



Evidence Champions: AFIDEP's aspiration for African Researchers

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AS THE SHIFT TO INSTITUTIONALISATION OF EVIDENCE USE GAINS GROUND, WHAT ROLE CAN RESEARCHERS PLAY?

By Dr. Rose Oronje



Researchers and affiliates of the African Academy of Sciences (AAS) from East and West Africa during a research communications and policy engagement training workshop held under the ELA initiative between 27-31 January 2020 in Nairobi. File photo: Ann Waitthaka/AFIDEP.

Efforts to bridge the evidence-to-policy gap have been shifting from individual-focus and often sporadic activities such as conducting a research dissemination workshop once a research study is completed, to taking a systemic approach to address the underlying factors responsible for the gap. This systemic approach to bridging the evidence-to-policy gap is often referred to as institutionalisation of evidence use. Efforts to institutionalise evidence use focus on strengthening institutional systems, structures, processes, procedures, and mechanisms that encourage and enable sustained use of evidence in decision-making. In a context where evidence use is institutionalised, evidence informed decision-making (EIDM) is a routine practice that is enabled by functional systems, structures, investments, capacities and incentives.

The shift to institutionalising evidence use is seen as critical for nurturing a culture of evidence use in decision-making by governments and other development actors. The African Institute for Development Policy (AFIDEP) is one of the institutions in Africa steering this shift based on our experiences and lessons over the last ten years. One of the initiatives we have designed and implemented as part of our efforts to contribute to the institutionalisation of evidence use in Africa is the Evidence Leaders in Africa (ELA) initiative.

The purpose of the ELA initiative, implemented between November 2018 and July 2021, was to expand African researchers' leadership in promoting and enabling increased use of evidence in policy formulation and implementation by African governments. Funded by the [Hewlett Foundation](#), the ELA initiative was a partnership between AFIDEP and the African Academy of Sciences (AAS). The AAS aims to see transformed lives in Africa through science, technology and innovation (STI).

Among others, the AAS has a network of senior, mid-career and upcoming scholars working across the continent to generate evidence and innovation needed to drive sustainable development. AAS researchers are broadly categorised into three groups. The first category is the AAS [Fellows](#), who are distinguished individuals who have reached the highest level of excellence in their field of expertise and have made contributions to the advancement of STI in Africa. The second category is the AAS [Affiliates](#), who are promising African early and mid-career scientists who receive support from AAS to develop into world class research leaders. And the third category is the AAS Grantees, who are researchers who have received research grants from the AAS.

The ELA initiative has implemented interventions aimed at inspiring and empowering the AAS's researchers to engage governments to use science and innovation and champion the institutionalization of evidence use.

Interventions implemented under the Evidence Leaders in Africa Initiative

The ELA initiative had three expected outcomes. The first outcome was "Increased number of academic leaders championing EIDM in Africa". To achieve this outcome, we implemented three activities: conducted an EIDM sensitisation workshop for AAS Fellows to increase awareness and interest in the role researchers can play in efforts to institutionalise evidence use; conducted an EIDM training workshop and mentoring programme for AAS Affiliates (early- and mid-

career scientists); and introduced an EIDM leadership award within AAS Awards scheme.

The second expected outcome was "Increased number of government agencies in East and West Africa taking specific actions to institutionalise EIDM". The activity implemented to achieve this outcome was the provision of four seed grants to individual AAS Fellows in Nigeria (2), Tanzania (1) and Uganda (1) to design and implement initiatives that promote the institutionalisation of evidence use in government agencies in their countries (read about one the grantees).

The third and final expected outcome was "Deepened evidence and space for EIDM learning in Africa". The activity implemented to realise this outcome was the hosting of an EIDM lesson-sharing conference for AAS researchers (Fellows, Affiliates and Grantees).

Lessons from the implementation of the Evidence Leaders in Africa Initiative



Researchers' interest in EIDM is high, but understanding and capacity in EIDM are low

The ELA initiative attracted a lot of interest from AAS researchers, indicating that researchers have a lot of interest in playing a role in efforts that will enable their research to be used and ultimately make a difference in people's lives. However, researchers' understanding of EIDM was low. Similarly, researchers' capacities to effectively engage in EIDM were low. This was demonstrated both at the sensitization workshop for AAS Fellows, and the EIDM training workshop for AAS Affiliates and Grantees.



Given these two facts, it was therefore not surprising that researchers' understanding of the concept of institutionalizing evidence use was even lower. This was evident in the low number of applications received for the seed grant programme, and the few relevant abstracts received for the conference. For the seed grant programme, we received only 11 applications, even after a one-month deadline extension. Out of the 11, only 5 had potential to contribute institutionalising evidence use. For the conference, we received 72 abstracts, out of which only 28 were relevant to the conference's theme and sub-themes. Even then, most of the 28 abstracts were about researchers' efforts to disseminate their research as opposed to efforts to institutionalise evidence use.

Researchers are making some efforts to get their research used

The 11 applications received for the EIDM leadership award and the 28 abstracts entries relevant to the conference theme and sub-themes demonstrate there are some ongoing efforts by researchers to promote the use of their research. Researchers implementing activities to promote the use of their research are, however, appear not be assessing the effectiveness of these efforts. This is because we did not receive any abstract entries for the conference sub-theme on monitoring and evaluation of EIDM efforts.

Individual researchers can be influential in championing institutionalization of evidence use in government agencies, but...

The four seed grants implemented by individual researchers as part of the ELA initiative produced several outputs/outcomes that have potential to contribute to institutionalising EIDM in the government agencies where these were implemented. Some of the outputs include: establishment of three knowledge translation units in three government agencies in Nigeria (Federal Ministry of Environment, Lagos state Ministry of Environment and Water Resources and Ministry of Science and Technology); creation of a community of practice comprising researchers and policy-makers on Environmental Evidence Synthesis and Knowledge Translation to support decision-making; establishment of an open

access evidence resources to support decision-making on environmental issues in Nigeria; Development and adoption of EIDM Guidelines by the Nigerian Natural Medicine Development Agency (NNMDA); Strengthened capacity of officials in the NNMDA in EIDM (identifying, accessing, evaluating, interpreting, synthesizing, and deploying research evidence in decision-making); and the development and approval of an Agenda for the establishment of a Centre for Evidence Synthesis at the Sokoine University in Tanzania to support government's decision-making.

This is not to say the seed grant projects were implemented without any challenges. In fact, three of the four projects were greatly affected the COVID-19 pandemic because shortly after they started, the pandemic set in. The two projects in Nigeria were able to adapt to the pandemic conditions and managed to realise notable outcomes. On the other hand, the project in Uganda was greatly affected by the pandemic because the country put in place radical COVID-19 control measures that grounded the project for several months. In Tanzania, the project was not affected by the pandemic given the country's policies on COVID-19.

The notable success realised by the individual researchers who designed and implemented the seed grant projects was underpinned by various factors. One of these factors was that the researchers were passionate about EIDM, and this was demonstrated through their drive and commitment to see their projects achieve the objectives they set out. Another factor is that the researchers were able to establish and sustain trust and meaningful relations with senior officials in their own universities and in government agencies in which they were implementing their interventions.

In Tanzania, for instance, while the researcher's plan was to start with a series of dialogues between academics and Ministry of Education, Science and Technology officials, the first dialogue turned into a huge national event on evidence with top leaders from the academia and government. This was because once she engaged the University's leadership in the planning for the first dialogue, the University's leadership recommended that the event should be high-level, targeting top policy-makers since the topic of focus –i.e. EIDM– was of critical importance to the country.

Another factor that contributed to success was that the seed grant initiatives conducted awareness creation and training activities on EIDM at the start of the projects. The EIDM awareness and capacities developed through these initial activities produced interest and commitment from key leaders and stakeholders, that became very instrumental in the implementation of the initiatives. Finally, the ability

of some of the projects to quickly adapt to the COVID-19 pandemic, as noted earlier, was a critical driver of the success they recorded in notably difficult times.

Many government agencies in Africa are interested in efforts that support them to actualise EIDM

All the government agencies that were approached by the researchers welcomed the initiatives and provided the needed support and access to senior leaders as is needed with interventions that seek to institutionalise EIDM. In fact, as the seed grant projects wrapped up after about 12-15 months, the government agencies were asking for more.

What does all these mean for future Efforts to Institutionalise EIDM?

Given the low levels of appreciation of EIDM and the institutionalization of evidence use concept, future efforts should take a step-wise incremental approach, recognising the level at which many researchers in Africa are as far as EIDM is concerned. Efforts could therefore focus on enhancing researchers' understanding of EIDM and developing researchers' capacities so that they can effectively engage in EIDM efforts.

Initiatives targeting researchers in institutionalizing evidence use could focus on interventions that can be implemented by universities since researchers, particularly senior researchers, have a lot of influence in universities than in government agencies. For instance, researchers can work with the leadership of their universities to introduce knowledge translation courses in graduate programmes so that more and more researchers leave university with the necessary EIDM capacities. Universities could also institute reforms that introduce EIDM training and practice as part of the requirements for research career progression. This will incentivize more researchers to develop capacities in EIDM as well as be deliberate in engaging research users as this will now be a requirement for their career progression.

Our experiences in implementing the ELA initiative demonstrate the need for more and sustained investments in efforts that develop and expand researchers' awareness, interest, capacity and leadership in championing evidence use. The interventions implemented under the ELA initiative provide some pointers to interventions that should be considered for future investments as they have a lot of potential to strengthen and expand researchers' leadership in championing EIDM.

We acknowledge the funding support from the Hewlett Foundation that enabled the implementation of the [Evidence Leaders in Africa](#) initiative.

STRENGTHENING RESEARCH COMMUNICATION, POLICY ENGAGEMENT, AND RESEARCH UPTAKE AMONG HEALTH RESEARCHERS IN MALAWI

By Lily Mwandira and Lomuthando Nthakomwa

The African Institute for Development Policy (AFIDEP), together with Malawi's Ministry of Health (MoH), and with support from the [Malawi Liverpool Wellcome Trust \(MLW\)](#) Clinical Research Programme's Policy Unit, facilitated a three-and-a-half-day Research Communication, Policy Engagement and Research Uptake Workshop for MLW researchers between the 4th and 7th of May, 2021. The training, which targeted a wide range of early to senior career researchers from various MLW research groups, was a follow-up to a one-day virtual training that was previously facilitated by AFIDEP and the MoH in November of 2020 and sought to strengthen the researchers' competence in policy engagement and optimising research uptake.

The Capacity development training

The training was attended by 21 participants and began with recapping previous modules on policymaking and evidence use and policy and stakeholder analysis, then proceeded with interactive sessions and discussions on developing policy engagement and evidence uptake strategies, writing policy briefs, media engagement, and monitoring and evaluation for policy influence.

In understanding the gaps and barriers that exist among policy-makers, researchers, and the media, the training offered panel discussions with policy-makers and experts on the role of evidence in policy formulation and implementation; and media experts on the role of media engagement, which included sharing experiences on evidence use, as well as the role of media engagement. Commenting on these sessions, a participant stated that, "...the panel discussions were really useful to provide insights into real-life research uptake realities"; with another going on to say, "the panel discussions were a superb idea, I have learnt a lot this week!"

The Chair of the Parliamentary Committee on Health, Honourable Matthews Ngwale, who was a panelist for the policy discussion highlighted that one way to engage the committee is to invite members to participate at certain levels of the research process so they are aware of what is being done and can back any recommendations made to the government.



Senior career researchers from various MLW research groups after attending an engagement facilitated by AFIDEP and the MoH that sought to strengthen the researchers' competence in policy and optimising research uptake.

Post-training feedback

A pre-and post-training test was administered to assess the training's immediate effect on participants' understanding of the topics, and the results indicated a significant improvement in understanding of evidence informed decision-making among the researchers present. Participants showed enthusiasm for follow-up mentorship and support to complete their policy briefs and news releases which were part of their post-training assignments. Additionally, participants acknowledged that it was important to think about policy influence at the start of a project.

The MLW acting director, Professor Henry Mwandumba stating that said "we realise the importance of translating our work and can only do this if we know the mechanisms and if we engage the right people". Further, one of the participating researchers when asked about their overall remark on the workshop was quoted saying, "excellent training! I recommend all researchers, especially Principal Investigators (PIs) and those involved in research design and project management to take the course."

What next?

To provide holistic support, the training has been followed by formalised mentorship and support provided by AFIDEP. This will be done through review and feedback of the draft policy briefs and news releases developed by participants—which will subsequently be published.

The MLW Policy Unit was established to improve policy impact through effective policy engagement within the Malawian health sector and promote the use of research towards evidence informed decision-making.

TRAINING AND MENTORSHIP COULD ADDRESS RESEARCHERS' CAPACITY GAPS IN RESEARCH COMMUNICATION AND POLICY ENGAGEMENT

By Dr. Rose Oronje



Dr. Dimphna N. Ezikanyi, one of the 23 African researchers trained during the research communication and policy engagement workshop that took place on 27-31 January 2020 in Nairobi, Kenya, receives certificate from Dr. Isavyani Naicker (AAS) - left and Dr. Rose Oronje (AFIDEP) - right. File photo: Ann Waithaka/AFIDEP.

Many researchers in Africa and elsewhere want their research to contribute to solving societal challenges and improving people's lives. However, it is widely acknowledged that a lot of research does not get to play this role for many reasons ([link](#)). Some of these reasons are linked to the fact that researchers conventionally lack the skills needed to translate and package their research in ways that are accessible for the users of the research, as well as the knowledge and skills to effectively engage political contexts through influential relationships and strategies.

Encouraging though is that many researchers in Africa are interested in acquiring the skills they need to effectively contribute to the translation and uptake of their research into policy, programme and practice decisions. We (the African Institute for Development Policy (AFIDEP)) took advantage of this interest to partner with the African Academy of Sciences (AAS) to design and implement a training and mentorship programme for early and mid-career researchers affiliated to the AAS (the AAS Fellows, Affiliates, and Grantees).

Training and mentorship intervention for researchers in Africa universities

We conducted training and mentorship on research communication and policy engagement for 23 early and mid-career researchers drawn from

20 universities across sub-Saharan Africa, representing nine different countries. The training comprised a 5-day intense residential training workshop, followed by a 6-months mentorship programme to support researchers to apply the knowledge and skills acquired from the workshop.

The mentorship, done remotely, involved providing individualised support to researchers for the review and completion of the policy briefs they started developing during the training workshop. It also involved five monthly webinars on topics of interest that researchers identified at the end of the workshop.

We conducted a pre- and post-training test to assess the immediate effect of the workshop on researchers' knowledge and skills. This tool included both questions that assessed researchers' knowledge on topics covered by the workshop, as well as questions where researchers rated their own knowledge and skills before and after the training.

We included these two types of questions to address weaknesses identified in the literature where similar past training interventions had either failed to assess the effect of the training altogether, or only assessed the effect of the training using questions where researchers assess and rate their own skills pre and post training ([link](#)). Assessment of the mentorship programme was based on the number of researchers who completed policy briefs, as well as those involved in the five webinars.



33.7%

participants that responded correctly to questions



more learning in practical skills in translating their research into accessible language and products

19 of the 23

researchers prepared and submitted complete drafts of their policy briefs within two months



5

webinars conducted

What did our intervention achieve?

Based on the results of the pre- and post-training test, the overall aggregate average point change in the self-reported learning between the pre-training and the post-training survey was 1.9. This demonstrated the effectiveness of the training workshop. This was confirmed by a 33.7% increase in the aggregate average percentage of participants that responded correctly to questions assessing topics covered in the training between the pre-training and the post-training survey.

The training covered two broad components, namely: theory in research translation and uptake and how this theory needs to inform the strategies that researchers employ; and developing practical skills in research communications and relationship building. Results showed that researchers recorded more learning in practical skills in translating their research into accessible language and products (preparing and delivering effective policy presentations, writing for policy influence, writing policy briefs), than knowledge in the theory and how to apply it in their engagement strategies.

There could be many reasons to explain this including: that time allocated may not have been adequate for researchers to grasp complex theoretical concepts; the methods used for the sessions on theory were inappropriate; or that the researchers were more interested in acquiring practical skills than theoretical understanding.

What is important to note though is that effective research communication and engagement efforts need both a good understanding of the theory and the practice. And so future research communication and policy engagement training programmes need to find ways of ensuring meaningful learning for the two components.

In regard to the mentorship programme, 19 of the 23 researchers prepared and submitted complete drafts of their policy briefs within two months after the training. However, only four researchers revised and submitted final policy briefs at the end of the 6-month mentorship period.

For the five webinars that we conducted on topics the researchers identified at end of the workshop, these attracted varied participation. The webinars conducted in the first three months following the workshop were attended by more than half of the trained researchers, whereas those conducted after three months following the training attracted less than half the total number of researchers. Again, there could be many reasons to explain the outcome on the policy briefs and webinars. It appears that while there was a lot of involvement and commitment of the researchers in the first three months following the training workshop, this interest waned with time.

What do our results mean for future efforts?

The results of our initiative show that, if well-designed, training and mentorship are effective interventions for strengthening researchers' capacity in research communication and policy engagement. For this intervention to have a meaningful and lasting impact on development efforts in Africa, the training and mentorship would need to be integrated in existing graduate training programmes so that researchers leave universities with these research communication skills instead of having to acquire these skills when already practicing. Indeed, universities should expand the meaning of building research excellence to go beyond the research generation capacities to also include research translation and uptake capacities.

We acknowledge the funding support from the Hewlett Foundation that enabled the implementation of the Evidence Leaders in Africa initiative, which this training and mentorship programme was part of.

THE EVIDENCE USE IN ENVIRONMENTAL POLICY-MAKING IN NIGERIA (EUEPiN) PROJECT: EXPERIENCES AND LESSONS IN INSTITUTIONALISING EVIDENCE USE IN GOVERNMENT

By Dr. Temitope O. Sogbanmu

The promotion of evidence informed decision-making in environmental management as is applicable to the health/medical sciences is necessary and urgent. This is particularly due to increasing unsustainable environmental practices by man with attendant effects like climate change, plastic pollution, antimicrobial resistance, among others. To address this, the Evidence Use in Environmental Policymaking in Nigeria (EUEPiN) Project was conceived and commenced operations in January 2020 following the receipt of a competitively awarded seed fund by the African institute for Development Policy (AFIDEP) in collaboration with the African Academy of Sciences (The AAS) under the Evidence Leaders Africa (ELA) Project.

The EUEPiN Project aims to establish a formal forum for the interaction of evidence producers (researchers) and evidence users (policy-makers) as well as provide a platform for capacity building and engagement for evidence informed decision-making (EIDM) in environmental management in Nigeria.

Our Interventions

From January 2020 to date, the EUEPiN project in partnership with three (3) environmental policymaking institutions in Nigeria (Lagos State Ministry of the Environment and Water Resources (LSMOEWR), Federal Ministry of Environment (FMEnv – Lagos Zonal Office)), and Federal Ministry of Science, Technology and Innovation (FMSTI) and its Advisors has achieved several feats. Four (4) capacity building workshops on EIDM in environmental management and knowledge translation have been facilitated by various experts from within Nigeria, Africa and Europe through 12 modules. Over 100 middle to top career level participants in the environmental evidence ecosystem (evidence producers-evidence brokers-evidence users) have been trained.

We have built a retinue of capacity building resources (under projects – workshop slides, manuals, videos, photos, and publications) which are hosted on the EUEPiN website and social media (Twitter and YouTube) with free accessibility by the global community. Further, we



ACHIEVEMENTS



4 Capacity building workshops



12 Modules developed



100+ Trained on EIDM



1 One-stop' shop for environmental-related information



3 Technical Work Groups (TWGs)



3 Knowledge Translation Units (KTUs)

developed the Environmental Evidence Portal for Nigeria (EEPoN), which is a one-stop' shop for environmental-related information (policies, guidelines, standards, white papers, technical reports, peer-reviewed publications and data) relevant to Nigeria.

We also facilitated the set up of three (3) Technical Work Groups (TWGs) made up of environmental researchers, practitioners and policy-makers for each cohort of workshop

participants. The goal of the TWGs is to promote sound environmental policies and environmental sustainability through impactful EIDM initiatives. Similarly, we have created and periodically update the EUEPiN EIDM Community of Practice made up of successfully trained participants with their bios hosted on the EUEPiN website, periodic engagements and links to resources. Also, we facilitated a four (4) weeks secondment of three (3) competitively selected awardees (researchers and policymaker) who had been trained within the project to apply the knowledge and skills learnt.

For more sustained engagement, the project set up Knowledge Translation Units (KTUs – three (3)) at its partner policymaking institutions to promote the mainstreaming of the best available scientific evidence/ research in concert with contextual factors to inform environmental policy and practice by the institutions. In addition, the Environmental Evidence Synthesis and Knowledge Translation Research Group (EESKT) affiliated with the TETFund Centre of Excellence on Biodiversity Conservation and Ecosystem Management (TCEBCEM), University of Lagos was established. The EESKT Research Group aims to conduct studies, develop capacity, facilitate collaborations between evidence producers and users and institutionalize EIDM by policy-makers and industries for environmental management and sustainability.

Factors that facilitated our success

The factors that enabled the success of the EUEPiN project were the several trainings on EIDM undertaken by the Project's Principal Investigator (Dr Sogbanmu), the high interest for EIDM knowledge and skills by the various stakeholders, cooperation from the Project's partner policymaking institutions, periodic meetings with project advisors, their presence and support at project events, support and cooperation from the management and leadership of the project host institution (the University of Lagos), networks and collaborations across academies, professional societies which were leveraged, social media visibility and openly accessible resources which were curated within the project, teamwork and cooperation by the EESKT Research Group and KTU members at the partner institutions, technical support and cooperation from the teams at AFIDEP and the AAS.



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The challenges that we overcame

The factors that nearly undermined the success of the project include; the Coronavirus Pandemic 2019 (COVID-19) global lockdown during at the inception phase of the project in early 2020. However, it became a blessing in disguise in some ways as we were able to apply mitigation measures which enabled us to facilitate more workshops albeit virtually instead of physically which would have been more expensive. The multidisciplinary and cross-sectoral nature of the initiatives required skills that were somewhat garnered as the initiatives were developed.

The delays in getting government ministries, departments and agencies on board and bureaucracies with some of the initiatives. Limited funds as we were not able to get all stakeholders in the environmental evidence ecosystem involved per time for the workshops (we could only effectively train 40-50 participants per time despite the hundreds of applicants). Lack of dedicated project staff to support implementation which was linked to limited fund as avenues and opportunities for initiatives of this nature are limited.

The lessons we learnt

The lessons learnt from the experiences in implementing the EUEPiN project are; the realization that there is a high and often urgent demand for evidence by policy-makers, high interest and gap in capacity building for EIDM especially in the environmental sciences/management, the EUEPiN secondments were an eye-opener to the secondees and project team on the short to long term productive outcomes of collaborations between the 'town and gown', the major barrier to EIDM is the 'huge' communication gap between researchers (evidence producers) and policy-makers (evidence users), lack of partnership/collaboration competencies is a major limitation to environmental evidence production and utilisation for decision-making, contextualised capacity building addressing environmental evidence synthesis, translation and utilisation in decision/policy making must be a continual initiative, the benefits of open access digital platforms particularly in this Fourth industrial revolution as a means of achieving environmental education for all and sustainability, awareness and need to target dissemination to various social strata, the use of visualization tools to facilitate interest and utilization particularly by evidence users as well as institutionalized funding mechanisms to promote EIDM in environmental management.

TRAINING EARLY-CAREER RESEARCH AND POLICY LEADERS

Global Health Corps (GHC) is a leadership accelerator mobilising a powerful network of health equity change makers. Since 2009, GHC has been building a diverse community of health equity through a pool of young leaders across the world. GHC partners with organisations that focus on global health. These young leaders are placed in these organisations to gain experience and lead in their area of focus. The 13-month fellowship is open to citizens or legal

permanent residents of Malawi, Rwanda, Uganda, or Zambia 30 years or younger.

AFIDEP has over the years hosted several Global Health Corps (GHC) fellows who have made great strides in the organisation. The fellows are aligned to different programmes based on their interests and qualifications. Most of the fellows have been retained to the organisation based on their positive impact and influence. Other fellows have been seconded to other opportunities.

2020 to 2021 Fellows



Lily Mwandira

Lily joined the institute during the 2020-2021 fellowship year as a Research and Policy Associate. Lily says it was very evident AFIDEP meant to deliver on their commitment to support GHC fellows with professional and personal growth from the very beginning. "My GHC fellowship was more than I had expected coming in and I can truly say I had a transformative experience." Lily goes on to say, "we were given many opportunities to grow and excel whilst also being challenged." Lily stated that throughout her fellowship year she felt heard and valued, "we were always treated like staff and this gave me courage in my ability to take on more challenges."

During her time, she performed diverse tasks, including supporting the management of various projects which involved leading certain aspects of implementation. "My year as a fellow at AFIDEP prepared me very well to excel as a professional working in the health, research and policy fields."

2021 to 2022 Fellows



Chimwemwe Chifungo

Chimwemwe joined AFIDEP as Research and Policy Associate under the 2021-2022 fellowship year. He chose AFIDEP as his placement organisation because of the immense work they have in research and policy development which tailored well with his work experience as he has largely worked in research institutions.

He goes on to say, "working with AFIDEP is an interesting venture. It is challenging, however, a motivating journey and also an opportunity to grow and develop further in the research area. The environment provides a platform to learn new skills because of the diverse expertise that are present within the organisation as well as the diversity of work in research and policy. I believe by the end of the fellowship, I will have grown significantly in my research skills and be able to tackle even more challenging courses of work ahead."



Christopher Kaudzu

Christopher joined AFIDEP as a Communications Associate under the 2021-2022 fellowship year. He says, “working with AFIDEP is a challenge and a growth opportunity. With its focus on research and policy development, I intend to move away from the norm of traditional communication and explore this new space of science communication.”

He adds that, “I chose AFIDEP because it is an organisation that has an enabling environment for learning and leadership experience. I hope to gain new skills and knowledge in the research field.”



Emma Heneine

Emma Heneine was a 2018-2019 GHC fellow who joined AFIDEP as a Knowledge Translation Officer. The fellowship program offered her a unique opportunity to get structured professional development through the GHC programing, alongside the high-impact experience in project management, primary and secondary research, grant writing/proposal development, and stakeholder engagements that AFIDEP offered. “As an early career professional passionate about global health equity, the exposure, responsibilities, and support that AFIDEP provided me were critical to solidifying my interest in the field and expanding my understanding of the work that is needed to bridge research, policy and practice.”

Emma continued to work for AFIDEP for a year after her fellowship program and now works for the Clinton Health Access Initiative’s (CHAI) Global Markets Team where she works with suppliers and governments to improve affordability and access to critical health commodities in low-and middle-income countries.



Claire Jensen

Claire Jensen joined AFIDEP during the 2017-2018 fellowship year as a Research and Policy Associate and stayed on at the Institute as a staff member for the next two years after her fellowship. During her fellowship year, Claire was able to dive into a range of projects on governance, early marriage, and health. “I felt included as a member of the team from the beginning – I met the Speaker of the House of Parliament during my first week on the job,” Claire remembers. During her time with AFIDEP, Claire gained experience with project management, knowledge translation, policy analysis, stakeholder convenings, grant writing, qualitative data collection and analysis, and developing and delivering trainings for researchers.

Claire currently serves as the Policy and Communications Manager for Long-Term Quality Alliance, a nonprofit organization that advocates for quality long term care for older adults and people with disabilities in Washington, DC. “My GHC Fellowship year and my time as a staff member at AFIDEP have, without a doubt, shaped me as a policy professional.”

IMPROVING HEALTH POLICY AND PRACTICE THROUGH SKILLS AND KNOWLEDGE IN SYSTEMATIC REVIEWS

By Edwin Ochomo, Sandra Yvonne, Lilian Mayieka and Dr. Leyla Abdullahi

A systematic review is a transparent, comprehensive and ordered (systematic) summary of all relevant studies that address a specific problem. In health research, systematic reviews are increasingly used as a basis for policy, healthcare decisions, and to inform research designs and priorities. This is because systematic reviews have demonstrated to be one of the most cost-effective ways of summarising evidence and identifying areas where evidence is lacking. Consequently, this assists researchers and research funders to chart systematic paths for future primary research.

Over and above, systematic reviews are the anchor of evidence-based health practice and care. Therefore, practitioners in public health require remarkable acumen in the systematic review tools to critically review existing research. Equipping health professionals with the capacity to access the best available research evidence is thus key to ensure they contribute effectively to clinical and public health decision-making.

AFIDEP-KEMRI systematic review training

In August 2020, between 24 – 28, the African Institute for Development Policy (AFIDEP) in partnership with the Kenya Medical Research Institute (KEMRI) hosted a 5-day, 2 hour-long virtual workshop on systematic reviews and meta-analyses.

The workshop targeted staff from KEMRI and the Kenya Ministry of Health (MoH), Division of research and innovation within the Directorate of Health Policy and Research Development, Health Information, Monitoring and Evaluation. The participants had keen interest to understand the various elements involved in systematic reviews and the process of conducting a systematic review. To enable hands on practice on the knowledge obtained, a six-month mentorship was offered following the training.

The training and mentorship program were designed to practically equip the participants with

understanding of the key steps to plan and execute a systematic review process. These include topic selection, developing an objective review question and protocol, conducting literature search, screening titles and abstracts, selecting and obtaining full text papers, conducting risk of bias (quality) assessment, data extraction, data analysis and synthesis, write up and editing the review.

A valuable mentorship programme: Reflections from Sandra and Edwin

The formal mentoring programme which followed the 5-day training consisted of six-monthly sessions for individuals actively engaged in conducting systematic reviews. For Sandra and Edwin, the journey to understand and acquire skills to conduct systematic reviews has been interesting and full of learning, as they explain below.

“We are committed to completing the 6-month mentorship programme and to master requisite skills to conduct systematic reviews.

So far, we have teamed up to conduct a systematic review as part of the mentorship application requirement and we already have the protocol of the topic we intend to review. Titled ‘communication strategies to improve human papilloma virus (HPV) immunization in sub-Saharan Africa: a systematic review,’ the review is registered with Prospero ** CRD42021243683.

We have been assigned two great mentors, Dr. Leila Abdullahi, Research and Policy Analyst at AFIDEP and Lilian Mayieka, Senior Research Scientist at KEMRI. With their guidance as well as weekly mentorship meetings and take-away tasks, we have made notable progress in refining our understanding and gaining hands-on experience.”

Key lesson during the mentorship phase

“The mentorship programme has been an instrumental learning opportunity and has especially taught us the value of commitment. We have had an opportunity to work with



Sandra Yvonne and Edwin Ochomo, beneficiaries of six-month mentorship programme offered following AFIDEP-KEMRI systematic reviews and meta-analyses training held between 24-28 August 2020.

The formal mentoring programme which followed the 5-day training consisted of six-monthly sessions for individuals actively engaged in conducting systematic reviews.

very committed mentors who have taken time off their busy schedules to guide us through the intense practical process. Equally, as mentees, our commitment has been key in maintaining the momentum set by the mentors and working to meet the objective of the six-month programme.

We are happy with the interactive sessions we have had, the skills and knowledge gained and especially proud to have actually worked on a systematic review manuscript with the end goal of publishing.

Our appreciation goes out to AFIDEP and KEMRI as well as other institutions in Kenya and the rest of Africa who are keen to equip and mentor young researchers with the capacity to generate, use and disseminate evidence using approaches that synthesise and clearly articulate findings for better decision-making and outcomes."

PROSPERO: the International Prospective Register of Systematic Reviews is an open access online database of systematic review protocols on health-related topics



A COLLABORATIVE APPROACH TOWARDS HARMONISING EXISTING KNOWLEDGE TRANSLATION AND MANAGEMENT PLATFORMS TO SUPPORT COVID-19 RECOVERY IN KENYA

By Dr. Leyla Abdullahi, Lilian Mayieka, James Kariuki, Rachel Githiomi and Carol Mukiira

The world continues to grapple with the COVID-19 pandemic which has negatively affected almost all facets of life. In Kenya, policy-makers, communities and other actors have taken decisive action to minimize the social and economic impact of the pandemic as well as control further spread of the virus. Since independence, Kenya has been making commendable progress towards socio-economic development, gains that are now threatened by the COVID-19 pandemic.

Like in many countries, the COVID-19 crisis has drawn attention to the overburdened state of Kenya's health sector. [Evidence](#) shows that public and private health capacities have been strained as they respond and manage the pandemic. Given the crucial role of the health sector in COVID-19 management, decision-makers and policy makers have sought solutions on how to respond, rebuild, reform, and design resilient health systems after experiencing a pandemic with such unprecedented impact. To ensure appropriate and effective responses to the evolving COVID-19 pandemic, it is important that the decisions made, and actions taken are informed by the best available evidence.

Collaborative approach to generating evidence

Towards affirming the importance of, and need for research in effective COVID-19 responses, AFIDEP, on 9 June 2021 hosted a virtual symposium with the theme 'Building Resilient Health Systems: Tapping into Research Evidence to Support National Recovery from COVID-19 Pandemic.' The symposium was part of the 11th KEMRI Annual Scientific and Health (KASH)

conference that took place between 8–10 June 2021.

KASH is an annual forum that brings together research scientists, health professionals, students undertaking scientific and health related causes (diploma, graduate and postgraduate level), KEMRI staff and partners from academia, policy and industry.

The symposium built on previous similar workshops and webinars on tackling the COVID-19 pandemic challenges. Specifically, the symposium focused on adopting a collaborative approach in undertaking rapid research synthesis to influence policy by embracing peer learning and capacity building between research evidence champions and decision/policy makers. It also sought to:

1. Provide a platform for discussions between researchers and decision/policy-makers, including state and non-state agencies;
2. Enhance collaboration, networking and synergies between knowledge managers and policy makers in generating and sharing evidence; and
3. Identify the channels through which ideas and knowledge held by researchers' evidence and policy makers can be used in the public policy process.

The symposium kicked off with a presentation by Prof Jennifer Orwa – Deputy Director, Resource Development and Knowledge Management at KEMRI, that highlighted the knowledge translation efforts so far, including the establishment of Cochrane Kenya. While Cochrane Kenya was established in February 2021, the entity was officially launched in June 2021 during the KASH conference. Cochrane is an international network headquartered in the UK, with members and supporters from more than 130 countries, worldwide. In sub-Saharan Africa, the Kenya affiliate ranks as the fourth after South Africa, Nigeria and Cameroon in terms of the number



of Cochrane contributors and the number of published Cochrane and non-Cochrane systematic reviews.

The keynote address, titled 'Research for Health: Enhance the Value and Reduce Waste, in the context of COVID-19 Pandemic' was delivered by the Prof Taryn Young, Executive Head of the Department of Global Health at Stellenbosch University.

Prof Taryn highlighted the importance of generating and comprehensively, transparently and accurately reporting high-quality research in scientific journals. She expounded on a source of guidelines for reporting different types of research in journals (Equator network) and a framework for identifying the need for evidence review (MacMaster Forum COVID-END). Overall, Prof Taryn emphasized on the need to reduce research waste by conducting quality research and ensuring no duplication.

The symposium also featured a panel discussion moderated by Dr. Rose Oronje, Director of Public Policy and Communications at AFIDEP. The panelists – Dr. Joyce Wamicwe (MoH), Dr. Lubano Kizito (KEMRI), Prof. Julius Oyugi (UoN) and Dr. Benjamin Tsofa (Wellcome Trust), explored opportunities, capacity building needs and other interventions to improve evidence uptake in policy and practice.

Need to harmonise existing knowledge translation structures/platforms

Specific discussions touched on the role of research evidence in COVID-19 pandemic decision-making, the facilitators and challenges in the process of evidence generation, synthesing and utilization as well as existing knowledge translation structures and efforts.

These [knowledge translation structures and efforts] include the Ministry of Health's Kenya Health Research Observatory (KHRO); KEMRI's utafiti wafya dashboard; KEMRI's community engagement programme; AFIDEP's evidence informed decision-making capacity building work including the Heightening Institutional Capacity for Health Research (HIGH-Res) programme; the newly launched Cochrane Kenya at KEMRI; the Center for Epidemiological Modelling and Analysis (CEMA) at the University of Nairobi; plans to establish an in-house Rapid Response Services at the Ministry of Health; and Centers for Disease Control (CDC) collaborative at KEMRI.

Discussions at the symposium revealed the need to: nurture relationships between researchers and knowledge users as a critical enabler of evidence uptake; for coordination of various knowledge translation efforts; and improve capacity for knowledge translation.

Summary of key outcomes

- There is need for increased awareness on the range of knowledge translation structures and efforts in Kenya and the implementers (MoH, KEMRI, UoN and AFIDEP).
- There is need to coordinate the range of knowledge translation structures and efforts and plans to push forward this agenda. AFIDEP was suggested as facilitator of this process alongside MoH Research and innovation Division.
- Commitment by stakeholders (MoH, KEMRI, UoN and AFIDEP) to continue conversation on how best to coordinate to ensure that the KM efforts within the health sector are well coordinated and the need to develop a working group to make this happen.
- There is need to enhance collaboration among researchers in order to dismantle the silos and reduce research wastage.

In summary, it was agreed that knowledge translation efforts need to be undertaken in a holistic manner – collaboratively, reigning in on the strengths of the various actors in the field. As part of the panel discussion, Prof. Jennifer Orwa called for AFIDEP to coordinate the range of knowledge translation structures, efforts and plans in Kenya to enhance institutions working together to produce quality research and ensuring no duplication at both the national and county levels.

Some of the planned activities as agreed upon by the HIGH-Res partners include:

1. Systematic mapping of Evidence Informed Decision-making (EIDM) stakeholders and efforts in the health sector the in country.
2. Establishment of EIDM coordination mechanism or Community of Practice (CoP) i.e.
 - Establish a channel or platform for sharing and exchange of information, lessons and resources
 - Identify relevant activities the CoP/platform should undertake, employing approaches such as:
 - Promote EIDM practice in the country (expand EIDM movement)
 - Discuss emerging issues/innovations in EIDM
 - Conduct EIDM capacity strengthening activities/workshops

COCHRANE KENYA: A PLATFORM THAT ASPIRES TO INFORM HEALTH DECISION-MAKING PROCESSES IN KENYA AND BEYOND

Dr. Leyla Abdullahi, Lilian Mayieka and Carol Mukiira



(L-R): Lilian Mayieka, Senior research scientist (KEMRI), Dr. Leyla Abdullahi, Research and Policy analyst (AFIDEP), Prof. Jennifer Orwa, Deputy Director - Resource Development and Knowledge Management (KEMRI) and Dr. Jael Obiero, Head of Department - Reproductive Health and Biology (Institute of Primate Research).

Early this year in February, a Cochrane entity was established in Kenya, making it the 4th country in Africa to have a Cochrane affiliate. Cochrane is a global independent network that gathers and summarizes the best evidence from research to enhance health knowledge and decision-making. The establishment of Cochrane Kenya is a timely and crucial step towards scaling up the availability of relevant, reliable and up-to-date evidence to inform health care interventions and improve Kenya's health sector.

Officially launched during the 11th KEMRI Annual Scientific and Health (KASH) Conference held on 8-10 June 2021, Cochrane Kenya aims to promote evidence informed healthcare decision-making by producing and disseminating high-quality, relevant and accessible synthesized research evidence.

Further, Cochrane Kenya will support the translation of research into policy and practice as well as build capacity for conducting and using systematic reviews among researchers, health professionals and decision-makers in Kenya and the East African region. The entity aims to become the leading advocate for evidence

informed health care in the country and beyond.

Nested within the Kenya Medical Research Institute (KEMRI), Resource Development and Knowledge Management (KM) Department, Cochrane Kenya is currently under the leadership of Chief Research Officer, Prof. Jennifer Orwa.

The launch of Cochrane Kenya Chapter as a knowledge translation platform has been acknowledged as a testimony of networking prowess of scientists in the country as highlighted by KEMRI Ag. Director General, Prof. Sam Kariuki. He notes that, "Cochrane Kenya is a platform that is geared towards improving health by ensuring that decisions about health and health care are informed by high quality, relevant and up-to-date synthesized research evidence."

During the opening of the KASH conference, chief guest – Dr. Mercy Mwangangi, Chief Administrative Secretary (CAS) – Ministry of Health praised the establishment of Cochrane Kenya highlighting its potential to promote health science dialogue and exchange among scientists, health practitioners, development partners and policy-

makers for evidence-based decision-making and policy formulations.

She said, “Cochrane Kenya is a knowledge translation platform that promotes evidence informed decision-making in health by producing high quality, relevant, accessible systematic reviews and other synthesized research evidence, and its launch in Kenya is a big boost to health research in the country.”

Cochrane Kenya has been established under the umbrella of Cochrane Africa, a network with a vision to increase the use of best evidence to inform healthcare decision-making in sub-Saharan Africa. As the fourth affiliate in Africa, Cochrane Kenya comes after South Africa, Nigeria and Cameroon. Cochrane South Africa was the first to be established under current leadership of Prof. Charles Wiysonge. It is through Cochrane South Africa that Cochrane Africa was established and launched at the Global Evidence Summit in Cape Town in September 2017.

Expressing enthusiasm, Cochrane Africa Deputy Director, Dr. Tamara Kredo said that, “we look forward to continued collaboration with the new leadership to enhance advocacy and increase access to Cochrane evidence in the country and to working with our many colleagues to strengthen Kenyan Cochrane activities in the years ahead.”

Establishment of Cochrane Kenya, a long time journey

Researchers in Kenya have a long history of leading research, policy development and clinical guidelines in the region. To date, there are about 44 Cochrane authors in Kenya as recorded in Archie (an internet-based repository containing information about contributors to Cochrane and all the documents and reviews produced. Within Archie it is possible for authors, editors and others to read, print and compare current and past versions of Cochrane protocols, reviews and other documents.

Given the many Cochrane contributors in Kenya, the timing was excellent for a geographic entity to be established to promote Cochrane activities in the country and potentially in the East African region.

Further, demonstrating the need for a Cochrane affiliate in Kenya recently were insights, participation and keen

interest from attendees during a training held between 24-28 August 2020 on systematic reviews and meta-analyses. The workshop targeted staff from KEMRI and the Ministry of health (MoH), Division of research and innovation within the Directorate of Health Policy and Research Development, Health Information, Monitoring and Evaluation.

The over 150 participants were keen to understand the various elements involved in systematic reviews and how one can undertake a systematic review. To enable hands on practice on the knowledge obtained, a 6-month mentorship was offered following the training. For a successful mentorship programme, there has been need to bring together Cochrane beneficiaries in Kenya to assist with the mentorship.

The five-day virtual training was organized by AFIDEP in partnership with the Ministry of health (MoH) and KEMRI, through the Heightening Institutional Capacity for Health Research (HIGH-Res) Project.

It is worth to note that the HIGH-Res project has contributed to the establishment of Cochrane Kenya through its activities with the KEMRI Knowledge Management Unit, involvement in strategy development for Cochrane Kenya as well as in the planning of the formal launch of Cochrane.

Potential for national and regional impact

It is envisaged that with time, Cochrane Kenya will expand to offer both national and regional support and assist to:

- Promote evidence-based health-care practice and policy in Kenya including translation of research into policy and practice;
- Promote access and equity in the county’s health development agenda in research design to provide and promote policy context specific interventions that promote universal health coverage;
- Strengthen capacity for conducting and using systematic reviews among researchers, healthcare professionals and health decision-makers in Kenya and East Africa Community; and
- Over and above Cochrane Kenya will lead in advocating for evidence informed healthcare in the country and the region.

Watch video of official launch [here](#).

AFRICA MUST NOT REST UNTIL MALARIA RESTS: WHAT IS THE ROLE OF EMERGING TECHNOLOGIES?

By Dr. Rose Oronje



As we marked the World Mosquito Day today, it was a sad reminder that Malaria still kills hundreds of thousands of people every year, majority of these people in Africa. According to the World Health Organisation (WHO), Malaria killed 409,000 people in 2019, and 94% of these deaths were in Africa. For those who survive the disease, they have many horrifying tales to tell because many get Malaria every so often, especially for those living in Malaria endemic regions.

I have many horrifying tales of my experience with Malaria because I grew up in the Malaria-endemic region of Western Kenya. One of these tales is when I passed out in school when I was in Primary-4 because I had refused to take the very bitter Quinine tablets. My Mum was called to take me to hospital and by the time she arrived, I was in “hallucination mode” because all I remember is seeing two Mums lifting me up; and the next time I woke up, I was in a nearby health facility. My parents still live in this region, which means I visit them often and so every time I visit Western Kenya without taking prophylaxis, I can be sure I will come back with Malaria. But this blog is not about my horrifying Malaria tales, so I will not delve much more into that.

Although many people in sub-Saharan Africa have suffered from Malaria, many are not aware of ongoing efforts to develop and test new tools with potential to eliminate Malaria. In a recent study by the African Institute for Development Policy (AFIDEP) on the “Landscape and Political Economy Analysis of Emerging Health Technologies in Sub-Saharan Africa”, we found that apart from the researchers developing these new tools and their funding agencies, other stakeholders including journalists, civil society actors, and policy-makers know little, if anything, about the ongoing research on emerging health technologies, including those technologies being developed with potential to eliminate Malaria.

Needless to say, current tools being used for Malaria control and treatment have not been able to eliminate the disease either because of their own inadequacies or ineffective implementation of these tools, or both ([link](#)). This is the main motivation behind the ongoing efforts to develop and test new tools with potential to eliminate Malaria.

According to the recent landscape study by AFIDEP, some of the tools being developed include: Malaria vaccine (clinical trials stage) in Burkina Faso and Kenya; gene drive

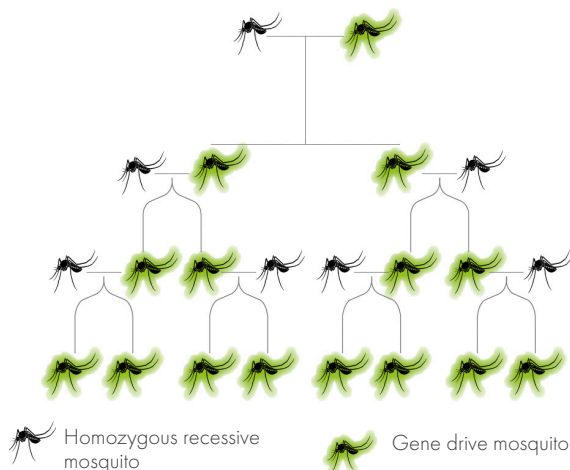
mosquitoes (laboratory trials stage) in Burkina Faso, Mali and Uganda; attractive sugar baits (field trials stage) in Kenya and Mali, sterile insect technology (laboratory trials stage) in South Africa, biocontrol/larvicide control in Rwanda, Tanzania and Zimbabwe; drones for larvicide control (field trials stage) in Rwanda, and Ivermectin drug (laboratory trials stage) in Burkina Faso, Liberia and Senegal.

Do gene drives offer any hope for Malaria elimination in Africa?

One of the tools being explored for testing on the continent for Malaria control and elimination is the use of gene drive mosquitoes. Gene drives refers to “a genetic modification designed to spread through a population at higher-than-normal rates of inheritance” ([link](#)). In this case, gene drive mosquitoes are Malaria transmitting mosquitoes that are genetically modified to resist the parasite that causes Malaria. Do not get me wrong, there are no gene drive mosquitoes being tested on the continent just yet. In fact, the ongoing research is in so early stages that it will be another 10 years before we can deploy gene drive mosquitoes for Malaria control and elimination, if the technology is proven safe and effective ([link](#)).

The Target Malaria Research Consortium is in very early stages of exploring the potential of testing gene drive mosquitoes for Malaria control and elimination in sub-Saharan Africa. This work is going on in Burkina Faso, Ghana, Mali and Uganda. In Burkina Faso, the Target Malaria team achieved a milestone in 2019 when they released genetically modified sterile male mosquitoes in Bana village ([link](#)). The mosquitoes were genetically modified to be sterile, which means they died without any offspring; and being male mosquitoes, they did

Illustration of the gene drive concept



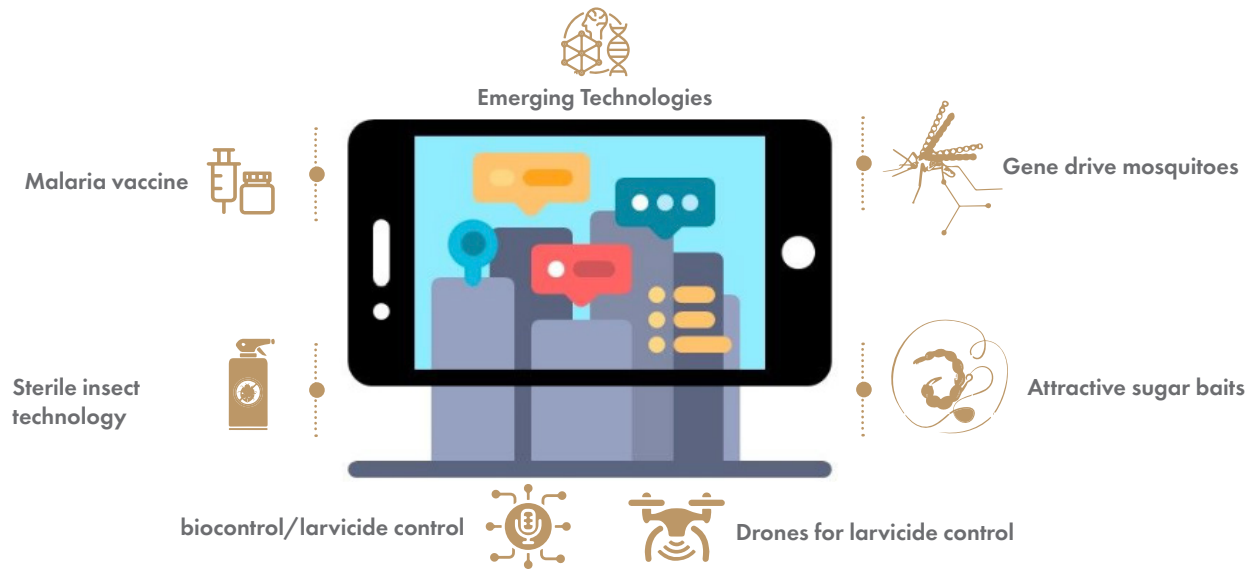
not bite people since male mosquitoes do not bite. These were not gene drive mosquitoes, and their release was not to test these as a vector control tool. The release was meant to help the Target Malaria team to work closely with the stakeholders and the regulatory authorities; provide information regarding the behaviour of modified mosquitoes in the field, and serve as a capacity-building opportunity for the team on how to import, rear, transport and release and monitor non-gene drive genetically modified mosquitoes. The results of this release can be read at this [link](#).

The research on gene drive mosquitoes in Mali and Uganda is still in much earlier stages compared to Burkina Faso. In Mali, the research is still at laboratory trials stage. In Uganda, the research is still in early stages focused on entomological mosquito collections and baseline studies on mosquito dynamics and behaviour. In Ghana, there is no intention to test gene drive mosquitoes as the focus of the research there is to assess ecological consequences of reducing or eliminating Malaria-causing mosquitoes (the *Anopheles gambiae*).

But given the novelty of the gene drive technology, there are concerns around safety for humans and the environment since no engineered gene drive has been released in the wild yet ([link](#)). Dr Fedros Okumu, a leading African scientist and Director of the Ifakara Health Institute in Tanzania has been quoted as saying “gene drives are unlike any other ecological fix ever tested... Gene drives will spread by themselves... We’ve got to prepare people and share information” ([link](#)). Gene drives have the potential to alter ecosystems in ways that remain unknown since research on this is still ongoing. For these reasons, WHO has provided guidelines on “standards that foster quality and consistency in the processes for developing, testing and regulating these new genetic technologies” ([link](#)).

But the development and testing of new health technologies is not without challenges

Our landscape study revealed a range of challenges affecting the ongoing development and testing of new transformative health technologies and tools on the continent. A major challenge raised in relation to the ongoing exploratory work on gene drives for Malaria control is the gap in existing regulatory policy and legal framework for guiding the conduct of research on gene drives. Given the novelty of the gene drives technology, the existing policy and legal frameworks in African countries do not provide guidance on the development and testing of this technology. To respond to this gap, the African Union, which in 2017 committed to invest in development and regulation of gene drive technology for Malaria



control and elimination ([link](#)), has been leading efforts to support member countries to ensure that research on and development of new genetically-based vector control tools are conducted in a responsible manner in full compliance with safety requirements for human health and the environment for the benefit of African communities ([link](#)).

Another major challenge facing these efforts is the low priority and investments in research and innovation by African governments. Although African countries committed to allocate at least 1% of their gross domestic product (GDP) to research and innovation way back in 1980, most countries have failed to fulfil this commitment ([link](#)). What this means is that much of the ongoing efforts to develop new tools for tackling persisting and emerging health challenges are funded by external actors. This has implications on many fronts, including the ownership of the technology if proven safe and effective. As we have seen with the COVID-19 vaccine, even though some of the vaccines were tested in African countries, the vaccines have remained largely inaccessible for the continent. This means that African governments must prioritise and allocate substantial resources to research and innovation, and explore balanced partnerships with international players so that they can drive these efforts for the benefit of their citizens. For the ongoing exploratory work on gene drives for Malaria control and elimination in Africa, Target Malaria has committed to ensuring that if proven to work and safe, the “technology would be available to any countries that wanted to use it without any commercial gain or profit” ([link](#)).

Voices, actions and leadership of Africans must be intensified

One thing COVID-19 has shown us is that we must take full responsibility for our health and wellbeing. “We”

here includes Africans living on the continent (citizens/communities), government officials, journalists, representatives of civil society, business and private sector actors, and scientists. The innovation and resilience with which we have faced the COVID-19 pandemic must yield ground for something bigger to change the trajectory of disease on the continent.

To build on these gains, AFIDEP is working with partners to operationalise the [Platform for Dialogue and Action on Health Technologies in Africa](#). The Platform is offering space for Africans including policy-makers, scientists, journalists, business and private sector actors, civil society representatives, citizens and communities to engage, stimulate and drive action needed to ensure the development, testing and deployment of emerging health technologies where these are proven safe and effective, becomes a top priority for the continent. The Platform is also ensuring that the voices of Africans are heard in global efforts on emerging health technologies so that these technologies respond to unique needs in African contexts.

The theme of this year’s World Mosquito Day is Reaching the zero-malaria target. We call on fellow Africans, African governments, journalists, scientists, civil society, private sector, and friends of Africa to intensify efforts to eliminate Malaria. Engage with us through the Platform for Dialogue and Action on Health Technologies in Africa to connect with other actors and accelerate action on the development, testing, and deployment of emerging technologies needed to transform health and the quality of life on the continent.

French version [here](#).

CONTEXTUALISING INTERNATIONAL GUIDELINES ON SEPSIS MANAGEMENT: A CASE STUDY OF LAMBARÉNÉ, GABON

By Lomuthando Nthakomwa



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Sepsis, a life-threatening disease that causes organ dysfunction, is the cause of at least eleven million deaths worldwide every year—with Sub-Saharan Africa being the most susceptible. Having such a significant death rate, it is of great concern that there still exists a knowledge gap regarding sepsis among health workers in Lambaréné, Gabon.

Sepsis cannot be effectively managed where knowledge is lacking, as it requires early detection and prompt treatment. As such, many sepsis-related deaths could be easily avoided by ensuring that health workers are provided with information on the disease, its detection, and treatment.

While the knowledge gap is concerning, the lack of localised guidelines regarding the disease worsens the situation, as this want of policy directly affects how sepsis is detected and managed.

There exists a significant knowledge gap about sepsis amongst health workers.

What does the research show?

AFIDEP, through the African Research Collaboration on Sepsis (ARCS) project, is at the forefront of contributing to evidence in preventing and treating sepsis. As such, Paul Kawale (Research and Policy Associate at AFIDEP) alongside counterparts, conducted a study between February and June 2020 assessing health workers' understanding of sepsis in Lambaréné, Gabon. This is one of the few studies that exists which focusses on developing countries, and probably the first from Sub-Saharan Africa. The health workers that participated in this study were physicians, nurses and assistant nurses; and were representative of all health facilities in Lambaréné.

The study found, unexpectedly, that there exists a significant knowledge gap about sepsis amongst health workers. Many were not even aware of the changing definitions of the disease, with less than half

(48.7%) of the surveyed health workers correctly stating that 'sepsis is a life-threatening organ dysfunction caused by a dysregulated host response to infection.' Nevertheless, the majority of health workers were able to state some of the signs of sepsis, as well as what procedures and drugs are needed to effectively manage the disease.

While the study's findings highlight the knowledge gap, it is of no surprise as there have been no recent specific trainings or educational activities related to sepsis for health workers in Lambaréné. Gabon, like many other developing countries, also does not have any national guidelines for the management of the disease, and therefore relies on international guidelines, which are not always directly contextually applicable. Health practitioners are thus left to manage sepsis using a case-by-case approach based on personal experience, knowledge, training, and whatever medication and equipment are at their disposal.

What needs to be done?

To lessen the knowledge gap on sepsis in Gabon and other developing countries, and have a more uniform and informed treatment approach, policy-makers need to rework international guidelines to fit national contexts. This, however, can only be successful where a consultative approach with local stakeholders is followed and local ownership of the developed policies is taken up. Further to this, future guardians of the guidelines (district or provincial

health offices) the future implementers of the guidelines (community health workers and health service providers); and future beneficiaries of the guidelines (community members) need to also fully attest to them to ensure their successful use.

Sepsis is a serious health threat to Africa, and the world at large. While this study focused on Lambaréné, there still exists a need to go further by surveying health workers across Gabon so as to increase awareness on the disease, subsequently improving detection and treatment efforts.

To access the full paper: [Knowledge of health workers relating to sepsis awareness and management in Lambaréné, Gabon](#) – African Institute for Development Policy – AFIDEP

On World Sepsis Day 2021, AFIDEP's Dr. Paul Kawale discussed some of the studies recently published on sepsis in both Malawi and Gabon. The interview was conducted by Youth Net and Counselling (YONECO) FM. Listen to an excerpt of the interview [HERE](#).

ARCS is a Global Health Research Group awarded by the National Institute for Health Research (NIHR grant reference number 17/63/42) and led by the Liverpool School of Tropical Medicine (LSTM). This blog presents independent research funded by the NIHR. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

HOW DOES KENYA OPTIMISE ITS HUMAN CAPITAL TO ACCELERATE THE ACHIEVEMENT OF VISION 2030 AND SDGS?

By Victory Kamthunzi

Eliya Zulu, Ph.D.
Executive Director, African Institute for Development Policy (AFIDEP)

"Harnessing Population Dynamics to Achieve Kenya Vision 2030 and Sustainable Development Goals: Challenges and Opportunities"

Wednesday 26th May, 8.30am 10:00am

4th National Leaders' Conference on Population and Development

VIRTUAL
26TH - 28TH MAY 2021

Conference Theme: "Investing in human capital for achievement of Kenya's Vision 2030"

#PopulationConferenceKE #DemographicDividend #DD

UNFPA PRB PACE AFIDEP

The population of Kenya is projected to grow from 47.6 million in 2019 to 66 million in 2030, according to the Kenya National Bureau of Statistics (KNBS) and UN World Population Prospects 2019. This growing population is expected to become increasingly urban, more concentrated in working ages, and how climate change will impact livelihoods and food security.

In a keynote presentation at the ongoing 4th National Leaders' Conference on Population and Development hosted by the Kenya State Department for Planning

– National Treasury and Planning through the National Council for Population and Development (NCPD), Dr. Eliya Zulu, Executive Director at AFIDEP discussed the nexus between population and development and implications for Kenya’s growth. With the theme Harnessing Population Dynamics to Achieve Kenya Vision 2030 and Sustainable Development Goals: Challenges and Opportunities Dr Zulu emphasised the need to place population at the centre of development. “We need to work towards a population age structure with more people in the workforce and less dependents,” he said. “At the same time, there is need to equip youth with the skills and resources they need to enable them to contribute meaningfully to economic growth.”

The demographic dividend refers to the accelerated economic growth that is initiated by a rapid decline in fertility and mortality that results in a change in the age structure from one dominated by child dependents to one dominated by economically productive working-age adults.

According to the Kenya Population and Housing Census 2009 and 2019, Kenya’s population age structure is in the early stages of changing from one dominated by child dependents in the 0-9 age range, to one with a bulge in the 10-14 age range whom if well invested in, could become economically productive adults. Dr Zulu however noted that there were disparities between counties and urged county governments to prioritise the population agenda in their development plans. “Kenya is best placed to harness the demographic dividend so long as the correct investments are made,” he said and made a strong call for a shift from policy formulation to implementation while being guided by strong evidence to inform action.

According to the Kenya National Bureau of Statistics (KNBS), 2.7 million young people aged 15-34



**There is need
to equip youth
with the skills
and resources
they need to
enable them
to contribute
meaningfully to
economic growth**

were not in education, employment or training by the fourth quarter of the year 2020. This threatens the likelihood of Kenya reaping a demographic dividend, hence the need to step up efforts to re-skill the current youth who are not in education, employment or training (TVET).

Dr. Zulu’s presentation highlighted the areas that Kenya need to invest to optimize its human capital to accelerate the achievement of Vision 2030 and SDGs. These include family planning and reproductive health; education and skill development; urban renewal; integrate population, environment and development; and, evidence for accountability.

Speaking on day two (27 May) of the conference under the “Population Size, growth and Age Structure” theme, AFIDEP’s Dr. Bernard Onyango, Senior Research and Policy Analyst, underscored that the “key drivers of the demographic dividend are under threat as a result of COVID-19.” In his presentation,

“Priorities for Kenya to Harness the Benefits of its Changing Age Structure”, Dr. Onyango illustrated that the increased challenges by the long term impact of the coronavirus pandemic in education, employment, health and inequality threatened the governments’ capacity to effectively support harnessing the demographic dividend. Protecting the vulnerable from the long-term impact of COVID-19 is key in Kenya and the continent’s ability to harness the demographic dividend. He also mentioned the need to “adapt to the future of work, which is changing rapidly,” and to also invest in enhancing the development and use of digital technologies.

Another key population area that AFIDEP experts presented on was under the theme of “Population Human Settlements and Environment”. In her address on day four (27 May) of the conference, Dr. Doreen Othoro, Senior Research and Health Analyst, discussed if the Population, Health and Environment (PHE) approach could be a solution to sustainable human settlement in Kenya. She explained that PHE programming seeks to simultaneously improve access to health services while also helping communities manage their natural resources (including settlement) in ways that improve their health and livelihoods and conserve the critical ecosystems that they depend upon.

The conference was officially opened by Amb. Ukur Yatani, Cabinet Secretary for National Treasury and Planning in Kenya, and featured a panel discussion with County Government leadership.

The three-day virtual leader’s conference (26-28 May 2021) sought to deliberate and document a consensus on the draft National Population Policy. The conference theme was “Investing in human capital for achievement of Kenya’s Vision 2030.”

AFIDEP DEVELOPS A MONITORING AND REPORTING FRAMEWORK TOWARDS THE SUCCESSFUL TRACKING AND IMPLEMENTATION OF MALAWI'S ICPD +25 COMMITMENTS

In 2019, the government of Malawi alongside countries from around the globe participated in the International Conference on Population and Development at 25 years (ICPD +25) Nairobi Summit, that took place in Nairobi, Kenya. The Nairobi Summit aimed to reflect on progress made in advancing sexual and reproductive health, renew countries' previously made commitments, and pave a roadmap towards strengthening and upholding these commitments.



The government of Malawi committed to ten targets towards the ICPD agenda. The African Institute for Development Policy (AFIDEP) played a pivotal role in formulating these commitments by synthesising the evidence available on Malawian population dynamics and highlighting other key areas that were overlooked. A steering committee of relevant stakeholders has since been formed to monitor and provide insight into the implementation of Malawi's commitments.

To effectively track the implementation of the commitments made by the Malawian government, AFIDEP has been commissioned by the United Nations Fund for Population Activities (UNFPA Malawi office) to develop a Monitoring and Reporting (M&R) framework.

As such, on 17 June 2021, AFIDEP, alongside UNFPA, National Planning Commission, Malawi government officials, and other key stakeholders attended the second ICPD25 steering committee meeting to update on progress made since the last meeting. Here, a prototype of the M&R framework, which includes a digital dashboard with indicators to track Malawi's commitments, was presented to the committee by AFIDEP's Research and Policy Analyst, Dr Michael Chipeta. The dashboard proved to be a success, and

though focused on tracking the ten commitments made by the Government of Malawi, can be adjusted to track other essential ICPD components such as climate change.

The M&R framework will be finalised and ready for use by December 2021. AFIDEP is also developing a Policy and Advocacy strategy to support the implementation of the ICPD +25 commitments made by Malawi.

AFIDEP remains committed to contributing to evidence-informed decision-making regarding population; as well as harnessing Malawi's demographic dividend.

The commitments made at ICPD +25:

- Malawi commits to continue to lower the maternal mortality ratio to 110 per 100,000 live births by 2030.
- Malawi commits to include 30% representation of youth in decision making bodies.
- Malawi commits to providing 12 years of free quality education for every child.
- Malawi will end child marriage by 2030.
- Malawi commits to ensuring all humanitarian responses incorporate sexual and reproductive health and rights.
- Malawi commits to achieve 100% of the service points delivering sexual and reproductive health and rights services are youth-friendly.
- Malawi commits to fully digitalization of population data collection systems by 2030.
- Malawi commits to reduce unmet needs for all women to below 11% by 2030.


 A photograph of three young professionals (two women and one man) in a meeting, looking at a laptop screen. They are dressed in business attire. The background is a blurred office setting with bookshelves and plants.

AMPLIFYING THE ROLE OF YOUTH AS STAKEHOLDERS AND AGENTS OF CHANGE IN FOOD SYSTEMS

By Dr. Doreen Othero, Victory Kamthunzi and Florian Amond

Whether it is COVID-19 or the climate crisis, our collective future is at stake. These global challenges demand that we look past national borders and beyond our lifetimes. The disproportionate impact of the COVID-19 global pandemic on young people is threatening the prospects of the youth to reach their full potential of becoming productive members of society. According to an Organisation for Economic Co-operation and Development policy brief, indicators show that the youth will shoulder much of the long-term economic and social consequences of the pandemic.

In commemorating this year's International Youth Day 2021, we look at the theme "Transforming Food Systems: Youth Innovation for Human and Planetary Health", reminding all that the success of such a global effort will not be achieved without the meaningful participation of young people.

According to the United Nations (UN), in 2020, 15.3% of the global population (7.8 billion) was aged between 15-24 years, with three in 10 people – 32.9% of the global population aged under 25. Compared to other world regions, low- and middle-income countries located in Africa and South and East Asia have the greatest concentration of young people. This youthful population is the region's greatest resource if the

appropriate investments are made in these key areas – education and skills development, human and planetary health, economic reforms and job creation, and good governance. These areas make up the structural pillars of harnessing a demographic dividend, which is the economic growth potential of a country that could result from the change in population age structure from one dominated by children to one dominated by working-age adults.

Young people are an important population cohort for the development of a country and therefore the interests and needs of this youth generation are important, not only because they are many, but because they have unique needs such as decent work and livelihoods. Achieving this will be challenging in an era of health and ecological stress. From a development perspective, today's young people are on the front line – they not only have to cope with the effects of environmental degradation and climate change, which is likely to accelerate and intensify during their lifetimes and those of their children but also the additional short and emerging long-term impacts of the COVID-19 pandemic.

According to the UN, during the 2021 ECOSOC Youth Forum (EYF), the issues and priorities highlighted by

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young participants included the impact of the COVID-19 as it relates to its effect on human health, the environment, and food systems. There is a need for inclusive support mechanisms that ensure youth continue to amplify efforts collectively and individually to restore the planet and protect life while integrating biodiversity in the transformation of food systems. With the world's population expected to increase by 2 billion people by 2050, development stakeholders agree that simply producing a larger volume of healthier food more sustainably will not ensure human and planetary wellbeing.

Youth in developing countries play an important role in tackling the challenges on access, availability and use of food worldwide with more population growth, urbanisation, globalisation and climate change ahead. Bearing this in mind, youth inclusion in contributing to climate-smart agriculture practices is essential to improving sustainable food security.

Young people can lead in the transformation of food systems if they are given opportunities and supported. Food policy

and food systems analysts have called for a thorough transformation of food systems, to support improved food and nutritional security, equity, socio-economic justice, ecological sustainability within “planetary boundaries,” and other sustainable development objectives. Any such transformation will challenge society, researchers and decision-makers to grapple with complex and dynamic interactions, and to negotiate trade-offs between contending values, priorities and entrenched interests. Moreover, to abate aggravating intergenerational disparities occasioned by the pandemic, we must ensure that young people are not overlooked in the rollout of interventions in response to COVID-19.

This article is written as part of the BUILD program (Building Capacity for Integrated Family Planning & Reproductive Health and Population, Environment and Development Action) which seeks to achieve strong political commitment, sustained financial resources and accountability for voluntary family planning and reproductive health through:

1. Strengthening individual and institutional capacity in advocacy, policy communication and negotiations.
2. Increasing commitment for cross-sectoral Population, Environment and Development (PED) approaches which integrate population, health, environment, climate change, resilience, food security, water, livelihoods, economic growth, education and governance.

World Youth Population

The greatest concentration of young people is in low- and middle-income countries located in South and East Asia and Africa.

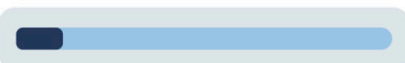
55.6% Asia

Asia is home to the largest number of youth (668 million), against 1.2 billion youth aged 15 to 24 years in the world.



17.6% Africa

Sub-Saharan Africa is home to 211 million youth, against 1.2 billion youth aged 15 to 24 years in the world.



1.2 billion youth aged 15 to 24 years in the world



Source: Population Division of the United Nations Department of Economic and Social Affairs, World Population Prospects 2019.



OPEN SCIENCE: LEARNING FROM THE PANDEMIC TO ACCELERATE ACTION ON CLIMATE CHANGE

By Prof. Nyovani Madise



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The COVID-19 pandemic demonstrates the world's interconnectedness, and how vital it is for scientists to work together across national and regional boundaries. Despite the pandemic's severity and impacts on economies, education, health, and social lives, it has illustrated important lessons on the value of scientific cooperation, research-policy partnerships, and building consensus on what matters — good health and life. These lessons are pertinent to achieving the Sustainable Development Goals.

COVID-19 has emphasised the importance of partnerships between researchers, communication specialists, the public, and policy-makers. There have been collaborative papers from scientists across the globe, with the largest numbers coming from scientists from the USA and China. Most of this research has been published in open-access journals (OECD, 2021). Rose and Estes (2021) highlight the importance of trusted researcher-policymaker partnerships in the fight against COVID-19.

Indeed, we have witnessed rapid responses in government decisions to provide funding for COVID-19 research and seen real-time use of scientific outputs in policy formulation and decision-making. Scientists and heads of governments have shared podiums in solidarity as they justify the

reasoning for unpopular decisions such as lockdowns. Science editors and communication experts have supported the translation of complex results for general audiences.

Yet, challenges exist as not all scientists have benefitted from the expertise of science editors/knowledge translation scientists, such that research papers remain out of reach for the general public. Amid a global challenge, distilling scientific messages is important. Open science, while addressing the accessibility of scientific journal papers must also invest in capacity building for knowledge translation and packaging for different audiences.

Global commitments for climate change require the same approach to partnerships as seen with COVID-19. Climate change research needs to be translatable and generalisable, with a clear path to impacts. Of particular value is research that is replicable in diverse settings, indicating a clear path to policy/programmatic utilisation. Research knowledge from such projects should be open immediately so that it informs local decision-making.

Furthermore, there is now a greater expectation that research informing collective decisions like climate

AFIDEP CONGRATULATES MALAWI PARLIAMENT FOR PASSING LEGISLATIONS TO ENHANCE THE INDEPENDENCE OF THE AUGUST HOUSE

The African Institute for Development Policy (AFIDEP) would like to congratulate the Parliament of Malawi for passing Constitutional and Parliamentary Service amendment bills that will enhance Parliament's independence in discharging its core functions of Oversight, Legislation, and Representation, if the President assent the bills.

The bills were sponsored in Parliament by the Tonse Government, and they were championed by the Parliamentary Service Commission and the Legal Affairs Committee of Parliament after extensive benchmarking over the past three years on how her parliaments in Kenya, Ghana, Zambia, Botswana, Zimbabwe and South Africa have achieved similar legal, administrative and financial autonomy.

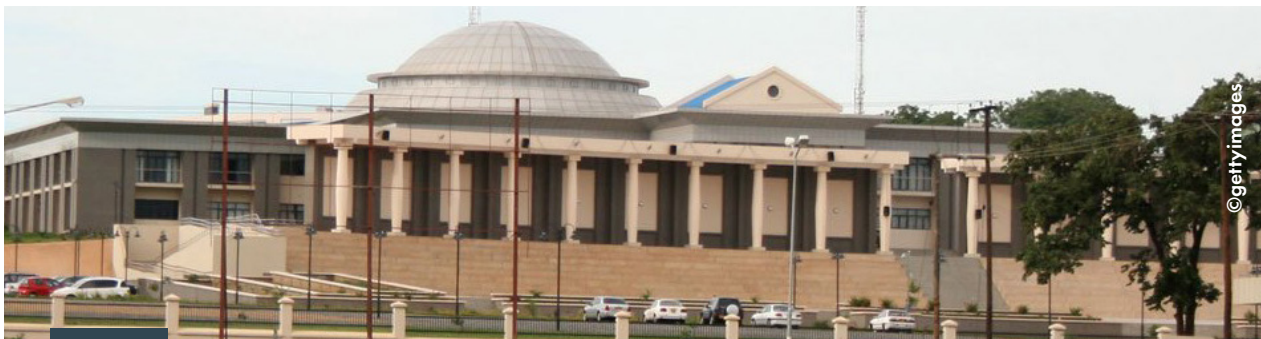
The key effect of these reforms will include: 1) the Parliamentary Service is now entrenched in the Constitution in the same way that the Civil Service and Judiciary Service are created; 2) the Parliamentary Services Commission will be a constitutional Body Corporate responsible for managing the affairs of the Parliamentary Service, and its membership will be expanded by including two external experts who are not parliamentarians; 3) Parliament will be able to set its own calendar; 4) the oversight function of parliament is now defined the Constitution, which will provide for a third sitting of parliament to focus on examining

committee oversight reports and general legislations; 5) the approved budget of parliament will now be protected expenditure, which could give parliament immense autonomy to manage its financial resources; the salaries of the speaker and deputy speakers will be protected in the same way that the salaries of the President and Vice president and of the Chief Justice and Judiciary officers are protected.

When commending parliamentarians for passing the landmark bills during the closing session of the last seating of parliament last Friday, the Speaker of Parliament, Honorable Catherine Gotani Hara and the Leader of the House and Minister of Homeland Security Hon Richard Chimwendo Banda, applauded The Royal Norwegian Embassy for providing financial support to Parliament through Technical Assistance from AFIDEP that facilitated the parliamentary autonomy over the past three years.

"These constitutional reforms are a major breakthrough in efforts to improve Malawi's democratic governance and if assented by the President they will go a long way in positioning parliament as a strong third arm of Government able to steer accountability and socioeconomic development," said Dr Eliya Zulu, The Executive Director, AFIDEP.

Watch excerpt from parliament session [here](#).



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PUBLICATIONS

Institutional publications

- Annual Report 2020
- Newsletter: January – April 2021

Journal Articles

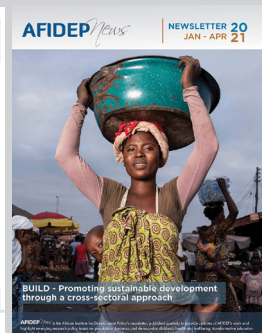
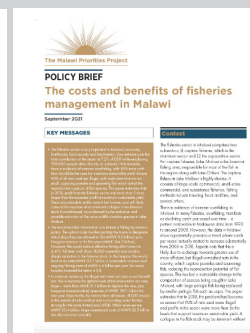
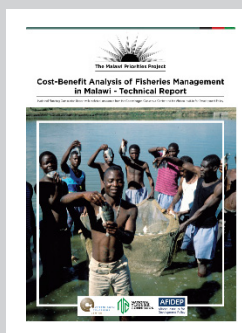
- A longitudinal observational study of aetiology and long-term outcomes of sepsis in Malawi revealing the key role of disseminated tuberculosis
- Demand for Family Planning Satisfied with Modern Methods in Urban Malawi: CHAID Analysis to Identify Predictors and Women Underserved with Family Planning Services
- Knowledge of health workers relating to sepsis awareness and management in Lambaréné, Gabon
- Realities and challenges of breastfeeding policy in the context of HIV: a qualitative study on community perspectives on facilitators and barriers related to breastfeeding among HIV positive mothers in Baringo County, Kenya

Policy Briefs

- The costs and benefits of fisheries management in Malawi
- The Costs and Benefits of Government Services to Support MSMEs in Malawi
- The costs and benefits of environmental management and disaster risk reduction in Malawi
- The costs and benefits of Interventions to Improve Water Service Reliability in Blantyre Malawi
- The costs and benefits of Interventions to Increase Compliance with the Construction Permits Process in Malawi: Ensuring the Benefits of Urbanization
- Water, sanitation and hygiene (WASH): a critical barrier against antimicrobial resistance (AMR) in Malawi

Research Reports

- Cost-Benefit Analysis of Fisheries Management in Malawi – Technical Report
- A Cost-Benefit Analysis of Government Services to Support MSMEs in Malawi – Technical Report
- A Cost-Benefit Analysis of Environmental Management and Disaster Risk Reduction in Malawi – Technical Report
- A Cost-Benefit Analysis of Interventions to Improve Water Service Reliability in Blantyre Malawi – Technical Report
- A Cost-Benefit of Interventions to Increase Compliance with the Construction Permits Process in Malawi: Ensuring the Benefits of Urbanization – Technical Report



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



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