knowledge and expertise to improve TB care practices and outcomes, and to empower them and ensure that their engagements in TB care are practical, sustainable, and tailored to the specific contexts in which they operate. The participants included healthcare workers providing TB services in Embakasi South, Kibera/Langata, and Ruaraka Sub-Counties; National Tuberculosis, Leprosy and Lung Disease Program; selected Nairobi City County Health Management Team; and selected Sub-County Health Management Teams (SCHMT) in Nairobi County.

One key finding from the study was that the healthcare workers noted that the traditional TB management approaches often apply a one-size-fits-all strategy, which may not effectively address an individual patient’s unique

circumstances and needs. The healthcare workers demonstrated how they have differentiated models of care to suit the needs of different groups of people. These range from outreaches to schools, markets, churches, and bars among others, to collaborating with Matatu (public transport) operators, organising football matches for the youth, and adapting the distribution of medicines.

The identified problems in adjusting care to better meet the needs of people were similar across settings, often arising from health system weaknesses such as shortage of staff, stockouts of drugs and commodities, short-term projects and collaborations, among others. Levy Mirumbe, a health worker from Mukuru Health Centre, noted: "I once diagnosed a woman with TB and it was a challenge when she said she needed to get consent from her husband to start treatment, this happens a lot in my work. This study has been an eye-opener for me in dealing with such challenges."

Through this study, LIGHT Consortium partners created a learning event where participants and stakeholders learned from each other and explored opportunities for change. The healthcare workers identified actions that will help them increase diagnosis of TB in children, offer integrated care for people affected by multiple health problems, effectively engage young people, diagnose men with TB early, and mitigate against the impact of poverty on care. They presented their findings for discussion with stakeholders in charge of TB programming at sub-county, county, and national levels.

Speaking at one of the stakeholder forums, Dr Carol Ngunu, Nairobi City County Director of Health said, "Findings from this participatory study will be very instrumental in informing our policies and programmes

related to TB care and treatment to help eradicate the disease in the country." A male doctor also reflected on the study's insights, stating, "I have learned that we still have inequality in managing our TB patients and that we should understand them and tailor our service provision towards our patients' needs. We need to identify the special groups and be flexible in offering services."

The findings from this study will contribute to the existing body of knowledge on TB management and provide valuable insights for policymakers, healthcare institutions, and other stakeholders in Nairobi. Ultimately, the goal is to improve the quality of care for people with TB and reduce the burden of TB across the country.

The LIGHT Consortium is a six-year cross-disciplinary global health research programme funded by UK aid, led by the Liverpool School of Tropical Medicine (LSTM) in collaboration with partners in Kenya, Malawi, Nigeria, Uganda, and the UK. LIGHT aims to support policy and practice in transforming gendered pathways to health for people with TB in urban settings. The Consortium continuously engages strategically with a range of critical national, regional, and global stakeholders to ensure that its research is informed, relevant and effective.



Healthcare workers highlighted the importance of tailoring care through differentiated outreach models, while also noting challenges like staff shortages and drug stockouts



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