AFIDEP News

African Institute for Development Policy

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Shifting from donor reliance to domestic financing

and innovation for stronger health systems in Africa

Building a new generation

of African policy researchers

Breaking the silos

Why Africa needs integrated climate-health strategies

Strengthening Evidence Translation and Gender-Responsive Maternal Health Advocacy

The Story of Eunice Atsali

… and much more

AFIDEP News is the African Institute for Development Policy's biannual newsletter. It updates stakeholders on AFIDEP's programmes and highlights emerging policy issues that support Africa's Agenda 2063 and the global Sustainable Development Goals 2030. The newsletter focuses on population dynamics and the demographic dividend; health and wellbeing; education and skills development under the Human Capital Development pillar; and economic wellbeing, environment and climate change, governance and accountability under the Sustainable Growth and Governance pillar, with gender, equity and inclusion as core cross-cutting considerations.



AN AFRICA WHERE EVIDENCE IS USED CONSISTENTLY TO TRANSFORM LIVES

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Caption: AFIDEP's Dr Jackson Otieno with other panelists at the World Health Summit where AFIDEP experts brought evidence and an African voice to global debates on health financing.

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Shifting from donor reliance to domestic financing and innovation for stronger health systems in Africa

By David Ruiz Villafranca



AFIDEP's Executive Director, Dr Eliya Msiyaphazi Zulu addressing delegates during the AFIDEP side event at the World Health Assembly held in Geneva on May 21, 2026.

African countries are facing a difficult health financing landscape shaped by declining donor assistance, rising debt burdens and growing demand for health services. Against this backdrop, participants at a high-level side event titled "From Donor Dependence to Country-Led Resilience: Financing and Innovation for Sustainable Health Systems in Africa" held during the 79th World Health Assembly (WHA79) in Geneva called for a decisive shift from aid dependence towards domestically financed, innovative and resilient health systems.

Convened by the African Institute for Development Policy (AFIDEP) in collaboration with the African Union Development Agency-New Partnership for Africa's Development (AUDA-NEPAD) and Uganda's Ministry of Health, the meeting brought together government officials, regional institutions, development partners and global health organisations to explore how African countries can strengthen sustainable health financing while accelerating access to affordable and scalable health innovations.

A central message from the discussions was that resilience is not simply about mobilising more money, it is also about making better use of the resources already available. AFIDEP Executive Director Dr Eliya Msiyaphazi Zulu emphasised the importance of improving efficiency and ensuring that evidence informs decisions on limited resource allocation.

The urgency is clear. External assistance accounts for about 23% of total health expenditure across Africa, while official development assistance for health has declined in recent years. At the same time, countries face growing pressures from debt servicing, demographic change, public health emergencies, and rising demand for healthcare.

Participants stressed that health financing must remain a political and development priority. Strengthening domestic resource mobilisation, improving efficiency and accountability, and creating stronger partnerships with the private sector will be critical. Initiatives such as the Programme for Investment and Financing in Africa's Health (PIFAH) were highlighted as opportunities to mobilise investment in areas including local manufacturing, diagnostics and digital health.

The discussions also focused on the importance of

innovation in building resilient health systems. Dr Jackson Otieno of AFIDEP argued that resilience should not be measured only by sophisticated hospitals or emergency preparedness, but by whether essential health services continue functioning during crises. He identified four key priorities:

- protecting the health workforce,
- strengthening primary healthcare,
- expanding domestic financing, and
- developing regional manufacturing and supply chains.

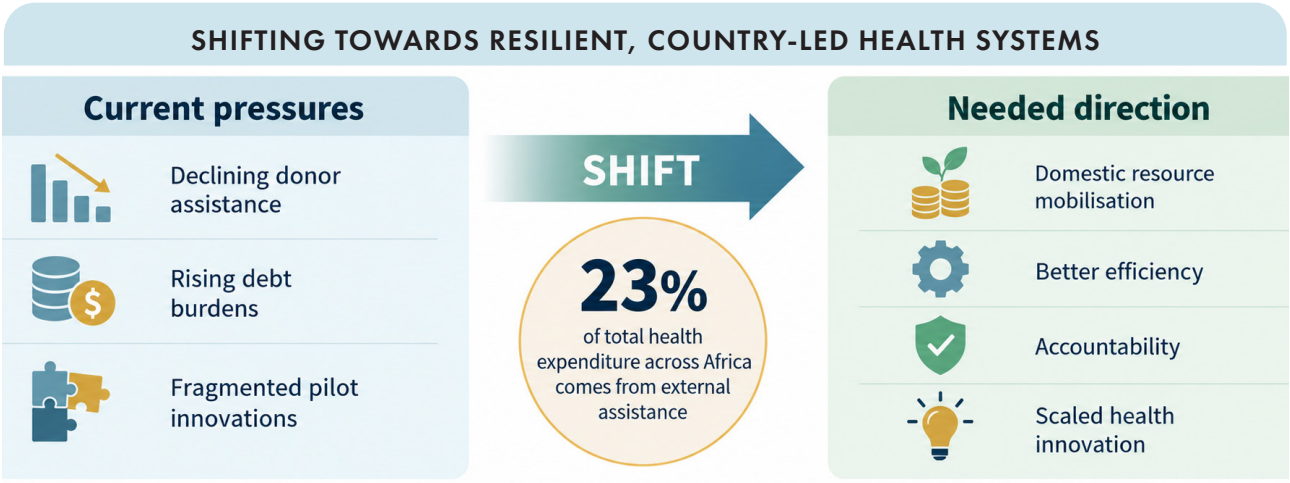
However, participants noted that innovation often remains trapped in fragmented, donor-funded pilots. Weak coordination and fragmented financing can make it difficult for promising interventions to move from testing to national scale. Sustainable innovation therefore requires stronger ecosystems that connect financing, policy, markets and health systems.

Examples from across the region demonstrated the potential of catalytic financing and market-shaping approaches to accelerate access to new technologies. But speakers emphasised that successful innovation is not only about developing a product; it also requires the systems, financing and partnerships needed to sustain and scale it.

The meeting concluded with a call for greater health sovereignty, with African countries increasingly defining, financing and managing their own health priorities. This includes stronger domestic financing, better value for money, accountable partnerships, and greater regional capacity to produce essential health commodities and technologies.

While declining aid and fiscal constraints present significant challenges, participants viewed the current moment as an opportunity to rethink how health systems are financed and strengthened.

Through its evidence generation, convening and policy engagement, AFIDEP is contributing to this transition by bringing together decisionmakers and partners to advance sustainable health financing and support country-led approaches to building more resilient health systems.





AFIDEP's Dr Jackson Otieno (left) and Dr Eliya Zulu (3rd from right) with other delegates at the margins of the 79th World Health Assembly. AFIDEP in collaboration with AUDA-NEPAD and Ministry of Health, Uganda hosted a high-level side event in Geneva, - May 21, 2026.



Participants from Government offices, Parliament, NGOs, and academic institutions at the 2026/27 National budget oversight, tracking implementation dialogue

Beyond Allocations: Closing Malawi's Budget Implementation Gap

By Charlotte Chisoni

When a national budget is presented, attention often centres on the figures, especially how much has been allocated to key sectors such as health, education, agriculture, infrastructure and other development priorities. Yet allocations alone do not directly translate to the improvement of public services or people's lives. The real test of a budget's effectiveness is whether the approved resources are released, used as intended, tracked effectively and ultimately translated into tangible development outcomes.

This was the key message emerging from the National Budget Oversight, Tracking and Implementation Forum convened by AFIDEP and Media Institute of Southern Africa (MISA), Malawi in Lilongwe. The forum brought together representatives from Parliament, government institutions, oversight bodies, civil society, the media and the economics community to examine how implementation of Malawi's 2026/27 National Budget can be strengthened and better aligned with the country's long-term development priorities.

The discussion took place against a difficult fiscal background; Malawi continues to face a rising debt burden, a widening fiscal deficit and increasing domestic borrowing pressures. These challenges reduce the government's flexibility to finance priority development programmes and make the efficient use of available resources even more critical.

Although development expenditure has increased to around 30% of the national budget, close to 60% of this spending remains externally financed. This leaves development programmes vulnerable to changes in external financing and reinforces the need for Malawi to strengthen domestic resource mobilisation. During the forum, participants highlighted persistent challenges, including a narrow tax base, inefficiencies in tax administration and revenue projections that do not always materialise. The growing cost of debt servicing and other statutory obligations further limits the resources available for development. In this context, fiscal discipline is not simply about reducing expenditure but also about ensuring that limited resources are directed towards priorities that can deliver the greatest development impact.

From strong plans to effective implementation

A recurring concern throughout the forum was the gap between Malawi's development ambitions and its ability to implement them. The country has several policies, strategies and planning frameworks, including Malawi 2063, but the weak execution continues to undermine their impact.

Presenting an overview of the 2026/27 National Budget, AFIDEP's Senior Evaluations Expert Mayeso Mphande, noted that increased allocations towards development expenditure must be accompanied by stronger execution and tracking mechanisms. Without these systems, there is no guarantee that public investments will remain aligned with the country's long-term priorities or deliver the intended results.

Prof. Winford Masanjala, an Associate Professor of Economics at University of Malawi similarly emphasised that the credibility of a national budget depends not only

on the quality of the policies and plans behind it, but also on whether approved allocations are implemented according to the stated priorities and timelines. Budget tracking should therefore not be treated merely as a technical public financial management function. It is an important governance and development tool that enables institutions and citizens to assess whether public resources are delivering results.

As AFIDEP Executive Director Dr Eliya Msiyaphazi Zulu observed, "Effective budget implementation depends not only on the adequacy of allocations, but also on how well budget commitments are executed, monitored, and aligned with short, medium and long-term national development goals."

Strengthening oversight across the budget cycle

Parliament has a central role to play in closing the gap between budget approval and implementation. Its responsibility does not end when the national budget is passed but parliamentary committees must continue scrutinising expenditure reports, audit findings and budget performance data throughout the financial year.

The Chairperson of Parliament's Budget and Finance Committee, Hon. Sosten Gwengwe, stressed that oversight is a responsibility shared across all parliamentary committees and supported by the media and citizens. He also called for a review of the expenditure framework, including whether some subvented institutions that have the capacity to generate their own income should continue receiving the same level of government support. Rationalising such expenditure could release resources for priority development areas.

The National Audit Office highlighted the importance of timely audits and stronger follow-through on audit recommendations stressing that audit findings can only strengthen accountability when institutions respond to them and implement corrective measures.
Civil society representatives also called for closer collaboration between Parliament and civil society in tracking what happens to approved allocations on the ground. Effective oversight requires moving beyond expenditure figures to examine whether spending has resulted in better services and improved socio-economic outcomes for citizens.

Speaker of Parliament Rt. Hon. Sameer Suleman reinforced this shared responsibility, noting that effective oversight requires strong collaboration between Parliament and accountability institutions to ensure that public resources are used transparently and accountably.

Moving from dialogue to action

The forum identified several areas that require sustained attention:

- Strengthening domestic revenue mobilisation,
- Protecting development expenditure from being diverted to recurrent costs,
- Improving the alignment of annual budgets with Malawi 2063 vision*, and
- Strengthening systems for monitoring and verifying results.

Equally important is stronger coordination among Parliament, government institutions, the National Audit Office, civil society organisations and the media. Each of these actors holds part of the information and authority needed to make budget accountability work. When they operate in isolation, gaps in implementation can go unnoticed or remain unaddressed.

The forum demonstrated that Malawi's budget implementation challenge cannot be resolved by increasing allocations alone. It requires credible revenue projections, disciplined expenditure, timely reporting, active oversight and consistent follow-through.

As fiscal pressures intensify, Malawi can afford neither inefficient spending nor approved resources that fail to deliver their intended results. Closing the gap between budget commitments and implementation will be essential if the national budget is to support meaningful progress towards the aspirations of Malawi 2063.



(Top) Speaker of Malawi Parliament, Rt. Hon. Sameer Suleman and (below) AFIDEP's Senior Evaluations Expert, Mayeso Mphande speaking at the 2026/27 National budget oversight, tracking implementation dialogue convened by AFIDEP and MISA

*Malawi 2063 is the country's long-term national vision, launched in 2021, which aims to transform Malawi into an inclusive, wealthy and self-reliant industrialised upper-middle-income nation by 2063.

Africa's Health Financing Challenge is Also a Governance Challenge: Reflections from NEAPACOH 2026

By Godfrey Pumbwa

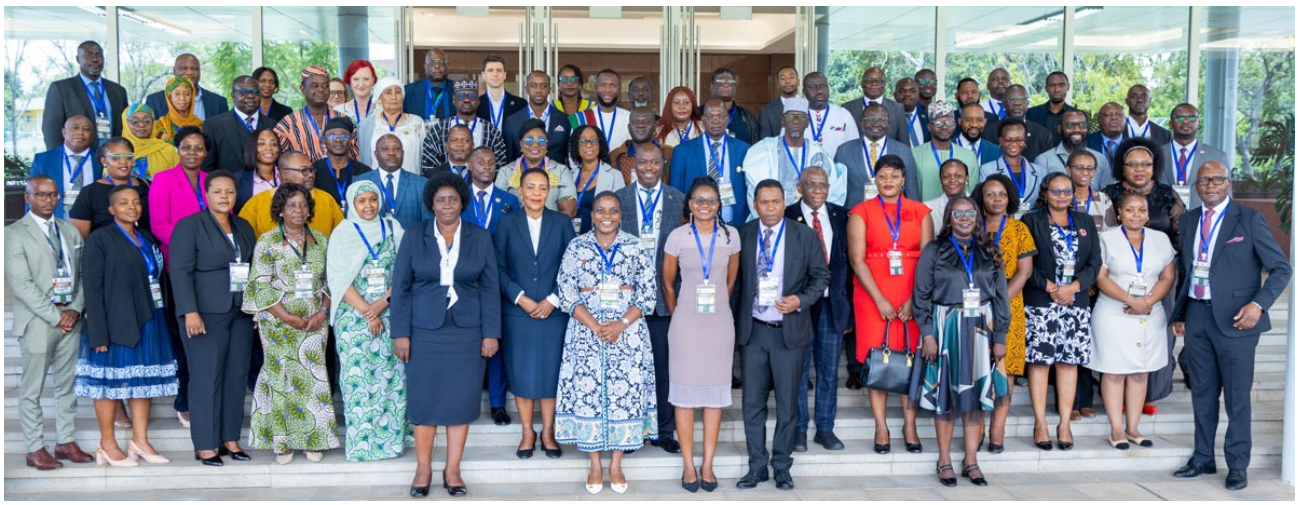
Africa's pursuit of Universal Health Coverage (UHC) is at a critical juncture. As development assistance becomes increasingly uncertain and public budgets face competing demands, governments must rethink how they finance, govern, and deliver essential health services. While much of the debate focuses on mobilising additional resources, a fundamental question also remains: Are African countries building the governance systems and accountability mechanisms needed to translate available resources into better health outcomes?

This question was central to the 17th meeting of the Network of African Parliamentary Committees on Health (NEAPACOH), held in Lusaka, Zambia, from 25–27 February 2026. The discussions reinforced a critical message that Africa's health financing challenge is not simply about mobilising resources; it is equally about governance, political leadership and evidence-informed decision-making.

External development assistance has supported critical health programmes across Africa for decades. However, growing uncertainty around development financing highlights the risks of overreliance on external funding. As such, African countries must pursue greater financial self-reliance without jeopardising essential services or reversing hard-won health gains. As emphasised in the meeting's discussions, countries should not reject external assistance without viable alternatives to sustain essential health services. The priority must be to strengthen domestic resource mobilisation, improve public expenditure efficiency and explore complementary financing mechanisms while protecting equitable access to healthcare.

African countries must therefore note that raising more domestic revenue is only part of the solution. Governments must also examine how they allocate and spend resources. The following questions thus remain critical: Are health budgets aligned with population needs? Are primary healthcare services adequately funded? Are investments delivering measurable results?

In this context, African parliaments play a critical role in addressing these challenges. Through legislation, budget scrutiny and executive oversight, parliamentary committees can help ensure that health remains a national priority and that public resources are used effectively. Meaningful oversight requires access to credible evidence, the capacity to interrogate policy choices and mechanisms for tracking commitments from allocation to implementation.



AFIDEP's team joins participants at the NEAPACOH Meeting held in Lusaka, Zambia, from February 25–27, 2026. Through legislation, budget scrutiny and executive oversight, parliamentary committees can help ensure that health remains a national priority and that public resources are used effectively.

This is where evidence-informed policymaking becomes indispensable. Evidence must consistently influence budgets, legislation, and implementation. Equity must also remain central to financing reforms. Gender inequalities, poverty and geographical disparities influence access to healthcare and health outcomes. Evidence, including research on gender-responsive interventions, can help policymakers identify underserved populations and design more responsive interventions. Similarly, climate-related risks and public health emergencies require evidence-informed investments focused on protecting vulnerable communities.

NEAPACOH 2026 offered an opportunity to translate regional commitments into national action. Its impact will depend on clear responsibilities, adequate financing, parliamentary oversight and measurable progress. Ultimately, Africa's journey towards UHC will require more than new funding sources. It demands stronger institutions, accountable leadership and the consistent use of evidence in public decisions. The measure of success therefore should not simply be how much countries invest in health, but also how effectively they turn public resources and political commitments into equitable, sustainable and better health outcomes for all.

From Evidence to Advocacy: AFIDEP's Voice at NEAPACOH 2026

At the 17th meeting of the Network of African Parliamentary Committees on Health in Lusaka, AFIDEP's technical experts equipped legislators with evidence on health financing, gender and tuberculosis, and climate resilience

Shifts in the global funding landscape, rapid population growth, climate change and recurring economic shocks are converging on systems that were underfunded to begin with. Against this backdrop, AFIDEP's experts were at the centre of the conversation.

Setting the tone: health as development

Opening the meeting, Dr Eliya Msiyaphazi Zulu, AFIDEP's Executive Director, described the gathering as coming at a critical moment for Africa's development. He called for stronger efforts to make the case that investing in health is investing in development, a message that must reach finance ministers if budget allocations to health are to grow. Dr Zulu urged African countries to set their own health financing priorities, mobilise more domestic funding, and get more health out of limited resources through greater efficiency. He also challenged parliamentarians to use their oversight role diligently, ensuring that funding reaches both curative and preventive primary health care to maximise returns on investment.

Financing universal health coverage beyond aid

Building on this theme, Dr Jackson Otieno presented on "Beyond Aid: Financing Universal Health Coverage in Africa amid Declining ODA, Fiscal Constraints, and the Rise of PPPs and Philanthropic Partnerships." His central argument was clear: Africa's path to universal health coverage will be shaped less by declining aid and more by domestic commitment. Drawing on evidence, he showed that raising pooled public financing by even 1% of GDP can significantly reduce catastrophic health spending and strengthen financial protection for households. He called on MPs to protect and increase health allocations, strengthen oversight, and champion health as an investment in economic security rather than a cost.

Putting gender at the heart of ending TB

Tuberculosis remains one of the world's deadliest infectious diseases, and gender continues to shape who gets diagnosed, who completes treatment, and who survives. Dr Brenda Mungai, Research Uptake Lead at the LIGHT Consortium, presented on "Optimising Gendered Interventions to Accelerate the End TB Campaign in Africa: Lessons from the LIGHT Consortium." She shared evidence showing that ending TB requires more than biomedical solutions; it demands gender-responsive policies, targeted interventions, and stronger parliamentary oversight.



AFIDEP's Executive Director Dr Eliya Zulu giving remarks at NEAPCOH 2026.



AFIDEP's Senior Research and Policy Analyst - Theme Lead, Economic Wellbeing, Dr Jackson Otieno.



AFIDEP's Research Uptake lead and Global Health Expert Dr Brenda Mungai

Keeping SRHR central in a changing climate

Dr Nurudeen Alhassan drew attention to a critical but often overlooked link: leaving sexual and reproductive health and rights (SRHR) out of climate and health integration risks undermining universal health coverage. When floods, droughts and displacement strike, maternal care, access to contraception and adolescent health services are often the first to be disrupted. Building climate-resilient health systems, he argued, requires placing SRHR at the centre of preparedness rather than at the margins. He urged governments to integrate health into climate frameworks through stronger governance and sustainable financing. Through the Leveraging Regional Platforms and Advocates to Enhance SRHR Services and Outcomes in Africa programme, AFIDEP is advancing this agenda by strengthening advocacy networks, generating evidence on the climate–SRHR nexus, and working with regional and national actors to improve adolescent and youth SRHR policy and investment.



AFIDEP's Senior Research and Policy Analyst - Acting Theme Lead, Environment and Climate Change Dr Nurudeen Alhassan

> **AFIDEP's technical experts equipped legislators with evidence on health financing, gender and tuberculosis, and climate resilience**

Conclusion

Across all four contributions, one message stood out: parliamentarians hold powerful levers, from budget approval and oversight to public advocacy, that can protect and grow health investment at a time of shrinking external support. By bringing rigorous evidence into these conversations, AFIDEP is helping Africa's legislators turn commitments into action. This engagement reflects the work of AFIDEP's Sustainable Growth and Governance pillar, which strengthens governance institutions and systems while balancing the economic empowerment of people with the preservation of the environment across Africa. Platforms like NEAPACOH show that impact in practice: when evidence meets political will, stronger, better-funded and more resilient health systems become possible.



Participants listen keenly at the NEAPACOH Meeting held in Lusaka, Zambia, from February 25–27, 2026.

Turning community-based NCD care pilots into scalable and sustainable national health systems in sub-Saharan Africa

By Derick Ngaira



AFIDEP Executive Director, Dr Eliya Msiyaphazi Zulu, at the 2026 World Health Summit Regional Meeting in Nairobi, Kenya, where health experts explored approaches to strengthening health systems and improving health outcomes across Africa.

Noncommunicable diseases (NCDs), including diabetes, cardiovascular diseases, cancer and chronic respiratory illnesses, account for 37% of all deaths in Africa. Yet public financing for NCD prevention and care remains critically low, leaving millions of households to shoulder treatment costs through out-of-pocket payments. As NCD burdens rise and fiscal space shrinks, countries face an urgent question on how promising community-based interventions be sustainably financed and scaled through national health systems?

The Financing Accelerator Network for NCDs (FAN) in Sub-Saharan Africa, with AFIDEP serving as its regional hub, is working to address this challenge through evidence generation, policy engagement and regional learning. Through landscape analysis, webinars, cross-country workshops and policy dialogues, FAN brings together policymakers, researchers and health financing experts to identify practical approaches to strengthening NCD financing.

These priorities were reinforced during the 2026 World Health Summit Regional Meeting in Nairobi, where a session on "From Community-Based Interventions to Policy Change: Decentralising NCD Care for Sustainable Impact brought together experts from across the region."

During the session, a key message was clear that Africa does not lack innovative community-based NCD interventions. The challenge is moving them from donor-funded pilots to sustainably financed national programmes.

Kenya's experience demonstrates the potential of integrating NCD care into primary healthcare. More than 107,000 Community Health Promoters have been equipped with blood pressure and blood glucose machines, while pilot programmes have shown that community-based hypertension screening can cost nearly half as much as facility-based screening.

Rwanda has similarly demonstrated the value of community-led approaches. Its door-to-door NCD screening initiative, supported by digital tools, achieved nearly three times the screening coverage of conventional outreach and identified more than 10,000 previously undiagnosed hypertension and diabetes cases in one district.

However, FAN's regional Landscape Analysis shows that financing remains heavily concentrated on hospital-based treatment rather than prevention, early diagnosis, and primary healthcare. Inadequate domestic financing, fragmented referral systems and limited use of evidence in financing decisions continue to constrain scale-up.

Dr Jackson Otieno of AFIDEP, FAN's regional hub, emphasised that governments must increasingly view NCDs as both a health and economic issue. Investing prevention and early detection can reduce long-term treatment costs while protecting household incomes and productivity.

Through FAN's regional webinar series and other learning platforms, AFIDEP is helping countries share experiences, strengthen evidence-informed financing and identify approaches that can be adapted to local contexts. AFIDEP is also supporting member countries through technical assistance, policy engagement, knowledge exchange and catalytic seed funding.

In Somalia, this includes support to establish the country's first regional NCD registry to strengthen investment cases, budget advocacy and the integration of NCDs into UHC and national budget frameworks.

The discussions in Nairobi reaffirmed that Africa already has many of the solutions needed to address its growing NCD burden. The priority now is to finance, integrate, and scale them. Through AFIDEP's leadership of FAN in SSA, the network is helping countries move promising community-based interventions towards more resilient and sustainable health systems.



More than 107,000 Community Health Promoters have been equipped with blood pressure and blood glucose machines.

> Africa does not lack innovative community-based NCD interventions. The challenge is moving them from donor-funded pilots to sustainably financed national programmes.

AFIDEP Calls for Civic Oversight of Debt Swaps for Health

By Edel Sakwa



Bringing evidence and an African voice to global forums on health financing. AFIDEP's Deputy Executive Director, Dr Rose Oronje (Second from right) joins panelists at the Debt2Health session during the WHS held in Aprl 27-29, 2026.

As African countries search for new ways to finance health amid shrinking aid and mounting debt pressures, debt swaps are emerging as a promising option. But who ensures that the resources they unlock actually reach communities? That question was at the heart of AFIDEP's contribution to the Debt2Health session on "Leveraging Debt Swaps to Finance Women's, Children's and Adolescents' Health," organised by The Global Fund and the Global Leaders Network at the World Health Summit (WHS) Regional Meeting, held at the United Nations Office at Nairobi (UNON) in April 27-29, 2026.

The Debt2Health is a Global Fund's debt swap programme that offers a unique and innovative financing model to help unlock essential new funds for national responses to fight HIV, tuberculosis (TB) and malaria, strengthen health and community systems, and build pandemic preparedness.

AFIDEP's Deputy Executive Director, Dr Rose Oronje, a panelist at the session, urged civil society to keep watch over health resources unlocked through debt swaps. She called on civil society organisations to champion public participation, access to information and transparency across debt swap negotiations, contracts, administration and audit. Although legal frameworks for public participation exist, she noted, their implementation remains inconsistent, limiting public access to debt management data. Dr Oronje urged CSOs to engage Parliaments and the Executive to guard against politically driven decisions and to track how funds are used, so that debt swaps deliver real benefits for women, children and adolescents.



CSOs should engage Parliaments and the Executive to guard against politically driven decisions and to track how funds are used, so that debt swaps deliver real benefits for women, children and adolescents.

Her session was one of five in which AFIDEP experts brought evidence and an African voice to global debates on health financing. Hosted by Aga Khan University under the theme "Reimagining Africa's Health Systems: Innovation, Integration, and Interdependence," the WHS Regional Meeting 2026 brought together over 3,000 participants who included leaders, innovators and changemakers to explore solutions for stronger health systems in Africa and advance global health progress.

From Evidence to Policy

Advancing Gender-Responsive TB Policy and Practice in Southern Africa

By Dr Brenda Mungai



AFIDEP, through the LIGHT Consortium, collaborated with the SADC Secretariat and the SADC End TB Strategy Committee to convene a regional policy dialogue on gender-responsive TB programming in Southern Africa.

Southern African Development Community (SADC) aims to foster economic and social development, cooperation, and integration in Southern Africa. One of its objectives is to enhance the standard and quality of life of the peoples of Southern Africa. SADC has a membership of 15 Member States, namely; Angola, Botswana, Democratic Republic of Congo (DRC), Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.

The SADC region bears one of the highest tuberculosis (TB) burden globally, accounting for 55% of all notifications in the WHO Africa Region. Several member states are classified among the 30 high TB burden countries globally including South Africa, Malawi, Zambia and Lesotho. Despite progress recorded in expanding access to TB diagnosis and treatment, critical gaps remain among specific populations especially men, underscoring the need for stronger regional collaboration and gender responsive approaches in TB treatment and care.

The LIGHT Consortium generated new evidence to inform gender-responsive TB policies and practice, enhancing access to TB prevention, diagnosis, and care for all.

What did we do to translate TB and gender evidence into gender-responsive policies and practices in Southern Africa?

As the LIGHT Consortium partner leading regional engagement, AFIDEP worked with the SADC Secretariat and the SADC End TB Strategy Committee (SETC) in 2025–2026 to translate evidence on gender disparities in TB into regional policy action. Through evidence exchange, policy dialogue and strategic support, LIGHT enabled Member States to identify gender-related gaps in their TB programmes, define practical responses, and commit to integrating gender-responsive interventions, indicators and accountability mechanisms into national policies, strategic plans and funding priorities.

Phase 1: Policy engagement

On October 24-25, 2025, LIGHT and the SADC Secretariat co-hosted a regional convening of TB managers, and facilitated evidence exchange, peer learning, and policy dialogue on TB and gender. Consortium partners presented research findings and practical recommendations on gender disparities in TB, while South Africa and Malawi shared country experiences on disaggregated data and gender-responsive programming. LIGHT also

convened panel discussions that enabled member states to examine progress, identify implementation gaps, and discuss actionable priorities for strengthening age- and sex-responsive TB programming. LIGHT translated evidence on gender and TB into regional policy dialogue, enabling Member States to identify gaps and priorities for more equitable TB programming.

Secured regional policy commitments on TB and gender

A major outcome of LIGHT's engagement was regional consensus among SADC member states to strengthen the integration of gender-responsive approaches in TB prevention, treatment, and policy. These commitments were formally captured in the 2025 SADC TB report and subsequently tabled at the Annual Ministers of Health meeting in February 2026, elevating TB and gender to ministerial attention and reinforcing commitment to follow-through.

The key strategies in the commitment included:

I. Policy and Strategic Integration

- Integrate gender-responsive priorities within National Strategic Plans for TB, aligned with the SADC TB Strategy and the End TB Strategy.
- Institutionalise routine sex- and age-disaggregated data collection, analysis, and reporting across the TB prevention and care cascade.
- Identify a Gender focal person in the NTP to coordinate policy implementation and monitoring.

II. Programmatic Implementation

- Review the Community, Rights and Gender (CRG) assessments and extract the recommendations for implementation.
- Scale up gender-tailored models of care addressing men's access barriers and women's vulnerabilities — including workplace, community, and faith-based screening initiatives.
- Embed gender, human-rights, and stigma-reduction modules in national TB training curricula.
- Strengthen community and civil-society engagement, ensuring affected men, women, and youth participate in the design and monitoring of TB interventions.

THE LIGHT CONSORTIUM

The **Leaving No-one Behind: Transforming Gendered Pathways to Health for TB** (LIGHT) **Consortium** was a six-year, UK aid-funded, cross-disciplinary global health research programme led by the **Liverpool School of Tropical Medicine (LSTM).** The Consortium brought together the **African Institute for Development Policy (AFIDEP)** in Kenya and Malawi; the **London School of Hygiene & Tropical Medicine (LSHTM)** in the UK; the **Makerere University Lung Institute (MLI)** in Uganda; the **Malawi-Liverpool-Wellcome Research Programme (MLW)** in Malawi; the **Respiratory Society of Kenya (ReSoK);** and the **Zankli Research Centre (ZRC)** in Nigeria.

LIGHT generated evidence on how gender shapes TB risk, health-seeking behaviour, access to prevention, diagnosis and treatment, continuity of care, and health outcomes. The research demonstrated that men experience a disproportionate TB burden and face significant barriers to timely care, including work demands, inconvenient clinic hours, long waiting times, financial pressures, stigma, and wider social and institutional constraints.

The evidence also highlighted women's distinct vulnerabilities and their possible underrepresentation in TB notifications in some settings.

Modelling evidence showed that closing gaps in TB prevention, diagnosis and treatment among men could substantially reduce national TB incidence and mortality in men, women and underserved populations by 2035. Reaching men with TB services benefits the whole population.

III. Financing and Resource Mobilisation

- Include gender-responsive interventions, indicators, and budgets in Global Fund grant writing, and other donor funding requests.
- Allocate a defined proportion of domestic TB resources to gender-responsive programming and community engagement activities.



- Lobby for more domestic resources.
- Engage the TB caucus and parliamentarians on TB and Gender advocacy.

IV. Accountability and Multisectoral Action

- Develop national TB- and Gender scorecards to track commitments, funding, and progress annually at the TB managers meeting.
- Strengthen collaboration with ministries of gender, labour, education, and justice to address social and structural determinants of TB.

V. Regional Cooperation and Follow-up

- Include a recommendation on TB and Gender in the SADC ministers' meeting report.
- Incorporate TB and Gender strategic interventions during the reprioritisation of the SADC TB strategic plan (2025-2030).
- Review progress and update commitments during the 2026 SADC TB Managers Meeting, ensuring accountability through the annual SADC TB Report.

Phase 2: Reprioritisation of the SADC TB strategic plan (2025-2030)

Following ministerial endorsement, LIGHT consortium through AFIDEP in collaboration with the SADC secretariat and SETC team engaged Dr Patrick Lungu (consultant) to review the SADC TB strategy and support re-prioritisation of the SADC TB strategic plan (2025-2030) between July to September 2026. Key activities undertaken included:

- **Evidence Review and Situation Analysis -** Reviewed regional and Member State TB plans and synthesised evidence on epidemiology, financing, gender, equity, diagnostics, treatment, prevention and emerging innovations. Assessed regional priorities, including mining, occupational health, mobility and cross-border continuity of care.
- **Stakeholder Assessment and Prioritisation** - Refined and administered a regional questionnaire covering implementation, UNHLM commitments, gender, innovation, mining and cross-border care. Proposed gender-responsive indicators and sex- and age-disaggregated reporting.
- **Strategy Revision and Decision Support** - Revised the strategic plan and strengthened its focus on gender, rights, social protection, financing, diagnostics, childhood and drug-resistant TB, cross-border referral, data governance and accountability. Prepared editable, tracked-changes and high-level policy versions for SADC decision-makers and partners.



Next steps

In October 2026, the SADC Secretariat and SETC will convene a Gates Foundation-supported validation meeting during the Annual TB Managers Meeting to confirm strategic revisions, complete quality assurance and prepare the strategy for ministerial approval. Further technical support will help Member States operationalise gender-responsive commitments through TB programme reviews, strategic plan updates and Global Fund Grant Cycle 8 preparation and implementation.

Impact of the policy engagement with SADC

Addressing gender-related barriers is essential to finding people with TB earlier, preventing transmission, reducing financial hardship and advancing the End TB Strategy and Universal Health Coverage (UHC) goals.

LIGHT's engagement with SADC moved evidence on gender disparities in TB from research into regional policy and strategic action. It strengthened Member States' understanding of gender-related gaps across the TB care cascade, secured regional commitments that were captured in the 2025 SADC Annual TB Progress Report and elevated to the February 2026 Ministers of Health meeting, and informed the reprioritisation of the SADC TB Strategic Plan 2025–2030. The revised strategic direction gives greater prominence to gender-responsive programming, sex- and age-disaggregated data, community participation, equitable diagnostic access, financing, cross-border care and accountability. The process also established a platform for continued regional coordination and technical support to help Member States translate these commitments into national TB programme reviews, strategic plans and Global Fund Grant Cycle 8 grants.

LIGHT aimed to transform gendered pathways to TB care and improve health, socioeconomic and equity outcomes. Its engagement with SADC advances this goal and offers a replicable model for regional dialogue and evidence-informed policy change.

Enhancing the standard and quality of life of the peoples of Southern Africa, using evidence-informed policies.

Breaking the silos: Why Africa needs integrated climate-health strategies



By Charlotte Chisoni

Discussions about climate change and health often begin with one question: what is a changing climate doing to our health? Important as this question is, it tells only one side of the story. Climate change is increasing the burden on health systems across Africa, but the health sector itself also contributes to greenhouse gas emissions.

This two-way relationship is one of the key issues highlighted in our position paper, Making a Case for the Integration of Health into Climate Policies and Actions in Africa. Drawing on scientific and grey literature, regional and national policy documents, and insights from climate-health actors across Africa, the paper examined how climate change affects health, the current policy response, and the barriers and opportunities for greater integration. Our findings show that although climate change and health are closely connected, policies, institutions, financing and data systems continue to treat them largely as separate sectors.

Health systems are affected but they also have a climate footprint

Across Africa, climate change is already shaping health outcomes through both direct and indirect pathways. Extreme heat increases the risk of heat exhaustion, heat stroke, preterm birth and other health complications. Floods and droughts contribute to injuries, deaths, cholera, malaria, malnutrition and poor mental health.

Between October 2025 and February 2026, severe flooding in Southern Africa injured about 1,400 people and killed 374 others. Extreme weather also affects access to healthcare by damaging health facilities, disrupting the supply of medicines and laboratory services, and making it difficult for health workers and patients to reach facilities. In 2023, Cyclone Freddy destroyed about 100 health facilities in Mozambique alone.

Yet the relationship also moves in another direction. Our position paper estimates that the health sector contributes about 10% of Africa's annual greenhouse gas emissions. Unreliable national electricity grids mean that many health facilities depend on diesel generators, which produce carbon dioxide and particulate matter. Open burning and inefficient onsite incinerators are also widely used to dispose of medical waste.

The health sector's supply chains add to this footprint. Africa imports between 70% and 90% of its pharmaceuticals and medical supplies, resulting in emissions from transporting products over long distances.

Climate-health action must therefore do two things at once: protect health systems and communities from the effects of climate change, while reducing emissions associated with healthcare delivery.

Africa's policy response remains uneven

There has been encouraging progress in recognising climate change as a health issue. The Africa Centres for Disease Control and Prevention's 2025 Strategic Framework for Climate Change and Health provides an important foundation for coordinated continental action. It prioritises vector-borne and zoonotic diseases, extreme heat, food and nutrition insecurity, waterborne diseases and airborne diseases.

However, our review also identified important gaps. The framework concentrates largely on infectious diseases and adaptation while giving limited attention to mental health, sexual and reproductive health and rights, and the health sector's contribution to emissions.

Progress at the national level is similarly uneven. Only about 30% of African countries have policies or strategies for integrating health into climate action. Uganda is among the countries that have developed a comprehensive Health National Adaptation Plan. Its plan provides for national coordination, evidence use, resource mobilisation and the integration of climate and health across government

programmes. However, like many Health National Adaptation Plans, it remains primarily focused on adapting to climate-related health risks.

Kenya's Climate Change and Health Strategy 2024–2029 goes a step further. It includes measures to reduce the carbon footprint of healthcare through clean energy, cleaner household cooking fuels, wind power and the solarisation of health facilities. It demonstrates that climate-health strategies can address both adaptation and mitigation. What remains critical is ensuring that such commitments are adequately financed and implemented.

Moving from parallel sectors to integrated action

Our position paper identifies four major barriers to climate-health integration in Africa:

- Inadequate financing,
- Limited capacity among health stakeholders to participate in climate policy and resource mobilisation,
- Weak and fragmented institutions, and
- Insufficient contextual data and evidence.

These barriers reinforce one another. Health and climate institutions often operate under different mandates and budgets, while coordination depends on temporary technical working groups or steering committees without permanent structures or adequate resources. Meteorological and health information systems are also rarely connected, limiting the ability of countries to anticipate and respond to climate-sensitive health threats.

Integrated climate-health strategies must address these structural gaps. They should establish effective coordination between health, climate and other relevant sectors; provide dedicated financing; strengthen the ability of health stakeholders to participate in climate negotiations; and connect meteorological information with health data and early-warning systems.

They must also cover the full range of health consequences identified in the evidence, including mental health and sexual and reproductive health and rights. Crucially, they should combine adaptation with practical measures for reducing healthcare emissions, including clean energy, improved medical waste management and more sustainable supply chains.

Africa cannot effectively respond to climate-related health risks while climate and health policies continue to operate on parallel tracks. Breaking these silos begins with recognising that the relationship runs both ways—and designing strategies, institutions and investments that respond to both sides of the challenge.



Only about 30% of African countries have policies or strategies for integrating health into climate action.

The position paper was developed by AFIDEP in collaboration with AMREF Health Africa and the Pan-African Climate Justice Alliance, with support from the Rockefeller Foundation.

Strengthening Africa's capacity for integrated climate and health action

By Charlotte Chisoni



Participants at a three-day capacity-strengthening workshop convened by the Pathfinder Initiative in Nairobi, Kenya, from April 28 - 30, 2026. The Wellcome Trust-funded project is led by the London School of Hygiene & Tropical Medicine (LSHTM) in collaboration with AFIDEP, the African Population and Health Research Center (APHRC) and other partners.

Climate change is already shaping health outcomes across sub-Saharan Africa, from changing rainfall patterns that alter the life cycles of disease vectors, thereby influencing the spread of diseases such as malaria, to floods that injure people, destroy homes, disrupt livelihoods, and affect access to clean water and health services. Addressing these challenges require people and institutions that can clearly connect climate action to health and translate evidence into decisions that improve lives.

It is against this background that the Pathfinder Initiative, a Wellcome Trust-funded project led by the London School of Hygiene and Tropical Medicine (LSHTM), in collaboration with the African Institute for Development Policy (AFIDEP), the African Population and Health Research Center (APHRC), and other partners, convened a three-day capacity-strengthening workshop in Nairobi, Kenya, from April 28–30, 2026.

The workshop focused on the connections between climate action and health outcomes in sub-Saharan Africa, with the aim of strengthening foundational knowledge and skills for research, advocacy, and integrated climate and health action.

Building consensus on climate change language and terminologies in Africa

A key issue identified by the Pathfinder collaborators early in the initiative was on framing and communicating about climate mitigation, and health co-benefits in Africa. This was the starting point for the workshop. To better understand participants' existing knowledge of climate and health terminology, the workshop included pre- and post-training surveys. These helped establish a general overview of the terms participants already associated with climate mitigation and health, while also showing how their understanding evolved after the training. This was important for identifying where to begin, building consensus around language, and reflecting on how climate action can be communicated in ways that are both technically accurate and relevant to African contexts.

From technical evidence to relatable framing

A major part of the capacity-strengthening workshop focused on framing climate action and health in sub-Saharan Africa. This session, led by Sarah Sharpe of LSHTM and Dr Nurudeen Alhassan of AFIDEP, explored



how climate and health evidence can be communicated in ways that are understandable, relevant, and useful to different audiences.

In the session, Sarah Sharpe and Dr Nurudeen Alhassan also challenged participants to think beyond scientific audiences. They emphasised that while research publications remain important, climate and health evidence also needs to be packaged for the people who can use it to shape decisions. This means translating evidence without weakening its accuracy, making health co-benefits visible, and connecting climate action to the issues that matter most to different audiences.

Participants reflected on how terms such as "mitigation", "decarbonisation", and "net zero" may be common in technical and policy spaces but may not always resonate with communities or decision-makers whose immediate concerns are health, livelihoods, food security, wellbeing, and resilience. The session underscored that framing is not simply about simplifying language; it is about connecting climate action to the realities, priorities, and responsibilities of different actors.

Bringing policymakers into the evidence journey

Another key capacity strengthened through the workshop was translating evidence into practice. In a session titled *"Data Gaps & Translating Evidence into Practice – What Moves Climate Action,"* led by Dr Nurudeen Alhassan of AFIDEP, participants reflected on what it takes for climate and health evidence to move beyond research outputs and contribute to real policy and practice change.

The session emphasised that evidence is more likely to inform action when policymakers are not treated only as endpoint audiences but are engaged throughout the evidence journey. This means understanding the policy questions they are grappling with, involving them early in the research process, and presenting evidence in ways that respond to decision-making needs.

For climate and health work, this is especially important because action often sits across sectors, including health, environment, finance, agriculture, energy, and urban planning. Translating evidence into practice therefore requires more than producing strong research; it requires strategic engagement, relevant framing, and sustained relationships with the people and institutions that can use evidence to drive action.



Miriam Opon
International Centre for Evaluation and Development, Ghana.

The workshop demonstrated that when climate and health actors are better equipped to communicate evidence clearly, engage policymakers early, and work collaboratively across sectors, climate action becomes more than a technical agenda. It becomes a pathway to healthier, more resilient communities.



Strengthening Evidence Translation and Gender-Responsive Maternal Health Advocacy

The Story of Eunice Atsali

By Belinda Korir, Dr Violet Murunga

Improving maternal and newborn health outcomes requires strong connections between research, frontline practice and policy. In Kenya, Eunice Atsali, a midwife, an academic and a policy actor, has dedicated her career to strengthening these links. She serves as a Vice Chair of the Midwives Association of Kenya (MAK), a lecturer at Kenyatta University, provides technical input to the Ministry of Health, and is a co-principal investigator in a national programme focused on preventing postpartum haemorrhage (PPH), a leading cause of maternal mortality.

Despite her experience, Eunice recognised gaps in how evidence was accessed, synthesised and translated into policy and practice, particularly within professional associations and frontline settings.

Before participating in the Evidence-Informed Decision-Making (EIDM) training under the Africa LEEPS (Learning together to advance Evidence and Equity in Policymaking) initiative, Eunice observed that many MAK members struggled to find credible evidence and translate research into policy-relevant outputs. AFIDEP leads and coordinates the Alliance for Evidence and Equity in Policymaking in Africa (AEEPA), one of the three regional hubs of the Africa LEEPS partnership.

"Sometimes you want to develop something, maybe even write a grant, but getting the data was a challenge for many of our members," she recalled.

The training equipped participants with practical skills in literature searching, evidence synthesis, evidence packaging, and gender-responsive policymaking. For Eunice, learning to deliver an effective elevator pitch was particularly valuable.

"The pitching bit really came out very strongly for me," she said. *"You can actually say what you want to say to a policymaker in a very short time."*

The training reinforced the importance of presenting evidence that is clear, relevant, and timely rather than relying on lengthy technical documents.

Eunice soon applied these skills across her professional roles. Within MAK, she used networks developed through her engagement with the African Institute for Development Policy (AFIDEP) to connect colleagues with technical expertise. In October 2025, she invited AFIDEP to support the development of a policy brief on the midwifery model of care, guiding colleagues through the process.

"Because of the EIDM training, I knew exactly what happened in policy brief development," she explained.

The process also enabled her to identify emerging leadership within the MAK. She recognised a young member with strong evidence synthesis and grant-writing skills, who later joined the association's leadership as Vice Secretary. Eunice's strengthened skills have also enhanced her contributions to Ministry of Health policy and guideline development, including family planning and point-of-care ultrasound guidelines.

At Kenyatta University, she incorporated the training into her academic work, supporting postgraduate students with literature searching, synthesis, and documentation. Through MAK's Scientific Committee, she also mentors midwives to develop abstracts for scientific conferences, helping practitioners share evidence and practice-based knowledge.

The training further deepened Eunice's understanding of gender and professional hierarchies. She has facilitated discussions on gender equity, highlighting how power structures can affect midwives' working conditions, decision-making authority, and exposure to legal risks.

"You have to be very intentional," she emphasised, noting the importance of recognising disadvantage across different groups and professions.

Her strengthened advocacy skills have contributed to tangible health-system change. Through concise, evidence-based pitching, Eunice engaged a development partner to support the rollout of heat-stable carbetocin for PPH prevention. Beginning with a pilot in 15 counties in 2024, the initiative expanded to all 47 counties, with additional funding later secured for treatment-focused interventions.

Looking ahead, Eunice plans to strengthen evidence use within the midwifery profession by disseminating the midwifery model of care policy brief, training midwives in policy brief development and elevator pitching, and advancing gender-responsive decision-making at county level.

Reflecting on her journey, she emphasises openness, networking and proactive engagement: *"There is always an opportunity for learning... the worst that can happen is a no."*

What began as a single training has become a catalyst for broader change—strengthening professional capacity, evidence use, mentorship and more inclusive maternal health policymaking in Kenya.



Eunice Atsali recognised gaps in how evidence was accessed, synthesised and translated into policy and practice.

Building a new generation of African policy researchers:

Lessons from the Political Economy Analysis Research Methods Training

By Nhlanhla Dhaka

Africa is young. More than 70% of its people are under 35. Yet weak education systems, skills mismatches and slow job creation keep too many of them out of decent work, and out of the rooms where policies are made.

The African Institute for Development Policy (AFIDEP), in partnership with the CAP Youth Empowerment Institute (CAP YEI), is changing that through the Youth Futures Policy Research Project. Between December 2025 and February 2026, the two organisations delivered a series of Political Economy Analysis (PEA) Research Methods Trainings across Ethiopia, Ghana, Kenya, Nigeria, Rwanda, Senegal, South Africa and Uganda.

The response was overwhelming. More than 3,000 young people applied, from universities, civil society organisations, think tanks, research institutes and government agencies. Selection looked beyond academic credentials to gender balance, geographic diversity, and the inclusion of youth from marginalised communities and those living with disabilities. The 141 researchers chosen, all aged between 24 and 35, were trained in two cohorts, the first in December and the second in February, through a mix of in-person and virtual sessions.

Many arrived with research experience but a nagging sense that something was missing. They wanted to move beyond studying communities to working alongside them, and to understand how power and politics shape the opportunities young people can reach.

"I want to learn how to involve people more directly in the research process, not just study them," one participant said.



Dr Maame Peterson leads a research methods training session in Ghana as part of the Youth Futures Policy Research Project, implemented by AFIDEP in partnership with CAP YEI.

The trainings answered with four modules: Introduction to Research, Participatory Action Research, Political Economy Analysis and Intersectionality. Rather than lecturing, facilitators used group discussions, case exercises and real-life examples, and participants said this is what made the ideas stick.

The change showed most in the areas that were newest to them. Understanding of political economy analysis and intersectionality grew markedly, and participants left confident about putting their learning to work, especially in co-creating solutions with communities. Almost all said they would recommend the training to their peers.

Participants also told the team where it can do better. They wanted more time for each module, and many felt they needed further practice before conducting political economy analysis on their own. Applications also came mostly from men, a reminder that reaching more young women will need continued effort.

The learning does not stop in the training room. Participants are moving into a mentorship phase, where each will identify a research problem, design a study and shape it into a full research protocol. For many, the ambition is practical and close to home.

"I hope to gain mentorship that helps me design a small-scale research project with real value for my community," one participant said.

Two cohorts. Eight countries. One clear conviction: young Africans should not simply be the subjects of policy. They should be the ones shaping it. With the skills to generate evidence rooted in their own contexts, this new network of researchers is ready to do exactly that.

70% +

of Africa's population is under 35

3,000+

Young people applied for training

141

Young researchers selected and trained

8

African countries represented

Turning Population Data into Development Action

By Edel Sakwa

AFIDEP at the Launch of Kenya's PSA Report 2025

Population dynamics shape every aspect of a country's development, from the demand for schools, health services and jobs to the pressures on cities and the environment. Understanding how populations are changing, and what those changes mean for policy, is central to AFIDEP's work.

AFIDEP contributed technical expertise to the National Council for Population and Development (NCPD)'s Kenya Population Situation Analysis (PSA) Report 2025 which was launched in February 2026, the support ensuring the country's population evidence informs policy and investment decisions.

AFIDEP contributed to producing the analysis and reviewed several chapters, including the chapter on data, research and innovation, bringing its expertise in evidence analysis to one of Kenya's key population planning tools.

Speaking at the launch, Dr Violet Murunga, AFIDEP's Research and Policy Analyst and Theme Lead for Evidence Use Capacity Development, reaffirmed the Institute's commitment to placing people at the centre of development. She noted that the report arrives at a critical moment, as Kenya experiences rapid population growth, urbanisation and an expanding working-age population.

The report highlights major gains, including a decline in fertility from 6.7 children per woman in 1989 to 3.4 in 2022 and reduced child mortality. With over 60% of Kenyans under 25, Dr Murunga described a time-bound opportunity to harness a demographic dividend through strategic investments in education, skills, health and job creation, particularly as 17% of young people are not in education, employment or training. She also flagged the rising burden of non-communicable diseases and growing climate and urban pressures, calling for stronger domestic resource mobilisation, better data systems and closer policy alignment.

Beyond the launch, Dr Murunga joined other experts in a public analysis of the report's findings, helping translate its data into practical insights for policymakers and the public. AFIDEP's role reflects our commitment to ensuring that population evidence translates into better development outcomes for all Kenyans.



Dr Masini Ichwara of State Department for Economic Planning, Kenya handing a copy of the Kenya Population Situation Analysis (PSA) Report 2025 to AFIDEP's Dr Violet Murunga. AFIDEP contributed to producing the analysis and reviewed several chapters, including the chapter on data, research and innovation.

> **The report highlights major gains, including a decline in fertility from 6.7 children per woman in 1989 to 3.4 in 2022 and reduced child mortality.**

AFIDEP Adds Africa's Voice at the 2026 World Bank/IMF Spring Meetings

By Edel Sakwa

As global finance leaders gathered in Washington, DC for the 2026 Spring Meetings of the World Bank Group and the International Monetary Fund, AFIDEP joined a high-level conversation on one of the most pressing questions facing the continent: how will Africa pay for health systems that are strong, fair and built to last?

The session, "Rethinking Health Financing in Africa: Unlocking Sustainable Pathways for Health Systems Resilience," was part of the Africa track of the Meetings. It brought together policymakers, development partners and experts to examine how the continent can secure reliable funding for health at a time when external support is shifting and national budgets are under strain.

AFIDEP was represented by Elizabeth Lule, Executive Director of ECDAN and Chair of the AFIDEP Board; Dr Naa Dodua Dodoo, Director of Human Capital Development; and Dr Nurudeen Alhassan, Senior Research and Policy Analyst. Together, they helped shape discussions around health financing solutions that are sustainable, equitable and led by countries themselves.

A common thread ran through the session: the need to raise Africa's voice and priorities at a critical moment. Participants agreed that the continent must move beyond fragmented, project-by-project funding. Instead, the path forward lies in stronger domestic resource mobilisation, better alignment of financing from governments and partners, and health systems designed to deliver measurable results for people.

From the opening reflections through to the panel exchanges, the message



was consistent. Building resilient health systems depends on bringing evidence, policy and action together, which is the very space where AFIDEP works.

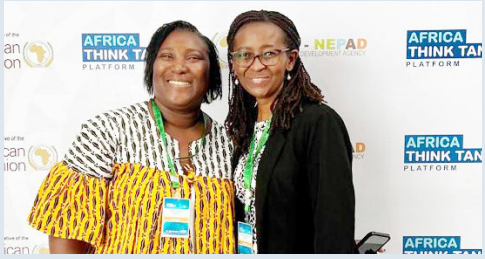
For AFIDEP, the Spring Meetings offered an important platform to carry this message to decision-makers shaping global financing, and to reaffirm our commitment to helping African governments design and fund health systems that serve their citizens well into the future.

AFIDEP joins the launch of the Africa Think Tank Platform

On April 27–30, 2026, AFIDEP attended the Africa Think Tank Platform (ATTP) consortium kickoff, coordination and capacity strengthening workshop at the African Union Commission Headquarters, Addis Ababa.

The ATTP is a five-year, $50 million flagship initiative of the African Union, funded by the World Bank Group and implemented with the African Capacity Building Foundation and AUDA-NEPAD, to strengthen evidence-informed policymaking and accelerate Agenda 2063.

As one of 13 leading African think tanks selected, AFIDEP is a member of the Building Resilience and Impact through Dialogue and Galvanising Action for Evidence-Informed Policymaking (BRIDGE) Africa consortium, one of three pan-African consortia delivering the Platform's work. Coordinated by the African Centre for Economic Transformation (Ghana), BRIDGE Africa brings together AFIDEP (Kenya), the Nkafu Policy Institute of the Denis & Lenora Foretia Foundation (Cameroon), the South African Institute of International Affairs (South Africa), and the Policy Centre for the New South (Morocco), spanning East, West, Central, Southern and North Africa. Through the consortium, AFIDEP will bring its evidence-to-policy expertise to collaborative research, institutional capacity strengthening and policy-ready solutions to Africa's most pressing cross-border challenges.



AFIDEP's Director, Human Capital Development and Theme Lead, Population Dynamics and Demographic Dividend, Dr Naa Dodua Dodoo and Dr Brenda Mungai representing at the kick off meeting in Addis Ababa.



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