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

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(Prof. Nelson K. Sewankambo, Principal Investigator)

Regional Consultation of think Tanks on Implementation of SDGs for better Health Outcomes in
Eastern and Southern Africa
Imperial Royale Hotel, Kampala,
13th - 14th October 2016
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.
Evidence Plus 2017: The Power of Information

AEN Colloquium
May 2017
Uganda

Strengthening evidence-informed decision-making in Africa

June 15th - July 15th, 2016

www.chs.mak.ac.ug
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 Evidence-Informed Decision Making 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:

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Telephone: +27 (0)11 559 1909
LinkedIn:  Africa Evidence Network
(AEN) Twitter:  @Africa_Evidence
If you want to go fast, go alone.

If you want to go far,
Efforts: Push or Pull or Exchange or Integrated

**RESEARCH PRODUCTION**
Universities (>8)
Makerere; Mbarara; Gulu; Busitema
Mukono; Nkoi; Namuwongo; Ishaka

Research Institutes/Councils (>5)
UCI; IDI; UVRI; MRC; JCRC

Think tanks/Private consultants (>2)
ACHEST; IPPR

*Networks for research & capacity building:
Thrive, MEPI/MESAU

**RESEARCH TRANSLATION**
Government departments (>3)
UNRO; UNCST; UAC

Non-state actors (>3)
ACHEST; IPPR; UEA

Networks (>3) REACH/EvipNet ("African Centre"); KNET; AEN; SPEED
Schools of Medicine & Public Health

**RESEARCH USE**
Universities (>8) Graduate students; Faculty researchers; Policy programmes

Civil society/Media (>3) Journalists (USJA); Advocacy groups (NGO Forum, HEPS); Consumer groups (UNHCO)

Government departments (>4)
OPM, NPA, MoH/HPAC, Cabinet, Parliament/Health Committee
Briefs/Memos; Health policy

Health care organizations (>10)
Prevention care & treatment

Funding for Production: GoU/Research Inst.; Non-state actors (NIH, BMRC, EU, ANRS)

Funding for Translation: GoU/OPM; Non-state actors (IDRC, DFID, AHPSR, AigHD, EU, 3ie)

Funding for Use: Technical Working Groups; Policy dialogues; Research Unit; Parliament

African Centre for Systematic Reviews & Knowledge Translation
Systematic Reviews; Evidence Briefs; Policy dialogues; Priority setting & capacity building

African Centre for Systematic Reviews and Knowledge Translation,
College of Health Sciences, Makerere University
www.chs.mak.ac.ug
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.
Figure 1: A Model of Linking Research To Action (Lavis et al, 2006)

- Model A — Push efforts by producers or purveyors
- Model B — User pull efforts
- Model C — Exchange efforts
- Model D — Integrated efforts
Table 1.3 Health related Sustainable Development Goals (2015 and beyond)

<table>
<thead>
<tr>
<th>Sustainable Development Goal (Health related)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>


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
Working with non-state providers in post-conflict & fragile states in primary healthcare service delivery
Rapid Evidence Assessment, May 2016

Africa Centre for Systematic Reviews and Knowledge Translation,
College of Health Sciences, Makerere University
www.chs.mak.ac.ug
<table>
<thead>
<tr>
<th>Health System Pillar</th>
<th>Intervention types</th>
<th>N (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance &amp; management</td>
<td>Contracting</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Franchising</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Public-Private Partnership</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Community empowerment</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Accreditation/regulation</td>
<td>3</td>
</tr>
<tr>
<td>Health financing</td>
<td>Community health insurance</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Pay for performance</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Private health insurance</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Microcredit/loans</td>
<td>6</td>
</tr>
<tr>
<td>Informal health services (Health workforce)</td>
<td>Training Traditional Birth Attendants</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>107</td>
</tr>
</tbody>
</table>
BUILDING CAPACITY TO GENERATE THE EVIDENCE
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

Limited capacity for systematic reviews: use and conduct

Outcomes survey 1

Training of Two Teams

Face-to-Face Practicum

Outcomes survey 2

Course modules 1

Course modules 2

Increased capacity for systematic reviews: use and conduct

Workshop 1

Literature Review

Systematic Review Conduct

Workshop 2

Research & Knowledge Gap on MGD 4 or 5 or 6

New Knowledge on MGD 4 or 5 or 6

INNOVATION

COLLABORATION

OPEN ACCESS
Aug 2013 – Feb 2016

56 trained
- Botswana (3)
- Cameroon (1)
- Ethiopia (1)
- Ghana (1)
- Kenya (4)
- Rwanda (4)
- South Sudan (1)
- Tanzania (5)
- Uganda (35)

Andy Oxman, Aug 2013, Kampala, Uganda
- Facilitated inaugural training
Household antimicrobial self-medication: a systematic review and meta-analysis of the burden, risk factors and outcomes in developing countries

Moses Ocan, Ekwaro A. Obuku, Freddie Bwanga, Dickens Akena, Sennono Richard, Jasper Ogwal-Okeng and Celestino Obua

25th September 2016
An Evidence Brief for Policy

Antimicrobial Self-medication in Uganda: Policy options
Policy Dialogue: Antimicrobial Self Medication (Resistance)
ENGAGEMENT: PRIORITY SETTING
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

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


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

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

Source: Stakeholders dialogue and survey, “Africa Centre”, Makerere University, 2014 – 2015
28th 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?
Policymakers, 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?
Policy Dialogue on Uganda National Health Insurance Scheme Bill 2012
- 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
Health workers’ internship training: what are the policy options for Uganda?

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**
EXPLORING NEW ENCLAVES
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

<table>
<thead>
<tr>
<th>Type of Document</th>
<th>Citations N= 4,230</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary research work</td>
<td>4,035 (95.4%)</td>
</tr>
<tr>
<td>Evidence syntheses</td>
<td>195 (4.6%)</td>
</tr>
<tr>
<td>Policy related (guideline, working paper)</td>
<td>25 (0.6%)</td>
</tr>
<tr>
<td>Systematic reviews</td>
<td>128 (3%)</td>
</tr>
<tr>
<td>Non-systematic reviews</td>
<td>42 (1%)</td>
</tr>
<tr>
<td>Cost-effectiveness analyses</td>
<td>7 (0.2%)</td>
</tr>
</tbody>
</table>
Table 3: Research project outcomes by PG students at MakCHS, 1996 – 2010

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>246 (21%)</td>
<td>475 (41%)</td>
<td>451 (38%)</td>
</tr>
<tr>
<td><strong>Primary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal article</td>
<td></td>
<td>209 (18%, [16% – 20%])</td>
<td>41 (17%)</td>
<td>78 (16%)</td>
</tr>
<tr>
<td><strong>Secondary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citation</td>
<td></td>
<td>196 (17%, [15% – 19%])</td>
<td>42 (16%)</td>
<td>82 (17%)</td>
</tr>
<tr>
<td>Conference presentation</td>
<td></td>
<td>21 (2%, [1% – 3%])</td>
<td>4 (2%)</td>
<td>9 (2%)</td>
</tr>
<tr>
<td>Dissertation (electronic)</td>
<td></td>
<td>465 (40%, [37% – 43%])</td>
<td>56 (23%)</td>
<td>191 (40%)</td>
</tr>
<tr>
<td><strong>Combined</strong></td>
<td></td>
<td>582 (50%, [47% – 52%])</td>
<td>89 (36%)</td>
<td>240 (50%)</td>
</tr>
</tbody>
</table>

✓ 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!