




NATIONAL POPULATION
COUNCIL SECRETARIAT

Quality life for all



1ST Demographic SUMMIT 2021

— ACCRA - GHANA —

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Theme: Ghana's Challenge
of the Demographic Bulge
2030 and Beyond

Date & Time
6th -7th May 2021
@10am - 4pm

Venue
Alisa Swiss Spirit Hotel,
North Ridge, Accra



6TH MAY 2021 @10AM - 4PM ALISA SWISS SPIRIT HOTEL, NORTH RIDGE, ACCRA Ghana

TIME (GMT+1)	AGENDA	RESPONSIBILITY
10:00 - 10:30	I. Opening <ul style="list-style-type: none"> i. Introduction of Chairperson ii. Welcome 	Mr. Samuel Okudzeto Council of State, Member
10:30 - 10:40	II. Documentary on Demographic Dividend	NPC
10:40 - 11:00	III. Solidarity messages by Stakeholders	UN systems, Catholic Bishops, Head of religious bodies, Traditional leaders, CSOs, Ghana Health Service
11:00 - 11:30	IV. Keynote Speaker	Dr. Kwame Pianim
11:30 - 11:50	V. Tea Break	
12:00 - 1:30 (30 mins each)	I. Presentation by Rwanda (The role of leadership in ensuring Universal access to high Quality health care services including adolescent and sexual reproductive health to avoid unplanned pregnancies) II. Presentation by Indonesia (The role of government in cultural and religious collaboration in effective population management) III. Presentation by Senegal (The role of religious leadership in repositioning family planning and population in national development)	Dr. Ngamije M. Daniel, Minister of Health for Rwanda. Prof. Mohamed Rizal Damanik, PCC and Deputy Training Research Development, BKKBN. Mousse Fall Imam and founder of the Islamic Network on Population.
1:30 - 2:30	IV. Questions and Answers	
2:40 - 3:00	V. Closing of Day One	Chairperson
	Lunch	

7TH MAY 2021 @10AM - 4PM ALISA SWISS SPIRIT HOTEL, NORTH RIDGE, ACCRA Ghana

TIME (GMT+1)		AGENDA	RESPONSIBILITY
10:00 – 10:10		Recap of Day One Short documentary on Demographic Dividend	
10:10 – 10:45 (25 mins each)	V.	Presentation by NPC: Avoidable high-risk pregnancies, dependency ratio and sustainable Development (Questions and answers)	Dr. Leticia A. Appiah, Executive Director, National Population Council.
10:45-11:20	VI.	Ghana Country Demographic Dividend Model (Questions and answers)	UNFPA
11:20-11:55	VII.	Presentation by GMA: Avoidable high-risk pregnancies/ demographic risks of too early, too late, too close pregnancies and maternal/ infant mortality and morbidity (Questions and answers)	Dr. Titus Beyuo, Deputy General Secretary, Ghana Medical Association
11:55-12:30	VIII.	Presentation by Population Council: Avoidable high-risk pregnancies/ demographic risk and health related costs (Questions and answers)	Professor Augustine Ankomah
12:30-01:05	IX.	Presentation by SPH: The Opportunity Cost and Cost Savings to Families and The Nation Through Reduction of Avoidable High-Risk Pregnancy / Demographic Risks (Questions and answers)	Justice Nonvignon, Associate Professor, School of Public Health, Legon
1:05 – 1:40	X.	Presentation by MOH: Increasing Access to Family Planning in Universal Health Coverage (The Advantages) (Questions and answers)	Dr. Maureen Martey, Public Health Physician Specialist. Ministry of Health
1:40 – 2:15	XI.	Presentation by KAIPTC: the link among Dependency ratio, median age and security in the sub region (Questions and answers)	Prof. Emmanuel Kwesi Aning, Director, Faculty of Academic Affairs and Research, KAIPTC
2:15 – 3:00		Lunch	
3:00 – 3:10		Next steps	



The First Demographic Summit in Ghana

Theme: Ghana's Challenge of The Demographic Bulge 2030 and beyond

Background

Globally, the big picture perspective supports evidence-based trade-offs across sectors while keeping resilience as the chief goal. In line with this, today's population policies have shifted from controlling population to promoting healthy births and implementing policies that reduce avoidable high-risk pregnancies because they are primarily associated with high mortality and morbidity. Additionally, they are expensive, entrench poverty and do not build resilient individuals nor nations.

In addition to the negative outcomes of avoidable high-risk pregnancies, those pregnancies contribute significantly to high levels of maternal mortality, the high population growth rate and productivity of countries including Ghana.

Because of these trends, most African countries must confront two major population-related challenges.

First, a weak structural transformation that cannot support the population growth and secondly, a high population growth that obstructs structural transformation.

The challenge of structural transformation in our economies limits the opportunities to create enough jobs for the rising working age population. For young people (15- 24 years old), unemployment rates are about twice as high as adults in sub-Saharan Africa (Baah-Boateng, 2016) and 3.5 to four times higher in Northern Africa (Baah-Boateng, 2016; ILO).

The levels of general unemployment and youth unemployment rates masks the real challenge of underemployment and working in vulnerable conditions. Besides, if a cohort of young people does not receive better education combined with a higher capital-labour ratio to stimulate economic development, they remain dependent on low-quality, low- productivity work within a sector and across sectors.

The second challenge facing African countries is the high population growth that obstructs structural transformation. Empirical analysis Choudhry et al. (2016) indicates that the age composition of population matters. Higher dependency negatively impacts on labour productivity. Low-income countries have 1.9 times higher age dependency than high income economies, mainly concentrated in child dependency (Choudhry et al., 2016).

Untapped natural resources cannot support many more people. This is because rapid population growth makes it difficult to develop the human capital and administrative structures needed to exploit the

resources to improve quality of lives thereby creating and sustaining the vicious high population growth and poverty cycle.

The solution therefore requires investments in institutions, policies and programs that will simultaneously ensure quality education and jobs and also slow the population growth making it easier to invest adequately in human capital development. To slow the population growth rate, two key solutions are education and the provision of quality reproductive health services and information to reduce to the barest minimum, the high levels of avoidable high-risk pregnancies. These will ensure that children born are fewer, healthier and better positioned to be educated and empowered for sustainable meaningful employment. Furthermore, since a birth reduces a woman's participation by almost two years, fertility decline frees up time from childcare and has potential to increase female education and labour participation.

Avoidable high-risk pregnancies or high demographic risks are associated with pregnancy in very young mothers (<18 years), older women (>34/40 years), short birth intervals (<24 months), and higher birth order (>3). (John Stover et. Al 2013). These births are also classified as too early, too late, too close and too many.

One justification for family planning programs is the health and related benefits associated with optimal spacing and timing of births.

According to the Maternal and Health Survey (2017), about half (49%) of all births five years preceding the survey fell within the avoidable high-risk group or demographic risk. Tackling this public health emergency not only reduces population growth but also has positive consequences in all other sectors including health, education, employment, security, environment, cultural, and economic, among others. This can be managed through the design and implementation of sound population, health, education, and economic policies. This will help reap the benefits of a demographic dividend, trigger inclusive growth, reduce poverty levels, and eventually achieve economic convergence and sustainable socio-economic development.

To ensure access and availability of quality data for advocacy and programming, Ghana is set to undertake its sixth post-independence census in June 2021. Currently, there are ongoing preparations to conduct the next census in 2021. The 2021 census (digital census comes with several technological innovations to improve census implementation and the relevance, timeliness and quality of data produced. The Census will collect data on fertility, mortality, migration and

other relevant population issues. New indicators have been added to the questionnaire to collect information on emerging and trending issues. UNFPA, the lead partner agency, is working closely with the GSS to ensure that the 2021 Census is conducted successfully.

To this end, demographic dynamics in 2021 will be the most important and common issue to be addressed for Ghana and sub-Saharan Africa, especially in this Coronavirus Disease 2019 (COVID-19) era where technological change has an additional potential threat to replace labour.

In Ghana and sub-Saharan Africa, the COVID-19 pandemic threatens to widen socio-economic inequality gaps; it is disproportionately affecting the livelihoods of the most vulnerable who are already grappling with inadequate requisite education, skills, jobs and access to resources, including sexual and reproductive health information and services.

As governments and health systems shift scarce resources to prevent and treat people with COVID-19, it is essential that they also protect and improve access to family planning services, focus on formal education especially for women as education is protective against unplanned pregnancies.

Focusing on women education and reducing the high levels of avoidable high-risk pregnancies (too early, too close, too many and too late) and associated negative consequences will contribute to bridging the inequality gap the pandemic threatens to widen. Such approaches will thereby set the stage to reset economies for accelerated socio-economic development on a sustainable basis from one generation to the next.

Purpose and Objectives

The purpose of the two-day summit is to provide a forum for various stakeholders to discuss demographics as one of the greatest challenges to public health, the economy and public security in this Covid-19 era and beyond. Lessons from the Covid-19 pandemic have clearly demonstrated that although the threat of the pandemic is universal, the impact varies based on demographic characteristics of individuals and the economic resilience of nations as well. It is very evident that the attention we give demographic challenges in Ghana will determine our future from a cultural, economic, social and security point of view.

The objectives are to:

1. Demonstrate the link between women education, fertility decline and socio-economic development
2. Demonstrate the link between avoidable high-risk pregnancies, high population growth, dependency ratio and socio-economic development;
3. Demonstrate the link between avoidable high-risk pregnancies, and public health and health expenditure (human capital, infrastructure and the National Health Insurance Scheme (NHIS);
4. Ensure general good reproductive health to minimize high risk pregnancy
5. Ensure that key information on family, reproductive health, population and development during this crisis and beyond gets into the hands, minds and hearts of decision makers, program implementers and program takers for necessary



evidence-based action to be taken;

6. Bring key stakeholders/participants together to promote a clear set of messages for population and development so that different partners can speak with one voice.
7. Solicit the support of religious, traditional authorities and other critical stakeholder groups as champions in population and development advocacy;

To that end and in addition to all stakeholders, participants from three countries will be invited to share their countries' experiences and strategies. It will focus on how political and population wills can be harnessed in implementing successful population programs focusing on family planning and education as an empowerment, economic, inclusive and social cohesive intervention; and the lessons Ghana and sub-Saharan Africa can learn and take steps to implement.

The countries are: Rwanda, Senegal and Indonesia where Family Planning is positioned as an economic and women's empowerment intervention to share experiences and best practices.

Rwanda

Rwanda is among the most densely populated countries in Sub-Saharan Africa. The country has made significant progress in achieving the Millennium Development Goals (MDGs). It is also committed to achieving the health-related Sustainable Development Goals (SDGs) on reducing significantly, Maternal, neonatal, infant and under-5 mortality rates comparing to high-income country standards (70-90% reduction).

Rwanda's vision 2050 and the National Strategy for Transformation (NSTI) place emphasis on reaping the economic benefits from the "demographic dividend" and this will be realized only through an integrated approach that ensures that decline in fertility is backed up by essential investments in human capital development and economic reforms so that the country has a healthy, well educated, and highly skilled labour force that is gainfully employed. It, therefore, does not surprise many that universal uptake to Family Planning is inclusive for both men and women and delivered toward reducing the Fertility rate from 4.1 (2020) to high



income countries standards of 2 births per woman in 2050.

A representative of the Rwandan Government will share the role of leadership in ensuring Universal access to high quality health care services including adolescent and sexual reproductive health services to avoid unplanned pregnancies.

Senegal

After hosting the world family planning conference in 2011, Senegal, a predominantly Muslim country, clearly appreciated the pivotal role of population dynamics in national development and repositioned family planning and population agenda as a national priority. The President clearly stated that it was time to revisit family planning as an option for limiting family size, in addition to spacing births. Among other programs, the position of the government led to the training of religious leaders as champions in Senegal. Subsequently, the government invested in a high-quality mass communication campaign base in community mobilization and engaged religious, political and community champions to speak out in support of how family planning promotes strong and healthy families. As a result, many Muslim religious leaders continue to deliver sermons in public places and their mosques using the advocacy tool “Argumentaire Religieux pour la PF”, thus demonstrating their clear commitment to advancing family planning. These initiatives led to a significant uptake in contraceptives and a significant reduction in maternal mortality. The results of this approach are used to encourage other religious leaders to engage as champions and extend these powerful advocacy activities to the community level.

A representative from the religious authorities will present on the role of religious leadership in repositioning family planning and population management in national development.

Indonesia

Indonesia implemented one of the most efficient and non-coercive family planning programs in history. The government's population policy includes reducing the rate of population growth, achieving a redistribution of the population, adjusting economic factors, and

creating prosperous families with the slogan: “Two Children Are Enough” – “DuaAnakCukup”

As a result of decades of focused family planning efforts, fertility dropped from 5.6 children per woman on average to 2.3 in 2019.

Although a Muslim-majority country, Indonesia has six recognized religions and substantial ethnic, cultural and economic diversity. Like other East Asian countries, Indonesia viewed fertility reduction through family planning as an integral component of a comprehensive development strategy. The government, in recognising the important role religious groups play in any successful population related intervention, published a pamphlet titled “Views of Religions on Family Planning”, and documented the general acceptance of family planning by four of Indonesia's five official religions at the time – Islam, Hinduism, Protestant and Catholics. The government, backed by the religious leaders, provided the catalyst for social change that laid the foundation for fostering a common national outlook positive to family planning. Indonesia thus implemented one of the most successful family planning programs through a combined cultural-religious approach - collaboration between government and society in their population management campaign “DuaAnakCukup”.

A representative of the government of Indonesia will present on the role of government in cultural and religious collaboration in effective population management

Expected outputs:

- 1 Clearly demonstrated the link between avoidable high-risk pregnancies, high population growth, dependency ratio and socio-economic development;
- 2 Selected population management champions among political, religious and traditional leadership; and
- 3 A clear set of messages for population and development for different partners speaking with one voice.

Speech delivered by Dr. Leticia Adelaide Appiah

Executive Director Of The National Population Council
During The First Demographic Summit

Mr. Chairman
Partners
Stakeholders
Members of the Diplomatic Corps
Traditional Rulers
Religious Leaders
The Media
Ladies and Gentlemen

Welcome to the first demographic summit themed “*the challenges of the youth bulge 2030 and beyond*”. Entrenched fertility differential (a cohort have few children and another have many) coupled with the ravaging COVID – 19 Pandemic have the tendency to deepen and leave our communities even less sustainable, less equal, more divided and fragile; however, tragedy need not be the pandemic's only legacy. The pandemic presents us an opportunity to create a healthier, more equitable and more prosperous future by recognising and appreciating that healthy population underpins development. Health is the thread linking nearly every development objective together both as a precondition and an outcome of sustainable development policies. Differential fertility across income groups could lead to increasing health inequality within and across generations translating into low health development index and socio-economic development.

Governments thus have a sacred duty to implement long overdue reforms that promote more equitable outcomes and shared goals. Reproductive health is recommended as a panacea towards reversing the stalled socio-economic growth because of the strong linkage between reproductive health, equitable and inclusive development. Inequality in access to sexual and reproductive health services including relevant information translates in inequality in health, income, education, well –being, social and economic empowerment for girls and women. These impacts have ripple effect on entire communities and country as well as extend to the next generation.

To this end, it is not in our interest to continue to let demographic data remain invisible, neglected and remain unnoticed since solutions are never found for invisible problems despite their

devastating consequences. Failure to appreciate the synergistic and integral relationship between population growth and the economy creates and sustains inequality in all its forms and shapes.

Concentrating only on beefing up education and economic growth on the assumption that the world automatically led to lowering population growth rate, frustrates accelerated socio-economic development.

Teen pregnancy, violence against women, child trafficking and gender inequality become inevitable if the sexual reproductive rights and services are not also prioritized thus thwarting the economic agenda.

When everything is put in the same box, vulnerabilities such as unintended /unplanned pregnancies, teen pregnancies, child marriage, unmet need for family planning, gender-based violence, stunting, abortions, child trafficking, streetism and baby harvesting are obscured; and so, policies cannot be adjusted to meet these specific needs guided by targets. It is thus important that making the gender dimension of data visible is a priority for all development planning at all levels if sustainable socio-economic development and prosperity from generation to generation is the goal.

Considering our depth of knowledge, skill and wisdom of our keynote speaker, the calibre of presenters from abroad and home, our well enlightened and cherished stakeholders here, I am certain that everyone will learn something new to inform our choices in policy and programs. I therefore urge us all to be humble, open- minded, learn and question to understand as experts present. I also entreat our knowledgeable presenters to be patient with us, communicate effectively to inform, educate and most importantly motivate us to take transformational insightful actions collectively, though differently towards our common prosperous destiny. As Cassius said to Brutus in Julius Caesar and I quote, ***Men at some times are masters of their fate. The fault is not in our stars but in our choices***, unquote. Benjamin Franklin also said and I quote, ***well done is better than well-said***, unquote. Guided by these two quotes, let's choose from an informed position and let's act to transform our communities and our world. Thank you.



Kwame Pianim

Economist

Kwame Pianim, economist, has had a distinguished career in investment and economic advisory services both in Ghana and abroad. He worked as a civil servant and a public servant in Ghana after serving as an economic research officer of the United Nations in New York.

As former acting Principal Secretary, Ministry of Finance and Economic Planning, Kwame served as an advisor to the Minister in devising a market-oriented development strategy and policies. While at the Ministry, he helped structure and transform the Social Fund under the then State Insurance Corporation (SIC) into the Social Security and National Insurance Trust (SSNIT). As a private consultant, he designed and established the Teachers' Fund, a monthly put-aside savings platform for the Ghana National Association of Teachers (GNAT); it is now a major investment fund in Ghana.

Kwame is a former Chief Executive of Ghana Cocoa Marketing Board. He is a former Chairman of the boards of: the Public Utilities

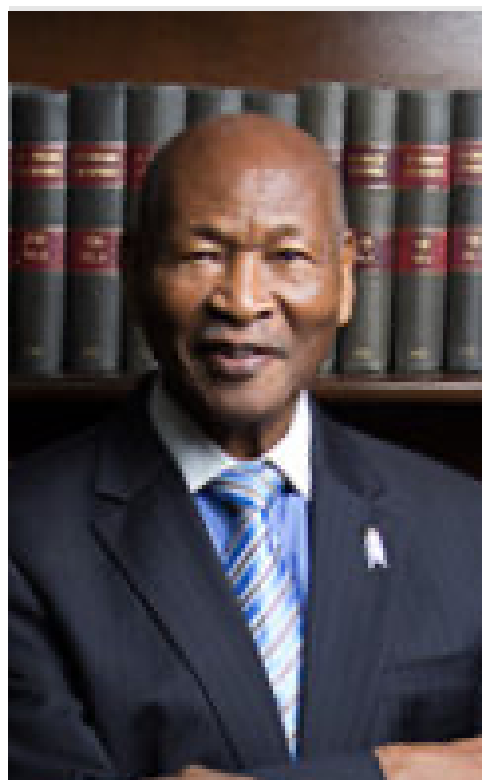
Regulatory Commission (PURC), Ghana International School, Airtel/Tigo Communications (Ghana), Bayport Savings and Loans plc and United Bank for Africa (Ghana). He was also a member of the Petroleum Commission.

Kwame Pianim was educated at Achinakrom Methodist School and at Achimota School. He is a former President of the Old Achimotan Association. He holds a Master of Arts degree in Economics from Yale University, USA, and a BA (Double Honours) in Economics and Political Science from the University of New Brunswick, Canada, where he studied as a Commonwealth Scholar.

Kwame has participated in development and good governance related assignments including serving as a member of the UNDP Commission on Private Sector and Development.

In 2002, Kwame received Apostolic Blessings of His Holiness Pope John Paul II "for the meritorious service to the Parish" on the occasion of Golden Jubilee of Christ the King Parish, Accra. In recognition of his public service, he was awarded a Member of the Order of Volta.

He is married to Cornelia Teike Anna Pianim (nee den Hartog) and they are blessed with a daughter and two sons.



Mr. Samuel Okudzeto

Council of State, Member

Samuel Awuku Okudzeto is a prominent Ghanaian lawyer and currently a member of Council of State. In 2011 he was Chair of the International Advisory Commission of the Commonwealth Human Rights Initiative and a member of the Commonwealth Lawyers Association. He is a former Member of Parliament in Ghana. He has served as Chair of the Public Accounts Committee and President of the Ghana Bar Association. He has also served on The Legal Aid Committee, Prisons Service Council, General Legal Council and Judicial Council. As of June 2007, He was a Private Legal Practitioner in Accra.



Dr. Ngamije M. Daniel

Minister of Health for Rwanda

Dr. NGAMIJE Daniel is the Rwandan Minister of Health since February 2020, he leads the development and execution of the Health Sector Strategic Plan. Prior to this he served as the Director for malaria and neglected tropical diseases in WHO's Country Office, based in Kigali. Before that, he spent 10 years (2007-2017) coordinating mobilization of resources and implementation of Projects funded by Multilateral and bilateral partners of the Ministry of Health through a single projects implementation unit.

Dr Daniel has served in different capacities in the entire Rwandan Health System since 1995 having held a wide range of leadership positions. For the last 12 months, he led the development and successful implementation of Covid-19 comprehensive response plan.



Prof. Muhamad Rizal Martua Damanik,

Deputy of NFPP,), Indonesia

Prof. Muhamad Rizal Martua Damanik, DVM, MRepSc, PhD is Deputy for Training, Research, And Development National Population and Family Planning Board (NPFP), Indonesia. He is a professor in Community Nutrition at Development of Nutrition at Department of Nutrition, Faculty of Human Ecology of IPB University in Bogor, Indonesia.

Prof. Rizal Damanik gained his doctor of Veterinary Medicine at IPB University in Bogor, Indonesia. He completed all of his post graduate programs in Australia after receiving scholarship from the Australian Government. He completed his Master program in Reproductive Biology (MRepSc; Master of Reproductive Sciences) at The Institute of Reproduction and Development, Faculty of Medicine Monash University in Melbourne, Australia. He then gained his doctoral degree in human nutrition at Faculty of Medicine at Monash University. His domain research area is in nutraceuticals, nutrition for pregnant and lactating mother and traditional food. One of his famous research is the usage of Indonesia's edible plant namely Torbangun (*coleus amboinicus*) as breast milk stimulant (lactagogum) for breastfeeding mothers. This research has attracted many researchers around the globe.

Professor Rizal Damanik hold his position as one of Deputy in NFPP board since 2017.



Imam Moussé Fall

Founder of the Islamic Network on Population.

Imam Moussé Fall is a Franco-Arabic translator at the Ministry of Foreign Affairs and Senegalese "from outside the A hierarchy". He is a Specialist in Data Envelopment Analysis (DEA) in Islamic thought and the President Alliance of Religious and Customaries in Health Population and Development. (ARCSPE).

He has been coordinating the Islam and Population Network for 5 years was created in 1996 by UNFPA under the leadership of the government, which then felt a pressing need to be supported by religious leaders on population policy issues, given that Senegal is home to more than 95% of the population belonging to the Muslim religion.

He is the United Nations Ambassador for Peace (UPC) and an expert in Islamic thought through an in-depth study Diploma obtained at the Cheikh Anta Diop University of Dakar at the Faculty of Letters, at the Arabic Department, his experience in this field dates back 10 years when the Islamic argument for a better understanding of Family Planning in Senegal evolved.



Leticia Adelaide Appiah, MD, MPH, PhD

Executive Director, National Population Council.

Dr Leticia Adelaide Appiah is the Executive Director of the National Population Council, the highest advisory body to the government of Ghana on population and related issues.

She oversees the council's policy analysis and research focused on population policies consistent with the socio-economic aspirations of Ghana.

Prior to her appointment as ED NPC, Dr Appiah served in various capacities with the Ghana health service for over 2 decades.

Dr Appiah is a member of the structural analysis team for ECOWAS vision 2050 and serves on many boards nationally and internationally.

She is a Humphrey fellow and the vice president of the Hubert Humphrey Fellowship Alumni. Ghana.

She had her PHD and Master's degree in Public Health from the University of Ghana attended Donetsk Medical school in Ukraine for her medical degree and Emory University, Atlanta USA for her Humphrey Fellowship program.



Dr. Titus Beyuo,

Deputy General Secretary, Ghana Medical Association.

Dr. Titus Beyuo is a consultant Obstetrician Gynecologist, Pharmacologist, and an Epidemiologist. He is a lecturer at the University of Ghana Medical School. He is a Fellow of the West African of Surgeons as well as Fogarty / NIH Global Health Fellow.

He is currently the Deputy General Secretary of the Ghana Medical Association. He is a passionate advocate of women's health and Sexual and Reproductive Health in general. His research interest focuses on improving care outcomes of pregnancies complicated by Diabetes, Hypertension and Sickle Cell Disease.



Professor Augustine Ankomah

Demographer

Professor Ankomah is a demographer and possesses a blend of academic and practical experience in population-related field. He began his academic career at the University of Cape Coast, Ghana where he taught Population Studies and Research Methods, among others, taught in three British Universities. In 2001, he joined Population Services International (PSI) an International Public Health NGO.

Prof Ankomah has conducted individual research, led international multi-center collaborative research, published in peer-reviewed international journals and presented at several international conferences. He has designed, implemented and evaluated large-scale public health interventions. Professor. Ankomah joined Population Council as the Country Director for Ghana office in January 2019 from University of Ghana School of Public Health where he was an Associate Professor and the Head in the Department of Population, Family and Reproductive Health. He holds a BA in Sociology from the University of Ghana, MSC in Demography and Social Statistics from Obafemi Awolow University, Nigeria and PhD in Applied Population Research from the University of Exeter, United Kingdom.



Justice Nonvignon,

Associate Professor, School of Public Health, Legon

Justice is associate Professor and Health Economist at the School of Public Health, University of Ghana, Legon. He holds a PhD in Public Health (Health Economics) from the University of Ghana, MA in Economics from the University of Dar es Salaam, Tanzania, and BA (Hons) in Economics (with Geography minor) from the University of Cape coast, Ghana. Justice's current research focuses on Economic and Impact Evaluation of Health, Population, Nutrition and Environmental Programmes, Health care Financing, including fiscal space analysis and financing of health in transition economics, and economic burden of diseases on vulnerable populations and their caregivers (the aged, people with mental disorders, children). He has served as principal or co – investigator of research funded by WHO/TDR, WHO African Regional Office, GSK Vaccines, DANIDA, NOW/WOTRO, African Economic Research consortium, UKFCDO (formally DFID), Norwegian Research Councils, Bill and Melinda Gates Foundation in many countries in Africa and St. Vincents and the Grenadines. He has consulted for PATH, the Word Bank, WHO, UNICEF, DFID, USAID's MSH, and other National agencies in Ghana.

Dr. Nonvignon is currently Chair of the Global Evaluation and Monitoring Network for Health (GEMNet – Health, a global network of academic institutions with significant experience in teaching and research in monitoring and evaluation), co – Chair of Ministry of Health Ghana's Health Technology Assessment Technical Working Group, Member of National Malaria Advocacy Committee and Mental Health Investment Group, Vice Chair of Health Economics Unit Technical Advisory Group of African Centers of Disease Control and Prevention.



Dr. Maureen Martey

Public Health Physician Specialist. Ministry of Health

Dr Maureen Marteykie Martey is a Public Health Physician Specialist working with the Ministry of Health as the Head of the Bilateral and Domestic Resource Mobilization Unit. She is also responsible for private sector engagement.

She holds an MBChB from the Kwame Nkrumah University of Science and Technology, an M. A in Health Management Planning and Policy from the University of Leeds-UK, MSC in Public Health from the London School of Hygiene and Tropical Medicine-University of London UK and a Member of the Ghana College of Physicians and Surgeons specializing in Family and Reproductive Health.

She has several years of experience working within the Health Sector in public health, policy development, development partner engagement, private sector engagement and public private partnerships.



Claudette Ahliba Diogo

Ghana Health Service

Claudette Ahliba Diogo works with the Ghana Health Service, Family Planning Programme. She is a Pharmacist by profession, and holds an MSc in International Healthcare Management Economics and Policy from SDA Bocconi University, Milan, Italy and MSc in Supply Chain Management from Coventry University, UK. She is the Technical Lead for the National Quantification and logistics for Family Planning commodities and the Country Program Liaison for the GFPVAN. Over the past 10 years, She has been responsible for ensuring adequate stocks and availability of SRH Commodities in-country and across all levels of the healthcare system

Claudette is passionate about empowering women & young adults and advancing their Sexual and Reproductive Health and Right

HIP

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Prof. Emmanuel Kwesi Aning

Director, Faculty of Academic Affairs and Research, KAIPTC

Kwesi Aning is full professor and Director, Faculty of Academic Affairs and Research (FAAR), Kofi Annan International Peacekeeping Training Centre. He served as the African Union's first expert on counterterrorism from 2005-2007. In 2006 and 2014, he wrote the Independent mid-term in-depth evaluation of the Global Programme on Strengthening the Legal Regime against Terrorism and a UN Secretary General's report on the African Union relating to peace and security for the UN Security Council. Until January 2019, he served on the UN Secretary General's Advisory Group for the Peacebuilding Fund. He specializes in peacekeeping economies, hybrid security/political orders and organized crime.

Recent publications include:

2021 'West Africa – securitized drugs as an existential threat', Transforming the War on Drugs: Warriors, Victims and Vulnerable Regions. Edited by Annette Idler and Juan Vergara (Oxford: OUP)

2020. 'Ghana – Identity formation and the foreign and defense policies of a small state', in Bischoff, Paul-Henri (Eds.), African Foreign Policies Selecting Signifiers to Explain Agency. London: Routledge (with Kwaku Danso)

2019 (b) 'Constitutional reform and security sector reform in Ghana', in Zoltan Barany, et al. Sector Sector reform in Constitutional transitions. Oxford: Oxford University Press. (with Ernest Larney)

2019. 'Governance Perspectives of Human Security in Africa', Asian Journal of Peacebuilding, vol. 7, No. 2 (2019): 219-237 with Ernest Ansah Larney

2020. Conflict and Development Analysis: Ghana. Accra: UNDP. August

2020. Public Safety and Security in Ghana. Accra: Ghana Centre for Democratic Development. August 2020. COVID-19 socio-economic assessment in Ghana: social cohesion and community resilience. Accra: UNDP

2019 'Fostering strategic partnerships in implementing R2P doctrine: Canada's Africa foray', Canadian Journal on the Responsibility to Protect, Vol. 1 No.1 with Fifi Edu-Afful 2019

2020. 'COVID-19 and its impact on violent extremism in Ghana and West Africa'.

Dr. Kwame Ampomah

Master of Ceremony

Dr. Ampomah retired from the United Nations after working in several key African countries as UNAIDS Country Director. Here in Ghana, Dr. Ampomah was the First Director of RH/IEC for the National Population Council Secretariat. In that capacity, Dr. Ampomah provided leadership in developing the First Population Communication strategy document for Ghana and the first Adolescent Reproductive Health Policy for the country.

Dr. Ampomah is a graduate of the prestigious John's Hopkins University School of Public Health with focus on Population Dynamics. He is also an obstetrician/gynecologist specialist. He has worked in Botswana, Namibia, Zimbabwe, South Africa, Nigeria, Swaziland, and in the United States and Europe.



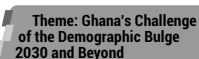
Kafui Dey
Master of Ceremony

Kafui Dey is an award-winning broadcaster and professional event host

He specializes in handling corporate events typically international conferences and VVIP meetings.

Kafui Dey is the author of 2 books: Public Speaking A TO Z and How to MC any Event.

Topic _____



Topic _____



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