

Regional Meeting of Parliamentary Committees on Health in Eastern and Southern Africa
(SEAPACOH)

Speke Resort Munyonyo Hotel, Kampala, Uganda
September 21, 2009

Opening Remarks

Eliya Msiyaphazi Zulu, PhD.
(Director of Research, African Population and Health Research Center;
President, Union for African Population Studies)

Role of research in formulating effective policies and programs in population and development in Africa

Hon Dr Stephen Malinga, Minister of Health, Government of Tanzania, Hon. Chepundo, Chairman for SEAPACOH, Dr Muzimguzi, Regional Director, PPD ARO, and Dr Loewenson, Executive Director, EQUINET, honorable members of parliament, ladies and gentlemen

Background

Sub-Saharan Africa remains the most underdeveloped of all major regions of the World. The region has the highest level of poverty, food insecurity, illiteracy, and disease burden from communicable diseases, including HIV/AIDS and other reproductive health problems.

Although not commonly acknowledged, it is clear that the region's high levels of fertility and population growth rate are key impediments to efforts to fight poverty, illiteracy and the high disease burden on the continent.

Despite the progress that has been made on fertility control over the past three decades or so in some countries in eastern and southern Africa as a whole, most countries in central and west Africa are still in pre-transition state with high levels of fertility and low contraceptive use.

Big families and a very young population mean both families and national governments are focused on day-to-day survival instead of investing to produce high quality human resources, enhance national productivity, and generate self-sustaining economies in the future.

Another consequence of past rapid population growth in rural areas is that many people are migrating from rural areas to urban areas in search of better livelihoods because the

subsistence agricultural land that has been passed on from generation to generation is becoming too small for subsequent generations to subdivide and share.

Most of the migrants are confronted with a new face of poverty that has emerged with increasing majorities of urban dwellers residing in slum settlements where they are exposed to a hazardous environment, lack access to health services, and consequently exhibit poor health outcomes. UN Habitat estimates that about 72% of urban dwellers in Africa live in slums!

Despite the importance of the role of population dynamics in development, issues pertaining to fertility, population growth, and reproductive health in general are invisible and poorly understood or articulated in most African countries.

This is partly because problems such as HIV/AIDS and other infectious diseases are considered more urgent and, therefore, receive more attention and resources than population issues.

But the other reason is that there has not been consistent generation and utilization of evidence to demonstrate the inter-linkages between population dynamics and development processes. In particular there has been limited evidence to demonstrate the potential development benefits of addressing population problems such as high fertility and the best practices for doing so.

The testimony to lack of concerted action to address population and reproductive challenges in the region is that 15 years after the global community and national governments made commitments at the 1994 International Conference for Population and Development (ICPD) to make family planning universally accessible, millions of women in the region continue to have more children than they want because they do not have access to effective methods of family planning.

Additionally, many couples' lives are governed by pronatalist cultural and political values that encourage high fertility and discourage contraceptive use. We all know of some governments in our region that give lip-service to population issues simply because our leaders want to have bigger populations. Additionally, due to the tribal nature of our politics, some leaders, including MPs, encourage their ethnic groups to have many children because having big numbers gives tribes more political power.

But the question we need to ask ourselves is who really benefits from such high fertility? By encouraging women to have many children, aren't we contributing to the underdevelopment of our own people and countries since families and governments cannot afford to give quality educate, health care, and jobs to a population that is growing too rapidly?

Towards home-grown solutions

Notwithstanding the myriad challenges that Africa is facing, there is renewed global commitment to decisively transform the continent and address its persistent development shortfalls. For instance, through the Millennium Development Goals (MDGs), the international community has committed to fight poverty, hunger, and the high disease burden affecting many poor people in Africa and other developing regions.

Although provision of family planning and addressing population growth was not prioritized when the MDGs were conceived and were later incorporated into the maternal health goal, growing evidence shows that helping women achieve their reproductive goals would have far reaching benefits across all the MDGs, particularly those related to health and food security.

Other development fora such as the G8 summits have put increasing emphasis on helping Africa address its perennial development problems, including governance. For example, the 2005 G8 summit highlighted the need for the World's richest countries to make massive financial commitments to assist in making Africa's pervasive poverty history. Although many of the commitments by developed countries to provide resources to address Africa's development challenges are hardly met in full, the increasing focus on Africa highlights the region's unique problems and growing concern to address them.

Locally, most of Africa is experiencing democratic transformation whereby citizens are becoming increasingly aware of their democratic rights and pushing to hold their governments accountable. There is also an internal push for an Africa-led renaissance and rebirth of the continent, under the NEPAD framework. Indeed, there is growing acknowledgement within Africa that while the international development partners and well wishers can facilitate positive change on the continent, lasting change can only take place if Africans themselves accept that the status quo is not acceptable and sustainable, and that they must play a lead role in addressing the continent's development ills, including corruption.

The role of research in developing Africa

As global and local commitment to re-awaken Africa's development ideals grow, so is the need to design new strategies and policies for overcoming the region's development challenges. While additional resources are critical for addressing the region's development problems, it is equally important that governments and development partners should use effective tools for monitoring and evaluating the performance of their efforts in order to ensure cost-effective use of available resources.

This calls for greater investment in research that not only demonstrates the gravity and drivers of various challenges to guide priority setting, but also reveal the cost-effective interventions that can be scaled up to impact many people, regions, communities, and countries.

The need for policy-oriented evidence and local intellectual capacity to support these local and global development efforts is, therefore, greater than ever before.

However, partly due to underdevelopment of its education systems, the African continent is also infamous for having very limited intellectual and technical capacity to generate high quality policy oriented research evidence and utilize it in policy formulation and program design processes.

While some progress is being made in improving research capacity through training programs both within and outside the continent, there is an acute shortage of experts to bridge the gap between research and policy formulation on the one hand, and between policy formulation and practice, on the other. Many policies are not evidence driven because of lack of expertise and capacity to interpret, demand and use research evidence for policy formulation. Consequently, most research taking place on the continent is not demand-driven since policy makers hardly contribute to the formulation of knowledge gaps.

Even in cases where good policies are formulated, they are not successfully implemented because of lack of expertise in transitioning the principles and ideals outlined in policies to practice. The population field offers good examples of great population and reproductive health policies and guidelines that are not implemented fully. For example, following the ICPD in 1994, many African governments (like Malawi) developed population policies, which have not been translated into concrete programs to reduce population growth and make family planning universally accessible to those in need.

Some policies are not fully implemented because of lack of capacity to operationalize the policies or limited local involvement and ownership of the policy development process. Implementation of policies may also be hampered by lack of legal, procedural, institutional, and infrastructural frameworks and guidelines to facilitate the implementation process. Without understanding the challenges for the transition from policy to action and analyzing existing policies, it will be difficult for Africa to turn around and break from pervasive poverty and ill health.

The Role of MPs

Members of parliament have a critical role to play addressing the gaps between research, policy and practice, particularly in the policy making and implementation process. Through your legislative role, you come up with policies that define priority areas that governments should focus on.

Through your oversight role, you have the mandate to hold governments and development partners accountable and ensure that policies that enacted are actually implemented and translate to programs that improve people's lives.

To play this role effectively, parliamentarians need to be in strong partnerships with researchers and research institutions so that they can access the evidence they need to define priority areas but also to ensure that there is effective translation of policies to development programs.

A lot of researchers on the continent, including the two organizations that I am representing here, are not doing research just for the sake of publishing papers in top scientific journals and be seen to be tough scientists. Many researchers want to do research that contributes to the process of addressing the many challenges that our continent faces. But the research that is done does not inform policies as effectively as it should for the reasons noted above.

Parliamentarians can play a big role in addressing each of these challenges. For example, you can:

1. Increasing demand for research by getting more involved in defining key research questions and taking ministers to task when they come up with policies that are not evidence based.
2. You can advocate for more funding from our governments to fund not only the generation of research evidence, but also the expertise required to ensure that the research is effectively used. If we let all the research funding come from abroad, it is very likely that the research agendas will also be largely externally driven.
3. Encourage documentation of south-south best practices as learning opportunities on how to improve things in our own countries. We surely not have the resources to re-invent wheels – let us learn from those who have done certain things well!

In the words of the former Minister of Health of Mozambique: “Some people say that we can not invest in research because we are poor and our resources are limited. However, the truth is that it is because we are poor that we cannot afford not to invest in research”.

If our policies and programs are not evidence driven, we are likely to keep making the same mistakes that have gotten our continent into the development eye-sore that we have become; we are going to continue misusing the limited resources with limited and undocumented impact; and we will be caught up in the vicious circle of poverty and ill health forever.