



African Governments Must Embrace Use of Evidence for Development Impact

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This year, AFIDEP celebrated 10 years of making evidence matter in the development of Africa.



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Over 400 scientists from East and West Africa resolved to promote use of evidence in decision-making at a two-day *Evidence Leaders in Africa* virtual conference held on 3-4 November 2020.



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To safeguard the demographic dividend from the impact of COVID-19, governments will need to come up with strategic and targeted short and long-term recovery strategies.



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WE TURNED 10!

This year, AFIDEP celebrated 10 years of making evidence matter in the development of Africa. To mark this commendable milestone, the Institute carried out a number of activities, as highlighted below.

10th Anniversary Dinner

A key highlight was a colourful anniversary dinner held in Malawi on 18 December 2020. The event was graced by the Vice President of the Republic of Malawi, Right Honourable Dr. Saulos Klaus Chilima as the Chief Guest. In his speech, Dr. Chilima underscored the value of AFIDEP's mandate to have evidence transform lives in Africa.

“The government of Malawi is committed to working with institutions like AFIDEP who are not only helping to strengthen capacity for evidence use in government, but also translating practical evidence in efforts to address specific development challenges that various ministries are grappling with.”

Right Honourable Dr. Saulos Klaus Chilima,
Vice President of the Republic of Malawi

The celebration dinner was also graced by other notable dignitaries from government, development partners and the private sector.

#EIDM Campaign Challenge

AFIDEP ran a number of social media activities to mark AFIDEP's 10th anniversary. One of the campaigns, dubbed 'EIDM challenge' amplified the meaning and practice of Evidence-Informed Decision-Making (EIDM). The campaign generated response from more than 17 individuals on Twitter, sharing great insights on EIDM, what it means to them and its value in development.

Evidence-Informed Decision-Making #EIDM

"#EIDM is the main reason we do research. We believe that research should have value to society other than generating new knowledge. We must constantly ask ourselves "so what?" #EIDM is one way in which we answer the "so what" and demonstrate that extra value to society."

Catherine Kyobutungi
Executive Director
African Population and Health Research Center

#AFIDEPturns10

10 ANNUARY YEARS
AFIDEP We aspire for an Africa where evidence transforms lives

AFIDEP 10th Anniversary Song

Two AFIDEP staff based in Malawi composed and recorded a song that highlights AFIDEP's work and the impact thus far. The song reflects on the Institute's focus areas as well as vision to transform people's lives in Africa and drive efforts towards the development of African countries. Listen or download the song [here](#).



➤ **AFIDEP staff entertain the audience with a song they composed to mark the milestone.**

Rt. Hon. Dr. Saulos Klaus Chilima - Vice President of the Republic of Malawi, Chief Guest at AFIDEP's anniversary dinner. He commended AFIDEP for growing into one of Africa's leading institutions seeking to help governments institutionalise a culture of evidence-informed policy formulation and implementation.



Representatives from the Government of the Republic of Malawi with AFIDEP staff. (L-R): Hon. Dr. Patricia Kaliati - Minister of Gender, Community Development and Social Welfare; Hon. Vera Kamtukule - Deputy Minister of Labour, Skills and Innovation; Prof Nyovani Madise - AFIDEP Director of Development Policy and Head of Malawi office; Hon. Catherine Gotani Hara - Speaker of Malawi National Assembly; Rt. Hon. Dr. Saulos Klaus Chilima - Vice President of the Republic of Malawi; Dr. Eliya Zulu - AFIDEP Executive Director; Hon. Khumbize Kandodo Chiponda - Minister for Health; and Prof. Sosten Chiotha - AFIDEP Board Member.

A toast to ten great years!



In marking this commendable milestone, we reflect on our 10-year journey, taking stock of the achievements, challenges and lessons. AFIDEP appreciates each and everybody who has, in one way or another contributed to our growth and success. We look forward to another great and impactful decade!

FROM GARAGE TO CONTINENTAL THINK-TANK

By Suzgo Chitete

Deceased stage drama icon Gertrude Kamkwatira and her *Wanna Do* Ensemble Theatre had a slogan that followed their radio and television adverts that said, "don't kill the dream because you believe in it." Easier said than done.

Contrary to the dream of the founder, the theatre group is dead. This just shows that it is easy to have a dream, but to live it is a different story. However, not all dreams die.

Over a week ago, AFIDEP celebrated its 10th anniversary at the Bingu International Convention Centre (BICC) in Lilongwe during an auspicious occasion attended by Vice-President Saulos Chilima.

This was not a celebration for its own sake. It was a celebration of success. From the many speeches, it was clear AFIDEP has had an impact, not only in Malawi, but beyond the borders.

The institute has become a continental go-to research and policy think-tank that is working to promote active and routine use of evidence in decision-making so that "the right investments are made towards the transformation of people's lives for the better."

Among the African countries where AFIDEP is present are Kenya, Uganda, Zambia, Democratic Republic of Congo (DRC), Ghana and Nigeria.

Here in Malawi, like elsewhere, AFIDEP has played a significant role in policy formulation. The institute's executive director and founder Eliya Zulu says the current population policy and climate change policy are products of AFIDEP's support.

He says: "We work in many areas and we have running projects in a number of African countries. I know we have our head office in Nairobi and we have more activities in Kenya, but I still think we have more to do here in Malawi."

Zulu says AFIDEP organised its 10th anniversary celebration here in Malawi because "we have work here and more importantly it is my home." Without emphatically stating it, the celebration, in a way helped to inspire fellow Malawians to think big.

From a garage to the continent

Zulu graduated from Chancellor College, a constituent college of the University of Malawi, in 1987 with a bachelor of social science degree and immediately became an associate lecturer at the same college.

In 1989, he enrolled for a master's degree in population and development in Australia and returned to Chancellor College in 1991 as a lecturer in demography and population studies.

Equipped with enthusiasm for more studies, after working for only seven months, Zulu went to Pennsylvania University in the United States for a PhD in demography—which included a master in demography as a prerequisite before the award of the PhD.

He graduated in 1996 and got a post-doctoral fellowship in Nairobi, Kenya at an organisation called African Population and Health Research Centre.

"This organisation was set up by the Rockefeller Foundation and the aim was to attract African scholars to come back to Africa and set up a research career in an environment outside the environment where things did not seem to work well," narrates Zulu who between 2001 and 2009 served as director



➤ This year, AFIDEP marked 10 years since its founding. AFIDEP's Executive Director and Founder, Dr. Eliya Zulu speaks to Nation Malawi writer, Suzgo Chitete reflecting on the efforts that saw the birth and growth of AFIDEP from a garage along the streets of Nairobi to a continental go-to institution in Africa.

of research and deputy director of the organisation—an experience which later gave birth to his longtime dream.

Having done several research studies and numerous research dissemination conferences, the Malawian-born researcher identified a problem that “too many research projects had been undertaken and shared with policy-makers but without impact.”

Zulu says: “So AFIDEP came to bridge the gap between researchers and those that need to make use of research such as policy-makers.”

Their focus, he says, is to analyse pieces of evidence or research to make it easy to use by decision-makers.

In 2009, AFIDEP was born with its first offices in a garage at Zulu’s residence in Nairobi. He was full of hope that setting up an organisation in Nairobi, which is a hub for international organisations, would work wonders.

He says he operated from a garage as he worked on registering the organisation with the help of other like-minded individuals. And from that garage, AFIDEP has now grown into a continental giant in matters of research and policy.

The Vice-President, who is also Minister of Economic Planning and Development and Public Sector Reforms, speaking at AFIDEP’s anniversary celebration, agreed with the institute that there is indeed urgent need for government to embrace a culture of evidence use in decision-making.

The Vice-President acknowledged that traditional top-down approaches to developing Malawi have had limited success because they have not been centred on mobilising Malawians as agents in their own development.

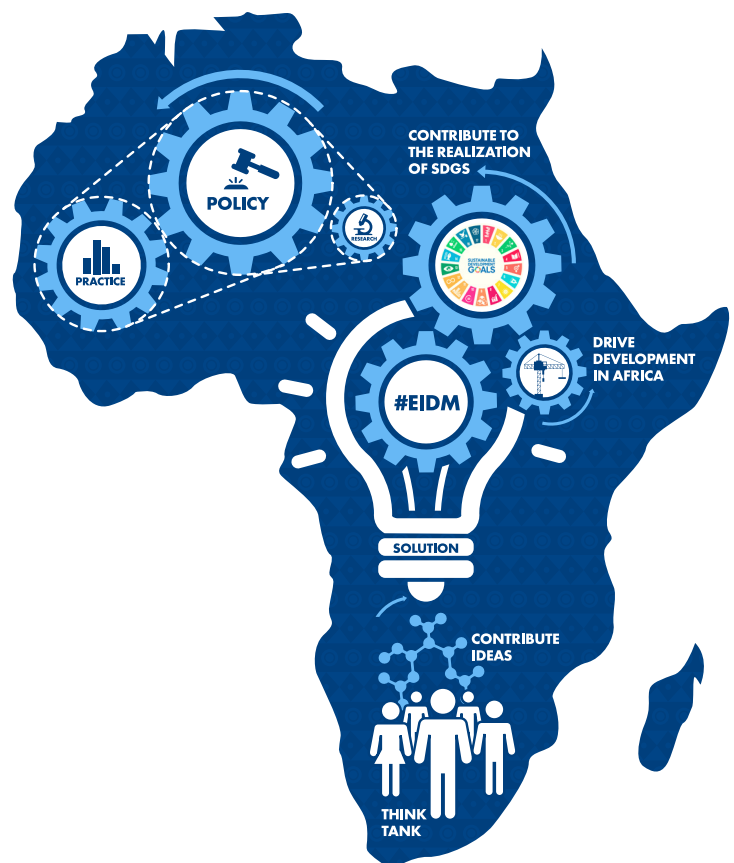
“In a bid to change and reconstruct this approach, my Ministry of Economic Planning and Development is currently facilitating a result-based performance monitoring and accountability system that will put data and evidence at the centre of our socio-economic transformation efforts,” said Chilima.

He challenged other organisations to partner with government in ensuring that the country is on track to achieving its developmental commitments.

AFIDEP board member Professor Sosten Chiotha emphasised that the role of the organisation is to support the government in formulating and implementing research evidence-based policies as Malawians have complained for so long that government has good policies, but implementation is a challenge.

This article was originally published by the [Nation Malawi](#).

“The institute has become a continental go-to research and policy think-tank that is working to promote active and routine use of evidence in decision-making so that “the right investments are made towards the transformation of people’s lives for the better.”



GOVERNMENT MUST EMBRACE USE OF EVIDENCE

Interview by Suzgo Chitete

A FIDEP has urged government to embrace a culture of evidence use in public decisions. AFIDEP Executive Director and Founder, Dr. Eliya Zulu says only evidence-based policies can help Malawi to effectively respond to the social and economic challenges that it is facing. Nation Malawi writer Suzgo Chitete speaks to Zulu to learn more about their work in Malawi and elsewhere.

What is the main thrust of your work as AFIDEP?

There is a lot of research that is done every day. But the questions are: Is this research put to good use? Is it making a difference or are policy-makers making use of this research? So, I noticed a gap that there was a need to have a neutral organisation that is not doing the research, but helping policy-makers understand how they can make use of research results to inform policy or decisions and that's what we do.

You have indicated that you look at available research, synthesise it and then present it to policy/decision-makers. Why is this necessary?

You will find that one group is presenting their research findings on young people and then another one is also doing the same. Policy-makers will attend to all these disseminations because they are invited. At the end of these meetings, we all tick the box and tell our funders that we disseminated the results to decision-makers even when nothing happens thereafter. So, in our case, we look at available evidence (research), we analyse it and make it usable for policy-makers. We look at different pieces of evidence and come up with one comprehensive piece that responds to a particular issue.

So in a way you are sort of a bridge between researchers or people who generate evidence and policy-makers?

We do not just collect data for the sake of it, but we do research that answer specific policy questions. We are a research and policy organisation, but the main research we focus on is what we call translational research—which simply means we are trying to translate the research that is already there—using a systematic methodology, to help policy-makers use the same to deal with specific issues.

In the context of Malawi, what have you done or how are you working to help policy-makers make use of research in decision-making?

One thing we noted when we started working in Malawi is

that part of the reasons evidence is not used consistently in government is that there are bottlenecks, sometimes policy-makers do not have ample time to look at the evidence, may also not have the technical skills because a lot of this evidence is scientific, but there are also no structured mechanisms on how government can engage with universities and research organisations.

So what we are doing is strengthening the capacity of government to be able to use evidence; for example, if there is an issue, how can they resolve it using available evidence. Because policy-makers are not supposed to do research by themselves it is done by others, but the issue is how do they get that research and how do they assess its quality. This is the gap we are addressing by strengthening the capacity of government's ministries, departments and agencies (MDAs).

Which MDAs have you worked with so far and in what context?

We have worked with Ministry of Health on matters of family planning and reproductive health. We actually assisted the government in drafting the current population policy. We have developed guidelines on evidence use for Ministry of Health as well as Parliament. In health wellbeing, we are working on TB, sepsis and microbial resistance.

We are supporting governments to improve education systems in Africa. We work across sectors and these are just some of the examples but our core role is to do translational research, though sometimes we are involved in the collection of data like currently we are doing a project whereby we are collecting data on the use of traditional methods of family planning funded by the Gates Foundation and we are doing it in Kenya, DRC, Ghana and Nigeria.

What else are you doing in Malawi?

We are engaging with the government on issues of climate change. We have actually supported the formulation of the climate change policy so that it [the policy] does not only talk about climate change but brings in issues of population. And there is governance and accountability, in Malawi, that's our biggest area. We are running what we call Malawi Parliament Enhancement Project. The aim of the project is two-fold – enable Parliament to enact interventions that will help it achieve its autonomy. So, Parliament has to be independent, it needs a protected budget and it must not survive at the mercy of the executive.

We are also looking at improving the office of a member of Parliament (MP) to enable them to execute their duties diligently. Look at MPs, most of them operate from the boots of their cars, they do not have offices or teams that can help them deliver. So, we are supporting the reform program at Parliament that will make MPs more effective and responsive.

This article was originally published by the [Nation Malawi](#).

SCIENTISTS STRENGTHEN RESOLVE TO CHAMPION EVIDENCE USE FOR DEVELOPMENT

By Ann Waithaka and Elizabeth Kahurani



Photo: Oxfam

Scientists from across Africa have committed to play a greater role in championing evidence use in decision-making by governments. Evidence from research and data is critical in informing action on sustainable development, but is not always considered as critical in informing policy decisions. Over 400 scientists from East and West Africa resolved to promote use of evidence in decision-making at a two-day Evidence Leaders in Africa virtual conference held on 3-4 November 2020.

The conference, with the theme, ‘Strengthening the think-tank role of researchers in supporting government decision-making for better development outcomes’ was convened by the African Academy of Sciences (AAS) and AFIDEP. The conference brought together researchers mainly within the AAS networks, policy-makers and practitioners in Africa to share lessons and experiences on researchers’ roles in strengthening evidence use in government decision-making.

At the conference opening, AFIDEP’s Executive Director, Dr. Eliya Zulu said that researchers need to champion use of evidence by producing demand driven research. “It is critical to pay attention to the needs of decision-makers and produce evidence that meets their policy needs. This is the

only way the research that we do can impact communities and transform lives.”

Dr. Tom Kariuki, Director of Programmes for the Alliance for Accelerating Excellence in Science in Africa (AESA) platform at AAS noted that COVID-19 has placed evidence at the centre of government decision-making. “Through AESA programmes, we are funding scientists who are generating evidence that is crucial to ensure the success of Evidence Leaders in Africa (ELA) and in strengthening linkages between science and policy to promote evidence-based policy-making.”

The conference is a culmination of a two-year project dubbed ELA. Since inception in 2018, ELA has been using various approaches to expand leadership for use of evidence in policy formulation and implementation by African governments. Activities have included sensitising scholars on their role in promoting evidence informed decision making (EIDM) in government; training and mentorship sessions to build the capacity of researchers on EIDM; competitive awarding of seed grants to AAS scientists with innovative approaches to promote EIDM in governments; and the introduction of an EIDM leadership award.

Evidence Leadership Award

AFIDEP recognized and awarded three AAS scholars who have demonstrated innovation with initiatives and interventions that promote EIDM in government institutions in their countries. The award which was a symbolic cash award of US\$ 5,000 for the winner and US\$ 2,500 for the two runners up was awarded to Prof. Madiagne Diallo as the overall winner and to Prof. Friday Okonofua Ebhodaghe and Dr. Eucharia Oluchi Nwaichi who were the runners up.



➤ **Prof. Madiagne Diallo, Senegal Award overall winner**

Dr. Eucharia Nwaichi, Nigeria Award runners up ⬅



➤ **Prof. Friday Okonofua, Nigeria Award runners up**

Prof. Madiagne Diallo (Senegal) was awarded for his efforts within and outside government structures to support the use of evidence in decision-making. His work has focused on the promotion of frameworks for exchanges between public decision-makers and other stakeholders including scientists, knowledge societies, and civil society to discuss the contribution of evidence in the development of African countries.

Prof. Friday Okonofua (Nigeria) was recognized for his work on policy engagement and use of evidence to advocate for policy and practice in women's health/sexual and reproductive health issues. One of his notable achievements was the establishment of the Women's Health and Action Research Centre (WHARC), which has played a key brokering role in supporting evidence use.

Lastly, Nigeria's Dr. Eucharia Oluchi Nwaichi's interventions have focused on increasing the space for women in science as well as actively promoting evidence use in the government of Nigeria. One of her initiatives is tailored to developing guidelines for evidence use in Nigeria Natural Medicine Development Agency (NNMDA). This initiative has fostered dialogues with policy-makers and researchers.

At the conference closing, Dr. Rose Oronje, Director of Public Policy and Communications at AFIDEP urged researchers to prioritise learning from the EIDM efforts by tracking to document and share the lessons, "not just the outputs, but the outcomes too, and where possible, the impact."

Expressing enthusiasm in the growth of the EIDM landscape, Director Strategy and Partnerships, African Academy of Sciences, Dr. Isayvani Naicker says, "Africa can become a leader in evidence. However, there is need for a lot more investment particularly in EIDM and in research."

The two-day virtual conference featured close to 20 sessions comprising plenary sessions, panel discussions, break-out and side sessions, with rich discussions and sharing on guidelines for evidence use within government agencies; research/knowledge translation i.e. synthesis, packaging, including the use of policy briefs and other non-scientific evidence products; use of platforms for improving interaction and research translation to facilitate interaction between policy-makers and researchers; experiences and lessons from Africa on evidence use in times of COVID-19.

"Africa can become a leader in evidence. However, there is need for a lot more investment particularly in EIDM and in research."

**Dr. Isayvani Naicker,
African Academy of Sciences (AAS)**

A CALL TO SCIENTISTS TO BE EVIDENCE LEADERS

By Carol Mukiira

For evidence to drive sustainable development in Africa, there is need to build and/or expand leadership for evidence-informed decision-making (EIDM) in the region. To expand this leadership, it is critical that more scientists across the continent are brought on board to champion use of evidence within government agencies.

With the aim to empower scholars to proactively engage governments to use science and innovation, as well as champion EIDM, AFIDEP and the African Academy of Sciences (AAS) with funding from the William and Flora Hewlett Foundation have been implementing a two-year project dubbed Evidence Leaders in Africa (ELA).

The project has been working with the AAS network of scientists across East and West Africa to generate evidence and innovation needed to drive sustainable development.

Often, scientists place emphasis on production and promotion of their own research and rarely on research uptake efforts to ensure that whatever evidence they produce is used to inform policy and program decisions.

The ELA initiative will see to it that scientist involved in the project, go beyond promoting the use of their own research, to play a leading role in promoting and supporting entrenchment of an EIDM culture in their countries.

As a climax of the project's efforts to promote an EIDM culture in government, AFIDEP and AAS held a two-day virtual lesson sharing conference on 3 and 4 November 2020. Themed *"Strengthening the think tank role of researchers in supporting government decision-making for better development outcomes,"* the conference facilitated sharing of lessons on use of research to inform decision-making among researchers.

The conference generated valuable discussions among scientists across Africa on what role they could play in getting their research to play a bigger

role in informing policy and decisions, and ultimately driving sustainable development.

Some key discussions held at the conference were on how scientists can improve their role in engaging government to take up research including the need for researchers to address information needs of policy-makers and generate applicable evidence; the importance of researchers to articulate their findings in a manner easily understandable to non-scholars; the need for them to prioritize learning from the EIDM efforts as well as the need to have networks and synergy between researchers and policy-makers.

Other key lessons from the conference include:

- The need to facilitate early discussions with policy-makers, about the future use of research results, and build mutual understanding on the policy-relevant questions for research and the kind of evidence needed to answer them.
- The importance of strengthening the researchers role of linking research to policy influence.
- The pivotal role that universities and other higher learning institutions have in nurturing and maintaining research.
- There is need for researchers to identify creative ways to engage governments on their research so that this is considered in policy and program decisions.
- Promote the use of guidelines and other tools to promote evidence-use within government agencies.
- Research should also be guided by the needs of the society as they are the end users of the research.

LEVEL THE PLAYING FIELD FOR SCIENCE IN THE GLOBAL SOUTH

By Prof. Nyovani Madise



➤ **World Science Day, commemorated each year on 10 November is an opportunity to renew our commitment to shared scientific endeavour and to forge stronger partnerships for science, peace and development. Photo: Kate Holt/Africa Practice**

The current COVID-19 emergency demonstrates, if more evidence were needed, how interconnected the world is, and how vital it is for scientists to continue to work together across national and regional boundaries. Despite the economic, political and social impacts of the crisis, on World Science Day we should reflect on the progress made in global development as a result of scientific cooperation.

In low- and middle-income countries (LMICs), we have seen a great increase in productivity and in the quality of research and innovation. These include major multi-country clinical trials and advances in health, mobile technology and data sharing, and the spread of affordable, sustainable energy technologies.

This progress has been pushed forward by the Sustainable Development Goals, agreed by all countries in 2015 as a “shared blueprint for peace and prosperity for people and the planet, now and into the future.” Countries have chosen which of the 17 SDGs to focus on, and this has created coalitions of shared interest around these goals.

As a leader in global development, research and innovation, the UK has contributed £5.6 billion over the past five years to international scientific collaboration. UK Official Development Assistance (ODA), leveraged through joined-up programmes and funding partnerships with other global funders, has created many opportunities for interdisciplinary collaboration, and increased research productivity worldwide, to the benefit of all. It has also supported research collaborations in fragile states, humanitarian emergencies and conflicts.

However, more needs to be done to ‘level the playing field’ for LMIC scientists and research groups. I would make four broad recommendations to funders and policy-makers:

First, there should be an increase in equitable partnerships. This leads to the co-creation of ideas and co-authorship of research papers. Crucially it encourages scientifically excellent research, driven by the needs of research users and policy-makers in LMICs. Such research

is likely to have an impact because of its contextual relevance and ownership by LMIC stakeholders. Most UK ODA-funded research strengthens the research capacity of researchers in the UK as well as LMICs. In light of that fact, more programmes should be led by LMICs. This is now being implemented in new programmes by funders, notably UK Research and Innovation, and the National Institute of Health Research, with guidance on good practice collated by the UK Collaborative on Development Research.

Secondly, there is now greater expectation from the UK and LMICs that ODA-funded research should involve and engage communities. Research teams are encouraged to dedicate time and effort from the outset to engage, share knowledge and empower communities to have shared ownership of research. This can lead to more accurate data, more use of results, and acceptance of future projects. It also enriches the research process for researchers. For example, working in informal settlements in Nairobi, researchers found poor sanitation was making children sick with diarrhoea, and engaging with the communities led to great improvements. We need

dedicated funding or greater flexibility with funding for better community involvement.

Thirdly, open access to research findings aims to make the published outputs of research widely and freely accessible to all, under conditions that allow maximum reuse. Open access is central to the UK Government's ambitions. Its research and innovation funding agencies are reviewing their policies on it. As part of this work, they commissioned the international development charity, INASP, to consult on the challenges and opportunities that open access presents to LMIC stakeholders. Their report, published in October, found that under the current open access models, high Article Processing Charges disadvantage researchers from LMICs who often have to pay out of their own pockets. To ensure more equitable policies, funders must continue working collaboratively to review their open-access policies and join up with initiatives such as Plan S.

Fourthly, support for individuals is crucial in order to conduct high-quality research and to train upcoming generations that are the future researchers in a developing country. Stronger local research institutions and networks should be a key goal of research capacity strengthening efforts. They provide the infrastructure and architecture on which researchers depend. It is vital to strengthen the capacity of the research and innovation in LMICs. This includes people, the organisations they work in, and the legal and regulatory systems that affect them. Doing this will produce good research. It will also allow it to be put to good use in policy and practice.

There are now many exciting examples of how these approaches are working all over the world, including notable successes from UK-funded partnerships. Some of these relate directly to peace and health in conflict situations, such as the 'LINKS' group on early childhood development for peacebuilding, working in six countries, and the NIHR global health research group on post-conflict trauma, which is training clinicians in surgical techniques for gunshot and landmine injuries, and developing a thriving research community between the UK, Sri Lanka, Gaza and Lebanon.

Others focus on technological infrastructures, such as the Development for Africa through Radio Astronomy (DARA) project, which uses the Square Kilometre Array as a catalyst to promote partnerships, STEM education and economic development in eight partner countries across southern Africa. In addition, there are many examples of how UK-supported scientific collaboration is strengthening the capacity of countries globally to respond to the many challenges thrown up by the COVID-19 emergency.

World Science Day is an opportunity to renew our commitment to shared scientific endeavour and to forge stronger partnerships for science, peace and development.



UK has contributed

£5.6
billion

over the past

5 years

to international scientific
collaboration.

DEVELOPING CAPACITY FOR EVIDENCE-INFORMED DECISION-MAKING: A FOCUS ON SYSTEMATIC REVIEW AND META-ANALYSIS CAPACITY

Dr. Leyla Hussein Abdullahi, Victory Kamthunzi and Hleziwe Hara

In advancing evidence-informed decision-making in health care, the African Institute for Development Policy (AFIDEP), together with partners in Kenya and Malawi, hosted week-long virtual workshops on systematic reviews and meta-analyses. The workshops sought to develop capacity in systematic review as a tool for policy, healthcare decisions and to inform research designs and priorities. The intensive five-day virtual course was conducted separately for the two countries to accommodate large numbers of participants that signed up for the training.

A systematic review is a transparent, comprehensive and ordered (systematic) summary of all relevant studies that address formulated question. It is characterized by a clearly stated set of objectives with pre-defined eligibility criteria for studies. The workshops are part of interventions of a collaborative programme known as Heightening institutional capacity for government use of health research (HIGH-Res). The three-year project aims to strengthen institutional capacity for the use of health research in policy and programme decisions in Kenya, Malawi and Uganda. The project brings together various partners under the HIGH-Res East Africa Consortium with the Ministry of Health (MoHs) of the three countries engaged actively as implementing partners.

The workshops targeted HIGH-Res partners and their affiliates who are keen to understand the various elements involved in conducting systematic reviews. Specifically, the training in Malawi targeted core project staff in MoH, College of Medicine, and Malawi Liverpool Wellcome trust. In Kenya, the training included staff from Kenya Medical Research Institute (KEMRI) and MoH's Division of Research and Innovation. In Malawi, the SR training ran from 10-14 August 2020, while the Kenya training was held between 24-28 August 2020. The workshop was conducted virtually using Zoom Webinar platform.

The trainings developed technical skills in designing and conducting systematic reviews

To assess the usefulness of the training, we conducted pre- and post-training test using the Survey Monkey software. The results showed that among the targeted core team in Malawi the level of knowledge before training was 67.3% and after the training the level of knowledge increased to 78.8%. On the other hand, in Kenya, the level of knowledge before training was 60% and after the training the knowledge increased to 70.7%. For both countries the level of knowledge increased and the participants were interested with a follow up mentorship to support in conducting their systematic reviews.



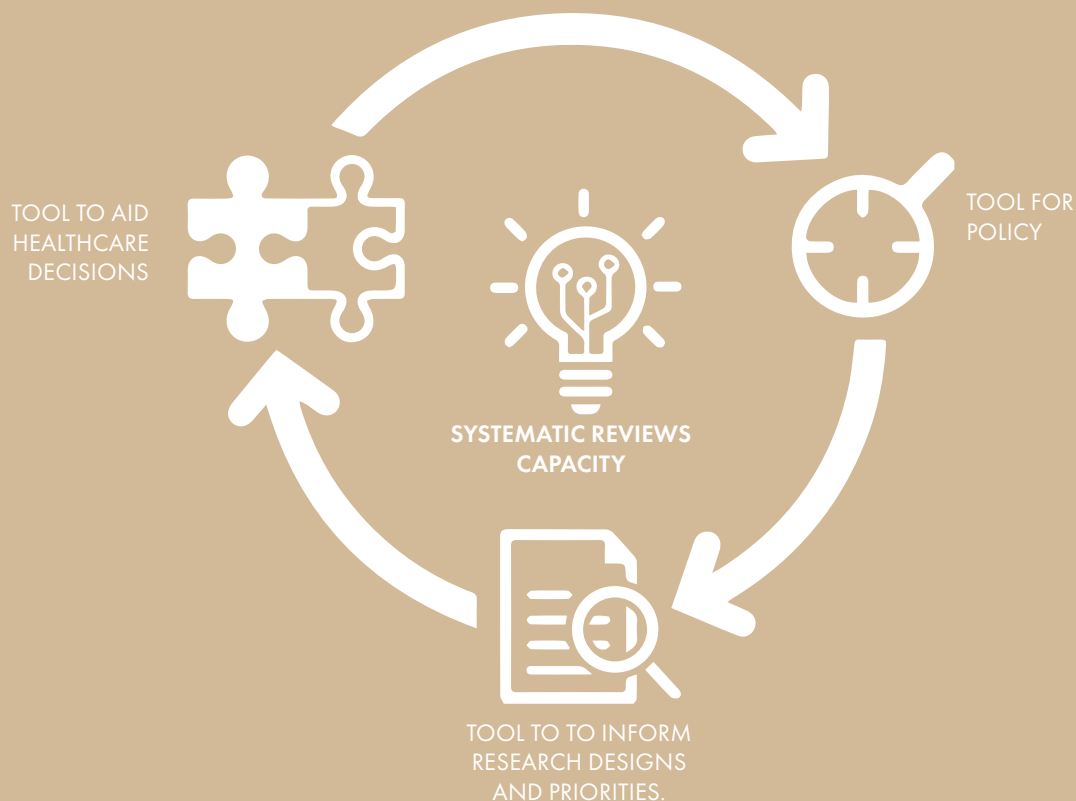
The sessions were useful and delivered excellently by the presenters. I was a part of the interactive sessions when we were doing PubMed, and I liked the RevMan (Review Manager) session. The tools were a good reminder of what we can do in the department of epidemiology in terms of trying to get useful evidence that we can use for the day-to-day running of work. I look forward to getting the presentations and recordings so that I can cascade to other members of the department that way we can have teams do systematic reviews and produce good evidence that can also be published.

Participant from Malawi

I found the training insightful. I am a young researcher and currently working on a systematic review with a couple of friends. I really liked how the training emphasised on working as a team, where one as a young researcher can have a supervisor but could also have other people at the same level check the data for quality and bias. It has been an important training, I expect to find it more helpful as I progress in my career.

Participant from Malawi





Interactive virtual sessions

The training sessions comprised of lectures, question and answer sessions, demonstrations and hands-on practice on specific topics achieving interactivity and practicality. For example, the training included interactive sessions with facilitators demonstrating how some key databases are used, including the Cochrane Library and PubMed.

To ensure the effectiveness of the training, participants were provided with pre-reading materials as well as presentations and audio recordings (post-training). A WhatsApp group was also created to aid with the sharing of training materials and information related to the training. The group also afforded participants the opportunity to interact with each other and the facilitators during and after the training.

The course covered question formulation, protocol, developing a plan to conduct a review, PRISMA guidelines, and critical appraisal, as well as highlighting aspects of meta-analysis and synthesis of non-numerate data. As systematic reviews take a hard look at published results from pooled studies, the emphasis was put on the way one decides what 'good' data is in combining data to produce more impactful conclusions.

The training will be followed by a formal mentoring programme consisting of six-monthly sessions for individuals who will be actively engaged in conducting systematic reviews. This mentorship phase will see participants matched with Cochrane collaboration beneficiaries/authors who have published widely on various topics.

These sessions are expected to provide mentees with the opportunity to present their work for critical appraisal by the rest of the group. The sessions will also serve as a teaching opportunity for commonly-observed problems in conducting systematic reviews. Activities will be centred around:

1. Completion of systematic review proposals to an acceptable standard for registration with the Prospero International Prospective Register of SRs database, York University, UK.
2. Preparation of systematic review protocols for publication in a peer-reviewed journal.
3. Completion of SR for publication.

STRENGTHENING THE CAPACITY FOR EVIDENCE-INFORMED POLICYMAKING (EIPM) AMONG HEALTH POLICY-MAKERS, CIVIL SOCIETY AND RESEARCHERS IN MALAWI

By: Levi Kalitsilo, Jessie Mphande, Dr. Leyla Abdullahi, Dr. Tumaini Malenga, Victory Kamthunzi and Dr. Paul Kawale



➤ **EIPM training workshop for policy-makers working on issues of antimicrobial resistance (AMR) and sepsis in Salima, Malawi. Photo: Victory Kamthunzi/AFIDEP**

Evidence plays an integral part in the formulation of policy that is to yield the intended results by addressing a problem in society. As such, policy-makers need to be equipped with the necessary skills to obtain and appraise evidence in order to make informed decisions. Based on this premise, AFIDEP, through the Drivers of Resistance in Uganda and Malawi (DRUM) and the African Research Collaboration on Sepsis (ARCS) teams, organised a four-day training workshop for policy-makers working on issues of antimicrobial resistance (AMR) and sepsis. The training hosted participants from various departments of the Ministry of Health, Malawi Liverpool Wellcome Trust, WaterAid, Water and Environmental Sanitation Network and the Center of Medical Research Lambarene (Gabon).

Sepsis and AMR

Sepsis occurs when the body's response to an infection injures its own tissues and organs, potentially leading to death or significant ill-health. These infections, which may be acquired in the community or in the hospital, have treatment that heavily depends on the use of

antibiotics. When detected early, the fatality of sepsis is reduced massively. However, accurately diagnosing sepsis is a challenge among health care workers in low- and medium-income countries (LMICs); patients are at risk of being put on antibiotics that may not be effective in treating the condition. AMR occurs when microorganisms (such as bacteria, fungi, viruses and parasites) change when exposed to drugs that fight against them. These microorganisms cease to be susceptible to an antimicrobial (drug) that could previously be used to treat them. This makes ineffective use of antibiotics in treating sepsis one of the factors that lead to AMR.

Further, hospital-acquired infections are becoming a problem, especially in LMICs, due to poor sanitation and hygiene as health facilities are usually overcrowded and inadequately resourced. The high patient-medical officer ratio adds on to this problem by making it difficult for medical staff to adhere to basic infection prevention practices when they are having to treat many patients within a limited period of time. This situation promotes the development and spread of resistant microbials, making the management of infections (including sepsis) more difficult, leading to negative outcomes for patients. This places a huge burden on the health system.

The EIPM training

The training targeted policy-makers working on sepsis and AMR, capitalising on the connection between the two problems. When participants were identified, a needs assessment was performed which informed the training agenda, and content was tailored to the group's specific needs, with a majority expressing an interest to learn how to use evidence in the development of policy. The EIPM training was therefore important because it builds participants' capacity on how to search for and appraise evidence to inform policy in their institutions and the nation. It results in the use of evidence in policymaking and ensures that policy-makers make informed decisions and investments. It also ensures that civil society and researchers are able to productively engage with policy-makers.

During the four-day face-to-face training, participants covered the foundations of evidence-informed policymaking, how to access evidence, how to appraise evidence, how to synthesize evidence and how to apply the evidence in decision making. The training sessions included highly interactive presentations, question-and-answer sessions, demonstrations and hands-on practice on specific topics, achieving interactivity and practicality. For example, the training included interactive sessions with facilitators demonstrating how some key databases are used, including the Cochrane Library and PubMed.

To ensure greater effectiveness of the training, participants were provided with pre-reading materials as well as presentations in hard copy. A WhatsApp group was also created to aid with sharing information related to the training. The group also afforded participants the opportunity to interact with each other and the facilitators during and after the training.

Technical skills obtained following the training

To assess the practicality of the training, we gave pre-and post-training tests using Google Forms. The results showed that among the participants, the level of knowledge before training was 65%, and after the training, the level of knowledge increased to 79%. In addition to the pre-and post-survey tests, we also evaluated the overall quality of the training. In general, the participants rated the quality of the training as very good (55% of the participants) and excellent (45% of the participants). Overall understanding of technical aspects improved by the end of the training and the participants were interested in a follow-up mentorship to support in conducting their evidence synthesis.

Participants also suggested potential areas that they wish to cover in more detail in future training sessions. Some of these areas include, how to drive policy development and implementation effectively in a hostile political environment and how to develop a policy brief.

At the end of the training, participants attested to the training being relevant to their work. Participants shared some of their thoughts on the training as captured below:



Yes, they met my expectations. They were clear, facilitators were attentive to participants' needs.

Participant one

It was interactive. I enjoyed the group discussions and learning from people with different experience. Friendly group.

Participant two

I learned how to come up with informed policies which will be very helpful in my field. The other most important thing was that the training was practical, which helped in gathering more information. In addition, we were given the opportunity to add in our inputs.

Participant three



What's next?

The training will be followed by a formal mentoring programme which will run for 8 weeks starting mid-December 2020. Participants will be divided into four groups upon establishing their commitment, and delivery of these mentorship sessions will be virtual. The end products from this will be policy briefs. The mentorship activities will also serve as a good platform for policy engagement in both the ARCS and DRUM projects.

ENHANCING POLICY ENGAGEMENT AND EVIDENCE UPTAKE AMONG EARLY CAREER RESEARCHERS

By Hleziwe Hara, Dr. Leyla Abdullahi and Victory Kamthunzi

A FIDEP conducted an interactive virtual training under the Enhancing Research Uptake and Policy Engagement in the DELTAS Programme (Enhance DELTAS) targeting PhD and post-doctoral early career researchers. The workshop, *'Policy Engagement and Evidence Uptake for Early Career Researchers'* sought to enhance participants' skills and expand their knowledge and understanding of how to maximise research uptake and policy engagement. The training attracted 19 participants from across Africa, including; Kenya, South Africa, Nigeria, Namibia, Ethiopia, Tanzania and Ghana.

By the end of the training, participants were expected to:

- (i) understand the complexities of the policymaking processes;
- (ii) understand and describe the importance of evidence-informed decision-making (EIDM) for better health policies and programmes;
- (iii) develop a Policy Engagement Strategy;

- (iv) summarise research into policy briefs and other communication products for a non-academic audience.

Given the diversity in the expertise of the participants, the course began with a background to the EIDM process, followed by enhancing the understanding of the health policy-making landscape. The second half of the workshop focused on providing guidelines for developing a policy engagement strategy, providing knowledge on how research can be translated and lastly a practical session on packaging the knowledge for a non-technical audience.

Most participants commended this session and suggested that more time be added for future sessions. In addition, pre-recorded videos and other self-learning materials were prepared and circulated to participants prior to the workshop to support the facilitator-led online learning.

The workshop was highly interactive, combining presentations, discussions and group work supported by practical sessions and questions and answers. A guest speaker from the Malawi Ministry of Health was invited to share their lived experiences with evidence-use within policy-making spaces.



➤ **The workshop was highly interactive, combining presentations, discussions and group work supported by practical sessions and questions and answers. Victory Kamthunzi/AFIDEP**



I will work with the end in mind so that when I'm just thinking about the results and the publication I'll have in a peer-reviewed journal but how I can translate these into a policy brief that can actually go out there and make a difference.

Participant

We need to collaborate with PhD and Masters students within different universities from the moment that students are having their orientation week. There is a need for a 5- or 10-minute presentation on policy-related issues and how that can be shared. I think it will definitely help them in formulating some of their research questions and have a whole broad look at their research work. I feel challenged myself now when I was starting, I was just told you need to look at a policy-related issue that's going to come out of your research work. But after going through this training, I'm able to really think in-depth of what are the best ways or processes I need to work on to make sense of my research work and reach out to primary audiences.

Participant



Assessing the skills developed during the training

A pre-and post-training test was conducted using the Survey Monkey, in order to assess the efficacy of the training. The results showed that the level of knowledge among participants improved from 61% before training, compared to 81% at the end of the training. In addition to the pre-and post-survey assessment, the overall quality of the training was evaluated. Generally, the participants rated the quality of the training as very good (10 were female and 6 were male, while the remaining 3 participants did not take part). Similarly,

the overall understanding of technical aspects improved by the end of the training, and some of the participants were interested in a follow-up mentorship to support their targeted study areas in relation to research uptake and policy engagement. The participants also suggested potential areas that they wish to cover in more details in their future training. Examples of these areas included; social media engagement, systematic review and meta-analysis and monitoring and evaluation of the policies.

What next?

At the end of the training, participants were asked to indicate if they would be interested in the mentorship programme to help them complete their policy products. Out of the 19 fellows, 9 expressed interest in being mentored to develop some evidence products. The mentorship programme is structured to allow for follow-up with participants with exercises and mentoring and technical support to consolidate the learning from the training and to enhance participants' knowledge. In addition, participants will be assigned to mentors who will support them for up to the end of the programme to monitor their progress on the implementation of their policy engagements tasks. Each mentor-mentee pair will be required to complete an agreement document outlining the goals and expectations, and a plan for completing at least one evidence product for sharing with relevant policy-makers. Each mentor is expected to submit updates every month for each mentee, as well as an end-of mentorship programme report, at the end. In addition, participants will have access to policy engagement and evidence uptake toolkits, and an opportunity to take part in follow-on webinars.

The second cohort of research fellows is scheduled to commence the "Policy Engagement and Evidence Uptake for Early Career Researchers" virtual workshop from 25 January 2021 to 26 January 2021.

SAFEGUARDING THE DEMOGRAPHIC DIVIDEND: AFRICAN GOVERNMENTS MUST PRIORITISE YOUTH IN THEIR COVID-19 RECOVERY PLANS

By Ann Waithaka and Dr. Bernard Onyango

In 2017, the African Union adopted the theme, *Harnessing the Demographic Dividend (DD) through investments in youth*, a development focus that was extended to be the theme of the decade. Consequently, many Africa governments embraced the DD into their national development plans. With the COVID-19 pandemic outbreak, the continent's ambition to reap a demographic dividend from its greatest resource - the youth, has come under a new threat.

Population dynamics, which refers to how and why populations change in size and structure over time, are intricately tied to sustainable development strategies. As a result, countries monitor population change and trends in order to inform holistic and multi-sectoral approaches to sustainable development.

Compared to the rest of the world, Africa is youthful. The United Nations (UN) estimates that 60% of Africa's population is under 25 years of age compared to a global average of 41%. The region can capitalise on this youthful population to benefit from the Demographic Dividend (DD), which is the economic benefit arising from a significant increase in the ratio of working-age adults relative to young dependents.



The emergence of COVID-19 as a global pandemic in 2020, has implications for population dynamics. COVID-19 has caused major health, social and economic upheavals that present an indispensable need for demographers and policy makers to consider how the pandemic interacts with population dynamics and its implications for socio-economic well-being.

High-level webinar series

Between November and December 2020, South Africa's Department of Social Development and Statistics South Africa collaborated with AFIDEP and a number of other partners to host a five-part webinar series themed, *'Demography and COVID-19 in Africa – Evidence and Policy Responses to Safeguard the Demographic Dividend'*. The other key partners in the initiative included: the United Nations Population Fund (UNFPA); British High Commission to South Africa; Foreign, Commonwealth and Development Office (FCDO); African Union (AU); Africa Centres for Disease Control and Prevention (CDC); Union of African Population Studies (UAPS); and Population Association of Southern Africa (PASA).

The main objective of the webinar series was to provide a platform for stakeholders and partners to share demographic perspectives on the impact of COVID-19, considering its implications for Africa to achieve the demographic dividend, and realize the Sustainable Development Goals (SDGs).



➤ Africa can capitalise on its youthful population to benefit from the Demographic Dividend (DD), which is the economic benefit arising from a significant increase in the ratio of working-age adults relative to young dependents. Photo: Wirestock

Emergent implications of COVID-19

COVID-19 has continued to evolve and while its immediate impact on morbidity and mortality in Africa has not been as severe as other world regions, its immediate impact on social and economic well-being on populations in the continent has been massive. This includes but not limited to health services disruptions, loss of livelihoods and closure of schools.

Discussions from the webinar series revealed that COVID-19 has been a great threat to Sexual and Reproductive Health and Rights (SRHR). This has been partly as a result of stock out of family planning commodities due to disruptions of the supply chain, closure of SRHR service delivery points, and the reduced visitation by potential users of SRHR services either because of movement restrictions or fear of contracting COVID-19 (especially in the initial phases of the pandemic). Among others, these disruptions may lead to an increase in unmet need for family planning during the pandemic.

An increase in unwanted teenage pregnancies and child marriages in some countries during the pandemic period was also an issue of concern. Incidents of Gender and Sexual Based Violence (SGBV) including intimate partner violence, were also noted to be on the rise during the pandemic.

«
We cannot afford to divert resources on contraceptives and some of the basic funding for sexual and reproductive health, gender-based violence, child marriage and FGM.

Dr. Julitta Onabanjo - UNFPA Regional Director, East and Southern Africa »

Another emerging health concern in the pandemic period has been a rise in mental illness due to increased social isolation, disruptions in daily life routines and pressures associated with the loss of livelihoods occasioned by measures against COVID-19. For example, findings from a study in South Africa presented during webinar series shows that the prevalence of depressive symptoms within the study area doubled between 2017 and June 2020 (during the pandemic) from 12% to 24% of individuals.

A clear observation throughout the webinar series was that vulnerable groups including children and women have severely and disproportionately been affected. Even where there have been responses in place specific to protect vulnerable groups against the effects of the pandemic, interventions have failed to adequately reach them. If countries are not careful, the pandemic will further widen

critical inequalities. Groups such as the youth, women and the poor will need targeted interventions to support them.

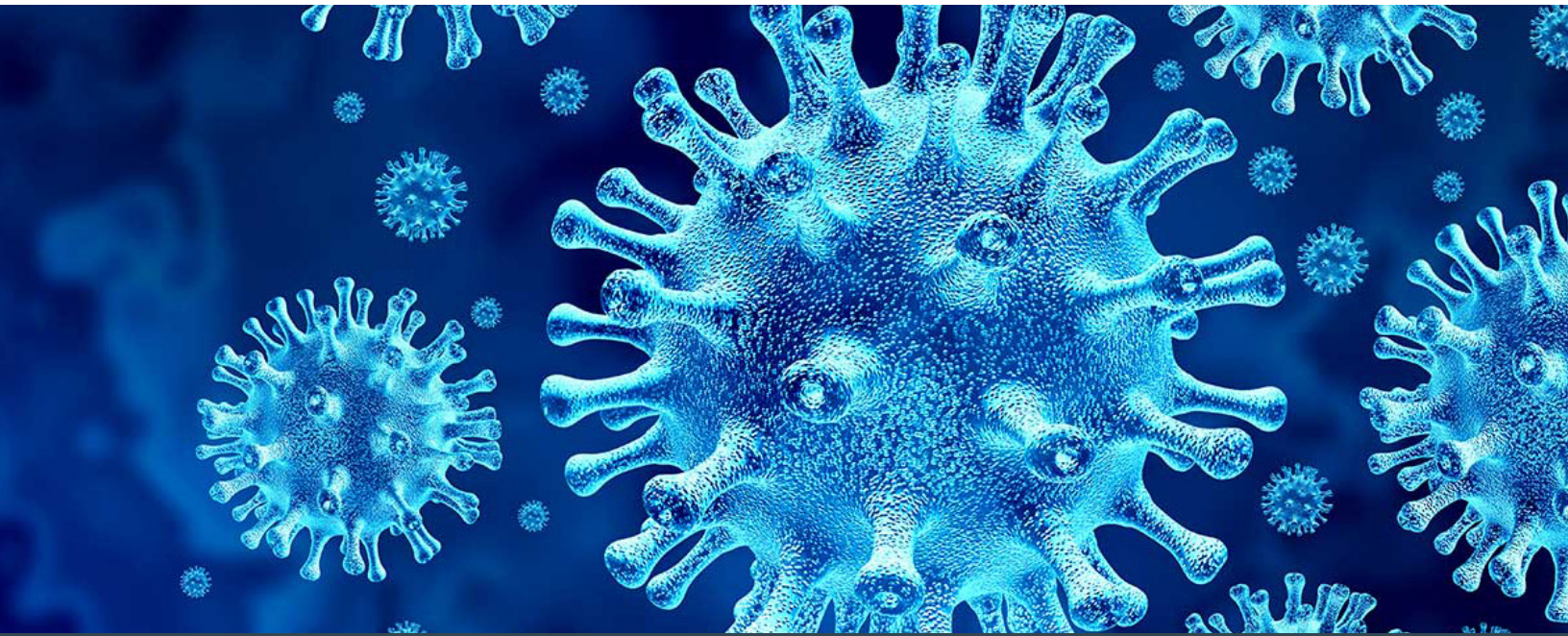
«
African governments' COVID-19 recovery plans must put young people at the center of development in order to harness Demographic Dividend.

Eliya Zulu - Executive Director, AFIDEP »

Key Recommendations

To safeguard the demographic dividend from the impact of COVID-19, governments will need to come up with strategic and targeted short and long-term recovery strategies. Key priorities to be addressed will include:

- Putting in place measures to fully resume service delivery in the health sector that will safeguard SRHR and family planning programmes including service delivery to the youth.
- Mapping and investing in addressing other emerging priorities that have been observed to have intensified during the pandemic including SGBV and mental health.
- Implementing return-to-school strategies that will ensure minimal drop-out and in particular, take measures to ensure that the disadvantaged groups as well as girls do not drop out of school.
- Deploying an economic recovery strategy that will safeguard informal sector jobs and extend social protection to the most vulnerable in the communities during the recovery period.
- Investing in data and measurement to inform both the short-term and long-term responses to COVID-19 and similar episodes that may occur in the future.
- Strengthening joint efforts that leverage on regional and continental collaborations such as has been the case with the response to COVID-19 coordinated by the Africa CDC in health, and SADC and the AU on socio-economic priorities. This should also be extended to documenting and sharing lessons on best practices to overcome COVID-19 among countries and regions.



SEPSIS AND ANTIMICROBIAL RESISTANCE IN THE ERA OF COVID-19: OVERCOMING GLOBAL HEALTH'S TRIPLE CRISIS

By Victory Kamthunzi, Levi Kalitsilo, Claire Jensen and Dr. Paul Kawale

What lessons can stakeholders in Africa who are concerned about sepsis and antimicrobial resistance (AMR) learn from COVID-19?

Sepsis is a life-threatening condition caused by the body's toxic response to infection that frequently results in death or serious disability. Globally, sepsis is the second biggest cause of death and the leading cause of preventable death. With high rates of infection, Africa is expected to be greatly affected by sepsis. Despite its massive death toll, sepsis remains widely unknown and under-prioritised by the general public, health care workers, and decision-makers.

Awareness of and knowledge on what sepsis is and its burden on society is critical. With the emergence of the COVID-19 pandemic, an infectious disease caused by a newly discovered coronavirus (SARS-CoV-2 virus), and the growing threat of inappropriate use of antibiotics causing antimicrobial resistance (AMR), how will this contribute to the global burden of sepsis?

AFIDEP, through the African Research Collaboration on Sepsis (ARCS) programme and Drivers of Resistance in

Uganda and Malawi DRUM) consortium, is contributing to the body of scientific knowledge on sepsis and AMR.

World Sepsis Congress Spotlight

On 9 September 2020, WHO and the Global Sepsis Alliance (GSA) hosted a World Sepsis Congress Spotlight: Sepsis, Pandemics, and Antimicrobial Resistance – Global Health Threats of the 21st Century. A free online event that sought to review the achievements and challenges of potential solutions to combat the threat of sepsis worldwide. The event also served as a launch for the WHO's report on sepsis "Global Report on the Epidemiology and Burden of Sepsis: Current Evidence, Identifying Gaps and Future Directions" dubbed "Global Burden of Disease Report."

In developing the report, ARCS experts were part of a technical expert consultation first gathered in October 2019 in Geneva, Switzerland, in reaching consensus on the contents of the document and also providing an external review of the report.

COVID-19 and Sepsis

According to the WHO Global Burden of Disease Report, sepsis is the cause of 1 in 5 deaths worldwide and disproportionately affects vulnerable populations: men, newborns, pregnant women and people living in low-resource settings. Early studies in Wuhan, China, found sepsis to be the most frequently observed complication in COVID-19 patients. As a result, sepsis is being applied in the diagnosis of COVID-19 complications. For instance, the diagnostic criteria of sepsis and septic shock are being used as a reference for the criteria of the severity of respiratory insufficiency among COVID-19 patients. Sepsis is also a pathway to COVID-19 morbidity and mortality and is a risk factor for in-hospital COVID-19 deaths.

Understanding of the relationship between sepsis and COVID-19 is leading to the innovative treatment of COVID-19

Sepsis and AMR

When identified early and treated timely with antibiotics, sepsis fatality risk is reduced. However, this could lead to the misuse of antibiotic usage and jeopardise clinical management of sepsis. A high level of drug resistance exists to commonly prescribed antibiotics on the African continent. According to the WHO report, AMR also contributes to the medical and economic burden of infectious diseases.

The high prevalence of sepsis demands for more antibiotic usage to address it, while the growing AMR calls for limited use of antibiotics to reduce AMR spread. While this appears to present a competing situation, there exist some positive relationships between the two. Linkages are seen on how the two (sepsis and AMR) occur and addressed collectively through a robust health system, improving hygiene in the health facilities and improving sanitation and hygiene in the communities.

AMR and COVID-19

While COVID-19 itself is a viral infection, evidence shows that it leads to secondary infections in many cases, including secondary bacterial pneumonia, as well as complications from infections such as sepsis and septic shock, that require antibiotics. There is no doubt that antibiotics are a critical tool in treating secondary infections associated with COVID-19.

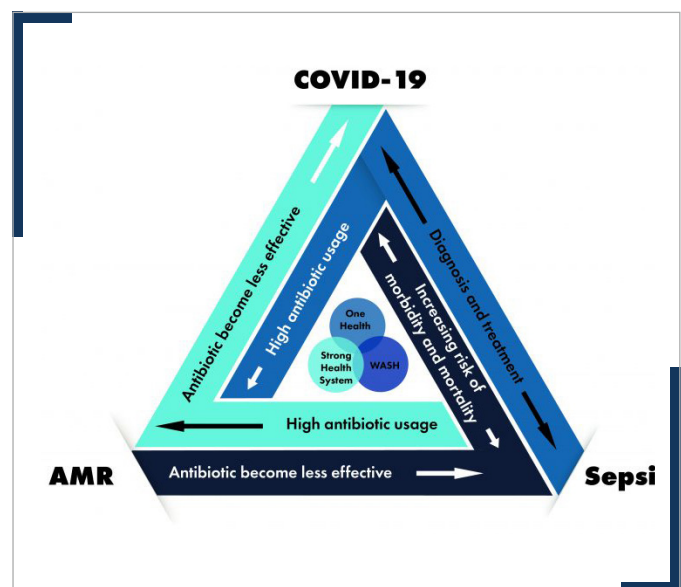
Amid the pandemic, there have also been calls to uphold the principles of antimicrobial stewardship (AMS),

including the preservation of antibiotics for cases with severe symptoms, microbiological tests before use of antibiotics, and recommendations for duration and type of antibiotic treatment.

Overcoming sepsis, AMR and COVID-19

The WHO report indicates that low-income countries face severe resource limitations such as personnel skills, medical facilities and policies to make their health systems functional. However, Sub-Sahara Africa has been least affected by COVID-19, and lessons can be drawn from COVID-19 to answer some questions about how a focus on sepsis and AMR can create a robust health system that effectively puts health in control.

The creation of a robust health system worldwide requires the continued promotion of quality improvement. COVID-19 has taught us the importance of improved sanitation, water quality and availability, and infection prevention and control measures, such as appropriate hand hygiene, which can prevent sepsis and AMR. Finally, as COVID-19 likely spreads to humans from animals such as bats, it is critical to take a multidisciplinary One Health approach to better understand this and future infectious disease challenges.



Conclusion

Researchers need to build the scientific evidence of treating sepsis and AMR with insights from COVID-19, which have shown successful outcomes in Africa. This evidence should inform global health policy-makers to support healthcare workers caring for critically ill sepsis and AMR patients.

REDUCING THE BURDEN OF VECTOR-BORNE DISEASES THROUGH SOUTH-SOUTH COLLABORATION

By Dr. Nurudeen Alhassan



➤ **The Malawi TVCAG guided by the lessons and experiences of Burkina Faso and Cameroon has drawn its members from diverse sectors and institutions including development partners, academia and civil society. Photo: PIIVeC**

In commemoration of the International Day for South-South Cooperation, the Partnership for Increasing the Impact of Vector Control (PIIVeC) is reflecting on its ongoing contribution to south-south cooperation, and the impact that has been generated so far.

Sharing lessons to enhance integration of vector control planning and implementation

In an effort to enhance the integration of vector control planning and implementation, PIIVeC has established multi-sectorial Technical Vector Control Advisory Groups (TVCAGs) in Burkina Faso, Cameroon and Malawi. The role of the TVCAGs is to provide technical advice to Ministries of Health in the focus countries on effective vector control tools, strategies, and interventions to reduce the burden of vector-borne diseases. Even though the TVCAGs are country-focused, there is continuous cooperation across TVCAGs to share knowledge and experiences on how to manage operations, engage key stakeholders and maximise resources. This collaborative spirit was particularly exemplified during the launch of the Malawi TVCAG in October 2019. Representatives from the Burkina Faso and Cameroon TVCAGs travelled to Malawi to share their knowledge and experience with Malawi, given that those countries already had operational TVCAGs.

The experiences of Burkina Faso and Cameroon guided Malawi in structuring and constituting its TVCAG, taking onboard key lessons. For example, the Malawi TVCAG guided by the lessons and experiences of the two countries has drawn its members from diverse sectors and institutions including development partners, academia and civil society. This has fostered close collaboration among key stakeholders in the development and operationalisation of the TVCAG's strategy.

Vector control research collaboration among early career researchers

To strengthen capacity for vector control research, PIIVeC supports fellows who have recently completed their PhDs

The role of the TVCAGs is to provide technical advice to Ministries of Health in the focus countries on effective vector control tools, strategies, and interventions to reduce the burden of vector-borne diseases.

that contribute to vector control research in the focus countries. This fellowship has provided a platform for strong collaboration in research and problem-solving. The fellows have established regular virtual networking meetings among the cohort, using them as a way to share lessons, offer advice, and collaborate.

This is illustrated by the ongoing collaboration between two fellows in Cameroon and Burkina Faso. The Cameroon study is focused on the 'Impact of vector symbionts on malaria transmission and control' while the Burkina Faso study is on the 'Impact of native *Wolbachia* symbionts in host mosquito *Anopheles gambiae*'. Both studies aim to characterize the microbiome in *Anopheles* mosquitoes. The fellows leading these studies have therefore decided to collaborate in order to explore microbiome diversity in the two countries. This research collaboration has the potential to generate novel evidence for game-changing malaria vector control interventions in the entire African region. This could also set the stage for more vector control research collaboration between Cameroon and Burkina Faso.

South-south Institutional collaboration for vector control research

Beyond collaboration among individual researchers, PIIVeC has also provided a platform for south-south institutional collaboration in vector control research. The Research Institute of Health Sciences (IRSS) and the National Center for Research and Training on Malaria (CNRFP) in Burkina Faso are currently working together to develop a joint research programme on dengue vectors. This collaboration will help the two institutions to synchronize their vector surveillance activities; draw on mutual efforts and resources to strengthen studies; scale-up ongoing research to other sites and to develop joint publications.

The most important consideration of PIIVeC south-south collaboration

PIIVeC has created a platform for individual researchers and institutions to help one another to bridge gaps in vector control research and capacity. We believe that these partnerships will enable sustainable improvement in the implementation of effective vector control strategies.

SEPSIS AND ANTIMICROBIAL RESISTANCE: AN URGENT CALL TO STRENGTHENING HEALTH INFORMATION SYSTEMS

By Levi Kalitsilo

Antimicrobial resistance (AMR) and sepsis continue to threaten the effective prevention and treatment of infections, causing death. Sepsis arises when the body's response to an infection injures its own tissues and organs, potentially leading to death or significant ill-health. While AMR happens when microorganisms (such as bacteria, fungi, viruses, and parasites) change when exposed to drugs designed to fight them (such as antibiotics, antifungals, antivirals, antimalarials, and anthelmintics). In low and medium-income countries (LMICs), these health issues are often neglected, in favour of HIV/AIDS, Tuberculosis and malaria as the more urgent priorities.

AFIDEP, through the Drivers of Resistance in Uganda and Malawi (DRUM) consortium and the African Research Collaboration on Sepsis (ARCS) project, is at the forefront of contributing to evidence in preventing sepsis and the spread of AMR. DRUM seeks to transform understanding of the drivers of AMR as well as design interventions to reduce AMR spread in Uganda and Malawi; while ARCS aims to improve the survival and quality of life of sepsis patients using relevant innovations at the individual and health system level, through multidisciplinary applied health research. As part

of creating awareness on these conditions, AFIDEP held interviews with Timveni Radio and Television discussing the issues surrounding AMR and sepsis in Malawi. For a wider reach, the interviews were held in the national language, Chichewa, to make the information more accessible to communities and policy-makers.

AFIDEP Research and Policy Associate, Levi Kalitsilo explained that Sepsis arises from any infectious disease-causing agents acquired in either health care facilities or the community while AMR occurs when microorganisms become resistant to antibiotics. It is estimated that sepsis affects more than 30 million people worldwide annually, potentially leading to 6 million deaths. This led to the WHO making it a global health priority in May 2017. AMR is estimated to be responsible for over 700,000 deaths per year. Current projections estimate that by the year 2050, AMR will claim over 10 million lives annually and will cost over US\$ 10 trillion per year to manage it. The WHO states that 30% of deaths arising from sepsis in newly born babies are due to disease-causing agents that developed resistance (AMR).

Sepsis and AMR

The risk of sepsis is higher in elderly people, pregnant women, newly born babies, hospitalised patients, and people with underlying conditions such as HIV/AIDS, liver cirrhosis, cancer, kidney disease and those without their spleen. With AMR, we are all at risk through inappropriate use of antibiotics to cure some of the infections we suffer from and at times from the food products we consume. The risk is particularly high in low and middle-income countries (LMICs) due to under-resourced health systems, and lack of formal surveillance to quantify the problems.

AMR causes antibiotics to become less effective in curing infections. This results in an increase in the number of deaths and prolongs the infection period of many illnesses including sepsis. Consequently, this increases the cost of delivering care, and slow efforts towards the achievement of Sustainable Development Goals (SDGs) 3, specifically targets 3.1 and 3.2. Target 3.1 strives to reduce the ratio of global deaths of pregnant women to less than 70 per 100 000 live births by 2030. And target 3.2 aims at ending preventable deaths of newborns and children under 5 years of age by 2030.

According to WHO, in preventing AMR transmission and infections that could cause sepsis, appropriate water, sanitation and hygiene (WASH) practices in homes and health facilities are central. These practices include: washing hands regularly with water and soap; preparing foods safely; treating drinking water; ensuring the availability of potable water for sanitation and food preparation both in the communities and health care facilities; as well as sterilising medical materials in health facilities. Early identification and optimal use of antibiotics in the treatment of sepsis is also critical. Further, people are encouraged to strictly use antibiotics as prescribed by physicians. Authorities in the Ministry of Agriculture and the Department of Environmental Affairs are encouraged to monitor and regulate the use of antibiotics in livestock production.



▶ People are encouraged to strictly use antibiotics as prescribed by physicians. Photo: Rick Scavetta, U.S. Army Africa/Flickr

The interview concluded with the following call to action:

1. The Ministry of Health must declare sepsis a national health and research priority as recommended by the WHO in May 2017. This should give the appropriate attention needed to pertinent issues such as the collection and storage of data on infection and sepsis-related deaths. This information can be used as a measure of performance and quality indicators for health facilities and the efficiency of the Malawi health system. Fund the operationalisation of the published 2018 National Action Plan on AMR.
2. Hospitals must develop, resource, implement and publish cost-effective AMR and sepsis improvement projects. Supporting collaboration on AMR and sepsis efforts in promoting the integration of AMR into priority disease/health issue areas (eg. Malaria, TB, Sepsis). This will ensure that AMR does not negatively affect disease management (whether sepsis, TB, Malaria etc).
3. There must be increased discourse to put AMR and sepsis on the national health agenda, drawing researchers' attention to the issue and bringing together cross-sectoral stakeholder action in avoiding duplication of efforts and maximising impact.
4. There is a need for more research on AMR and sepsis so that the problems are well understood and managed.
5. All stakeholders including health workers and the communities must be reached more effectively with AMR and sepsis awareness.

CONGRATULATIONS PROFESSOR NYOVANI MADISE ON THE APPOINTMENT TO A GLOBAL UN SDG PANEL

The Board of Directors and staff of the African Institute of Development Policy (AFIDEP) would like to congratulate our Director of Development Policy and Head of Malawi office, Professor Nyovani Madise, on her appointment by the UN Secretary General as one of 15 eminent global scientists to draft the 2023 Global Sustainable Development Report (GSDR).

The GSDR is a United Nations publication aiming to strengthen the science-policy interface at the High-Level Political Forum on Sustainable Development and it is produced every four years. The report will inform the follow-up and review of the 2030 Sustainable Development Goals.

The AFIDEP family is profoundly proud of this global recognition of a true Malawian scholar, mentor, leader, and champion of the role of research and evidence in transforming people's lives in Africa.



➤ **Nyovani Madise, Ph.D.**
Director of Development Policy and Head of Malawi office.

AFIDEP MALAWI OFFICE RELOCATES



We are happy to inform you that effective 4 November 2020, our Malawi Office opened doors in a more spacious and convenient surrounding. Our new address is Petroda Glasshouse, Area 14 – plot number 14/191.

Kindly note that our other contact information remains the same:

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PUBLICATIONS

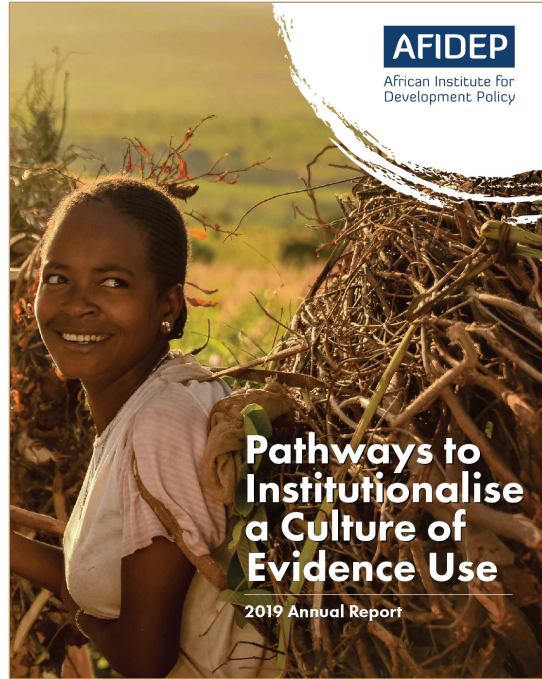
AFIDEP News

AFIDEP'S newsletter published twice a year to provide our stakeholders with updates on programmes and highlight emerging policy issues.



AFIDEP 2019 Annual Report

2019 Annual Report shares AFIDEP pathways to institutionalise a culture of evidence use in Africa.



ISSUE BRIEF Antimicrobial stewardship in Malawi: Optimising antibiotic usage

November 2020

KEY MESSAGES

- Antibiotics that are effective for many infections, such as infections, are the preferred choice in many sub-Saharan African hospitals, being administered at least once a day.
- Antimicrobial stewardship (AMS) programmes are a key strategy for optimising antimicrobial usage (AMU) and controlling AMR.
- Antimicrobial stewardship (AMS) is adaptable to low-income countries like Malawi.
- AMS programmes reduce antibiotics usage (AMU) and are also cost-saving.

Context

Antimicrobial resistance (AMR) is a problem of global importance, associated with increased healthcare costs arising from increased disease and death. There is a high burden of severe bacterial infections in sub-Saharan Africa (SSA) and a lack of diagnostic tests in hospitals. Therefore, antibiotics that are effective against diverse bacteria and are administered once a day, such as co-trimoxazole, have become the first choice for severe infections in hospitals. Subsequent to co-trimoxazole in SSA has likely been a key driver of antibiotic resistance across the continent. Antimicrobial stewardship (AMS) is one of the practice and procedures put in place to ensure best use of antibiotics. This results in improved governance and reduced antibiotic usage hence one of the key actions of the World Health Organisation (WHO) Global Action Plan to combat antibiotic resistance? Despite the AMS programmes not being common in SSA due to resource limitations, recently the Queen Elizabeth Central Hospital (QECH) in Blantyre, established an AMS programme to ascertain its sustainability in Malawi.

Antibiotics Usage

Many SSA hospitals are resource constrained, lacking equipment to conduct diagnostic tests essential to treat bacterial diseases specifically. With a growing population in SSA resulting in greater

demand for bacterial infection treatment, patients are usually given antibiotic taken once a day for respiratory or urinary tract infection, such as Co-trimoxazole. Overall once on broad antibiotics in SSA has been a key driver of drug resistance, hence in AMR, Malawi is not an exception. An observation by WHO in 2003, restriction to narrow antibiotic usage (AMU) has proven to slow down AMR. With a rising number of bacterial infections in Malawi, a deliberate collection of data from patients at QECH was done for 26 months to determine the sustainability of an adapted AMS in the country.

AMS at QECH

The WHO highly recommends AMS interventions as a way of optimising AMU and preventing AMR spread? An AMS programme was established at QECH by a multidisciplinary team comprising of clinicians, nursing managers, hospital director, pharmacists and microbiologists. Antimicrobial susceptibility trends, antibiotic availability and national guidelines were reviewed and a new antibiotic guideline developed (<http://www.malawigov.mw/>). The guideline focused on recognising and tracking signs and modification of antibiotic administration after a 48-hour observation period. This guideline was co-developed, reviewed and approved by senior clinical staff, then made available in booklets, posters and an audio-visual presentation (<http://www.malawigov.mw/>; QECH/ADULT4). Implementation of AMS



POLICY BRIEF An Assessment of Knowledge, Attitudes, Perception and Practice about COVID-19 among the Kenyan Population

August 2020

KEY MESSAGES

Results

- Basic knowledge on COVID-19 is high, but 62% respondents want more information on treatment, prevention.
- Fear of COVID-19 and stigma are high; 71% of respondents said they would not be comfortable being in the same home, office or school with someone who has COVID-19.
- Most respondents are not observing COVID-19 control measures at all times – less than half of respondents reported practicing social distancing and hand hygiene, and only half wear a face mask in public.
- More than half of respondents who experienced COVID-19 like symptoms either bought drugs from local pharmacy or ignored the symptoms hoping they will go away.
- Half of the healthcare workers who participated in the survey had neither received any COVID-19 related training nor had PPEs.

Recommendations

- Train, empower and facilitate community health workers to educate communities on COVID-19 prevention, treatment and management as part of strengthening the Home-based care option for patients with COVID-19.
- Prioritize a multi-pronged approach to ensure that all communities, including remote communities, are reached with COVID-19 public education campaigns.
- Review, diversify and intensify public education on COVID-19 including the importance of consistency in order to the various intervention messages and what to do if one suspects that they could be having COVID-19 like symptoms – the sick and care, and on home based care.
- Increase collaboration with local pharmacies on symptomatic screening and appropriate referral for COVID-19 testing.
- Implement measures that stigmatize COVID-19 for effective home-based quarantine and isolation.
- Enhance socio-economic cushioning that caters for the new, vulnerable persons who have lost their jobs or income as result of the pandemic.
- Provide training and provision of PPEs and psychosocial support to healthcare workers.

Partners



An Assessment of Knowledge, Attitudes, Perception and Practice about COVID-19 among the Kenyan Population

Issue Brief: Antimicrobial stewardship in Malawi: Optimising antibiotic usage

A Global, One Health Concern Drivers of resistance in Uganda and Malawi (DRUM) consortium issue brief on AMR as a One Health issue.

Policy Brief

An Assessment of Knowledge, Attitudes, Perception and Practice about COVID-19 among the Kenyan Population

JOURNAL ARTICLES

1. Community interventions in Low-and Middle-Income Countries to inform COVID-19 control implementation decisions in Kenya: A rapid systematic review
➤
2. Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya
➤
3. Improving nutritional status among urban poor children in sub-Saharan Africa: An evidence-informed Delphi-based consultation
➤
4. Effects of Financial Inclusion on Access to Emergency Funds for Healthcare in the Kingdom of Saudi Arabia
➤
5. "A loving man has a very huge responsibility": A mixed methods study of Malawian men's knowledge and beliefs about cervical cancer
➤
6. The impact of skill acquisition on choice of occupation and destination for migrant youths in Malawi
➤
7. Young people's experiences using an on-demand Health sexual and reproductive health text message intervention in Kenya: A qualitative study
➤
8. "When You Have Gotten Help, That Means You Were Strong": A Qualitative Study of Experiences in a "Screen and Treat" Program for Cervical Cancer Prevention in Malawi
➤
9. Effectiveness of the baby-friendly community initiative in promoting exclusive breastfeeding among HIV negative and positive mothers: a randomized controlled trial in Koibatek Sub-County, Baringo, Kenya

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The African Institute for Development Policy (AFIDEP) is an African-led, regional non-profit research policy institute established to help bridge the gaps between research, policy and practice in development efforts in Africa. AFIDEP is headquartered in Nairobi, Kenya, has a physical office in Lilongwe, Malawi but has footprints in many African countries where it has influenced policy across various sectors.



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