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News

APHRC HOSTS A REGIONAL CONFERENCE ON NON-COMMUNICABLE DISEASE

By Mwangi Chege and Catherine Kyobutungi



Dr. Joseph Kibachio, head of the NCD division in Kenya's Ministry of Health, calls for deeper engagement between researchers and policymakers.

Countries across Africa are grappling with the rising incidence of non-communicable diseases (NCDs) such as cancer, diabetes, hypertension and other cardiovascular diseases. By 2030, the World Health Organization (WHO) projects that more people in Africa will die from an NCD than any other cause of death (WHO, 2010). This rapid increase in NCD prevalence is driven by the lifestyle and behavior changes that more Africans are adopting as their countries urbanize and economies modernize.

To address this growing epidemic, the WHO recommends implementation of measures dubbed 'Best Buys', which represent the most cost-effective population-level measures countries can take to reduce exposure to the four main risk factors for NCDs. These risk factors are: tobacco use, harmful use of alcohol, inadequate physical activity and unhealthy diet. Control of these risk factors requires multi-sectoral action: the necessary collaboration across different sectors and various entities including government agencies, private firms and non-state actors.

Since 2013, APHRC has generated research evidence about how five African countries have developed their own national policy processes to address and manage NCDs. The project, which covers Cameroon, Kenya, Malawi, Nigeria and South Africa, seeks to understand the challenges and opportunities for multi-sectoral action in the formulation and implementation of NCD policies.

APHRC convened a regional conference on January 25 – 27, 2017 in Nairobi, Kenya, to share the lessons learned from the five countries involved in the project, Analysis of NCD Prevention Policy in Africa (ANPPA). Co-hosted by the East African NCD Alliance (EANCDA), the three-day conference brought together over 100 experts, researchers, government officials and decision-makers from the region including WHO, Institute of Economic Affairs (IEA), Partners in Health (PIH), Aga Khan University, University of Nairobi and MSF Belgium. Delegates from the ANPPA countries as well as Burundi, Rwanda, Tanzania and Uganda used the conference as a platform to advance research on NCDs by identifying research gaps and collaboration avenues. Highlights from the conference included:

a) Multi-sectoral action in NCD prevention and control

Dr. Alisalah Abdikamal, the acting director of the NCD cluster, WHO-Afro region, spoke about the need for improved collection, analysis and dissemination of data on NCDs. Existing data collection systems such as the STEPwise survey, the Global Adult Tobacco Survey, and the Global Youth Tobacco Survey provide a basis for informing national NCD action plans. However, information from these surveys needs to be complemented by regular and frequent data collection exercises to facilitate design and monitoring of effective policy interventions.

Researchers from the five ANPPA countries presented detailed findings from their work, with APHRC's Pamela Juma sharing the overall project findings. Recurring themes that emerged from the presentations and subsequent discussions were:

- **Need for multi-sectoral action in design and implementation of policy**

Few would argue that a multiplicity and diversity of actors enhance the design of policy to respond to the multi-faceted challenge posed by the growing NCD epidemic. But what emerged from the meeting was, also, a consensus that multiple sectors should be involved in implementation of those policies.

For instance, researchers highlighted that policy makers focused on government enforcement during implementation of alcohol and tobacco control policies with little emphasis placed on public outreach and awareness, creation among the public. The low involvement of different relevant sectors during implementation may compromise the effectiveness of policies and attainment of their goals.

- **Low levels of public participation**

Several delegates noted the paradox that excludes the general public from the process of formulating policies that are ostensibly designed for their benefit. Consultation and inclusion -- while complex and often expensive -- yields better policies that have the potential for higher impact. A notable exception to this trend is South Africa, where public participation in the policy making process is enshrined in the constitution. Commitments to a more inclusive approach to policy design in other countries could include stakeholder mapping at the start of the process, to identify the different parties that could play an important role.

- **Removal of barriers to policy implementation**

How to move from design to implementation was a topic that elicited passionate commentary, drawing from an anecdote from Malawi about their National Alcohol Policy, which has been drafted but "is still sitting in someone's drawer" awaiting endorsement by the country's Cabinet.

This illustrated the critical need for any research process to have policy and decision-making buy-in from the outset and for researchers to invest more time and resources in ensuring their findings are packaged in a way that responds to the particular needs of their policymaking partners.



Dr. Pamela Juma from APHRC discusses impacts of policies targeting NCDs in Africa

b) NCD prevention initiatives and research priorities

National progress toward developing and implementing NCD action plans across countries in East Africa has been mixed. While Tanzania has developed a national NCD action plan and even prepared a costed implementation plan, Burundi has yet to design its own and needs support from development partners to accelerate the process. These plans must acknowledge the priorities identified by and for countries themselves -- rather than mirroring global recommendations -- in order to ensure ownership and progress.

The conference closed with discussions on initiatives to strengthen the body of evidence emerging from the region, including where there are opportunities for collaboration. Gaps in research that are attributable to inadequate funding, underdeveloped research infrastructure, and insufficient numbers of skilled researchers may be overcome by innovative proposals for regional collaboration. Among the research gaps identified were epidemiological surveys of magnitude and cause of NCDs; testing and evaluating cost-effective interventions; economic analysis of care and control; and a more penetrative analysis of the existing policies and protocols.

APHRC research remains at the vanguard of Africa's efforts to more fully comprehend the scope and consequence of a rising NCD epidemic. Bringing together collaborators from around the region, representing different countries, sectors and responses to the disease burden is but one way we aim to continue exploring a multi-sectoral approach to mitigating the impact of these illnesses that have both economic and health consequences for populations.

*Dr. Catherine Kyobutungi is the director of research at APHRC.
Mwangi Chege is the policy engagement manager at APHRC*

News

APHRC INCLUDED IN 2016 LIST OF TOP GLOBAL THINK TANKS

By Lauren Gelfand

APHRC was on 26 January 2017 ranked among some of the world's leading think tanks and research institutions, largely due to its continued commitment to promoting an evidence-informed approach to policymaking in global health.

The rankings were generated by the Think Tanks and Civil Societies Program of the Lauder Institute at the University of Pennsylvania. APHRC was the top-ranked African think tank for Domestic Health Policy, and one of just two Africa-based institutions included in the top 30 think tanks whose work informed discourse around Global Health Policy. APHRC was also one of just four African institutions ranked highly for advocacy work.

"Our inclusion in these global rankings demonstrates that APHRC, which is headquartered in Kenya, has a global reach and our work in translating evidence on health and wellbeing into sound and judicious policy influence is increasingly recognized by our peers," said APHRC Executive Director Dr. Alex Ezeh. "It also demonstrates that African scholarship, research and thought-leadership is contributing more to global agenda setting – which is great news indeed."

The Global Go To Think Tank Index is derived from contributions from more than 1,900 institutions and experts around the world. Its goal is to increase the profile and performance of think tanks as well as to raise public awareness on the critical role these incubators of knowledge translation play in developing an evidence base for decision-making.

"The policy challenges our societies face are many and require leadership, careful analysis and difficult choices," Dr. James McGann, who directs the program, said in a foreword to the report. "This is where think tanks must help politicians and policymakers respond in a constructive way to the domestic and foreign challenges we face."

APHRC's contributions to global health policy- and decision-making are many and varied, and include current conversations on what Africa's priorities must be for sexual and reproductive health and rights over the next 15 years.

"Now, more than ever, it is clear that Africa is identifying and defining responses to the challenges standing in the way of its economic and social development," said Dr. Ezeh. "Being considered one of the global leaders in applying evidence to decision-making will embolden APHRC to work more closely with other champions of development solutions for Africa to improve the lives of all Africans."

Lauren Gelfand is the policy engagement and communications director at APHRC



APHRC Campus in Kitisuru, Nairobi

Opinion

IMPERATIVES FROM THE UN WORLD DATA FORUM: SPEED AND LONG-TERM INVESTMENTS ARE CRUCIAL

By Danielle Doughman

APHRC has long been involved in efforts to improve data for African development. Our 2014 report, 'Delivering on a Data Revolution in sub-Saharan Africa,' noted that, "Good-quality data are essential for country governments, international institutions, and donors to accurately plan, budget, and evaluate development activities. Without basic development metrics, it is not possible to get an accurate picture of a country's development status or improve social services, achieve [the Sustainable Development Goals], and improve prosperity for all."

The question of how to reinvigorate the data revolution and intensify regional cooperation in data and statistics management and analysis brought more than 1,400 data revolutionaries together in Cape Town, South Africa from 18-20 January, 2017. This first UN World Data Forum yielded a series of must-dos for countries, recognizing that to successfully achieve the Sustainable Development Goals (SDGs), a number of conditions must be met, with commensurate investment.

- **Data producers and users must speed up their efforts**

They should however be cautious about how and in what direction. Accelerating data production and use cannot be at the expense of commitments from the data community to address inequity and 'leave no one behind.' This means access to data, protection of data, and disaggregation by gender, income, sub-national geography, and age cannot be sacrificed in the name of speed or efficiency; they are central to the data revolution. However, the data ecosystem has to get faster and better synchronized to maximize impact.

- **Civil registration and vital statistics are an urgent necessity**

National trends would be based on guesswork and supposition without quality data on births, deaths, causes of death, marriage, and divorce: the civil registration and vital statistics (CRVS) that are instrumental in decision-making and budget prioritization. The UN has reported that more than 100 countries do not have accurate birth and death records.

Yusuf Murangwa, the director general of the National Institute of Statistics of Rwanda, decried the lack of adequate investment in civil registration. "We do not know how many kids are born each month, but we are aware that they need vaccines. When too many vaccines are purchased, money is wasted. Too few, and lives are at risk," he told forum delegates.

"Even when an adequate amount is purchased, we do not have reliable data for distribution to where the vaccines are most needed. Investing in data and statistics is expensive, but not investing is even more expensive."

- **Data is not the answer; understanding it is**

National data architecture is needed to support all levels of decision-making, including at the citizen level so that citizens have access to their own national data as well as the tools to interpret it. Having data is only the beginning, however; it also must be analyzed and used so that it makes sense to the widest possible audience and allows for accurate interpretation and effective information sharing. Numbers are convincing but stories are compelling; marrying the two helps communicate ideas and shape decisions.

- **Investment in data systems is a long-term process, not a one-off event**

Coordination of data users requires collaboration at all levels -- including among donors. Oliver Chinganya, director of the African Center for Statistics at the UN Economic Commission for Africa (UNECA), highlighted an acute need across the continent for an injection of funds for universities and other institutions that support governments to better collect, analyze and manage the data they generate. How to keep the best people in national statistical offices and other strategic surveillance units must also be a priority in order to protect national investments in human capital.

Dr. Albina Chuwa, the director general of Tanzania's National Bureau of Statistics, said that rather than trying to develop new systems, more emphasis should be directed towards improving what is already in place. A revolution does not need to be a complete overhaul; it can also be incremental progress toward change.

A cautionary tale and a promising start

Political will has an important role to play in strengthening data systems. Bill Anderson, a leading expert in data systems, offered the example of Uganda, which had to make a decision about where to direct investment in its statistical system. The country uses a Community Information System (CIS), which provides disaggregated data for about half of its 111 districts. However, there has been little political will to secure the funding needed to scale up CIS.

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In a discussion paper on long-term investment, Anderson explains that establishment of the CIS infrastructure would have cost about \$36,000 per district -- for a total cost of roughly \$4 million annually. Resources that had been earmarked for expansion of the CIS were diverted to the national census, however, which bore a price tag of more than \$50 million: more than a decade's worth of investment in CIS. Not only did the country miss the opportunity to establish a sustainable and cost-effective statistical system, it also passed on the chance to effectively become the first African country to derive census data from existing structures.

Though there is room for more rapid improvements, promising efforts are underway to deliver on the data revolution across Africa and beyond. Kenya's devolved governance system consists of 47 counties, which are each headed by a governor. These county governors know all too well that data to adequately understand and respond to county development challenges is not readily available. Socio-economic inequalities and disparities, as well as geographical differences across the counties, demand county-specific information to drive localized decision-making on the appropriate investments that need to be made, by both the national and county governments. However, most data systems are not designed to support decision-making at county level and there is little engagement between data producers, analysts and decision-makers.

APHRC partnered with the Council of Governors (COG) and a philanthropic partner to work with counties in the generation of a prioritized list of indicators. These are indicators that can influence policy decisions at the sub-national level and have existing county-level data available.

The work yielded a series of recommendations, contained in the report 'Making Data Systems Work for Counties' released in May 2017. Adopted by the COG, they will now lead to the development of county data dashboards to inform decision-making. The dashboards will be populated by the latest data from multiple sources to track real-time progress against the most pressing indicators for health, education, employment and governance. This way, government officials will be able to make informed decisions on the investments needed to drive development at the county level.

As the Kenya example illustrates, leadership and political will go hand-in-hand as they are essential for action on development, data and statistics. National and sub-national champions – including directors general and statisticians general – should advocate for prioritization of greater investment in data and statistics. There is no better time than now.

Danielle Doughman is the policy outreach manager at APHRC



Data collector at work in Nairobi, Kenya

Feature Story

A MAASAI COMMUNITY SPEAKS OUT ON FOOD SECURITY, IN WORDS AND PICTURES

By Lynette Kamau

It is early morning when we meet Sophia in Magadi, Kajiado County. We find her at her homestead in Oloika village, preparing to go and fetch water. The land is dry and dusty with a few scrubby bushes visible in the distance. Water and food are scarce as the area has been badly affected by the fierce drought scorching a number of Kenyan counties including Kajiado. Sophia walks several kilometers every day to the communal dam where she fetches water for her household and livestock: a yellowish mixture of water, dirt and gravel that is locally referred to as “soup.”

Lack of access to clean and safe water is one in a myriad challenges confronting the Maasai community in Magadi, Kajiado County, which contribute to compromised food and nutrition security. APHRC conducted a public engagement project in the area to better understand the extent of food and nutrition insecurity among the local population. The project was implemented in the villages of Oloika and Lenkobei from April 2016 to February 2017.

Working together with community members like Sophia to understand their struggles to find food and water consistently, we offered them an opportunity to find their voices and share their stories in the hopes that workable solutions can be found to these enduring challenges.

Researchers are increasingly turning to more participatory methods to engage with and on behalf of their study participants. This provides a feeling of ownership and commitment by study participants of the research evidence, and also helps to empower the most vulnerable members of communities. In this case, working with a low-literacy population, we adopted a method known as PhotoVoice, which trains participants on how to use cameras to document their own stories. These stories are then turned into powerful advocacy tools shared with decision- and policy-makers in order to seek and bring about change.

“ PhotoVoice is an innovative participatory research method where community members take pictures of their daily lives that highlight a specific theme. In this case, community members took pictures that depicted food and nutrition security. The images are used to guide discussions on their experience with food and nutrition security. ”



Community members reviewing the pictures they took.

Our PhotoVoice sessions were complemented by in-depth interviews with individual members of the community as well as focus group discussions, community dialogue sessions and participatory videos

What we learned was that economic, climatic, environmental and socio-cultural factors all contribute to limiting food availability and access. The deeply entrenched, nomadic pastoralism practiced by the Maasai has hindered adoption of crop farming. In any case, there is little arable land available for cultivation and the area suffers from frequent droughts. Lack of water also affects their livestock, which have to be moved to distant grazing lands. Without food or water for their animals, households cannot sell them in the market for a profit, which affects their own ability to access additional food stuffs. The culturally pervasive tradition of depriving women of opportunities to earn their own incomes, and their exclusion from household decision-making, only makes things worse.

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In February, we took these findings to community leaders, sub-county and county officials, hoping that inclusive discussions would yield collective action to improve food and nutrition security outcomes among the Maasai. For many of the community members, these town hall meetings were the first time they had an audience with their elected officials, and they spoke passionately about the challenges they face on a near-constant basis.

The meetings culminated with a plan of action that was supported both by the communities and the officials in the county and sub-county governments. Future interventions include measures that community-members themselves should take to strengthen their own food and nutrition security, as well as efforts to explore how to change the prevailing cultural mores that inhibit women's participation in decision-making. Working together with other actors in the area, including community-based organizations could mean that Sophia and her family no longer have to drink 'soup'.

Lynette Kamau is a policy and communications officer at APHRC



Maasai women in Magadi, Kajiado County often have to walk long distances in search of water.

Opinion

PARENTS' PARTICIPATION MATTERS: IMPROVING EDUCATION OUTCOMES FOR URBAN POOR CHILDREN

By Catherine Asego



A teacher at a low cost private school in one of Nairobi's informal settlements

The involvement of parents in their children's education has been linked to the success and educational development of learners, as well as their continued academic motivation.¹ Despite the large contribution from parents and households towards Kenya's education budget – in the form of fees and taxes – their participation in ensuring the realization of quality education for all learners is largely superficial. This is especially true for schools that are classified as Alternative Provision to Basic Education and Training (APBET) institutions.

APBET institutions, or low-cost private schools, complement government efforts towards expanding education opportunities for marginalized groups, especially in urban informal settlements. A 2015 study conducted by APHRC shows that in Nairobi's informal settlements of Korogocho and Viwandani, over 60% of children attend fee-charging,

non-government schools.² Despite the important role played by such schools in reaching marginalized groups in urban informal settlements, they are far from perfect alternatives, as they typically have inadequate infrastructure, poor quality education and low parental involvement in the school's management.

The Basic Education Act and the APBET registration guidelines both provide for parental involvement in school management. Structures that would support this, however, such as boards of management (BoM) and parent associations, remain underdeveloped. The situation is even worse for schools in urban slums, which are operated as individual enterprises and lack management structures that would help promote good governance and accountability among other oversight roles.

“ This opinion piece is based on our work with the Urban Education Group - a project led by the Education and Youth Empowerment unit at APHRC which seeks to improve access to quality education among urban poor children in Kenya, Uganda and Tanzania. ”

Most of these institutions lack functional management boards and where they are present, they are either not properly constituted in line with national policies or they lack the capacity to ensure proper governance. Parents, therefore, have limited opportunities to engage in decision-making and school management. Few parents have the knowledge to interrogate how funds are used, and weak governance structures mean education providers are neither responsive nor accountable to parental or community needs. This puts already marginalized populations at risk of further exclusion and deepens the inequities between those who can afford to access quality education and those who cannot.³

Strengthening the governance of our educational institutions is vital to the promotion of access to inclusive and quality education for all. APBET schools in particular need support to establish the structures for school governance to enable effective participation by parents, guardians and the community. The formation of the National Parents' Association (NPA) in line with the provisions of the Schedule III of the Basic Education Act, is a welcome move in ensuring that parents' voices are heard in the education sector.

The National Parents Association brings on board parents from various public and private schools with an aim of ensuring parents take an active role in promoting quality education in the various institutions of learning. However, representation of parents from APBET institutions within the NPA is needed to strengthen participation of the urban poor who have been marginalized for far too long. This will also help to further sensitize parents on their responsibilities in the management of the low cost private schools as outlined in the APBET Registration Guidelines and Basic Education Act.

Catherine Asego is education working group coordinator at APHRC.

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News

LOCATING THE 'INVISIBLE' STAKEHOLDERS IN THE FECAL WASTE MANAGEMENT AGENDA

By Emily Okello-Juma

A young woman watches, a roll of tissue in hand, as her toddler gives a spirited push into a plastic bucket lined with old newspapers. The woman, Muthoni, feels lucky. She has just finished doing laundry and can split the remaining water between cleaning the floors and attempting to 'flush' her child's waste down the communal toilet in the urban slum where she lives. If Muthoni did not have this water, she would have been forced to wrap the waste in several layers of newspapers and polythene bags as she usually does, together with much of the family's fecal waste. On such occasions, or on days when there is no money to spare, she is forced to strategically position the package of fecal waste outside the house for up to two days, waiting for collection by neighbors who work at the nearby biogas facility.

As she heads out with her child on her back, his waste in one hand and cloudy water in the other, she meets her neighbor's husband carrying his physically challenged, ailing mother outside for some sunshine. Muthoni greets them and he nods, but the mother does not return the greeting due to her failing hearing. At the toilet, Muthoni hands the five shillings access fee to the caretaker, and proceeds to flush the waste.

East Africa's urban slums are home to millions of people who are largely excluded from policy discussions, including those on fecal waste management. Often the only people who engage with them on fecal waste management are entrepreneurs driven by the imperative to make profits. Consequently, girls and women who have long played a caregiving role to children, the sick and elderly, and who are also tasked with getting rid of fecal waste, are particularly affected. They face numerous challenges in this regard, including the lack of knowledge on how to best handle feces from children or people suffering from bacterial and viral infections. These challenges should be part of the conversations around fecal waste management policy, alongside issues such as entrepreneurship and innovations in sanitation.

Individuals who are physically and mentally challenged also have few opportunities to engage with policy makers and other stakeholders on planned interventions. Communication on sanitation is not fully inclusive if it does not speak to marginalized groups who should benefit equally from information and action on fecal waste management. Occasionally, members of these groups are offered modifications to already existing facilities that may not fully address their needs. On other occasions, they are included in fact finding or product testing, but not in evaluation after implementation of the interventions.

“Ensure availability and sustainable management of water and sanitation for all - Sustainable Development Goal 6”

In March 2017, APHRC kicked off a three-year fecal waste management (FWM) project, which aims to improve and expand implementation and resourcing of national sanitation policies in East Africa. The project aims to support these countries in meeting the targets set out in the Ngor Declaration and Sustainable Development Goal (SDG) 6. It will focus on understanding gaps and barriers to access to sanitation in selected urban centers. Gender mainstreaming in policy formulation and implementation will inform the project approach, strengthened by an advocacy strategy that will underscore the importance of involving populations that have been excluded or underrepresented in urban sanitation dialogue.

The project is a first for APHRC as the three programmatic divisions - Research, Research Capacity Strengthening (RCS) and Policy Engagement and Communications (PEC) - will collaborate with partners working on sanitation issues across East Africa. It will also support six fellows who are working towards their Masters or Doctoral degrees in sanitation research. This will contribute towards development of an evidence base to inform discourse on sanitation and shed more light on the 'invisible' stakeholders in fecal waste management.

Emily Okello-Juma is a policy and communications officer at APHRC

News

ENHANCING PROVISION OF LONG-TERM CARE FOR OLDER PEOPLE IN AFRICA

By Hilda Akinyi



Dr. Isabella Aboderin, leads discussions at the 2nd Africa Region Conference of Gerontology and Geriatrics, held at the APHRC Campus in December 2016.

The older population in Africa is expanding rapidly. The number of Africans aged 60 years and over is estimated at 63 million and is projected to increase to 161 million by 2050. This demographic change will contribute to a rise in the burden of chronic disease and functional disability in the future. Already, a considerable proportion of the region's older population lives with chronic conditions and disabilities that require long-term care.

Despite this stark reality, only a handful of sub-Saharan African countries have taken steps to design and implement appropriate and sustainable long-term care mechanisms. Slow action in this direction by other countries in the region may be attributed to two key factors: first, the assumed willingness of families to provide care for older members in line with traditional obligations and customary norms; and, a dearth of evidence on the realities of long-term care coordination, provision and receipt in the region, which is required to inform policy debate and actions on the issue.

These challenges were at the heart of the discussions among more than 100 people who gathered at APHRC from 6-8 December, 2016 for the 2nd Africa Region Conference of Gerontology and Geriatrics. The conference, 'Long-term care systems for Africa: setting agendas' explored four key dimensions of long-term care:

- Lived realities and broader development implications of long term care provision, receipt and coordination
- Orientation of existing African policy frameworks against global and regional commitments on long term care
- The current landscape of long term care service provision in Africa

- Ongoing national level initiatives to establish long term care systems

Notable outcomes from the conference included: an examination of good practices in existing and emerging service provision for older people; agreement to advance efforts at the country level on establishment and coordination of services; and, highlighting the realities of service provision on families and formal providers. These outcomes offer possible directions, principles, and actions that African countries can take to establish appropriate long-term care systems in line with regional and global agreement stipulations. Regional agreements include the African Union Framework and Plan of Action on Ageing (2002) and the African Union Protocol on the Rights of Older People (2016).

Global agreements include the Sustainable Development Goals (SDGs) and the WHO Global Strategy and Plan of Action on Ageing and Health (GSAH). SDG 8 speaks to the promotion of full, productive employment and decent work for all, while SDG 10 calls for promotion of social, political and economic inclusion for all.

The African Union Commission has appointed APHRC to lead in the development of a Common African Position on Long Term Care. Discussions from the conference have been instrumental in shaping formulation of this common position. Once developed, the endorsement and implementation of the common position by African countries should enable current and future cohorts of the elderly in sub-Saharan Africa to benefit from long term care services that promote their dignity and fulfil their rights.

Hilda Akinyi is a research officer at APHRC

Interview

“DECISIONS MUST BE GROUNDED IN EVIDENCE:” AN INTERVIEW WITH SENEGAL’S MINISTER OF HEALTH, DR. AWA COLL-SECK

By Danielle Doughman



Members of the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights, during their February meeting at the APHRC Campus

Senegal’s Minister of Health and Social Action, Dr. Awa Coll-Seck, is a medical doctor and researcher with expertise in infectious diseases. She has worked at UNAIDS and headed the WHO’s Roll Back Malaria initiative. Minister Coll-Seck has formed strong relationships with APHRC in her capacity as the West and Central African delegate to the Board of the Global Fund to Fight AIDS, TB and Malaria, in addition to serving as a member of the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights. Danielle Doughman had an opportunity to catch up with Minister Coll-Seck when she visited APHRC as part of the Guttmacher-Lancet Commission discussions in mid-February, 2017.

Sexual and reproductive health and rights are at the core of the Sustainable Development Goal agenda. But for advocates of greater and safer access for men and women to these rights, the agenda doesn’t go nearly far enough. This need for stronger indicators, more ambitious targets and an identification of the critical gaps in the research evidence drove the convening in 2016 of the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights. Co-chaired by APHRC Executive Director, Dr. Alex Ezech, the commission has been tasked to develop a wide-ranging and evidence-based agenda for key SRHR priorities worldwide, coinciding with the SDG timeframe that extends to 2030.

The Commission’s report, expected in mid-2018, will address critically important elements of SRHR, such as access to safe abortion care, non-discrimination based on sexual orientation or gender identity, and the need for high-quality, confidential and timely sexual and reproductive health services. I asked Min. Coll-Seck how she envisions countries adapting the report’s recommendations to their contexts.

“The concept of universality of the SDGs, and leaving no one behind, is the entry point for countries. They must identify who those groups are that may be left behind [to action the report recommendations at the country level],” she said. “This to me seems something very adaptable. Recommendations can be adapted to the social, cultural and structural determinants of each environment.”

We discussed a contributor to global maternal mortality: complications from unsafe abortions. “(Un)safe abortion is a problem in countries where abortion is illegal. In Senegal, it is a big fight. There is a lot of conservatism in the world, and [abortion] can be a sensitive issue,” she said. “The issue of rights is very important and we cannot back away from difficult national conversations.”

The minister is committed to the use of evidence. “Decisions must be grounded in evidence. The evidence, for example, shows that adolescent health is particularly at risk. We know they are sexually active, and yet their SRHR needs are often neglected,” she explained. “All of these issues must be discussed at country level. I do believe the Commission’s report will be universal in that it addresses things that the evidence shows conclusively -- and countries also must adapt the universal issues to their contexts.”

There has been considerable progress in Senegal related to maternal and infant mortality rates. “In 2000, Senegal had 495 maternal deaths per 100,000 live births. And 15 years later, we’re at 315 deaths. We’ve also seen even greater decreases in child mortality [from 115 to 55 deaths per 1,000 live births for children under five] over the past decade because of reforms, as well as commitments to improving child immunization and malaria control.” These, she said, represent tangible impacts of smart public health investment and policies.

According to the Population Reference Bureau (PRB), one in four pregnancies in Senegal are unplanned. The unmet need for contraception from those who wish to prevent or delay pregnancy but are not using contraception, is around 30%.¹ PRB says the top reason for non-use is opposition from friends and family. Min. Coll-Seck says only 21% of women in Senegal currently use a modern method of contraception: an increase since 2010 that has been driven by “new policies, new strategies – not waiting for the people to come, and instead bringing services to where the people are.”

Still, she acknowledged the work is not finished. “Contraceptive use in Senegal is [low] compared to other countries, and generally, the rates of use across West Africa are very low,” she said. The UN estimates that contraceptive use in West Africa is around 17%, compared to 57% globally.² Yet she remains hopeful. “The recent increase to 21% use shows what is possible when you invest in information and commodities,” she said. “When you change the approach, you can have progress. It is also the result of political commitment to improve family planning, reduce maternal mortality and improve the health of families.”

Danielle Doughman is the policy outreach manager at APHRC

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Updates and New Resources

Updates

The Urbanization and Wellbeing program hosted the second workshop on **Housing in Nairobi's Informal Settlements (HINIS)** on January 19-20 at the Panafric Hotel in Nairobi. Workshop participants included Nairobi and Kisumu county government officials, air quality researchers, environmental experts and development practitioners as well as residents from Korogocho and Viwandani. The workshop used a participatory approach to model indoor air quality in Nairobi's slums whose residents are exposed to pollutants from the cooking and lighting devices they use. The modelling showed that investments into air quality monitoring and health impact assessments would have a significant effect on reducing the adverse impacts from indoor air pollution. The HINIS workshop served as a pilot for the participatory research methods to be used in the larger project, Complex Urban Systems for Sustainability and Health (CUSSH), which will be implemented in partnership with the county governments of Nairobi and Kisumu.

APHRC Executive Director, Dr. Alex Ezeh, participated in the **15th World Congress on Public Health** from April 3 to 7 at the Melbourne Convention and Exhibition Centre in Australia. The congress brought together researchers, practitioners, academics, administrators, policy makers, industry representatives, students and stakeholders involved in public health from all over the world.

Delegates exchanged information and shared lessons on the latest developments in public health. Alex was a plenary speaker on the theme, Sustainable Development, and discussed key public health challenges in Africa and the continent's vision for public health.

The Research Capacity Strengthening (RCS) division held their **Joint Advanced Seminars (JAS)** from February 26 to March 22 at Makerere University in Kampala, Uganda. The month-long event involved a total of 50 fellows from the Consortium for Advanced Research Training in Africa (CARTA), one of the flagship RCS initiatives. Professor John Ddumba-Ssentamu, Vice Chancellor of Makerere University, attended the opening ceremony and thanked CARTA for the support that the university's faculty and staff have received. The fellows were trained on a range of topics including, how to develop research concepts, write policy briefs and submit strong grant applications. Toward the end of the seminar, the CARTA board of management selected new fellows, reviewed the annual budget and discussed the program's performance.

New Resources

APHRC launched a **database on abortion research** during the Africa Regional Conference on Abortion held in Addis Ababa, Ethiopia in December 2016. The database is a comprehensive compendium of all the research conducted across the continent about abortion. "This database is unique and important in many respects. Not only does it show where things are in terms of knowledge, but it also reveals existing gaps," said Dr. Chimaraoke Izugbara, who leads APHRC's Population Dynamics and Reproductive Health research program. "It has the potential to serve not only researchers and advocates, but also other groups interested in women's health."

The database is another demonstration of APHRC's commitment to advancing research and evidence-informed decision making.

Access the database on www.aphrc.org/abortionresearch/

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