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Collaboration for Evidence Based Health Care and Public Health in Africa (CEBHA+)



Meeting Report

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Context of the meeting

The Collaboration for evidence Based Health Care and Public Health in Africa (CEBHA+) consortium, is one of the Research Networks for Health Innovations that consists of 7 African and 2 Germany institutions. CEBHA+ Sub-Saharan Africa (Health Africa) received a five-year (2017 to 2022) grant from the German Federal Ministry of Education and Research (BMBF) to conduct research in selected Non-Communicable Diseases (NCDs) in Sub-Saharan Africa (SSA) namely; cardiovascular diseases (mainly 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; through Research, Capacity building and Networking.

The University of Malawi, College of Medicine, a partner institution within the CEBHA+ consortium, with support from the BMBF organized the Second annual networking meeting. The 3-day meeting took place from 11th – 13th February 2019 at Sunbird Capital Hotel in Lilongwe Malawi, and attracted participants from across the CEBHA+ African and German partner institutions. The meeting was organized not only to enhance connectivity among members but also afford an opportunity to CEBHA+ members to engage with policy makers in the host country (Malawi) and other international delegates. The networking meeting also allowed members to assess progress of each research task and work packages within each working group and develop work plans and/or action points for the coming implementation year.

The Opening Session

Dr Cecelia Malwichi-Nyirenda, the Director for the Research Support Center under the University of Malawi welcomed all members to the Second annual CEBHA+ Networking meeting. In her remarks as chair of the opening session, Dr Nyirenda invited members to enjoy their stay in Malawi and participate actively during meeting proceedings.

Welcome remarks, Principal College of Medicine

Dr. Mipando extended his gratitude to the CEBHA+ network firstly for considering hosting the 2019 annual meeting in Malawi and secondly for prioritizing research on Non Communicable Diseases (NCDs) which are on the rise in Malawi. He indicated that the University of Malawi's College of Medicine has a strategic focus on NCDs as they had been neglected for quite a long time. He voiced concerns about Malawi's non participation in CEBHA+'s research task 4 which is addressing road traffic injuries. He stressed that Malawi actually faces one of the highest road trauma burden in the world and therefore, requested the network leadership to consider including Malawi in their work relating to road traffic injuries. In closing, Principal Mipando wished all participants a fruitful discussion during the networking meeting.



Remarks, CEBHA+ African Coordinator



Prof Mayanja gave an overview of the CEBHA+ network highlighting that it is part of the research networks for health innovation in sub-Saharan Africa. She reiterated the organizational and operational structure for CEBHA+ including the role of each partner within the network and the overarching project objectives and activities expected within the project timeline. She mentioned that CEBHA+ initially envisioned looking at many subject areas including

pollution and all NCDs including road trauma, but narrowed down to only on diabetes, hypertension, and road injuries. Prof Mayanja invited all members to reflect on the meeting agenda and especially look at activities that have taken place so far, the status quo of activities and also the future of the project. She concluded by inviting members to share successes and challenges experienced at each site and among the different research tasks and work packages so that lessons can be drawn at the end of the three-day meeting. She informed the team that there is ongoing government restructuring and travel restriction in Ethiopia - the reason why partners from Ethiopia were not present at the annual networking meeting.

Remarks, GIZ Malawi and German Ambassador to Malawi

Representatives from the GIZ Malawi office and German embassy were present and they reflected on the German government's commitment to different development focus areas in Africa including health, education and nutrition. They emphasized that the German government is concerned with the health system as this is a political issue, which is hugely hampered by lack of trained personnel in many African countries. As a result, the German government has prioritized the strengthening of African health systems through different capacity building programs.

Official opening, Chief of Health Services, MoH Malawi



Dr Charles Mwansambo, *Chief of Health Services at the Malawi Ministry of Health* expressed his gratitude towards the Germany government through GIZ for their continued support to the Malawi government in particular and African development in general. He credited the CEBHA+ network for focusing on NCD's specifically cardiovascular diseases, diabetes and road traffic injuries which are a growing public health challenge in Malawi. He further appreciated the network for initiating a conversation with policy makers which he

believed is the right direction to translating research evidence into policy and practice. Reflecting on this, Dr Mwansambo, acknowledged the strong collaboration between the Ministry of Health

and University of Malawi's College of Medicine, pointing out that it facilitates the link between research evidence and policy formulation and practice. In closing, Dr Mwansambo declared the CEBHA+ 2019 annual networking meeting officially opened and wished members fruitful deliberations.

Status and Progress at CEBHA+ sites

During this session, members shared experiences, general progress and next steps regarding the site-specific activities. Below is a summary of major reflections of the activities across all the CEBHA+ sites (details in Annex A).

General progress across CEBHA+ sites

- Almost all CEBHA+ sites have recruited core staff to initiate functional activities.
- Communication has improved among network partners and with the coordination office
- Good progress has been made on research task activities even though this is at different stages. Some research task teams are at protocol development or submitted for ethical review and others received approval for their protocols.
- Capacity building activities including trainings are being conducted across all CEBHA+ sites.
- Recruitment for CEBHA+ Masters and PhD awards has started across all sites.
- Stakeholder engagement meetings have been initiated in some countries.

Major Challenges across CEBHA+ sites

- Delays in stakeholder engagement in some countries i.e. Rwanda and Ethiopia.
 - o Some partners expressed challenges with identifying and bringing together stakeholders
- Difficulty accessing data from controlling agencies i.e. STEPS survey data for RT1 in Ethiopia.
- Activity implementation has been delayed in Ethiopia due to change of CEBHA+ site from Addis Ababa University to Armauer Hansen Research Institute (AHRI).
- Observing reporting timelines has been challenging with delays for both scientific and financial reporting across sites.
 - o Partners expressed challenges with the complex financial reporting system and requisition for funds
- Some CEBHA+ partner sites are affected by a high staff turnover.
- There is also different turnaround time for ethics processing for protocols with different ethics committees across sites.

During the meeting, members from each CEBHA+ site and research task were invited to reflect on their activities and how they will achieve their primary goals. Further to that, members were encouraged to brainstorm on ways to accelerate progress and match deliverables with time indicators as there are only 3 years remaining until project closure.

Research Work Package: Updates, discussions and way forward

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.

Participants from Malawi, South Africa and Rwanda were present at these discussions. Study protocols for RT1 have been developed and circulated for all three phases of RT 1.2 to the co-investigators in Ethiopia, Malawi and Rwanda. The protocol for evaluation of non-laboratory CVD risk scoring in Malawi, Ethiopia and Rwanda completed.

Way forward and action points for RT1:

- Led by the RT PI, the team will harmonize all data collection tools across the RT1 implementing sites;
- The RT1 team will develop implementation timelines for project activities;
- Dr Kufre Okop (CEBHA+ post doc fellow) will travel to all RT1 implementing sites to assist with data analysis and citizen science training;
- The team agreed that shared data analysis will not be done for this project. Each country will do their own analysis as context may vary from setting to setting;
- RT1 next meeting would be held in March 2019

Research Task 2

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

Participants from South Africa, Rwanda and Malawi were present at these discussions. Prevalence study protocols were being developed in South Africa and Malawi. These protocols are to be submitted for ethics review by March. Members also noted that there was little progress related to this research task in Ethiopia. The protocol for the systematic review has been published. The team has begun screening titles and abstracts, clarifying author roles and agreeing on timelines for the task.

Way forward and action points for RT2:

Prevalence study

- Dinky, Mia, Rawleigh to discuss way forward on the prevalence studies via Skype. This discussion is to map out how best to engage with Ethiopia who were not around at the 2019 Networking meeting.

Systematic reviews

- There are 9 full texts. Joerg and Charlotte will review 4 papers while Anke and Taryn will review 5 papers.
- Jeannine will send Taryn the screening form for the papers to be included in the review.
- Charlotte will discuss with Jean to clarify how he will get involved in this RT
- Jeannine will link the RT2 team with Co-Evidence

- Anke and Joerg will review the methods, data analysis and provide relevant updates.
- Tamara will send Taryn the search terms for systematic reviews. Taryn will check this against the search strategy used
- RT2 lead to contact partners in Ethiopia for a contact person to communicate progress with respect to RT2 activities
- Members discussed the possibility of looking at the prevalence of multi morbidity in the community setting with RT2 but noted the need for further discussion on what to include in the protocol.

Research Task 3

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

Team members from Malawi, South Africa and Rwanda participated in the discussions. The team reviewed the aim of RT3 which is to identify relevant and effective population-level interventions addressing risk factors for diabetes and hypertension in sub Saharan Africa (SSA). The team will evaluate selected ongoing population level interventions in engagement with policy-makers and other relevant stakeholders. Members discussed the methodological approach towards answering the research questions in this task looking at risk of bias among the target group (civil servants) in Rwanda. Further discussions considered an implementation research question within the task which required the inclusion of a proper framework. Since the protocol is still being developed, it will allow the team to improve its approach.

Way forward and action points for RT3:

- The team will work on clarifying some of the research questions for this research task.
- The team agreed that the primary outcome for the RT 3.1 is evaluating how the Physical Activity Policy is being implemented in Rwanda – mainly looking at facilitators and/or barriers to participation by the target population. The second objective is to assess the impact of Physical activity on reducing risk factors for diabetes and hypertension.
- Members agreed to liaise with the Methods Support team (RT5) to assist with the methodological approaches for the RT3.

Research Task 4

Finding the evidence for improved implementation of Road Traffic Injury prevention interventions in Uganda and Rwanda.

The team included partners from Uganda and Rwanda. Among the meeting discussion points, members agreed to work on improving stakeholder engagement, mainly the Police who will be helpful in moving the research task activities. The team further updated each other on different work tasks including offering of scholarships to PhD fellows in both Uganda and Rwanda, and conducting systematic reviews which involved sharing of unanswered questions that were generated by the Ugandan team. These will be shared with the Rwandan team so that they can make faster progress on this activity.

Emerging issues and way forward for RT4:

- Dr Jean Claude will liaise with Ugandan team through Dr Olive Kobusingye and Stella Namatovu to share the research questions for systematic reviews.
- Dr Jean Claude will arrange to set up a core team in Rwanda to train in systematic reviews
- Dr Jean Claude together with the Rwandan team will plan capacity building activities.
- Dr Jean Claude needs to quickly review the PhD concepts for the Rwanda RT4 PhD fellows so that they can register with the University. He will have to further explore the use of some systematic review questions generated in Uganda to be incorporated in the PhD work.



Figure 2: Left, Members during one of the research task discussion sessions. Right, IKT strategy brainstorming breakout sessions

Research Task 5

Promotion of an integrated, rigorous methodological approach across CEBHA+ research tasks and components.

Methodological support (RT5)

Members discussed methodological support activities available to all CEBHA+ partners. Partners were encouraged to use the most appropriate methods and the highest possible evidence to achieve their goals. The methodological support is for all CEBHA+ activities including primary research, research synthesis and integrated knowledge translation. Within this work package, CEBHA+ site leads will share protocols and manuscripts for methodological input by RT5 team. Manuscripts and protocols will be shared through a central repository available in the CEBHA+ google drive. Members also agreed that the International Committee of Medical Journal Editors (ICMJE) regulations will be employed to guide authorship criteria within CEBHA+ partners.

Way forward on methodological support;

- Partners and RT leads will share protocols and manuscripts for internal peer review which will be conducted by RT5 members
- Methodological support team will coordinate to provide feedback for submitted documents within two weeks following submission to RT5 team.

Integrated Knowledge Translation (RT5)

Partners reviewed the draft IKT strategy for CEBHA+ the goal of which is to improve uptake of research evidence into policy and practice. Partners were also reminded that if IKT is to be successful, relationships between stakeholders and policy makers are vital. Members from each CEBHA+ site gave updates regarding stakeholder engagement in their countries.

Emerging issues and way forward for IKT

- IKT is both a scientific and political process and there is need to develop proper strategies
- Partners from each CEBHA+ site need to liaise with key people/organizations in their countries for continuity of the policy process.
- Coordination team to facilitate engagement with international stakeholders for CEBHA+. Specific CEBHA+ sites will coordinate local partnerships.

Exploring IKT synergies within CEBHA+ network

In a plenary session, partners discussed issues facing CEBHA+ IKT that could benefit from the synergy across the network. Members brainstormed challenges and possible solutions that can be leveraged through the network synergies. The table below summarizes action areas agreed upon and the designated offices of responsibility.

Challenge	RESPONSIBLE OFFICER(S)
Lack of utilization of other networks i.e. Cochrane database	Coordination office
Need for branding – development of uniform products, templates, logo, social media identity	Coordination office
Lack of common platform for uploading and sharing site specific IKT plans	IKT Coordinator
Minimal use of Google Drive – facilitation of the use of Google Drive	Coordination office and Methods support coordinator.
Lack of uniform CEBHA+ info to share with various stakeholders – information pack: brochure, two-pager, banner etc.	Coordination office
Training needs in IKT methodology	Capacity development Lead
Lack of CEBHA+ visibility, including online presence, social media presence	Coordination office
Variation in country-specific IKT strategies – needs overall CEBHA+ IKT strategy	RT5
IKT activities between network meetings are unknown to other partners – some form of update (e.g. quarterly overview slides) distributed among partners or meetings	RT5 IKT including IKT leads from respective countries
Skills, expertise and experience vary across network – better utilization of RT5 methods support How can we increase the utilization of methodological support?	Methodological support team

Networking Work Package

During this plenary, members reviewed the objectives of the Networking work package including strengthening communication and interaction between the African and German institutions. Members agreed to fully utilize the annual networking meetings which rotate among African CEBHA+ sites. The CEBHA+ newsletter development was identified as another key resource in

enhancing networking, this newsletter is to be circulated among consortium partners annually. Below is the summary of other work package agreements and way forward. Members further discussed areas for networking including mentorship for Masters and PhD students. The following individuals were nominated as site responsible officers for the Networking work package;

- Nelson and Ann (*CEBHA+ Coordination office, Uganda*)
- Nyanyiwe and Suzgika (*Malawi*)
- Selemani (*Rwanda*)
- Rawleigh (*Ethiopia*)
- Dinky (*Chronic Diseases Initiative for Africa*)
- Tamara (*Cochrane South Africa*)
- Taryn (*Stellenbosch University*)
- Tanja (*LMU*)
- Joerg (*Cochrane Germany*)

Way forward and action points:

- All Masters and PhD students registered under the CEBHA+ scholarship will need to be partnered with mentors within the network;
- An external mentor should be sourced in cases where the relevant expertise isn't available within the CEBHA+ network;
- All CEBHA+ mentorship programs would be run for a minimum of 12 months with the possibility of extension depending on needs raised between the mentor and mentee;
- CEBHA+ network activities need to incorporate stakeholders and other local partners working in NCDs. This would allow continued local support in each CEBHA+ implementing country.

Capacity building Work Package

During this session, members reviewed the capacity development work package activities. Members emphasized that the work package is targeted at both individual, system, and institutional levels. It was however clarified that each site needs to have their own capacity development work plan. It was further indicated that there is a capacity development working group where a member from each CEBHA+ institution participates. The working group meets once monthly via skype.

Emerging issues and action points for capacity development:

- Each CEBHA+ site to develop their own work-plan
- Each CEBHA+ site will hold a single Evidence Based Public Health Course (EBHC), a 5-day workshop facilitated by experts within the network.
- Rwanda is preparing to host the next EBPH training scheduled for **October 2019**.
- Partners should be able to use the funds available to support conference participation for network partners. However, the staff development programs are underfunded and often, funds allocated to capacity building are exhausted before the specified time period.

- Coordination office to discuss this issue with GIZ but also each CEBHA+ site encouraged to carefully manage their budget allocations for each activity.
- Where possible, CEBHA+ sites to work on incorporating EBPH methodologies in undergraduate and postgraduate training programs i.e. MPH, MSc and PhD
- The capacity development working group to spearhead the development of a train-the-trainer course on Evidence Based Health Care (EBHC) for CEBHA+ members. This will be facilitated by Stellenbosch University.

Word from the Funders _ GIZ and DLR-PT

Arlena and Ekke shared that DLR-PT and GIZ are working together to support CEBHA+ successfully execute its research tasks and work packages. Sharing the funder's views on the state of activities within the network, they noted that there is general progress on different work packages and research tasks within the network. There has also been improved communication among the partners and the DLR-PT and GIZ team. The following are the emerging issues and possible ways forward that were discussed;

Emerging issues and way forward

- For every partner at least **one audit will be conducted by the end of the project.**
- When requesting for funds, members need to always calculate the actual need in terms of budgetary disbursements while at the same time making sure that all funds have been used accordingly and all supporting documents have been appended.
- Partners were also reminded to spend money within the specified timeline otherwise money not used will have to be returned to the funder.
- GIZ will share financial summaries to all partners and the Coordination team every six months. In case of any queries, members should contact GIZ and the CEBHA+ Coordination office.
- Arlena and Ekke then introduced **Professor Debrework Zewdie** of the City University of New-York (CUNY) Graduate School of Public Health and Health Policy, USA, who is a board member of the CEBHA+ Strategic and Scientific Advisory Board. Prof Debrework is available for consultation with CEBHA+ partners on specific issues that partners may need support with.

Arlena and Ekke representing GIZ and DLR-PT expressed their gratitude to CEBHA+ partners and assured their continued support in all CEBHA+ activities.

Closing session

Remarks by CEBHA+ African Coordinator, Prof Harriet Mayanja

Prof Mayanja thanked everyone for firstly availing themselves to this year's networking meeting in Malawi. She then thanked members for the presentations on progress of research tasks from each country and the GIZ for their continued technical and financial support. She encouraged every research task group to aim at completing their project activities on time. Prof Harriet also thanked

Dr Gertrude Chapotera for hosting a very successful networking meeting which surpassed her expectations. Dr Chapotera indicated that the next networking meeting will be held in South Africa, and the Malawi team symbolically handed over leadership of the meeting to the South African team.

Remarks by CEBHA+ scientific advisory board members



Prof Gabriel Meyer thanked CEBHA+ partners for inviting them to the networking meeting. She thanked Prof Harriet Mayanja for clarification of the roles of the advisory board which were not clear to most of CEBHA+ members. She advised members to carefully review progress as per the approved protocols and optimize implementation of project activities within the remaining time.

Dr Bernard Opar repeated Prof Gabriel Meyer's sentiments of gratitude and further congratulated all members, noting that CEBHA+ provides a way forward for incorporating research knowledge into policy. He emphasized that the IKT strategy will bridge the gap in communication between policy makers and researchers. Dr Opar advised CEBHA+ members to make use of technocrats in the government ministries in order to advance the NCD agenda forward to the higher level political leaders.

Official Closing Remarks; Dr Jonathan Chiwanda – Deputy Head, NCD Unit, MoH Malawi

Dr Chiwanda thanked CEBHA+ partners for holding this year's networking meeting in Malawi and engaging the local ministry of health in the networking activities. He acknowledged GIZ's financial support to host this meeting and the German government's investment in different development initiatives in Africa and Malawi in particular. Before closing the meeting officially, he reminded members to continue engaging policy makers on issues regarding NCDs using evidence that is generated through the different CEBHA+ activities. He emphasized the need for members to continue to work together throughout the whole project period because the impact of CEBHA+ activities will extend beyond the CEBHA+ project duration and beyond the CEBHA+ countries. Dr Chiwanda then declared the 2019 Annual CEBHA+ Networking meeting officially closed.

ANNEX A: CEBHA+ site updates

CEBHA+ Site	Major activities, challenges and opportunities
Malawi Site	<ul style="list-style-type: none"> ▪ Core staff for Malawi CEBHA+ have been recruited, research field staff will be recruited as per progress with protocol development ▪ Two Scholarships were offered to Master of Science/epidemiology students ▪ Two candidates were shortlisted for PhD position, one student will be selected ▪ A workshop by MEIRU and ANDLA on cardiovascular risk score development and validation had been conducted; and ▪ Held a stakeholder engagement on Integrated Knowledge Translation. ▪ Talks are ongoing with the Department of Public Health on IKT Curriculum Development and Director at the Research Support Center on scheduling trainings on EBPH. ▪ Malawi planning to send members to co-facilitate the EBPH course in Rwanda.
<i>Cochrane South Africa</i>	<ul style="list-style-type: none"> ▪ Recruited core CEBHA+ team including scientists, finance officer and an administrator ▪ 8 Cochrane staff attended short courses in different subject areas ▪ 2 scholarships have been offered to one MSc and one PhD student ▪ More trainings planned focusing on IKT, public health and epidemiology ▪ Facilitated mentorship support for both Masters and PhD students ▪ Jake, from RT5 Munich team, visited Cochrane South Africa to offer methodological support ▪ Expressed challenges with workload (RT3 systematic review), a complex financial reporting system and engagement with policy makers.
<i>Chronic Diseases Initiative for Africa (CDIA)</i>	<ul style="list-style-type: none"> ▪ A post doc fellow has been identified, the plan is to recruit nursing staff and field workers once protocols have been developed and received ethics approval ▪ Developed and circulated the protocol for non-laboratory cardiovascular risk scoring for all phases to investigators in Malawi, Ethiopia and Rwanda ▪ Completed analysis for the Malawi data set, and commenced analysis of data from Rwanda. Data set from Ethiopia not yet received. ▪ Developed protocol for the systematic review on multi-morbidity diabetes, hypertension and depression among people living with HIV ▪ Assisted three CDIA members to participate in network-wide CEBHA+ workshop on IKT in Cape Town in late 2018. ▪ Challenges - delay in progress in research tasks coupled with staff turnover.
<i>Stellenbosch University</i>	<ul style="list-style-type: none"> ▪ Recruited project staff ▪ Offered scholarships to one PhD and one Masters student ▪ Held and facilitated EBPH training programs in 2018 in Uganda

	<ul style="list-style-type: none"> ▪ Plans are underway for a train-the-trainer course for EBHC ▪ Expressed need for clarity on approach for mentorship and research exchange. ▪ Developed a situation analysis protocol for RT3 and submitted for ethics review ▪ Plans are also to collaborate with other South African partners on work packages and stakeholder engagement ▪ Regular meetings and collaborative approach with other CEBHA+ sites in South Africa progressing well ▪ Expressed challenges with financial reporting mechanisms, lengthy turn-around time for ethics processing.
<i>University of Rwanda</i>	<ul style="list-style-type: none"> ▪ Recruited project staff comprising of team leaders and project managers ▪ Field officers and a statistician will be recruited on a short term contract ▪ Offered scholarships to 4 Masters and 4 PhD students ▪ Coordinated two individuals to attend trainings on systematic reviews, meta-analysis and IKT ▪ Developed an activity plan for short courses on research methodology, grant management and EBPH scheduled for October 2019 - date to be determined ▪ Initiated the development and design of the mentorship program ▪ Developed protocols for all research tasks except one on the population level interventions to reduce the risk factors for diabetes and hypertension - which is still being developed
<i>University of Makerere</i>	<ul style="list-style-type: none"> ▪ Recruited core project staff comprising scientists, program coordinator and field staff ▪ Completed reports on road traffic injuries ▪ The team initiated development of manuscripts ▪ Developed tools and database to improve data collection process and enhance data quality for road traffic injuries in the Uganda police ▪ Initiated a systematic review on <i>Interventions to prevent road traffic injuries and deaths among pedestrians</i>. Data being extracted and the process projected to be completed in April 2019 ▪ Scheduled a Road Audit to begin February 2019 ▪ Conducted a number of capacity building trainings. ▪ Some members participated in other international conferences. ▪ More trainings on conducting systematic reviews and meta-analysis have been scheduled.

ANNEX B: Program

PROGRAM FOR CEBHA+ SECOND ANNUAL NETWORKING MEETING AT SUNBIRD CAPITAL HOTEL IN LILONGWE, MALAWI 11th – 13th FEBRUARY 2019

11th February – Monday (Day One)

Session One Chair: Mia Crampin

08:00 – 08:30 Arrival and Registration

08:30 – 09:20 **Objectives, review the agenda and expectations for Networking Meeting**

- Welcoming and opening remarks from Dean of School of Public Health - 7 mins
- Brief opening remarks from Harriet Mayanja (African Coordinator) and Eva Rehfuess (German Co-Coordinator) - 10 mins
- GIZ Malawi - 7 mins
- Brief opening remarks from Official from the German Embassy (Malawi) - 7 mins
- Brief opening remarks from Ministry of Health Official (Malawi)- 10 mins

Session Two Chair: Ann Akiteng

09:30 – 10:40 Overview (progress and outlook for next year) of CEBHA+ activities by each Site (Use agreed format)

09:30– 09:40 Malawi

09:40 – 09:50 South Africa (SACC)

09:50 – 10:00 South Africa (CDIA)

10:00 – 10:10 South Africa (SU)

10:10 – 10:20 Uganda

10:20 – 10:30 Rwanda

10:30 – 10:40 Ethiopia

10:40 **Group photo**

10: 50 – 11:20 *Health Break*

Session Three Chair: Taryn Young

Presentation on overview on Research Tasks

11:20 --11:40 RT1

11:40 – 12:00 RT2

12:00 – 12:20 RT3

12:20 – 12:40 Discussion - RT1, 2 and 3

13:00 – 14:00 *Lunch Break*

Session Four Chair: Dinky Levitt

14:00 – 14:30 RT4(Presentation and discussion)

14:30 – 15:00 WP Networking (Presentation and discussion)

15:00 – 15:30 WP Capacity-building (Presentation and discussion)

15:30– 16:00 Methodological support (Presentation and discussion)

16:00– 18:00 **RT Group discussions**

12 February – Tuesday (DAY TWO)

Session Five Chair: Anke Rohwer

08:20 –08:45 Recap of Day one, Discuss Agenda for Day 2.

08:45 to 12:30pm INTEGRATED KNOWLEDGE TRANSLATION (IKT) WORKSHOP

Brief presentation on stakeholder consultations by each country (reflections on main insights, outcomes and lessons learnt; exemplify IKT strategy for one chosen stakeholder). Followed by brief facilitated discussion (Presentation template provided by Munich team).

08:45–09:00 South Africa

09:00 –09:15 Malawi

09:15 – 09:30 Uganda
09:30 – 09:45 Ethiopia
09:45 – 10:00 Rwanda
10:00 – 10:30 Facilitated discussion

10:30 – 10:50 Health Break

Session Six: Tamara Kredo (Replaced Rawleigh Howe)

IKT WORKSHOP (continuation)

10:50 – 11:30 Exploring IKT synergies
11:30 – 12:30 M&E and next steps

- Presentation on monitoring and evaluation by Munich team; questions and remarks
- Discussion with consortium: current challenges and support needed; next steps

12:30 – 13:30 Lunch Break

Session Seven Chair: Stephen Rulisa

13:30 - 15:30

- Presentation on update and news from the funder agencies about current status of the technical, financial reporting and the experiences, the concluded evaluation, and the SSAB member "responsible" for CEBHA+

15:30 – 16:10 Q&A session; Discussions, challenges, seeking clarifications, etc. by each CEBHA+ institution
16:10 - 17:40 CEBHA+ Research Tasks, Work packages small groups discussions.

13th February – Wednesday (DAY THREE)

Session Eight Chair: Olive Kobusingye

08:00 – 08:30 Recap of Day 2 and Discuss Agenda for Day 3.
08:30 – 09:30 WP Capacity-building (Big Group discussion session) -Taryn Young
09:30 – 10:30 WP Networking (Big group discussion session) - Nelson kakande

10:30 – 11:00 Health Break

Session Chair Nine: Tamara Kredo

Way forward per Research Task and Work Package

Research Tasks Team presentation - Each team shall present their research Task main planned activities for the next year (s)

11:00 – 11:20 RT1 Team presentation
11:20 – 11:40 RT2 Team presentation
11:40 – 12:00 RT3 Team presentation
12:00 – 12:30 Joint Panel Discussion on RT 1, 2, and 3
12:30 – 13:00 RT4 (Presentation and discussion)

13:00 – 14:00 Lunch Break

Session Ten Chair: Gertrude Chepotera

14:00 – 15:00 RT5 Methodological support
15:00 – 16:00 Final Discussion
16:00 – 16:30 Evaluation, Announcements, Final Closing remarks (Gertrude, Eva, African Coordinator)