“Leaving No Woman, No Child Behind: What Evidence On Inequalities For RMNCH Is Needed To Advocate And Act?”
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1 Background

The 8th African Population Conference was hosted by the government of Uganda and the Union for African Population Studies at the Imperial Beach Resort Hotel, in Entebbe, Uganda from 18th to 22nd November 2019. The theme of the conference was “Harnessing Africa’s Population Dynamics for Sustainable Development: 25 Years after Cairo and beyond”.

The UAPS conference objectives are to share and disseminate scientific information on key population issues, discuss health and development issues facing the African continent, promote the integration of research evidence in policy formulation, provide an opportunity for networking and knowledge sharing on population and development issues between researchers, policymakers, program implementers, international development agencies and other relevant stakeholders.

The conference Sub-themes were as follow:

- Fertility Transitions
- Sexual and Reproductive Health and Reproductive Rights
- Family Planning – Reaching the Last Mile
- The Health of Africans: Broader Determinants of Diseases and Synergies
- Maternal, Newborn and Child Health
- Prospects for the Current and Next Generation of Africa’s Children and Youth
- Mobility
- Maximising Benefits from Urbanisation
- Unions, family, and households
- The African Demographic Dividend or Doom?
- Operationalising the Demographic Dividend: What must governments and other stakeholders do?
- Stewardship of Africa’s natural resources
- What has ‘Evidence informed decision-making (EIDM)’ to offer African population scientists and the policymaker
- New Methods of Analysis and New Forms of Data

The full program can be found in the following link: UAPS program

The Countdown2030 for women’s, children’s and adolescents’ health organized a special session entitled: “Leaving no woman, no child behind: what evidence on inequalities for Reproductive,
Maternal, neonates and Child Health (RMNCH) is needed to advocate and act?”. The session was chaired by Catherine Kyobutungi, APHRC Executive Director and the discussant was Gershim Asiki, a Senior Researcher at APHRC.

Table 1: Session summary

<table>
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<tr>
<th>Chair: Catherine Kyobutungi, Executive Director, African Population and Health Research Center (APHRC)</th>
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| 1. Reaching the Urban Poor in RMNCH Interventions: Evidence from 37 Sub-Saharan Africa Countries  
  • Abdoulaye Maiga, Johns Hopkins Bloomberg School of Public Health. |
| 2. Subnational Inequalities in Reproductive, Maternal, Newborn and Child Health in Eastern and Southern Africa  
  • Martin K. Mutua, African Population and Health Research Center (APHRC). |
| 3. Status of Health Facility Data for Coverage Estimates at the Subnational Level in 14 Countries in Eastern and Southern Africa  
  • Abdoulaye Maïga, Johns Hopkins Bloomberg School of Public Health. |
| 4. Gender and Socioeconomic Inequalities in Sexual Initiation, Marriage, and Childbearing among Adolescents in Sub-Saharan Africa  
  • Dessalegn Melesse, University of Manitoba. |

2 Presentations

The Countdown2030 team made four presentations from ongoing analysis emanating from the different analysis workshops conducted by the team in the past two years;

2.1 Presentation 1

The first presentation made by Abdoulaye Maiga, focused on “Inequalities in RMNCH coverage and child mortality among the urban and rural populations”. Based on Composite Coverage Index (CCI) and child mortality in sub-Saharan countries, the main results showed that under-five mortality and coverage inequities by place of residence (urban and rural) have reduced substantially. However, urban poor registered less health advantages than rural residents.
2.2 Presentation 2

The second presentation made by Martin Mutua, looked at “Subnational inequalities in RMNCH coverage: Level and trends in Sub-Saharan African”. A total of 39 Demography and Health Surveys from sub-Saharan countries were used in the analysis. The analysis compared the CCI at the subnational level. Key results highlighted a capital city advantage in terms of CCI and large subnational inequalities in many countries.

![Martin Mutua during his presentation](image)

2.3 Presentation 3

Abdoulaye Maiga made the third presentation which focused on “State of routine health information systems in Eastern and Southern Africa (ESA) for generating statistics”. A total of 14 countries from the ESA region were included in the analysis. Three data quality metrics were considered 1) completeness of reporting 2) internal consistency 3) consistency of denominators. In general, there were persistent data quality issues including improvement of estimation of target populations across the 14 countries, especially at the subnational level.
2.4 Presentation 4

The last presentation was made by Dessallegn Melesse and highlighted the “Gender and socioeconomic inequalities in sexual initiation, marriage, and childbearing among adolescents in sub-Saharan Africa”. The trends and patterns of these key adolescent life events were explored for 10 selected countries. Results showed that in many countries girls experienced marriage, birth and first sex earlier than boys. Indeed, there are major differences between the West and Central African (WCA) and ESA regions and within countries where the poorest, less educated and rural adolescents are more vulnerable to ASRH issues compared to their counterparts.
These presentations were followed by the intervention of the discussant and questions/answers.

3 Discussion/Questions-Answers

The discussant highlighted the main aspects of the four presentations which assessed three key dimensions of inequality: residence (capital, urban, rural); wealth (poor vs. rich); and subnational units.

He suggested the addition of more dimensions of inequalities (e.g. Gender) and the use of more advanced analysis (e.g. regression models) to improve on analysis. He highlighted the loss of city advantage in some countries especially the East African region and wondered could it be due to the expansion of informal settlements due to increased migration to big cities. He suggested the team look at the slum population in capital cities and compare the indicators by formal and informal settlements areas. The discussant also pointed out the importance of using subnational data because as they showed inequalities but wondered about the study power – are the DHS surveys powered to answers questions at sub-national levels? Dr. Asiki lauded the use of one index to summarize all RMNCH indicators but wondered how the CCI can be used to advise policymakers. He suggested the use of the individual indicators in addition to the CCI when engaging policymakers. On the other hand, he was delighted that many countries improved their data quality collection but in the analysis, relevant denominators must be used whereas there is also a need to breakdown data and show the drivers of the inequalities to policymakers. He also touched on the limitations on the denominator, posing questions on how best to estimate it? Is there a gold standard? Can we use Health and Demographic Surveillance Systems (HDSS) to estimate the population?
The team also received several questions from the audience, mainly on the CCI measure and the estimation of age at first sex when the adolescent experienced sex at different ages. Participants also highlighted the need to push the measures to what they really mean in terms of social implications. One participant pointed out the limitation of DHS data and asked the way to make data available and give recommendations. One participant appreciated how the team concentrated on the limitations of the denominator but wondered why we haven’t also paid attention to the numerator, giving an example about late immunization of children.

Presenters addressed these questions and emphasized to consider some suggestions in their papers. They highlighted that they can use more desegregated data but it only depends on the sample size. They just have to rely on data to inform policymakers. Finally, in order to know the drivers of the differences, advanced analyses will be needed.

4 Countdown exhibition

The Countdown 2030 team also had a booth at the conference where different materials (both visual and print) from the project and other initiatives based out of the African Population and Health Research Center were showcased. The booth was well attended and we received enquiries about what we do as specifically, about our maternal and child health work of which Countdown work is based on.
Michelle Mbuthia, a communication expert with APHRC at the Countdown 2030 booth
Participants
1. Martin Mutua - APHRC
2. Moussa Bagayoko - APHRC
3. Ronald Kananaura - Makerere University
4. Dessallegn Melese - University of Manitoba
5. Eniola Bamgboye - University of Ibadan
6. Ndeye Awa Fall - APHRC West Africa
7. Yohannes Wao - APHRC
8. Abdoulaye Maiga - John Hopkins University
9. Michelle Mbuthia - APHRC