

**COLLABORATION FOR EVIDENCE
BASED HEALTH CARE AND PUBLIC HEALTH
IN AFRICA (CEBHA) + NETWORKING MEETING**

"Build long-term capacity and infrastructure for evidence-based healthcare (EBHC) and public health in sub-Saharan Africa"

**SPEKE RESORT HOTEL MUNYONYO
KAMPALA UGANDA**

Federal Ministry of Education and Research

Research Networks for Health Innovations in Sub-Saharan Africa

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

"CEBHA+ consortium Institutions"

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**CEBHA+ Networking Meeting Report
Speke Resort Hotel Munyonyo, Kampala Uganda**

13th - 15th February 2018

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1.0 Introduction

Makerere University College of Health Sciences (MakCHS) with support from the German Federal Ministry of Education and Research (BMBF) organized the first annual Collaboration for Evidence-based Healthcare and Public Health in Africa (CEBHA+) Networking meeting. This 3-day event which run from 13th – 15th February 2018 was held at the Speke Resort Hotel, Munyonyo, located at the shores of Lake Victoria in Kampala, Uganda.

The CEBHA+ consortium, which consists of 7 African and 2 Germany institutions, is one of the Research Networks for Health Innovations in Sub-Sahara Africa (Health Africa) that received five year (2017 to 2022) funding from BMBF to study selected Non-Communicable Diseases (NCDs) in Sub-Saharan Africa (SSA) namely cardiovascular diseases (Hypertension), diabetes and road traffic injuries. The overall goal of CEBHA+ is to build long-term capacity and infrastructure for evidence-based healthcare and public health in sub-Saharan Africa using a framework which comprises primary research, evidence synthesis and evidence-based policy and practice; and through three main work packages 1) Research, 2) Capacity building and 3) Networking.

This Networking meeting brought together 43 participants from across the CEBHA+ network specifically Malawi, Rwanda, Uganda, Ethiopia, South Africa and Germany. The main purpose was to enhance collaboration and improve connectivity and interaction amongst CEBHA+ members. It also provided an opportunity for CEBHA+ personnel to interact directly with Ugandan policy makers and other local and international delegates attending an NCD symposium at the same venue as well as enjoy some fun activities.



Some of the CEBHA+ Networking meeting participants at the opening ceremony

1.1 Opening session

Remarks from Session Chair and RT4 leader - Dr Olive Kobusingye

Olive warmly welcomed all participants and took them through the 3 days' program. She reminded them of the concurrent NCD symposium within the same hotel venue. She encouraged all members to participate actively and learn from each other despite working in specific areas, then invited them to introduce themselves.

Remarks from the CEBHA+ African Coordinator - Prof Harriet Mayanja

Harriet welcomed all participants to the first annual CEBHA+ Networking meeting in Uganda and thanked them for coming. She reminded them about prior meetings held in Tanzania (the kickoff meeting) and Addis Ababa (two meetings; one for administrators and another for coordinators) which some members attended. She added that this first Networking meeting was special because all members were finally on board and so “*the boat can start sailing*”, adding that time had come to start gathering evidence towards policies for improved prevention and control of NCDs in Africa.

According to Harriet, the main aim of this meeting was to network; talk to each other; and interact with policy makers, students and people from different countries. Since work at most CEBHA+ sites was just starting, she urged members to use this meeting as an opportunity to share ideas and updates of current progress and future plans at respective sites. She acknowledged that, so far, doing the network's administrative work has been “*bumpy*” but with many lessons to learn. She was gratified by Armauer Hasen Research Institute (AHRI) Ethiopia – the latest addition to the group.

Harriet noted that the Networking meeting was strategically organized at the start of the year so that members could plan for 2018 and have something to show by the next meeting. The Munyonyo venue was also strategic because there were two other concurrent international NCD meetings which provided an opportunity for CEBHA+ members to network with a wider audience.

She referred to one of the ongoing NCD meetings in which the key note speaker, Prof. Kamarogo Odrek, talked about the growing burden of NCDs in Africa and offered four recommendations; 1) the need to start up projects/ programmes that improve NCD policies, 2) strengthening health systems to reach their goals, 3) retaining human capacity to move projects into programmes and policies, and 4) re-orienting African economies to improve services at home rather than seek expensive treatment abroad.

Harriet concluded her remarks by reiterating that CEBHA+ was on track in addressing NCDs in Africa and that this meeting was a stepping stone to realizing CEBHA+ goals.

Remarks from the CEBHA+ German Coordinator – Prof Eva Rehfuess

Eva welcomed members to the first CEBHA+ Networking meeting. She illustrated the CEBHA+ vision using an analogy of a team rowing a boat with emphasis on key pillars of long term success which include; Vision, Perseverance, Technical rigor, Team work, and Friendship.



Illustration of CEBHA+ Vision – Rowing team (left) and winning team with outside support (right)

She explained that in rowing a boat as a team; the Cox - steers the way; the Stroke pair – sets the rhythm; the powerhouse - does the work; and the bow pair – ensures technique. She added that a winning team also builds friendships, continuously networks, and relies on “good coaching” such as that offered by the CEBHA+ Scientific Advisory Board.

Official opening remarks –Dr. Bubikire Stanley – Programme Head, Injuries and Disabilities, Uganda Ministry of Health

Dr. Stanley welcomed all members to Uganda, the Pearl of Africa, and to the Networking meeting on behalf of the Uganda government. He stated that the mandate of the Ministry of Health (MoH) which entails 1) development of policies, guidelines, and strategic plans, 2) quality service delivery, 3) support supervision, 4) resource mobilization, and 5) coordination of all partners, relies on use of evidence, research, working with experts, building capacity, collaboration, and networking – all of which are embedded in the CEBHA+ goal.



Dr Stanley addressing the CEBHA+ Networking meeting

He credited CEBHA+ for focusing on a critical area of NCDs specifically cardiovascular diseases, diabetes, and road traffic injuries, which are on the rise and are major causes of death and disability not only in Uganda but also in other African countries. Additionally, he appreciated the involvement of policy makers in this meeting. He re-echoed the Ugandan health system limitations in the areas of human resource, knowledge and skills, diagnostic capacity, equipment and rehabilitative services among others and stressed that only research would enable better management and control of NCDs as well as enhance efficient use of the limited resources.

He emphasized the need to bridge the gap between researchers, academia, and policy- and decision makers so that all the good research on NCDs translates into improved policy and practice for the benefit of the population. Under this, he suggested;

- Developing policy briefs
- Strengthening platforms for knowledge sharing
- Making good use of the NCD Technical Working Group at the MoH
- Using ministry officials as a bridge or gateway to top decision-makers
- Influencing curriculum development & training
- Promoting synergies and new innovations among partnerships.

With these remarks, he declared the meeting officially open, wished members successful deliberations and hoped that the proceedings and recommendations would ultimately assist the MoH improve service delivery for NCDs.

2.0 Research Tasks: Presentations, discussions, key issues

Research tasks (RT) 1-4 gave brief presentations of their work, highlighting current progress, stakeholder engagement, any major changes, challenges, solutions and their goals for this meeting. (*Link to presentation details on Appendix 6.1*)

2.1 Research Task 1

Evidence-informed policies and practices on screening approaches for hypertension and diabetes, and those at high risk of cardiovascular disease in sub-Saharan Africa

Countries involved in discussion; South Africa (CDIA), Rwanda, Malawi and Ethiopia

The sessions and discussions enabled team members to gain a better understanding of country specific contexts, to obtain input on draft proposals for phase 1 and 2 of the primary research, to detail roles and responsibilities of each partner, to understand budget issues, and to make progress on the drafts pending submission for ethical review.

Emerging Issues from the discussions

1. Data on potential research areas

- Member countries to get available data for the potential study areas and feedback on studies conducted for the past 10 years guided by the variables in the protocol.
- Some countries like Ethiopia have data with restricted access. Individuals who own useful data may need prior consultation. Examples of such data include step 3 data.
- In line with the above, members agreed to contact data repository organizations such as global NCD groups.

2. **Remuneration for data provision** Participants explored options for facilitating those who help with accessing the needed data – for further discussion. Authorship to be considered only if they participate in peer review.
3. **The writing group** Members agreed that the writing team should come from each partner country and each country coordinator be made part of the author team.

Action points

1. **Country coordinators to provide feedback on available data for a 10 year period guided by variables in the protocol**
2. **Dr. Kufre to email teams the variables to consider for the study**
3. **Country coordinators to seek permission from appropriate persons to use step 3 data.**
4. **Data repository organizations to be contacted**
5. **Writing group to include members from all partner countries**
6. **Country coordinators to form part of the author team**

2.2 Research Task 2

Evidence-informed policies and practices on integrated models of health care delivery for hypertension and diabetes in Sub-Saharan Africa

Countries involved in discussion; South Africa (Stellenbosch University and CDIA), Malawi, Ethiopia

Members discussed intervention 2.1 *“Determine the prevalence of diabetes, hypertension and depression amongst HIV-positive people receiving ART”* and agreed that there was so much data out there now compared to 2014 when the proposal on multi morbidity was first submitted.

They noted that over the past year proposals had been presented to review the data, even though not in a systematic review form, so as to take the multi morbidity care a little further. They agreed to dissect the patient workload, e.g., Malawi and South Africa (CDIA) to explore the different data sets available, Ethiopia may not have data on multi morbidity. They considered a possibility of adding qualitative work to the research. Generally, members were enthusiastic of the potential outcomes.

Action points

1. **Workload to be dissected among the three countries**
2. **Malawi and CDIA to explore the different data sets available**
3. **Qualitative work to be considered in the research**
4. **Ethiopia to establish availability of multi morbidity data**

2.3 Research Task 3

Evidence informed policies and practices on population-level interventions to prevent diabetes and hypertension in sub-Saharan Africa.

Countries involved: Rwanda, South Africa (Cochrane, Stellenbosch University), Malawi and Germany

Two interventions were discussed; **3.1 Undertake a systematic review** of the effectiveness of population-level interventions to prevent diabetes and hypertension in Rwanda and South Africa and **3.2 Conduct a situational analysis** to identify population-level interventions currently being implemented in Malawi, South Africa and Rwanda.



Group discussions for RT1, 2, and 3 during the different break-out sessions

3.1 Undertake a systematic review: Step 1. Registering the protocol on PROSPERO – to be done by Solange. Step 2. Screening – to be done by RT team members and volunteer students. Members agreed to email RT leads to identify students who can assist with screening. Students would be guided and updated throughout the screening process. To avoid compromise on quality, minimum requirements for students would be Masters or PhD, and they would be paired with experienced reviewers. An eligibility form would be developed to guide the screening process. Screening would be kept within the CEBHA+ network. In systematic review, population-level interventions are defined in terms of 1) jurisdiction, 2) infrastructure and 3) policies. Eva is to provide the framework to define population-level interventions. A bottom-up rather than normative approach and two levels of methods (document-type surveys and interviews) to be used.

Action points

- 1. Register protocol on PROSPERO by Solange**
- 2. Email RT leads to identify masters or PHD students to assist with screening**
- 3. Develop eligibility form and get team to start screening at the earliest opportunity**
- 4. Pair students with experienced reviewers for screening**

3.2 Conduct a situational analysis: While these tasks had proposed methodology in the initial proposal, contextualized review and more details shall be required, e.g., a) defining what is meant by “population-level interventions”, b) looking at existing literature on how to do a situational analysis, and c) adhering to the objectives of situational analysis.

Action points

- 1. David to revise draft protocol and share with all RT3 members**
- 2. Jeanine to develop logic model to understand/define population-level interventions**
- 3. Jake, Eva, David and others to identify relevant frameworks for different types of**

population-level interventions
4. Jake to send causal diagram
5. David to complete protocol and – with Gertrude and Solange - to initiate submission for ethical approval.

2.4 Research Task 4

Finding the evidence for improved implementation of road traffic injury prevention interventions

Countries involved: Uganda and Rwanda

Rwanda

The Rwandan team on Road Traffic Injuries did not make it for the Networking meeting so no group discussions took place. Rwanda lagging behind by a few quarters. RT4 Uganda handles capacity building activities for Makerere. A short course on Evidence Based Public Health (EBPH) is planned in May 2018, may require in-country support sourced from CEBHA+ network.

Action point

- 1. RT4 leader to plan a visit to Rwanda**
- 2. Eva announced an EBPH course in Germany in July 2018, members to consider participating.**
- 3. More discussions needed on EBPH course**



Group discussion for RT3 during a break out session

2.5 Research Task 5

2.5.1 Coordinated Methodological support

Emerging issues

1. The need for coordinated methodological support to ensure methodological rigor across the CEBHA+ network
2. The need to describe the expertise from RT5, the CEBHA+ network, as well as the wider CEBHA+ network
3. The support provided by RT5.2 will consist of both standard contact and targeted contact with CEBHA+ researchers
4. The type of support required by CEBHA+ network is diverse therefore support through targeted contact will be offered as needed or requested
5. All RTs have proposed some form of studies; so all shall be supported on methodology through standard contact with RT5.2
6. The methodological support team should be seen as part of the research team and a resource which can be drawn upon at any stage of development
7. Members of RT5.2 will serve a repository role within CEBHA+, thus all study outlines, protocols and manuscripts will be shared with RT5.2 so that all CEBHA+ researchers can benefit from previous interactions between researchers and RT5.2, especially as some questions may be relevant for multiple activities, there is need to create a platform for documenting interactions, e.g., live chat, or simple documentation
8. Discussion regarding the time frame for feedback from RT5.2, for example after a study outline or protocol is submitted.
9. Publication planning is not part of RT5
10. RT5 support is expected to taper off after the first two years, what will happen in the subsequent years of the project?

Action points

1. Explore the option of rapid support such as a live chat on CEBHA+ website
2. Given that RT5.2 will serve a repository role, RT5.2 should interact often with the coordinating office, to ensure efficient documentation of all research
3. Initial draft of protocol for coordinated methodological support has been shared and will be discussed among RT5.2, after which it will be shared with the entire CEBHA+ network
4. RT5 to map out the expertise across CEBHA+ and in the wider CEBHA+ network

2.5.2 Research Co-production

The presenter shared the objectives of research co-production; illustrated and explained the Integrated Knowledge Translation (IKT) intervention process and stakeholders' engagement matrix aspects; and shared the logic model with a number of intervention options to choose from. In line with CEBHA+ objectives, IKT serves to make research more policy-relevant and to increase the chance of uptake of research findings in policy and practice. Each country had a group exercise to map its stakeholders and discuss potential methods of engagement.

Discussions on IKT

Do policy makers have time to be engaged from the beginning?

- The timing of decision makers goes a long way for as long as the engagement answers the policy development process
- The need to continuously go to different levels of engagement to achieve the policy-influence objective
- Getting to hear what the policy makers have to say about the research
- In the African context policy engagement is very useful but there's need to see how best this can be used to influence the policy makers

What will be the comparison, is it the indices or the scientific content?

- Integrated knowledge management is the issue so there will not be any randomized comparisons
- There is therefore need to document the different achievements along the way

What is the methodology being used - can the hypothesis be removed because it's not set against anything or can't be compared to anything?

- It's hard to compare the hypothesis given that there is no scientific basis
- Socio economic network analysis may be used if factored in from the beginning and with the end in mind
- May be based on the 3-stage analysis of the engagement strategy; if this is developed then one can use the indicator to measure success of the strategy and the protocol for evaluation of the policy makers
- The need to engage a ministry of health person to work with the research team instead of having to support someone from outside the ministry – also ensures sustainability
- Teams already doing something in knowledge translation to tie up loose ends
- Malawi is proactive in engaging policy makers - next stage is to influence policy at the international level

Action points

1. Each CEBHA+ partner organization to nominate an IKT focal point
2. Munich to develop and share draft protocol for IKT intervention development
3. Each IKT focal point to comment on protocol
4. Each CEBHA+ partner organization to initiate the development of an IKT strategy according to the agreed protocol
5. Munich to evaluate IKT, with input and support from IKT focal points
6. Munich to identify a replacement for Lisa during her maternity leave.

3.0 Capacity Building

The presentation focused on: defining capacity building, framework on the capacity building working groups by country; institutional capacity strengthening work plan; upgrade of the facilities/ software – setting up the IT and library; institutional capacity strengthening work plan – Training of trainers (TOT) courses, core module on evidence

based research, academic short courses, and transferable skills workshops; mid and long term scholarships; and evidence informed policy short courses.

Discussions focused on unpacking of EBPH module and TOT courses; the capacity building priorities that need input from RTs 1-4; putting up protocols to guide activities so as to avoid duplication by members; and the need to take stock of existing capacity needs. The plenary was broken into two for group discussions to unpack the EBPH module and TOT courses.

Emerging issues

EBPH: Objective of the training would be to equip learners with principles and concepts of evidence based research to be able to use the evidence gathered from research for policy making and policy advocacy. The course would last 4 weeks and outcome would be a module integrated into public health packages.

1. Members contemplated on whether to have a new module or have the module integrated into existing courses. Suggestion: the module should stand alone to ensure special attention to the package.
2. Suggestion: courses offered should target programming persons as well so as to bridge the gap in public health practice.
3. The training plan should have specific objectives and target groups.
4. The training should include librarians because they have skills and are also key/good resource persons approached by all researchers, researcher teachers and students to help with long searches for relevant information.

TOT courses for librarians and researchers. Included in the 2018 work plan and budget. There is need to conduct a capacity assessment in relation to the objectives and find out how many librarians will be willing to work and attend the courses. Ongoing refresher courses necessary for the new and old librarians. There is need to check for available equipment for use in the libraries.

Action points

- 1. All partners to send concepts with details of capacity building needs to Taryn/Anke**
- 2. Consider outsourcing a consultant to develop module on EBPH**
- 3. Start on the TOT for librarians and researchers**

4.0 Networking

This session shared updates on CEBHA+ networking activities to date (*Link to presentation details on Appendix 6.1*). Networking is linked directly to capacity building and to all the other activities.

Discussions focused on mentorship, student exchange, CEBHA+ newsletter and the need to standardize networking across the CEBHA+ network. Other areas included program monitoring, submission of the work plan to BMBF, and establishment of the Networking committee.

Standardization of networking across CEBHA+: Requires evidence based networking. A general approach similar to networking internally and externally could be explored.

Monitoring A programme monitoring component is needed and member countries should ensure flexible utilization of funds to cater for this.

The networking committee All partners should nominate representatives to constitute the networking committee whose main task will be to unpack the WP Networking, defining terms of reference for different components and reviewing the budget accordingly.

4.1 Mentorship

1. Building from the experience of network members, there is need to outsource a consultant to help in defining mentorship.
2. Every member country must identify mentees and consider sponsoring people who have a contribution to the CEBHA+ project. Meanwhile mentors could be identified by the bigger network.
3. It was observed that money allocated towards mentorship and research visits was more and could be reallocated to other areas e.g research work that is wanting.
 - a. Review member countries budgets
 - b. Incase reallocating funds, GIZ will need a written explanation. Members to keep in mind the 20% approved budget shift guideline by GIZ
4. Work with the mentors to develop an evaluation tool
5. Define the terms of reference for mentorship

4.2 Research Exchange

Find out when countries have scheduled the exchange visits to ensure alignment with different countries basing on each country's strength i.e. experience vs. inexperience.

4.3 Newsletter Development

The Coordination office is responsible for compiling the CEBHA+ newsletter, the content of which should show case CEBHA+ activities, progress and achievements. Members agreed that the newsletter shall contain both network specific- and country specific issues.

Coordination should explore online expertise to help with putting the newsletter together as well as think of creatively using social media platforms for wider dissemination.

Action points

A. WP Networking

1. **Establish a networking committee**
2. **Networking committee to unpack WP Networking, review budget lines and define TOR for networking activities**
3. **Develop monitoring or evaluation tools for Networking activities**
4. **Use evidence-based approaches to standardize networking across CEBHA+**

B. Mentorship

1. **Define TOR for mentorship**
2. **Every member country to identify mentees while mentors to be identified by the bigger network**

3. **Cross check budget allocation and when each of the countries has scheduled their placements**
 4. **Align the placement visits with different countries**
 5. **Need to work with the mentors group to develop evaluation tool**
- C. Research exchange**
1. **Define TOR**
 2. **Nelson to crosscheck the budget line and advise members on necessary adjustments**
 3. **Members to check their research exchange schedules and align with different partners**
- D. Newsletter**
1. **Partners to define target audiences and explore dissemination of the newsletters at country level**
 2. **Coordination to explore expertise to develop the newsletter and consider social media platforms for wider dissemination**
 3. **Each country to identify budget line for additional funds besides the existing printing budget for newsletter dissemination**

5.0 Closing session

5.1 Key note address – Dr. Matsiko Charles (Policy expert and consultant)

Topic: Research and policy, where do they meet?

Dr. Matsiko defined policy and highlighted the complexity of the policy process. He mentioned that research is just one of the many competing sources of information that policy makers use to guide decision making at any particular time. He reminded researchers to always find meeting points between the prevailing political agendas and research as this improves the relevance of the research to the policy makers. He highlighted the different types of policy briefs (memos) and their relevance. To increase uptake, he recommended appropriately packaging research results while targeting the right audience. (*Link to presentation details on Appendix 6.1*).

5.2 Finance and Administration issues

1. CEBHA+ Coordination collects and stores all CEBHA+ information in the repository.
2. Members were encouraged to report using the GIZ template and always copy the coordination office to allow extraction of RT specific information.
3. GIZ requires explanation for any change made by countries, e.g., RT2.1.
4. Member countries should spend within their budgets and abide by the 20% flexibility beyond which permission has to be sought and justification provided in order to utilize the extra funds. Check grant agreements for details.
5. Time sheets must be filled in monthly and should tally with the percentage time allocation on the employment contracts.
6. Partners always need to be prepared for GIZ audits.

Action Points

1. **All partners to submit documents to coordination if they haven't done so**
2. **Partners to use the same GIZ template for reporting to coordination**
3. **All reports or documents submitted to GIZ should CC the coordination office**
4. **Any changes should always be communicated to GIZ with detailed**

explanations

- 5. Member should spend within their budgets. Permission to use extra funds should be sought from GIZ. Grant agreements have more details**
- 6. Time sheets should be filled in monthly and tally with employment contracts**
- 7. Partners need to be prepared for audits at any time**

5.3 Official closing Remarks

Dr. Gerald Mutungi, Program Manager NCDs, Uganda Ministry of Health

The speaker commended members for concluding the Networking meeting and thanked the key note speaker for highlighting the crucial policy issues.

He urged members to continue working with policy makers, involving them in research and vice versa. He informed members that involving people from academia in policy formulation is now policy in Uganda. In addition, speeches for ministers are written by technical people.

He reminded members of the urgent need for locally generated evidence and commended CEBHA+ for filling this gap for NCDs. He further noted that most quoted statistics are from western countries and often times may not apply in low and middle income settings like Uganda. He illustrated this using the causes of cancer – commonly linked to tobacco and physical inactivity in the west in contrast to viral infections and aflatoxins in Uganda.

He concluded by pledging his support to the CEBHA+ network. He invited countries to join technical working groups and any fora where NCDs are discussed. He declared the workshop officially closed.

5.4 Final remarks and Administrative announcements

Prof Harriet thanked all members for a successful CEBHA+ Networking meeting and acknowledged the local organizing team from the Coordination office (Dr. Ann Akiteng, Nelson Kakande, and Okello Patrick) for a great job in putting this meeting together.

She thanked all presenters especially the key note speaker for their time and input into this meeting.

Announcements:

1. The next networking meeting is to be held in Malawi in late 2018 or early 2019. Gertrude to confirm dates and communicate to partners.
2. Upcoming site monitoring visits by the Scientific Coordinator – schedule to be communicated.
3. European Summer School, EBPH, 23rd - 27th July 2018 in Munich, Germany
4. 18th International Congress of Endocrinology. 1st – 4th Dec 2018 in Cape Town.
5. The 5th Global Symposium on Health Systems Research will take place in Liverpool, UK, 8-12 October 2018. Masters and PhD students are encouraged to apply. Jeanine can provide some support to students to submit their abstracts.

6.0 Appendix

6.1 Link to presentations and photos

Details of the report, presentations and photos for CEBHA+ Networking meeting can be found in the Google-drive link below

<https://drive.google.com/drive/folders/16L2jiLVfQWVsI2Jr5ZCDdOVYNrA8AsWu>

6.2 Program

CEBHA+ FIRST ANNUAL NETWORKING MEETING PROGRAM, 13TH – 15TH FEBRUARY 2018

13 February - Tuesday (Day one)

Coordinator Ann Akiteng

Session Chair: Olive Kobusingye

08:00 – 08:30 Registration

08:30 – 08:45 **Welcome remarks, objectives, and expectations for Networking Meeting**
(African/German Coordinators)

08:45 – 09:15 **Brief Overview, Progress, Stakeholder Engagement, any Changes, Challenges & Solutions, and Goals for this meeting** (RT 1, 2, 3, 4: 5-8 minutes each)

(**RT1** Dinky Levitt, **RT2** Anke Rohwer, **RT3** Stephen Rullisa, **RT4** Olive Kobusingye)

09:15 – 09:35 **Networking** (Admasu Tena)

09:35 – 10:00 **Official Opening**
(Dr Bubikire Stanley) Program Manager, Injuries and Disability, Ministry of Health Uganda

10:00 – 10:10 **Group photos** (Okello Patrick)

10:10 – 10:30 Health break – CEBHA+

10:30 – 13:00 **CEBHA+ Group work session 1**

Optional parallel session: NCD symposium (Cardiovascular) Plenary, Oral Abstract presentations and discussions, poster viewing

13:00 – 14:00 Lunch – CEBHA+

Session Chair: Admasu Tenna and Gertrude Chapotera

14:00 – 15:00 **CEBHA+ Group work session 2**

Optional parallel sessions: NCD symposium (Diabetes & Injuries) Plenary, Oral Abstract presentations and discussions, poster viewing

15:00 – 17:00 **Capacity Development** (Anke R)
Back to CEBHA+ main conference room

17:00 – 17:30 **Wrap-up of day one** (Uganda Team)

17:30 CEBHA+ Group work - Optional

14 February - Wednesday (Day two)

Coordinator Prof Harriet Mayanja

Session Chair: Kyamanywa Patrick

08:00 – 08:30 Registration

08:30 – 09:30 **Research Task 5 - Research Co-production** (Eva Rehfuss)

09:30 – 10:30 **Research Task 5 – Methodological support** (Jake Burns)

10:30 – 11:00 Health break – CEBHA+

11:00 – 13:00 **CEBHA+ Group work session 3**

13:00 – 14:00 Lunch – CEBHA+

14:00 – 15:30 **CEBHA+ Group work session 4**

Optional parallel sessions: NCD symposium Policy and Health Systems - in relation to NCDs in Africa

15:40 Departure Group Outing: Amazing Local Entertainment & Dinner

15 February – Thursday (Day three)

Coordinator Nelson Kakande

Session Chair: Eva Rehfuss, Anke Rohwer

08:00 – 08:30 Registration

08:30 – 09:30 **Group Feedback & Discussion - RT 1,2,3**

09:30 – 09:50 **Group Feedback & Discussion - RT 4**

09:50 – 10:10 **Group Feedback & Discussion - RT 5**

10:10 – 10:40 Health Break – CEBHA+

Session Chair: Tamara Kredo

10:40 – 11:00 **Group Feedback & Discussion - Capacity Building**

11:00 – 12:00 **Group Feedback & Discussion – Networking**

Session Chair: Prof Harriet Mayanja

12:00 – 12:30 Key Note Speaker
Policy and Research, where do they meet?
Policy Expert (Dr Matsiko Charles)

12:30 – 12:40 **Finance & administration issues**
(Nelson Kakande)

12:40 – 13:00 **Evaluation, Announcements**
(Uganda Team)

13:00 – 13:30 **Closing Remarks** (African Coordinator and Dr Mutungi Gerald, NCD Program Manager, Ministry of Health)

13:30 – 14:30 Closing Lunch – CEBHA+

14:30 – 17:00 **Informal meetings**

6.3 Evaluation

End of Workshop Evaluation

Generally, all members agreed that the 1st annual CEBHA+ Networking meeting was very well organized, successful and useful to the network.

All participants acknowledged that group discussions/working groups were the most useful sessions as they enabled members to sort out unclear areas and jointly develop action plans for research tasks. Importantly, the group discussions strengthened working relationships between members since they interacted closely and face to face.

Suggestions for CEBHA+ partners to consider when organizing future networking (or other) meetings?

1. Consider having 3 full days
2. Physical activity in between sessions, e.g., stretching exercises, group walks around the gardens
3. Allocate more time for group discussions
4. Consider multiple dimensions for splitting people for group work, e.g., by RT, work package, and/or by country
5. Plan group sessions and communicate to the different RT leaders prior to the meeting
6. Group discussions and feedback sessions relevant to a particular topic should follow immediately after the presentation(s).
7. Identify category of participants beforehand and share relevant materials as some may require pre meeting readings for better informed discussions
8. Make joint plans for the following year for each of the research tasks and work packages
9. Invite more policy makers from all member countries to join the networking meetings
10. Invite a larger audience from the local institution and host country in one of the half day sessions
11. Provide invited students with the opportunity to interact
12. Move social events to the last day
13. Keep up the good workshop organization for the rest of the meetings

Other comments

Generally participants were ecstatic about the first networking meeting, see quotes: *“Exceedingly pleasant workshop, keeps it up”*; *“Great job to all the Makerere team”*; *“It was great to meet face to face with CEBHA+ partners and valuable to interact”*; *“Congratulations! The conference was a success”*; *“Thank you for the social outings it was fun”*; *“Facilities were good and organizers were very professional and helpful”*; *“The social outings are much appreciated”*; *“The boat trip and cultural concert were very enjoyable”*; *“Uganda is an amazing country I am in love with it.”*

6.4 Fun Activities



CEBHA+ Networking meeting participants enjoying a boat ride on Lake Victoria and local entertainment at Ndere cultural centre, Kampala

The different group discussions at the CEBHA+ Networking meeting



Members of the RT4 team, Coordination Uganda and Germany and the guest of honor at opening of CEBHA+ Networking meeting



1 **6.5 Attendance: CEBHA+ Networking Meeting in Uganda 13th - 15th Feb 2018**

S/N	INSTITUTION	NAMES	CONTACT PERSON
01	Ludwig-Maximilian's University (LMU) (2 participants)	Eva Rehfuess	Eva Rehfuess
		Jacob Burns	
02	University of Rwanda (UR) (3 participants)	David Tumusiime	David Tumusiime
		Charlotte Bavuma	
		Twagirumukiza K. Abdoul	
03	Chronic Disease Institute for South Africa (CDIA) (3 participants)	Dinky Levitt Naome	Bee Williams
		Kufre Okop	
		Katherine Murphy	
04	Stellenbosch University (SU) (4 participants)	Bob Mash	Anke Rohwer
		Zelra Malan	
		Anke Rohwer	
		Jeannie Uwimana - Nicol	
05	Cochrane Centre, South Africa (SACC) (3 participants)	Tamara Kredo	Tamara Kredo
		Solange Durao	
		Bey-Marrie Schmidt	
06	University of Malawi (4 participants)	Getrude Chapotera	Getrude Chapotera
		Amelia Crampin	
		Tamara Phiri	
		Mofart Nyirenda	
07	AHRI - Ethiopia (4 participants)	Admasu Tenna Mamuye	Admasu Tenna .M
		Rawleigh Howe	
		Hailmicheal Getachew	
		Anteneh Getahnes	
08	Cochrane Germany(00 participants)		Not represented
9	Makerere University (19 participants)	<p>Coordination – 6 Mayanja Harriet - Kizza AkitengAnn Rose Kakande Nelson Okello Patrick Grace Amongi James Ninsiima</p> <p>RT4 team – 11 Olive Kobusingye Grace Magambo Stella Namatovu Albert Ningwa Patrick Kyamanywa Jimmy Osuret David Tumusiime David Guwatudde Esther Diana Bayiga Kennedy Muni Claire Biribawa</p> <p>Government officials - 3 Dr. Stanley Bubikire Dr. Gerald Mutungi Dr. Charles Matsiko</p>	Ann Akiteng and Patrick Okello