



SPHIP in the Global Symposium on Health Systems Research in Liverpool

The Fifth Global Symposium on Health Systems Research: Advancing Health Systems for All in the SDG Era will take place in Liverpool from 8 – 12 October 2018 (<http://healthsystemsresearch.org/hsr2018/>).

SPHIP will organise two satellite sessions entitled: Giving Communities a Voice with Research Evidence and Triangular Learning for strengthening Universal Health Coverage. The content of the sessions is outlined in the following two paragraphs.

Giving Communities a Voice with Research Evidence

SPHIP projects will show that research institutes are in a position to give a voice to communicate the health needs of communities by performing participatory research, engaging in dialogue with communities, and translating research outcomes into clear policy advice for governments.

Several presenters will discuss in which measures interactions with interest groups can improve research and make evidence widely available. Researchers can help to give a voice to communities. In this way research institutes can contribute to policy development better aligned towards the needs of vulnerable groups.

Triangular Learning for strengthening Universal Health Coverage

Research institutes from eight low- and lower middle- income countries will show how they collaborate in networks with universities and non-governmental organisations from Europe as well as neighbouring low- and lower middle- income countries. This leads to innovative approaches in capacity building for policy development and implementation to strengthen Universal Health Coverage. Several presenters will share lessons learned from triangular learning. The SHIP satellite sessions are open for all symposium delegates, and the organisers welcome contributions from other organisations pursuing similar research activities. Please contact the SHIP team via the contact mail address.

IMPRINT

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Newsletter May 2018

Supporting Public Health Institutes in eight low-income countries



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.

HIGHLIGHTS 2015 – 2018

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

20 PhD studies implemented

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

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 development

Healthcare Financing in the Democratic Republic of Congo

The Government of the Democratic Republic of Congo (DRC) is making efforts to define a new healthcare financing strategy that will guarantee Universal Health Coverage and access to health services for the whole population. The Department of Policy and Planning in the Ministry of Health asked the Knowledge Centre for Health in Congo (CCSC) to perform a series of health financing studies in order to make evidence-informed decisions. CCSC is independent think tank, initiated by the RIPSEC project, and aims to provide evidence to governments and other stakeholders to develop optimal health policies and strategies.

In 2017 and 2018, CCSC did scoping reviews on community-based health insurance systems and flat fee payment systems for health services, and conducted multi-country studies on healthcare financing in Sub-Saharan Africa. CCSC also provided comments on draft documents for the national health financing strategy. The studies revealed that for some choices commonly made in Sub-Saharan Africa (e.g. national health insurances, performance-based financing), evidence of effectiveness is still weak.

Beyond that, CCSC pointed out advantages and disadvantages of choices in the Congolese context.

With these inputs, the National Commission on Healthcare Financing was able to debate the different alternatives for financing mechanisms. The process of formulating a new healthcare financing policy has not yet been completed. The Ministry of Health is convinced that through this approach it will be able to make more prudent decisions, and avoid wrong choices that will be very expensive and will not lead to the desired results. The Ministry of Health wants to engage CCSC in further studies to progress towards UHC.



► RIPSEC ...

... is implemented by the Institute of Tropical Medicine of Antwerp (Belgium) in partnership with the Schools of Public Health of Kinshasa, Bukavu and Lumumbashi (DRC) and the Ecole Nationale de la Santé Publique (Morocco). It aims to strengthen DRS's health system through more equitable management of population health with regards to UHC. To do this, its purpose is to strengthen the expertise of the Congolese partner institutions in development of health policy proposals, teaching and research programmes, fruitful technical and strategic support based on the findings to the various health authorities (at provincial and central level) of DRC.

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Creation and launch of Knowledge Translation Strategy in Lao PDR

Lao Peoples Democratic Republic (PDR) has made notable improvements in the health research environment, but challenges remain in terms of access to health research information. Evidence-informed policy advice and decision-making needs strengthening. Lao Tropical and Public Health Institute (TPHI) and the LEARN (Lao Equity through Policy Analysis and Research Networks) Project, which are part of the SPHIP programme and co-funded by the European Union, identified major gaps in health policy development and implementation in Laos. These include among others limited contacts between researchers, decision makers, and policy implementers; lack of a responsible body to coordinate knowledge translation activities; lack of communication skills among researchers to approach audiences effectively; poor access to health research publications among relevant stakeholders.

In August 2017, Lao TPHI, assisted by the project, started the development of a Knowledge Translation Strategy (KTS) to overcome the gaps identified. In February 2018, the KTS was finalised.

It contains three specific objectives contributing to the overall objective: 1) increase access to research findings of Lao TPHI; 2) improve communication between researchers and policy makers, and 3) establish a dedicated group in Lao TPHI responsible for the facilitation of knowledge translation. The KTS comprises a set of communication tools needed to implement the activities presented in the strategy. Communication tools are, for example, dialogues, consultation meetings, visuals (infographics, fact-sheets), policy briefs, website or social media.

In March 2018, the launch event of the KTS brought together decision makers, policy makers, researchers and programming staff from the health sector in Lao PDR, to review and discuss the strategy. Participants recognised the importance of the activities presented – not only for government departments conducting research, but also for international research agencies and development partners. Lao TPHI will lead the next steps and identify focal points within the MOH Departments to join the KTS, which, in the long run, will support Lao TPHI to implement the activities outlined in the strategy.

► Lao TPHI ...

... has the mandate from the Government to provide scientific information to policy-makers and practitioners for the development and improvement of policies, strategies, programmes and health work plans.

► LEARN ...

... is implemented by Vrije University (The Netherlands) in partnership with TPHI (Lao PDR) and Hanoi School of Public Health (Vietnam). The project aims to support Lao TPHI and associated public health institutes, which will provide national health authorities and stakeholders with expertise, documentation, reports, and relevant tools for an increasingly evidence-based health policy-making.

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■ A National Laboratory Policy for Haiti

The high authority of the Ministry of Public Health and Population approved and signed the National Laboratory Policy of Haiti

The development of the National Laboratory Policy of Haiti was made possible thanks to the commitment of the Ministry of Health, the National Public Health Laboratory and the support of the project SPHaïtiLAB. This policy represents a new phase in the development of the laboratory sector in Haiti, which had been neglected for a long time. The policy was developed in stages. First, the project performed a situation analysis by evaluating thirty medical laboratories throughout the country and assessing the actual implementation of the five-year Strategic Plan of the National Laboratory Network (2010-2015). In the following, outcomes of the analysis were discussed in stakeholders meetings, priorities were formulated, and experiences from other countries were discussed in a series of stake-

holders' workshops. The National Laboratory Policy of Haiti aims to improve the quality and accessibility of laboratory clinical services for the population by regulating and controlling this sector across the country. It presents the vision, mission, values, and priorities for implementation that the Ministry of Health envisages in the country to have a functional laboratory system, and to provide the whole population with universal access to quality health services. The policy also aims to strengthen the implementation of the Global Health Security Agenda in Haiti.

The policy includes: laboratory management and legal and regulatory systems, development and application of standards, management of human resources, the promotion of research in biology, management of information in laboratory, quality management, supply system, equipment management, biosecurity and biosafety, and funding of the field of laboratories.

In order to facilitate implementation of the national laboratory policy, two documents are currently devel-

oped: a five-year strategic plan 2018-2022 and a two-year operational plan.

► SPHaïtiLab ...

...is implemented by Fondation Mérieux (France), in partnership with the Laboratoire National de Santé Publique (Haiti) and the Institut Africain de Santé Publique (Burkina Faso). The project contributes to population health promotion in Haiti through strategic advice in matters of public policy in the laboratory sector. It assists in the formulation of health laboratory policy and strengthens the expertise, capacity and resources of the National Public Health Laboratory in Haiti.

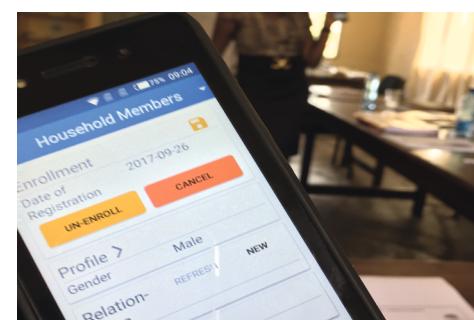
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the national system. It will be possible to measure the impact of health promotion and prevention on health status of the people and service utilisation.

¹ <https://www.dhis2.org/individual-data-records>



► "Supporting the Kwale County Government through the provision of community health" ...

... is implemented by "4 Kenya" (the Netherlands) in partnership with the Health Department of Kwale County and the Medical Research Institute (Kenya). The objective is to improve the health of people in Kwale County through the provision of policy analysis and advice in the field of community medicine.

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■ Electronic community-based health information system in Kenya

In 2006 the Government of Kenya initiated the community health strategy. Community Health Units (CHUs) provide people in Kenya with essential health prevention and promotion services and refer to health facilities when needed. The CHUs consist of 10 community health volunteers (CHVs), covering 500 to 1000 households per village or neighbourhood. They closely cooperate with a Community Health Committee. Community Health Assistants (CHAs) deployed at the health centres supervise the CHUs.

The SPHIP project in Kwale County strengthens the community-based health services by establishing 24 CHUs in two wards (with in total 240 CHVs) and by training CHAs within the framework of a one-year certificate course. The project applies the government curricula for training. Additionally, it introduces in close collaboration with the health information unit of the Ministry of Health a community health information system, using smartphone technology. The open-source DHIS2 tracker software is applied, which is linked to the national internet-based DHIS2 information system¹. Kwale is the first County in Kenya to embark on this innovative approach: supplying community health workers with smartphones to collect data electronically and communicating information via internet to the

supervisors in the health centres. Collected data comprise baseline data on households (composition of the family, housing, latrines, bed nets, etc.) and monthly data on vaccinations, antenatal care, occurring diseases, and use of community health services.

Recently, the training of CHUs in using DHIS2 tracker was evaluated, and data quality using the new technology was assessed. The survey showed a significant increase in knowledge of trained CVHs with regard to health promotion and prevention, as well as skills in using the smartphone for data entry. However, the training was too short to teach how to handle problems of internet access or use of power banks for charging. Continuous coaching after training is needed in case CHVs face problems with technology.

Data quality of the electronic system has been analysed. About 95% of electronically recorded baseline data was correct when checked. This is nearly as good as the paper-based recording (98% correct). Communication and aggregation of electronic data is nearly real-time and without calculation errors, which is much better than the paper-based system. In conclusion, the electronic community health information system is viable, even when used by low-level trained volunteers. This offers new possibilities to monitor health and service delivery at community level, especially since information can be linked to