

2022
in focus

AFIDEP

African Institute for
Development Policy

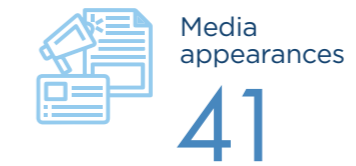


**From Commitments to Actions –
Accelerating Agenda2030 Progress**



An Africa where evidence is used consistently to transform lives.

AFIDEP in numbers



WEBSITE VISITS



7,017
X followers

30.6%
Growth from 2021
X

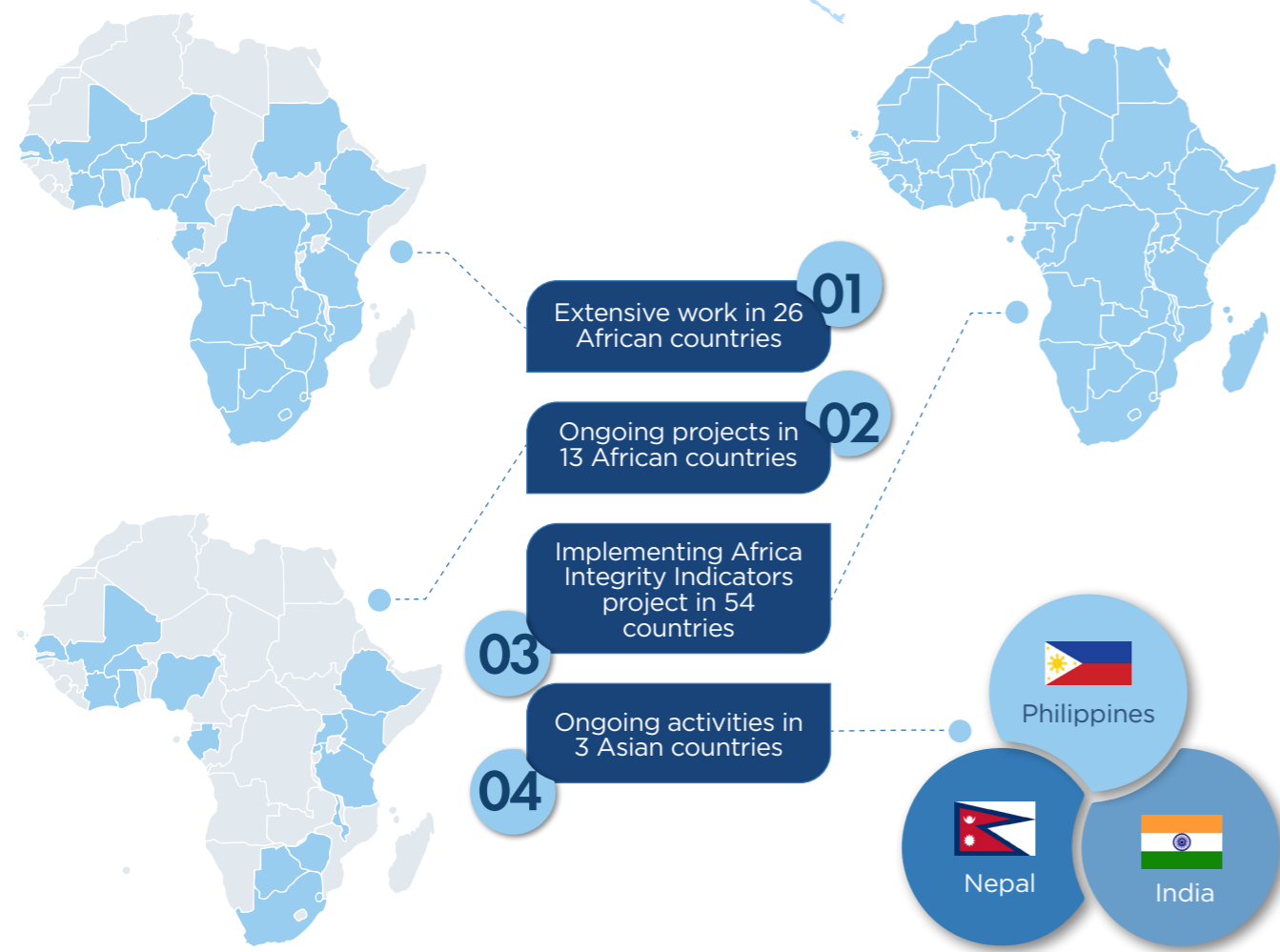
11.3%
Redirected from social media
www

11,921
LinkedIn followers

3,600
Facebook followers

182
YouTube subscribers

Our footprint



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Abbreviations

AFIDEP	African Institute for Development Policy
APET	African Union High-Level Panel on Emerging Technologies
AU	African Union
AUABC	African Union Advisory Board Against Corruption
ASHER	Adolescent Sexual and Reproductive Health and Rights Exemplars
BUILD	Building Capacity for Integrated Family Planning/Reproductive Health and Population, Environment and Development Action
CIFF	Children's Investment Foundation Fund
COVID-19	Coronavirus Disease 2019
DD	Demographic Dividend
DRC	Democratic Republic of Congo
D2P	Data to Policy
D4H	Data for Health Programme
EAC	East Africa Community
EIDM	Evidence-Informed Decision-Making
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
HIGH-Res	Heightening Institutional Capacity for Government Use of Health Research
KEMRI	Kenya Medical Research Institute
KUHeS	Kamuzu University of Health Sciences
KM	Knowledge Management
KT	Knowledge Translation
LSHTM	London School of Hygiene and Tropical Medicine
mCPR	Modern Contraceptive Prevalence Rate
MoH	Ministry(ies) of Health
MLW	Malawi Liverpool Wellcome Programme
NACAs	National Anti-Corruption Authorities
NEAPACOH	Network of African Parliamentary Committees on Health
PED	Population, Environment and Development
PHC	Primary Healthcare
PPD-ARO	Partners in Population and Development, Africa Regional Office
SDGs	Sustainable Development Goals
TWG	Technical Working Group
UAPS	Union for African Population Studies
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNFPA-ESARO	United Nations Population Fund East and Southern Africa Regional Office
USAID	United States Agency for International Development

AFIDEP in brief

The African Institute for Development Policy (AFIDEP) is a non-profit policy and research institute established in 2010 to bridge the gaps between research, policy and practice in development efforts in Africa.

AFIDEP is registered as a non-governmental organisation (NGO) in Kenya, and has diplomatic status in Malawi. It is also recognised as a non-profit institution in the USA, with 501(c)3 status. We seek to contribute to the realisation of the Sustainable Development Goals (SDGs) and other development strategies by supporting the use of evidence in the formulation and implementation of development policies and programmes.

What we do:

- Strengthen capacity in evidence-informed decision-making (EIDM)
- Generate, synthesise and translate demand-driven evidence on SDGs 3,4,5, 13, and 16
- Conduct advocacy to stimulate evidence uptake
- Elevate African voices in national and global discourses

The Institute is governed by a Board of Directors comprised of distinguished experts, who provide strategic guidance and oversight.



Message from the Executive Director



“
One of AFIDEP’s new initiative focuses on increasing domestic financing for health and enhancing efficiency in utilising health budget allocations across Africa. We know that the gravely inadequate budgets allocated to health by African governments remain the most significant barrier to universal health coverage.
”

Undoubtedly, the slow progress many African countries are making towards achieving the 2030 Sustainable Development Goals (SDGs) agenda has been further dented by the COVID-19 pandemic and the ongoing economic crisis.

At AFIDEP, we believe that consistent use of evidence in formulating and implementing public policies and programmes is critical for putting countries back on track and accelerating progress towards the 2030 agenda.

This report shares examples of how we have walked the talk towards realising our vision of having an Africa where evidence is used consistently to transform lives.

Over the past year, we reinforced our work in institutionalising evidence use in the public sector. For example, our work in strengthening institutional systems, structures and mechanisms to promote and support an evidence-use culture in ministries of health in Kenya, Malawi and Uganda provided essential

lessons on embedding evidence-use in technical working groups.

We also provided evidence and technical assistance to spotlight neglected issues and stimulate actions to implement commitments that address development bottlenecks in our six priority areas, namely population dynamics and the demographic dividend, health and well-being, education

and skill development, environment and climate change, governance and accountability, and gender equality.

As we enter the second half of our 2020-2024 strategic plan, we take stock of our remarkable growth despite global upheavals. Our annual budget has more than doubled since 2020, and we expect it to surpass the \$10 million mark in 2023.

Accompanying this growth has been a notable expansion in our staff, a multidisciplinary team from eleven countries. We also created a middle management team comprising thematic areas’ heads and functional units’ managers to strengthen our governance structure. The new leadership layer will help improve Strategy 2024 implementation and develop the next generation of senior leadership for the Institute and Africa.

Our first face-to-face staff retreat in three years in September 2022 enhanced team cohesion and energised our team to accelerate progress towards achieving Strategy 2024 goals.

We also expanded the geographical coverage of our work. In addition to working in 54 African countries, we initiated work in three Asian countries (India, Nepal, and the Philippines).

We continued to streamline our institutional-level monitoring, learning and evaluation to ensure we constantly course-correct, adapt, and effectively document and disseminate the impact of our work. We made considerable progress in expanding and deepening our partnerships with governments, development partners, funders, the private sector, CSOs, the media, and academia.

Our work expanded into several new frontiers of influence. For example, we initiated a new project under the Exemplars in Global Health initiative to identify and document the best practices in reducing sexual and reproductive health outcomes for adolescents and youth in middle and low-income countries. The project is valuable because early pregnancy and childbearing is a significant bottleneck to education, good health and lifelong productivity for young girls.

Another exciting new initiative focuses on increasing domestic financing for health and enhancing efficiency in utilising health budget allocations across Africa. We know that the gravely inadequate budgets allocated to health by African governments remain the most significant barrier to universal health coverage. The project will help countries secure public health budgets as countries face increasing economic challenges due to the enduring effects of COVID-19, global instability and the debilitating effects of unsustainable foreign debt.

Let me express my profound gratitude to our Board members, management, staff, partners, funders, and varied stakeholders who played vital roles in making 2022 such a remarkable year for the Institute. I look forward to seeing more impact and life-changing stories as testimonies of our steady drive towards seeing an Africa where evidence is used consistently to transform lives and achieve sustainable development.

Eliya Zulu
Dr Eliya Zulu
Executive Director

CHAPTER
01



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From policy to action: Experiences from Botswana and Malawi

Botswana taking bold steps to maximise its demographic dividend

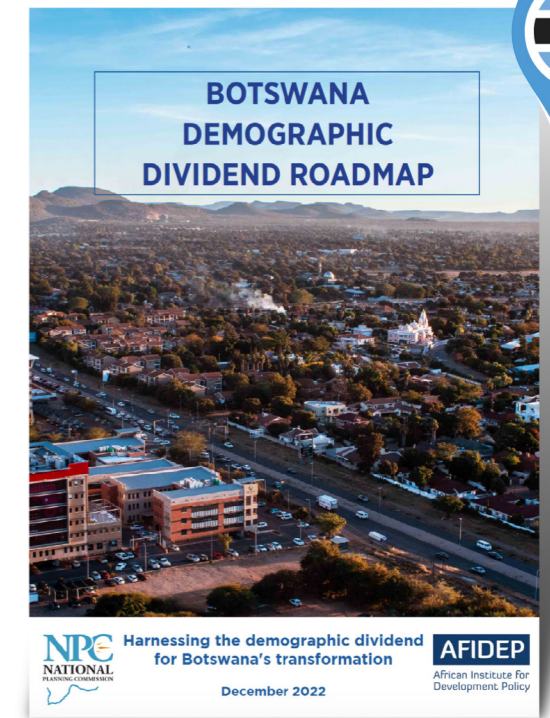
Botswana is one of a handful of countries in sub-Saharan Africa (SSA) poised to benefit from a transition to smaller families. Reduced child dependency has placed the country in a position to harness the demographic dividend (DD). Following our long-standing technical assistance in the country, the Government of Botswana commissioned AFIDEP to support the development of a DD roadmap and a monitoring tool.

While the roadmap identifies the priorities the country should invest in to maximise its DD, the monitoring tool will help the government track how it implements these priorities. AFIDEP also developed an open-access web-based platform for the government as an accountability tool to monitor priority projects and outcomes linked to the National Development Plan. The Botswana National Planning Commission (NPC) will oversee the implementation of the roadmap.

AFIDEP had previously conducted the Botswana National Demographic Dividend Study (2018) in partnership with the University of Cape Town and the University of Botswana, and supported by UNFPA. The study observed that the demographic transition in the country was at an advanced stage. The population age structure had transformed from one dominated by child dependents to one dominated by young people of working age, putting the country in a favourable position to harness the DD through increased productivity, savings and investments.

However, the study noted that several factors, such as high unemployment rates and challenges related to human capital development, impeded Botswana's ability to fully exploit the demographic shift.

Botswana's socioeconomic development aspiration is to graduate from an upper-middle-income country (UMIC) to a high-income country (HIC) by 2036, with prosperity for all. The roadmap provides a broad framework to support



The priority interventions are grouped under four themes:



- » Health and wellbeing
- » Education and skills development
- » Industrialisation, innovation and wealth creation
- » Performance monitoring, governance and accountability

Botswana's socioeconomic development aspiration



this aspiration. The country is ready to implement priority interventions and to regularly track progress for continuous learning and improvement. The priority interventions fall under four themes:

- Health and well-being, focusing on improving child and maternal health, addressing non-communicable diseases, and strengthening health systems
- Education and skills development, to address challenges in access inequities, early childhood education and curriculum reforms
- Industrialisation, innovation and wealth creation, by investing in re-skilling out-of-school youths and digital transformation
- Performance monitoring, governance and accountability

The roadmap will guide the government and non-state actors to integrate population and development issues into development planning and budget frameworks. It also aligns with the Africa Union (AU) Agenda 2063 and the 2030 global development agenda.

Improving measurement of contraceptive use in sub-Saharan Africa

Long before the advent and spread of modern methods, women and couples used traditional contraceptive methods to delay or avoid pregnancy. Such methods include withdrawal, periodic abstinence/rhythm (also known as calendar method), and folkloric methods such as use of rings, charms, amulets, herbs and concoctions. Conventional thinking suggests that these methods will likely be abandoned as modern contraceptives become more accessible. However, an estimated 71 million women still use these methods globally. In sub-Saharan Africa (SSA), the use of traditional methods among women using contraceptives ranges from 2.6% in East Africa to 10% in Central Africa. Studies in SSA reveal that, contrary to conventional thinking, the use of these methods is higher among better-educated, urban and wealthier women.

However, evidence suggests that the use of traditional methods is underestimated in national surveys, such as Demographic and Health Surveys (DHS) and Performance Monitoring for Action (PMA) surveys, which focus more on the use of modern methods. Further, the approach used to estimate contraceptive prevalence in these surveys classifies women reporting the use of both traditional and modern methods as modern method users.

To address these methodological and evidence gaps, AFIDEP led a consortium in collecting robust data on traditional method use in four SSA countries – Democratic Republic of Congo (DRC), Ghana, Kenya and Nigeria. The activity was conducted through the Re-Examining Traditional Method Use: Desperation or Innovation (TEAM-UP) project funded by the Bill & Melinda Gates Foundation. The research tested the

effect of several methodological innovations on estimating the prevalence of traditional and modern contraceptives use and understanding the dynamics of use patterns in the four countries. The study sites were Kinshasa and Mai-Ndombe provinces in DRC; Lagos and Adamawa states in Nigeria; rural Greater Accra and urban Ashanti regions in Ghana; and Makueni and Mombasa counties in Kenya.

Between September and December 2022, the project conducted a survey among 13,638 women aged 15–49 years in the four countries and conducted in-depth interviews with over 200 users of traditional methods and their male partners. Preliminary analysis of the data shows that the methodological innovations employed made a difference in reporting traditional method use. Careful probing for all contraceptives yielded higher reporting of traditional and modern method use (see Figure 1), compared to the standard approach. For example, in DRC, the prevalence of married women reporting use of traditional methods increased by about 3% with probing. When the estimation approach was revised to account separately for concurrent use of traditional and modern methods, the results underestimated the use of traditional methods and overestimated modern methods.

These results will inform revisions of survey instruments and data

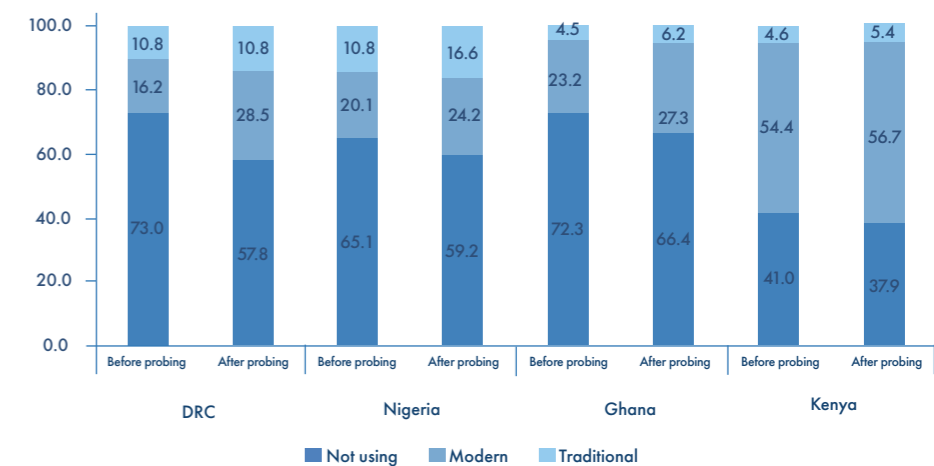


Women discussing a family planning chart: Malawi increased the proportion of women using modern contraception and this success was attributed to political commitment demonstrated through effective execution of policies and strategies.

collection approaches, to provide more accurate estimates of the use of modern and traditional contraception methods. The data will guide the design

of programmatic interventions to accelerate effective contraceptive use in the four countries and the rest of SSA.

Figure 1: Contraceptive prevalence before and after probing using the standard estimation approach



Source: TEAM-UP Survey Data, 2022

71 million women use traditional contraceptives globally



educated, urban & wealthier women

2.6% from East Africa

10% from Central Africa

Malawi an outstanding model in use of family planning in Africa

Malawi is among three countries (including Senegal and Kenya) selected for round one of the Exemplars in Family Planning project. This project is part of the larger Exemplars in Global Health programme, which helps decision-makers in public health to learn from countries that have been successful in key areas. The Exemplars in Family Planning project aims to understand the drivers of increased voluntary modern contraceptive use in selected countries and the programmes and policies that led to those increases.

Relative to its socioeconomic development, Malawi has achieved one of the most impressive increases in the use of modern contraceptives in sub-Saharan Africa. Available data shows that among all women, modern contraceptive prevalence (mCPR) increased from 6% in 1992 to 47% in 2020, while total fertility declined from 6.7 children per woman in 1992 to 4.2 in 2019 (see figure 2).

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Malawi has achieved one of the most impressive increases in the use of modern contraceptives in sub-Saharan Africa.

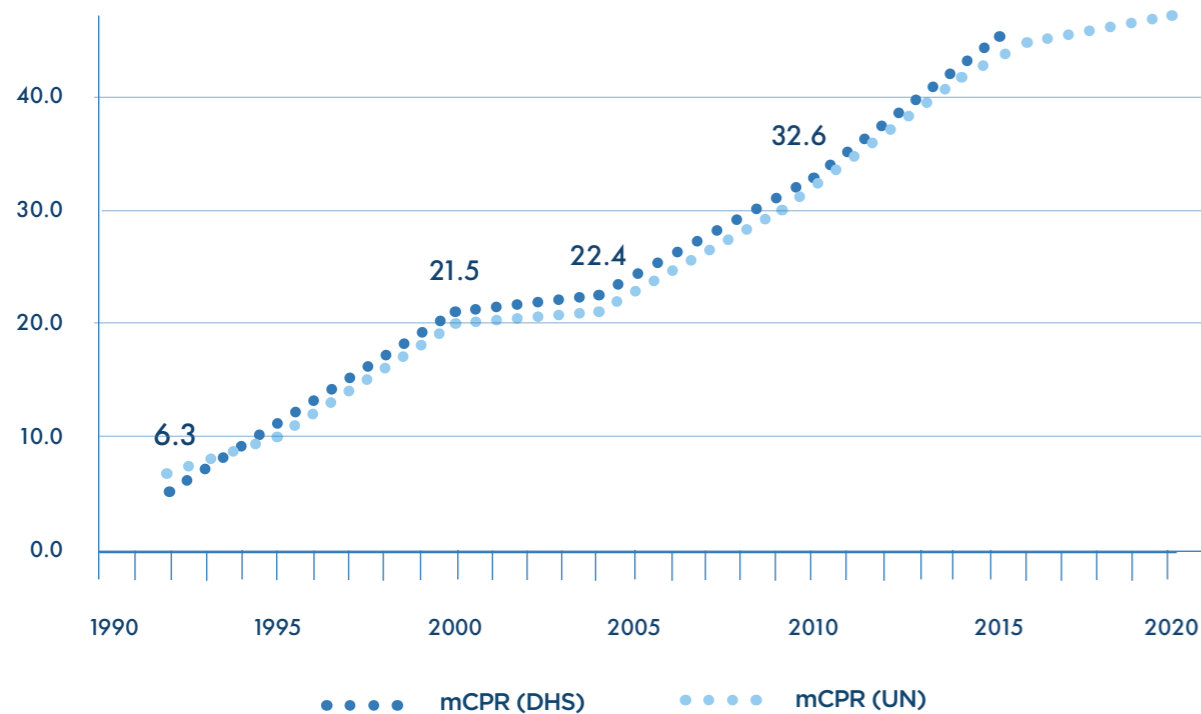


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Figure 2. Trend in modern contraceptive prevalence among all women in Malawi (1992–2020)



Source: TEAM-UP Survey Data, 2022

AFIDEP serves as the In-Country Research Partner (ICRP) for the Exemplars in Family Planning project, to conduct research and stakeholder engagement. The research included a review of FP policies, programmes and financing in Malawi; a review of literature on sexual and reproductive health, including family planning; and a qualitative study at national, district and community levels.

The project identified key drivers of family planning success in Malawi, which include: (a) a supportive family planning policy environment that removed restrictions and expanded service delivery points, (b) implementation of high-impact interventions, including the use of a community-based distribution approach to deliver contraceptives and the roll out of a task-shifting model, which allowed health surveillance assistants to deliver injectables, (c) increased funding and donor support for family planning, and (d) strong collaboration and partnership between the public and private not-for-profit sectors.

AFIDEP has also been providing technical support to Malawi's Inter-Ministerial Committee for the International Conference on Population and Development (ICPD), and

3%
2021

8%
2022

Increase in budget allocation for reproductive, maternal, neonatal, child, and adolescent health



AFIDEP's technical support to Malawi ICPD+25 commitments

finalised the developing a monitoring tool to track progress of the country's ICPD+25 commitments in 2022. Malawi's commitments include reducing the unmet needs of women for family planning and improving delivery of youth-friendly sexual and reproductive health services. Through the committee's efforts, the country increased its budget allocation for reproductive, maternal, neonatal, child, and adolescent health from 3% in 2021 to 8% in 2022.

CHAPTER
02



Towards universal health coverage (UHC)



Enhancing political leadership to elevate the status of girls and women



Her Excellency the First Lady of the Republic of Malawi, Madam Monica Chakwera was the guest speaker at the high-level gender dividend policy and action dialogue. Inset (First lady's picture)

A FIDEP partnered with the United Nations Population Fund (UNFPA) and UN Women to host a national policy and action dialogue under the theme, *Harnessing the gender dividend to accelerate the achievement of Malawi 2063*. Her Excellency the First Lady of the Republic of Malawi, Madam Monica Chakwera, was the guest of honour at the event that took place in October 2022. She emphasised the importance of investing in primary education for girls and young women. She expressed concern about their lack of access to sexual and reproductive health services (SHRH), and engagement in high-risk sexual behaviours.

She said this exposes young women and girls to early pregnancies and childbearing, sexually transmitted infections including HIV, and various forms of sexual abuse. The First Lady also highlighted the significance of traditional leadership in breaking down barriers, such as harmful traditional practices,

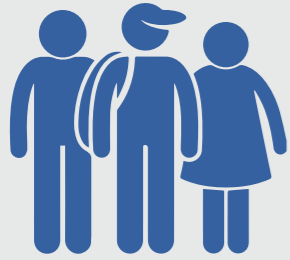
that prevent girls and young women from receiving an education.

The gender dividend concept proposes that investing in women and girls can increase economic growth in countries. Closing the gender gaps in the labour market can improve productivity and equity. However, women often bear most of the unpaid dependent care and household work, which can hinder their ability to pursue better opportunities in the labour market. The gender dividend concept helps to shift the focus

from moral and human rights questions to the economic benefits of investing in girls and women, and addressing the critical challenges that they face.

High birth rates among young women also contribute to rapid population growth, which leads to depletion of natural resources such as farming land, forestry reserves, and water resources. Additionally, the increasing number

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The gender dividend concept proposes that investing in women and girls can increase economic growth in countries.
”



of school-going children poses a challenge to improving the quality of education.

The government of Malawi prioritises girls' education and skills training and development, as a strategic investment to realise their rights. *The national girls education strategy and the national girls education communication strategy* cover essential areas such as readmission of girls who drop out of school due to pregnancy. As a result of these efforts, more young women are graduating from secondary schools, increasing the number of educated women across all sectors of the economy.

While there are many positive developments to celebrate and build upon, these efforts must be more cohesive and adequate. Malawi has the potential to achieve a gender dividend, sustainable economic growth, and development by increasing strategic investments in programs that promote gender equality and the empowerment of girls and young women.

Lessons on institutionalising use of evidence in the health sector



Participants at a past EIDM training: HIGH-Res project implemented key institutional reforms to promote and support evidence use as a standard practice.

Although African governments draw on evidence to inform health policy and programme decisions, this is not always the case, due to many challenges. These challenges include weak institutional capacity to support sustained use of evidence. Between 2019 and 2022, the Heightening Institutional Capacity for Government Use of Health Research (HIGH-Res) project implemented several initiatives to promote, support and require use of evidence as standard practice in the health sector in Kenya, Malawi and Uganda.

The project was a partnership led by AFIDEP and funded by Alliance for Health Policy and Systems Research (AHPSR). It worked with Ministries of Health (MoH) and research institutions, Kenya Medical Research Institute (KEMRI), Kamuzu University of Health Sciences (KUHeS), Malawi Liverpool Wellcome Programme (MLW), and The Center for Rapid Evidence Synthesis (ACRES).

Embedded capacity improved use of evidence in MoH decision-making structures

HIGH-Res project generated evidence to support decision-making by the Ministries of Health. In Kenya, they produced evidence syntheses that guided a breast cancer screening programme, and schools' re-opening during the

COVID-19 pandemic. In Uganda, the focal persons worked with researchers at Makerere University to design and conduct evidence synthesise, while in Malawi, they supported the MoH technical working groups (TWGs) to address their evidence needs.

The HIGH-Res project also worked with the Ministries of Health to develop and adopt a checklist to support the evidence-informed decision-making (EIDM) practices. The checklist will, among others, help technical staff to guide the review and synthesis of evidence. Senior leaders in the Ministries can use another existing checklist to assess proposed policies rapidly.

In Kenya, these checklists were awaiting consolidation and approval for use by the time the project ended. Malawi's Ministry of Health adopted the checklists for various levels, while Uganda integrated EIDM requirements into its governance and management structures.

Strengthened EIDM leadership and coordination within MoH

The HIGH-Res project supported the Research and Innovation Division at the Kenya Ministry of Health to develop a strategy to guide its annual work plans and implementation. The Division has used this strategy to implement different EIDM activities, such as conducting synthesis of evidence for use by senior management, supporting other MoH departments and divisions to convene evidence-to-policy dialogues, and conducting training in rapid evidence synthesis for MoH staff. The Research Division also revived its Research for Health Technical Working Group (TWG), which had been dormant for several years, and now works with partner institutions to implement its strategy and work plans.

In Malawi, the project supported the Research Department to establish a Health Research sub-TWG and to strengthen the coordination of evidence generation and synthesis. The MoH also launched the Health Research Strategic Plan, which promotes and institutionalises EIDM practices in its decision-making.



(L-R): Lilian Mayieka, Senior Research Scientist (KEMRI), Dr Leyla Abdullahi, Senior Research and Policy Analyst (AFIDEP), Prof. Jennifer Orwa, Deputy Director – Knowledge Management and Resource Development (KEMRI), and Dr Jael Obiero, Head of Department – Reproductive Health and Biology (Institute of Primate Research) at the launch of the Cochrane Centre for Kenya

Capacity for evidence synthesis established in research institutes

The HIGH-Res project is credited with transforming the Knowledge Management (KM) Department at KEMRI by strengthening its staff's skills in conducting systematic reviews. The department now actively collects and synthesises evidence to support national and county decision-making on various health issues. In 2021, the department was designated as a Cochrane Centre for Kenya, to lead the review and synthesis of evidence needed for decision-making on health in Kenya and East Africa. The department also promotes EIDM within KEMRI and county health departments through training and webinars. It also spearheaded the development of a county-level dashboard to enhance access to data needed for decision-making.

EIDM institutionalised in training programmes

The HIGH-Res project collaborated with tertiary institutions to develop and integrate EIDM curricula in their programmes. KUHeS, Jomo Kenyatta University of Agriculture and Technology (JKUAT) and KEMRI Graduate School introduced the EIDM curriculum as modules within their postgraduate courses.



Dr Collins Mitambo, Director of Research, Ministry of Health, Malawi

“ In 2012, the Ministry of Health (MoH) in Malawi established a Knowledge Translation Platform (KT) to help reduce the gap between researchers and policymakers. However, although the platform implemented efforts to promote the use of research, it did not grow to institutional level.

The High-Res project supported institutional capacity for research use, targeting Technical Working Groups (TWGs) and the Senior Management Team. In the past three years, there has been a positive change of attitude toward using research evidence in decision-making at the Ministry.

Through the project, the MoH established and launched the first-ever Research sub-TWG. The project also helped to produce the current MoH Research Strategic Plan, which will guide the development of annual plans until 2030. ”

Opportunities created for regular interaction between researchers and policymakers

Through the work of the HIGH-Res project, the Kenya MoH Research and Innovation Division began hosting evidence-to-policy sessions at key health conferences. The Division also introduced bi-annual evidence-to-policy dialogues as part of their annual work plans in MoH priorities or emerging issues. As a result, the Division has reported a growing demand for support from other MoH departments to design and host such fora. In Uganda, all MoH policy development is now required to host evidence-to-policy discussions, to discuss evidence that informs policy options.

Incentives for evidence use introduced

Uganda MoH adopted guidelines that ensure its governance and management structures undertake actions to promote, require, enable, and confirm evidence in decision-making. In Malawi, the MoH included, for the first time, production of policy briefs supporting decision-making as a required skill in their job adverts for technical positions.



Prof. Jennifer Orwa, Deputy Director, Resource Development and Knowledge Management (RD&KM) in Kenya Medical Research Institute

“ The Knowledge Management (KM) Department at KEMRI benefited greatly from the partnership with AFIDEP in implementing the HIGH-Res project. Specifically, the project trained and mentored our staff on how to conduct systematic reviews. These skills came in very handy during the COVID-19 pandemic period when policymakers needed evidence on so many issues. The KM Department staff synthesised evidence and provided advice to government.

As a result of the HIGH-Res project, the KM Department has also increased production of research evidence/policy briefs. The unit has also conducted several rapid research syntheses to answer stakeholders' questions. ”



Mr Julius Kabusere, Principal Policy Analyst, Ministry of Health, Uganda

“ The HIGH-Res project enabled the growth of an evidence-use culture. It was instrumental in the review and update of the Ministry of Health Governance and Management Structures Implementation Guidelines, 2022. Through the project, the Ministry had the support of skilled personnel to review and update the guidelines, to ensure that they enable a culture of evidence use. The project trained about 16 MoH staff in EIDM.

Because of the project, the Ministry of Health Strategic Plan 2020/21-2024/25 prioritises health research, innovation, and technology development.

The project also supported the Ministry and the Uganda National Health Research Organisation to update the Essential National Health Research agenda, which identifies policy priorities for Research and strengthens the engagement between researchers and policymakers. ”

Elevating African voices on emerging health technologies

The Platform for Dialogue and Action on Health Technologies in Africa (Health Tech Platform) facilitates informed, objective, open and balanced discussions on the development and use of emerging health technologies (EHTs), to improve the policy and regulatory frameworks, as the continent searches for new tools to tackle health challenges. The platform is managed by AFIDEP.

One of its focus areas is gene drive technology for malaria control. This is one of the promising technologies prioritised by the African Union's High-Level Panel on Emerging Health Technologies (APET) to greatly reduce malaria, one of the deadliest diseases in sub-Saharan Africa.

The platform hosts workshops and meetings where it facilitates discussions on what is needed to promote and enable EHTs on the African continent. This has helped to create linkages between researchers, policymakers, and the media. The platform has also established partnerships with East African Community (EAC) Health Department, East African Health Research Commission (EAHRC), Coalition for Health Research and Development (CHReAD), and the African Union Development Agency (AUDA-NEPAD).

In September 2022 at the 8th Annual Conference of the Pan-African Mosquito Control Association (PAMCA) in Rwanda, the Platform hosted a symposium, where stakeholders discussed legal and regulatory issues around

genetically-modified mosquitoes (GMM) research in Africa, under the theme 'Regulating the Development and Testing of Genetically Modified Mosquitoes for Malaria Control in Africa'. Senior government officials and leading experts in biotechnology and biosafety from Kenya, Nigeria, and South Africa participated in the session, which also facilitated much-needed exchanges between regulators, researchers and policymakers, on regulation of open field testing of GMM in Africa.

The Platform also partnered with the EAC Health Department, EAHRC and Ifakara Health Institute, a leading health research organisation in Africa, to organise a policy dialogue to raise awareness of GMMs among East African policymakers. The dialogue, held in November 2022, brought together biotechnology/biosafety regulators and health experts from the East African region. Many policymakers who participated in the session reported that the dialogue greatly increased their knowledge and understanding of gene drives for malaria control, ongoing research in East Africa to develop the tool, and the gaps in policy guidance on research. The policymakers called on the EAC secretariat to review the existing policy framework on genetically modified organisms (GMOs) in order to help them to identify how they can contribute to the ongoing efforts to develop and test new tools to eliminate malaria.



Raising awareness among policymakers: Participants from EAC's health department, East African Health Research Commission, and the Ifakara Health Institute at AFIDEP's Health Tech Platform policy dialogue held in Dar es Salaam, United Republic of Tanzania

In Burkina Faso, the platform's country partner, Centre de Recherche en Santé de Nouna (CRSN), hosted two workshops to strengthen the knowledge of stakeholders, including editors and science journalists, on EHTs, particularly on gene drive mosquitoes.

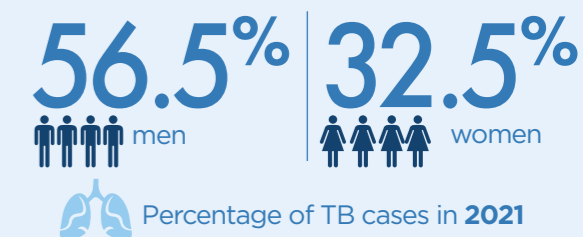
In Uganda, the platform, in collaboration with the Center for Policy Analysis (CEPA) and the Prime Minister's Development Unit (PMDU), engaged influential decision-makers as champions for EHTs. The platform also signed a partnership agreement with the influential Uganda Parliamentary Forum on Malaria, to champion EHTs among the members of Parliament. The platform supported the development of the Forum's Malaria's strategic plan on advocacy for EHTs in the country.

AFIDEP teams up with partners to implement an evidence-informed approach to end tuberculosis



LIGHT Consortium members at the annual programme meeting in Uganda

Recent data from the World Health Organization reveals that an estimated 10.6 million people fell ill with TB in 2021, and 1.6 million died from the disease. Over half of the TB cases (56.5%) in 2021 were adult men and 32.5% were adult women, while 11% were children.



Evidence suggests that enabling gender responsive policies and programmes is a key pathway to ending TB by 2030. AFIDEP is among a six-partner consortium implementing the six-year Leaving no-one behind: Transforming Gendered pathways to Health for TB (LIGHT) programme (2021–2026) in four TB-endemic countries - Kenya, Malawi, Nigeria, and Uganda, which generates evidence on gender-responsive pathways and facilitates the uptake of evidence to shape gender-responsive national TB guidelines and policies. The programme is funded by UK Aid.

The consortium partners conducted political economic analyses (PEA) to understand gender disparities in TB prevention and care, and how they are addressed in policies and programmes to end TB. One of the studies revealed that current policies in Kenya, Malawi, and Uganda do not address sociocultural and economic factors in TB prevention and care, and may be contributing to the disproportionate impact of the disease on men. Another analysis recommended that these countries should update policy instruments to account for stigma

and poor health-seeking behaviours common among men.

The LIGHT Consortium trained the technical officers of the national TB programmes (NTPs) in Malawi, Nigeria and Uganda, to enhance their skills in searching for research evidence towards ending TB in their respective countries and appraising it as well as synthesizing and translating it for use in decision-making. Evidence-informed decision-making (EIDM) enables policymakers and practitioners to use the latest evidence, and ensures that, even with limited resources or differing political motivations, the policy option with the most impact is taken.

The LIGHT consortium will train individuals within the NTPs on how to deliver the AFIDEP-curated EIDM modules within their organisations on a regular basis. Strengthening both individual and institution-wide capacities is critical to create a collective understanding of evidence use in ending TB. By adopting gender-responsive and evidence-informed policies and programmes, countries can end TB by 2030.

CHAPTER 03



BUILD: Empowering sustainable development through collaborative approaches

The Building Capacity for Integrated Family Planning (FP) and Reproductive Health (RH) and PED Action (BUILD) project uses a collaborative approach to tackling complex global issues. Its five-year plan aims to unlock the potential of integrated Population, Environment, and Development (PED) approaches in low- and middle-income countries (LMICs).

Funded by the United States Agency for International Development (USAID), BUILD is implemented by a partnership of various organisations, including PATH Foundation Philippines, Inc. (PFPI), FHI 360, and the Pan-African Climate Justice Alliance (PACJA). BUILD seeks to empower individuals and institutions in advocacy, policy communications, and negotiations, to foster political commitment, and ensure accountability for voluntary family planning and reproductive health (FP/RH) in LMICs. The project aims to conduct national and regional training workshops to enhance policymakers' capacities to make informed decisions.

BUILD successfully engaged parliamentarians in Malawi and Kenya, in discussions on the role of population dynamics in sustainable development, and played a crucial role in developing Kenya's Population, Health, and Environment (PHE) Policy Guidelines. BUILD also engaged stakeholders in Côte d'Ivoire and forged partnerships with key ministries and parliamentarians, demonstrating its dedication to building relationships and working together towards a common goal.

Overall, the project has contributed significantly to advancing PED approaches within climate change, environment, conservation, biodiversity, and food security. Its efforts to nurture PED networks advances sustainable development and environmental stewardship goals and ensures that the impact will be sustained long after the project ends.

BUILD's collaborative approach, dedication to building relationships, and commitment to sustainable development makes it an excellent model for other projects.



Malawi Members of Parliament who participated in the launch of the Malawi Parliament Population and Sustainable Development Caucus, with AFIDEP staff. The MPs committed to champion parliamentary discourse and policies that integrate population dynamics for sustainable development.



Operationalising linkages between population, health, environment and climate change

Putting health at the centre of climate change actions

Kenya has made commendable efforts on climate change action, including the passing of the Kenya Climate Change Act of 2016, which seeks to integrate climate change solutions into development planning and implementation. However, the government is largely focused on reducing greenhouse gas (GHG) emissions in the agriculture, energy and transportation sectors, with a limited attention to health. There is a noticeable low priority given to preventing and managing climate change impact on health, and a lack of commitment and strategies. In addition, Kenya's last assessment of health vulnerability to climate change was in 2015.

Given the emerging evidence on the negative impacts of climate change on health, this situation will hinder Kenya's pathway to individual and collective national prosperity. Climate change poses many threats to the health and well-being of the population and to nation's economic development. To address this gap, AFIDEP is providing technical assistance to the Kenya Ministry of Health (MoH) to re-evaluate the country's policies and position on climate change and health.



AFIDEP meeting with Kenyan parliamentarians in the health committee from various government institutions to discuss commitments to increase domestic health financing for improved health outcomes.



Helping Kenya to develop a National Strategy on Health and Climate Change

AFIDEP and the LSHTM are working with the Kenya MoH to develop a national strategy on health and climate change, to address the gaps identified in the policy review and analysis. The activity is funded by CIFF.

The strategy's vision is to ensure that Kenya has ambitious actions on climate change that maximise opportunities for improving population health while minimising the adverse impacts of climate change on health. Specifically, the strategy will:

- Evaluate and respond to the risks posed by climate change to the health of the Kenyan population, and the need for adaptation actions.
- Encourage ambitious actions on climate change mitigation that maximise the potential benefits for population and planetary health

The strategy will also assess the investments required to achieve these goals, and their potential health costs and benefits.

Once completed, the strategy will provide a blueprint for other African governments to emulate on how to prioritise health in climate change action.



Climate change and health: Laying bare gaps in Kenya's policy and action

AFIDEP and the London School of Hygiene and Tropical Medicine (LSHTM) analysed the gaps in Kenya's climate change policies and action as relates to health. The analysis was conducted under the Making a Case for Planetary Health in sub-Saharan Africa project, funded by the Children's Investment Foundation Fund (CIFF). The results show the inadequate attention paid to health in current policies and legislation on climate change and highlight the need for a comprehensive strategic framework to address these gaps. The analysis also provides an understanding of cross-sectoral policy solutions to address health impacts of climate change. It also increases our understanding of the bridges between health and climate research and policy communities around shared evidence and policy goals, that would guide the design and the implementation of the strategic framework.



Strengthening governance and accountability through evidence

Strengthening efforts to end corruption in Africa



Identifying interventions needed to improve governance and accountability is critical. AFIDEP's Africa Integrity Indicators initiative is comparatively the most comprehensive governance index on the continent.

To achieve the commitments in Sustainable Development Goals (SDGs) and the African Union (AU) Agenda 2063, Africa needs to improve its performance in governance and accountability. Measuring governance and accountability helps governments, citizens and civil society to understand the gap between law and practice, and to identify interventions needed to improve performance in Africa.

The Africa Integrity Indicators (All) project is comparatively the most comprehensive governance index on the continent. It spans 12 key governance categories and deploys experts in all African countries to produce high-quality research outputs. The index offers essential insights for governments to systematically improve their performance across governance indicators.

AFIDEP has worked with Global Integrity since 2021 to produce the All scorecard until May 2023 when AFIDEP took over the management of the project.

All's cumulative findings reveal poor performance across several transparency and accountability indicators in African countries. There is considerable Executive overreach in some of the countries, where Executive members interfere in judicial matters and constitute the leadership of election management bodies. Additionally, there is secrecy in political finance and scant disclosure of political parties' sources of finance. The results also indicate that senior government officials and politicians do not publicly disclose their assets, even when required by the law. The secrecy extends to public procurement. State-owned companies hardly put their financial records in the public domain, and states are generally secretive about the public bidding for state contracts.

Despite these weaknesses, the All project provides empirical evidence for governments and regional bodies to use in addressing the shortcomings in the social, economic, political and anti-corruption mechanisms and to facilitate needed reforms.

Stimulating action from country and continental actors

The Ministry of Finance of the Democratic Republic of the Congo (DRC) approached AFIDEP for support in addressing persistent governance challenges highlighted by the All project. They noted that the country's relatively new administration was pursuing reforms to improve its governance performance.

Corruption has become even more sophisticated as it evolves with new technology, increasing the challenge in measuring and fighting it. The AU Advisory Board on Corruption (AUABC) is developing a corruption measurement tool, to support member governments' efforts to fight the scourge. They invited AFIDEP to a consultative meeting to discuss the tool with National Anti-Corruption Authorities from several African countries.



The AU can draw lessons from the All scorecard, especially the anti-corruption indicators focused on appointments, reporting mechanisms, and investigations' efficiency. There are also indicators of the effectiveness of the judiciary, supreme auditing bodies, public procurement processes, and the declaration of assets of senior politicians, civil servants and the three arms of the government (executive, judiciary and legislature).

Researchers from the NACAs appreciated the indicators and methodology used in the Africa Integrity Indicators process. There is still a lot to be learnt and the AUABC is looking forward to strong collaboration with AFIDEP, to benefit from its track- record on working with indicators measuring corruption on the African Continent.



Officials from AUABC pose for a photo with staff from the University of Dodoma, AFIDEP, and senior officials from National Anti-Corruption Authorities from Botswana, Burkina Faso, Cameroon, Madagascar, Malawi, Mali, Namibia, Senegal, Rwanda, Togo, Uganda, Zambia, and Zimbabwe.

Charity H. Nchimunya, Executive Secretary, AUABC

“ The African Union, through AUABC, started a project to conceptualise, research and consolidate a fact-based corruption measurement tool and methodology that reflects the corruption phenomenon in Africa, and provides policy and strategy recommendations. AFIDEP’s participation in the AUABC’s consultative workshop with National Anti-Corruption Authorities (NACAs) provided opportunity to learn about other corruption measurement tools available on the African continent. ”



Year **2021** All Project transitions from Global Intergrity to AFIDEP.

Year **2023** AFIDEP officially takes over the All Project.



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Broadening the scope of our work

AFIDEP began several projects in 2022, which illustrates policymakers and donors' confidence in the Institute's ability to conduct research and provide technical assistance in using evidence in decision-making across Africa.



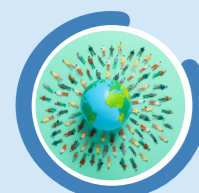
» Adolescent Sexual and Reproductive Health and Rights Exemplars (ASHER)

ASHER examines the key drivers of success in adolescent sexual reproductive health and rights in Cameroon, Ghana, India, Malawi, Nepal and Rwanda. These exemplar countries are making remarkable progress towards reducing adolescent fertility rates (teenage pregnancies). AFIDEP is the in-country research partner (ICRP) for Malawi and the overall lead of the project which began in January 2022. The Institute's work is complemented by the Exemplars in Global Health collaboration and ICRPs in other exemplar countries.



» Support for African Research and Data Use Capacity Building (AfRes-Data)

Afres-Data focuses on strengthening the capacities of African population scientists to generate cutting-edge research that will address population and development issues on the continent. The project, which commenced in March 2022, will develop the capacity of the next generation of researchers by creating platforms for data use, dissemination, and networking. It is funded by the Union for African Population Studies (UAPS).



» Exemplars in Family Planning: Malawi Case Study

The case study aims to identify the key drivers that have contributed to Malawi's progress in modern contraceptive use, dating back to the 1990s. It will provide an in-depth understanding of the realities, strategies and narratives that Malawi adopted to increase uptake of family planning methods, which may be replicated in other African countries. The activity was launched in April 2022, and is funded by the Bill & Melinda Gates Foundation.



» Analyses of Demographic Trends in Select Partner Countries of the German Development Cooperation

Also known as Demtrends, this project, which was launched in July 2022, is funded by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH. It is analysing demographic trends, opportunities as well the challenges in three focus countries – Niger, Nigeria and Tanzania. It will also determine the country projections and age structures to the years 2030 and 2050, and the projected impact on health and education caused by the population trends. Demtrends will also examine the effects of population growth in the core sectors of German development cooperation within the three countries.



» African Population Cohort Consortium

The project, which began in August 2022, brings together African scientists, policymakers, and community champions, who are essential to successful research, engagement and implementation of programmes for positive impact on the health and well-being of African communities. The project has six workstreams, including stakeholder and community engagement, implemented by AFIDEP. It is funded by Wellcome Trust and led by the African Population and Health Research Center (APHRC).



» Data Impact Programme (D4H Initiative)

In September 2022, AFIDEP provided technical support in delivering training for the Data to Policy (D2P) programme in Kenya. The D2P programme, developed by Vital Strategies and the US Centers for Disease Control and Prevention (CDC), aims to bridge the data-policy gap through team-based training and mentoring of health policy professionals. D2P participants will be trained on analytical skills, including root cause analysis and health and economic impact assessments, as well as techniques for communicating with stakeholders using data. They will also develop data-driven policy briefs and recommendations that respond to government health priorities.



» Advance Domestic Health Financing (ADHF)

Launched in October 2022, this project seeks to achieve increased and efficient use of domestic health financing, with a focus on primary healthcare (PHC) and women and girls' health in Kenya and Zambia. The project will also implement select interventions in Malawi and Uganda leveraging on available resources. Its approach involves evidence generation and translation; national and subnational advocacy; technical assistance and outreach to government agencies; and capacity development. The project is implemented in partnership with Partners in Population and Development Africa Regional Office (PPD ARO) and funded by Bill & Melinda Gates Foundation.



» A New Social and Economic Case for Investing in Family Planning

This project was launched in October 2022, and aims to generate robust stakeholder-informed estimates on how family planning policies and behaviours affect people's well-being in life. This will be done through a model-based approach, to make a case on the economic and social benefits of redirecting and increasing funding to family planning and sexual and reproductive health sectors. The project is funded by the Bill & Melinda Gates Foundation.



© Photo by Aimeevia Lwaria

AFIDEP works towards systemic actions that drive a cultural shift from low evidence use to a setting where evidence is actively sought and used routinely in decision-making so that the right investments are made towards the transformation of people's lives for the better.



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Audited financial report

**STATEMENT OF INCOME & EXPENDITURE
FOR THE YEAR ENDED 31 DECEMBER 2022**



	Notes	2022 US\$	2022 KES	2021 US\$	2021 KES
INCOME					
Grants income	3	6,748,551	795,459,042	4,788,418	525,070,794
Unrestricted income	4	500,000	58,935,544	500,000	54,809,168
Other operating income	5	197,168	23,073,985	107,968	11,838,903
Total income		7,445,719	877,468,571	5,396,386	591,718,865
EXPENDITURE					
Programme expenses	6	6,023,148	705,402,616	4,178,330	458,157,860
Employment expenses	7	414,964	48,392,737	437,233	48,059,720
Other administrative expenses	8	942,177	110,546,935	589,728	64,821,646
Total expenditure		7,380,289	864,342,290	5,205,291	571,039,226
Surplus for the year		65,430	13,126,281	191,095	20,679,639



**STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2022**



	Notes	2022 US\$	2022 KES	2021 US\$	2021 KES
Assets					
Non-current assets					
Property and equipment	9	367,673	45,361,105	174,216	18,845,296
Current assets					
Collaborator debtors	10	949,905	117,193,105	216,397	23,193,267
Other receivables	11	155,846	19,227,266	81,644	8,725,083
Grants receivable	3	938,063	115,732,117	1,287,114	145,822,652
Cash and cash equivalents	12	1,554,282	191,757,210	1,914,019	210,304,732
Bank deposits	13	1,015,581	125,295,783	1,190,286	130,783,853
		4,613,677	569,205,481	4,689,459	518,829,587
Total Assets		4,981,350	614,566,586	4,863,675	537,674,883
Funds and Liabilities					
Funds					
Accumulated fund		511,828	63,146,012	446,398	36,116,092
Sustainability fund		400,000	49,349,400	400,000	42,200,885
		911,828	112,495,412	846,398	78,316,977
Current liabilities					
Collaborator payables	10	286,121	35,299,749	472,994	53,645,145
Trade and other payables	14	212,564	26,197,174	264,815	30,033,837
Deferred income	3	3,570,792	440,568,699	3,279,468	375,678,924
		4,069,477	502,065,622	4,017,277	459,357,906
Total Funds and Liabilities		4,981,350	614,566,586	4,863,675	537,674,883

The financial statements were approved by the Board of Directors on2023 and were signed on its behalf by:

.....
Chair, Board of Directors

.....
Secretary

CHAPTER
07

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Leadership and staff

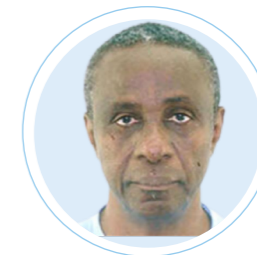
Board of directors



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Board chair



Sosten Chiotha, Ph.D.
Board deputy chair



Cheikh Mbacké, Ph.D.
Board member



Susan Rich
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Board member



Eliya M. Zulu, Ph.D.
Executive Director

Senior management team



Eliya M. Zulu, Ph.D.
Executive Director

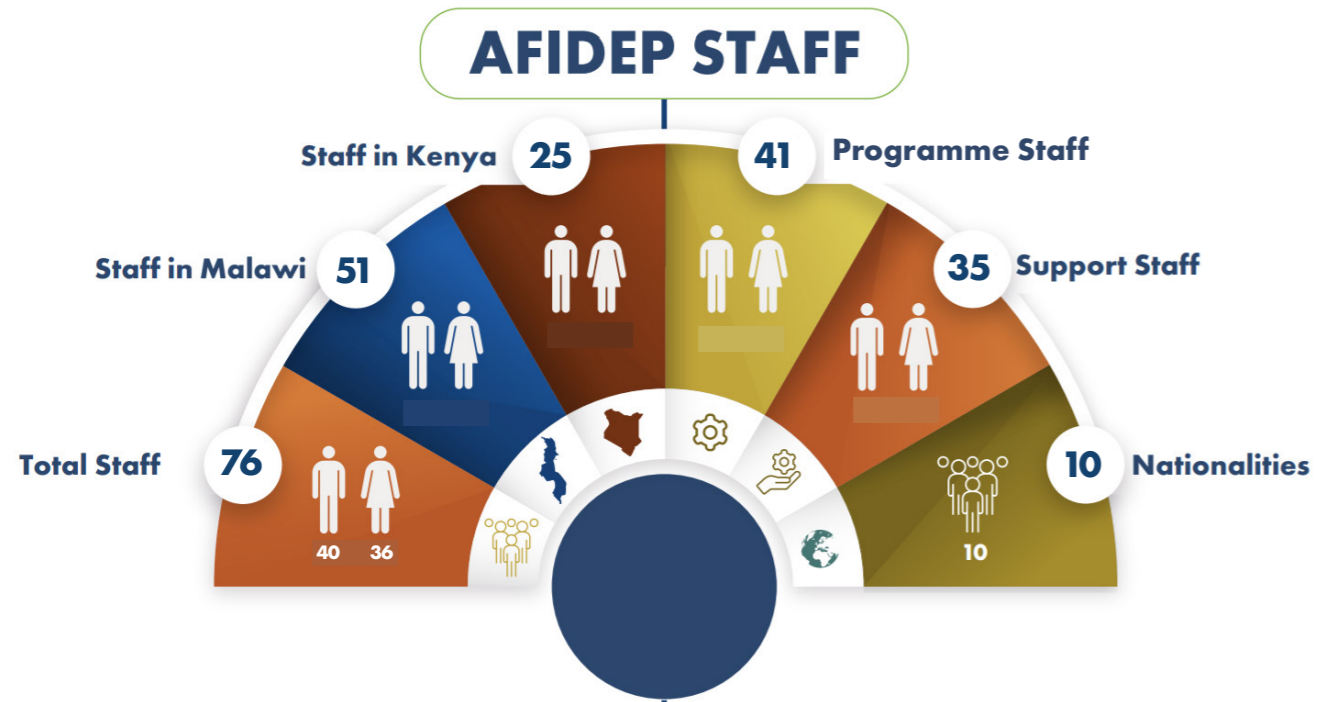


Nyovani Janet Madise, Ph.D.
Director of Research for Sustainable
Development Policies and Head of
Malawi office

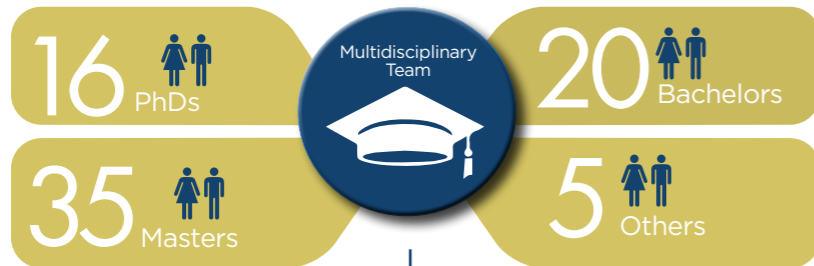


Rose N. Oronje, Ph.D.
Director of Public Policy and
Knowledge Translation, and
Head of Kenya Office

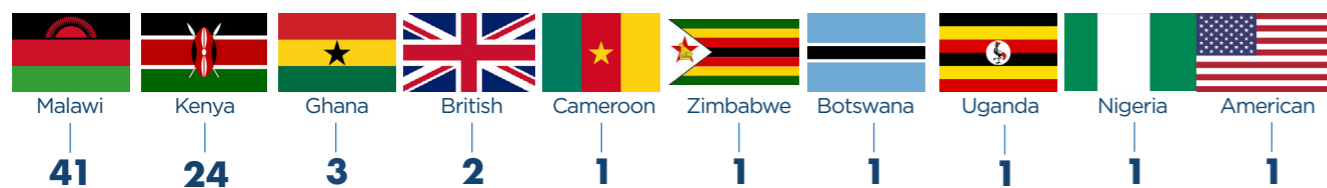
Staff demographics



QUALIFICATIONS OF STAFF



STAFF FROM 10 COUNTRIES



Funders and partners



Funders


1. William and Flora Hewlett Foundation
2. Bill & Melinda Gates Foundation
3. United States Agency for International Development (USAID)
4. Children's Investment Fund Foundation (CIFF)
5. Mo Ibrahim Foundation
6. Gates Ventures
7. Large Anonymous Donor
8. German Agency for International Cooperation (GIZ)
9. Foreign, Commonwealth and Development Office (FCDO)
10. Medical Research Council (MRC) - UK Research and Innovation
11. National Institute for Health Research (NIHR) - United Kingdom
12. United Nations Population Fund (UNFPA)
13. Wellcome Trust
14. USAID Global Health Corps
15. World Health Organization (WHO)
16. Preston Werner Ventures
17. JBJ Foundation
12. Government of Kenya, Ministry of Health
13. Government of Malawi, Ministry of Health
14. Government of Uganda, Ministry of Health
15. Guttmacher – United States of America
16. Institut Supérieur des Sciences de la Population (ISSP) – Burkina Faso
17. International Centre For Reproductive Health Kenya (ICRHK) / Performance Monitoring For Action (PMA Kenya)
18. International Union for the Scientific Study of Population (IUSSP)
19. Itad – United Kingdom
20. Jomo Kenyatta University of Agriculture and Technology (JKUAT), School of Public Health - Kenya
21. Kamuzu University of Health Sciences (KUHeS) - Malawi
22. Kenya Medical Research Institute (KEMRI)
23. Kenya School of Government (KSG)
24. Lancaster University, Centre for Ecology and Hydrology - United Kingdom
25. Leadership for Environment and Development Southern and Eastern Africa (LEAD SEA) – Malawi
26. Liverpool School of Tropical Medicine (LSTM) - United Kingdom
27. London School of Hygiene and Tropical Medicine (LSHTM), The Centre on Climate Change and Planetary Health - United Kingdom
28. Makerere University, Centre for Rapid Evidence Synthesis (ACRES), Lung Institute (MLI), and Institute of Infectious Diseases (IDI) units - Uganda
29. Malawi Liverpool Wellcome Trust Centre (MLW)
30. National Council for Population and Development (NCPD) - Kenya
31. National Planning Commission - Botswana
32. National Planning Commission (NPC) - Malawi
33. Nouna Health Research Center (CRSN) - Burkina Faso
34. Pan-African Climate Justice Alliance (PACJA) - Kenya
35. Partners in Population and Development – Africa Regional Office (PPD-ARO)

Partners


1. African Population and Health Research Centre (APHRC)
2. Akena Associates - Nigeria
3. Albert Schweitzer Hospital in Lambaréné - Gabon
4. Centre de Recherches Médicales de Lambaréné (CERMEL) - Gabon
5. Centre for Policy Analysis (CEPA) - Uganda
6. Engineering and Physical Sciences Research Council (EPSRC)
7. Exeter University - United Kingdom
8. FHI 360 - United States of America
9. Foundation For Innovative New Diagnostics (FIND) – Switzerland
10. Global Integrity - United States of America
11. Government of Botswana, Ministry of Finance
36. Path Foundation Philippines Inc (PFPI)
37. Plan International - Malawi
38. Population and Health Research Institute (PHERI) - Democratic Republic of the Congo
39. Queen Elizabeth Central Hospital, Blantyre - Malawi
40. Respiratory Society of Kenya (RESOK)
41. South African Population Research Infrastructure Network
42. The Copenhagen Consensus Center – United States of America
43. The University of Ibadan, College of Medicine - Nigeria
44. Union for the Study of African Population (UAPS)
45. United Nations Population Fund - East and Southern Africa (UNFPA - ESARO)
46. United Nations Population Fund (UNFPA) - Malawi
47. Université Cheikh Anta DIOP De Dakar, Laboratoire de Recherche sur les Transformation Economiques et Sociales (LARTES)
48. University of Ghana, The Regional Institute for Population Studies (RIPS)
49. University of Kinshasa, Department of Population Sciences and Development Studies - Democratic Republic of the Congo
50. University of Liverpool - United Kingdom
51. University of North Carolina (UNC) - United States of America
52. University of Portsmouth, Centre for Global Health, Population, and Policy - United Kingdom
53. University of Southampton – United Kingdom
54. Vital Strategies
55. World Health Organization (WHO)'s IBP Network
56. Zankli Research Centre (ZRC) – Nigeria



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