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Newsletter November 2019

Equity Research in the SPHIP Programme



SPHIP project teams in HSG symposium in Liverpool 2018

Health equity research describes research that contributes to achieving more equity in societies and in the world. Where in previous decades there was a great deal of research about disparities in health, or into features of inequities, now there is more research concerning root causes and solutions for inequities.

The WHO report, Closing the Gap in One Generation (Marmot Commission), recommends empowering all groups in society through fair representation in decision-making, particularly in relation to health equity. The commission suggests enabling civil society to organise and act in a manner that promotes and realises the political and social rights affecting health equity. Equity research assesses determinants of health at population level, linking findings to the bigger picture of interacting factors influencing health, often beyond the medical domain. It examines the following areas: (1) global factors and processes that affect health equity; (2) structures and processes that differentially affect people's chances to be healthy within a given society; (3) health system factors that affect health equity; and (4) policies and interventions to reduce health inequity.

Lessons learned from health equity research in the SPHIP programme are

- Opportunities to promote better health equity develop during the course of research projects, and grow organically. These opportunities can be created, but cannot be planned ahead of the research project. Flexibility in planning and implementation of action research is therefore required.
- Engagement and collaboration between researchers and communities is a long-term process of building trust, developing a common language, and formulating a common goal. It requires patience and commitment.
- Health equity research requires champions at both sides, people who do not aim for quick wins or instant success. Changing policies and practices is a tedious transformation process, and requires people who commit themselves for longer period of time.
- Community groups can become strong advocates of evidence-based policy development when they are engaged in health equity research activities.

► The Support to Public Health Institutes Programme (SPHIP),

financed by the European Union, aims to build capacities of researchers and research institutes to perform health research and to contribute to policy development(see box). In the SPHIP country projects, health equity research is being conducted and engagement with policy makers is yielding positive results. This newsletter highlights four examples taken from EU-supported SPHIP projects.

HIGHLIGHTS 2015 – 2019

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

20 PhD study programmes implemented

Four Master of Public Health curricula developed or improved and implemented

Over 350 Master of Public Health degrees awarded

Over 400 medical or paramedical professionals trained in formal accredited education

Over 5,000 health workers trained in research methodology, epidemiology, information management and public health topics

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

40 policy briefs produced with recommendations for policies, strategies or implementation

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

40 scientific public health articles published or submitted for publication

One book on public health published



Participants at a coalition meeting on IRS held in February 2019

SPEED Uganda and the Elimination of Malaria

Several efforts to contain malaria have been undertaken in Uganda. For example, the deployment of Long Lasting Insecticide Treated Nets (LLITNs) as a key vector control method. However, this preventive measure has not resulted in eradication. Malaria has remained the most frequently diagnosed disease in Uganda, with over 9 million new cases per year, thereby undermining efforts towards achieving Universal Health Coverage in the country. Indoor Residual Spraying (IRS) has been applied in the northern region of the country to compliment malaria control efforts and led to marked reductions in the malaria burden of the region.

The SPEED project in Uganda performed a study to understand the financial implications and requirements of the national scale-up for this effective intervention. Evidence from this study indicated that IRS is inexpensive if existing district systems are mobilised to implement it, instead of using a vertical programme. IRS should be done using an insecticide (such as actellic) that has long lasting effects.

Behaviour change communication for IRS should be part of the activity. Further research into cost-effectiveness showed that the investment in spraying would easily pay back in 1) savings on curative health services and 2) reductions on workdays lost due to malaria.

SPEED project advocated for strengthening the malaria control programme with IRS. Scientists and activists met with communities, district authorities,

and national stakeholders to lobby together for IRS in heavily endemic areas.

The advocacy group met several times with parliamentarians on the Health Committee and discussed fears and concerns such as: use of fake insecticides, high costs of spray equipment, and contamination of household foodstuffs. Together they reached consensus on the following conclusions:

→ The implementation of IRS in a phased manner would be best approach. Starting with the most burdened eight sub-regions would require total financing of 106.7 Billion Shs (29 million US\$).

► SPEED ...

... for Universal Health Coverage in Uganda; a project funded by European Union and hosted by Makerere University School of Public Health, in collaboration with

- the Uganda National Health Consumers Organisation,
- the Economic Policy Research Centre,
- the National Planning Authority,
- the Human Sciences Research Council in South Africa,
- the Institute of Tropical Medicine in Belgium

→ Key cost-saving strategies that the government can adopt include: use of existing spray logistics on a rotational basis, Exploring the use of Village Health Teams (VHTs) or Community Health Extension Workers (CHEWs), men in uniform and idle youth to do the spraying and subsidization and/or giving fiscal incentives to local chemical manufacturing firms to manufacture insecticides domestically.

→ National IRS scale up is feasible, but government needs to take a lead in financing for its implementation rather than relying on development partners.



Mr. Peter Kwehangana Mbabazi – Coordinator National Malaria Control Division at the Ministry of Health-Uganda addressing participants



Doctor checking blood pressure of an adolescent girl

Improving Adolescent Health in Lao PDR

The LEARN project in Lao PDR contributes to better population health and Universal Health Coverage. The project supports research in the areas of nutrition, mother and child health, and sexual reproductive health. LEARN focuses on translating key messages from research into effective evidence that is available to policy makers. The formulation of the National Health Research Agenda is aimed at ensuring that all current and future health research in Lao PDR contributes to evidence-based health policy development and implementation.

LEARN has supported the development of the Knowledge Translation Strategy, which is important in making the research more available and understandable for health policy development and implementation.

There are four senior researchers, five open-call grantees, and four PhD candidates who are undertaking their research with technical support from the Vrije University of Amsterdam.

Researchers in the Lao LEARN project completed several studies into adolescent health, one of which was a study about teenage pregnancy. Teenage pregnancy is still very high in Laos, nearly one in five women aged between 15 and 19 already has a child, and roughly 5% have fallen pregnant before this age. Young mothers are typically women from rural areas, where teenage pregnancies are twice as high. Pregnancies at an early age are associated with an increased health risks, or even death, of both mother and child. Complications during pregnancy and childbirth are the leading cause of death and disability among girls ages 15-19 in Lao PDR. Additionally, children born to adolescents suffer poorer health outcomes in comparison to those born to adult women. Pregnant teenagers are commonly expelled from school, which further increases their likelihood to experience poverty.

The main factor affecting high rates of teenaged pregnancy is that public family planning services are currently only for married women. Unmarried adolescents cannot access these services and there are currently only two, youth-friendly services in the country. In addition, more than half of adolescents aged 15 -19 years old have inadequate health

literacy levels, and thus face difficulties in understanding information, communicating about health, and making decisions about their own reproductive and sexual life. Researchers engaged in a series of meetings with stakeholders in adolescent health; government officials, representatives of non-governmental organisations, and with the Lao Youth Union. Conclusions were formulated and recommendations made.

These recommendations were supported by the researchers who then encouraged adolescents to share their experiences in form of a video competition. The competition provided information on the adolescent's ideas, knowledge about reproductive health, the services provided in Lao PDR, and the adolescent's needs to maintain their safety on SRH and TP prevention.

► LEARN...

... (Lao Equity through Policy Analysis and Research Networks) is a project by the Lao Tropical and Public Health Institute (LaotPHI, formerly National Institute of Public Health), the University of Health Sciences, Faculty of Public Health, MCVN-Laos, University of Public Health, Hanoi, Free University, the Netherlands.

Community Participation in Health Management in Bangladesh

The SHARE project in Bangladesh has been engaged in strengthening the national health management information system and in developing dashboards and other tools for visualizing health and management information.

Hundreds of health managers in the country were trained in using information for decision-making (D4D, Data for Decision Making). Through monitoring a series of indicators, the project can monitor how management is improving in health facilities, districts and regions.

In the context of transparency, data are available for the general public via the website of the Directorate General of Health Services. Community groups and policy makers were trained to analyse data from the health sector and interact with health facility

staff on performance management. In this regard, a community support committee was formed in Manpura Upazilla Health Complex, that, together with the management of the facility, monitors progress and discusses ways to mobilise communities for support. Community support has resulted in financial contributions and better performance of the facility.

Through the institutionalised monitoring system, it was possible to measure impacts of community participation.

The Ministry of Health and Family Welfare is now promoting this model of engagement in other districts and regions. Through its direct contact with several trained managers, the project staff is showing the proven model of community engagement in Chowgacha, to improve their own hospitals and facilities.



A community dialogue coordinated by SHARE project

► SHARE ...

...(Strengthening Health Applying Research Evidence) is a project of icddr; Bangladesh, Directorate General Health Services, Institute of Epidemiology Disease Control and Research, Bangabandhu Sheikh Mujib Medical University, and University College London, England.



The team prepares to take U Sein Pan's blood sugar reading © Ben Small/HelpAge International

Screening for NCDs in Communities

The Myanmar NCD research project helped the government to develop a Non-Communicable Diseases (NCD) strategy, training materials, and to train health workers in the diagnosis and treatment of NCDs. Nationally, health workers were trained to include NCD services in the package of care.

Initial evaluation of the project showed that the demand for services increased; however, there is still a need to improve in order to achieve UHC.

Therefore, in addition to engaging with the health sector, the project is now reaching out to community groups, such as Inclusive Self-Help Groups (ISHGs). Known as *lu hmu ar man*, or "social strength," in the local language, these groups are active in cultural, social and economic activities.

The project helps communities to help themselves through community-based health screening teams. These teams travel house-to-house assessing everyone aged 40 and over and educating them on the prevention and management of NCDs. The self-help groups select willing and enthusiastic members of all ages to undertake a three-day training course. The training covers the basics of NCDs, how they are affected by lifestyle choices, and what can be done to prevent and treat them.

The volunteers learn how to measure someone's height and weight to calculate their body mass index, how to take a pin-prick blood sample to test blood sugar levels, how to determine blood pressure, and how to look for suspected signs of oral cancer, which is common in Myanmar due to the prevalence of tobacco and betel nut chewing.

The volunteers record the information digitally through an easy-to-use mobile app, and refer those they are screening to health centres if they find evidence of potential hypertension, diabetes, or oral cancer. The screening started in seven communities, as a pilot. Of the 7500 people screened so far, 800 had hypertension, 600 had abnormal blood glucose levels, and 40 had mouth lesions, which may be a result of cancer; all were referred to appropriate health facilities. Screening teams will make follow-ups to see if referred patients have visited health facilities, and to continue providing lifestyle advice. The teams, furthermore, are able to monitor the health status of their own communities.

This approach utilizing participatory research with communities empowers groups to provide and undertake screening and health education initiatives, and strengthens the NCD programme in the country by improving the detection rate of cases that require medical treatment.

► Myanmar NCD transition project...

...is a project of University of Public Health, Myanmar, HelpAge International, University of Medicine 2 (UM2), Thamassat University Faculty of Public Health, Thailand

SPHIP impacting health 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) that consists 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 project activities aim to increase Universal Health Coverage (UHC) in target countries in Africa (Burundi, Democratic Republic of Congo, Uganda, and Kenya), in Asia (Lao PDR, Myanmar, and Bangladesh), and in the Americas (Haiti).

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