



Tuberculosis and lung health issues remain a health priority in Africa

Malawi Government grants AFIDEP diplomatic status

COP26: Mainstreaming Health in Climate Discussions

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TABLE OF CONTENT

COP26: Mainstreaming Health in Climate Discussions.....	4
International Day of Rural Women: Rural Women Cultivating Good Food for All.....	6
Introducing the Health Tech Platform to Mosquito Researchers in Africa.....	7
Stakeholder Engagement to Break Ground for Implementation of Health Tech Platform’s Interventions.....	8
National and Regional Media in Burkina Faso and Kenya Commit to Increase Coverage of Emerging Health Technologies in Africa.....	10
Parliamentarians Urged to Facilitate Ongoing Efforts to Develop, Test and Deploy Emerging Health Technologies in Africa.....	12
Study Reveals Limited Awareness and Understanding of ongoing Research on Emerging Health Technologies in sub-Saharan Africa.....	14
Gender equitable access to healthcare is an essential element of a resilient TB response in Nigeria.....	16
Tuberculosis and lung health issues remain a health priority in Africa that need to be tackled urgently.....	17
New vaccine paves the way for new thinking in malaria research.....	19
Malawi Government grants AFIDEP diplomatic status.....	20
New malaria vaccine a step further in achieving ‘an African Region free of Malaria’ by 2030.....	22
Investing in child health and survival in Malawi.....	23
Harnessing innovation a crucial intervention in the control and elimination of malaria, says WHO.....	24
Can Museveni’s renewed commitment to eliminate Malaria in Uganda be the glimmer of hope for legal reforms needed to pave way for testing gene drives?.....	26
Reducing undernutrition and incidence of stunting in Malawi.....	28
Reducing HIV/AIDS infections among female sex workers in Malawi.....	29
Events & Engagements.....	30
New Staff.....	31
Publications.....	33

COP26: Mainstreaming Health in Climate Discussions

By Elizabeth Kahurani

Through the 2015 Paris Agreement, governments committed to pursue climate ambitions and action to limit global temperature rises well below 2°C, aiming for 1.5°C, by 2050. However, recent assessments by the Intergovernmental Panel on Climate Change (IPCC) show that we are off-track meeting this target and there is need for rapid, large-scale and immediate action if we are to stay the course.

When it comes to health, the evidence is clear. Failure to limit global warming to 1.5°C will result in adverse health impacts and loss of lives. WHO estimates 'between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress, with an estimated USD 2-4 billion/year direct cost to health damages by 2030.'

The Paris Agreement mentions right to health as a reason to act on climate change. Increased health risks are indeed a strong reason for countries to step up climate action to reduce greenhouse gas emissions.

For instance, evidence indicates that temperature and rainfall changes affect the natural habitats of mosquitoes, changing the prevalence of the vector or prolonging transmission seasons (or both) in some areas, and potentially exposing new regions and populations to malaria and other vector-borne diseases.

"This would exacerbate the persisting malaria burden in Africa where malaria kills more than 400,000 people every year, mostly children. In 2019, more than 90% of an estimated 230 million cases of malaria occurred in Africa," says Dr Rose Oronje, Director of Public Policy and Knowledge Translation, and Head of Kenya Office at the African Institute for Development Policy (AFIDEP).

There is clear need for countries to prioritise health in their policies for climate action. A recent WHO review of health in the Nationally Determined Contributions (NDCs) revealed that only 10% of NDCs (18 out of 184) refer to evidence or policies on health impacts from climate change.

Call to action at COP26

Commitments on adaptation and finance at the 26th United Nations conference on climate change (UNFCCC COP26) must include action to strengthen health systems, particularly for vulnerable populations whose existing health system is already



inadequate to meet current health demands.

In addition, discussions and agreements on technology need to include the role of transformative health technologies with potential to not only build resilience but also positively change the trajectory of disease burden among vulnerable populations.

Technologies with potential to reduce and even eliminate malaria include gene drive technology that is at various stages of development in Africa, testing wide distribution of Ivermectin drug, use of attractive toxic sugar baits to kill malaria-transmitting mosquitoes, vaccines, and use of drones for larvicide spraying to kill mosquito larvae.

Exploring their potential requires having in place necessary policy and regulatory frameworks, capacity to conduct research, provide the necessary safeguards, empower communities, and address ethical concerns. Through the Health Tech platform, AFIDEP is convening open, objective, balanced and transparent discussions on potential for development and deployment of these transformative technologies. The platform will hold policy dialogues to discuss how climate adaptation, finance and technology streams can contribute to initiatives exploring potential of emerging health technologies to transform health systems and reduce disease burden in Africa.



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Build at COP26

Optimising the climate change, population, environment and development nexus

Building Capacity for Integrated Family Planning & Reproductive Health and Population, Environment and Development Action “BUILD” by USAID brings together southern leadership and organizations from Africa, Asia, and USA that, together, have proven technical expertise in promoting cross-sectoral interventions in Population-Environment-Development (PED) and in advocating for voluntary family planning (FP) and capacity strengthening. BUILD seeks to address interlinked Population, Environment and Development (PED) challenge for sustainable development in low and middle-income countries to enable integrated FP/RH and PED action using the Systems thinking approach. As well as, amplify the PED approach to a new degree of transformative action across disciplinary,

geographical, socio-cultural and sectoral divides to achieve strong political commitment, sustained financial resources and accountability for voluntary FP/RH.

Using a hub-and-spokes model, BUILD will work in four countries in Africa and Asia: Côte d’Ivoire (West Africa), Kenya (East Africa), Malawi (Southern Africa), and the Philippines (South East Asia).

Through the BUILD program, AFIDEP and consortium partners had a Health Pavilion at COP26 on Wednesday, 10 November 2021.

International Day of Rural Women: Rural Women Cultivating Good Food for All

By Victory Kamthunzi



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Rural women are the backbone of communities, playing an indispensable role in supporting their households, getting food and nutrition security, generating income, and improving rural livelihoods. According to Oxfam, rural women account for nearly half the agricultural workforce in developing countries.

They not only contribute to agriculture and rural enterprises, but they are also the source of global food security powering local and global economies. Empowerment of women in rural settings is requisite for sustainable food production, gender equality, climate action, health and realising the Sustainable Development Goals (SDGs), including Zero Hunger (Goal 2) and Gender Equality (Goal 5). The Food and Agriculture Organization (FAO, 2011), claim that women account for 43% of the agricultural labour force in developing countries, with more than 50% in parts of Africa and Asia.

Nevertheless, rural women and girls continually face gender-based inequalities, impeded channels of income, and discriminatory gender norms and practices which encumbers their efforts to improve their lives and those of their community. Furthermore, the COVID-19 global pandemic has negatively impacted their access to sexual and reproductive health services due to the reallocation of resources and priorities, as well as their access to social protection.

This disruption to crucial health services has brought on further complexity to rural women and girls who are more likely to have unmet need for family planning services as compared to their urban counterparts. The pandemic, alongside climate and environmental crises, have also worsened food insecurity and well-being in many parts of the world. According to the

United Nations' Secretary General's report on "Our Common Agenda," significant loss of income and limited access to social protection fuelled this problem with approximately 2.37 billion people not having access to adequate food in 2020 – an increase of almost 20 per cent or 320 million people in just one year.

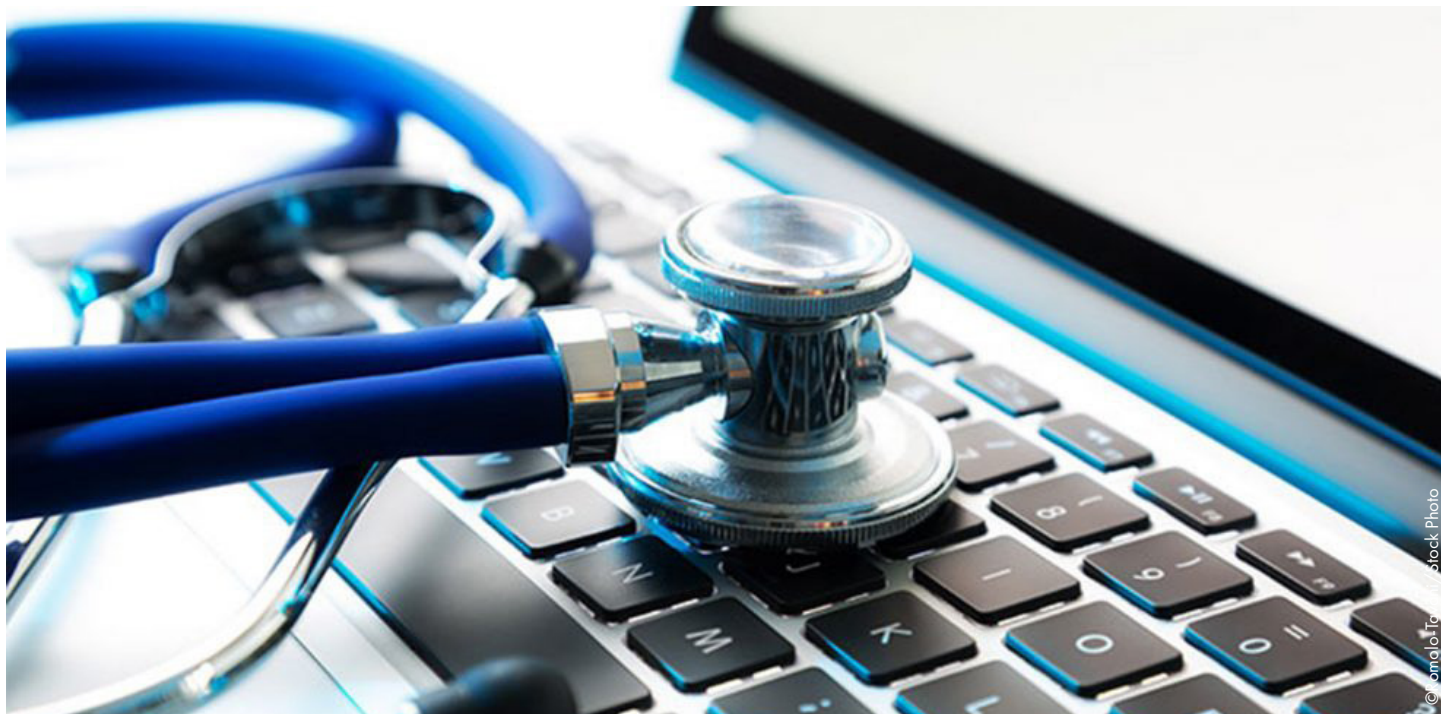
Women produce more than 50 per cent of the food grown worldwide. Because of their role of supplying their families with food and care, rural women have particular knowledge of the benefits and diverse use of plants for nutrition, health and income value. Rural women are powerful agents for promoting transformational economic, environmental and social changes required for sustainable development and effective responses to climate change.

To realise a more sustainable world, rural women and girls must have a more active role in environmental planning, finance, budgeting and the policymaking process. Moreover, a recent evaluation of the Joint Programme on Rural Women's Economic Empowerment by FAO, IFAD, UN Women and WFP, reiterates the need for an integrated approach to supporting rural women's livelihoods. Key areas that must be addressed include discriminatory social norms and increasing agricultural productivity, which can lead to a more gender-responsive policy environment and enhanced food security and nutrition outcomes.

This International Day of Rural Women, we celebrate rural women and girls for their resilience and their contributions to global agricultural production, food security and nutrition, land and natural resource management, and climate change mitigation.

Introducing the Health Tech Platform to Mosquito Researchers in Africa

By Venancious Tuor



The Platform for Dialogue and Action on Health Technologies in Africa (Health Tech Platform) facilitated a session at the Pan African Mosquito Control Association (PAMCA) Conference on 22 September 2021. The session introduced the Health Tech Platform to PAMCA scientists in order to create awareness among them on how they can use the Platform to advance their research and innovation efforts for the elimination of vector-borne diseases in Africa.

Speaking at the session, Dr. Rose Oronje, the Health Tech Platform's Technical Lead at AFIDEP, noted that the Platform hoped to contribute to efforts that address the factors undermining the development, testing and scale-up of emerging health technologies in Africa including: limited involvement/participation of Africans in technology development; limited knowledge among key stakeholders and the public; opposition to the development of some of the technologies; and limited priority and investments in these technologies by African governments.

Throwing more light on why and how PAMCA researchers should engage with the Platform, Dr. Ernest Tambo, the Platform's Manager, noted that the Platform provides many opportunities for information sharing on innovations with a wider range of stakeholders. Other reasons he advanced for the need for PAMCA researchers to engage with the Platform are that: the Platform is a space for the researchers to provide expert or peer-review for planned or ongoing technology

development; the platform provides for learning and keeping abreast of ongoing research and innovation for health; it connects with policymakers, legislators, CSOs, media and the private sector; and it promotes and enables evidence use in decision-making.

Dr. Tambo also outlined ways in which PAMCA researchers can engage with the Platform, including through: participating in the Platform's activities such as panel or round table discussions, media briefings, meetings and trainings; contributing content, e.g. blogs and expert or think pieces for wide circulation on their health-related innovations and emerging issues relating to health technologies; becoming champions to increase awareness and understanding of health technologies; proposing and co-hosting forums or webinars on specific health technologies with the Platform; and joining the Platform's evidence synthesis efforts to support decision-making.

PAMCA researchers who joined the session were keen to learn more on how the Platform hoped to stimulate political and policy changes, which are often hard to bring about. In response, it was noted that the Platform's mix of strategies, including evidence synthesis, sustained dialogues, and working with champions, among others, were designed precisely to unlock political interest and action on emerging health technologies.

Stakeholder Engagement to Break Ground for Implementation of Health Tech Platform's Interventions

By Venencious Tuor



L - R: Dr. John Mushomi (AFIDEP); Dr. Pius Akankwasa (Expert, Uganda Prime Minister's Delivery Unit - PMDU); Dr. Rose Oronje (AFIDEP); Dr John Agaba Mary (Deputy Director, PMDU); and Ms Carol Mukiira (AFIDEP). Kampala, Uganda.

As part of partnership building and breaking ground for the implementation of the Platform for Dialogue and Action on Health Technologies in Africa (Health Tech Platform), we conducted consultations with various stakeholders at the regional level as well as in Burkina Faso and Uganda.

Engaging regional stakeholders

We conducted a series of meetings with various key stakeholders at regional level to define specific ways of collaboration and the specific areas/activities around which we would collaborate.

On July 9, 2021, we met with the WHO Regional Office for Africa to introduce the Health Tech Platform as well as explore opportunities for collaboration. The agency welcomed the idea of partnership, noting that emerging health technologies are among its priority areas. The meeting agreed that the Platform would share with the WHO a concept note outlining the potential for collaboration around a specific emerging health technology ready for scale-up in a specific country. This, it was agreed, would provide an immediate opportunity for the WHO to work with the Platform in supporting a WHO member country to develop policy guidelines or framework needed to guide the scale-up of the technology.

On July 21, 2021, we met with the AUDA-NEPAD and

discussed ways in which the Platform could collaborate with the Agency, including collaborating on activities such as dialogues, and providing evidence syntheses that the Agency may need for its activities around gene drives for Malaria control and other technologies. The AUDA-NEPAD welcomed the opportunity to collaborate, and advised the Platform to share an outline of potential activities for collaboration in order to move the process forward.

On July 30, 2021, we met with SpeakUp Africa, a leading CSO in West Africa on advocacy on various development issues (including health), to discuss potential ways of collaboration. The meeting agreed that capacity development for CSOs on emerging health technologies was a common area of interest, and that the Platform would share a concept note with SpeakUp Africa on ways of collaboration on this area.

On August 10, 2021, we met with the Kenya Association of Manufacturers (KAM) to introduce the Platform and discuss how the Association could play a role in the Platform's efforts to stimulate discussions with private sector actors on their role in the development, testing and deployment of emerging health technologies in Africa. The Association noted that health is an important priority for its members, and that it would be interested in convening its members for

discussions around emerging health technologies. It noted that it convenes manufacturers in the East Africa region, and is also involved in continental-level forums for manufacturers. The meeting agreed that the Platform would share a concept note with specific topics/emerging health technologies that the Association would consider convening dialogues on for its members.

Engaging stakeholders in Burkina Faso

Burkina Faso is a priority country for the Health Tech Platform because of the planned research to test gene drives for Malaria control and elimination in the country. Malaria is endemic in the whole of Burkina Faso, and it accounts for 43% of all health provider consultations and 22% of deaths in the country.

We held meetings with the AUDA-NEPAD representative in the country, the Target Malaria Consortium based at the Research Institute of Health Sciences (IRSS), the Ouagadougou Partnership, the West African Health Organisation (WAHO), and the Nouna Health Research Centre (CRSN). Discussions centred around ongoing efforts on gene drives and other emerging technologies in the country, the need for an enabling environment (regulatory framework) for biotechnology, and the need for collective efforts in the development and use of emerging technologies to address health challenges in the country and in Africa at large.

Welcoming a collaboration with the Health Tech Platform, Dr. Moussa Savadogo, Principal Programme Officer and Coordinator, who represented the Burkina Faso Country Director of AUDA-NEPAD, indicated that what had been set out in the Platform's activities were in line with the aspirations of the African people, whose efforts to achieve them constitute the very *raison d'être* of the programmes of the AUDA-NEPAD. Dr. Savadogo appealed for the mobilisation of all stakeholders to make the vision, objectives and strategies of the Platform a reality. "The relevance of the vision, objectives and strategies set out in the Health Tech project calls for an active mobilisation of all stakeholders on the ground to make it a living and lasting reality," said he.

Dr. Diabaté Abdoulaye, Director of IRSS and Principal Investigator of Target Malaria in Burkina Faso, in a separate meeting, also called for proper co-ordination of efforts from all stakeholders on the work on gene drives for Malaria control. "Work on gene drives began in 2012 and there have since been a number of actors involved, and so it is important to move all along the same direction. This then calls for effective and proper coordination among all the actors," he said.

Dr. Abdoulaye noted the gap in regulatory framework to guide the work on gene drive and other health technologies as a critical factor for consideration by the Platform. He also noted the need for political will from African leaders, without which, he said, all efforts would amount to nothing.

Among others, the consultations with CRSN in Burkina Faso enabled us to concretise institutional partnership discussions initiated earlier, paving the way for contracting CRSN as the institutional partner for the Platform's work in Burkina Faso.

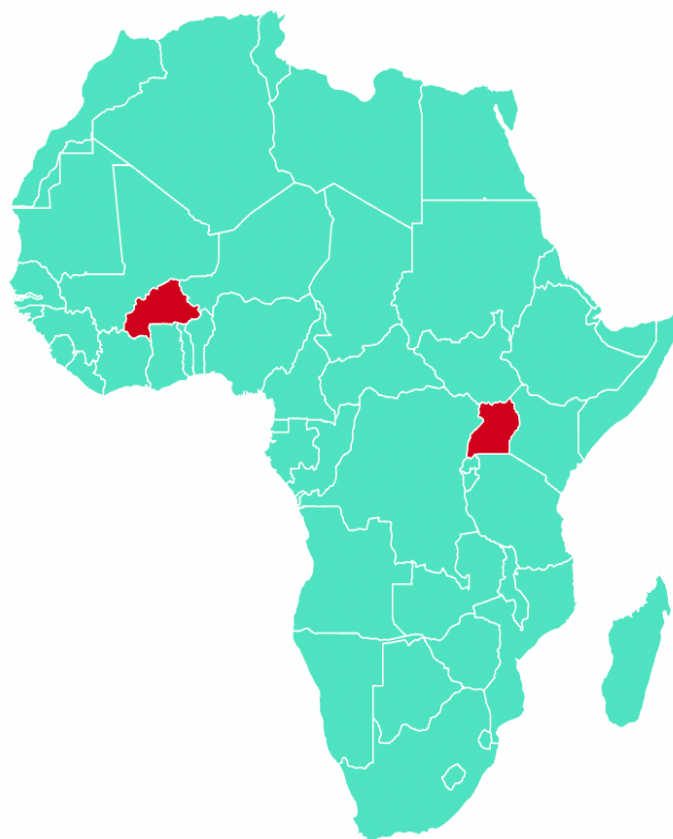
Engaging stakeholders in Uganda

Like Burkina Faso, Uganda is a priority country for the Platform because of the planned research to test gene drives for Malaria control in the country. The country has the highest global burden of Malaria case (5%) and the 8th highest level of deaths at 3%. It also has the highest proportion of Malaria cases in East and Southern Africa at 23.7%.

We held consultations with various organisations including: the Uganda National Council for Science and Technology (UNCST); the Target Malaria Consortium based at the Uganda Virus Research Institute (UVRI), PATH Uganda, individual researchers from Makerere University, Centre for Policy Analysis (CEPA), and the Prime Minister's Delivery Unit (PMDU).

Consultations highlighted, among others, the need for the Platform to prioritise efforts that will stimulate reforms for a more enabling legal framework for biotechnology, as well as efforts to form an advocacy coalition to raise the profile of, and investments in, research and innovation for improved health of citizens.

The consultations in Uganda enabled the identification of potential institutional partners to steer the Platform's work in the country. Conversations with these partners are underway to define the Platform's programme of work for the country.



National and Regional Media in Burkina Faso and Kenya Commit to Increase Coverage of Emerging Health Technologies in Africa

By Mohammed Duba and Venancious Tuor



L - R: Dr. Rose Oronje (AFIDEP); Prof. Richard Mukabana (University of Nairobi); Prof. Charles Mbogo (Pan African Mosquito Control Association - PAMCA); and Ruth Nesoba (Council member, Kenya Editors Guild - KEG). Nairobi, Kenya.

Engaging media in Kenya and the African region

On 5 October 2021, the Platform for Dialogue and Action on Health Technologies in Africa (Health Tech Platform) partnered with the Kenya Editors' Guild to host a breakfast meeting that discussed the role of the media in fostering public conversations on emerging health technologies and their potential in tackling health challenges in Africa. The purpose was to create awareness about emerging health technologies among editors in order to increase and sustain media coverage of ongoing efforts to develop, test, pilot or deploy emerging technologies in tackling persisting and emerging health issues in Africa.

The African Union, through its Development Agency (AUDA-NEPAD), has prioritised a range of emerging technologies with potential to change the health challenge on the continent including: "Omic" technologies (genomics, transcriptomics, proteomics, and metabolomics); E-health solutions; Geospatial modelling; Artificial intelligence; Additive manufacturing; and Drones.

The meeting introduced the editors and journalists to emerging health technologies, noting that there are various research groups conducting research to either develop, test or pilot various emerging health technologies including genome

editing, gene drives for Malaria elimination, synthetic biology, data science, artificial intelligence, monoclonal antibodies, among others.

Speaking at the meeting, Dr. Rose Oronje, AFIDEP Director of Public Policy and Knowledge Translation, and Head of Kenya Office, noted that the potential of emerging health technologies will not be realised in Africa unless if they are successfully developed and tested on the continent. She noted, however, that successful development and testing is currently being hampered by four main factors including: limited involvement/participation of Africans in technology development; limited knowledge among key stakeholders and the public; opposition to the development of some of the technologies; and limited priority & investments in these technologies by African governments.

Zeroing-in on Malaria, which remains a major killer in Africa, the meeting noted that there are various tools being developed by research groups on the continent for the control and elimination of the disease.

Prof. Charles Mbogo from the Kenya Medical Research Centre (KEMRI) and the current President of the Pan African Mosquito Control Association (PAMCA) outlined the many reasons why Malaria remains a major killer on the

continent despite current tools and efforts, including: drug and insecticide resistance, residual transmission, lack of technical and human resources, hard-to-reach populations, weak health systems, weak surveillance systems, and lack of domestic and sustained international financing.

According to Prof. Mbogo, some of the new tools being developed, tested or piloted for Malaria control and elimination on the continent include:

- Attractive toxic sugar baits (being tested in Kenya, Mali and Zambia) – given mosquitoes' drive to feed on sugar for energy, this is an adulticide method to kill mosquitoes
- Malaria-carrying mosquitoes die after feeding on individuals who have ingested Ivermectin drug (being tested in the Gambia, Burkina Faso, Tanzania, Mozambique, and Ivory Coast) – mass ivermectin drug treatment for humans and livestock.
- Gene drive technology, i.e. genetic or biocontrol strategy for making vector populations unable to transmit disease, or substantially reduce the vector populations.

Prof. Mbogo emphasised that Malaria elimination will take a combination of tools and not one tool.

Prof. Wolfgang Richard Mukabana from the University of Nairobi elaborated on the ongoing research in Burkina Faso, Ghana, Mali and Uganda, to test the gene drives technology for Malaria control. He noted that in all four countries, the research was in initial stages, where the research teams are conducting various studies, mainly with wild mosquitoes, in efforts to prepare for the study with gene drive mosquitoes. He emphasized that while the plan was to study gene drive mosquitoes, research on gene drive mosquitoes had not yet started in any of the sites in the four countries. Talking about some of the challenges or concerns with the planned research on testing gene drive mosquitoes for Malaria elimination, Prof Mukabana said these include: low capacities on the continent in biosafety, and a range of concerns by stakeholders including concerns about the stability of the modified genes, potential spread to non-target species, ecosystem imbalance.

Part of the research planned to be conducted in Ghana will assess the effects of the eliminating Malaria-transmitting mosquitoes from the ecosystem. This will help address the ecosystem imbalance challenge.

Dr. Willy Tonui, the Chairman and Executive Director of the Environmental Health Safety, noted that gene drives research and deployment (if proven to work and safe) is guided globally by the Convention on biosafety (originated from the Cartagena Protocol on Biosafety), and with country-level laws and policies. He noted that while many countries have

biosafety laws, regulations, and policies, only Nigeria had amended its Act to include emerging issues in biotechnology (including gene drives, gene editing and synthetic biology).

Relating to governance issues on gene drives, Dr. Tonui noted that decisions on release of gene drive mosquitoes would be made on a case-by-case basis following a comprehensive environmental risk assessment, clear communication and public engagement, and consideration of the technology's wider implications. He noted that multiple regulatory authorities would be involved in approval including the environmental regulator, health regulator, and the biocontrol regulator. He noted that the AUDA-NEPAD was providing Members States with the necessary support to ensure that research on and development of new genetically-based vector control tools are conducted in a responsible manner and in full compliance with safety requirements for human health and the environment for the benefit of African communities.

The editors and journalists decried the limited interaction with scientists, which contributed to their low knowledge and consequently low or no coverage of the ongoing research on health technologies in Africa. One of the editors said, "we have a lot of opportunities that are often wasted on music and politics. These are opportunities that could be used to educate the public about the work on emerging health technologies." Some of the questions posed by the editors and journalists are presented in the textbox.

Speaking at the event, Ms. Ruth Nesoba, a Council Member of the Kenya Editors Guild and British Broadcasting Corporation's (BBC) Regional Deployments Editor, East Africa, appealed for training for journalists on emerging health technologies to increase their understanding of these technologies which is a pre-requisite for media coverage. She committed to exploring partnerships with the Health Tech Platform and other research stakeholders to sustain regular forums for discussing emerging health technologies.

Media houses represented at the meeting included Kenya Broadcasting Corporation (KBC), British Broadcasting Corporation (BBC), Voice of America (VOA), Nation Media Group, K24 TV, TalkAfrica, Switch TV, The Star Newspaper, Royal Media Services, SciDevNet, and TV 47. Following the meeting, various media stories were published on emerging health technologies including:

- Gene drive technology will be a game-changer in fighting Malaria in Africa, scientists say
- Stakeholders call for adoption of technology in combating Malaria
- New approaches eliminate Malaria

Engaging Media in Burkina Faso and West Africa

In August 2021, the Health Tech Platform held discussions with science journalists and news editors of key media houses in Burkina Faso, one of the Platform's focus countries. The meeting was an avenue to officially introduce the Platform, seek the buy-in of the media, and discuss the critical role the media in the activities of the Platform in Burkina Faso and in West Africa.

The meetings were a follow-up to earlier virtual engagements with the African Media Network of Journalists for the Promotion of Health and the Environment (REMAPSEN). The Network operates in Francophone and Lusophone Africa.

The journalists expressed excitement and readiness to partner with the Health Tech Platform to deliver its activities and results. Speaking during one of the meetings, Mrs. Brigitte Sawadogo, Burkina Faso Country Coordinator of REMAPSEN and a journalist with the National Television and Radio of Burkina Faso (RTB), said the Health Tech Platform could not

have come at a better time, given the kind of attention malaria deserves.

"I must say we are excited to be part of this Platform... Malaria has been a big issue here in Burkina Faso and we are aware our government has made several interventions aimed at addressing the disease," she said. "The work that has already gone on here in our country, with regard to health technologies, is commendable, but not much has been communicated on it. We therefore see this Platform as an avenue for the media to provide a space for the public to engage in discussions that will yield the needed results," continued Mrs. Sawadogo.

As part of their commitment, the journalists published various stories following these meetings including:

Echanges entre AFIDEP et les journalistes sur le rôle de la technologie en matière de santé
Santé et Technologies : L'AFIDEP s'entretient avec les professionnels des médias
<https://youtu.be/taOwSHaoWAO>

Parliamentarians Urged to Facilitate Ongoing Efforts to Develop, Test and Deploy Emerging Health Technologies in Africa

By Mohammed Duba and Venancious Tuor

Millions of people die every year in Africa from preventable diseases and conditions largely because of lack of access to life-saving health services and technologies. The COVID-19 pandemic has compounded the situation, pointing to the urgent need to build resilience in the currently weak health systems on the continent.

Emerging health technologies could contribute to alleviating the health challenge in Africa, but only if these are well developed, tested and deployed (where these are proven to work and are safe) on the continent.

On October 29 2021, the Platform for Advocacy and Action on Health Technologies in Africa (Health Tech Platform) held discussions with Parliamentarians from 19 African countries on the role that they need to play in the ongoing efforts to develop, test and deploy emerging health technologies on the continent to tackle some of the persisting and emerging health challenges in Africa.

Speaking at the forum, which was part of the annual convening of the Network of African Parliamentary Committees of Health (NEAPACOH), AFIDEP's Dr. Rose

Oronje informed parliamentarians that the African Union has prioritised various emerging technologies with potential to improve health on the continent including: "omic" technologies (genomics, transcriptomics, proteomics, and metabolomics); e-health solutions; artificial intelligence; use of drones; geospatial modelling; additive manufacturing, among others.

She added that a recent landscape study conducted by the Health Tech Platform revealed that there are many research groups around the continent developing, testing or piloting various emerging technologies aimed at tackling persisting or emerging health issues. Some of the technologies being developed, tested or piloted on the continent include: gene drives for Malaria control and elimination, genome editing, data science/data analytics, artificial intelligence, monoclonal antibodies, among others.

While the ongoing efforts are commendable, Dr. Oronje noted that Parliamentarians could play a key role in addressing the many challenges hindering progress on these efforts on the continent including: limited involvement/participation of Africans in technology development;

limited knowledge among key stakeholders and the public; opposition to the development of some of the technologies; and limited priority and investments in these technologies by African governments.

She appealed to Parliamentarians to: engage health research institutions in their countries to understand ongoing research on emerging health technologies; ensure allocation of resources by their governments for the development, testing and deployment of emerging health technologies; undertake legal reforms needed to facilitate research on emerging health technologies; advocate for prioritization of research and investments in emerging health technologies; and sensitize communities on the value of emerging health technologies.

Zeroing on some of the tools being developed for Malaria control and elimination, which include gene drives for Malaria elimination, testing of the use of mass administration of the Ivermectin drug, use of attractive toxic sugar baits for killing Malaria-transmitting mosquitoes, vaccines, and use of drones in larvicide control, Dr. Oronje said that in countries

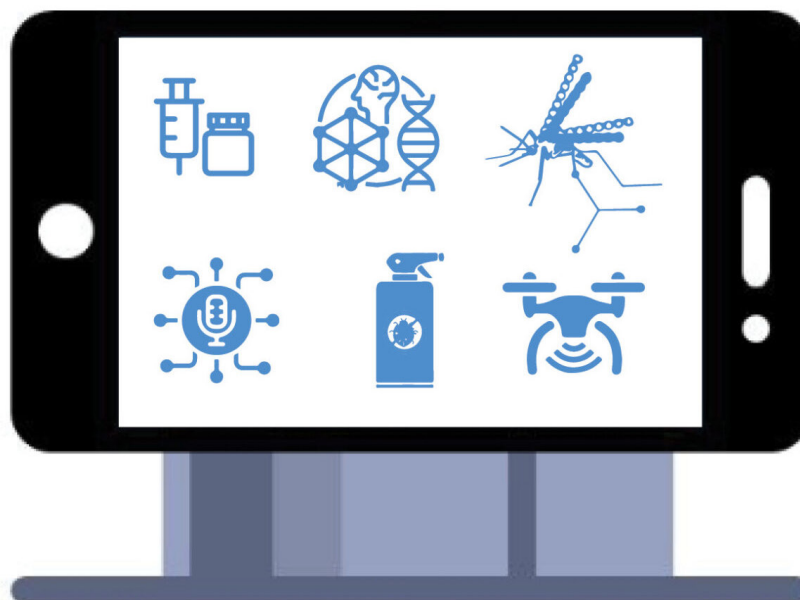
where the current legal framework does not provide for the planned research, such as is the case with Uganda as regards the planned research on gene drives for Malaria elimination, Parliamentarians need to take a leadership role in steering the legal reforms needed.

In discussions, Parliamentarians acknowledged their important role in supporting the testing and application of emerging technologies with potential to improve health in their countries. They were keen to understand how they can be involved in the African Union's Development Agency (AUDA)'s ongoing efforts to support countries in addressing gaps in their regulatory frameworks to facilitate the development and testing of gene drives for Malaria control and elimination. The forum requested the Platform to prepare and share a policy briefing on emerging health technologies that will be circulated to Parliamentarians to create awareness on the issue and inform their next steps.



Study Reveals Limited Awareness and Understanding of Ongoing Research on Emerging Health Technologies in sub-Saharan Africa

By Rose Oronje Ph.D and Venancious Tuor



Emerging Technologies

A recent study on the landscape and political economy of emerging health technologies in Africa conducted by the Platform for Dialogues and Action on Health Technologies in Africa (Health Tech Platform) revealed various new tools and technologies being developed, tested or piloted on the continent to tackle persistent and emerging health challenges. Some of these tools include:

- **Genome editing:** a technique that allows researchers to insert, delete or modify DNA to silence, activate or otherwise modify an organism's specific genetic characteristic.
- **Artificial intelligence:** a health technology that is seen as providing a pathway to improve health services, diagnostics and personalized medicine
- **Synthetic biology:** used for the development of novel drugs and vaccines, and genetically engineered organisms/viruses to fight diseases
- **Data science/data analytics:** a technology used to track child immunisation in border regions and developing a digital certificate for COVID-19
- **Monoclonal antibodies:** used as therapeutic agents for disease treatment

- Use of drones in health interventions, such as spraying of larvicide for mosquito control

Zeroing-in on malaria, various tools are being developed, tested or piloted on the continent for control and elimination of the disease including:

- **Gene drives:** genetic modification of malaria-transmitting mosquitoes to either suppress their population or modify them so that they cannot transmit the parasite
- **Mass drug administration of the Ivermectin drug for humans and animals:** when mosquitoes bite people or animals that have taken the drug, they die
- **Attractive toxic sugar baits (ATSBs):** oral insecticide that kills mosquitoes.
- Use of drones in spraying larvicide to kill mosquito larvae
- **Sterile insect technology:** one of the most environment-friendly insect pest control methods used to sterilise mass-reared insects so that, while they remain sexually competitive, they cannot produce offspring.

The landscape study results revealed limited knowledge and awareness among many stakeholders on these new technologies, and the work going on to develop, test or pilot these technologies. This points to the need for increased efforts to expand conversations around these technologies so as to create awareness and increase understanding of these technologies among policymakers, media, CSOs and the public.

Focusing on the ongoing research on gene drives for Malaria control and elimination, the study found that the research in Burkina Faso, Uganda and Mali is at the initial stage, which means it has many years to go before this technology could be adopted in Africa if proven effective and safe. There are, however, various challenges slowing progress on this research including lack of regulatory framework for this type of research (i.e. releasing genetically modified organisms in the environment), weak capacities on the continent on this technology, weak or lacking legal framework to guide this work in some countries (as is the case in Uganda), and some level of opposition to this technology.

There are, however, various efforts by different actors to address these challenges. Specifically, the African Union Development Agency (AUDA-NEPAD) is working with countries to develop the regulatory framework needed for guiding the research on gene drives for Malaria control. Groups such as the GeneConvene, the Pan Africa Mosquito Control Association (PAMCA), and the African Biosafety Network, are working to increase awareness and build capacity of researchers on the technology in Africa. Opposition to the gene drive technology is centred around the lack of evidence on the technology's effects on humans and

the environment. Part of the ongoing research on gene drives is to generate this type of evidence in order to address the concerns.

The landscape found that except for engagement with the communities where the gene drives research is being conducted in study countries, there is little being done to create awareness and understanding among the public and a wider range of stakeholders on the gene drives technology for Malaria control and elimination.

Furthermore, the study raised some questions on issues of equity, power, and justice in the governance of the emerging health technologies being developed or tested on the continent. These issues are further complicated with the limited investments by African governments in the ongoing efforts on emerging health technologies.

With all the work on emerging health technologies being funded by external development partners, some stakeholders are weary of what this means for the ownership and use of these technologies in Africa, if these are proven safe and effective. The results of the landscape study have informed the design of the Health Tech Platform and will continue to shape the implementation of the Platform's interventions.

The landscape study used a qualitative design that involved a review of documents and interviews with 30 key informants, drawn from: policymaking institutions at both the regional and national level in Sub Saharan Africa, research consortia and network, ethicists, advocacy groups at the regional and global levels, and journalists and science media networks.

Gender equitable access to healthcare is an essential element of a resilient TB response in Nigeria

By Chukwuebuka Ugwu, John Bimba, Bertie Squire and Tom Wingfield



In 2018, Heads of States and Governments met in New York at a UN High Level Meeting (HLM) on Tuberculosis (TB). At the meeting ambitious targets and commitments for ending TB epidemic by 2030 were set and described in the UN Declaration on TB. The Declaration recognized that, despite being preventable and curable, 40% of people with TB disease globally miss out on quality care, including life-saving medicines. Section 30 of the Declaration specifically recognized that finding undetected and untreated men as well as empowering women and girls are critical to finding the undetected people with TB. Nigeria faces significant challenges to finding the 'missing' people with TB: in 2018, 76% of all people with TB disease in Nigeria were missed by the public health systems. In 2020, this percentage had reduced but was still unacceptably high at 70%. The reasons for this are manifold and link to the country's particular socio-cultural context as well as the characteristics of TB case-finding, treatment and care. Thus, Nigeria is in urgent need of new ideas to help make TB diagnosis and care more welcoming, accessible, and equitable to men, women and children.

In thinking through this multi-dimensional problem, it emerges that in Nigeria, men make up the majority of those affected by TB. In 2012, Nigeria conducted its first population TB prevalence survey. The survey indicated that the actual number of people with TB was more than double previous estimations and that two out of every three people with TB who were missed were men. Nearly a decade after the survey, men have yet to be recognized as a priority group in tackling this disease. This means there is a lack of targeted interventions to find, diagnose, and cure the majority of

missing people with TB. It also means that we do not have the tools to understand the potential gender differentials of TB transmission, which would feed into new approaches to curb its spread.

It is also apparent that men suffer longer delays in accessing TB care and run a higher risk of having unsuccessful outcomes of TB treatment, such as dropping off from care, failure of treatment, and death. This is, in part, because in Nigeria, men tend to prioritize their role as breadwinners over care seeking for TB, particularly in the early stages of the disease when symptoms, such as cough, may seem mild. More research is needed to understand the bottlenecks affecting men and women that delay their access to TB care and to support the design and implementation of services to address these.

At the September 2021 UNGA side event on TB, the National Coordinator of the Nigerian TB and Leprosy control program (NTBLCP) recounted the country's recent successes in fighting TB. There are 84% more TB treatment centres, the private sector has played a larger role in finding people with TB, and 95% of people treated for TB were tested for HIV. Despite the COVID-19 pandemic, the NTBLCP reported that the number of notifications of people with TB had increased by 15% and the proportion of people who successfully completed treatment was over 85%. But challenges remain, including the current high proportion of missing cases. These hamper Nigeria's progress towards the WHO End TB Strategy's 2025 milestone of halving the number of people newly affected by TB.

The 2021 Nigerian National TB Conference, organized by NTBLCP, Stop TB Partnership, and other partners, is built around the timely theme of 'Sustaining a resilient TB response in Nigeria: Addressing the impact of COVID-19 and other diseases'. The conference, which will bring together TB stakeholders, healthcare workers and the TB research community, could not have come at a better time. Although the NTBLCP has displayed great resilience in the face of the pandemic, this moment presents the TB programme with a unique opportunity to leap forward. Beyond resilience, we can build transilience, which would enable us to transform the system whilst recovering from COVID-19. As part of this, Nigeria needs to sustain and scale up deployment of the innovations that have contributed to increased detection of people with TB. Nigeria also needs to develop a better understanding of access barriers to care for men and women and to design its TB services to eliminate these barriers.



Tuberculosis and lung health issues remain a health priority in Africa that need to be tackled urgently

By Lily Mwandira and Lomuthando Nthakomwa

Tuberculosis (TB) is estimated to have contributed to 1.7 million deaths globally, with 417,000 deaths from the African continent (as of 2016). It was the leading infectious cause of death worldwide before COVID-19. However, the burden of other acute and chronic respiratory conditions has been rising. While notable effort is being made to deal with TB, more needs to be done to encompass the wider range of Chronic Lung Diseases (CLDs) if lung health is to be adequately addressed.

Although progress has been made in recent decades to address lung health issues in Africa, gaps are still evident. To drive the TB and lung health agenda at regional level, the African Institute for Development (AFIDEP) on 27 October 2021 joined policymakers and partners at a preliminary meeting of the Network of African Parliamentary Committees of Health (NEAPACOH). The main NEAPACOH meeting took place on 28 and 29 October.

The preliminary meeting on TB and Lung Health was jointly facilitated by the NEAPACOH secretariat and experts from the International Multidisciplinary Programme to Address Lung Health and TB in Africa (IMPALA), led by AFIDEP. The IMPALA programme aims to strengthen research and health systems capacity to address interconnected CLDs in Africa.

The meeting was a follow up to a preliminary meeting at the 2020 NEAPACOH meeting where experts from IMPALA initially presented emerging evidence on TB and Lung Health in Africa to parliamentarians, and how the issues could be addressed in their countries.

This year's TB and Lung Health session, moderated by AFIDEP's Executive Director, Dr Eliya Zulu aimed to reiterate previously shared evidence on TB and other CLDs, as well as provide new evidence to the policymakers and other participants. The end goal was to further explore how IMPALA can support health committees to champion programmes and policy interventions to reduce the high burden of TB and Lung Health in their respective countries and regionally.

Dr Zulu in his opening remarks expressed his excitement to be a part of NEAPACOH, stating that, "[AFIDEP] is very excited to once again be at NEAPACOH. We appreciate the partnership we have with Partners in Population and Development...as we have been doing this for over ten years, I am really glad that we are having our annual meeting today."

The introductory session, led by Dr Angela Obasi, a senior clinical lecturer at the Liverpool School of Tropical Medicine

(LSTM), focused on giving an overview of TB and CLDs and why both must be made health programming and policy priorities in Africa. She emphasised that while TB is serious and adversely affects the lives of those it infects, TB is only a part of the story where lung health is concerned. Other CLDs that are not infectious, such as Asthma and Chronic Obstructive Pulmonary Disease, contribute to three times more deaths than TB—and yet have been neglected. Dr Obasi further highlighted that COVID-19 is also a disease of the lungs, and has challenged existing lung health infrastructure.

Dr Brenda Mungai, a PhD candidate at LSTM presented findings from the Kenya National Survey, including discussions on Post-TB Lung Disease (PTLD). She shared that chest x-rays often used when national TB programmes are implementing active case finding activities to identify new cases of TB are potentially/can be a missed opportunity to identify other CLDs. She called on African countries to be aware of other treatable and preventable lung and heart diseases as they conduct chest screenings, as these can be as or more prevalent than TB and require early detection.

In her discussion, Dr Mungai further reminded participants that while many do recover from TB, there exists a population that never does—a condition referred to as PTLD. Some lungs become very damaged and never revert to the way they previously functioned. She, therefore, urged policymakers and other stakeholders to treat PTLD as a condition that needs to be at the forefront of healthcare in Africa; and for more resources to be allocated to post-TB care.

The pre-meeting's final presenter, Dr Uzochukwo Egere, Postdoctoral researcher at LSTM presented an examination of the readiness of health systems to provide services for CLDs, as well as the socio-economic impacts on patients and their families. This was based on findings from studies conducted in Kenya, Sudan and Tanzania. The study found that there is low prioritisation of CLDs in Africa, and strained human resources and guidelines, relevant equipment, and essential medicines are also lacking. Due to all these lapses, clinicians are unable to adequately manage CLDs.



We need to have adequately prepared health systems to deliver quality care for all patients with CLDs and not just those with TB, as Sub-Saharan Africa (SSA) will continue to face increased burden, mortality and morbidity from CLDs. We should also be able to address the huge socio-economic impacts.

Dr Uzochukwo Egere

Dr. Egere noted that Sub-Saharan Africa (SSA) will continue to face increased burden, mortality and morbidity as a result of CLDs. “We need to have adequately prepared health systems to deliver quality care for all patients with CLDs and not just those with TB, as Sub-Saharan Africa (SSA) will continue to face increased burden, mortality and morbidity from CLDs. We should also be able to address the huge socio-economic impacts,” he said.

Dr. Egere also highlighted the need to address the huge socio-economic impacts of CLDs. Patients with CLDs are subjected to stigma in the community which also affects their means of providing for themselves and their families. This coupled with the factors mentioned before show that health systems in African countries are not ready to treat the neglected CLDs. CLDs, therefore, need to be given much more attention, as well as be included in the development of patient-centred non-communicable disease programmes for chronic health.

Dr. Zulu, in his closing remarks, underscored the readiness of the IMPALA programme to support the parliamentary committees that are interested in pursuing and moving the TB and lung health agenda forward, beyond the meeting.

Following the pre-meeting, Dr Zulu also had the privilege of highlighting key messages and implications from the session presentations to the parliamentarians in attendance on the last day of the main NEAPACOH meeting. Dr Zulu further emphasised the availability of support from AFIDEP through the IMPALA programme, with one way being to package and avail evidence that would help parliamentarians with advocacy for TB and lung health issues in their .

New vaccine paves the way for new thinking in malaria research

By David Okwembah

The unveiling of the new malaria vaccine Mosquirix has been received with both celebration and trepidation by nations which confront malaria every day, including Kenya. The World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus hailed the vaccine as a breakthrough for science, child health and malaria control. It is estimated that at least 3.5 million Kenyans contract malaria every year claiming an estimated 10,700 lives annually. Those living in the western part of the country are particularly vulnerable.

But it's not just Kenya that has to confront this killer disease, the world lost an estimated 400,000 people in 2019 from malaria. Unfortunately, 93% of these deaths occurred in Africa with children below 5 years accounting for 63% of the deaths. From these statistics, it's clear that malaria is far more deadly than Covid-19 on the African continent as the latter killed 212,000 of those infected on the continent. The effectiveness of Mosquirix, developed by researchers drawn from Ghana, Kenya and Malawi, shows that its ability at preventing severe cases of malaria in children stands at around 30%.

According to WHO, malaria remains a primary cause of childhood illness and death in sub-Saharan Africa. It's for this reason that the organization has partnered with major research institutions to confront this disease by carrying out pilot research in the three African nations.

The findings show that Mosquirix introduction is feasible, improves health and saves lives, with good and equitable coverage through routine immunization systems. It further shows that more than two-thirds of children in the three countries who are not sleeping under a bednet are benefitting from the vaccine.

This milestone in the global malaria fight should spur further investment in additional malaria vaccines already in the pipeline to ensure a healthy market, but also in other much-needed new tools such as genomic surveillance to stay one step ahead of growing drug and insecticide resistance. Research is now moving into targeting malaria through the use of gene drives, that potentially be more cost-effective and feasible than conventional interventions such as insecticides.



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There are more than 3,500 species of mosquitoes in the world, more than 800 of which can be found in Africa alone.

Gene drives target just the species of mosquitoes that transmit malaria —the *Anopheles gambiae*, *Anopheles coluzzii*, and *Anopheles arabiensis*— which in Africa are responsible for more than 90% of malaria transmission, while leaving other insects and mosquito species untouched.

According to a study published in the journal *Nature Biotechnology*, the gene drive technology could cause population collapse of the mosquito species that cause malaria.

The study showed that the group built a gene drive that would change a sex-related gene and disrupt female fertility. In this study, the gene drive with the modified female fertility gene spread through 100% of the test population in as little as seven generations. The species could not mate and the population collapsed. Some researchers believe this may be the approach that will finally wipe out malaria.

Malawi Government grants AFIDEP diplomatic status

By Victory Kamthunzi

In its commitment to support regional development bodies and make Malawi a regional development hub, the Government of Malawi has granted the pan-African non-profit research and policy institute, the African Institute for Development Policy (AFIDEP) diplomatic status. AFIDEP's work focused on institutionalising a culture of routine evidence use in public policy formulation and implementation across Africa, and it has had a long-term partnership with various arms of the Malawi government.

The Minister of Foreign Affairs, Hon. Eisenhower Nduwa Mkaka, and AFIDEP Head of Malawi office, Prof. Nyovani Madise, signed the Order of Recognition under the Immunities and Privileges Act at a ceremony held at the Bingu Wa Mutharika International Convention Centre (BICC) on Monday, 13 September 2021.

Commenting on this milestone for the Institute, AFIDEP's Executive Director, Dr. Eliya Msiyaphazi Zulu, who was in attendance virtually, was quoted saying, "we are very honoured to be granted this Order of Recognition by the Government of Malawi. AFIDEP has had an enduring relationship with Malawi, from supporting the Malawi government to advocate for the designation of harnessing the demographic dividend through investment in youth as the 2017 African Union top development theme to supporting Parliament in drafting autonomy bills. We have also worked closely with the ministries of Gender, Health, Education, and Economic Planning on a wide range of issues, including ending child marriage, making family planning and other health services universally accessible, responses to COVID-19, basic education reforms, and cost-benefit analysis to determine interventions likely to maximize returns to investment towards the achievement of Vision 2063. We are grateful for this gesture by the government, and we look forward to intensifying our partnership with the government of Malawi and other development stakeholders".

The recognition aligns with the Ministry of Foreign Affairs' efforts to promote a supportive and enabling environment for international development partnerships and investment in Malawi as per Malawi's Vision 2063. AFIDEP has supported the Malawian government's efforts in policy formulation and evidence use for over 11 years. In a press briefing at the signing ceremony, Hon. Eisenhower Mkaka stated that "The Government of Malawi has granted AFIDEP

diplomatic status to enable them to work in the country under special privileges. Their work centred on research, sharing information and evidence in different areas, helps provide support to the government in making evidence-based decisions. The government will benefit a lot from AFIDEP."

Honourable Mkaka noted that his Ministry and the Government of Malawi are committed to proactively attract more international organizations of AFIDEP's calibre to make Malawi a critical regional hub for intellectual discourses to find solutions to addressing Africa's pervasive development challenges. The Minister also noted that "increasing the number of such international organizations will undoubtedly help create more quality jobs, increase foreign exchange earnings, expand the purchasing power in the country, increase the government's access to and use of robust evidence and development technical assistance, and enhance the visibility of the country in the global development community".

On her part, the Head of the Malawi office, Professor Madise, lauded the Government of Malawi for according AFIDEP this status and noted that: "the diplomatic status will go a long way in enabling AFIDEP to attract global and local development policy experts, which is vital for the Institute grow into a first-class policy and research thinktank set to make evidence count in transforming lives not only in Malawi but across Africa". Prof. Madise further noted that the government's gesture represents a significant symbolic and direct financial contribution to research and evidence use for the country and the entire African Continent.





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As a result of the Recognition Order, the AFIDEP Board of Directors have resolved to relocate the Institute's headquarters from Nairobi, Kenya, to Lilongwe, Malawi. However, the Kenya office will continue to operate as the Institute's regional hub for Eastern Africa.

Speaking on behalf of the AFIDEP Board and Chairperson, Prof. Sosten Chiotha said "With these remarks, ladies and gentlemen, I once again, thank the Government of Malawi for bestowing this recognition on AFIDEP, and I am confident that our partnership will continue to grow and that together we will inspire a culture of evidence use in policy formulation."





New malaria vaccine a step further in achieving ‘an African Region free of Malaria’ by 2030

By David Okwembah

On 6 October 2021, we received the best news ever, the WHO recommendation for widespread use of the RTS,S vaccine for children at risk in sub-Saharan Africa and other endemic regions. Hopefully, this will take us a step further in achieving ‘an African Region free of malaria’ by 2030.

As someone who has suffered from malaria multiple times and seen children in my community suffer and even die of malaria this was great news and a game changer since it will decrease the risk of severe malaria among children by 30%.

As is already known, malaria kills close to half a million people each year, nearly all of them in sub-Saharan Africa, including more than 260,000 children under 5. The RTS,S malaria vaccine—the first successful anti-parasite vaccine in humans—is recommended as a 4-dose regimen, with the first dose given at age 5 months. It is more than 130 years after the naming of the Plasmodium parasites behind malaria. It is only now that we can finally look at the road towards elimination and eradication of malaria in our region after this vaccine announcement.

But of course, we should not forget other prevention measures like the use of bed-nets, indoor residual spraying and ACTs, and newer technologies in the pipeline like using genetic

modification to reduce the mosquito population. The Target Malaria project is using genetic modification to reduce the mosquito population by creating a sex bias in the population that can be male – meaning that there will be more males than females. Male mosquitoes do not bite and are unable to transmit pathogens to humans. Female mosquitoes, on the other hand, are able to bite and transmit malaria.

Malaria is also still on top of the global and regional agenda and so it remains a priority, identified in target 3.3 of the Sustainable Development Goals (SDGs) which commits to end it by 2030. The WHO also reaffirms to end it by then. Also, despite the significant progress made, malaria continues to be a major health and development problem in the Africa Region as it still bears the biggest malaria burden with about 190 million cases (89% of the global total) and 400 000 deaths (91% of the global total) in 2015 alone (newer stats).

As for the approved vaccine the 30% protective efficacy is low and it will depend on each country’s wish to use it or not but it remains a good tool to be added to the rest of prevention tools that are effective. As we wait for more effective vaccines, we should also assume that funding for this malaria vaccine RTS,S is not at the expense of other interventions currently being used!

Investing in child health and survival in Malawi

By Christopher Kaudzu

Child survival has been a challenge for most low-income countries and Malawi has not been exempted. Malawi has made significant strides in the past years and is one of a few low-income countries that has met its national and international goal for child survival. However, there is still a need to continue addressing these challenges.

A recent cost-benefit analysis report on improving neonatal and maternal health outcomes in Malawi by the Malawi Priorities Project revealed that the child mortality rate has been reduced within the 1 to 4 years age group and neonatal deaths are at 22 per thousand live births as recorded in 2018. Provision of primary health care services is essential in mitigating neonatal and maternal health challenges causing mortality and morbidity.

The challenges contributing to neonatal and maternal health range from terrain, distance to health facilities and unavailability of skilled staff to support during the birthing process. For some areas, the health centres are far from the villages or communities and they do not have skilled workers such as doctors. The health centres are understaffed and have inadequate medicine, equipment and reliable electricity supply.

In some instances, women have pregnancy related complications and micronutrient deficiency. Supplements such as iron and folic acid (IFA) have been introduced in the public health system and are given to women during their antenatal care (ANC) visits. These supplements help women with low folic acid levels and anemia to have better birth outcomes; but more needs to be done.

The Malawi Priorities Project, a research-based collaborative project implemented by the National Planning Commission with technical assistance from the African Institute for Development Policy (AFIDEP) and the Copenhagen Consensus Center, highlights key interventions and makes recommendations on dealing with neonatal and maternal health challenges. The study analysed two key interventions, weighing how cost effective and efficient they are in reducing and improving neonatal and maternal health issues in the country.

The first intervention looks at promoting primary health services which are associated with Basic emergency obstetric and newborn care (BEmONC). This incorporates five key areas, which are clean birthing environment, assisted vaginal delivery, neonatal resuscitation, kangaroo mother care and hygienic cord care. This does not require complex support, rather; it is something that can be done through training of medical personnel and teaching women how to handle new born babies. Investing and ensuring that 90% of hospitals and health centres have necessary equipment, capacity, infrastructure, and medicine to deliver BEmONC would require approximately MWK 2.5 billion (USD 3.4m) every two years in investment. This investment incorporates staff training, inventory expansion, medicine, equipment and electricity generators. With this intervention, Malawi would experience a 15% reduction in neonatal mortality, a 5% reduction in maternal mortality and a 13% reduction in stillbirths, resulting in a MWK 31 gain in social benefits for every MWK 1 invested.

The second intervention is promoting the distribution and use of micronutrients supplements to pregnant women. This intervention looks at replacing simpler iron and folic acid supplements with more comprehensive supplements, such as Multiple Micronutrient pills, that would improve instances of maternal malnutrition. This intervention requires an investment of MWK 1.5 – 2.5 billion (USD 2.0m – 3.4m) annually over the next 10 years. This would lead to 1,300 to 1,600 averted stillbirths and neonatal deaths per year across the country and gain MWK 14 in social benefits for every MWK 1 invested in the intervention.

Of the two interventions, the first offered a benefit-cost ratio of 5.3 and the second intervention with benefit-cost ratio of 7.2. Investing in these interventions can help significantly reduce the country's neonatal and maternal mortality rate.

The Malawi Priorities Project, is a research-based collaborative project implemented by the National Planning Commission (NPC), with technical assistance from the African Institute for Development Policy (AFIDEP) and the Copenhagen Consensus Center, highlights most cost-effective policy interventions that can support and help the nation.

Harnessing innovation a crucial intervention in the control and elimination of malaria, says WHO

By Pauline Soy



Countries in Sub-Saharan Africa (SSA) have made impressive progress in the control and elimination of malaria for over the past two decades. However, disruption of services during the COVID-19 pandemic as well as other humanitarian emergencies has greatly compromised this progress across the region.

In 2021, the World Health Organization's (WHO) World Malaria Report had a special focus on the impact of COVID-19 disruptions to malaria prevention, diagnosis and treatment. The report overall provides comprehensive and up-to-date assessment of trends in malaria control and elimination from malaria-burdened countries in all WHO regions.

According to the report, there were an estimated 241 million global malaria cases in 2020 in 85 malaria endemic countries, a significant increase from 227 million in 2019. Countries in WHO African Region account for about 95% of this increase. The report highlights that six African countries accounted for about 55% of all cases and just over half of all malaria deaths globally. Further, between 2000 and 2019 malaria mortality rates in the African Region, reduced by 63%, before rising to 62 in 2020.

New tools and technologies can put an end to malaria

The WHO 2021 World Malaria Report indicates that African countries averted worst case scenario – doubling of malaria deaths in SSA as projected by WHO. However, urgent action is needed to reach global malaria targets.

The report recommends a compilation of tools for tackling the disease stating that no single tool available will solve the problem of malaria in SSA. To reach global targets, African governments must harness innovation and this will require rapid expansion of new, innovative and impactful tools.

In his foreword in the report, Dr Tedros Adhanom Ghebreyesus Director-General, World Health Organization says that, "...we continue to need new tools to put an end to malaria, and more investment in research and development.Malaria has afflicted humanity for millennia. We have the tools and strategy now to save many lives – and with new tools, to start to dream of a malaria-free-world."

To speed up the progress against malaria and attain global targets, further investment is needed to accelerate research and development on new diagnostics, vector control approaches, antimalarial medicines and vaccines.

In 2021, AFIDEP through the Platform for Dialogues and Action on Health Technologies in Africa (Health Tech Platform) undertook a Landscape and Political Economy Analysis of Emerging Health Technologies in Sub-Saharan Africa. The analysis found that various tools and technologies are under development and/or testing in different parts of the continent for Malaria control. These include: the malaria vaccine, gene drives for control and elimination of malaria, attractive toxic sugar baits, drones, sterile male mosquitoes technology, larval control and ivermectin.

Malaria Vaccine

The analysis found that malaria vaccines were under development and in the process of trials. While it was expected that it may take years before they can be fully recommended for wide application, malaria prevention saw a major breakthrough on 6 October 2021 when WHO announced the launch of the RTS,S, malaria vaccine.

RTS,S is the world's first WHO-recommended malaria vaccine and acts in a different and synergistic way to other malaria prevention interventions. The RTS,S malaria vaccine be used for the prevention of malaria in children living in regions with moderate to high transmission.

Gene drive for malaria control and elimination

There is notable ongoing research and prioritization of this technology in Africa for malaria control and elimination. Currently, there is ongoing gene drive mosquito research in Burkina Faso, Cape Verde, Ghana, Mali and Uganda led by the Target Malaria consortium.

The African Union in 2017 committed to invest in the development and regulation of the gene-drive technology. In 2018, the AU Development Agency (AUDA)-NEPAD released a report that recommended various actions to operationalize the AU recommendation.



Sam Moghadam, Khamseh/Unplash

Attractive Toxic Sugar Baits (ATSB)

Attractive-toxic sugar baits (ATSBs) are considered a new vector control that kill both female and male mosquitoes attracted to sugar feed on a sugary solution containing a mosquitocidal agent. This tool is considered simple and affordable, and has been tested in Kenya and Mali.

Drones

In malaria control and elimination, drones are used for larval control by spraying over vast mosquito breeding sites like swamps. In July 2021, the president of the Republic of Kenya, President Uhuru Kenyatta, who is also the Chair of the African Leaders Malaria Alliance (ALMA), flagged off the use of drones in the larviciding of mosquito habitats.

Sterile male mosquitoes technology

Researchers at the Wits Research Institute for Malaria are working on sterile male mosquitoes technology as a new tool that has the potential to add value to existing tools for malaria control and elimination in Africa.

Ivermectin

Ivermectin drug is an anti-parasitic drug that acts by killing mosquitoes that are exposed to it while feeding on the blood of people (known as blood feeds) who have ingested the drug. This drug has been tested in Senegal, Liberia, Mali and Burkina Faso.

Access the WHO 2021 World Malaria Report [HERE](#)



Zachary P. Stewart/Richard M. Oxborough, Seth R. Irish

Can Museveni's renewed commitment to eliminate Malaria in Uganda be the glimmer of hope for legal reforms needed to pave way for testing gene drives?

By Pauline Soy



President Yoweri Museveni has vowed to launch a full war against mosquitoes and malaria saying the focus has been on curative side and not so much on prevention and elimination. The president said community mobilisation, political will and strengthening research capacity will be prioritized in the fight against malaria.

"We were used to mainly the curative side. Prevention is not emphasized. We need to study data, what do we gain if we shift from curative to prevention or elimination. Can we develop vaccines, eliminate vectors and promote behaviour change? If we aim at elimination, we need to study how successful countries did it," he said.

The President was speaking at a virtual webinar titled Rethinking Malaria in the Context of COVID-19 on Wednesday September 1, 2021 organized by the Harvard University and other partner institutions around the world to take stock of the global malaria situation and offer insights on the most effective and innovative response to control and eliminate malaria across the globe.

The President acknowledged that the handling of malaria has been a bit leisurely. "It is true we have been a bit leisurely in our handling of malaria. We have lived with it for centuries and it is not as scary as Corona and Ebola although the costs of treating malaria are high. We have been diverted with a lot of things including minimum recovery and development.

Suppose we eliminate malaria, how much can we save? Can we develop a vaccine? I am ready to launch a full war against mosquitoes and malaria," he said.

President Museveni said diseases are not simply biology, but natural viruses and germs propelled by human behaviour. "I am ready to launch a full war against the mosquito and the plasmodium so that we are free from malaria," said President Museveni at the virtual webinar titled Rethinking Malaria in the Context of COVID-19 on Wednesday September 1, 2021. His statement came after scientists had highlighted community engagement, commitment at both local and national level and evidence based decision-making as essential conditions in the successful fight against malaria.

Despite millions of dollars invested in the fight against malaria, anopheles mosquitoes have continued to match across Africa unperturbed, wrecking economic havoc and visiting deaths and untold sufferings to millions of populations. Malaria kills more than 650,000 people each year; majority of them occurring on the African continent. In 2019, 229 million people were infected. That's about 3 percent of all humans on Earth, every year. Worse off, 409,000 people died of malaria. These were preventable deaths.

Over the past two decades, great progress has been made in the malaria fight, saving more than 7 million lives and preventing over 1 billion malaria cases.

There is urgent need for Uganda and the African continent at large to engage with the ongoing efforts to test new tools for malaria control and elimination including the use of gene drives. For gene drives, communities and leaders in Africa need to understand the technology, the benefits it could bring if proven to work, and voice their concerns so that these can be addressed in the ongoing research efforts. Exploratory research that hopes to test gene drives mosquitoes for malaria control and elimination is going on in Uganda, Burkina Faso, and Mali.

To stimulate dialogues on the gene drives research for malaria control as well as on other novel tools being developed to improve health outcomes in Africa, the African Institute for Development Policy (AFIDEP) launched the Platform for Dialogue and Action on Health Technologies in Africa (Health Tech Platform) to enable Africans to be meaningfully involved in driving balanced and objective discussions about transformative health technologies being developed, tested or piloted in Africa. Through multiple activities, the Platform will connect the public/communities, civil society, researchers and government officials to deliberate on key health technologies to ensure that the development of these technologies responds to their needs and contexts.

The African Union-NEPAD has resolved to support AU Member States in building regulatory systems that are required to safely explore the usage of innovative tools for the elimination of malaria and other persisting and emerging health issues on the continent. The Platform offers a perfect opportunity for open and transparent discussions to complement efforts of African governments (including Uganda) and the AU-NEPAD to end malaria in Africa.

Armed with cutting edge tools, researchers are burning the midnight oil in laboratories studying the potential of the gene drive technology to eliminate malaria. In this research, mosquitoes modified with gene drive systems will be tested as new tools reduce or prevent transmission of vector-borne diseases such as malaria. Gene drive systems have the potential to spread new genetic traits at a much-higher rate than normal genetic inheritance. They therefore have the potential to either crush populations of malaria-transmitting mosquitoes, or make the mosquitoes unable to transmit the malaria parasite. This could be the game-changer in the fight against malaria in Africa.

Museveni's recent pronouncement offer a glimmer of hope for the pending legal reforms needed to pave way for the testing of new tools such as gene drives for malaria elimination in Uganda.

Uganda started developing a biotechnology law in 2004. The government tabled the National Biotechnology and

Biosafety Bill in Parliament in 2012. However, the bill had not yet reached the second and third reading by the time the 9th parliament dissolved in May 2016. It was reinstated by the tenth parliament on 15th July 2016 and thereafter referred to the committee of science and technology on 5th November 2016.

Parliament passed the bill twice. But President Yoweri Museveni declined to assent to it on both occasions. Museveni first returned the bill in December 2017 citing 12 reasons. He noted among others that Parliament should change the title of the Bill to GMO because it focuses on the regulation of genetically engineered organisms. Museveni also asked MPs to add penalties for scientists who mix indigenous animals and plants with GMOs, and to provide for patent rights on indigenous varieties.

In 2018, Parliament passed the bill as the Genetic Engineering Regulatory Bill after reconsidering Museveni's proposals. However, Museveni returned the Bill to Parliament in August 2019. The former speaker of parliament, Rebecca Kadaga, noted that Museveni had introduced new clauses that Parliament must consider before he assents to the bill.

Museveni noted that while the country must have a law that permits scientists to carry out research and make scientific breakthroughs, it should also safeguard Uganda's beautiful ecology and diversity. Without a biotechnology law, the ongoing planned research in Uganda on gene drive mosquitoes for malaria control will not be able to proceed to field-testing. Without field-testing, these research efforts will collapse and the potential of gene drives in malaria control and elimination will never be known.

Uganda's National Environmental Management Authority (NEMA) says its drafting regulations for genetically modified organisms with the aim of operationalizing sections of the NEMA Act, 2019.

Uganda has the 3rd highest global burden of malaria cases (5%) and the 8th highest level of deaths (3%) with the highest proportion of malaria cases in East and Southern Africa at 23.7% according to the 2019 World Malaria Report of the World Health Organisation. Africa accounts for 94% of all malaria deaths and illnesses in the world. And so, Africa is the place where the gene drive technology needs to be tested because if it is tested elsewhere, we will never know if indeed it can control or eliminate malaria on the continent.

Emerging transformative technologies, such as genetically modified mosquitoes, drones and artificial intelligence have high potential to change the trajectory of disease and general well-being if they are successfully developed and effectively deployed.

Reducing undernutrition and incidence of stunting in Malawi

By Christopher Kaudzu



Malawi has come a long way in its efforts to reduce child stunting, from 47% in 2010 to 37% in 2016 and low birth weight prevalence from 17.2% in 2000 to 14.5% in 2015. Nevertheless, there remains room for further improvement. The currently, an estimated rate of 37% of children are stunted, with rural countryside areas (2 in 5 children) affected more as compared to their urban area (1 in 4 children) counterparts.

Stunting is primarily caused by chronic undernutrition which is an indicator to underlying societal challenges like food insecurity and this can extend to issues in other sectors. With this in mind, it is paramount that Malawi looks at ways of developing nutrition-focused systems that not only address undernutrition but incidences of stunting. Stunting needs to be addressed with a multi-cultural approach through interventions that promote healthy growth of a child's early years.

A recent cost-benefit analysis report by the Malawi Priorities, a research-based collaborative project implemented by the National Planning Commission with technical assistance from the African Institute for Development Policy (AFIDEP) and the Copenhagen Consensus Center, highlights most cost-effective policy interventions that can support the reduction of stunting.

The report identified breastfeeding promotion as an important intervention, encouraging mothers to exclusively breastfeed

their babies from birth to six months and continue up to 24 months. This intervention can avert the high child mortality rate in the country, leading to improved cognitive development and reduced risk of non-communicable diseases. Scaling up breastfeeding promotion through the recommended intervention would incur a cost of MWK 5,504 million over a five-year period. The intervention yields a benefit-cost ratio (BCR) of 5.4 meaning that for every 1 kwacha (MWK) invested, it yields MWK 5.40 in social and economic benefits to the government.

Complementary Feeding Promotion (CFP) is the other intervention identified in the report, sited to inform mothers of the benefits of age appropriate feeding post-weaning diet, ideally in combination with continued breastfeeding. The report states that this would prevent an estimated 331 child mortalities and 19,495 cases of stunting over five years and increase productivity by 30%, boosting lifetime earnings in the long term as fewer children suffer stunting. Of the two interventions, this intervention exhibits a higher BCR at 7.2.



With each stunted child, Malawi loses about 2 million Kwacha in its lifetime income.

Reducing HIV/AIDS infections among female sex workers in Malawi

By Lomuthando Nthakomwa

Malawi has had substantial success in addressing HIV/AIDS prevalence over the years, with up to 90% of those living with HIV being aware of their status and having been initiated on antiretroviral therapy (ART). That being said, stemming new infections remain a concern in the country, with an estimated 32,300 new infections in 2019 alone.

Female Sex Workers (FSWs) are a key population that need to be provided with HIV/AIDS services to lessen the disease burden nationwide. This points to the importance of targeting further programming toward the FSW community. As of 2017, Malawi had approximately 36,000 FSWs with an estimated HIV prevalence around 60% with the figure growing steadily over the years. It is therefore essential that as the Government of Malawi actively works to further reduce HIV prevalence in the country, as well as manage already existent cases; interventions utilised ought to be holistic, effective and efficient.

A cost-benefit analysis conducted by the Malawi Priorities on expanding HIV prevention and treatment services to female sex workers in Malawi finds that providing HIV/AIDS services to FSWs is critical to reducing the spread of the disease. This analysis indicates that FSWs contribute approximately 15% of new cases annually. Additionally, new entrants into the profession, typically younger women, are at extremely high risk of becoming HIV-positive within the first few years of work, adding to new infections as well as potential costs to the healthcare system throughout their lifetimes. The study, therefore, recommends three interventions targeted at FSWs to reduce the disease burden.

The first intervention addresses challenges faced in the prevention and treatment of HIV/AIDS through the use of a Comprehensive Ambipolar Package (CAP). This package includes the provision of pre-exposure prophylaxis (PrEP) and ART counselling for FSWs, as well as semi-annual testing, case management and support services.

Based on the results of the test, PrEP or ART would be provided through the health system. Observance of this intervention would avert over 23,500 new infections by 2025 and 63,200 infections by 2030. The analysis suggests that for every MWK 1 invested in this intervention, it generates MWK 2.30 of social benefits.

The second intervention recommends ART counselling for FSWs living with HIV/AIDS. This would comprise the targeting and testing of all FSWs in Malawi, but only those who are living with HIV would be provided with counselling. Initially, the largest benefit is avoided mortality. Subsequently, the intervention reduces transmission to male clients and their partners, leading to around 2,700 avoided infections in the first year rising to just over 3,700 by 2030.

The final intervention presented is the provision of pre-exposure prophylaxis (PrEP) for FSWs who are HIV-negative. This intervention would target and test all FSWs and provide those who are HIV-negative with PrEP. The program identifies FSWs and provides them with periodic testing, counselling for PrEP adherence and PrEP drugs for HIV-negative individuals. The study further states that this course of action would result in 39,290 cases of new HIV cases avoided in FSWs, their clients and their clients' partners.

It is evident that to preserve lives, as well as significantly lessen government and donor spending on HIV/AIDS in Malawi, FSWs must be actively sought out and included in interventions that seek to curb the disease. The CAP approach showed to be the most cost-effective and impactful HIV/AIDS intervention. An HIV free Malawi is possible, but requires policymakers to develop health budgets targeted towards risk groups such as FSWs.

The Malawi Priorities Project, is a research-based collaborative project implemented by the National Planning Commission (NPC), with technical assistance from the African Institute for Development Policy (AFIDEP) and the Copenhagen Consensus Center, highlights most cost-effective policy interventions that can support and help the nation.



Events & Engagements

AFIDEP at Kenya's adolescent and youth symposium: Evidence and stakeholder collaboration key to advancing policies and programs (7 Sep)

AFIDEP joined stakeholders in a symposium to discuss evidence and best practices for policies and programs on adolescents and youth (AY) in Kenya in the age of COVID-19. Themed, '*COVID-19 and beyond: Accelerating use of evidence to maximize on opportunities to improve health and livelihood of AY in Kenya*,' the symposium was held virtually between 2.00 – 6.00pm (EAT) on both days.

From Unsafe to Safe Abortion in Sub-Saharan Africa: Slow but Steady Progress (Guttmacher Report) - (9 Sep)

Guttmacher Institute provides an overview of the legality of abortion and describes how often and how safely abortions occur in the region's 48 countries. It also offers an analysis of the underlying context of abortion—namely, unintended pregnancy and access to modern contraceptives. The reports estimates that 89 % of unintended pregnancies in the region occur among women with unmet need for modern contraceptives. Such women either do not use contraceptive methods or use less effective methods, leading to unintended pregnancies that potentially end in unsafe abortions.

AFIDEP at the WHO/IBP Network partners meeting: Dr. Bernard Onyango delivers keynote presentation on strengthening the cross-sectoral benefits of family planning (22 Sep)

AFIDEP participated at the WHO/IBP Network partners meeting, a global platform for local impact. Dr. Bernard Onyango, Senior Research and Policy Analyst at AFIDEP was the keynote speaker during the event's panel discussion on '*Shifting Powers within Global Health: The Role of Local Organizations*.' Dr. Onyango shared on the global USAID funded project, Building Capacity for Integrated Family Planning/Reproductive Health and Population, Environment and Development Action (BUILD) which AFIDEP is implementing. The project aims to strengthen the cross-sectoral benefits of family planning.

Light Consortium at the 52nd Union World Conference on Lung Health (18 Oct)

The Union World Conference on Lung Health is the world's largest gathering of clinicians and public health workers, policymakers, researchers and advocates working to end the suffering caused by lung disease worldwide. This year's conference was held virtually from 19-22 October 2021. The conference was under the theme Lung Health for All: Solutions for a New Era.

Towards realization of ICPD Goals and the SDGs: AFIDEP co-convenes the 13th Network of African Parliamentary Committees of Health meeting (26 Oct)

This year's meeting was anchored around the role of parliamentarians in driving sustained programs for the achievement of International Conference on Population and Development (ICPD) goals and the Sustainable Development Goals (SDGs). The objectives of the NEAPACOH meeting were to discuss and share progress and country experiences regarding implementation of the 2019 NEAPACOH country commitments and the "Kampala Call to Action" amidst the COVID 19 pandemic. The Kampala Call to Action was adopted in 2018 with core principles hinging on improved reproductive health and family planning for sustainable development.

WHO Global Evidence-to-policy (E2P) Summit (15 - 17 Nov)

From 15-17 November 2021, the WHO Global Evidence-to-Policy (E2P) Summit convened experts in health, policy, and knowledge translation from across the world to determine the current state of evidence-informed decision-making, identify lessons learned at the evidence-policy-society interface during the pandemic, advance the institutionalization of evidence-informed decision-making, and strengthen multisectoral collaboration at country, regional and global levels.

Media Breakfast: Role of the Media in Enhancing Public Understanding of Health Impacts of Climate change in Kenya (30 Nov)

In partnership with the Kenya Environment and Science Journalists Association (KENJSA), AFIDEP hosted journalists and media professionals to explore the role of the media in enhancing public understanding of health impacts of climate change in Kenya. There are abundant gaps in public awareness and understanding of the linkages between climate change and health. The breakfast meeting seeks to identify how media can best support Kenya's response to climate change and its (media) role in triggering a national debate with the aim of positioning health in climate change action plans.

The Kenya Editors' Guild 4th Annual Editors' Convention (2 - 4 Dec)

The Annual Editors' Convention is the premier editors' meeting in Kenya. The convention offers both a platform and opportunity for the media, editors, journalists, government officials and other stakeholders to meet to discuss various issues affecting journalism in Kenya. This year's theme is: '*Media in Contested Spaces: Elections, Sustainability and Public Trust*'

AFIDEP at the International Population Conference 2021 (5 - 10 Dec)

AFIDEP participated in the 29th International Population Conference (IPC2021) from 5-10 December 2021. AFIDEP's team of experts presented in sessions on diverse topics. The IUSSP International Population Conference is the world's largest international scientific conference on population and demography. The conference brings together researchers, policymakers and practitioners from a wide range of disciplines and from across the globe, to present and discuss the latest research on a broad range of contemporary population issues.

Best practices on operationalising the Demographic Dividend (6 Dec)

The demographic dividend (DD) paradigm has become an exciting development agenda but there is a risk that it could end up as a lost opportunity and fail to bring about much change in the way development business is done in the region and across the continent. As noted earlier, countries have applied these lessons at varying levels and with varying results and there is considerable scope for cross-country

learning. As a region and individually, East and Southern African Region (ESAR) countries have achieved some success but there are serious gaps for most countries to take the DD from policy/strategy document to action.

Workshop on Promoting Demographic Intelligence in Uganda (9 Dec)

UNFPA, Makerere University, Kyambogo University, and the National Population Council (NPC), organized a workshop to bring key stakeholders in one place to brainstorm, discuss and make agreements on how to work collaboratively to position Demography and Population Science in the development agenda while ensuring its relevancy to policy, planning and decision making. The workshop engaged and received input from stakeholders and gatekeepers of demographic and population policies, research and programmes in Uganda. From these experiences, there is a need for policymakers, researchers/academia and practitioners to work collaboratively to ensure the strengthening of Demographic Planning, Training and Research and Population Data Management and Programming in Uganda.

New Staff

We are a robust group of dedicated, hard-working and committed workforce, comprising demographers, public health specialists, and education, evidence, and development communication experts, who firmly believe that Africa's socio-economic development will accelerate faster and more equitably if there is a culture of evidence informed decision-making in government institutions.



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Publications

Policy Briefs:

- Dual Method Use Among Young People in Kenya (8 Sep 2021)
- Male Partner Engagement in Contraceptive Choice Among Young People in Kenya (8 Sep 2021)
- Understanding Factors Influencing Access And Choice of Contraceptives Among Young People in Migori (8 Sep 2021)
- Influences of Contraceptive Choice for Young People in Mombasa (8 Sep 2021)
- Influencers and Barriers to Contraceptive Method Choice Among Young Women in Nairobi County (8 Sept 2021)
- Addressing Low Use of Contraceptives Among Adolescents and Youth in Wajir County (8 Sep 2021)
- Factors Influencing Full Access and Choice of Contraception Among Young Women in West Pokot (8 Sep 2021)
- Improving diagnosis, treatment and outcomes of sepsis patients in low-resource settings (16 Sep 2021)
- The Growing Antimicrobial Resistance from Agricultural Practices (22 Nov 2021)

Reports:

- Best Practices in Operationalising the Demographic Dividend in Eastern and Southern Africa (6 Dec 2021)
- Modelling the Demographic Dividend: A Review of Methodologies (6 Nov 2021)

Research Briefs

- Role of communication in improving human papillomavirus (HPV) vaccination among adolescents in sub-Saharan Africa: A systematic review (18 Sep 2021)
- Innovative approaches to strengthen integrated non-communicable disease management in Kenya's public health system (26 Oct 2021)

Bi-Annual Newsletter

- May – August 2020 Newsletter (15 Sep 2021)



Evidence Champions: AFIDEP's aspiration for African Research

FACTORS INFLUENCING FULL ACCESS AND CHOICE OF CONTRACEPTION AMONG YOUNG WOMEN IN WEST POKOT

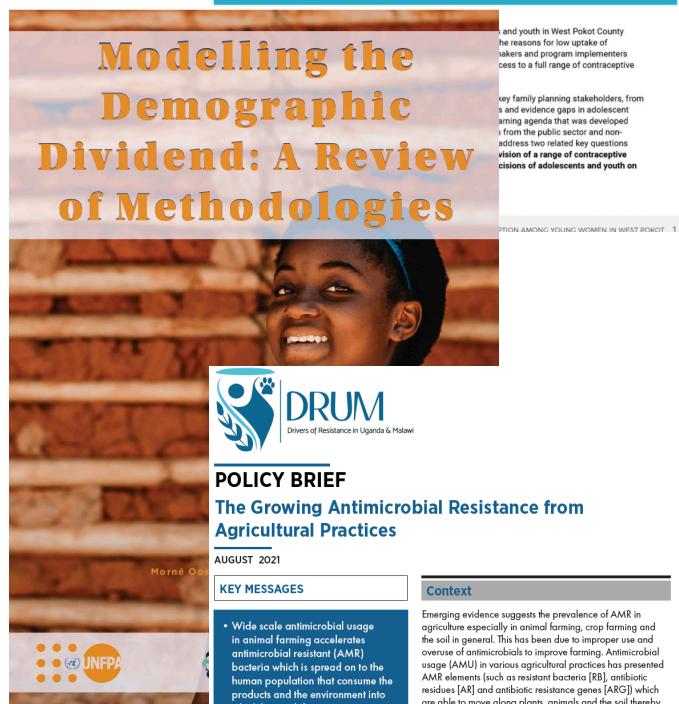


KEY FINDINGS:

- 15% of adolescents and youth 15-24 years are using modern contraceptive methods compared to a national average of 22%.
- Both socio-cultural barriers, such as myths and misconceptions and fear of side-effects, as well as service delivery limitations, such as long distances to service delivery points and costs of services, prevent young people in the county from accessing and using a wide range of contraceptive methods.
- 50% of young women age 15-24 in West Pokot using modern contraception jointly made the decision to use the contraception method with their husband or partner, 42% mainly made this decision on their own, while 8% had the decision made by their husband or partner.

KEY ACTION ITEMS:

- Stakeholders seeking to improve access and use of modern family planning methods for adolescents and youth in West Pokot County should enhance efforts to provide them with fact-based information that address the prevalent barrier of myths and misconceptions against use of various modern contraceptive methods.
- The number of family planning service delivery points should be increased and health facilities providing family planning services should provide access to a wide range of contraceptive methods including long-acting reversible contraceptives (LARCs) to the women who need them, including adolescents and youth.
- Stakeholders in both the county government and their partners should enhance efforts to involve more men in family planning programming including family planning outreach initiatives since they are key partners in the decision-making process to use modern contraceptives.



Modelling the Demographic Dividend: A Review of Methodologies

and youth in West Pokot County he reasons for low uptake of akers and program implementers cess to a full range of contraceptive

key family planning stakeholders, from a and evidence gaps in adolescent arming agenda that was developed from the public sector and non-address two related key questions vision of a range of contraceptive cisions of adolescents and youth on

FROM AMONG YOUNG WOMEN IN WEST POKOT



POLICY BRIEF

The Growing Antimicrobial Resistance from Agricultural Practices

AUGUST 2021

KEY MESSAGES

- Wide scale antimicrobial usage in animal farming accelerates antimicrobial resistant (AMR) bacteria which is spread on to the human population that consume the products and the environment into which livestock farming wastes are released.
- Repeated use of antibiotic pesticides in plant farming enriches the generation of AMR bacteria which is passed on to animals and humans that eat the produce.
- Use of antibiotics in aquaculture pollutes the waters and generates AMR which affects all living things in the aquatic habitat and even beyond.
- Soil is a natural reservoir for AMR bacteria and may pass them on to crops that grow in it and water that stems from it.
- The environment continues to get polluted with antimicrobial elements due to human activities especially agriculture and there is need to reduce the growing trend.

Context

Emerging evidence suggests the prevalence of AMR in agriculture especially in animal farming, crop farming and the soil in general. This has been due to improper use and overuse of antimicrobials to improve farming. Antimicrobial usage (AMU) in various agricultural practices has presented AMR elements (such as resistant bacteria [RB], antibiotic residues [AR] and antibiotic resistance genes [ARG]) which are able to move along plants, animals and the soil thereby creating an AMR problem through their selection and transfer within the microbial environment (Vidaver, 2002) (Thanner et al., 2016)(Heuer & Smalla, 2007). While high income countries are able to monitor and control usage of antibiotics in agriculture, the situation is different in low and medium income countries (LMIC) with indications that AMU will continue to rise in the next decades as the LMICs strive to meet growing demand for food (Van Boeckel et al., 2015). AMR bacteria in agriculture is rising and finding its way to the larger environment, animals and humans through water and the food supply.

Wide scale antimicrobial usage in animal farming accelerates AMR bacteria which is spread on to the human population that consume the products and the environment into which livestock farming wastes are released

Easy access to antimicrobials all over the world (Lumiranyan et al., 2013) and their wide usage for disease prevention and control as well as growth promotion in animal production (Tang et al., 2017), coupled by weak regulations to restrict inappropriate usage, especially in LMICs (Okaka et al., 1999) have favoured AMR emergence in livestock farming. For example, evidence from Cambodia suggests that non-rational antimicrobial use in pig farming has contributed

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