

# **Implementation of SDGs: Africa Centre for Systematic Review & Knowledge Translation**

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**Regional Consultation of think Tanks on Implementation of SDGs for better Health Outcomes in  
Eastern and Southern Africa**

**Imperial Royale Hotel, Kampala,  
13<sup>th</sup> – 14<sup>th</sup> October 2016**



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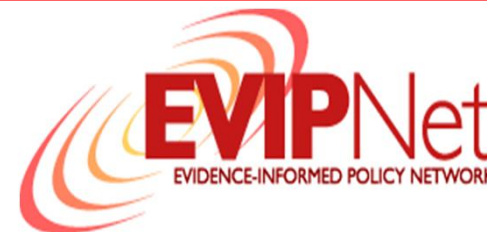




**MAKERERE UNIVERSITY**  
COLLEGE OF HEALTH SCIENCES



**Rapid Response Mechanism**  
**Uganda Clearing House of Health Policy and Systems Research**



This evidence brief was prepared by the Africa Centre for Systematic Reviews and Knowledge Translation/country node of the Regional East African Community Health (REACH) Policy Initiative



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# Evidence Plus 2017: The Power of Information

AEN Colloquium  
May 2017  
Uganda

Strengthening evidence-informed  
decision-making in Africa

June 15<sup>th</sup> - July 15<sup>th</sup>, 2016



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Research Centre

développement international



The Africa Evidence Network (AEN) consists of people working in Africa with an interest in the production and use of evidence in decisionmaking. In 2017, the AEN is partnering with the Africa Centre for Systematic Reviews and Knowledge Translation at Makerere University in Uganda to bring existing and new AEN members a colloquium entitled **'The Power of Information: Strengthening EvidenceInformed DecisionMaking in Africa'**. The colloquium will be hosted over two days in May 2017 in Uganda. Specific dates and venue will be confirmed soon.

If you would like to attend this event, please email Precious Motha (pnmotha@uj.ac.za). For further information on the event or the AEN, please contact:

Website: [www.africaevidencenetwork.org](http://www.africaevidencenetwork.org)

Telephone: +27 (0)11 559 1909

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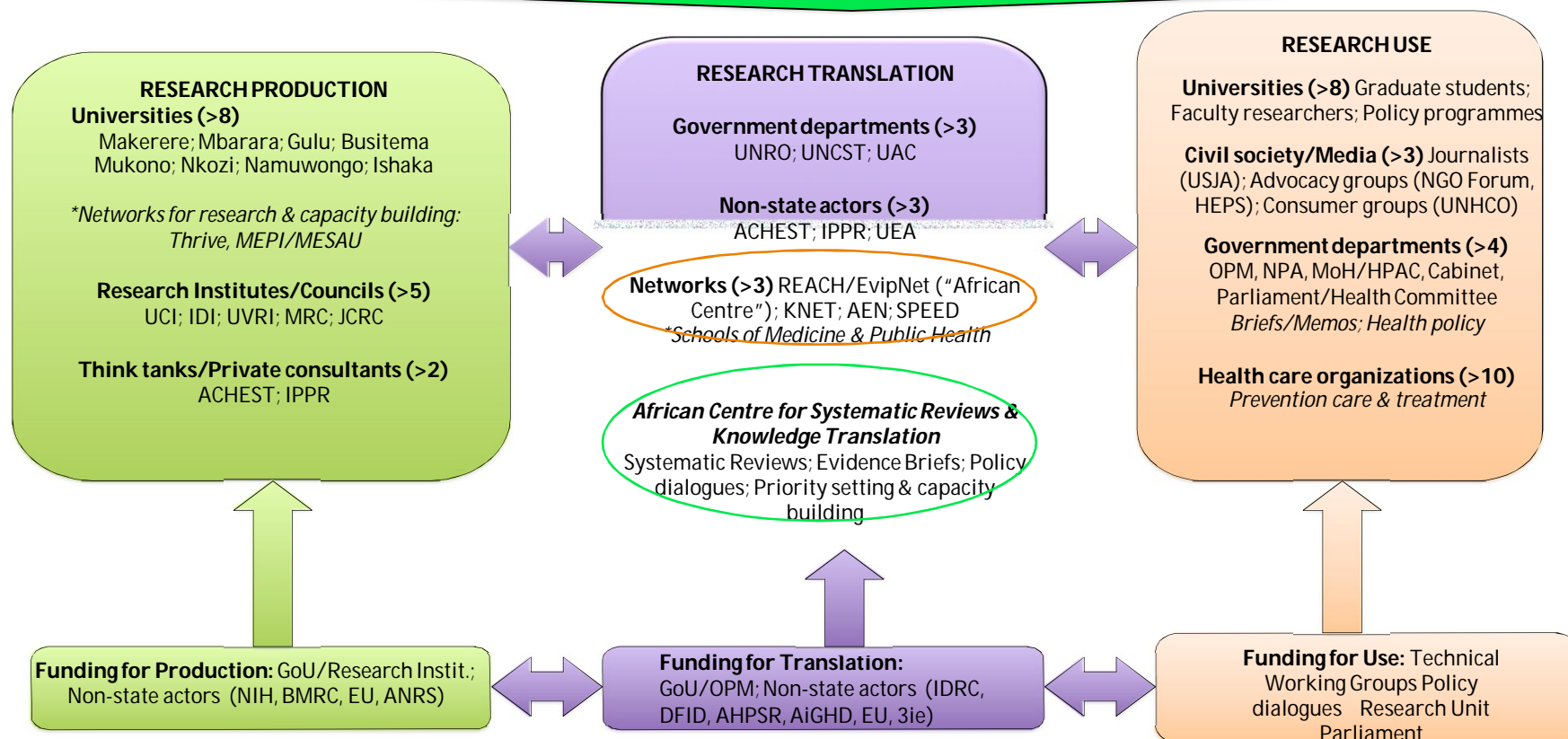


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**Efforts: Push or Pull or Exchange or Integrated**



# Outline:

- 2 mins: Background/Acknowledgements
- 1 mins: Objectives of the African Centre for Systematic Reviews & Knowledge Translation
- 6 mins: Review of “African Centre” in relation to the MDGs & SDGs
- 1 mins: Key messages





**Project Goal:** *Building sustainable capacity for conducting & using systematic reviews; & developing a novel RRM for responding to policy makers needs in East Africa. The 6 objectives are:*

1. Training reviewers (PY 1, 2) & curriculum (PY3)
2. Conducting reviews (PY 1, 2, 3)
3. Disseminating reviews (PY 2, 3)
4. How useful are reviews for RRM? (PY 2)
5. Evaluating RRM in four African countries\* (PY 1)
6. Establishing the “Africa Centre”

*\*RRM - Rapid Response Mechanism; PY – Project Year.*

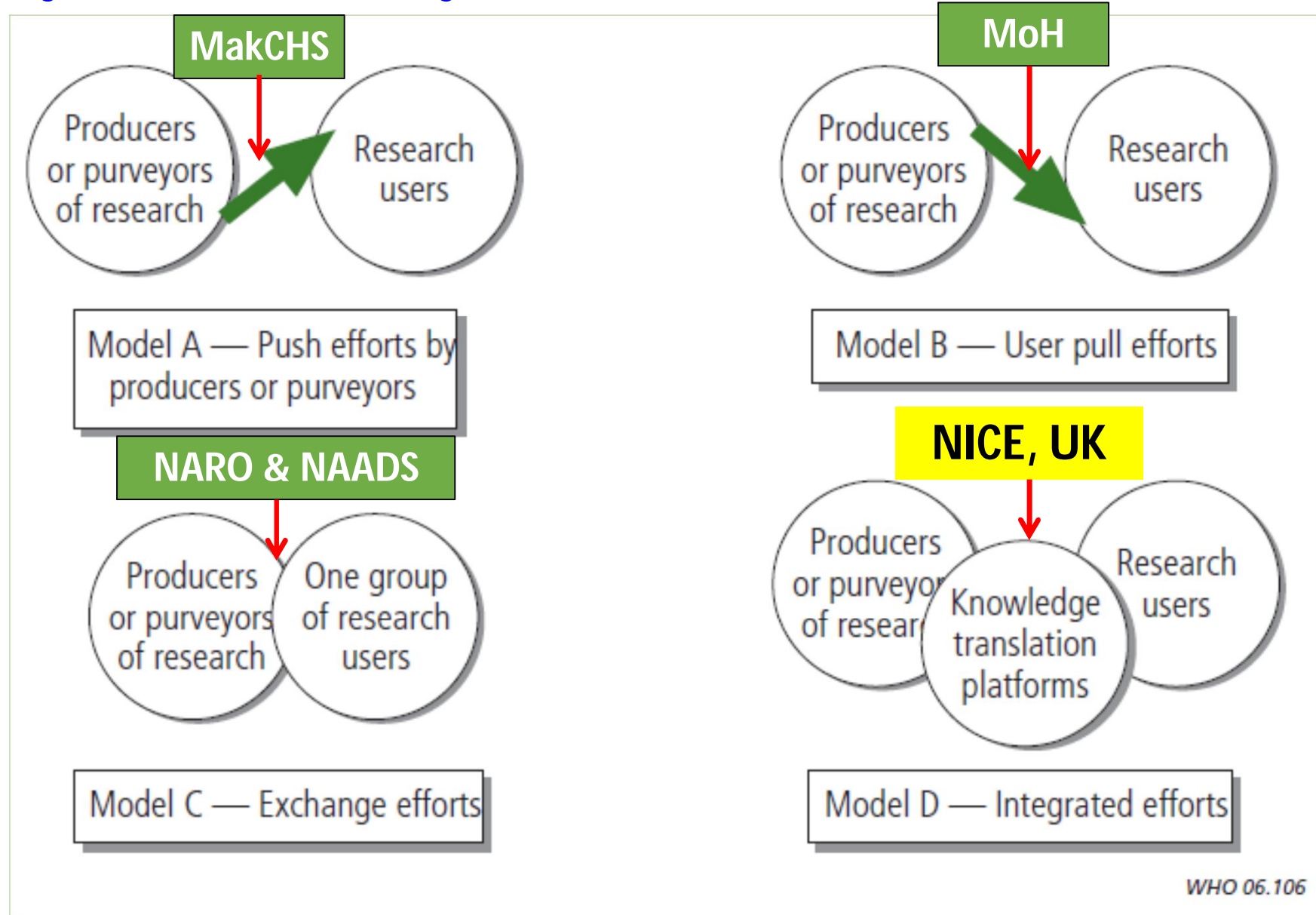


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**Figure 1: A Model of Linking Research To Action (Lavis et al, 2006)**



**Table 1.3** Health related Sustainable Development Goals (2015 and beyond)

**Sustainable Development Goal (Health related)**

2	End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
3	Ensure healthy lives and promote well-being for all at all ages
6	Ensure availability and sustainable management of water and sanitation for all

*Source: United Nations Sustainable Development Goals Knowledge Platform, 2015*

**What is the unfinished MDG business?**

*Uganda's unfinished MDG business entails "... improving the **effectiveness of social service delivery**...goals not achieved by the 2015 deadline were (a) **reducing the maternal mortality ratio by three quarters**; and (b) **reversing the spread of HIV/AIDS**..." Millennium Development Goals Report for Uganda 2015*



# GENERATING THE EVIDENCE



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**Working with non-state providers in post-conflict &  
fragile states in primary healthcare service delivery**

*Rapid Evidence Assessment, May 2016*



Health System Pillar	Intervention types	N (100%)
<b>Governance &amp; management</b>	Contracting	12
	Franchising	11
	Public-Private Partnership	16
	Community empowerment	11
	Accreditation/regulation	3
<b>Health financing</b>	Community health insurance	23
	Pay for performance	8
	Private health insurance	3
	Microcredit/loans	6
<b>Informal health services (Health workforce)</b>	Training Traditional Birth Attendants	14
<b>Total</b>		<b>107</b>



# **BUILDING CAPACITY TO GENERATE THE EVIDENCE**

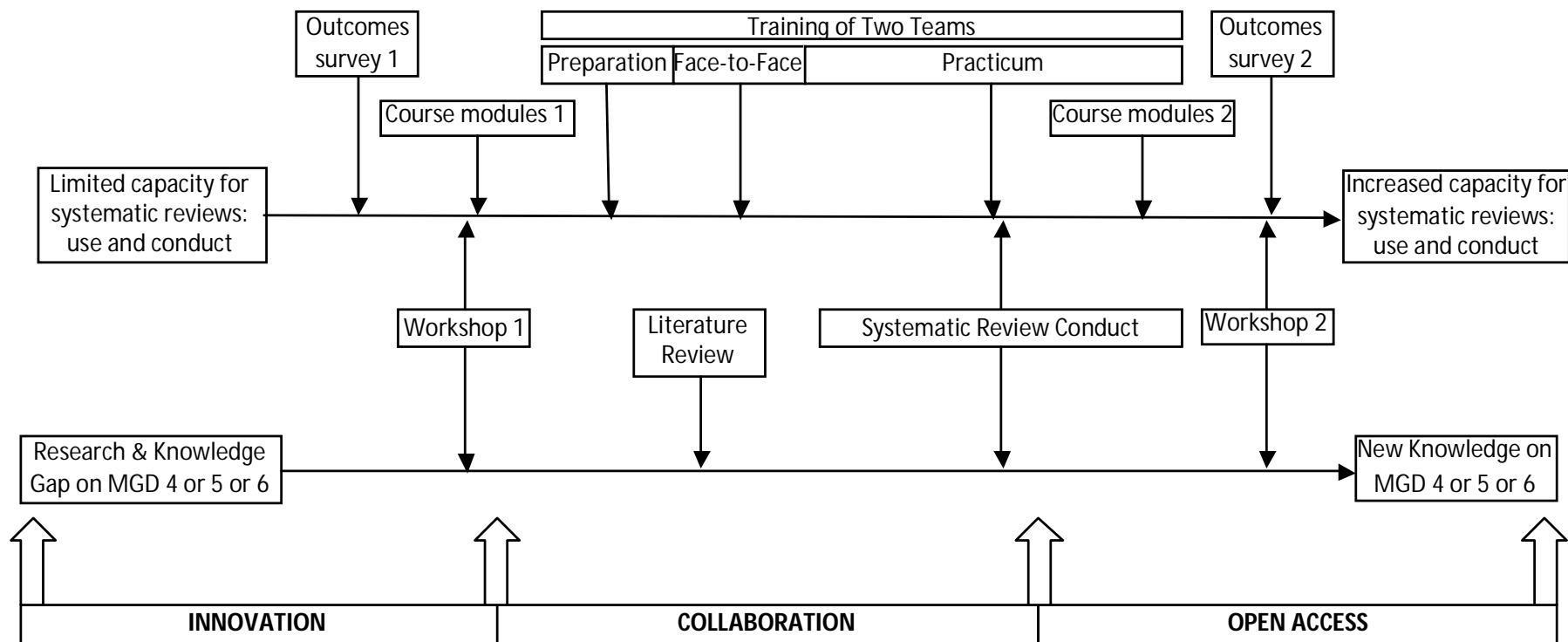


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I have no actual or potential conflict of interest in relation to this presentation.

**Figure 2: SCHEMA FOR CAPACITY BUILDING FOR SYSTEMATIC REVIEWS IN UGANDA AND EAST AFRICA**



Andy Oxman, Aug 2013, Kampala, Uganda  
- Facilitated inaugural training



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RESEARCH ARTICLE

Open Access



# Household antimicrobial self-medication: a systematic review and meta-analysis of the burden, risk factors and outcomes in developing countries

Moses Ocan<sup>1\*</sup>, Ekwaro A. Obuku<sup>2,6</sup>, Freddie Bwanga<sup>3</sup>, Dickens Akena<sup>4</sup>, Sennono Richard<sup>5</sup>, Jasper Ogwal-Okeng<sup>1</sup> and Celestino Obua<sup>1</sup>

**25<sup>th</sup> September 2016**

*An Evidence Brief for Policy*

## Antimicrobial Self-medication in Uganda: Policy options



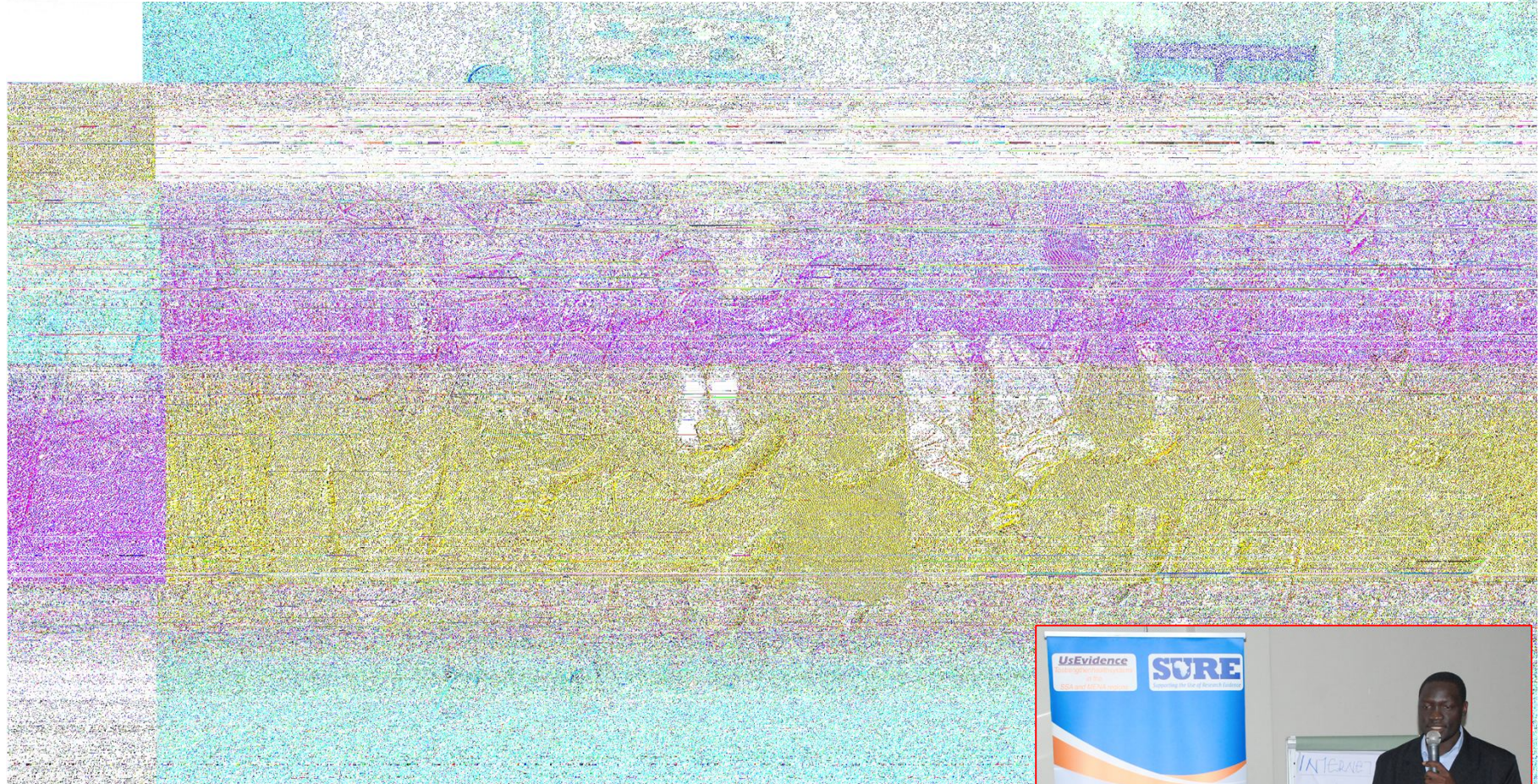
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## Policy Dialogue: Antimicrobial Self Medication (Resistance)



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# ENGAGEMENT: PRIORITY SETTING



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***Stakeholder priority setting for the Uganda National Health Insurance Scheme facilitated by Assoc. Prof. Robert Basaza, Nov 2014***





**Table 3:** East African Community states coverage of pre-payment health schemes

Country	Pop. (Mill.)	Poor (%)	GHE (%)	PHE (%)	LE (Yrs)	Insured (%)	Effect. (OOP, %)
Burundi	9.3	67	12	40	51	65	40
Kenya	44	46	8	37	56	32	35
Rwanda	10.5	45	17	11	64	95	10
Tanzania	44.9	34	10.3	31	60	15	32
Uganda	36.3	25	7	49	59	<1	45
EAC	145.2	38	9	36	58	25	–

**Source:** *Situational Analysis and Feasibility Study of Options for Harmonization of Social Health Protection Systems Towards Universal Health Coverage in the East African Community Partner States, EAC 2014.*

**Abbreviations:** *Pop.* – Population; *Poor* – %age below poverty line; *GHE* – General Government Health Expenditure; *PHE* – Private Health Expenditure; *LE* – Life Expectancy at birth; *Insured* – % of the population covered; *Effect.* – Effectiveness measured as %age of out-of-pocket expenditure relative to Total Health Expenditure (THE).



**Table 10:** Stakeholder ranking of policy concerns about the UNHIS Bill 2012

<b>POLICY CONCERN</b>		<b>Iteration</b>		
		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
1	<b>The governance &amp; accountability</b> (corruption)	6	4	1
2	<b>Mode and rate of payment of health service providers</b>	1	3	2
3	<b>Costing of the health services</b> in Uganda not done	9	13	3
4	<b>Accreditation</b> of health care providers (quality control)	3	5	4
5	<b>Affordability at 8% premium</b> given the existing tax regimes	12	7	5
6	<b>Benefits: range of minimum health care package</b>	2	1	6
7	<b>Sensitization</b> of stakeholders to appreciate the UNHIS	4	6	7
8	<b>Limited access to health services</b> in the hard to reach areas	15	14	8
9	<b>Monopoly</b> as the bill is silent on private insurance schemes	10	10	9
10	<b>Political will &amp; commitment</b>	8	11	10
11	Strategies to enhance/increase <b>informal sector</b> participation	13	12	11
12	Continuous <b>research &amp; development</b>	11	8	12
13	<b>Information management systems</b> and portability in EAC	7	9	13
14	<b>Phased implementation</b> as a risk management strategy	14	15	14

*Source: Stakeholders dialogue and survey, "Africa Centre", Makerere University, 2014 – 2015*





**28<sup>th</sup> September 2016**  
*An Evidence Brief for Policy*

# Uganda National Health Insurance Scheme Bill 2012; policy concerns & options

## Full Report

### + Included:

- *Description of a health system problem*
- *Viable options for addressing this problem*
- *Strategies for implementing these options*

### ✗ Not included: recommendations

*This policy brief does not make recommendations regarding which policy option to choose*

### Who is this evidence brief for?

Polymakers, their support staff, and other stakeholders with an interest in the problem addressed by this evidence brief

### Why was this evidence brief prepared?

To inform deliberations about health policies and programmes by summarizing the best available evidence about the problem and viable solutions

### What is an evidence brief for policy?



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## Policy Dialogue on Uganda National Health Insurance Scheme Bill 2012



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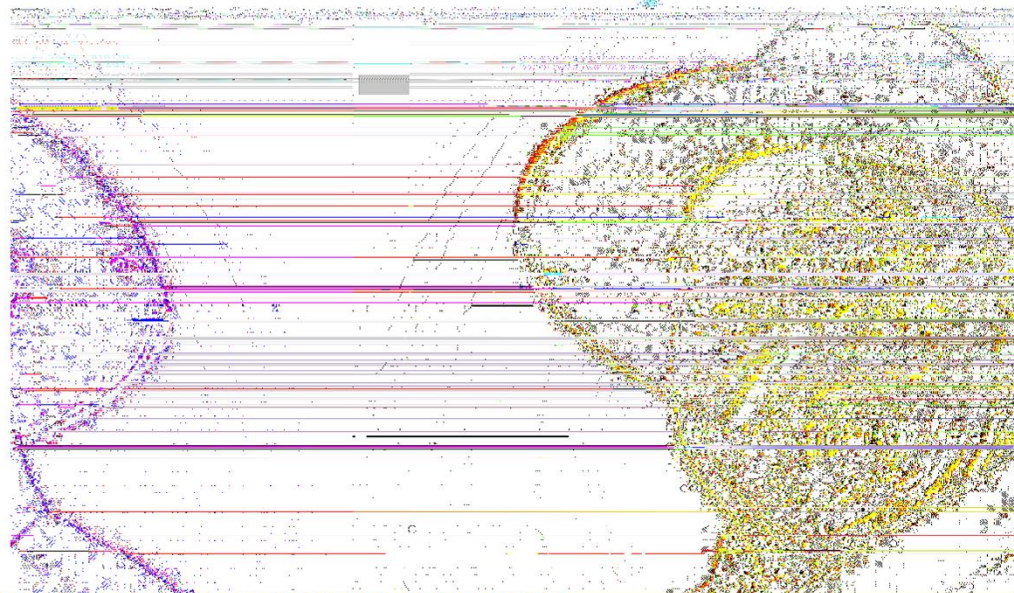
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# NRM MANIFESTO 2016-2021



- Increase efforts to eradicate malaria.
- Intensify the fight against non-communicable diseases such as cancer and diabetes.
- Introduce the Universal Health Insurance Scheme and an ambulance service.
- Focus on reducing both maternal and infant mortality rates and address



*An Evidence Brief of the Uganda Medical Association*

# Health workers' internship training: what are the policy options for Uganda?

Updated 17<sup>th</sup> April 2016. 1<sup>st</sup> Edition on 23<sup>rd</sup> March 2016

This rapid review of research evidence was prepared by **The Welfare Committee of the Uganda Medical Association**

## Key messages

- ➔ Internship training in Ugandan health facilities has been characterised by **increasing numbers** (approx. **869 interns posted in 2015/16**) inadequate **supervision**, lack of **accommodation**, lack of **meals** and **industrial**

## Who requested this rapid review?

This document was prepared in response to a specific question from a stakeholder in the health sector in Uganda.

## ! This rapid review includes:

- **Key findings** from research
- **Recommendations** from this research for health system decisions in concerning Intern Health Workers in Uganda.

## X Not included:

- Detailed descriptions

## What is UMA rapid evidence review?

UMA rapid evidence review address the needs of policymakers



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# EXPLORING NEW ENCLAVES



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# Where is students research in EIDM? Assessing productivity and use of post-graduate students research in Uganda: A 15 year systematic review

**Table 1:** Types of documents citing research projects of Masters students at MakCHS 1996 – 2010

Type of Document	Citations N= 4,230
<b>Primary research work</b>	4,035 (95.4%)
<b>Evidence syntheses</b>	195 (4.6%)
Policy related (guideline, working paper)	25 (0.6%)
Systematic reviews	128 (3%)
Non-systematic reviews	42 (1%)
Cost-effectiveness analyses	7 (0.2%)



**Table 3: Research project outcomes by PG students at MakCHS, 1996 – 2010**

Outcome	N, (% [95% CI])	Period & number of registered students (%)		
		1996 – 2000	2001 – 2005	2006 – 2010
		246 (21%)	475 (41%)	451 (38%)
<b>Primary</b>				
Journal article	209 (18%, [16% – 20%])	41 (17%)	78 (16%)	86 (19%)
<b>Secondary</b>				
Citation	196 (17%, [15% – 19%])	42 (16%)	82 (17%)	72 (17%)
Conference presentation	21 (2%, [1% – 3%])	4 (2%)	9 (2%)	8 (2%)
Dissertation (electronic)	465 (40%, [37% – 43%])	56 (23%)	191 (40%)	218 (48%)
<b>Combined</b>				
≥1 outcome	582 (50%, [47% – 52%])	89 (36%)	240 (50%)	252 (56%)

- ✓ **Publications from 209, 18% (95% CI: 16% to 20%)**
- ✓ **First Citations 196, 17% (95% CI: 15% – 19%).**
- ✓ **Very few, (4%) policy related documents**





In summary;

## The African Centre for Systematic Reviews & KT

- ✓ Generating the evidence (syntheses)
- ✓ Building capacity to generate the evidence
- ✓ Engagement: Identifying the priorities for evidence
- ✓ Exploring new enclaves



# THANK YOU!



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