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Newsletter October 2018

SPHIP making impact in health in eight low-income countries



SPHIP Delegates at the European Public Health Conference in Stockholm

The **Supporting Public Health Institutes Programme (SPHIP)** is a multi-country five year programme (2015 – 2020) funded by the European Union (€ 23,000,000) and consisting of projects implemented in eight countries. The programme's purpose is to strengthen the capacities of selected Schools in Public Health as well as Public Health Research or Training Institutes (and in one case a County Health Office) in low-income countries.

The strengthened institutes provide national health authorities and stakeholders with evidence-based and locally adapted policy advice, training and other support as needed. The activities of the projects aim to increase Universal Health Coverage (UHC) in the target countries in Africa (Burundi, Democratic Republic of Congo, Uganda and Kenya), in Asia (Lao PDR, Myanmar and Bangladesh), and in the Americas (Haiti).

The **SPHIP** is implemented by various consortia consisting of Southern and European institutes, NGOs and universities. All projects have a triangular form of collaboration (North-South-South). Stakeholders

(institutes, universities, foundations and NGOs) from Belgium, France, the United Kingdom and the Netherlands collaborate with beneficiary public health institutes, providing technical support in research and education as well as institutional strengthening. Similar public health institutes in middle- or low-income countries (Burkina Faso, Vietnam, Morocco, India, Thailand, and South Africa) are part of the consortia and through mutual learning by South-South cooperation contribute to UHC in the region.

Annual exchange among the eight projects and mutual contact between project members enable further sharing of experiences, and learning beyond project boundaries.

All projects have selected specific areas of attention for strengthening health systems, relevant for their countries, like non-communicable diseases, mother- and child-health, health care management or information systems. The projects work in close collaboration with Ministries of Health. Progress made by projects is shown in the column on the right side of this page.

HIGHLIGHTS 2018

Over 30 institutes and NGOs in the field of public health participate worldwide

20 PhD studies implemented

Four Master of Public Health programmes developed or revamped

Over 300 Master of Public Health degrees awarded

Over 200 people trained in paramedical or public health fields in formal accredited education

Over 4,000 health workers trained in research methodology, epidemiology and public health topics

Three national public health policies or strategies developed, three more are under development

25 policy briefs produced to make recommendations for policies, strategies or implementation

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Over 50 small studies in public health carried out and results disseminated to decision-makers in the country

20 scientific public health articles published or submitted for publication

One book on public health published



Minister Sarah Achieng Opendi and EU acting Head of Cooperation Mr. Tiedemann sign copies of the book

Ground-breaking book on universal health coverage in Uganda

The Makerere School of Public Health, through the European Union (EU) funded SPEED project, launched a book on universal health coverage in Uganda. The book, titled **“Universal Health Coverage in Uganda- Looking Back and Forward to Speed up the Progress”**, captures the status of Universal Health Coverage (UHC) readiness and generates policy advice, cognisant of the health

sector developments in the last 10 to 15 years. It is a documentation of the experiences and learning from past successes and challenges as a means to support health policy and systems developments for UHC agenda in Uganda and beyond.

The book has several important messages that should be considered in the advancement of universal health coverage. Health should be seen in a much broader sense than healthcare. There is need to focus

► SPEED ...

... contribute to accelerating progress towards Universal Health Coverage and health systems resilience in Uganda. Therefore, it engages with and influences policy makers with contextually adapted evidence for health policy and system changes to advance UHC. The Makerere School of Public Health is lead in this project.

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on determinants of health (water, nutrition, poverty, education, road safety) through ‘Health in All Policies’ strategy emphasising prevention and health promotion. Implementation of universal health coverage is a decentralised process, which asks for optimal community participation. UHC requires resilient healthcare systems, therefore government and partners should invest more in building such systems. Increased investment in resources like finances, human resources, and others is necessary.

Peer review of competency development for improving district health care in DRC

In the RIPCEC project in the Democratic Republic of Congo three selected Health Districts in different Provinces are transformed into Learning and Research Districts (LRDs). In these LRDs students from Schools of Public Health and professionals from other districts come for study visits, internships and action research.

After three years, the three LRDs performed a peer assessment of each other. From this review it became clear that the three LDRs did not develop uniformly in the past years. Historic backgrounds of the districts, geographic locations and human resources capacities of the three LRDs lead to big differences in management processes, operational procedures, etc. Visitors therefore need to formulate their learning and research needs and select the LRD that offers the best possibilities for learning, responding to their needs.

The peer approach in assessment of LRDs was an eye opener for evaluators from other LRDs. They learned why the other LRDs came to other choices and got inspiration for improvements. This approach could accelerate the quality of services.

► RIPSEC ...

... aims to strengthen DR Congo’s health system with regards to UHC. Its purpose is to strengthen the expertise of the Congolese partner institutions in development of health policy proposals, teaching and research programmes.

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Evaluation of the Gombe-Matadi LRD by the Kisanga LRD peers



SPHaitiLab team

Haiti has officially launched its National Laboratory Policy

The Minister of Public Health and Population launched the National Laboratory Policy of Haiti in June 2018. The policy will contribute to improved diagnosis of diseases, patient follow-up, disease

prevention, epidemic management, health research and disease surveillance, e.g. for cholera, chikungunya, zika and the flu H1N1.

The National Laboratory Policy will stimulate the actors working in the sector to become active for im-

proving and developing the medical laboratory system. A strategical plan is now under development, elaborating the policy. Strategies are developed for the management and the legal and regulatory devices, the development and the application of the standards, the human resources, the financing of the domain of the laboratories, the promotion of the research in biology, the management information to the laboratory, quality, supply system, equipment, as well as biosecurity and waste management.

The activities fit within promotion of the wider health security agenda, making medical laboratories stronger partners in the health sector.

► **SPHaitiLab...**

... aims to strengthen Haiti medical laboratory network and develop the capacity for improving quality of care, surveillance and research.

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Lessons learned from strengthening care for diabetes and hypertension in Myanmar

The project "Strengthening public health capacity to respond to Myanmar's disease transition" aims to strengthen public health policy and improved health services for the prevention and control of NCDs in Myanmar. The project is rolling out the Package of Essential NCD (PEN) interventions throughout all townships in the country by 2020.

Recently, the project team conducted a two days evaluation of the PEN interventions in randomly selected townships (districts). The following areas for improvement were identified: basic health workers in community clinics need NCD training, better adapted to their level of knowledge and skills. The distribution of medicines need to improve to avoid under- or over-stocking of essential medicines. Essential equipment should be available in all community clinics. Community awareness still needs to be strengthened. Maybe mobile clinics can be used to reach remote areas. Monitoring of NCD services in the community clinics should be simpler and more effective. The project will now concentrate on addressing bottlenecks identified.

► **The NCD transition project ...**

... contributes to the process of health reform in Myanmar, especially to address NCDs, so that the goals of equitable and universal healthcare can be achieved.

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Training group for evaluation of PEN intervention in Myanmar

SPHIP in the Global Symposium on Health Systems Research in Liverpool



SPHIP delegates are conducting working group and satellite sessions at international public health conferences

Giving communities a voice with research evidence

The relevance of health research for society is increasingly becoming an issue. Governments, funding agencies and civil society demand from researchers more accountability and more direct inputs into health policy development.

In the Support to Public Health Institutes Programme (SPHIP), several projects have developed innovative approaches in enhancing relevance of research for the people. The SPEED project in Uganda has brought the Makerere School of Public Health together with the Uganda National Patient and Client Organisation in a lobby to improve the control of malaria through indoor residual spraying. The SHARE project in Bangladesh helped to make health information data available for the general public. Community organisations can now monitor the performance of the health services daily. Community organisations can participate in coordination meetings in districts. In Myanmar the NCD transition project organised advocacy meetings and engages community groups of

older people in the programme and establishes dialogue between these groups and local health centres to work jointly on new activities to control non-communicable diseases. Collaboration with activist community groups requires from researchers to show clearly opportunities (and limitations) of research for improving health. Collaboration with politicians requires from researchers to explain direct cost-effective benefits based on research. The engagement of researchers with communities helps to show better how health research serves the society on the short and long term.

Triangular Learning for strengthening Universal Health Coverage

In the Support to Public Health Institutes Programme (SPHIP), research institutes in eight low- and lower middle-income countries work together in networks with universities and non-governmental organisations from Europe as well as neighbouring low- and lower middle-income countries. The idea is that institutes can learn from other partners in the south and that organisations in the north can learn as well.

The National Laboratory for Public Health in Haiti developed a new national public health laboratory policy. Lessons learned from West Africa could be used to formulate this policy in a short period of time. The University of Health Sciences in Vientiane, Lao PDR, developed together with the University of Public Health in Hanoi, Vietnam a new internationally accredited Master of Public Health, using the experiences and teaching methods from the neighbouring country. Makerere School of Public Health in Uganda worked in close collaboration with the Human Science Research Council in Pretoria, South Africa, to apply and improve the Policy Implementation Barometer, developed in South Africa. This improved instrument can now be used in South Africa again.

The triangular learning means jointly engaging in long-term projects that lead to tangible results. This makes the collaboration more profound and more fruitful. Triangular learning, based on regional experiences and knowledge should become an integrated part of development and cooperation.

IMPRINT

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