

# Six Years of Making Evidence Matter in Africa's Development

**AFIDEP**

African Institute for  
Development Policy

Bridging Development Research,  
Policy and Practice



**2015**

Premier Annual Report  
covering the period 2010-2015



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**This Annual Report shares some compelling examples of the impact that we are having in enabling African governments to put evidence at the centre of decision-making in their development efforts.**

I am delighted to present to you our premier annual report, which shares the contributions we have made to global development efforts in the first six years of our operations, 2010-2015.

When we launched AFIDEP in April 2010, it was clear that there was no other institution on the African continent that was taking a unique, deliberate and proactive approach to knowledge translation to enable sound decisions in development efforts in Africa. Yet sound decisions are a critical component of the pathways to improving the quality of life and ensuring sustainable socio-economic development for the continent.

Our goal therefore has been to ensure that decision-makers have access to and consider the most relevant and robust research evidence whenever they make policy and programme decisions. To achieve this goal, we have focused on translating and enabling utilisation of evidence in decision-making, primarily in the fields of population change and sustainable development, and health systems strengthening in Africa. Specifically, we:

- Conduct and synthesise research in order to inform national policies and programmes with evidence
- Bring evidence directly to decision-makers in clear, usable formats

- Connect researchers and end-users of evidence at national and regional levels
- Build research translation and use capacity across the continent
- Strengthen the African voice in global development discourses

**Six years after inception, our work is defining and shaping the knowledge translation landscape on the continent.**

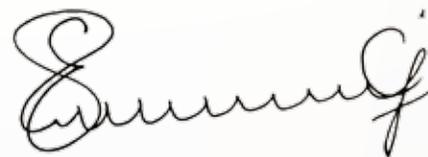
**Our 2015-2019 Strategic Plan** outlines an ambitious, but achievable roadmap for the next **five years** that will see us expand the depth, thematic and geographical scope of our work.

Six years after inception, our work is defining and shaping the knowledge translation landscape on the continent. More importantly, our knowledge translation work is enabling the design and implementation of more effective development policies, increasing allocation of resources to pressing development issues, and heightening political priority and commitment requisite for meaningful development.

As we move into the post-2015 development period, we know that for African countries to realise meaningful development, they will need more than sound evidence; they will need close technical partners who can support the actual translation of the evidence into policies, programmes, and investments. We are committed to continue being this partner in the contextualisation and implementation of the post-2015 development agenda, the Sustainable Development Goals. Our 2015-2019 Strategic Plan outlines an ambitious, but achievable roadmap for the next five years that will see us expand the depth, thematic and geographical scope of our work, intensify our policy engagement and influencing activities, strengthen the capacity of policymakers to find and

use evidence and of researchers to communicate their research more compellingly, expand and sustain strategic partnerships, and strengthen our internal structures and processes for increased efficiency and effectiveness.

This Annual Report shares some compelling examples of the impact that we are having in enabling African governments to put evidence at the centre of decision-making in their development efforts. The examples further demonstrate how our work is stimulating African governments to think differently in their approaches to enabling increased use of evidence in their work. All these would not have been possible without the dedication to our mandate of our talented multi-disciplinary team of staff members, our very insightful and practical Board of Directors, the generous financial support that we have received from various funding agencies, the Africa-based and global implementing partners that we have worked with, and the mutually beneficial partnerships and relationships that we have developed with policymakers and other development agencies across Africa. To each of them, I say ‘a big thank you’. I look forward to an exciting 2016, with continued engagement with all our partners in implementing our 2015-2019 Strategic Plan.



Dr. Eliya Zulu  
**Executive Director, AFIDEP**

## ➔ AFIDEP in Brief

The African Institute for Development Policy (AFIDEP) is an African-led, regional non-profit policy think tank established in 2010 to help bridge the gaps between research, policy and practice in the areas of population change and sustainable development, and health systems strengthening in Africa. AFIDEP contributes to sustainable development by enabling the formulation of policies and programme interventions that are informed by sound research evidence. We focus on using evidence and advocacy to strengthen political commitment, increase financial investments and inform the design and implementation of effective intervention programmes for tackling development challenges in our areas of work. The Institute is governed by a Board of Directors comprised of distinguished experts, who provide strategic guidance and institutional oversight.

### AFIDEP has three overarching objectives:

- Synthesis and translation of research evidence;
- Enabling the utilisation of research evidence in decision-making; and
- Strengthening capacity in research evidence synthesis, translation and utilisation



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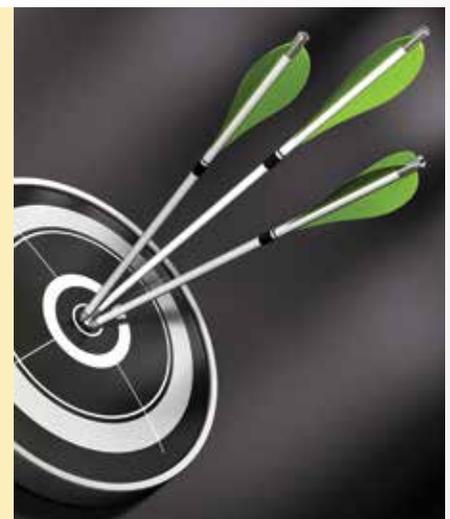
## ➔ Our Vision

To make research evidence matter in African-driven development.



## ➔ Our Mission

To translate and enable utilisation of evidence in policymaking, primarily in the fields of population change and sustainable development, and health systems strengthening in Africa. Translation of evidence involves generation, synthesis and repackaging of evidence for use by policymakers and other decision-makers in the development landscape. We work on the premise that decision-makers should have access to robust and usable evidence whenever they formulate public policies aimed at improving the wellbeing of people and the environment in Africa. We also enhance the capacity of African policymakers to play a lead role in defining the need for, and utilisation of evidence. We take pride in being an African-led institution that is working towards galvanising sustainable development in Africa.





## ➔ Our Values

AFIDEP staff adheres to a set of shared core values that guide our work and relationships with colleagues, clients and partners.

Among ourselves, we are:

- Focused, committed and rigorous with our work;
- Fair, friendly, energetic and supportive of each other;

In relation to the environment in which we operate:

- We are client-oriented and impact-led;
- We are results-oriented and aim to exceed our clients' expectations;
- We value integrity and complete accountability in the use of financial and other resources that enable us do our work;
- We believe strongly in partnering with a range of actors in government, academia, implementation agencies and development partners at national, regional, and international levels so that together we can have a bigger impact; and
- We absolutely expect our work will make a significant contribution to Africa's equitable development.

## → How we bring about Change

### To achieve our objectives, we undertake five activities:

- **Conduct and synthesise research in order to inform national policies and programmes with evidence.**  
We analyse existing data and policy and programme environments, undertake in-depth work focused on specific countries, and conduct comparative transnational and regional data analyses to ensure that decision-makers have the evidence they need to formulate and evaluate effective population and health policies. In particular, we seek to identify opportunities to improve the quality and reach of social services, especially to under-served populations.
- **Bring evidence directly to decision-makers in clear, usable formats.**  
AFIDEP goes beyond the typical research dissemination model to provide direct technical assistance to government teams that design policies and strategies. In Kenya, Malawi, Lesotho, Tanzania and Uganda, for example, we have helped governments and development partners develop integrated population and development policies. We also train researchers in effective writing and communications skills so they are better equipped to deliver their findings to the decision-makers who need them.
- **Connect researchers and end-users at national and regional levels.**  
Because we work hand-in-hand with decision-makers providing technical assistance, we know the kinds of evidence they want and need. This understanding extends beyond our focal countries to the regional level through our involvement in, and partnership with, key regional networks and organisations

including the African Union Commission (AUC), Partners in Population and Development (PPD); regional economic blocks for Eastern, Southern and Central Africa; and the East, Central and Southern African-Health Community (ECSA-HC).

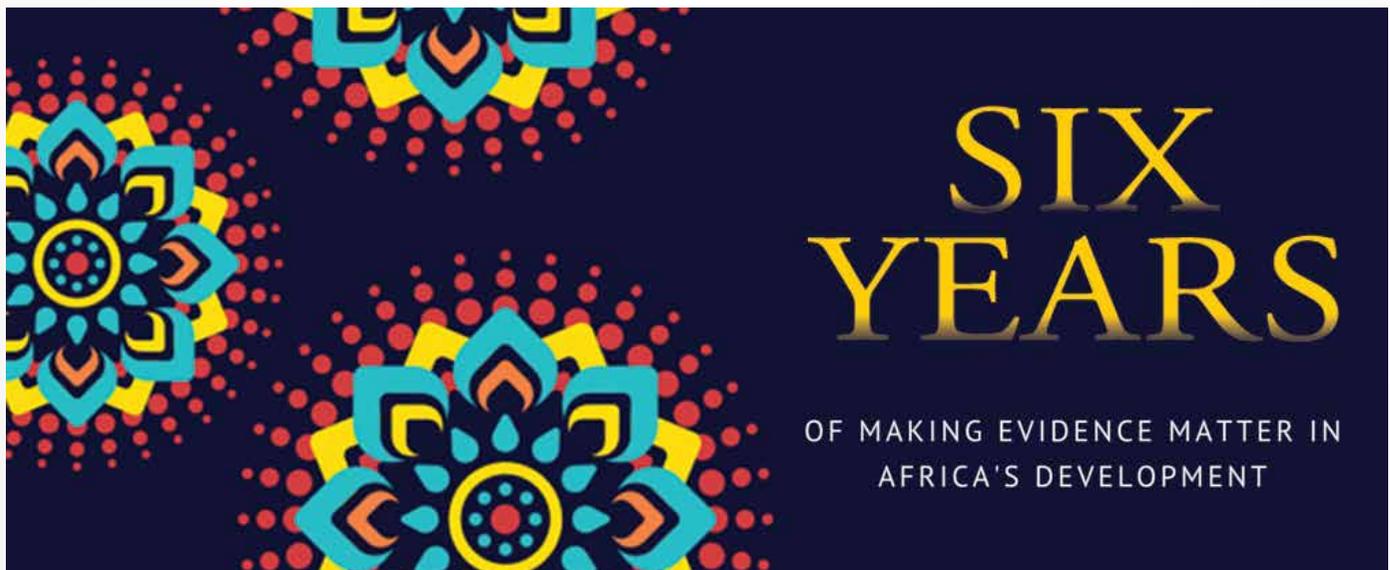
- **Build research translation and use capacity across the continent.**  
To multiply our impact, we help policymakers, civil society organisations and other end-users of evidence to understand the value of research evidence, and how to access, evaluate, interpret, and use it effectively. We achieve this through technical assistance and training workshops. We also strengthen the capacity and skills of researchers and knowledge intermediaries in conducting systematic reviews and syntheses of evidence, policy analyses, scenario building and forecasting through training workshops, seminars and internships.
- **Strengthen the African voice in global development discourse.**  
We draw on the analyses we carry out and experiences working with decision-makers on the ground in Africa to inform the international development community's policies and investments in Africa. AFIDEP experts participate in international conferences, high-level development panels, and one-on-one meetings with key development partners to ensure that their priorities for the continent take account of the perspectives of African professionals. This includes participating in WHO expert panels and organising our own national and regional conferences on our focus topics to galvanise evidence-based discourses on policy and programme options for addressing Africa's development challenges.

## ➔ Six Years of Making Evidence Matter in Africa's Development

Over the past six years, we have made considerable progress in building institutional capacity to fulfil our mandate and in supporting policy and decision-making processes at national, regional and global levels. Building on the success of the first five years of our existence, we developed our first Strategic Plan for the period 2015 - 2019, which outlines the following five strategic aims:

- Expanding the depth, thematic and geographic scope of our work;
- Intensifying our national and regional policy engagement activities;
- Strengthening the capacity of researchers, policymakers and civil society organisations in knowledge synthesis, translation and use;
- Strengthening our internal structures and processes; and
- Building and investing in relationships that extend the reach and impact of our work.

In this premier Annual Report, we highlight our achievements spanning the first six years of existence, from 2010 to 2015. Our work over this period has focused on two main areas or themes, namely: **Population Change and Sustainable Development**, and **Health Systems Strengthening**. In the following section, we discuss our achievements in these two areas.





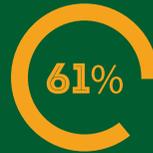
## INVESTING IN HUMAN CAPITAL TO REAP THE DEMOGRAPHIC DIVIDEND IN KENYA

The demographic dividend is the economic benefit that arises from a significant increase in the ratio of working-age adults relative to young dependents if accompanied by simultaneous investments in education and skills development, health, economic reforms and job creation, and good governance.

Proportion of Kenya's population below 15 years old (2015).



Proportion of Kenya's population below 25 years old (2015).



Kenya has to increase and make smart investments in human capital development of its large youthful population to realise an educated, skilled, healthy and globally competitive workforce.



### INVESTING IN EDUCATION AND SKILLS DEVELOPMENT.



The Free Primary Education and Free Day Secondary Education programmes have increased school participation. However, enrolment rates dip rapidly at higher levels, with less than half of children of secondary school-age enrolled in secondary school.

**70%**

Pre-primary school Net Enrolment Rate, 2014

**88%**

Primary school Net Enrolment Rate, 2014

**48%**

Secondary school Net Enrolment Rate, 2014

Illiteracy is still a concern even among the youth.

Proportion of youth 15-19 years who are illiterate (2013).

**30%**

### Key areas to improve education and skills development.



Enforcement of the right to free and compulsory basic education.



Enhancing post-basic education.



Enhancing the quality and relevance of education and training.



Tackling regional gender inequities in education and training.



Integrating of ICT into teaching and learning.



Improving financing and governance of education and training sector.



Section

1

## Guiding Government Policies on Population Change and Sustainable Development

## ➔ Guiding Government Policies on Population Change and Sustainable Development



*Dr. Bernard Onyango (Knowledge Translation Scientist, AFIDEP) makes a presentation at the Demographic Dividend Knowledge Sharing Symposium for East and Southern Africa held in Nairobi, Kenya in August 2015.*

Through rigorous evidence **analyses** and **syntheses**, and **strategic partnerships** with key regional players and engaging regional platforms, **AFIDEP** has positioned the demographic dividend paradigm on the **African regional agenda**.

Under this theme, our work focuses on clarifying the implications of the on-going phenomenal population changes on Africa's development prospects and captivating political will and policy responses to prioritise incorporation of population dynamics in development planning. Our achievements in this area can be categorised into four clusters as summarised below.

### **Galvanising commitment of African leaders to explore the demographic dividend as a tool for achieving sustainable development through regional bodies and platforms**

The demographic dividend is the economic benefit arising from a significant increase in the ratio of working-age adults relative to young dependents that results from a significant decline in death and birth rates. Since 2012, the demographic dividend concept has been gaining momentum among African leaders as an important

pathway to accelerated development. AFIDEP has been at the centre of the efforts generating this momentum at national, regional and global levels.

Through rigorous evidence analyses and syntheses, and strategic partnerships with key regional players and engaging regional platforms, AFIDEP has positioned the demographic dividend paradigm on the African regional agenda. We have, since 2011, been a member of the African Union-led steering committee on harnessing the demographic dividend in Africa. AFIDEP made valuable contributions to the work of this high-level committee by generating and disseminating evidence to clarify the meaning of the demographic dividend and demonstrate its potential value in accelerating socio-economic development in Africa to top government leaders and other development actors through various African Union platforms. The key African Union-led meetings that we played key technical roles include:

- The high-level Ministerial Conference on Health Financing in Tunis in July 2012 attended by ministers of health and ministers of finance.
- The African Union Conference of Ministers of Economy and Finance in March 2013.
- The Regional Conference on Population and Development in Africa in September - October 2013.
- The African Union Youth Ministers' meeting in March 2015.
- The African Heads of State side meeting at the 2015 UN General Assembly in September 2015 that culminated in a communiqué from the African Heads of State outlining their commitment to harnessing the demographic dividend and investing in youth in Africa.

These efforts led to various African Union resolutions between 2012 and 2015, calling on African governments to contextualise the demographic dividend paradigm in their national development strategies and priorities. They also resulted in the African Union making the decision to have its 2017 Summit focus on the demographic dividend.

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In addition, we also worked in various regional spaces to promote awareness of the demographic dividend concept that led to many regional meetings framing their theme around the concept. These meetings included:

- The 7<sup>th</sup> African Population Conference held in Johannesburg, South Africa, 30<sup>th</sup> November to 4<sup>th</sup> December 2015.
- The 2014 meeting of the Network of African Parliamentary Committees on Health (NEAPACOH) held in Munyonyo, Uganda, 2<sup>nd</sup> to 3<sup>rd</sup> October 2014.
- The 8<sup>th</sup> Annual PopPov Conference on Population, Reproductive Health, and Economic Development held in Nairobi, Kenya, 22<sup>nd</sup> to 25<sup>th</sup> January 2014.
- The 2015 meeting of the Africa Parliamentary Forum on Population and Development (FPAC) held in Nairobi, Kenya, 14<sup>th</sup> to 15<sup>th</sup> December 2015.

For the meetings above, we did not just influence their focus on demographic dividend, we also participated either as keynote speakers, panellists, or facilitators.

Finally, we convened a regional knowledge sharing symposium for Eastern and Southern Africa in partnership with the Kenyan government through its National Council for Population and Development (NCPD) 24<sup>th</sup> to 26<sup>th</sup> August 2015 in Nairobi, Kenya. The symposium, which attracted 10 countries from the region and several regional economic agencies, discussed experiences and lessons as well as what countries need to do differently so as to reap a sizeable demographic dividend.

### **Strengthening national commitment and capacity to prioritise and build demographic dividend programmes across Africa**

A key step to contextualise the demographic dividend paradigm at national level is to conduct national studies to synthesise available evidence and use it to assess the potential demographic dividend that specific countries can harness if they adopt various policies. In 2014, AFIDEP entered into a partnership with the United Nations Population Fund (UNFPA) (the official UN agency responsible for advising governments on population issues) to support African governments to conduct national demographic dividend studies that can inform the definition of policy and investment options that specific countries need to earn the dividend.

Between 2014 and 2015, AFIDEP and UNFPA's work covered eight countries: Botswana, Kenya, Malawi, Mozambique, Senegal, Tanzania, Uganda, and Zambia. In these countries, we synthesised existing evidence, facilitated multi-sector consultative meetings and technical workshops to review the data and conduct workshops to quantify the potential demographic dividend that countries can earn under different policy scenarios. We have also participated in meetings and contributed to discourses to develop national demographic dividend programmes in Ethiopia, Rwanda, Zimbabwe, the Democratic Republic of Congo (DRC) and Cameroon.

The evidence we have generated has shown that African countries can harness sizable demographic dividends if they can prioritise investments in family planning and empowerment of girls and women (including keeping girls in school) to accelerate fertility decline and thus open the window of opportunity to change the age structure from one dominated by dependent children, to one dominated by a working-age population. Furthermore, in order to maximise the demographic dividend that they can earn, African countries should simultaneously prioritise investments in education, skills development and public health in order to develop quality human capital, enact economic reforms to accelerate job-focused economic growth, and enhance governance and accountability in the use of public services and in service delivery.

Our national studies have been done in a collaborative manner involving a wide range of actors including scholars; representatives of the private sector and civil society organisations; policymakers in ministries of finance, development planning, health, education, youth, labour, industrial development, and gender; national statistical offices, and development partners. We have adopted this approach in order to generate local ownership for the programme and to build the capacity of a critical mass of local experts and decision-makers in understanding the demographic dividend concept, develop hands-on knowledge and capacity to use modelling tools to estimate the potential impact of the demographic dividend under different policy scenarios,

and to determine the priority policies and investment options their countries should adopt to harness a sizeable demographic dividend.

### **Captivating interest and commitment of top level leadership on the demographic dividend**

Because of our close partnership with UNFPA and Ministries of Finance and Development Planning, and the decision to publish the national demographic dividend study reports as government reports, our studies have generated unprecedented traction among top policymakers (such as ministers, permanent secretaries and directors in various ministries) and captured the attention of presidents in a number of countries. For example, the findings of our study in Uganda in 2014 shifted H.E. President Museveni's position to a favourable view of family planning. While launching our study report, President Museveni declared "...family planning is good for the health of the child and the mother, for the wellbeing of the family, and the whole country...It's about holistic development that starts with the realisation that having too many children is not good for development." This change culminated in his declaration at the 69<sup>th</sup> UN General Assembly that "Africa is emerging from the long night of decline... in Uganda, we have laid the roadmap for harnessing the demographic dividend to achieve socio-economic transformation and development."

Between 2014 and 2015, AFIDEP and UNFPA's work covered eight countries: **Botswana, Kenya, Malawi, Mozambique, Senegal, Tanzania, Uganda and Zambia.** In these countries, we synthesised existing evidence, facilitated multi-sector consultative meetings and technical workshops to review the data and conduct workshops to quantify the potential demographic dividend that countries can earn under different policy scenarios.

In 2015, the President of Malawi, H.E. Peter Mutharika, committed to mobilise other African leaders and the African Union to prioritise investments that will help African countries harness the demographic dividend. The President made the commitment at a meeting in July 2015, where AFIDEP's Dr. Eliya Zulu had discussed evidence on how Malawi can harness the demographic dividend to accelerate socio-economic transformation and economic development.

For Malawi, AFIDEP's Executive Director Dr. Eliya Zulu had a briefing session with President Peter Mutharika, where he defined the demographic dividend concept and how evidence shows that Malawi and other African countries could transform their economies if they made the right policy decisions and investments. This briefing resulted in President Mutharika committing to champion the demographic dividend concept to other African presidents.

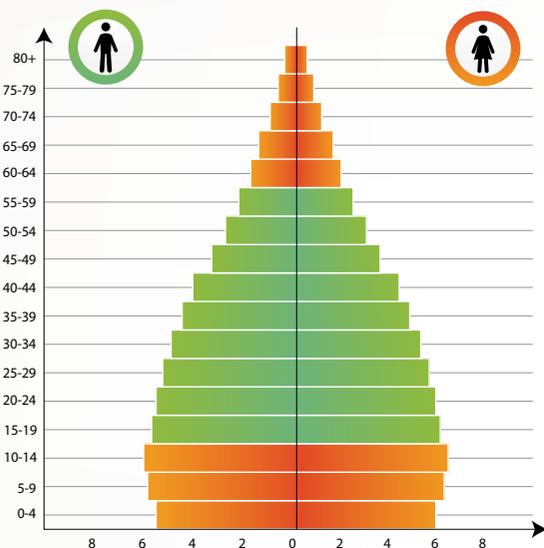
For countries where we have completed the demographic dividend analyses, it is evident that harnessing a sizeable demographic dividend that will transform their economies will require them to adopt comprehensive reforms and invest in the five key demographic dividend pillars, which include **family planning, health, education and skills development, economic reforms, and improved governance**. For example:

- **Uganda's** GDP per capita would increase from the current US\$ 506 to US\$ 9,567 in 2050, and the country would earn a demographic dividend of US\$ 3,483.
- **Tanzania's** GDP per capita would increase from the current US\$ 514 to US\$ 9,018 in 2050 and the country would earn a demographic dividend of US\$ 3,147.
- **Zambia's** GDP per capita would increase from the 2013 estimate of US\$ 1,839 to US\$ 26,940 in 2050 and the country would earn a demographic dividend of US\$ 7,393.
- **Mozambique's** GDP per capita would increase from the 2013 estimate of US\$ 557 to US\$ 8,443 in 2050 and the country would earn a demographic dividend of US\$ 3,553.

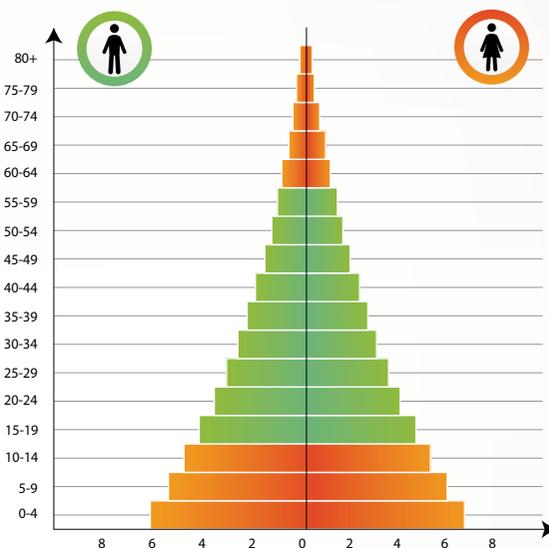
The demographic dividend is not automatic and in countries that currently have high fertility and are dominated by young-age dependency, it must be initiated by a rapid decline in the average number of children born by women. Our studies show the dramatic difference in age-structure in scenarios where fertility is reduced by investments that improve family planning, women's education and child survival.

The example overleaf from our Zambia study shows two possible population age structures. On the left is the population pyramid that will result from significant and simultaneous investments in both the economic and social sectors, including family planning, women's education and health. If sustained over the next four decades, Zambia's age structure will change from one dominated by young-age dependents to one with the majority of the population in the working-ages. The population pyramid on the right, on the other hand, is the result of investment emphasis in the economic sectors only while the social sectors are neglected. The scenario in this case will not differ from the current one, with a wide-based age structure dominated by young age dependents.

## Zambia, Combined Economic and Social Emphasis Scenario, 2053



## Zambia: Business-as-usual Scenario, 2053



In 2015, we initiated national analyses in **Botswana, Malawi and Senegal**. For Malawi, AFIDEP's Executive Director Dr. Eliya Zulu had a briefing session with President Peter Mutharika, where he defined the demographic dividend concept and how evidence shows that Malawi and other African countries could transform their economies if they made the right policy decisions and investments. This briefing resulted in President Mutharika committing to champion the demographic dividend concept to other African presidents through the global UN and regional African Union forums.

### Moving from evidence to action: Developing country roadmaps for harnessing the demographic dividend

With the high-level interest and commitment that our evidence has generated, African governments have been asking: What specific actions can we take amid limited resources to harness the demographic dividend? This has necessitated the development of national roadmaps for harnessing the demographic dividend in order to help governments translate high-level commitment into programmes. Specific questions that policymakers in the countries where we have conducted demographic dividend studies have posed include:

- Resources are limited and while it is important to prioritise all five demographic dividend policy pillars, what are the most critical and high impact game-changer interventions that can be adopted within each pillar and what balance should we have across the pillars to help countries maximise the demographic dividend they can harness?
- How can governments and other stakeholders identify and integrate the game-changer interventions at planning, resource allocation, and programme implementation levels to augment the synergies across the pillars?



*Uganda President H.E. Yoweri K. Museveni (centre), signs the Uganda demographic dividend report during the official launch on 28<sup>th</sup> July 2014. Looking on is Dr. Kisamba-Mugerwa, Chairperson of the Uganda National Planning Authority (left) and Dr. Jotham Musinguzi, Regional Director, Partners in Population and Development-Africa Regional Office (right).*

- What will the game-changer interventions cost, and what technical expertise and institutional arrangements do countries need to adopt to ensure effective implementation?
- What progress monitoring and accountability mechanisms should be adopted to provide on-going opportunities for learning, improvement, and accountability within and across countries?
- To what extent are the demographic dividend models developed based on the Asian Tigers' experience applicable to the African context? Are these models taking full account of

Africa's unique development challenges and opportunities? Are these models as applicable to high fertility and low-income countries like Uganda as they are to low fertility and middle-income countries like Tunisia and Botswana?

These questions have made it clear that without contextualised evidence and technical tools to help decision-makers move from evidence to practice, African governments will not be able to translate political will generated by the demographic dividend evidence into actions that will enable them to actually harness demographic dividends. Therefore, for countries where high-level

commitment to the demographic dividend paradigm has already been generated like in Kenya and Uganda, we initiated work with the technocrats to help in translating the high-level commitment into action.

In **Uganda**, we supported the Population Secretariat in partnership with the National Planning Authority and the UNFPA Uganda country office to initiate the development of a National Roadmap on the Demographic Dividend that will identify priority investment areas and actions that are required to harness the demographic dividend in the country, and accelerate the achievement of the Vision 2040 – the country's long-term development plan.

In **Kenya**, we were part of the steering and technical committees for the 2015 National Adolescent and Youth Survey that has generated evidence at sub-national level (47 counties), that will inform programme priorities for the youth with the express intention of optimising the chances of Kenya to harness the demographic dividend.

This work got a boost in the last half of 2015, when the William and Flora Hewlett Foundation awarded AFIDEP a grant to synthesise and provide evidence that African governments need to translate the political commitment to adopting the demographic dividend as their development paradigm into

investments and programmes. This work was initiated in 2015 and most of it will be implemented in 2016 and 2017.

We combined the rigorous technical analyses above with numerous high-level engagements with top leaders through our own dialogue forums as well as forums hosted by other organisations.

With the **high-level** interest and **commitment** that our evidence has generated, African governments have been asking: What specific actions can we take amid limited resources to **harness** the **demographic dividend**?

### **Supporting governments in developing population and related policies and programmes**

Since inception in 2010, we have conducted targeted analyses and evidence syntheses aimed at improving population policies, programme effectiveness, and increased budgetary allocations for tackling population challenges in various African countries. We have gone further to establish and sustain engagement with government officials, members of parliament and funding agencies with the evidence we generate in order to bring about change in population policies, programmes and budgets. These efforts have borne fruits in various countries, in the form of influence on policies, substantial changes to programmes, improved budgetary allocations and policy debates enriched by more accessible evidence.

In **Uganda**, AFIDEP provided technical assistance for the design of a joint UN Population Programme following a request from the Uganda Government and UNFPA. This programme was successfully funded by UK-DFID.

In **Kenya**, we contributed to the advocacy efforts that led to an increase in budgetary allocation to family planning by an additional US\$ 2million in 2012, and the approval of the provision of injectable contraceptives by community health workers in marginalised and underserved areas. We further played a key role in organising the 2012 Kenya Population Conference and organised a special session at the conference that deliberated evidence on the benefits of family planning.

In Malawi, our work has brought about important population policy, programmes and budgetary reforms including:

- The inclusion of population dynamics as one of the development priorities in the country's 2012-2016 Growth and Development Strategy and Climate Change Policy.
- The creation of a budget line for family planning in the 2013-2014 national budget.
- Upgrading the Reproductive Health Unit to a Reproductive Health Division in the Ministry of Health and upgrading the Population Unit in the Ministry of Development Planning to a semi-autonomous Council or Department.

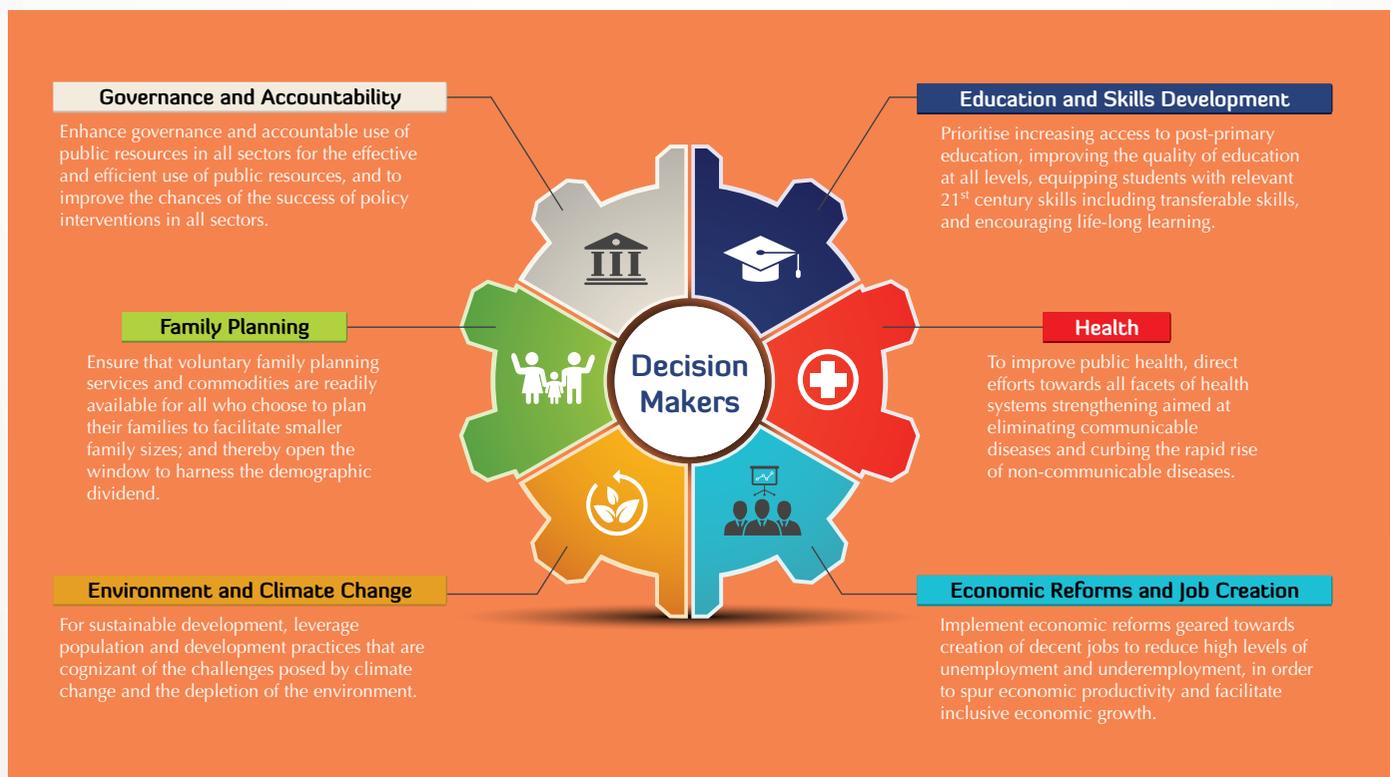
Our involvement in the review and revision of Malawi's Population Policy in 2012-2013 ensured that the new policy included climate change issues, prioritised family planning services, committed to the promotion of education for girls, to meeting youth's unmet needs for family planning and strengthened population and family planning coordination institutions. Notably, these issues also featured in the priorities that the government of Malawi presented at the London Family Planning Summit in 2012.

## Guiding African governments on linkages between population dynamics, climate change, and sustainable development

Despite the strong links between population and climate change and their role in sustainable development, these issues are not prioritised in broader development policies and strategies in many African countries. In fact, population, climate change and development are often addressed separately at policy and programme levels. We conducted assessments of relevant policies (including population policies, climate change and mitigation policies, and food security policies, among others), complemented with in-depth interviews, in Kenya

and Malawi and found that policymakers recognise the importance of population issues for climate change and development. Our study called on governments, donors, and civil society to invest more in population and climate change work, to address the two issues concurrently in policies and programmes, and to build the technical capacity to develop programmes and research. Our recommendations also emphasised the fact that ensuring that women and families in sub-Saharan Africa have access to family planning could reduce population pressures and reduce vulnerability to climate change impacts.

## Galvanising commitment for harnessing the demographic dividend in Africa





# FERTILITY DECLINE TO HARNESS THE DEMOGRAPHIC DIVIDEND IN KENYA

The demographic dividend is the economic benefit that arises from a significant increase in the ratio of working-age adults relative to young dependents if accompanied by simultaneous investments in education and skills development, health, economic reforms and job creation, and good governance.

If Kenya's fertility declines rapidly, it's age structure will change and there will be more people in the working-ages relative to dependents. This can open the window of opportunity to harness the demographic dividend.



How can we facilitate this rapid fertility decline?



## 1 Enhancing use and access to effective contraceptive services and information to facilitate family planning.

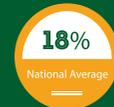
The country has to redouble efforts to increase use of modern contraceptives to attain the Population Policy 2030 target.

The number of women who want to stop childbearing but are not using a modern contraceptive is high.

Use of modern family planning methods among women of reproductive age (15-49) who are married or in union.



Unmet need for family planning in 2014.



## 2 Improving child survival since parents are more likely to choose to have smaller families if their children have a good chance of survival to adulthood.

Despite a steady decline in childhood mortality in the country over the last decade, the rates are still too high and intensive efforts are required to reach the Kenya Health Policy targets.

Infant Mortality Rate (Deaths per 1,000 live births)



Under-five Mortality Rate (Deaths per 1,000 live births)



## 3 Supporting and reinforcing girls' education to delay child marriages and childbearing.

Child marriages are still common in Kenya hence there is need for enforcement of the minimal age of marriage as stipulated in The Marriage Act 2014.

Proportion of women 25-49 years married by 15 years, 2008/9



Proportion of women 25-49 years married by 18 years, 2008/9



Early childbearing that contributes to rapid population growth is also high. It is estimated that delaying marriage and child bearing can slow population growth by as much as 15-20 percent.

Proportion of teenagers (15-19 years) who have begun childbearing, 2014



Up to 13,000 girls in Kenya leave school every year due to pregnancy.



Keeping girls in school for one extra year can increase their wages by 10-20 percent.



Section

# 2

**Strengthening Health Systems to Enable Universal  
Access to Quality Healthcare in Africa**

## ➔ Strengthening Health Systems to Enable Universal Access to Quality Healthcare in Africa



For family planning and sexual and reproductive health, our work has focused on **generating** compelling evidence and using it to engage **political and executive leaders** in efforts to generate stronger leadership.

*An expert panel discusses investments in adolescents and the link to the demographic dividend during the Adolescent Health Symposium co-convened by AFIDEP and other stakeholders in October 2015.*

### Strengthening leadership and commitment to family planning, sexual and reproductive health and HIV/AIDS

Except HIV/AIDS, family planning (FP) and sexual and reproductive health (SRH) issues have not received high-level political commitment in Africa for a long time. For family planning and SRH, our work has focused on generating compelling evidence and using it to engage political and executive leaders in efforts to generate stronger leadership, commitment and increased resource allocation for tackling these issues in African countries. For HIV/AIDS, our work has largely focused on demonstrating the value of linking HIV/AIDS and SRH programmes in order to extend the reach of services to communities with the greatest needs.

### Strengthening support and high-level leadership for family planning at regional level

Even though family planning is a proven intervention for reducing maternal and child deaths and improving women's economic productivity, its uptake in many African countries remains low. It is estimated that only 17 percent of married women in sub-Saharan Africa use modern contraceptives.

In a ground-breaking study conducted in 2011-2012, AFIDEP generated evidence on the drivers of progress in contraceptive use in Eastern and Southern Africa, focusing on Ethiopia, Malawi and Rwanda as countries that have made most progress, and on Kenya and Tanzania, as countries emerging from the 1990s-2000s stagnation.

The study generated valuable lessons on what African governments need to do to increase access to, and use of, modern contraceptives, including:

- Galvanising political will and commitment;
- Effective mobilisation of financial and technical resources;
- Strengthening the health system;
- Taking information and services to the community; and
- Ensuring effective coordination and accountability mechanisms.

The findings from this study coincided with the unprecedented international attention to family planning that culminated in the 2012 London Family Planning Summit, where the development community and many African governments committed to making family planning universally accessible to those who need it by 2020. This study propelled AFIDEP into prominence as an important voice on the family planning challenge in sub-Saharan Africa and we were subsequently invited to the London Family Planning Summit, included in the ensuing FP2020 programme, and to serve on the African Union Commission (AUC) Steering Committee on the Demographic Dividend.

To consolidate the commitment of African leaders to enabling increased use of contraceptives, we facilitated the drafting and review of a bold commentary entitled “Making Family Planning a National Development Priority” in *The Lancet*, then secured buy-in from the Heads of State of Ethiopia and Rwanda with their signatures. The commentary, published as part of *The Lancet* 2012 special issue on Family Planning, challenged other African leaders to prioritise family planning in their development efforts.

Finally, in order to strengthen the role of information in decision-making relating to FP policy, funding and programming in Africa, we conducted an assessment

of the information needs of FP decision-makers and advocacy experts in Ethiopia, Kenya, and Malawi. The study revealed that effective FP messaging for decision-makers needs to be informed by an understanding of the factors that hinder decision-makers from supporting FP, including: fear that increased adherence to FP will shrink the size and influence of specific voting blocs and ethnic groups; and competing economic, social, cultural, religious and political priorities. Also, the study revealed that while decision-makers valued the contributions of international FP organisations and donors, they preferred receiving FP advocacy messages from local sources. The study concluded that sustained and strategic FP advocacy developed and delivered by culturally attuned national actors, with support from international actors, can diminish barriers to government support for FP.

### Informing efforts to integrate MNCH, SRH, FP and HIV/AIDS Programmes

Integration of SRH, FP and HIV/AIDS programmes and services has been promoted by various international agencies as critical in enabling increased reach of health care services. AFIDEP has, over the years, conducted various studies to inform the efforts of African governments and development partners in enabling the integration of SRH, FP and HIV/AIDS. Through these studies, we have provided evidence on the status of integration and the challenges and opportunities for making integration more effective.

**AFIDEP has, over the years, conducted various studies to inform the efforts of African governments and development partners in enabling the integration of SRH, FP and HIV/AIDS.**



*Mothers wait at a clinic to have an oral polio vaccine administered to their children.*

In 2010, we conducted the first study in Kenya, in 2011, followed by a similar study in Lesotho, and in 2014, we conducted a multi-country study in the Democratic Republic of Congo (DRC), Malawi, Tanzania, and Zambia. Whereas the 2010 and 2011 studies examined SRH and HIV/AIDS linkages and integration, the 2014 multi-country study sought to understand if and how countries were using the Maternal, New-born and Child Health (MNCH) platform to integrate FP and HIV/AIDS services, given that many women access these across different platforms.

Generally, our studies have revealed that integration is desirable, but while some countries have, and others do not have, dedicated policies on SRH and HIV/AIDS integration, weak health systems are still among the greatest obstacles to the actual provision of integrated

SRH, FP and HIV/AIDS services. Inadequate funding (especially for SRH/MNCH and FP issues), vertical structures and planning mechanisms within governments (e.g. within MoH and between MoH and national AIDS commissions); insufficient and inadequately skilled health workers; lack of equipment; weak supply chains occasioning frequent commodity stock outs; weak M&E systems to monitor integrated services and weak institutional coordination mechanisms (especially on the SRH side), present real barriers to service integration. In most countries, Preventing Mother-Child Transmission (PMTCT) was the most common form of service integration. Our studies recommended the need for countries to focus on strengthening weak health system functions even as they put in place policies and guidelines for enabling SRH/MNCH, FP and

HIV/AIDS service integration.

In 2011, UNICEF sought AFIDEP's technical expertise to conduct rigorous analyses of existing data to assess the levels and determinants of child deprivation in Eastern and Southern Africa.

Our analysis covered 12 countries, namely: Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. The analysis pointed to the need for countries to go beyond simple interventions when it comes to child health and concentrate instead on providing diversified quality health care services, nutritional information and supplements, early childhood education, and better housing facilities.

In late 2014, we initiated new work aiming to increase access to HIV/AIDS services among mobile and vulnerable communities residing along Eastern, Central and Southern African transport corridors and cross-border sites. In a partnership led by FHI 360, this new programme seeks to catalyse and support sustainable and African-led regional health development partnerships to improve health outcomes among the population groups. The work aims to achieve three results: 1) Increased access to and uptake of integrated health and HIV/AIDS services at strategic cross-border sites and a select few regionally recognised HIV transmission "hot

spots”; 2) Alternative health financing models identified, implemented and tested to strengthen the long-term sustainability of networked health and HIV/AIDS service delivery; and 3) Strengthened leadership and governance by inter-governmental institutions to improve the health of mobile and vulnerable populations. AFIDEP leads the third result area and 2015 will see the beginning of the implementation of this new programme.

In 2015, we generated policy advice through the synthesis of existing evidence into clear and concise policy briefs. This advice was deliberated by regional and inter-governmental policymakers in the region with the purpose of increasing their commitment and leadership to tackling this issue. Furthermore, we conducted an analysis of the legal and regulatory climate supporting the delivery of integrated health and HIV policies in the East African region. This analysis revealed that most partner states in the East African bloc had adapted their HIV laws and policies in line with the provisions of the EAC HIV Bill of 2012, which provides for strong commitment to respond to HIV/AIDS through enactments of laws, policies, strategies and the development of institutional responses. However, the study found that the EAC HIV/AIDS Unit identifies criminalisation of HIV transmission and failure to protect key populations in the context of HIV, particularly by criminalising sex

work, men who have sex with men, transgender people and drug users, as contentious and unaligned to the EAC HIV Bill of 2012 in most of the member states. This analysis will be deliberated with leaders of regional and inter-governmental agencies in 2016. 2016 will also see us conduct key comprehensive syntheses and surveys to generate policy advice on tackling gaps in service provision to cross-border and vulnerable communities in the region.

### **Tackling persistent adolescent sexual and reproductive health challenges**

Adolescent SRH challenges have persisted in Africa over the years largely due to weak commitment and limited resources allocated to responding to these challenges. In late 2013, we initiated a new programme through which we are synthesising evidence and using it to engage leaders in Kenya and Malawi in order to strengthen political commitment and increase investments for tackling adolescent and youth SRH. This work is being implemented in collaboration with the Ministries of Health in both Kenya and Malawi in order to bring about meaningful change.

In Kenya in 2014 and 2015, **we provided new evidence as well as supported and contributed to the development of a new Adolescent SRH Policy and revision of routine data collection indicators.** Specifically, we synthesised evidence on the status of adolescent SRH

through the publication of a country factsheet. We also provided technical and financial support that enabled the conducting of a National Adolescent and Youth Survey in the country. This survey has generated critical evidence that will inform how the country strategically and comprehensively optimises the role of its youthful population for sustainable development. The survey assessed challenges and opportunities for unleashing the role of youth in Kenya’s socio-economic transformation agenda development in three main areas: 1) Health (focusing on the accessibility and quality of youth friendly information and services); 2) Education and skills development for children and youth; and 3) Economic reforms and investments required to create jobs and other livelihood for youth. In addition, we supported and participated in:

- The development of **Kenya’s second national Adolescent SRH Policy**, a process that enabled us to increase focus and use of evidence in the policy decisions made. The policy was launched in 2015.
- The review of the integrated reproductive health monthly reporting form (known as Form 711), which is used for MoH management decisions. The initiative led to the adoption of 12 adolescent SRH indicators, which will enhance availability of routine data on adolescent SRH.

- Co-convened a National Adolescent Health Symposium from 27<sup>th</sup> to 28<sup>th</sup> October 2015 with the Kenya Ministry of Health (MoH) and other partners that deliberated recent evidence and existing evidence and policy gaps on a wide range of adolescent health issues including SRH, mental health, drugs and substance abuse, HIV and non-communicable diseases. As part of the symposium (above), we **organised a high-level panel discussion on the importance of investing in adolescents and young people to harness the demographic dividend.** Moderated by AFIDEP's Dr. Eliya Zulu, the panel comprised distinguished national and global leaders in health, education and development issues including Dr. Josephine Kibaru-Mbae, Director General, National Council for Population and Development, Prof. Khama Rogo, Head of Health in Africa Initiative, IFC, World Bank, Hon. Kenneth Odhiambo Okoth, Member of Parliament, Kibra Constituency, and Siddharth Chatterjee, Country Representative, UNFPA. The panel discussion drew the symposium's attention to the development implications of adolescent health, and greatly enriched discussions and recommendations. **Following the symposium, the Kenya MoH committed to commissioning an adolescent health survey to generate comprehensive data on adolescent health in order to fill the evidence and policy gaps discussed.**

In Malawi in 2014 and 2015, we **consolidated existing evidence to stimulate policy action, supported the Parliamentary Committee on Health to steer debate on early marriages, which saw the passing of the new marriage law that sets the minimum age at marriage at 18 years.** Specifically, we leveraged funding from UNFPA and the Malawi Ministry of Youth to support the preparation of a Youth Status Report for health and demographic situation of young people in the country, with a special focus on adolescent girls. In addition, we developed a thematic area report card on various issues affecting adolescent and youth. The report was launched by the President in January 2015. Findings of

the study will inform the scale up of existing successful or promising interventions for improving adolescent SRH in the country.

In addition, we provided technical assistance in reviewing guidelines for youth-friendly services and were appointed to the Task Force charged with developing the Adolescent and Youth Sexual and Reproductive Health Strategic Plan. Furthermore, we supported the Malawi Parliamentary Committee on Health with evidence to justify prioritisation of the Marriage Law reforms in order to protect the SRH rights of adolescents and young people. The work of this parliamentary committee was instrumental in getting the Malawi parliament to pass the Marriage Bill into law in early 2015. The new law tackles the problem of early marriages in Malawi by setting the minimum age at marriage at 18 years.

Furthermore, we organised a science-policy café on Usage of Contraceptives among Young People: Issues of Access, Abortions, Maternal and Child Mortality, in February 2015. The café discussion brought out the main challenges facing Malawian adolescents in relation to access to comprehensive sexuality education and youth-friendly SRH information and services, as well as recommendations on what needs to be done differently. Café panellists included Mr. Hans Katengeza, Directorate of Reproductive Health; Mrs. Sandra Mapemba, Country Director Population Reference Bureau; Civil Society: Mr. Thokozani Mbendera, Executive Director, Family Planning Association of Malawi; and Ms. Sibongile Nkosi, a youth from Mitundu Youth Organisation. We are tracking the implementation of commitments made through engagement within the various MoH policymaking processes.

Finally, we also supported the review of Malawi's Youth Friendly SRH Service Standards in March 2015 in order to enhance provision of youth friendly SRH services at all levels of service delivery (community to health facility). We also trained health services district coordinators in youth-friendly service provision in December 2015.



*The AFIDEP team meets the Malawi speaker of Parliament. (L-R): Hon. Juliana Mdamvetsa Lunguzi (MP, Dedza East Constituency and Chairperson of the Health and Population Committee), Dr. Abiba Longwe (Knowledge Translation Scientist, AFIDEP), Rt. Hon. Richard Msowoya, (MP, Speaker of Malawi Parliament and Chairperson of the Parliamentary Service Commission) and Dr. Eliya Zulu (Executive Director, AFIDEP).*

### **Increasing African governments' commitment and capacity for using research**

Although the use of evidence is widely recognised as critical to ensuring more effective development policies and programmes, evidence is not optimally used or considered in decision-making processes for many reasons. Some of these include barriers on the supply-side of evidence, including poor packaging and dissemination of evidence and untimely and irrelevant evidence. Other reasons are barriers on the demand-side of evidence, including decision-makers' lack of appreciation of the critical role of evidence in making policy choices, their weak capacity to find, assess, interpret and apply evidence and/or politics and personal interests.

There are also barriers at the interface of decision-makers and research producers, mainly the lack of contact and interaction, which blocks exchange of information and appreciation of each other's needs. Our work in this area has focused on raising the profile of evidence on national and regional development agendas and strengthening institutional and individual leadership and capacity for research use within government agencies, parliaments and among research institutions and development agencies in sub-Saharan Africa.

### **Strengthening leadership and capacity for research use within ministries of health and parliaments in Kenya and Malawi**

One of the barriers to the use of research evidence in decision-making is weak or lacking leadership and capacity of decision-makers and the institutions in which they work to access, appraise, synthesise and apply research evidence. Through an innovative programme, AFIDEP has, since late 2013, implemented interventions aimed at strengthening individual and institutional capacity and leadership for research use within the ministries of health and parliaments in Kenya and Malawi. One of the key achievements of this work in 2014 was the securing of strong government leadership, buy-in and ownership of the project, which transformed it into a government programme. The ministries of health and parliaments in Kenya and Malawi did not only accept be partnership in the programme, but incorporated it into their annual work plans because the programme addresses a very critical gap in their efforts to improve evidence-informed decision-making. Their adoption of AFIDEP's programme demonstrates increased commitment to research use that is a direct outcome of our work.

In addition, the programme's focusing events generated government commitment to specific interventions that will contribute to enabling increased research use. In Kenya in 2014, we co-convened a research-to-policy dialogue in liaison with the Ministry of Health and the Consortium for National Health Research (CNHR). The dialogue was officiated by the Cabinet Secretary for Health, who pledged that he would not let another

**AFIDEP has, since late 2013, implemented interventions aimed at strengthening individual and institutional capacity and leadership for research use within the ministries of health and parliaments in Kenya and Malawi.**

policy be developed in the Ministry without due consideration of research evidence. The dialogue attracted key stakeholders in the health sector including health ministers from seven of the 47 counties. **A key resolution of the meeting was the commitment by the Ministry of Health and stakeholders to form a Kenya Health Knowledge Translation Platform (KTP) to ensure that the country has a structured mechanism for knowledge translation and application of evidence in decision-making in the health sector.** AFIDEP is in the steering committee (including Ministry of Health, WHO,

and CNHR) that is leading the conceptualisation and development of the KTP. **Another key resolution was to develop a national health research agenda and AFIDEP is on the steering committee that is taking this resolution forward.** Similarly, at the Malawi Annual Health Research Conference held in 2014, we were invited to give the keynote address on research utilisation and also made a presentation on our on-going efforts in the country to strengthen capacity for research use. This programme also generated evidence on the key barriers to research use within the health sector in Kenya and Malawi, as summarised in Textbox 1 below.

### Textbox 1: Key barriers to research use in the health sector in Kenya and Malawi and recommendations

#### Access Barriers

- Lack of a mechanism for accessing research evidence:
  - No repository
  - No subscriptions to journals
  - Poor dissemination and packaging of research evidence
- Lack of or limited access to operations research or research in specialised fields
- Poor data quality and a deficient health information system

#### Institutional Barriers

- Weak leadership for evidence use in decision-making
- Inadequate institutional incentives for promoting evidence use
- Inadequate funding to support the generation and use of research evidence
- Understaffing
- Weak institutional linkages with research institutions
- Lack of institutional forums for communicating research evidence to top-level decision-makers
- Lack of guidelines for research evidence and data use
- Suspicion about motives of research funders and the validity of their research evidence
- Politics and personal interests driving decision-making
- Lack of equipment, software and systems to support sourcing and using research evidence and data.

#### Individual Barriers

- Inadequate technical skills to:
  - Analyse routine data
  - Access research
  - Interpret and synthesise research
  - Summarise research into clear policy messages
- Inadequate time due to competing demands, this is made worse by the fact that research evidence is often not well-packaged for ease of consumption by policymakers.

## Recommendations by study respondents

- Sensitise the top-level leadership on the benefits of research evidence in decision-making
- Inculcate institutional culture of research evidence use
- Allocate funding to research generation and application
- Establish a repository for health research in Kenya and Malawi
- Establish or strengthen forums for discussing research evidence/data with decision-makers
- Strengthen linkages between the ministry/parliament and research institutions
- Build the technical skills of staff in MoH and parliament in accessing and applying research evidence
- Hire more staff who are highly qualified and skilled in research use
- Develop guidelines on sourcing, appraising, synthesising and using evidence to support parliamentary decision-making

In 2015, we developed a comprehensive training curriculum on evidence-informed policymaking and conducted training for 76 ministry of health and parliament staff in Kenya and Malawi. In addition, two parliament staff from Kenya and Malawi attended a one-month internship through our collaboration with the UK Parliamentary Office of Science and Technology (POST). The internship programme built on the knowledge and skills acquired through our training programme above. We also developed **institutional guidelines for evidence use for the ministry of health and parliament** in both countries to fill the gap identified by the needs assessment in 2014 (see Textbox 1 above). As part of enriching the guidelines we held extensive consultations in 2015 with stakeholders in the two institutions in each country to ensure the guidelines respond to their needs. The approval and adoption of the guidelines by the two institutions in Kenya and Malawi will be realised in 2016. Additional efforts aimed at strengthening institutional capacity for evidence saw us work closely with the Ministry of Health in Kenya to institute a technical working group to **develop a comprehensive health research policy framework that, among others, identifies health research priorities (agenda) for the country**. This policy development process will be completed in 2016. In Malawi, **since the government already has a national**

**health research agenda of 2012, we worked with the Ministry of Health to assess the progress made in implementing the agenda** and identifying the gaps that need to be addressed if the implementation is to realise the agenda's overarching objectives. The assessment report was discussed with the Ministry of Health and other stakeholders and clear recommendations outlined that the government is currently adopting in the revision of the health research agenda.

Through **regular science-policy cafés**, we facilitated the deliberation of evidence on urgent health policy issues in Kenya and Malawi. In Kenya, the 2015 cafés provided evidence-informed policy advice to the government on:

- Improving the implementation of the free maternity services presidential directive
- Effectively addressing the frequent cholera outbreaks in the country
- Improving the implementation of the country's Community Health Strategy developed in 2006
- The health policy and programme implications of lifting the ban on genetically modified organisms (GMOs)
- Existing opportunities to utilise the Sustainable Development Goals (SDGs) as a platform for making health research matter for policymakers



*Anneteta Gacheri, a Kenya Parliament researcher is a beneficiary of AFIDEP's capacity building programme aimed at strengthening capacity of policymakers to utilise evidence in policymaking.*

In Malawi, the 2015 cafés provided the government with evidence-informed advice on:

- Effective strategies for health financing with a view to realising universal access to health care
- Tackling adolescent sexual and reproductive health challenges
- Effective strategies for bridging the research to policy and practice gap in the country

As part of monitoring and evaluation for the SECURE Health programme, we conducted a retrospective policy analysis study that examined the role of evidence in past health policy formulation processes in Kenya and Malawi. **Generally, the studies revealed the ministries of health in Kenya and Malawi prioritise evidence in decision-making processes, but the quality of evidence remains questionable.**

In 2016, we will conduct prospective policy analysis studies to understand the role of evidence in on-going policy development processes. Comparisons of the results of the retrospective and prospective study will provide us with understanding of whether the SECURE Health programme has changed, if at all, the way evidence is used in actual decision-making processes.

As part of enriching the guidelines we held extensive consultations in 2015 with stakeholders in the two institutions in each country to ensure the guidelines respond to their needs.

We collaborated with the UK-based Institute of Development Studies (IDS) to deliver a training workshop that equipped researchers with the knowledge and skills needed to get their research evidence considered in decision-making processes.

To extend the lessons from Kenya and Malawi, we engaged directors and ministers of health in eight African countries in 2014 and 2015 through our partnership with the East, Central and Southern Africa Health Community (ECSA-HC). The lesson-sharing sessions at ECSA-HC forums have generated a huge demand for the SECURE Health programme in these countries, which we will seek to respond to through fundraising and partnership exploration efforts in 2016.

### Building capacity of researchers in Africa to communicate their work more effectively

In addition to strengthening the capacity of policymakers to use evidence, we also strengthen the capacity of researchers to communicate their research in a more accessible language and format for ease of use by policymakers.

In 2011, we partnered with other institutions to conduct training workshops on effective communication of research evidence to non-scientific audiences and on interpretation of scenario-building models on the impact of population change on sustainable development. These workshops, held in Ouagadougou, Burkina Faso, during the 6<sup>th</sup> African Population Conference, attracted 20 Francophone and 20 Anglophone experts.

In 2012, we collaborated with the UK-based Institute of Development Studies (IDS) to deliver a training workshop that equipped researchers with the knowledge and skills needed to get their research evidence considered in decision-making processes. This workshop was held in Nairobi. In 2013, we designed and conducted training for the staff of the DSW (the German Foundation for World Population) in Kenya, Uganda, Rwanda and Tanzania on designing and conducting policy audits and evidence-based advocacy.

# The Teenage Pregnancy Menace in Kenya

TEENAGE PREGNANCY IS DEFINED AS A TEENAGE GIRL, USUALLY WITHIN THE AGES OF 13-19, BECOMING PREGNANT

## THE ESTIMATED NUMBER OF TEENAGE PREGNANCIES INCREASED BETWEEN 2009 AND 2014

The estimated number of teenage girls who begun childbearing

**755,000**

in 2009

**843,000**

in 2014



This is despite an increase in the use of modern contraceptives by sexually active adolescents

**20%**

in 2009

**37%**

in 2014

## WHY SHOULD WE CARE ABOUT REDUCING TEENAGE PREGNANCIES?

Adolescents who initiate sex early are more likely to have been forced and to suffer sexual and gender based violence

**22%**

Of women who had their first sexual intercourse below age 15 years were forced

**13%**

Of women who had their first sexual intercourse between ages 15-19 years were forced

**6%**

Of women who had their first sexual intercourse between ages 20-24 years were forced



Adolescents are more likely to suffer and die from pregnancy and delivery complications because they are physiologically underdeveloped

They are more likely to procure an unsafe abortion, suffer and die from complications from unsafe abortion

Pregnant adolescents and young mothers are more likely to drop out of school and not pursue higher education, diminishing their socioeconomic status

Adolescent mothers are more likely to give birth to babies with low infant weight, and at increased risk of death and malnutrition

## WHAT SHOULD BE DONE TO REDUCE TEENAGE PREGNANCIES?



Ensure more girls attend primary and secondary school. Strengthen the implementation of the free primary education policy and structural interventions to prevent school drop-out



Increase access to comprehensive sexuality education and sexual and reproductive health services for adolescents



Reduce poverty levels through effective implementation of poverty reduction policies



Eliminate child marriage and female genital mutilation through enforcement of existing laws (The Marriage Act & The Prohibition of Female Genital Mutilation Act)

Section

3



**Guiding Decision-Making at Regional Platforms on Urgent Development Issues**

## ➔ Guiding Decision-Making at Regional Platforms on Urgent Development Issues



*Dr. Rose Oronje (Director, Science Communications and Evidence Uptake, AFIDEP), speaks on bridging the gap between research and policy during the Adolescent Health Symposium held in Nairobi in October 2015.*

Since inception, we have prioritised the establishment and sustainability of mutual relationships with key inter-governmental platforms as well as relevant regional networks and organisations. Engaging these platforms has enabled us to guide and shape decision-making on urgent development issues in Africa.

### **Informing decisions of inter-governmental agencies**

In 2012, AFIDEP strengthened its ties and partnerships with key regional policy organs and institutions to enhance the application of research evidence in their work. Part of this work revolved around promoting awareness and application of the demographic dividend as a key development framework in Africa. AFIDEP became a member of the African Union Commission (AUC)-led steering committee on the demographic dividend as a development framework in Africa.

An **AFIDEP-led** side event at the AUC's 2013 conference for **Ministers of Finance** culminated in the Ministers' adoption of a resolution introducing the demographic dividend as a key component of the post-2015 **development framework** for Africa.

As the technical lead in this committee, AFIDEP made several high-level presentations that highlighted the importance of investing in family planning, empowerment of women, public health, education and pro-growth economic reforms for African countries to benefit from the demographic dividend.

In July 2012, AFIDEP gave a keynote address on the demographic dividend at the high-level health-financing meeting for African Ministers of Health and Finance. Over 40 African countries were represented at the meeting. A key highlight of this engagement was an AFIDEP-led side event at the AUC's 2013 conference for Ministers of Finance that culminated in the Ministers' adoption of a resolution introducing the demographic dividend as a key component of the post-2015 development framework for Africa.

Over the last five years, we have also engaged the East African Community (EAC) on tackling various development challenges in the areas of health and population.

Between 2012 and 2013, we conducted analysis of existing data and evidence on the five EAC countries' status of various health and SRH indicators and budgets (budget analysis and tracking) at national and sub-national levels. We presented the evidence from this analysis to the EAC secretariat, EAC country representatives, and members of the East African Legislative Assembly (EALA). The evidence informed EAC's five-year strategy for tackling SRH challenges in the region. The evidence further generated commitment by the various EAC arms for tackling the identified challenges to Sexual and Reproductive Health and Rights (SRHR), including commitment to ensuring SRH commodity security.

We have also engaged USAID East Africa's Population, Health and Environment (PHE) network. As the technical lead in this network, we have presented evidence in various forums of the network in 2013 and 2014 to help organisations working on conservation and health issues consider and account for population change and family planning in their work during 2013 and 2014.

In 2015, our engagement through the ECSA-HC forums for directors of health and health ministers from 10 African countries on increasing commitment and actions to enable evidence use in health sector decision-making resulted in the renewal of a health ministers' resolution made in 2009/2011 on increasing research use. The renewed resolution requires ECSA-HC member countries to make deliberate efforts and investments to enable increased research evidence in the health sector.

### **Guiding civil society advocacy efforts with evidence**

Since inception, we have worked closely with various Civil Society Organisation (CSO) networks and organisations including the International Planned Parenthood Federation (IPPF-Africa Region), the African Women Leaders Network for Reproductive Health and Family Planning (AWLN) and the Reproductive Health Advocacy Network for Africa (RHANA), among others.

Our engagement with these CSOs has focused on putting evidence at the centre of their work on various health and development challenges in Africa.

In 2011, we worked with the IPPF to generate and present evidence on the progress of countries in sub-Saharan Africa to achieve MDG 5A and 5B to policymakers from across the SSA region. This exercise aimed at increasing commitment and responsiveness to the SRH needs of people in the region, scaling up efforts to address unmet SRH needs, achieving universal reproductive health and reducing maternal deaths.

In 2013, we informed civil society's engagement in the African Union-led deliberations on Africa's post-2015 ICPD framework. Working through IPPF and RHANA, we reviewed the regional report on the ICPD Programme of Action and other evidence and prepared the CSO position paper.

We presented this paper to the CSO forum in Addis Ababa during the Joint UNECA, UNFPA and AUC - Regional Population Conference, from 30<sup>th</sup> September to 4<sup>th</sup> October 2013. The CSO forum discussed the paper, made revisions and presented it at the conference for adoption and incorporation into the Africa position on the global post-2015 development agenda.

**Our engagement through the ECSA-HC forums for directors of health and health ministers from 10 African countries on increasing commitment and actions to enable evidence use in health sector decision-making resulted in the renewal of the health ministers' resolution on research.**



*Dr. Ruth Musila (AFIDEP) engages members of the African Women Leaders Network for Reproductive Health and Family Planning (AWLN) at the annual convening in October 2012.*

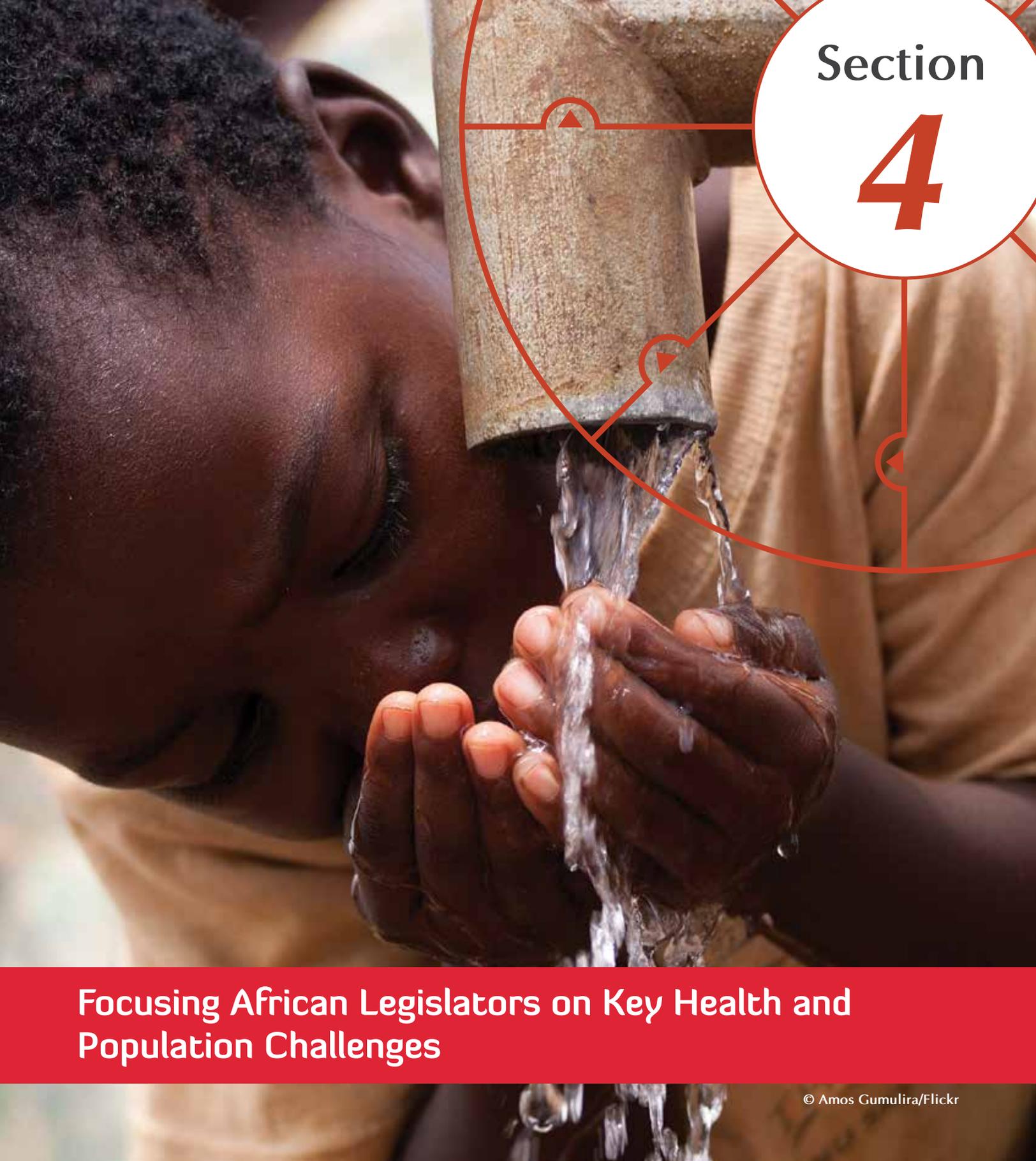
On 4<sup>th</sup> November 2013, we were part of AWLN's high-level panel that deliberated evidence for family planning practices that save women's lives, along with strategies for reducing maternal deaths on the continent through increasing access to family planning and contraceptives.

Other panellists included Her Excellency Bisi Adeleye-Fayemi, First Lady of Ekiti State Nigeria, Professor Babatunde Osotimehin, Executive Director of the UNFPA, and special guests were the First Ladies of Ethiopia, Democratic Republic of Congo and Zambia.



*AFIDEP participated at the Future Health Markets forum hosted by the Rockefeller Foundation at the Bellagio Center in 2012, which sought to promote a greater shared understanding and analysis of health market systems, and to consider how markets can better serve the needs of the poor in low- and middle-income countries.*

AFIDEP has made several **high-level presentations** highlighting the importance of investing in family planning, empowerment of women, public health, education and pro-growth economic reforms for **African countries** to benefit from the **demographic dividend**.



Section

4

**Focusing African Legislators on Key Health and Population Challenges**

## ➔ Focusing African Legislators on Key Health and Population Challenges



Our engagement with the **Malawi Parliamentary Committee on Health** contributed to the success the committee realised in increasing the **budgetary allocation** for the country's family planning programme.

*In 2013, AFIDEP co-convoked the Network for African Parliamentary Committees on Health (NEAPACOH) forum in Kampala, Uganda.*

One of the key decision-making organs of government that is often overlooked in evidence-uptake discourses is parliament. Yet, the role of parliament in development is becoming increasingly critical. In countries like Kenya, for example, major changes to budgets and their finalisation occurs in parliament. Parliaments enact laws that directly guide what governments can or cannot do on various development issues. Perhaps the most critical but often overlooked role of parliament is oversight, in which MPs have the role of holding governments accountable on their development commitments and responsibilities.

Since inception in 2010, AFIDEP has continued to engage African parliaments with the aim of strengthening and enabling an increased focus on evidence in debates and decision-making. Specifically, we have continued to work with the Network of African Parliamentary Committees on

Health (NEAPACOH, formerly the Southern and Eastern Africa Alliance of Committees on Health (SEAPACOH)) to strengthen the oversight, budgeting, and legislative roles of African parliaments in tackling health and population challenges on the continent. NEAPACOH has a membership of 21 African countries. We co-convoked the annual NEAPACOH forums as well as present evidence at these forums that clarify urgent health and population issues and what legislators need to do to contribute to tackling these issues.

As part of our NEAPACOH engagement, we continuously hold dialogues with parliamentary committees on health in Kenya and Malawi, in addition to the work under the DFID-funded capacity-strengthening programme for increased evidence use, where we build capacity of parliamentary staff supporting legislators to access

and apply evidence in their work (see page 25). Our engagement with the Malawi Parliamentary Committee on Health contributed to the success the committee realised in increasing the budget for the country's family planning programme. In early 2014, we provided technical input for arguments that the committee presented to the Ministry of Finance to successfully lobby for an increased

In Kenya, the programme supported the formation of a **Parliamentary Caucus on Evidence-Informed Oversight and Decision-Making**. The caucus will champion and enable evidence use in the **Kenyan** parliament with a view to entrenching a culture of **evidence** use in parliamentary debates and committee decision-making processes.

health budget and for the doubling of the government's contribution to family planning commodities in the 2014-2015 budget.

In 2015, we initiated a new programme of work, funded by the Hewlett Foundation, that seeks to strengthen the use of evidence in African parliaments as well as generate lessons on the ecosystem of evidence use in these parliaments. In Kenya, the programme supported the formation of a Parliamentary Caucus on Evidence-Informed Oversight and Decision-Making. The caucus will champion and enable evidence use in the Kenyan parliament with a view to entrenching a culture of evidence use in parliamentary debates and committee decision-making processes. In 2016, this programme will initiate work to assess the effectiveness of NEAPACOH in strengthening member parliamentary committees in delivering their roles in their countries with a view to identifying gaps and implementing interventions that seek to strengthen NEAPACOH's efforts in supporting member committees.



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We co-convene the annual **NEAPACOH** forums as well as present evidence at these forums that clarify urgent **health** and **population** issues and what legislators need to do to contribute to tackling these issues.

*Quality education is one of the major challenges facing Africa.*

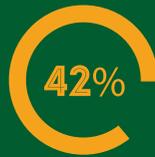


# INVESTING IN ECONOMIC REFORMS, JOB CREATION, AND GOVERNANCE TO ACCELERATE THE DEMOGRAPHIC DIVIDEND IN KENYA

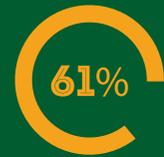
The demographic dividend is the economic benefit that arises from a significant increase in the ratio of working-age adults relative to young dependents if accompanied by simultaneous investments in education and skills development, health, economic reforms and job creation, and good governance.

Economic reforms in Kenya are steadily yielding fruit but have to be enhanced alongside job creation for the large youthful population and for women.

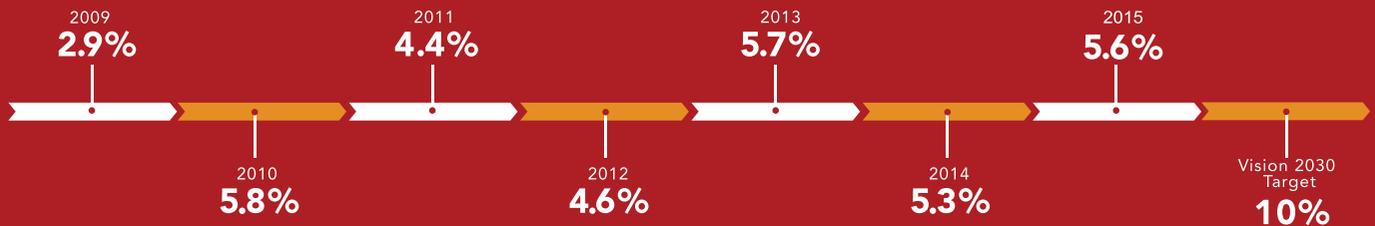
Proportion of Kenya's population below 15 years (2015)



Proportion of Kenya's population below 25 years (2015)



Kenya's economic growth has recovered from a slump in 2008 but is still far off the Vision 2030 target.



Economic reforms have made Kenya an attractive destination for Foreign Direct Investments (FDI).

In **2013**, **25.9%** of all FDI projects in Sub-Saharan Africa were destined for Kenya making it the **2nd** largest recipient after South Africa.

Kenya's economy is still dominated by agriculture and related activities.

## Top sectoral contributors to GDP in 2014

Agriculture, Forestry & Fishing



Manufacturing

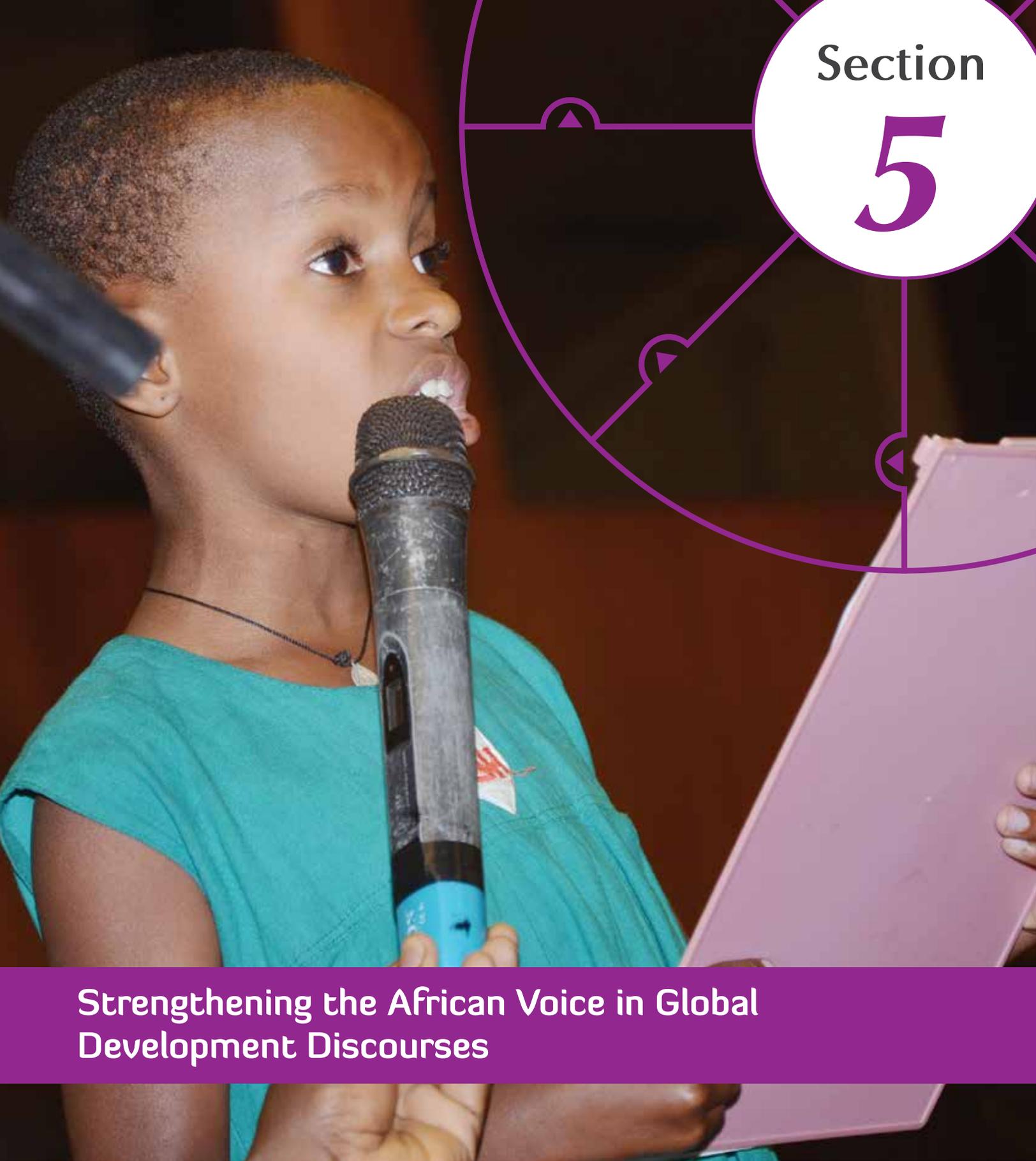


Wholesale & Retail Trade



Transport & Storage





Section

5

**Strengthening the African Voice in Global  
Development Discourses**

## ➔ Strengthening the African Voice in Global Development Discourses



**AFIDEP** actively participated at the African Heads of State and Government side meeting during the **UN General Assembly** in September 2015, which culminated in a communiqué from the **African Heads of State** outlining their commitment to harnessing the **demographic dividend** and investing in youth in Africa.

*Dr. Eliya Zulu, Executive Director, AFIDEP speaks at the United Nations General Assembly High Level Event on the Demographic Dividend and Youth Employment in New York in June 2015.*

Given the huge influence of global declarations on national-level development policies and programmes in Africa, we have focused part of our efforts on influencing deliberations in key global forums focused on health and population issues. Some of the global forums where we have made notable contributions in the last six years include:

- The **UN General Assembly in New York during the 2015 Annual Session of the Executive Board of UNDP, UNFPA and UNOPS** held in June 2015 where we made a presentation on harnessing the demographic dividend in Africa.
- The **UN General Assembly held in September 2015** where we participated in the General Assembly and related activities during the launch of the Post-2015 Development Agenda (the Sustainable Development Goals (SDGs)) in New York. In addition,

we actively engaged in the African Heads of State side meeting, which culminated in a communiqué from the African Heads of State outlining their commitment to harnessing the demographic dividend and investing in youth in Africa.

- The **WHO Global Experts' Meeting** to review evidence on the causal linkages between hormonal contraceptives and HIV infection in January 2012. WHO guidelines from the meeting maintained the use of hormonal contraceptives but advised those in high infection areas to also use condoms to reduce the risk of HIV infection.
- The **Rio+20 UN Conference on Sustainable Development** where we played an active role in advocating for inclusion of population dynamics, reproductive health and gender issues in sustainable development goals in June 2012.

- The development and dissemination of the UK Royal Society's momentous report on **"People and the Planet"**, which highlighted the need to simultaneously address high population growth in poor countries and high consumption in rich countries in order to curtail global warming. Specifically, AFIDEP made keynote speeches highlighting key messages from the report at various forums, including the report's official launch in London and Washington DC as well as at the Rio+20 UN conference. In December 2012, AFIDEP organised

a public lecture based on the report at the University of Nairobi, where the chair of the Royal Society Population Study Group, Nobel Laureate Sir John Sulston, was the guest speaker.

- The **London FP2020 Summit**, where we contributed to the planning of the summit and the design of the Accountability Framework. As a follow-up, AFIDEP is continuing to contribute to various processes that are operationalising the London FP2020 Summit commitments.



We have focused part of our efforts on influencing deliberations in key global forums focused on health and population issues.

*Violet Murunga (Senior Knowledge Translation Officer, AFIDEP) speaks during the launch of the Population Dynamics, Climate Change and Sustainable Development in Kenya report in December 2012. A similar study was also conducted in Malawi.*





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*For a full list of publications by AFIDEP, visit our website.*



## → Institutional Capacity

Over the past six years, we have made considerable progress in building institutional capacity required to fulfil our mandate, which is summarised below.

**We have attracted a highly qualified and motivated multi-disciplinary team of staff:** We have attracted a multi-disciplinary team of highly qualified experts who continue to drive the design and implementation of our projects. Our current staff is comprised of demographers, public health experts, economists, policy analysts, science communications professionals and finance and administration specialists. We currently have 20 members of staff, among them nine PhD and six masters degree holders (see list on pages 53-55). The motivation of staff is demonstrated in the many achievements we have realised in the last five years. Our core staff is complemented by a network of 23 associate fellows, who are experts in different aspects of our work and are based around the world. The associate fellows contribute to our work as needs arise.

**Board of Directors:** We have formed a Board of Directors, which has been operational since 2013. The board is comprised of 14 leading experts in the areas of focus of our work (see list on pages 51 and 52). The board meets twice every year to deliberate strategic institutional and programme progress and to provide advice and guidance for increased effectiveness and impact of our work. To date, the board has held three meetings.

**Senior management team:** Responsible for managing the day-to-day running of the Institute and which reports to the Board of Directors. The senior management team comprises the Executive Director, the Director, Science Communications and Evidence Uptake, the Director, Research and Knowledge Translation, and the Finance and Administration Manager.

**We have developed a clear five-year Strategic Plan for the 2015-2019 period:** The Strategic Plan lays out five strategic aims that we are seeking to achieve during this period (see page 6).

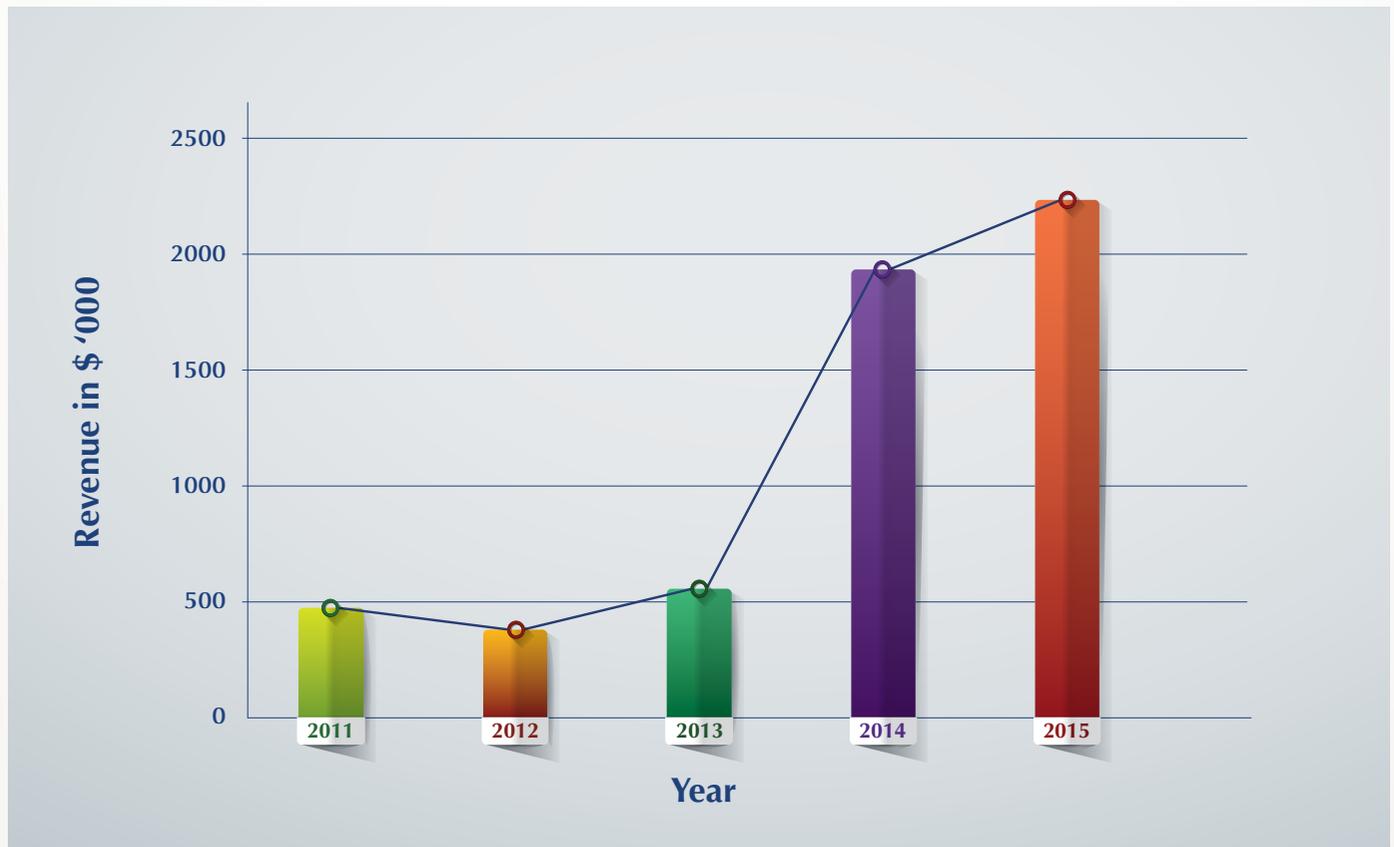
**We have developed and operationalised institutional systems and policies:** In order to ensure effectiveness, efficiency and high standards in the way we conduct our work, we have put in place systems as well as developed important institutional policies, manuals and guidelines. In our early years, 2010-2013, we outsourced financial and human resource (HR) management services from specialised companies to ensure that our resources are managed diligently and run efficiently. From 2014, we have strengthened our financial and HR management systems through the hiring of senior staff as well as the installation of state of the art software for supporting these functions. We have also developed and operationalised various policies, manuals and guidelines including a Human Resources manual, Accounting, Procurement and AntiFraud Policy manual, Risk Management Framework and a Performance Management framework, among others.

**We have established a branch office in Malawi:** In early 2014, we established a branch office in Malawi in order to improve the delivery of our programmes in the country as well as in the Southern Africa sub-region. This is part of implementing one of our strategic objectives, i.e. to expand the depth, thematic and geographical scope of our work. Given our focus on working closely with policymakers to enable increased evidence uptake, establishing sub-regional branch offices in Southern, West and Central Africa will ensure that we nurture better and close working relationships with key national and regional policymakers, which are an important enabler of evidence uptake.

## Financial Report

The healthy growth of AFIDEP since inception in 2010 is reflected in our financial statements. The steady financial growth since inception is evidence of the growing scope of our work, increase in the stakeholders we partner with as well as the widening base of funders supporting our work. Our revenue trend from 2011 to 2015 is reflected in Figure 1 below. The revenue trend signifies steady growth over the years, which we are not only determined to maintain, but also improve on.

Figure 1: AFIDEP Revenue Trend 2011-2015



## Leadership and Staff

### Board of Directors



**Francis Dodoo**  
Board Chairperson  
Field of Specialisation  
Demographer  
Position and Institutional Affiliation  
Professor, Pennsylvania State University,  
USA and Professor, University of Ghana



**Bocar Kouyaté**  
Field of Specialisation  
Public Health  
Position and Institutional Affiliation  
Senior Advisor to the  
Minister of Health,  
Republic of Burkina Faso



**Nyovani Madise**  
Board Vice-Chairperson  
Field of Specialisation  
Social Statistics  
Position and Institutional Affiliation  
Professor, University of  
Southampton, UK



**Cheikh Mbacké**  
Field of Specialisation  
Development and  
Population Expert  
Position and Institutional Affiliation  
Consultant



**Eliya Msiyaphazi Zulu**  
Field of Specialisation  
Demography, Public  
Health, Reproductive  
Health, Policy Analysis  
Position and Institutional Affiliation  
Executive Director, AFIDEP  
(*ex-officio* member)



**Elizabeth Lule**  
Field of Specialisation  
Reproductive Health and  
Sustainable Development  
Position and Institutional Affiliation  
Senior Consultant, World  
Bank



**John Mudany**  
Field of Specialisation  
Accounting and Finance  
Position and Institutional Affiliation  
Finance and ICT Director,  
Kenya Electricity  
Generating Company  
(Kengen)

## Leadership and Staff

### Board of Directors



**Martha Campbell**  
*Honorary Board Member*  
Field of Specialisation  
Public Health  
Position and Institutional Affiliation  
President, Venture Strategies for  
Health and Development, California,  
USA and Professor, University of  
California, Berkeley, USA



**Mike Eldon**  
Field of Specialisation  
Strategic Management  
Expert  
Position and Institutional  
Affiliation  
Chairman and Lead  
Consultant, The DEPOT  
(Dan Eldon Place Of  
Tomorrow), Nairobi, Kenya



**Susan Rich**  
Field of Specialisation  
General Population and Health  
Systems fields  
Position and Institutional  
Affiliation  
Vice President, Population  
Reference Bureau



**Pamela Onduso**  
Field of Specialisation  
Reproductive Health and  
Sustainable Development  
Expert  
Position and Institutional  
Affiliation  
Advisor - Youth, Advocacy  
& Partnerships, Pathfinder  
International, Kenya



**Sosten Chiotha**  
Field of Specialisation  
Biologist, Climate Change,  
Population, Environment and  
Development  
Position and Institutional Affiliation  
Regional Programme Director for  
the Leadership for Environment  
& Development (LEAD) Southern  
& Eastern Africa and Associate  
Professor in Biology, Chancellor  
College, and University of Malawi



**Yazoumé Yé**  
Field of Specialisation  
Epidemiology/  
Public Health  
Position and Institutional  
Affiliation  
Senior Infectious Diseases  
Monitoring and Evaluation  
Specialist, ICF International,  
Maryland, USA

## Leadership and Staff

### Senior Management Team



● **Eliya M. Zulu**  
Executive Director  
Academic Background  
PhD in Demography  
Professional Experience  
Demography and  
public health research,  
capacity-building, policy  
engagement  
Year Joined AFIDEP  
2009



● **Rose N. Oronje**  
Director, Science  
Communications & Evidence  
Uptake  
Academic Background  
PhD in Development Studies  
Professional Experience  
Communications, policy  
analysis and policy  
engagement  
Year Joined AFIDEP  
2013



● **Collins Ouma**  
Director, Research and  
Knowledge Translation  
Academic Background  
PhD in Human Genetics  
Professional Experience  
Health systems research  
Year Joined AFIDEP  
2015



● **Alphonce Werah**  
Finance and Administration  
Manager  
Academic Background  
MBA, CPA  
Professional Experience  
Finance, accounting  
administration  
Year Joined AFIDEP  
2014

### Technical Staff



● **Abiba Longwe-Ngwira**  
Knowledge Translation  
Scientist  
Academic Background  
PhD in Applied Economics  
Professional Experience  
Management sciences  
(Economics)  
Year Joined AFIDEP  
2014



● **Bernard Onyango**  
Knowledge Translation  
Scientist  
Academic Background  
PhD in Sociology  
Professional Experience  
Social demography and  
urban sociology  
Year Joined AFIDEP  
2014

## Leadership and Staff

### Technical Staff



● **Diana Warira**  
Communications Officer  
Academic Background  
BSc in Information Science  
Professional Experience  
Communications  
Year Joined AFIDEP  
2014



● **Eunice Mueni**  
Research and Knowledge  
Translation Officer  
Academic Background  
MPH and MSc in  
Demography  
Professional Experience  
Health research, systematic  
reviews and training  
Year Joined AFIDEP  
2010



● **Ferdinand Okwaro**  
Knowledge Translation  
Scientist  
Academic Background  
PhD in Medical Anthropology  
Professional Experience  
Policy analysis and research  
Year Joined AFIDEP  
2015



● **Grace Kumchulesi**  
Knowledge Translation  
Scientist  
Academic Background  
PhD in Economics  
Professional Experience  
Economics  
Year Joined AFIDEP  
2015



● **Martin Atela**  
Knowledge Translation  
Scientist  
Academic Background  
PhD in Public Health  
Professional Experience  
Health systems research  
Year Joined AFIDEP  
2014



● **Nissily Mushani**  
Policy and Advocacy  
Coordinator  
Academic Background  
MA in Economics  
Professional Experience  
Economics, policy  
engagement and analysis  
Year Joined AFIDEP  
2013



● **Samuel Wafula**  
Knowledge Translation  
Scientist  
Academic Background  
PhD in Demography  
Professional Experience  
Demography  
Year Joined AFIDEP  
2015

## ➔ Leadership and Staff

### ➔ Technical Staff



● **Solomon Omariba**  
Research and Knowledge Translation Officer  
Academic Background MPH  
Professional Experience Health research, programme management  
Year Joined AFIDEP 2015



● **Violet I. Murunga**  
Senior Knowledge Translation Officer  
Academic Background MPH  
Professional Experience Health research, monitoring and evaluation and health planning  
Year Joined AFIDEP 2011

### ➔ Administration and Finance



● **Edward Njenga**  
Finance Officer  
Academic Background BCom  
Professional Experience Finance administration, accounting  
Year Joined AFIDEP 2012



● **Esther Ngwiri**  
Administrative Assistant  
Academic Background Diploma  
Professional Experience Journalism, office administration  
Year Joined AFIDEP 2013



● **Hector Mvula**  
Finance Officer  
Academic Background BA  
Professional Experience Finance administration, accounting  
Year Joined AFIDEP 2014



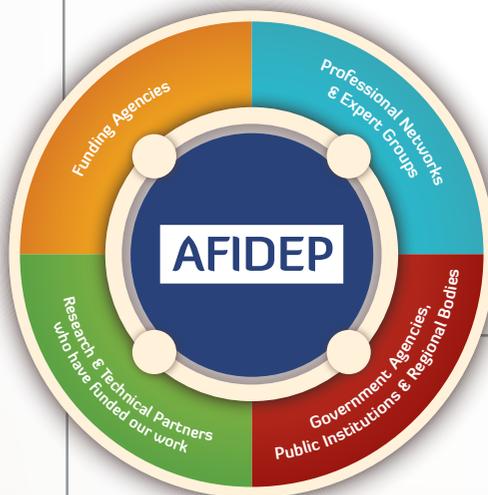
● **Joyce Ntaliwa Mbiti**  
Executive Assistant  
Academic Background MBA  
Professional Experience Administration, communication  
Year Joined AFIDEP 2014



● **Rose Chebet**  
Office Assistant  
Academic Background KCSE  
Professional Experience Office logistics  
Year Joined AFIDEP 2010

## ➔ Funders and Partners

- Bill and Melinda Gates Foundation
- David and Lucile Packard Foundation
- Deutsche Stiftung Weltbevölkerung (DSW)
- European Union/ Organisation for Economic Co-operation and Development (EU/OECD)
- Economic and Social Research Council (ESRC)
- Global Fund
- International Development Research Centre (IDRC)
- Joffe Charitable Trust
- Margaret Pyke Trust
- MasterCard Foundation
- Norwegian Agency for International Development (NORAD)
- UK Department for International Development (DFID)
- United Nations Children's Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- United States Agency for International Development (USAID)
- Wellcome Trust
- William and Flora Hewlett Foundation
- World Bank Group



- Advisory Council of Results for All
- Africa Evidence Network
- Africa Portal
- African Union Commission Steering Committee on Demographic Dividend
- Co-Convenor - Organising to Advance Solutions for the Sahel (OASIS)
- Communication and Public Engagement Standing Committee (Kenya National Council for Population and Development - NCPD)
- Expert Group for SDG Indicator 11
- Family Planning 2020 Performance Monitoring and Evidence Working Group
- Future Health Systems Consortium Advisory Group
- International Union for the Scientific Study of Population (IUSSP)
- Kenya AIDS Research Coordinating Mechanism (KARCOM) Committee
- Malawi Knowledge Translation Platform
- Population and Sustainability Network
- Population Association of America (PAA)
- Reproductive Health Supplies Coalition
- Kenya Research for Health (R4H) Policy Framework Steering Committee
- Technical Advisory Committee - The Evidence Project (Strengthening Family Planning and Reproductive Health Programs through Implementation Science)
- The Lancet Committee on "Population, Family Planning, and Achievement of the Millennium Development Goals".
- The Sustainable Development Goals and the Gutmacher – Lancet Commission
- Union for African Population Studies (UAPS)
- USA National Academy of Sciences Committee on Population - Expert Group on Recent Trends on Fertility in Sub-Saharan Africa
- WHO Expert Group on Hormonal Contraceptives and HIV



- African Population and Health Research Center (APHRC)
- Consortium for National Health Research (CNHR)
- FHI 360
- Gutmacher Institute
- INASP
- INDEPTH Network
- International Planned Parenthood Federation (IPPF)
- Palladium (Formerly Futures Group)
- Partners in Population and Development-Africa Region
- Pathfinder International
- Population Action International (PAI)
- Population Reference Bureau (PRB)
- Venture Strategies for Health & Development



- African Union Commission
- East African Community (EAC)
- East, Central and Southern African Health Community (ECSA-HC)
- Economic Community of West African States (ECOWAS)
- Government departments in the Ministry of Health, Development Planning and Parliaments in Kenya, Malawi, Botswana, Uganda, Zambia, Mozambique and Senegal
- London School of Economics and Political Science
- National Council for Population and Development (NCPD)
- Network of African Parliamentary Committees of Health (NEAPACOH)
- Southern African Development Community (SADC)
- UK Parliamentary Office for Science and Technology (POST)
- University College of London
- University of Malawi (College of Medicine)
- University of Southampton



## Summary of AFIDEP Projects 2010-2015



**Funder:** Venture Strategies for Health & Development  
**Project:** General Support Grant for Inception of AFIDEP



**Funder:** IPPF  
**Project:** HIV Integration in Kenya



**Funder:** Global Fund & APHRC  
**Project:** Global Fund Evaluation Dissemination in Malawi



**Funder:** ESRC & University of Southampton  
**Project:** Solar Energy Impact Evaluation



**Funder:** IPPF  
**Project:** Regional Economic Community SRH Advocacy



**Funder:** University College of London  
**Project:** Population Footprints Symposium



**Funder:** INDEPTH Network  
**Project:** Systematic Review of INDEPTH Network Evidence on Malaria



**Funder:** UNFPA  
**Project:** SRH/HIV Integration in Lesotho



**Funder:** Packard Foundation & UNFPA  
**Project:** Drivers of Contraceptive Use Progress in Africa



**Funder:** PAI  
**Project:** Dissemination of Evidence on Special Issue of The Lancet on Family Planning



**Funder:** UNICEF  
**Project:** Child Deprivation in Eastern & Southern Africa



**Funder:** Joffe Charitable Trust  
**Project:** General Support Grant



**Funder:** USAID & Futures Group  
**Project:** Family Planning Evidence Needs of Policymakers and Advocacy Experts in Africa



**Funder:** UNICEF  
**Project:** Multiple Indicator Cluster Surveys (MICS) Report Writing for Kenya



**Funder:** UNFPA  
**Project:** SRH/HIV Integration in Eastern and Southern Africa

## Summary of AFIDEP Projects 2010-2015



**Funder:** PAI  
**Project:** Population Dynamics and Climate Change in Africa



**Funder:** Guttmacher Institute  
**Project:** Dissemination of Evidence on Abortion in Kenya



**Funder:** EU & OECD  
**Project:** Analysis of Youth Development Issues in Malawi



**Funder:** UNFPA  
**Project:** Population Situation Analysis Report for Kenya



**Funder:** East African Community  
**Project:** Sexual and Reproductive Health and Rights Landscape



**Funder:** IDRC  
**Project:** Case Study of Incorporation of Civil Registration Vital Statistics (CRVS) in Kenya's Global Funding Facility (GFF)



**Funder:** USAID & PRB  
**Project:** Support for the Involvement of AFIDEP in Regional PHE Policy Dialogues in Africa



**Funder:** World Bank Group  
**Project:** World Bank Demographic Dividend Study



**Funder:** World Bank Group  
**Project:** Secondary Analysis on the Demographic Dividend for Sahel Countries



**Funder:** NORAD  
**Project:** Strengthening Evidence for Action on Adolescent SRH in Eastern Africa



**Funder:** USAID - Measure Evaluation  
**Project:** Evolvement of the Community-based Distribution of Family Planning Programme in Kenya



**Funder:** DFID  
**Project:** Strengthening Capacity for Use of Research Evidence in Health Policymaking in East and Southern Africa



**Funder:** Margret Pyke Trust  
**Project:** General Support on Demographic Dividend Work



**Funder:** DSW  
**Project:** Capacity Building of DSW Staff on Evidence Translation

## Summary of AFIDEP Projects 2010-2015



**Funder:** Gates Foundation  
**Project:** Landscape Analysis for Integration of MNCH, FP, and HIV/AIDS in sub-Saharan Africa



**Funder:** IPPF  
**Project:** Civil Society Position Paper on ICPD-Beyond 2014



**Funder:** DFID & INASP  
**Project:** Developing African Capacity and Use of Research in Policy

ResUp  
MeetUp



**Funder:** DFID  
**Project:** ResUp MeetUp Research Uptake Symposium

**Funder:** USAID & Pathfinder International  
**Project:** Demographic Dividend Study in Tanzania



**Funder:** UNFPA  
**Project:** Support on Formulation of the National Population Policy and its Implementation Strategy for Malawi



**Funder:** ESRC  
**Project:** Maximising Research Impact on Pregnancy Termination Trajectories in Zambia



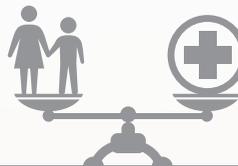
**Funder:** Hewlett Foundation  
**Project:** Enabling Evidence - Informed Development Policies in Sub-Saharan Africa



**Funder:** USAID  
**Project:** Strengthening SRH Service Delivery along EAC Transport Corridor



**Funder:** UNFPA  
**Project:** Demographic Dividend Work in Africa - so far covered: Botswana, Kenya, Malawi, Mozambique, Senegal, Swaziland, Uganda, Zambia



**Funder:** UNFPA  
**Project:** Youth Status for Health & Demographic Situation in Malawi



**Funder:** The Master Card Foundation  
**Project:** Case Studies on Transferable Skills in Secondary Education in Africa

## ➔ 2010-2015 in a Nutshell



2010

### AFIDEP is launched!

Forging links with **African governments, UN agencies, regional agencies, & development agencies**

Conducted study on the **linkages and integration of Sexual and Reproductive Health (SRH) and HIV/AIDS in Kenya**

Worked with **Lesotho's** Ministry of Health & UNFPA country office to conduct a study on the **linkages and integration of SRH and HIV/AIDS in the country**

Produced **ground-breaking** report on **Drivers of progress in Family Planning and other Sexual and Reproductive Health issues in Africa**

2011



2012

Engaged the **Prime Ministers of Rwanda & Ethiopia** to develop & publish a **ground-breaking commentary** in **the Lancet** on how the two countries **increased access & use of family planning through sustained political will & deliberate investments**

Participated in **FP2020 Summit** in London

Contributed to the global **People and the Planet** Report

Engaged the African Union with evidence on how a focus on the **demographic dividend paradigm** could enable African countries to transform their economies. This **resulted in the African Union adopting the demographic dividend as its development paradigm for its Agenda 2063 framework**

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**Full Board of Directors** is constituted and operationalised

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**Opened the Malawi office** to lead work in Malawi and the Southern Africa region

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**Launched a 3-year ground-breaking programme funded by DFID to strengthen capacity for research evidence use in health policy in Kenya & Malawi (SECURE Health)**



Through our SECURE Health programme we **developed a comprehensive curriculum on evidence-informed policymaking for technocrats working in African governments & parliaments**. We went ahead to train 76 technocrats in Kenya & Malawi on evidence-informed policymaking

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Our engagement with the Malawi President H.E. Peter Mutharika resulted in his commitment to **make investments and policy options that will enable his country to harness a sizable demographic dividend**. Malawi President also committed to **champion the demographic dividend paradigm among African Heads of States**. We continued implementing the demographic dividend work, initiating work in Botswana & Senegal in addition to Malawi

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Through our enSURE adolescent SRH programme in Malawi, our engagement with the parliamentary committee on health greatly **contributed to the success in the Malawi parliament's passing a marriage law that prohibits marriage under the age of 18 years**

2013



2014

Conducted rigorous & compelling analyses on harnessing the **demographic dividend in Uganda** that shifted H.E. President Yoweri Museveni's position from opposition to family planning to a supportive position, where he committed to promote family planning as critical to Uganda's development. We initiated a **demographic dividend programme in 23 African countries in partnership with UNFPA**, starting with Zambia & Mozambique in addition to Kenya, Tanzania & Uganda

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**First Strategic Plan 2015-2019** developed

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Initiated a regional 5-year programme to **generate & use evidence to strengthen political commitment & investments** for tackling the **challenges to HIV/AIDS services across the borders of countries in the Horn of Africa**

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**Ministries of Health in Kenya & Malawi adopted SECURE Health as their own programme**, demonstrating our thought leadership in the area of bridging research to policy & practice in Africa

2015





**AFIDEP**

African Institute for  
Development Policy

Bridging Development Research,  
Policy and Practice

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