Background to the Countdown 2030 Fellowship Program

The Countdown 2030 (CD2030) Fellowship Program is a multilateral collaboration to strengthen analytical capacities for monitoring and tracking the progress of life-saving interventions for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N) in Countdown 2030 collaborating countries in Africa. Every year, CD2030 recruits about ten fellows to participate in a 12-month fellowship to work on a specific research project related to RMNCAH+N.

The African Population and Health Research Center (APHRC) coordinates the overall implementation of the CD2030 Fellowship Program. Applications for the recruitment of the first cohort of CD2030 Fellows was launched on April 01, 2023, and the deadline for application submissions was April 30, 2023. This report presents the demographics of these applications, and presents the fellows who have been awarded fellowships for the 2023 Program.

A Brief Look at the Selection Process

The fellows' selection process entailed three steps: the pre-selection of received applications, the review of preselected concept notes by subject experts in Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N), and the awarding of fellowships to successful applicants. This last stage ensured gender equity and a fair distribution of fellows across all CD2030 collaborating countries, and selection was done by a committee of Countdown 2030 collaborators and APHRC staff.

The preselection of 2023 CD2030 Fellowship applications was done by members of the committee. In total, 52 applications from 20 countries were received, with a mix of research topics and backgrounds. Of that, 10 applicants were selected to be awarded the fellowship. These names will be listed below.

The fellowship awarding considered gender and regional distribution equity by ensuring that no country had more than one fellow and that there was an equitable distribution by sex and fair distribution amongst the collaborating countries. Eight applicants had presented their applications in French, while the majority presented in English.

Demographic Breakdown

The pie chart shows the breakdown of the applicant pool by gender, while the map shows the breakdown of the various host countries from which the applicants have applied from. Applicants came from a total of 20 countries, which included 17 Countdowns collaborative countries. Many applicants had a policy background, with over 9 applicants being affiliated with the Ministry of Health from their countries, but with most of the applicants having a University background.

The countries who had applicants included:
- Benin
- Burkina Faso
- Cameroon
- DRC
- Ethiopia
- Gambia
- Ghana
- Guinea
- Kenya
- Liberia
- Malawi
- Mali
- Niger
- Nigeria
- Peru
- Rwanda
- Tanzania
- Uganda
- Zambia
- Zimbabwe

Of the selected fellows, the gender breakdown is equal – 5 women and 5 men. No two fellows are from the same country, and only one fellow has affiliation to the Ministry of Health. Their names and research topics are listed below.

**Selected Candidates**

Congratulations to all the awarded fellows!

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>CD2030 Collaborating Partner</th>
<th>Affiliation</th>
<th>Sex</th>
<th>Research topic</th>
<th>Research area</th>
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</thead>
<tbody>
<tr>
<td>Sophia Kagoye</td>
<td>Tanzania</td>
<td>Ifakara Health Institute</td>
<td>NIMR</td>
<td>F</td>
<td>Trends and patterns of older children and adolescent mortality (5-19 years) at a subnational level in Tanzania</td>
<td>Youth and adolescent mortality</td>
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<td>Mwiche Msukuma</td>
<td>Zambia</td>
<td>University of Zambia (School of Public Health)</td>
<td>Univ Zambia</td>
<td>F</td>
<td>Assessment of births in CEmONC facilities and referral times of Maternal and Neonatal cases in Zambia</td>
<td>EMDNC</td>
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<tr>
<td>Misrak Getnet</td>
<td>Ethiopia</td>
<td>Ethiopian Public Health Institute (EPHI)</td>
<td>EPHI</td>
<td>F</td>
<td>Assessing the Trends, Determinants and reasons for low Effective Coverage of selected MCH services in Ethiopia</td>
<td>Immunization coverage</td>
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<tr>
<td>Rose Muthee</td>
<td>Kenya</td>
<td>Strathmore University (Institute of Mathematical Sciences)</td>
<td>MOH (M&amp;E unit)</td>
<td>F</td>
<td>Maternal Mortality Ratio Estimation at both national and county levels in Kenya</td>
<td>Maternal mortality, facility data</td>
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<td>Akua Amponsaa Obeng</td>
<td>Ghana</td>
<td>University of Ghana (School of Public Health)</td>
<td>University of Ghana</td>
<td>F</td>
<td>Modelling correlates of modern contraceptive use among urban poor</td>
<td>FP among urban poor</td>
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<tr>
<td>Name</td>
<td>Country</td>
<td>Institution</td>
<td>Affiliation</td>
<td>Title</td>
<td>Domain</td>
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<tr>
<td>Ronald Wasswa</td>
<td>Uganda</td>
<td>Makerere University School of Public Health</td>
<td>Makerere Univ</td>
<td>Subnational trends and inequities of zero-dose, dropout and under-immunization among Ugandan children aged 0-23 months</td>
<td>Immunization trends, subnational</td>
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<td>Absolom Mbinda</td>
<td>Zimbabwe</td>
<td>University of Zimbabwe Faculty of Medicine and Health Sciences</td>
<td>FHI</td>
<td>Predictive modelling of Neonatal Mortality in Zimbabwe using survey data: A machine learning approach.</td>
<td>Neonatal mortality (machine learning)</td>
<td></td>
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<tr>
<td>Francis Kabasubabo</td>
<td>DR Congo</td>
<td>Ecole de Santé Publique de l'Université de Kinshasa</td>
<td>Univ Kinshasa/IPAS Project</td>
<td>An analysis of the prevalence rates of unintended pregnancies and contraceptive use amongst women residing in Kinshasa, DR Congo, during the seven-year period between 2014 and 2022</td>
<td>Maternal health care</td>
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<td>Douba Nabié</td>
<td>Burkina Faso</td>
<td>Institut Supérieur des Sciences de la Population (ISSP)</td>
<td>ISSP / Univ Ki-Zerbo</td>
<td>Profils infranationaux de planification familiale au Burkina Faso : tendances, inégalités et atteinte de la cible 2025</td>
<td>ASRH</td>
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<td>Moussa Souaibou</td>
<td>Cameroon</td>
<td>Institut National de la Statistique</td>
<td>INS-Cameroun</td>
<td>Analyse des tendances, des facteurs explicatifs et des inégalités d’opportunité d’utilisation des services de santé maternelle au Cameroun</td>
<td>Sexual health education</td>
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