



ICPD at 30

Unfinished business and the path to sustainable development

SDGs progress

Linking SDGs progress to evidence-informed and equity-centred policymaking capacity

And more...

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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The Government of Malawi, in collaboration with the African Institute of Development Policy (AFIDEP) under the USAID-funded Building Capacity for Integrated FP/RH and PED Action (BUILD) Project and other partners, hosted the first-ever Chief's Forum on Natural Resources Management and Transition to Sustainable Agriculture and Livelihood in Lilongwe in August 2023. The Forum was attended by the Malawi's President, H.E Dr Lazarus Chakwera, who signed a call to action with the chiefs.



Kenya's health reforms, a leap towards universal health coverage

Kenya has legislated universal health coverage (UHC) to prioritise the health and well-being of its citizens. President William Ruto assented to the UHC laws and subsequent national rollout of the programme in October 2023.

By Derick Ngaira

The legislation encompasses a range of healthcare services, from preventive measures to treatment and rehabilitation. The inclusivity reflects a holistic approach to health, recognising that a robust healthcare system is more than responding to illnesses— but involves proactive efforts to keep the population healthy.

The UHC laws aim to address longstanding disparities in healthcare access, providing a safety net for vulnerable populations and reducing the financial burden on individuals seeking medical services. For long, citizens have incurred exorbitant healthcare services— a situation that has compelled some, especially those living in informal settlements, women and girls to forego the need for medical services. According to Dr Elizabeth Wangia, Director of Health Financing at Kenya's Ministry of Health, "the UHC laws will go a long way in addressing some of the challenges we have experienced in the past whereby people have had to join WhatsApp groups in order to contribute money to cater for expensive medical costs."

Primary health care

The Primary Health Care Act of 2023, one of the four health laws, mandates the establishment of nationwide community health units. The units enhance accessibility and delivery of primary health care services at grassroots level. Through the Act, the country has set a target to construct a minimum of one health facility for every 5,000 citizens. In addition, 100,000 community health promoters have been co-opted to strengthen preventive health services across the country.

By prioritising preventive measures and early interventions, the legislation not only improves health outcomes but also contributes to the overall well-being and productivity of the population. This preventive focus at community level and healthcare facilities will potentially alleviate the strain on referral health facilities, ensuring that resources are used efficiently.

Social Health Insurance (SHI)

The Social Health Insurance law disbanded the National Health Insurance Fund (NHIF) and established three new funds:

- Primary Health Care Fund
- Social Health Insurance Fund
- Chronic Illness and Emergency Fund

SHI is pivotal in creating a sustainable and inclusive healthcare financing system. It protects individuals from financial risks associated with healthcare and contributes to a more equitable and efficient healthcare system, ultimately improving health outcomes for the entire population.

One of the most noteworthy features of the SHI Bill is the proposal to levy a 2.75% deduction on monthly gross pay to fund the SHI, thus bolstering the healthcare resources. The levy would generate revenue from the private and public sectors. The 2022 statistical survey figures on employment and gross wages reveal that the levy has the potential to raise a total of Kshs. 44.4 billion from the private sector and Kshs. 20.5 billion from public sector. Consequently, the SHIF's revenues would experience a notable increase by Kshs. 65 billion to Kshs. 125 billion, surpassing the current Kshs. 60 billion collected by NHIF. Assuming other contributions remain unchanged, the suggested levy is anticipated to effectively double the funds allocated to the SHIF.

Digital health

On the other hand, the Digital Health law seeks to encourage telemedicine and the health services digitisation, eliminating manual transactions. The law is crucial for modernising the healthcare system, improving access to services, enhancing data management, and fostering innovation. Kenya can strengthen its healthcare infrastructure by embracing digital health, for better health outcomes.

Facility improvement fund

Conversely, the Facility Improvement Fund Law aims to ring fence funds generated within public health facilities. This means, money generated by health facilities shall not be directed towards financing other development projects but remain within the facility to provide services to citizens. Meaning that it will contribute to an improvement in the overall health of the community. Accessible, well-equipped healthcare facilities are pivotal in disease prevention, early detection, and the management of health conditions.

Challenges

However, as with any transformative policy, challenges and considerations must be acknowledged. Implementation hurdles, resource constraints, and the need for ongoing evaluation and adaptation have to be navigated. The success of Kenya's UHC laws will depend on the collaborative efforts of the government, healthcare providers, and the public in ensuring that the vision of accessible and affordable healthcare becomes a sustainable reality.

Conclusion

Kenya's journey towards UHC represents a commendable effort to prioritise the health of its citizens. The UHC laws signal a commitment to creating a healthier nation and serve as a model for other countries seeking to address healthcare disparities. As the implementation progresses, it is imperative to remain vigilant, adaptive, and collaborative to overcome challenges and secure a future where every Kenyan can access the healthcare they need.

AFIDEP, through the Advance domestic Health Financing project supported Kenya's Ministry of Health with evidence and technical assistance in developing these laws. The Institute support the government of Kenya in its efforts towards affordable, quality and equitable healthcare with a focus on primary health care and women's and girl's health.

The Primary Health Care Act of 2023

1 = 5,000

Health Facility

Citizens





Addressing Work and Income Issues for Refugees and Migrants: A Critical Aspect of Public Health

Refugees and migrants often face significant challenges in finding and maintaining employment in their new countries. Several factors can contribute to this, including language barriers, lack of recognition of foreign qualifications, and discrimination.

By Chimwemwe Chifungo and Dr Nyovani Janet Madise

As a result, refugees and migrants are often overrepresented in low-wage, precarious, and dangerous jobs. These poor working conditions can have a severe impact on the physical and mental health of refugees and migrants.

Global statistics show that about 13% of the global population are migrants, of which about 4% have crossed international borders, and about 9% have moved within borders. The United Nations Population Division indicates that in 2020, there were over 281 million international migrants and about 740 million internal migrants. In some countries, for example, the United Arab Emirates, migrants are more than 80% of the population. Also worth noting is that women are just as likely as men to migrate. In 2020, 48% of the migrants were female, and 13% were children. In terms of global workforce, migrants make up 5% of the global workforce; in terms of numbers, this is over 170 million people.

Occupation is a key social determinant of health, meaning a person's job can significantly impact physical and mental health. For refugees and migrants, occupation is significant because it can determine their access to income, social support, and other essential resources for good health. A World Health Organization (WHO) study found that refugees and migrants who are employed in low-wage, precarious, and dangerous jobs are more likely to experience lower levels of physical and mental health, higher levels of stress and anxiety, and a greater risk of chronic health conditions. For example, in 2017, data from the US Bureau of Statistics reported that for every 100,000 workers in construction, 991 migrants had a fatal injury compared with only 10 natives. In New York City alone, in one year, 72% of the fatal injuries in construction were among migrant workers with limited English proficiency.

In addition to this, poor working conditions can make it difficult for refugees and migrants to access healthcare,

education, and other essential services. This further exacerbating their health problems and making it difficult for them to integrate into their new communities. Some of the reasons that plague refugees and immigrants' access to preventative healthcare as compared to natives include host country policies that limit migrants' access to health care, such as requirements to pay a hefty premium, lack of knowledge of the law in terms of what migrants can access, lack of knowledge of where to go and reluctance to take time off to seek medical care as this may lead to loss of earnings.

It is, however, worth noting the efforts that the global community is making to secure good working conditions for migrants and refugees, such as the 1951 United Nations Refugee Convention, 1994 International Conference on Population and Development, the 2016 New York Declaration for Refugees and Migrants, the 2018 Global Compact for Safe, Orderly and Regular Migration (GCM), Marrakesh, Morocco and the 2022 International Migration Review Forum at the General Assembly to review the progress of GCM. All of these emphasise the rights of migrants and refugees to wage-earning employment and freedom of movement and stress that refugees and migrants have the same universal human rights and fundamental freedoms. The biggest problem is that all these are non-binding commitments.

With that said, given the importance of occupation and income for the health of refugees and migrants, governments, employers, and civil society organisations need to continuously take steps to address the work and income issues that refugees and migrants face. This includes strengthening labour laws and enforcement mechanisms to ensure that all workers, regardless of immigration status, are treated fairly and have access to safe and healthy working conditions. Other measures could include providing refugees and migrants access to language training, job training, and other support services to help them find and maintain good jobs and raising awareness among employers of the importance of providing all workers with safe and healthy working conditions, regardless of their immigration status.

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Reflections from the Chief's Forum on the Nexus of Family Planning and Natural Resource Governance



The role of traditional leaders in Malawi is multifaceted and layered, and their influence on the nexus between the environment and the diversity of population and development is critical.

By Lusungu Chinombo and Henry Neondo

Their influence is instrumental in steering political commitment beyond the limitations of technocratic and incremental approaches, often impeding the urgency required for effective action. To this end, the Government of Malawi, in collaboration with the African Institute of Development Policy (AFIDEP) under the USAID-funded Building Capacity for Integrated FP/RH and PED Action (BUILD) Project and other partners, hosted the first-ever Chief's Forum on Natural Resources Management and Transition to Sustainable Agriculture and Livelihood in Lilongwe in August 2023.

The convening recognised the interconnectedness of issues affecting well-being and environmental sustainability. For example, family planning and health initiatives affect population dynamics, which, in turn, impact resource consumption and ecological stress. There is an urgent need for integrated efforts to enhance sustainable development to balance human needs with the responsible management

of natural resources. To this end, Malawi's President, Dr Lazarus Chakwera and the chiefs signed a call to action to improve governance in conserving and restoring lands and natural resources and promoting best practices for sustainable agriculture and livelihood. The president emphasised that traditional leaders are critical in conserving and restoring natural resources because of their societal position and ability to enforce rules. He urged them to reclaim their role in environmental management for the sustainable management of Malawi's diverse landscapes.

He reminded them to employ cross-sectoral strategies when addressing drivers of environmental degradation related to family planning dynamics, poverty, and energy. The President, also called upon the chiefs to engage their communities to curb rampant lawlessness in managing forest resources. He advised that the government cannot manage natural resources alone, hence the need for chiefs to actively instil discipline, a sense of ownership, and behavioural change.

The BUILD Project had a side event where paramount chiefs gave accounts of the best practices and steps to operationalise the population, health, environment, and development nexus. AFIDEP experts demonstrated how an integrated approach to improving access to health services, including voluntary family planning and reproductive health, could be embedded in the natural resource bylaws. The process can help communities manage natural resources and conserve critical ecosystems while reaching thousands of people in remote areas and providing access to family planning and reproductive health services and information.

The chiefs articulated population growth implications and its impact on health systems and natural resources. They emphasised the need for community-based solutions. The chiefs also called for grassroots advocacy and translating laws and policies into local languages to benefit communities. They committed to planting 1,000 trees before the end of 2023, and pledged to reach out to stakeholders from the health and education sectors to popularise the population health environment and sustainable development agenda.

The chiefs found the event valuable, saying it helped them assess 'best practices they can adopt to build their communities. The event enabled them to identify their critical role in PHED solutions.

"I am aware that I have the power to influence beyond planting the trees - and that I can relate early marriages and family planning to environmental management", said Ntchisi Forest Senior Chief Nthondo from Ntchisi.

Senior Chief Kalumbu of Lilongwe briefly captured the event: "Today, we discussed our communities' challenges and solutions. We have deliberated on concrete actions to address these challenges with the action plans we developed."



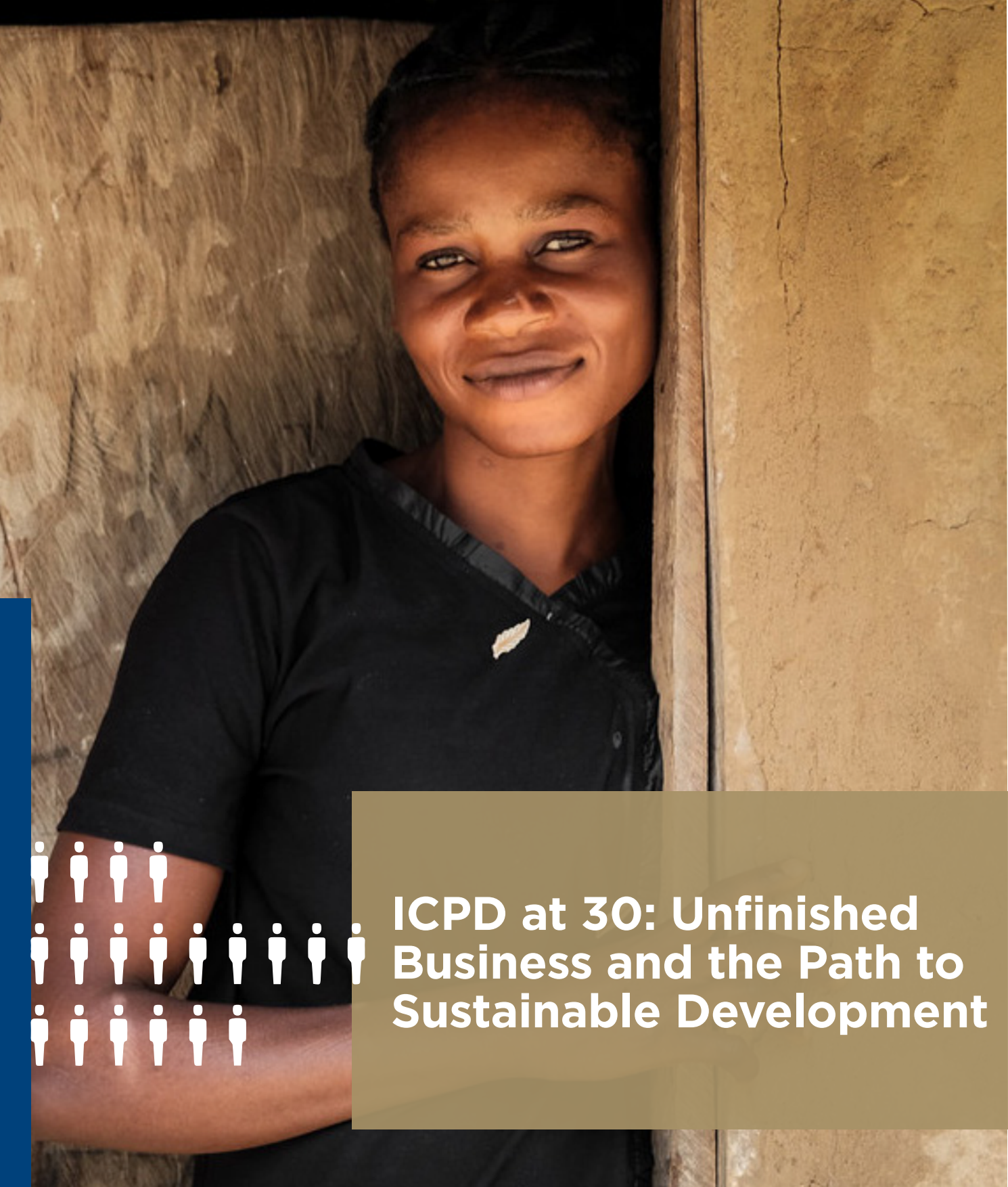
Eliya Zulu Ph.D., AFIDEP's Executive Director, training Malawian chief's on the cross sectoral integration of population, environment and sustainable development



Lusungu chinombo, AFIDEP's Research Officer, moderating a questions and feedback session at the forum



H.E Dr Lazarus Chakwera, president of the republic of Malawi and Paramount Chief Inkosi yamakosi Gomani V signing the call to action on natural resource governance



ICPD at 30: Unfinished Business and the Path to Sustainable Development

By Oesi Thothe

The 30th anniversary of the International Conference on Population and Development (ICPD30) marks a significant milestone in the global conversation on population and development. The ICPD plan of action has made tremendous progress in promoting reproductive health and rights, gender equality, and women's empowerment worldwide.

However, there are still challenges that hinder women's progress, such as inequalities in access to reproductive health services and gender discrimination.

As a build-up to the global report on the ICPD at 30, ongoing national and regional meetings address unfinished ICPD business and optimise the South-South and Triangular Cooperation (SSTC) framework to accelerate actions towards sustainable development. According to UNFPA, these events "celebrate, evaluate and position the future of the ICPD, building on existing events. [They] capture the viewpoints of global constituencies on the ICPD and magnify the voices of different constituencies." <https://www.unfpa.org/icpd/icpd30>

The dialogues allow Ministers, high-level officials, subject experts, and development partners to discuss priority actions on the finished and the unfinished agenda of the ICPD-PoA.

Closer to home, Zimbabwe hosted the 20th International Inter-Ministerial Conference on South-South and Triangular Cooperation (SSTC) in Population and Development in October 2023. Partners in Population and Development (PPD) and the United Nations Population Fund (UNFPA) organised the forum. The president of Zimbabwe, Dr Emmerson Dambudzo Mnangagwa, opened the conference. The president emphasised the value of the SSTC framework and called on countries to use it to unlock resources for national development plans, improve people's livelihoods, and realise global and national aspirations. He noted that governments bear the burden and responsibility to achieve development that leaves no one and no place behind. The president called for a delivery partnership.

In his keynote address, AFIDEP's Executive Director, Dr Eliya Msiyaphazi Zulu, emphasised the need to increase investments in sexual and reproductive health, education and skill development, and job creation to turn Africa's rapidly



growing youthful population into the quality human needed to harness the demographic dividend and achieve sustainable development. He highlighted the need to adopt systems thinking and integrated approaches to optimise interactions between population change, reproductive health, climate change, and environmental preservation at policy formulation, programme design, and implementation levels.

The conference attendees reviewed progress towards achieving 1994 commitments - and resolved to optimise SSTC to accelerate actions to address the unfinished business of the ICPD agenda, which promotes a people-centred and rights-based approach to addressing population, sexual and reproductive health and related environmental sustainability challenges. The conference facilitated sharing experiences among countries at varying socioeconomic and demographic levels. It cemented the resolve to overcome the unfinished ICPD business through cross-country and cross-regional learning.

The 57th Session of the Commission on Population and Development (CPD) in April of 2024 will assess the status of 30 years of ICPD implementation. The ongoing national and regional meetings and engagements are part of the reviews that will feature in the UN Secretary General's Report. <https://www.unfpa.org/icpd/icpd30>.

The ICPD in Cairo in 1994 was a watershed moment in the global conversation on population and development. It shifted the focus to individual rights and empowerment, recognising that investing in people, particularly women and girls, is the key to sustainable development. The ICPD's landmark achievement was the adoption of the Programme of Action, a comprehensive roadmap for governments, civil society, and international organisations to prioritise reproductive health and rights, gender equality, and women empowerment. Thus, it marked a paradigm shift, moving from top-down population control measures towards a rights-based approach centred on individual dignity and well-being.

The ICPD's Programme of Action continues to guide national and international efforts towards sustainable development. While there is significant progress, challenges remain. Inequalities in access to reproductive health services persist, and gender discrimination continues to hinder women's empowerment. Despite these challenges, the ICPD's legacy reminds us that investing in people, particularly women and girls, is the right thing to do and the smart thing for sustainable development. By upholding the principles of the ICPD, we can build a more just and equitable world where everyone has the opportunity to reach their full potential.

The ICPD's focus on human rights, empowerment, and individual well-being continues to provide a valuable roadmap for achieving a more sustainable future for all.



Enhancing Adolescent Sexual and Reproductive Health: Insights from Malawi's Achievements

Adolescence (10 to 19 years) is a critical phase of physical and emotional development, often intertwined with sexual curiosity.

By Charlotte Chisoni, Naa Dodoo, Henderson Mitomoni

About 21 million adolescent girls aged 15 to 19 in low- and middle-income countries become pregnant annually, with nearly half of these pregnancies unintended.

The policy and programme contexts for adolescent sexual and reproductive health and rights (ASRHR) are defined by global development frameworks like the Sustainable Development Goals (SDGs) 3 and 5, “ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes” by 2030.

Despite several frameworks have also been developed to aid sexual and reproductive health services development across the globe. However, more still needs to be done to meet the adolescents needs in many low- and middle-income countries (LMICs).

Whilst some countries have implemented interventions that have contributed to the reduction in teenage pregnancies and adolescent fertility, many LMICs continue to have significantly high rates of adolescent pregnancy.

Overview of Malawi

Over half (51%) of Malawi's population is under age 18. This age structure is a recipe for rapid population growth because adolescent girls' have their first sexual debut and have children at relatively young ages. With almost half of adolescents (43%) already in marriage and less than half of adolescents using contraception, about 29% of adolescents start childbearing between the ages of 15 to 19. Despite these alarming figures, Malawi has emerged as an exemplar in advancing Adolescent Sexual and Reproductive Health and Rights (ASRHR) through innovative policies and interventions.

Identifying Malawi as an Exemplar in ASRHR:

Exemplars in Global Health identify and study positive outlier countries on a range of global health topics to identify and translate lessons to countries worldwide.

The methodology for selecting exemplar countries in the Adolescent Sexual and Reproductive Health Exemplars (ASHER) project aimed to systematically identify LMICs meeting specific criteria:

Long-term positive performance: Identified countries that consistently reduced adolescent fertility over a sustained period.

Progress beyond economic and contextual factors: Identified countries showing advancements in ASRHR that surpass what can be solely attributed to economic growth or contextual influences.

Applicability and representativeness: Selected countries that offer lessons and strategies in ASRHR applicable and relevant to diverse geographic regions and stakeholder groups.

Malawi's remarkable efforts in ASRHR gained recognition through the Adolescent Sexual and Reproductive Health Exemplars (ASHER) project. This project identified Malawi and other five positive outlier countries.

Key findings from policy and intervention analysis in Malawi

- 1. Supportive policies and legal framework:** Since 2000, Malawi has enacted comprehensive policies aligning with global SRHR commitments. Notably, laws such as the Gender Equality Act and Marriage Act protect adolescents and set the minimum marriage age at 18.
- 2. Generation and utilisation of evidence:** Malawi has conducted research to inform the implementation of innovative interventions such as the community-based distribution of contraceptives and self-injection of some contraceptives. These approaches have significantly improved service delivery, especially among adolescents.
- 3. Multisectoral approach:** Malawi's approach extends beyond healthcare, incorporating initiatives supporting education, economic empowerment, and gender-based violence eradication, fostering an environment conducive to adolescent health.
- 4. Transformative information dissemination:** The country has effectively employed media and community programs to disseminate sexual health information, empowering young people to seek essential services.
- 5. Youth participation in policy development and service provision:** Active involvement of young people in policy formulation has ensured that their specific needs are addressed and integrated into service provisions. The involvement of adolescents in the distribution of information and some contraceptive methods to their fellow adolescents has increased the uptake of services.
- 6. Strengthening systems and capacities:** Efforts to bolster systems and structures include improvements in reproductive health supply chains, establishment of youth-friendly centres, and training healthcare providers and educators to enhance service quality.

Malawi's holistic approach in ASRHR, encompassing policy alignment, evidence-based interventions, youth involvement, and service enhancements, serves as a beacon for nations grappling with similar challenges. While commendable progress has been achieved, sustained efforts and increased investment in policy implementation and evaluation are essential for further improvements in adolescent health in Malawi and beyond.

By drawing from Malawi's success story, other countries can adopt and adapt these approaches to pave the way for healthier and empowered adolescents worldwide.



Youth involvement and service enhancements serves as a beacon for nations grappling with similar challenges in policy alignment



Future-proof healthcare against disease outbreaks, AFIDEP experts say

Sub-Saharan African Governments have been urged to make their health systems disease outbreak-resilient and future-proof against poor service delivery leading to poor maternal and child health outcomes.

By Henry Neondo

According to a newly published research report by experts from the African Institute for development Policy (AFIDEP) in the *BMJ Public Health*, an international, open access and peer-reviewed journal, analyses in Kenya and Ethiopia highlight the low resilience to disease shocks.

The team, led by Dr Michael Chipeta, Senior Research and Policy Analyst at the AFIDEP says that such epidemics as COVID-19 could undermine progress towards sustainable development goals (SDGs) on maternal and child survival.

For example, at the height of COVID-19, governments effected lockdowns as a national measure to curb disease spreading within communities. This did not only affect health service delivery but also minimised patient-healthcare workers interaction for fear of infection by COVID-19.

“Our analyses reveal that the lockdowns and fear of the disease may have reduced access to antenatal care (ANC) and skilled birth attendance (SBA),” said Michael.

He said the team analysed COVID-19’s impact on maternal healthcare usage in the two countries, focusing on subnational levels to identify healthcare disruption hotspots that require targeted interventions and help policymakers prioritise resources to accelerate progress.

The researchers used monthly health management information system (HMIS) data to track changes in

healthcare access at subnational levels in Ethiopia and Kenya during the pandemic. They then compared service usage before and during the pandemic, using interrupted time series and analyses to evaluate the pandemic’s impact on healthcare usage trends. They also performed geospatial mapping of the affected regions to identify hotspots.

The results showed significant changes at subnational levels. ANC declined in several Kenyan counties during the pandemic, with disruptions noted in the two counties.

“Our analysis highlights the low resilience of subnational health systems to shocks, underscoring the need to strengthen healthcare systems,” said researchers.

The team recommends evidence-based research which they note is essential in identifying hotspots and supporting targeted interventions to achieve the SDGs and improve maternal and child health outcomes.

Other team members included Maame Brayie Peterson, Ruth Vellemu, Sahra Mohamed, Themba Mzembe, Chimwemwe Chifungo and Prof Nyovani Janet Madise who also is the head of the Malawi office of the AFIDEP.

For further information, <https://bmjpublichealth.bmj.com/content/1/1/e000009>



Linking SDGs progress to evidence-informed and equity-centred policymaking capacity

Evidence is critical in accelerating development progress, particularly when making policy intervention choices, implementing and assessing their impact. Yet, evidence-informed policymaking (EIP), or the systematic use of evidence in policymaking remains suboptimal in many countries.

By Violet Murunga

It is therefore not surprising that midway to the year 2030, progress towards achieving the Sustainable Development Goals (SDGs) is insufficient.

In 2015, world leaders committed to achieving 17 SDGs by 2030, which are universal and interconnected, with achievable targets and specific indicators.

However, according to the United Nations Economic Commission for Africa (ECA), no country in Africa is currently on track to meeting any of the goals by 2030. For example, in almost all African countries, more women still die while giving birth than anywhere else in the world.

We are still witnessing unacceptably high stillbirths notwithstanding the high number of children who die before they attain the age of five. Similar sub-optimal progress is being declared on other targets and indicators in all SDGs; at least according to the SDG indicator tracker reports published July 18, 2023.

In fact, the African Centre for Statistics says that at the current pace, such goals as gender equality and women's empowerment in Africa will only be achieved by 2094.

Global leaders agree, "we have made important progress, but we still have a long path to travel," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

With the year 2030 fast approaching, it has increasingly become clear that we need to integrate policies and actions to leverage their interconnected and place us at a higher chance of achieving the SDGs.

Take for example the SDG 3, which targets the reduction of maternal, neonatal and child mortality. SDG 3 cannot be realised when women and girls, everywhere, do not have equal rights and opportunity, and are not able to live free of violence and discrimination as enshrined in SDG 5.

If SDG 7 is not met, the health and wellbeing of women gets impacted badly by failure to use clean energy because the prolonged exposure to smoke and indoor pollution exposes them to poor lung health.

For effective integration of the SDG implementation to be achieved our actions need to be informed by robust data and research and gender equity and inclusion considerations.

However, as earlier noted, EIP remains sub-optimal in Africa as does equity-centered policymaking. The sub-optimal EIP and equity-centered policymaking is partly driven by insufficient technical and institutional capacities for synthesising existing evidence and undertaking gender equity and inclusion analysis in policymaking processes.

It is for this reason that the African Institute of Development Policy (AFIDEP) is partnering with leading EIP institutions in Africa to co-lead the setting-up of a Hub in anglophone

Africa to advance evidence-informed and equity-centered policymaking in all sectors.

With the support of the International Development Research Centre (IDRC), William and Flora Hewlett Foundation, and Robert Bosch Stiftung GmbH, the anglophone Learning together to Advance Evidence and Equity in Policy-making for achieving SDGs (LEEPS) Hub will design and implement interventions that develop knowledge translation capacities and institutionalise EIP in all sectors, including reproductive health (RH) and clean energy.

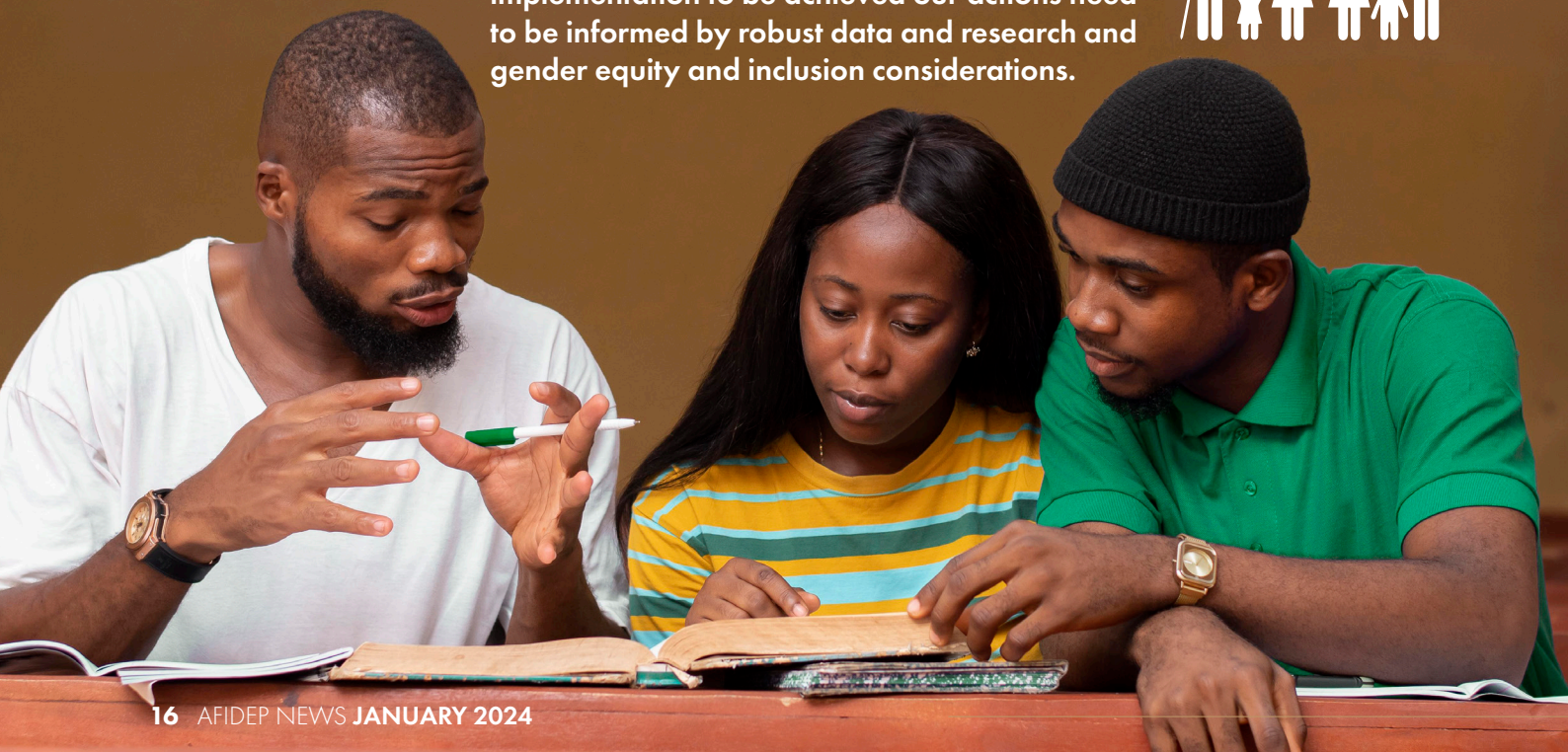
These interventions will mainstream gender equity to promote gender-responsive social policies, inclusion, and wellbeing.

Other partners of the initiative are Results for Development (R4D) fostering knowledge exchange and learning across the partnership and African Centre for Equitable Development (ACED) leading the West Africa Regional Hub.

The AFIDEP-Led Anglophone LEEPS consortium partners are: African Institute for Health Policy and Health Systems (AIHPHS) based in Nigeria; and African Research and Impact Network (ARIN) of over 200 researchers and policymakers in 36 African countries in English-speaking countries in Africa: Botswana, Eritrea, Ethiopia, Eswatini, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mauritius, Namibia, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe; and Makerere School of Women and Gender Studies (MakSWGS), which will spearhead integration of gender equity and inclusion in the Hub's EIP efforts.

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For effective integration of the SDG implementation to be achieved our actions need to be informed by robust data and research and gender equity and inclusion considerations.



Scaling new heights

New Projects, Funders and partners



A FIDEP began several projects from July - December 2023, which illustrates policymakers and donors' confidence in the Institute's ability to conduct research and provide technical assistance in using evidence in decision-making across Africa.



Women's Economic Empowerment (WEE) Project, 2023-2025

WEE project's goal is to catalyse transformational change in the realm of gender-responsive macroeconomic policy and break barriers that hinder women's equitable participation in economic activities across Africa - with an initial focus on Kenya and Senegal. The Project is funded by the William and Flora Hewlett Foundation.



Learning Together To Advance Evidence and Equity In policymaking For Achieving The SDGs (LEEPS) Anglophone Hub project, 2023-2025

LEEPS will advance evidence and equity in policymaking in Anglophone Africa. The Hub will work collaboratively with other institutions to strengthen national and regional evidence-informed policymaking (EIPM) ecosystems and strengthen individual organisations driving evidence-informed policies in countries, with the ultimate aim of improving decision-making with evidence Kenya and Nigeria. Specifically, the Hub will design and implement interventions that develop knowledge translation capacities and institutionalise EIPM in all sectors, including reproductive health and clean energy. These interventions will mainstream gender equity and inclusion to promote gender-responsive social policies, inclusion, and wellbeing. The partners include the Africa Research and Impact Network (ARIN), the African Institute for Health Policy and Health Systems (AIHPHS) - Nigeria, and the School of Women and Gender Studies (SWGS) at Makerere University. The Anglophone Hub is funded by Canada's International Development Research Centre (IDRC).



Agriculture/ Agrifood Systems and Climate Action Impact Partner Organisation (IPO) 2023-2027

The Center for International Forestry Research and World Agroforestry (CIFOR-ICRAF)-led IPO will provide a wide range of impact services to the Mastercard Foundation, which include among others landscape mapping, systems mapping, support for investment design and review, baseline assessments, impact monitoring and reporting, independent evaluation, oversight and quality assurance of impact related processes and products, evidence syntheses, and participation in efforts to strengthen the impact field more broadly. The project is funded by the Mastercard Foundation.



Gender Data and Insights Planning Project, 2023- 2024

The project will generate an in-depth understanding of the gender and development space in sub-Saharan Africa, in particular, the gender data and decision-making ecosystem, focusing on Senegal and Ethiopia. The two main results expected from the project include, a gender equality programme be implemented by AFIDEP and her partners with the aim of accelerating Africa's progress in closing the gender gap, and a gender research / evidence and knowledge translation agenda for Africa. The project is funded by the Bill and Melinda Gates Foundation.



Pathfinder Initiative 2 Project

This is a London School of Hygiene and Tropical Medicine-led Initiative with the goal of driving practical solutions for a healthy, net zero society. AFIDEP will contribute to championing climate action for health and ultimately contribute to the Initiative's goal. The Initiative is funded by the Wellcome Trust, with support from the Oak Foundation.



Programme on Women's Empowerment research (POWER) 2024

POWER is a Boston University-led research programme that aims to advance women's empowerment to improve human well-being in low- and middle-income settings through collaborative research, policy engagement, and strategic communications. The Programme is funded by the William and Flora Hewlett Foundation.



Intergrated HIV Surveillance and modelling Project, 2023-2027

The Harvard T.H. Chan School of Public Health led the project with the following collaborators: Ministry of Health, AFIDEP, Kamuzu University of Health Sciences (KUHeS), University of Cape Town, and Imperial College London, and funded by the Bill and Melinda Gates Foundation. Integrated HIV surveillance project that aims to develop methods to track the course of the epidemic in Malawi using contextualised and triangulated routine data.

It has four main objectives:

Use mathematical modelling to identify leading indicators of sustained epidemic progress and relate these to routinely monitored programme data
Incorporate stratified aggregate and individual-level routine monitoring data into quantification for key HIV strategic information outcomes at district and national levels.

- Design and plan innovative HIV surveillance strategies to integrate model-based estimation, surveys, and case-based surveillance and unlock the value of routine health system data for HIV surveillance
- Develop, document, and maintain open-source package implementations of HIV estimation software; support software used by key partners
- Catalyse methods and software usage by academic researchers.





AFIDEP's current board members and senior management team



Clive Mutunga (left) Director of the USAID-funded BUILD project makes a presentation at the 9th National Population, Health and Environment Conference in the Philippines. Right: Clive with some of the partners




AFIDEP's The Making a Case for Planetary Health team at a workshop to develop the Kenyan Climate Change and Health Strategy at the Great Rift Valley Lodge in Naivasha, Kenya.



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