



## AFIDEP hosts inaugural Evi4Dev Conference

**How African countries  
are taking charge of  
their health financing**

## AFIDEP's Strategy 2030 launched

Advancing Africa's evidence-  
informed transformation

## Gender data

A catalyst for achieving SDGs

... and much more

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



# AN AFRICA WHERE EVIDENCE IS USED CONSISTENTLY TO TRANSFORM LIVES

**Editorial team:**

Charlotte Chisoni | Derick Ngaira | Edel  
Sakwa | Godfrey Pumbwa | Nhlanhla  
Dhaka

**Article authors:**

Charlotte Chisoni | Derick Ngaira | Edel  
Sakwa | Godfrey Pumbwa | Nhlanhla  
Dhaka

**Edition designers:**

Godfrey Pumbwa | Edel Sakwa

**Front cover photo:**

By AFIDEP

**Disclaimer:**

The views expressed in this newsletter are those of the authors and not necessarily those of AFIDEP. Materials in this newsletter may be replicated only if the source and authors are duly acknowledged.

# CONTENT

Evidence for Development (Evi4Dev) Conference	4
Science, technology and innovation should power Africa's development vision	6
AFIDEP's Strategy 2030 launched to advance Africa's evidence-informed transformation	7
Africa's health future lies in research	9
Understanding the economic value of family planning: Evidence from the Family Planning (FP-Impact) Consortium	11
Framing climate action as a health opportunity for Africa	12
Strengthening pandemic preparedness and response (PPR) financing in Africa: Bridging gaps and building resilience	14
Gender data: A catalyst for achieving the SDGs in Africa	16
A race against time as underfunding noncommunicable diseases (NCDs) threatens Africa's 2030 SDG goals	18
A gendered pathway to ending TB through sustainable development	20
SMART advocacy capacity building results in meaningful engagement in Malawi	21
How African countries are taking charge of their health financing	22
Scaling new heights	23



A plenary session during the Evidence for Development Conference.

# Evidence for Development (Evi4Dev) Conference

**T**he African Institute for Development Policy (AFIDEP), African Union Development Agency (AUDA-NEPAD), and Science for Africa Foundation, in partnership with other institutions, hosted the first-ever Evidence for Development (Evi4Dev) Conference on May 6–8, 2025, in Nairobi, Kenya. The conference centred on research, data, and innovations in Africa's development efforts to accelerate progress towards the realisation of the African Union's Agenda 2063, and the United Nations 2030 Agenda for Sustainable Development.

Evi4Dev Conference is a pivotal biennial event aimed at enhancing the integration of scientific research, other types of data and innovations into Africa's development efforts.

This year's inaugural conference served as a platform for key stakeholders—including policymakers, researchers, and practitioners—to engage in meaningful dialogue about the role of science, technology, and innovation (STI) in achieving the Sustainable Development Goals (SDGs) and the African Union's Agenda 2063.



Dr. Rose Oronje, Deputy Executive Director for AFIDEP leading a session at the conference.



Prof. Tom Kairuki, CEO of the Science for Africa Foundation making an address during the conference.



Dr. Evelyn Gitau of Science for Africa Foundation making a contribution during the conference.



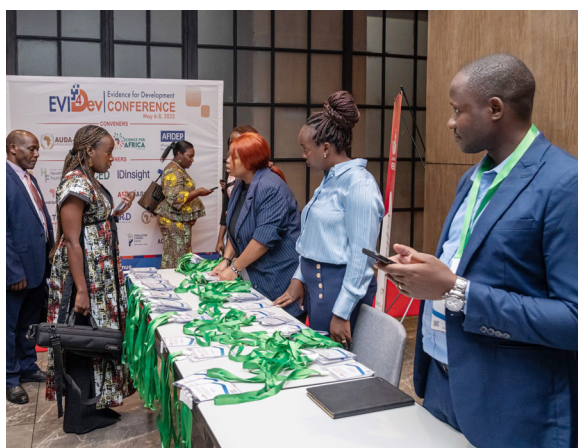
Maria Namyalo, a Programme Officer at the African Union Development Agency (AUDA-NEPAD) and a delegate posing for a photo during the conference.



Prof. Brando Okolo, Senior Advisor, Science, Technology and Innovation at AUDA-NEPAD, addressing participants.



Hon. Dr Jessie Kabwila, Minister of Higher Education, Malawi, addressing participants at the conference.



Participants registering during the conference.



Participants pose for a photo at the event.



A panel discussion on strategies to optimise domestic health financing for improved healthcare delivery in Africa hosted by AFIDEP and Partners in Population and Development Regional Office (PPD-RO) which was chaired by Dr Cleopatra Mugenyi.



Dr Roselinda Awour, Director of Research at the Ministry of Education, Kenya, delivering the opening remarks at the Evi4Dev Conference on behalf of the Cabinet Secretary for Education, Mr. Julius Ogamba.

## Science, technology and innovation should power Africa's development vision

By Derick Ngaira

**A**frica's transformation will not be achieved without fully embracing science, technology, and innovation (STI) as drivers of inclusive and sustainable growth. The African Union's Science, Technology and Innovation Strategy for Africa (STISA) 2024–2034 provides a clear roadmap to place STI at the heart of national development plans, industrial policies, education systems, and governance. But this vision will only be realised if governments, institutions, and communities move with urgency and in unison.

At the Evidence for Development (Evi4Dev) Conference, leaders from across the continent underlined the pivotal role of STI in advancing the SDGs and Africa's Agenda 2063. Discussions pointed to the need to embed STISA 2034 into national strategies, align academic training with labour market demands, and ensure that innovation addresses Africa's most pressing priorities; from food security and healthcare to climate change and youth employment.

Real progress will depend on collaboration. Governments were urged to work hand in hand with universities,

research centres, civil society, and the private sector. Regional cooperation is equally vital to share technologies, pool resources, and scale up successful models. Education systems should be transformed to prioritise Science, Technology, Engineering, and Mathematics (STEM) and digital skills so that Africa's youthful population is prepared to drive the continent's innovation agenda. Ensuring gender equity in science and technology will be key to unlocking the full potential of women and girls.

Ambition must also be matched with resources. Delegates noted that greater investment in research, particularly basic research that underpins future breakthroughs, is urgently needed. Integrating indigenous knowledge into the innovation ecosystem will make solutions more relevant and sustainable. At the same time, researchers must communicate their work in ways that influence policy and inspire action.

With STISA 2034 as a guide and the momentum of the Evi4Dev Conference as a catalyst, the time has come to act boldly. Placing STI at the centre of development is the surest way to accelerate progress and deliver on the promise of the SDGs in the final stretch to 2030.

# AFIDEP's Strategy 2030 launched to advance Africa's evidence-informed transformation

By Derick Ngaira



**Hon. Dr Jessie Kabwila, Malawi's Minister of Higher Education officially unveiling AFIDEP's 2030 Strategy. She was joined by (from left) Dr Rose Oronje, AFIDEP's Deputy Executive Director; Dr John Mudany, AFIDEP's Board member; and Dr Eliya Zulu, AFIDEP's Executive Director.**

**T**he African Institute for Development Policy (AFIDEP) launched Strategy 2030, a roadmap designed to accelerate Africa's sustainable development through evidence-informed decision-making. The launch took place on the sidelines of the Evidence for Development (Evi4Dev) Conference in Nairobi, Kenya, on May 6, 2025, and was presided over by Dr Jessie Kabwila, Minister of Education from the Republic of Malawi.

In her address, the Minister commended AFIDEP for developing a strategy that aligns with Agenda 2063, Africa's blueprint for inclusive and sustainable growth.

"AFIDEP's Strategy 2030 directly speaks to the aspirations of Agenda 2063, which envisioned an integrated and

prosperous continent driven by its own citizens and anchored in the potential of its people," she said.

The Minister praised AFIDEP's longstanding partnership with the Government of Malawi, noting that the Institute's vital role in shaping policy and strengthening institutional capacity across key sectors.

She highlighted AFIDEP's work in supporting Malawi's Parliament to enhance budget analysis and financial scrutiny, supporting the National Planning Commission to identify cost-effective interventions under Malawi Vision 2063, and working with the Ministry of Health to improve evidence use in primary healthcare, family planning, and disease control.

She also recognised AFIDEP's leadership in promoting the demographic dividend agenda, demonstrating how African countries can harness the economic potential of their youthful populations through strategic investments in education, health, and employment. This pioneering work earned AFIDEP the 2023 UN Population Award, an honour she described as "a testament to the Institute's commitment to Africa's development."

"The Government of Malawi values AFIDEP's contribution to promoting evidence-informed decision-making so highly that it granted the Institute diplomatic status to enable it to grow and deliver more impact in Malawi and across Africa," she noted.

On his part, AFIDEP's Executive Director, Dr Eliya Zulu, described Strategy 2030 as a defining moment for Africa's evidence ecosystem and a continuation of AFIDEP's 15-year legacy of bridging research, policy, and practice.

"AFIDEP's Strategy 2030 builds on our legacy of bridging the gap between research and policy," said Dr Zulu. "Over the next six years, we committed to translating evidence into real action that transforms lives across the continent. We envision an Africa where evidence is used consistently to transform lives and this strategy is our collective commitment to make that vision a reality."

Dr Rose Oronje, AFIDEP's Deputy Executive Director highlighted the impact of the previous strategy, noting that it had achieved several significant impact, including stimulated and informed policy and legislative actions by African governments, supported governments to translate their commitments into concrete action, put previously neglected issues such as emerging technologies for health onto national agendas, and strengthened institutional structures within government agencies to enable the sustained use of data and evidence in decision-making.

## About AFIDEP Strategy 2030

The AFIDEP Strategy 2030 is anchored on two main programme pillars: Human Capital Development and Sustainable Growth and Governance. It is designed to strengthen Africa's capacity to achieve equitable, inclusive, and sustainable development. The first pillar focuses on population dynamics and demographic dividend, health and wellbeing, and education and skills development, while the second addresses economic wellbeing, environment and climate change, and governance and accountability.

Gender equality and inclusion is embedded as cross-cutting priority throughout the strategy to ensure that Africa's progress leaves no one behind.

The strategy also outlines four core objectives:

- Facilitating evidence generation and translation,
- Strengthening institutional capacity for evidence use,
- Deepening partnerships with governments and development actors, and
- Optimising internal systems for greater impact.

Dr Zulu noted that Africa's progress toward sustainable development depends on the consistent use of data, research, and innovation to guide decision-making.

"Africa's slow progress in achieving development goals was partly due to inconsistent use of evidence in priority setting, resource allocation, and policy implementation," he said. "With AFIDEP's Strategy 2030, we are not just planning for the future, we are shaping Africa's transformation through the power of evidence."

The launch of AFIDEP Strategy 2030 marked a renewed commitment to ensuring that evidence is at the heart of policymaking across the continent. Through this strategy, AFIDEP aims to strengthen institutions, foster collaboration, and catalyse policies that would drive meaningful and lasting development impact in Africa.



The AFIDEP Strategy 2030 launch display.

# Africa's health future lies in research

By Derick Ngaira



The African Institute for Development Policy (AFIDEP) and the African Union Development Agency (AUDA-NEPAD) team at the launch of the Monograph at the 38th African Union Summit in Addis Ababa, Ethiopia

On February 14, 2025, on the sidelines of the 38<sup>th</sup> African Union Summit in Addis Ababa, the African Institute for Development Policy (AFIDEP) and the African Union Development Agency (AUDA-NEPAD) launched a Monograph titled: Leveraging Research Prioritisation and Emerging Technologies to Strengthen Healthcare Delivery in Africa. The document is a call to action at a decisive moment for Africa's development journey.

As the continent approaches the homestretch of Sustainable Development Goals (SDGs), the scorecard for Africa is sobering:

- Maternal and child mortality remain unacceptably high in some African countries
- Millions lack access to essential health services; and
- Fragile systems buckle under the weight of both communicable and non-communicable diseases.

Business as usual will not deliver the SDGs by 2030, innovation, evidence, and political courage must be considered.

AFIDEP and AUDA NEPAD Monograph lays out a clear path. First, by prioritising research in critical areas like genomic medicine, biobanking, One Health, and maternal and child health, governments can focus scarce resources where they will have the biggest impact.

Second, by harnessing emerging technologies like artificial intelligence, drones, blockchain, the Internet of Medical Things (IoMT), Africa can leapfrog structural barriers that have long stifled progress.

Drones in Rwanda are saving lives by delivering blood and vaccines to remote villages. In Kenya, mobile platforms like M-TIBA are connecting patients to healthcare financing. In Nigeria, AI-powered apps like *Ubenwa* are diagnosing childbirth complications from an infant's cry. These innovations are not experiments on the margins; they are proof that Africa can chart a different health future.



**Drones in Rwanda are saving lives by delivering blood and vaccines to remote villages.**

The examples are already here. Drones in Rwanda are saving lives by delivering blood and vaccines to remote villages. In Kenya, mobile platforms like M-TIBA are connecting patients to healthcare financing. In Nigeria, AI-powered apps like *Ubenwa* are diagnosing childbirth complications from an infant's cry. These innovations are not experiments on the margins; they are proof that Africa can chart a different health future.

Yet, as the Monograph rightly observes, technology alone is not the solution. Without investment in digital infrastructure, electricity, internet access, and human capital, even the most advanced innovations will gather

dust. Malawi's Foreign Affairs Minister Nancy Tembo, speaking at the launch of the Monograph on behalf of President Hon. Lazarus Chakwera, made the point bluntly: governments must build the enabling environment-robust policies, regulations, and training-if Africa is to seize the opportunities before it.

Equally important is ownership. As donor funding declines, Africa must mobilise its own resources to finance health research and innovation. "The time to act is now," said Dr Eliya Zulu, AFIDEP's Executive Director, warning against overdependence on external support. Domestic financing is not only about money; it is about sovereignty, the power to define our own priorities, invest

in our own scientists, and shape technologies that reflect our realities.





The stakes are high. With 2030 looming, the continent cannot continue to mark time. Achieving SDG 3 on health and well-being will require a transformative shift. The AFIDEP and AUDA NEPAD Monograph provides a roadmap for Africa's final push toward the SDGs, and beyond that, a foundation for Agenda 2063's vision of "The Africa We Want".

If Africa wants healthier, more resilient societies, there is need to put evidence at the centre, invest in science, and embrace innovation not as an option, but as the only viable path forward.

# Understanding the economic value of family planning: Evidence from the Family Planning (FP-Impact) Consortium

## THE CHALLENGE

Family planning is still one of the most under-invested development solutions, even though

-  Too many women still lack access
-  Budgets are shrinking
-  Competing priorities dilute focus
-  FP's economic impact is often overlooked

## THE NEED

The economic case for investment

Saves more than \$3 in maternal and newborn healthcare

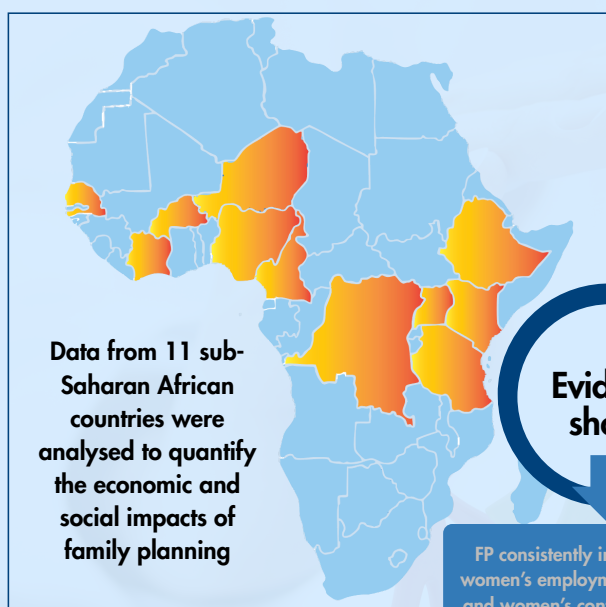


\$1 Invested in family planning

=

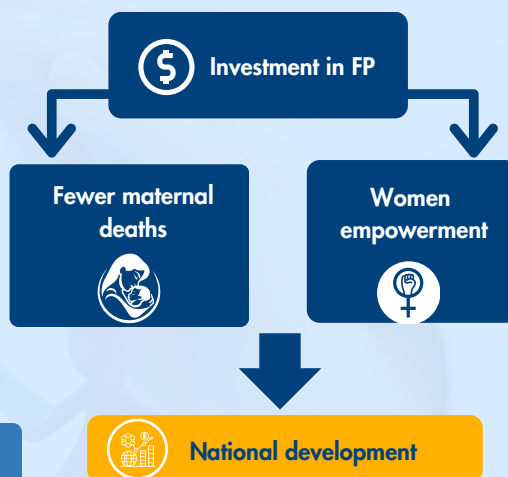


Generates \$60- 100 in long term economic returns



Evidence shows:

FP consistently improves girls' education, women's employment, household wellbeing, and women's control over income and time.



## Key findings



### 1 Greater control over financial resources

Three models show that FP increases women's degree of control over financial resources.



### 2 Other measures of autonomy strengthen

Three models demonstrate positive associations with other measures of autonomy, including financial control & time-use control.



### 3 More women in paid work

Every model shows that FP improves a woman's likelihood of participating in paid employment.

The Family Planning Impact Consortium (FP-Impact) is a multidisciplinary group of researchers and other members of the scientific community convened to generate and disseminate evidence that equips countries with estimates of the value of investing in family planning.



Photo: Freepik

The conversation on climate change in Africa often dwells on loss in form of droughts, floods, and other climate shocks.

## Framing climate action as a health opportunity for Africa

By Charlotte Chisoni

Framing of an issue shapes understanding, perception, and action. The HIV and AIDS response shows this clearly. Initially framed as a moral and health crisis, it fuelled stigma and slowed progress; later reframed as a development issue, it attracted global and domestic investment, transforming outcomes across Africa. Similarly, during COVID-19, countries' varying responses (from strict lockdowns to denial) reflected how framing influences both public perception and policy action.

This is why the Pathfinder Initiative on Accelerating Climate Action for Health (Pathfinder 2), which is funded by Wellcome Trust and led by the London School of Hygiene and Tropical Medicine (LSHTM) in collaboration with partners including the African Institute for Development

Policy (AFIDEP) and the African Population and Health Research Center (APHRC).

Framing in this case refers to building consensus on the language and terminologies that would be best suited in communicating how climate action can both reduce emissions and improve health, particularly in the context of Africa.

To explore this, Pathfinder 2 brought together experts from across the continent comprising of academics, policymakers, nongovernmental organisation (NGOs), and international non-governmental organisation (INGOs) in a workshop that examined how to frame key pathways to a low-carbon future in ways that resonate with Africa's realities and support practical policy action.

## Framing the health co-benefits of climate action in Africa

Climate change is already reshaping lives across Africa hence climate action is essential and the way it is framed determines whether it motivates solutions or fuels despair. Positioning climate action as a pathway to healthier people and stronger communities rather than only a story of loss was a central focus of the workshop discussions.

One of the key message from the workshop was the importance of moving away from negative connotations. The conversation on climate change in Africa often dwells on loss in form of droughts, floods, and other climate shocks. While these realities are undeniable, participants cautioned that constantly framing climate in terms of damage risks overwhelming people. They argued for highlighting the health gains that come with climate action like cleaner air, fewer respiratory diseases, and stronger health systems.

Equally important was the call to highlight win-win solutions. When climate action is presented as something that improves daily life while also protecting the planet, it becomes far more compelling. Malawi's Solar for Health programme was given as a good example; by powering hospitals with solar energy, it not only reduces reliance on fossil fuels but also ensures uninterrupted care for patients. Stories like this show how climate policies can meet immediate community needs while also advancing sustainability goals.

Finally, participants engaged in the workshop reflected on the language we use to describe climate efforts. Terms such as mitigation can feel misplaced in the African context, where the continent contributes less than 4% of global emissions yet endures the heaviest impacts. Reframing the conversation more broadly as climate action was seen as more inclusive and resonant. This shift acknowledges Africa's historical context while still encouraging proactive, solutions-driven responses.



Results from a mentimeter question on what words/terms/phrases are used when we talk about climate change in sub-Saharan Africa.

## Pathways to a healthier, low-carbon future

Participants identified several pathways that could drive Africa towards a healthier, low-carbon future, these connect climate action directly to people's daily lives.



### Rapid urbanisation and transport,

for instance, were seen as key opportunities to design cities that are both people-centred and planet-friendly. As Africa's cities expand, careful planning that prioritises public transport, cycling, and walkable spaces can reduce car dependence, cut emissions, and promote healthier, more active lifestyles.



### Clean energy and waste management

were also viewed as critical areas for improving both environmental and health outcomes. Across much of the continent, households still rely on charcoal, wood, or kerosene for cooking and heating which are major sources of indoor pollution that cause respiratory illnesses and environmental degradation. Similarly, open burning of waste continues to release harmful fumes that threaten community health. Investing in cleaner energy solutions, recycling infrastructure, and safe waste disposal systems can therefore provide double dividends: reducing emissions while improving air quality and public health.



### Meaningfully public involvement in climate action and ensuring access to clear, reliable data.

Many communities remain unaware of their own emission levels or how local activities like cutting trees or adopting solar power affect the broader environment. Making such information transparent and easy to understand can empower people to make informed choices and support long-term sustainability efforts.

Together, these pathways paint a picture of climate action that is not abstract or distant, but deeply human. Each represents an opportunity to create environments where cleaner air, healthier people, and sustainable growth reinforce one another which is a blueprint of development that places wellbeing at its centre.

# Strengthening pandemic preparedness and response (PPR) financing in Africa: Bridging gaps and building resilience

By Nhlanhla Dhaka



**While health systems often prioritise curative services, sustainable development demands multisectoral investment in prevention and preparedness.**

**S**urveillance and pandemic preparedness remain critical defences against global health threats, as evidenced by the COVID-19 pandemic that disrupted economies, strained health systems, and claimed millions of lives worldwide. In low- and middle-income countries (LMICs) like Zambia and Kenya, inadequate financing for surveillance systems—such as Integrated Disease Surveillance and Response (IDSR) and Event-Based Surveillance (EBS)—exacerbates vulnerabilities, leading to delayed detection and response to outbreaks.

While health systems often prioritise curative services, sustainable development demands multisectoral investment in prevention and preparedness. This includes collaboration across Ministries of Health, Finance, Agriculture, and Disaster Management. A holistic approach aligns with the goals of recent scoping and gap analysis reports on domestic financing for surveillance and pandemic preparedness, released in February 2025 by AFIDEP in collaboration with the Ministries of Health in Kenya and Zambia, the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and other partners.

These reports examine the financing landscapes in Zambia and Kenya, highlighting trends, gaps, and opportunities to enhance resilience. By addressing these, countries can

improve early warning systems, reduce economic losses from pandemics, promote equity, and contribute to the Sustainable Development Goals (SDGs), particularly SDG 3 on health and wellbeing.

## The global health security framework

Global health security frameworks, such as the WHO's International Health Regulations (IHR) and the Global Health Security Agenda (GHS), provide blueprints for strengthening surveillance and pandemic preparedness and response (PPR). These frameworks emphasise not just medical responses but systemic reforms, integrating financing with innovation and equity.

In Zambia and Kenya, national PPR frameworks include Zambia's National Health Strategic Plan (NHSP) and One Health Strategic Plan (OHSP), and Kenya's Health Sector Strategic and Investment Plan (KHSSP) and National Action Plans for Health Security (NAPHS). However, implementation is hindered by persistent financing gaps and systemic inefficiencies.

In the Southern African Development Community (SADC) and East African Community (EAC) regions, expenditures on epidemiological surveillance and risk of disease

control programmes average below 5% of current health expenditure (CHE) [well below the 15% Abuja Declaration target (2001)].

In contrast, countries like Rwanda have made significant strides, allocating over 15% of their national budgets to health, while Kenya and Zambia remain below 10% [falling short of the 15% target set by the Abuja Declaration (2001)].

## Addressing financing gaps in PPR

Financing gaps in surveillance and pandemic preparedness stem from structural, economic, and policy factors that hinder effective resource allocation. The gap analysis reports for Kenya and Zambia identified several key challenges:

- **Limited domestic budgets:** Kenya allocates only 9.7% of its national budget to health, while Zambia allocates 9–10% [both below the 15% Abuja Declaration target].
- **Overreliance on external funding:** In Kenya, over 90% of surveillance funding comes from external donors. Zambia similarly relies on development assistance for health (DAH), with more than 80% of PPR financing externally sourced.
- **Inefficiencies in absorption and utilisation:** Kenya's PPR budget absorption rates ranged from 85–92% between 2021–2025, while Zambia underspent 22.5% of its allocated surveillance funds in 2020.
- **Fragmented coordination across sectors:** Disjointed efforts among ministries and agencies delay response and reduce effectiveness. The absence of a unified national coordination mechanism leads to duplication and inefficiencies.
- **Inadequate investment in primary health care (PHC) integration:** Surveillance systems are not well integrated into PHC, limiting early detection and response, especially in rural and underserved areas. This reflects a broader overreliance on curative care, rather than preventive and promotive health services.

These gaps increase vulnerability to pandemics and hinder the realisation of universal health coverage (UHC). Addressing them requires a shift from reactive to proactive health financing and governance.

## Risks and vulnerable populations

The risks posed by pandemics are not evenly distributed. Populations in low-income settings, migrants, and communities with weak PHC systems are disproportionately affected. In Zambia, men and older populations face higher exposure due to labor migration. In Kenya, urban informal settlements are particularly vulnerable due to overcrowding and limited access to healthcare.

Climate change, urbanization, and migration which is prevalent in sub-Saharan Africa—further amplify these risks. The lack of targeted investments in high-risk areas, such as border regions and urban slums, leaves significant gaps in preparedness. Data-driven approaches, including the use of electronic IDSR (e-IDSR) and AI-powered analytics, offer promise but must be supported by robust data governance and equitable access to technology.

## Recommendations for sustainable PPR financing

To build resilient health systems and ensure sustainable pandemic preparedness, the following actions are recommended:

- **Increase domestic investment:** Allocate at least 1–2% of national health budgets specifically to PPR, in line with international commitments such as the Maputo Declaration [10% of national budgets to agriculture and rural development (2003)] and Abuja Declaration [15% of national budgets to health (2001)].
- **Establish dedicated PPR funds:** Enact legislation to create ring-fenced funds for surveillance and emergency preparedness.
- **Strengthen PHC integration:** Embed surveillance and early warning systems within PHC to enhance community-level detection and response.
- **Enhance multisectoral coordination:** Develop and implement national coordination frameworks that align efforts across health, finance, agriculture, and disaster management sectors.
- **Improve efficiency and accountability:** Strengthen public financial management systems to improve budget absorption, reduce wastage, and ensure transparency.
- **Leverage regional collaboration:** Engage with regional bodies like the African Union (AU), SADC, and EAC to harmonise strategies and share resources.

## Conclusion

As we approach 2030, the path to robust PPR lies in collective action bridging health and finance. Strengthening surveillance and preparedness is not just a health imperative, it is a marker of sustainable development. While Zambia and Kenya have made progress post-COVID-19, uneven financing, variations in budget absorption, and regional disparities underscore the need for bolder action.

Achieving the SDGs global milestones will require enhanced collaboration, data-driven investments, and a focus on high-risk groups. Sustained commitment, innovation, and equitable funding will accelerate progress, making PPR in sub-Saharan Africa both resilient and inclusive.

# Gender data: A catalyst for achieving the SDGs in Africa

By Edel Sakwa



**From left: AFIDEP's Consultant in Senegal Dr Fatou Cisse, Dr Rose Oronje Deputy Executive Director, AFIDEP, Dr Violet Murunga, Senior Research and Policy Analyst, AFIDEP's Consultant in Ethiopia Dr Yeshihareg Damte and Mrs. Sadio KANOUTE, Head of the Gender and Statistics Office, Ministry of Family and Solidarity/Directorate of Gender Equity and Equality at the Regional Validation of the Agenda for Gender Data Generation, Translation, and Use for Africa workshop in Nairobi.**

**G**ender data encompasses knowledge that captures the diverse lived experiences of women, men, and gender-diverse people. It is disaggregated by sex and highlights gender-related issues such as roles, relations, and inequalities. This data includes both quantitative and qualitative forms and employs collection methods that consider stereotypes, social norms, and other factors that may introduce bias.

In 2015, 193 countries adopted the Agenda for Sustainable Development, comprising 17 Goals and 169 targets, with a central commitment to “leave no one behind” as a key inspiration of the sustainable development goals (SDGs) by promoting gender equality and social inclusion. Nearly a decade later, many nations, particularly in Africa, remain off track to meet these targets by 2030 (UN 2024).

Global progress on closing the gender gap has stalled, with only 68.5% closed to date. Africa ranks sixth among eight global regions at 68.4%, and just 16 of 54 African countries have closed 70% or more of their gender gap (WEF 2024). At the current pace, it could take Africa over a century to

achieve gender parity, underscoring the urgent need for well-targeted policies, programmes, and investments to accelerate progress toward the SDGs (UNDP 2022).

## AFIDEP collaboration for an agenda data

AFIDEP highlights a pressing need for an Agenda for Gender Data Generation, Translation, and Use for Africa that prioritises for optimising the demand for, generation, translation, and use or consideration of gender data in decision-making for development policies, investments, and programming in Africa which is a move that could significantly accelerate or catalyse progress toward the SDGs.

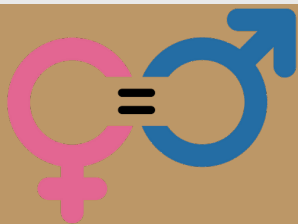
Through various co-creation and validation workshops in Ethiopia, Senegal and Kenya, in collaboration with the African Union Commission Women, Gender, and Youth Directorate, UN Women in Kenya; Ministry of Women and Social Affairs (MoWSA) in Ethiopia; and Consortium pour la Recherche Economique et Sociale (CRES) and the Ministère de la Famille

et des Solidarités in Senegal, AFIDEP met with government agencies, academia, civil society organisations and development partners who focus on gender equality and data to discuss and refine an Agenda for Gender Data Generation, Translation, and Use in Africa. The draft Agenda, developed from national and regional study findings, aimed to identify priorities for strengthening the use of gender data in shaping development policies, investments, and programmes across the continent.

## The gender gap and the SDGs

Gender equality is a cornerstone for achieving all SDGs. When women and men have equal access to opportunities, resources, and decision-making, poverty reduction efforts become more effective, education outcomes improve, health systems strengthen, and economies grow inclusively. Conversely, limited progress in closing the gender gap slows development across sectors.

For example, without data on women's unpaid care work, governments may overlook the need for childcare services or flexible work policies. Similarly, lacking statistics on gender-based violence can result in underfunded support systems and ineffective legal protections. Gender data shines a light on these hidden issues, enabling targeted solutions that uplift marginalised populations. Without robust gender data, policymakers cannot fully understand disparities or design evidence-based policies to ensure equitable and sustainable outcomes for all, thus also realising the gender gap by 2030.



**Without robust gender data, policymakers cannot fully understand disparities or design evidence-based policies to ensure equitable and sustainable outcomes for all, thus also realising the gender gap by 2030.**

## Building a gender data ecosystem

AFIDEP advocates for a comprehensive gender data ecosystem that encompasses generation, translation, and use. Generation involves collecting high-quality, timely, and relevant data through surveys, censuses, and administrative records.

The gender gap is both a policy and capacity issue, compounded by weak institutional coordination and limited political commitment to gender data as a strategic tool for development.

Bridging this divide requires stronger policy frameworks, sustained investments, capacity strengthening, and a cultural shift towards valuing gender data as essential evidence for achieving the SDGs and Africa's Agenda 2063. By embedding gender data into national development strategies, African countries can better target interventions, reduce inequalities, and ensure that no one is left behind.

Moreover, gender data enhances accountability. It allows stakeholders to track commitments, measure impact, and adjust strategies in real time. This is particularly important in the final stretch toward 2030 goals, where agility and precision are key, especially amid shifting donor priorities that demand greater evidence of impact and value for money in development investments.

## Looking ahead

To catalyse the achievement of the SDGs and gender equality in general, concerted efforts are needed to address the gender data gaps and challenges in Africa and leverage existing opportunities.

AFIDEP assessment findings from the agenda data address the underlying drivers of gender data generation, translation and use. They include just to mention a few:

- Putting in place enabling legal and policy frameworks.
- Awareness of what gender data constitutes and its value.
- Capacity development of key institutions and stakeholders.

As countries strive to regain momentum toward the 2030 Agenda, investing in gender data offers a powerful catalyst for more equitable policies, effective resource allocation, and greater accountability in development outcomes. By embracing the proposed Agenda for Gender Data Generation, Translation, and Use, African nations can drive evidence-informed decision-making, close persistent gender gaps, and ensure that no one is left behind on the path to sustainable and inclusive development.



A pre-conference session on enhancing financing strategies for NCDs across Africa underway at the 4th Global NCD Alliance Forum in Kigali, organised by Results for Development and AFIDEP.

# A race against time as underfunding noncommunicable diseases (NCDs) threatens Africa's 2030 SDG goals

By Derick Ngaira

**W**hile Africa continues its decades-long battle against infectious diseases, noncommunicable diseases (NCDs) such as heart disease, cancer, diabetes, and respiratory conditions are quickly claiming more lives, eroding economic productivity, and straining fragile health systems.

A new report by the African Institute for Development Policy (AFIDEP), developed under the Financing Accelerator Network (FAN), *Health Financing for Noncommunicable Diseases: Landscape Analysis of Practices and Challenges in Sub-Saharan Africa (2025)*, paints a stark picture: By 2019, noncommunicable diseases were responsible for approximately 37% (or about 2.8 million) of all deaths in the WHO African Region. Eight of the ten leading causes of death in 2021 were NCDs, an alarming shift that emphasises how urgent action has become.

SDG 3 seeks to ensure healthy lives and promote well-being for all at all ages, with a specific target (3.4) of reducing premature mortality from NCDs by one-third by 2030. Yet, with just five years to go, evidence shows that this goal is slipping out of reach for much of sub-Saharan Africa.

## The economic impact of NCDs adds urgency to the crisis

Lost productivity from chronic diseases could cost low- and middle-income countries an estimated US\$21.3 trillion by 2030. The cost is not only financial, but it also deepens poverty and inequality, threatening gains made across other SDGs such as education, gender equality, and economic growth.

## Underfunding at the heart of the problem

Despite their growing toll, NCDs remain chronically underfunded. Governments in low-income African countries allocate an average of just 13% of health spending to NCDs, about US\$2 per capita. Official Development Assistance (ODA) is similarly low, with only 1–2% of global aid dedicated to NCDs. In the six countries reviewed; Kenya, Rwanda, South Africa, Botswana, Ghana, and Senegal, the share of domestic health spending on NCDs ranged from 4.4% to 15.3%.



This gap in funding leaves millions of Africans to shoulder the cost of care. The report found that more than half (53%) of all NCD-related health expenses are paid directly by households, often pushing families into financial hardship. For the poorest, a chronic diagnosis can mean the impossible choice between treatment and survival.

## Systemic gaps hindering progress

Beyond the financial shortfall, weak governance and fragmented systems are stalling progress. Many countries lack comprehensive, prevention-focused NCD policies. Health insurance schemes remain fragmented and exclude key NCD services. Most systems still prioritise costly hospital care over preventive, community-based solutions, hence undermining efforts to detect and manage diseases early.

The report also highlights a lack of reliable data on NCDs, poor integration of services, and limited engagement of the private sector and civil society, key partners in achieving universal health coverage (UHC).

## Seizing the opportunity for transformative action

Despite these challenges, there is still time for Africa to act decisively and realign its health financing priorities with the Sustainable Development Goals (SDGs).

The report highlights key steps forward:

- Increasing domestic investment in prevention and early detection.
- Adopting innovative financing such as taxes on tobacco, alcohol, and sugary drinks, and
- Expanding national health insurance to include NCD services.
- Strategic purchasing of medicines and diagnostics to reduce costs and stronger partnerships with the private sector and civil society to scale up awareness, screening, and community-based care.

## Conclusion

As the world rallies for the final push toward the 2030 SDGs, Africa's response to the NCD crisis will be a defining test of political will and policy coherence. Investing in NCDs is a development necessity. Every dollar spent on prevention and early treatment saves lives, strengthens economies, and accelerates progress across multiple SDGs. The path to achieving the SDGs runs through stronger, fairer, and better-financed health systems.

FAN is an initiative established via a technical partnership between Access Accelerated and the World Bank, in close cooperation with Results for Development, to build a growing coalition of global and local organisations in support of improving sustainable financing for NCDs in LMICs.

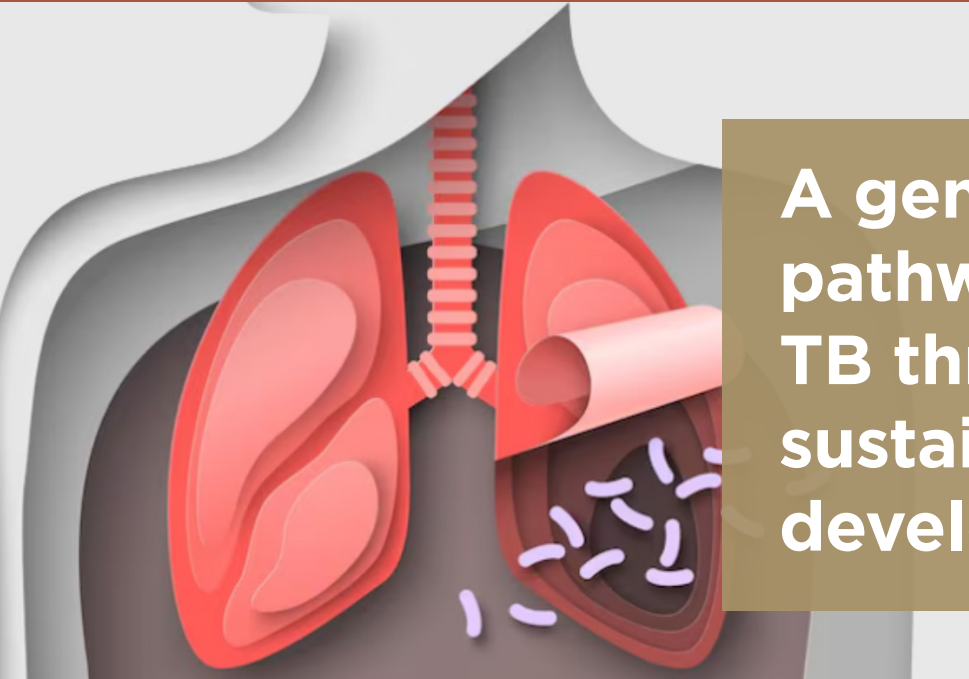
FAN operates through regionally based NCD Financing Accelerators that support governments and local stakeholders with technical support, cross-country learning, and catalytic seed funding to advance local NCD financing programmes, with AFIDEP as host of the inaugural accelerator in SSA.



May 2025

**REPORT**  
HEALTH FINANCING FOR  
NONCOMMUNICABLE  
DISEASES: LANDSCAPE  
ANALYSIS OF PRACTICES AND  
CHALLENGES IN THE SUB-  
SAHARAN AFRICA REGION





# A gendered pathway to ending TB through sustainable development

By Edel Sakwa

Tuberculosis is as much a development and equity issue as it is a public health challenge.

**T**uberculosis (TB) remains one of the world's deadliest infectious diseases affecting over 10 million people each year, especially in low-income communities. The End TB Strategy recognises that health systems alone cannot eliminate TB, they require multisectoral collaboration across labour, justice, housing, and social protection sectors.

Notably for enhanced overall health and wellbeing, improved socio-economic outcomes, equity, and contribute to the efforts of ending TB by 2030.

The End TB Strategy is the World Health Organization's (WHO) global blueprint to eliminate TB as a public health threat by 2030. Adopted by the World Health Assembly in 2014, it aligns closely with the Sustainable Development Goals (SDGs) and emphasises that ending TB requires more than medical treatment, it demands social, economic, and systemic transformation. By combining public health innovation with social equity, the End TB Strategy offers a roadmap to not just cure disease, but to build healthier, more resilient societies.

The key goals by 2030 include 90% reduction in TB deaths, 80% reduction in TB incidence, and zero families facing catastrophic costs due to TB. The three strategic pillars are integrated, patient-centered care and prevention, bold policies and supportive systems, and intensified research and innovation.

With only five years remaining until the end of the SDGs, progress has been made, but we are still off track. The 2024 Global TB Report reveals an 8.3% decrease in TB incidence since 2015, far short of the 50% reduction target for 2025. The WHO 2024 Global Tuberculosis report states that TB mortality has fallen by 23% between 2015 and 2023. The

report further indicates that in many regions, TB incidence rates are even increasing again, reflecting gaps in detection, treatment, and the underlying social drivers.

Recognising that TB is as much a development and equity issue as it is a public health challenge, the strategy builds on past efforts while embracing new tools, innovations, and partnerships. It positions TB treatment and care within the wider global agenda for sustainable development, aligning with the SDGs. This approach underscores that ending TB will not only save lives but also advance social justice, strengthen health systems, and contribute to a fairer, healthier world.

As we look toward 2030, the path to TB elimination lies in collective action that bridges health and development. While countries have made commendable progress in TB treatment and care, the journey toward meeting global targets remains uneven. Variations in TB incidence, mortality, treatment success, and multidrug-resistant TB rates highlight the need for stronger, coordinated action.

Achieving the milestone will require enhanced regional collaboration, targeted and data-driven interventions, and integration of TB services within broader health systems. Sustained political commitment, investment in innovation, and a focus on vulnerable and high-risk populations will be key to accelerating progress.

For sustainable development, AFIDEP's LIGHT Consortium project advances this agenda by uncovering the gendered pathways that shape TB risk, access, and outcomes, generating evidence through participatory research and demographic data to inform policy action that strengthens equitable, people-centred TB responses in urban settings.



Participants at the National launch of Direct Facility Financing, Dedza District, Malawi led by AFIDEP.

# SMART advocacy capacity building results in meaningful engagement in Malawi

By Godfrey Pumbwa and Mark Malema

**T**hrough the Advancing Domestic Health Financing (ADHF) project, the African Institute for Development Policy (AFIDEP) and the Partners in Population and Development Africa Regional Office (PPD-ARO), equipped civil society organisations (CSOs) in Malawi with SMART advocacy skills, enhancing their ability to engage in health financing policy discussions strategically. This capacity-building initiative bore fruit as the trained CSOs meaningfully contributed to formulating Malawi's 2025/26 national budget during pre-budget consultations organised by the Ministry of Finance and Economic Affairs.

Following a SMART advocacy training held in September 2024, the CSOs developed targeted strategies to influence budget allocations toward critical health areas such as primary health care (PHC); reproductive, maternal, newborn, child, and adolescent health (RMNCAH); and HIV, malaria, and tuberculosis co-financing agreements. Recognising the strategic opportunity presented by the pre-budget consultations, AFIDEP supported these CSOs in crafting a unified budget contribution statement, ensuring that their priorities and evidence-based recommendations were formally included in national policy discussions.

The Ministry of Health had consistently noted funding constraints, especially to implement 11 game-changing reforms in Malawi's Health Sector Strategic Plan III. A key focus area for the ministry was the Direct Facility Financing reform to strengthen PHC at the district level. This reform remained predominantly donor-funded, with the government contributing only Malawian Kwacha (MK)200 million, underscoring the urgency of increasing domestic financing for sustainable health improvements.

The CSOs' contribution was further informed by an analysis of the 2024/25 health budget, which revealed a budgetary shortfall of MK73 billion in the health sector. This gap

highlighted critical funding deficits in essential medicines, medical equipment, health worker training, and co-financing agreements with global health partners. In response, the CSOs called for increased investment in sexual and reproductive health programmes, including prioritising family planning commodities, expanding the Direct Facility Financing mechanism, and establishing a Health Fund with sustainable financing sources.

They also advocated for the timely disbursement of allocated funds, the clearance of outstanding arrears in the health sector, and the construction of 200 new health posts. The joint budget submission of the CSOs was delivered to the Ministry of Finance on January 28, 2025. In addition, Centre for the development of People (CEDEP) and Network of Journalists Living with HIV (JONEHA) complemented these efforts by engaging the Parliamentary Committee on Health during cluster meetings to reinforce the case for increased investment in the health sector.

These coordinated advocacy efforts led to notable policy outcomes. The Ministry of Health's budget increased by 8.5%, rising from MK729 billion in 2024/25 to MK791 billion in 2025/26. Funding for family planning commodities increased by 10%, from MK700 million to MK770 million. The allocation for Direct Facility Financing surged by 150%, from MK200 million to MK500 million. The government also committed MK20 billion to construct 55 new health posts. Additionally, the drug budget rose by 25%, reaching MK70 billion, while the vaccine budget grew significantly by 150%, increasing from MK1 billion to MK2.5 billion.

These achievements emphasise the power of evidence-based advocacy and strategic engagement. By equipping CSOs with the right tools and platforms, the SMART Advocacy initiative has shaped a more responsive and better domestic-financed health sector in Malawi.

# How African countries are taking charge of their health financing

By Derick Ngaira



**Dr Jackson Otieno, AFIDEP's Senior Research and Policy Analyst addressing parliamentarians during the 18th Network of Africa Parliamentary Committees of Health (NEAPACOH) meeting in March, Dar es Salaam, Tanzania.**

**W**ith just five years remaining to achieve the Sustainable Development Goals (SDGs), there is an urgent need for African countries to deliver on their health commitments. Universal health coverage (UHC) by 2030 remains a central target, yet weak health systems, low domestic investments, and heavy dependence on external aid continue to threaten progress. In some countries, up to 60% of health financing still comes from donors, leaving citizens vulnerable when external priorities shift.

The Advance Domestic Health Financing (ADHF) initiative, launched in 2022 by the African Institute for Development Policy (AFIDEP) and Partners in Population and Development Africa Regional Office (PPD-ARO), is tackling this challenge head-on. The initiative is working in Kenya, Malawi, Zambia, and Uganda, while also convening

actors at regional and continental levels. The project aims to strengthen governments, parliaments, civil society, and the private sector to champion and secure more sustainable domestic investments in health, with a focus on primary healthcare and women's and girls' health.

Kenya offers a powerful example of what this shift looks like. In 2023, the country passed four landmark health laws, including the Social Health Insurance (SHI) Act and the Facility Improvement Financing (FIF) Act. ADHF has been instrumental in translating these reforms into action. Through support for the costing of the Kenya Essential Package of Health (KEPH), Kenya introduced national service tariffs to ensure that citizens' Social Health Insurance Fund (SHIF) contributions are used efficiently and equitably. At the county level, the FIF law which ADHF project supported counties to domesticate is already bearing fruits. For



instance in Nyandarua facilities that once waited months for funds now receive them in under 10 days. In Laikipia, 93 facilities have been empanelled, and some are receiving reimbursements worth up to KES 1 million (US\$7,700).

SMART Advocacy training conducted by ADHF to civil society organisations working in the health sector has recorded impressive results. The advocacy trainings in Kenya successfully advocated for KES 1.25 billion (US\$10 million) for vaccines after a stockout crisis in Kenya, while counties such as Nairobi, Laikipia, and Kwale increased their allocations for reproductive, maternal, and adolescent health services.

In Malawi, ADHF has supported the operationalisation of the Direct Facility Financing policy, enabling health facilities to directly manage their funds. This reform has reduced delays and improved responsiveness in service delivery. Evidence and advocacy efforts also contributed to a

landmark achievement for instance, allocations to primary healthcare more than doubled in the 2025/26 national budget, strengthening care at the community level where most Malawians seek services.

In Zambia, ADHF has helped rebuild the technical foundation for domestic health financing by supporting the re-establishment of the Health Financing Unit within the Ministry of Health. The initiative also developed guidelines for the use of internally generated funds and provided evidence that informed a 12% increase in the 2025 primary healthcare budget.

These country successes highlight that when political will, solid evidence, and strong advocacy come together, African governments can reduce their reliance on donors and take charge of their own health financing agendas.

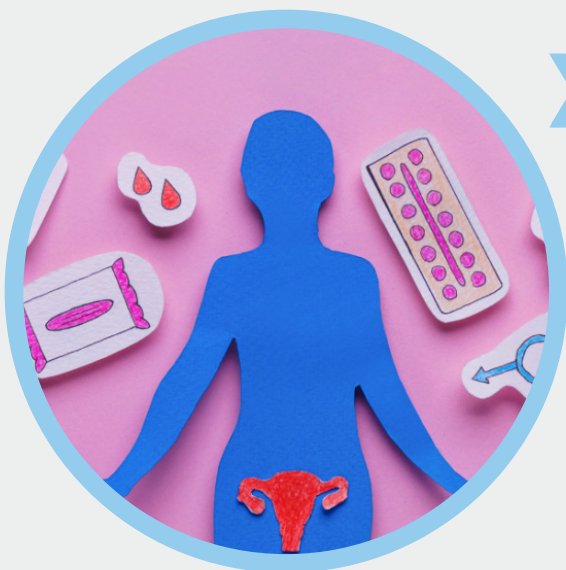
As the world enters the final sprint to 2030, the ADHF initiative is showing that progress toward SDG 3, ensuring healthy lives and promoting wellbeing for all, is within reach.

By mobilising more domestic resources and investing them wisely, African countries are building stronger, more resilient, and self-reliant health systems that will outlast external aid and deliver on the promise of UHC.

## Scaling new heights

### New project and funder

AFIDEP began implementing Leveraging Regional Platforms and Advocates to Enhance Sexual and Reproductive Health and Rights (SRHR) Services and Outcomes in Africa project from June 2025 funded by the Packard Foundation



### Leveraging Regional Platforms and Advocacy to Enhance SRHR Services and Outcomes in Africa

The project seeks to enhance the enabling environment for SRHR action across Africa through leverage regional platforms to promote cross-country learning, showcase best practices, and stimulate policy and programmatic action with a particular focus on adolescent and youth SRHR (AYSRHR) and the intersection of SRHR with climate and environmental issues.




## AFIDEP

African Institute for  
Development Policy

 African Institute for Development Policy

 @Afidep

 African Institute for Development Policy

 AFIDEP

 afidep\_org

[www.afidep.org](http://www.afidep.org)

### Malawi Office:

Plot 111, Zomba Street, Area 10, Lilongwe  
P.O. Box 31024, Lilongwe 3, Malawi  
Phone: +265 995 495 143

### Kenya Office:

1st Floor (Block B), Westcom Point Building  
Mahiga Mairu Avenue, Off Waiyaki Way, Westlands  
P.O. Box 14688-00800, Nairobi, Kenya  
Phone: +254 20 203 9510 | +254 716 002 059