



# 3<sup>rd</sup> Networking Meeting

Cape Town, South Africa  
2-3 March 2020

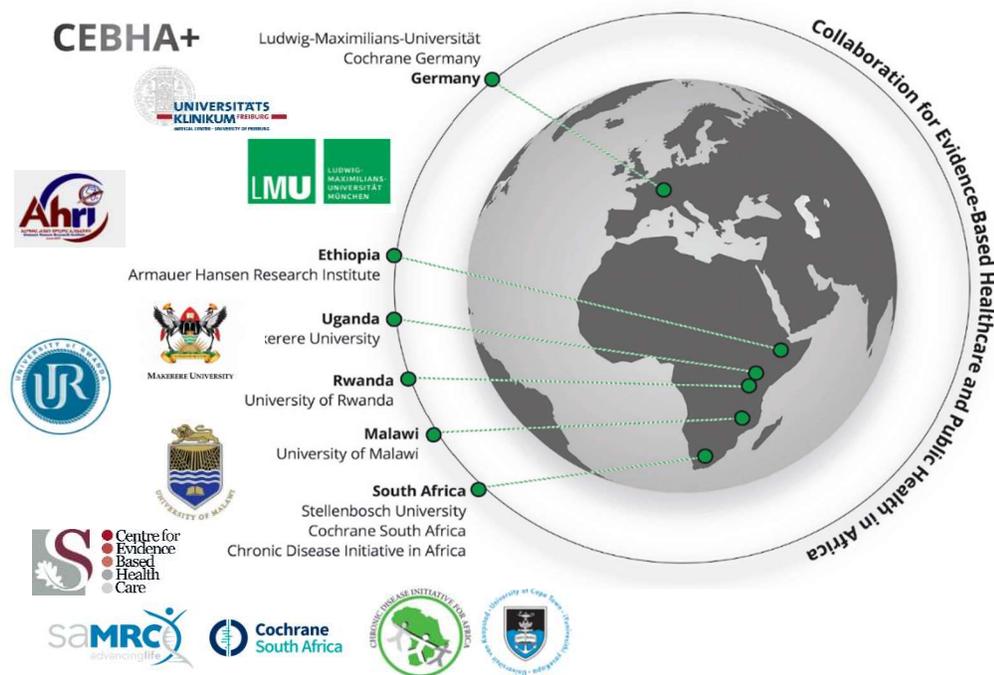
*Co-hosted by South Africa CEBHA+ partners: Chronic Diseases Initiative for Africa, Cochrane South Africa at the South African Medical Research Council & the Centre for Evidence-based Health Care at Stellenbosch University*

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## Background

The overall goal of the Collaboration for Evidence-based Healthcare and Public Health in Africa (CEBHA+) project is to build long-term capacity and infrastructure for evidence-based healthcare and public health in sub-Saharan Africa, including primary research; evidence synthesis; and evidence-based policy-and-practice. CEBHA+ adopts a population perspective, which encompasses on both prevention of disease and delivery of care. The research will contribute to achieving many of the SDGs, especially Goal 3.

The project has African and German partners and is funded by the German Ministry for Education and Research (BMBF) from 2017 to 2022.



The objectives of this third networking meeting were

- To review and celebrate achievements of the past year
- To discuss challenges and how to overcome them
- To develop joint plans for the year 4
- To strengthen scientific and capacity-building exchange between countries
- To undertake a mid-term reflection

The networking meeting was an opportunity to celebrate achievements and also jointly plan for year 4 and 5. The programme ([Appendix 1](#)) allowed for presentations, group work and discussions.

## Participants

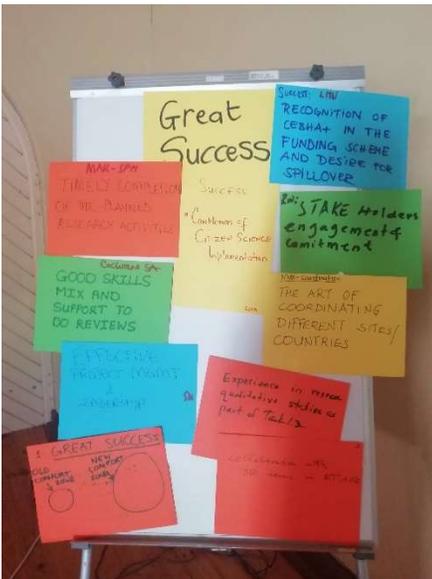
Members from each partner and the Advisory Board joined ([Appendix 2](#)).



## Sharing successes, challenges and learning

To set the scene, Harriet Mayanja reflected on progress thus far ([link to presentation](#)). She referred to systematic reviews conducted, engagement with decision makers, various project meetings, and development of communication systems including social media platforms. There were challenges related to communication, slow utilization of funds, and slow process for student registration. There is need to catch up on delayed activities, to continue with student and mentee programmes and to complete publications. Eva Rehfues presented ([link to presentation](#)) on sustainability and highlighted the need to apply for joint funding, building on the already established networks and to continue building capacity for staff (research and administration) and infrastructure.

Teams then reflected on successes, challenges and lessons learnt. This was a useful activity as it highlighted the synergies between teams' experiences.



Great Success	Challenge	Lessons learnt
Timely completion of planned research activity	Administration and financial reporting e.g. accountability, timely reporting, bureaucracy	Face to face site management helped in coordination
Support from partners e.g. LMU	Challenge of working with new funding system	Value of interpersonal contribution
Effective management and leadership	Underestimated the time required to complete the planned activities	Collaboration and partnership create efficiency
Moved from an idea to action through engagement of decision makers and the community	Keeping on the same page e.g. people responding	Context is relevant
Recognition of LMU in the funding scheme	The challenge of communication	Early stakeholder engagement
Stakeholder engagement (ministry, local leaders, police) and commitment	PhD completion is unlikely to be completed with-in the PhD grant period	Great communication, collaboration and support help effective implementation
The art of managing, coordinating meetings and bringing various sites together		Stakeholders have been part of the research process from the beginning and this has increased uptake
Experience in conducting qualitative study		
Collaboration		
African countries are engaging each other and working together		

## Updates on research tasks

### 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

Activity Objective	Lead	Current status
Review of existing literature for evidence on the effectiveness of different screening approaches for hypertension and diabetes in low-and middle income countries	Cochrane (SA)	Hypertension: The review was completed and submitted to the Cochrane Hypertension Review Group in May 2019. The review found that no studies met the inclusion criteria. The review has been submitted for external assessment- no feedback received yet. Type 2 diabetes melitus: Write-up complete, conducted updated search which is being screened.
To compare the laboratory-based Framingham CVD risk score and the non-laboratory-based score in identifying the most at-risk persons in each of the countries and the overall study population.	CDIA	Data analysis of CVD risk score performance for, Rwanda and Malawi has been undertaken. For Ethiopia, the analysis is not complete. Draft paper with dummy tables on Comparability of CVD risk scores in the countries to be discussed at the network meeting. Challenges/solutions. We are awaiting confirmation of a single variable in the Ethiopian Steps survey- Discussion in Cape Town as to how to ascertain this with Rawleigh's help. 2020: completion of analyses and preparation of manuscripts Publications; We plan a single multicountry m/s for submission to an international peer reviewed journal. There are ongoing discussions re country specific publications. These should all be submitted in 2020
To assess the knowledge and perceptions of cardiovascular disease (CVD) risk in two communities each in Malawi, Ethiopia and Rwanda; with a view to developing recommendations for improving risk communication.	CDIA	All 3 countries have implemented Activity 1.3 using a participatory approach and Citizen Science. Virtual meetings have been held with the research teams in the respective Countries. Kufre Okop visited each county to facilitate Citizen Science training, data collection and stakeholders' advocacy workshops. Citizen Scientists-led community advocacy with relevant key stakeholders in the rural and urban communities yielded immediate outcomes such as support for pilot CVD prevention intervention programmes in Ethiopia and Rwanda. The data collection phase has been completed. 2020; Analysis of the focus group discussions has commenced. In Cape Town, detailed discussions about the analysis of all aspects of this work will be discussed and publications planned. Presentations •2 abstracts submitted on Citizen Science to the International Conference on Behavioural science, in Glasgow, in August 2020
To implement population-based CVD risk assessments, referrals and risk communication in the three countries using community health workers.	CDIA	Planning is ongoing for the implementation of Activity 1.4 in the countries. Draft training manual for CHWs CVD risk screening/ and the Mobile app for screening CVD risk are being developed by CDIA team. 2020:Fieldwork to be undertaken Publications: Protocol paper is being drafted- further publications to be planned Challenges/solutions: Need to resolve when fieldwork will start and end. Kufre Okop will have very little time to dedicate to the project as he has accepted another position. Needs for detailed CDIA input to be discussed
Policy briefs printed and disseminated in South Africa, Rwanda, Ethiopia and Malawi.	CDIA/ Malawi/ Ethiopia	Policy brief developed for South Africa as part of the IKT workshop and shared with SA National Dept of Health. Contribution to new SA NCD strategy that includes screening for diabetes, hypertension and CVD risk

## Research task 2: Evidence-informed policies and practices on integrated models of health care delivery for hypertension and diabetes in Sub-Saharan Africa

Objective	Contact person	Current status	Timeline and plans for 2020
Determine the prevalence of diabetes, hypertension and depression amongst HIV-positive people receiving ART	Dinky/Taryn	<ul style="list-style-type: none"> <li>Overview of existing systematic reviews assessing the prevalence of multi-morbidity amongst HIV positive people on ART completed. The final report has been shared with Dinky to inform primary prevalence study.</li> <li>Ethics approval:               <ul style="list-style-type: none"> <li>South Africa: UCT HERC approval for multimorbidity prevalence study and permissions from the provincial department of health and the clinic where the study is to take place.</li> <li>Malawi: protocol for a community based stratified cross-sectional study aimed determining the prevalence and factors associated with depression and anxiety disorders in Karonga and Lilongwe. The protocol has not been cleared by COMREC but we hope that clearance will be given before the end of this year. Ethical approval refused on 3 occasions.</li> <li>Ethiopia: PhD student identified, CDIA protocol shared with Ethiopia</li> </ul> </li> </ul>	<p><b>Ethics approval:</b> planned for 9/2018; new timeline 6/2020</p> <p>Malawi:</p> <ul style="list-style-type: none"> <li>The National Commission for Science and Technology has intervened in the matter and we hope to receive positive feedback soon. We hope to start the implementation phase of the study soon after ethics approval is granted.</li> </ul> <p>Ethiopia:</p> <ul style="list-style-type: none"> <li>CDIA protocol will be refined and submitted for ERC approval end Q2 2020</li> </ul> <p><b>Data collection completed:</b> planned for 3/2020; new timeline 2/2021</p> <ul style="list-style-type: none"> <li>South Africa: fieldwork taking place in a single site in Cape Town. Thus far data collected on 25% of sample. Fieldwork to be completed by end Q2/early Q3</li> <li>Malawi and Ethiopia: unable to specify when fieldwork will start but would hope to do this in 2020</li> </ul> <p><b>Write-up of the results and submitted for publication:</b> planned 9/2021; new timeline 3/2022</p>
Review existing evidence on integration of care for hypertension and diabetes	Jeannine/Anke	<ul style="list-style-type: none"> <li>The protocol has been published in BMC Systematic Reviews: Uwimana Nicol J, Rohwer A, Young T, Bavuma CM, Meerpohl JJ. Integrated models of care for diabetes and hypertension in low- and middle-income countries (LMICs): Protocol for a systematic review. Systematic Reviews 2019; 8:36. <a href="https://doi.org/10.1186/s13643-018-0865-8">https://doi.org/10.1186/s13643-018-0865-8</a></li> <li>We have identified 4 studies for inclusion, 2 ongoing studies.</li> <li>We updated the search in December 2019 and have identified 2 studies that are potentially included (awaiting assessment)</li> <li>Manuscript currently being finalized.</li> </ul>	<ul style="list-style-type: none"> <li>Present findings at NCD Research symposium</li> <li>Finalise GRADE tables and manuscript</li> <li>Submit for publication by end of April 2020</li> </ul>
Review existing evidence on integration of care for other diseases	Jeannine/Taryn	<ul style="list-style-type: none"> <li>The title has been registered with PROSPERO</li> <li>Screening of titles, abstracts and full text completed</li> <li>23 systematic reviews identified for inclusion</li> <li>The search has been updated</li> </ul>	<ul style="list-style-type: none"> <li>Meet at Networking meeting to discuss next steps, timelines and roles of authors</li> <li>Overview to be completed during 2020</li> </ul>
Implementation research of a comprehensive approach to patient	Zelra/Boob/Joleen	<ul style="list-style-type: none"> <li>We continue CIG meetings.</li> <li>Staff have been supported to conduct diabetes group education and BBCC with patients. Debriefed on areas of strengths and where to improve. Both have been</li> </ul>	<ul style="list-style-type: none"> <li>Within planned timelines</li> <li>Continue data collection in 2020</li> </ul>

education and counselling		<p>implemented at the 2 sites. Data collection has started in February.</p> <ul style="list-style-type: none"> <li>Planning and finalising the Asthma/COPD and Post-TB structural lung disease workshop to train HCPs.</li> </ul>	
Prepare evidence-informed policy briefs and have policy dialogues and stakeholder engagement	Taryn/Anke	<ul style="list-style-type: none"> <li>Stakeholder engagements ongoing in all countries</li> <li>South Africa: Co-hosting NCD research symposium with National Department of Health</li> </ul>	<ul style="list-style-type: none"> <li>Issue brief workshop on 5-6 March 2020</li> </ul>

### Challenges

- Malawi: Ethics approval of the project has been delayed by debate on appropriate compensation of study participants of this study. The committee insists on payment of a \$10 fee to all participants even in the case of this community-based study where there is minimal risk and time loss. The ERC specified that each participant who completes a field worker administered questionnaire receive \$10- this would not be affordable and would jeopardise large ongoing field studies in the country. A new ER has been appointed and the protocol will be resubmitted
- Ethiopia: Progress of the protocol development has been delayed. This is likely to be addressed by more dedicated time allocated by the PhD student and his proposed visit to CDIA in Q2 2020.

### Research task 3: Evidence-informed policies and practices on population-level interventions to prevent diabetes and hypertension in sub-Saharan Africa

Research activities	Lead institution	Progress
Undertake a systematic review of the effectiveness of population-level interventions to prevent diabetes and hypertension	Cochrane Centre SA	Submitted abstract for NCDs symposium 2020 - Update the search (it is currently from Feb 2018, so quite out of date) and screen for new studies Finalize and submit for publication (WHO Bulletin)
Conduct a situational assessment to identify population-level interventions currently being implemented in Malawi, South Africa and Rwanda	University of Rwanda	<p><b>Rwanda</b></p> <ul style="list-style-type: none"> <li>Data collection completed and analysis completed</li> <li>Report under review within research Team</li> <li>Will present abstract to the Symposium</li> </ul> <p><b>South Africa</b></p> <ul style="list-style-type: none"> <li>The implementation of the situational analysis has commenced. Currently conducting desk review and data extraction, prepare for the pilot of the Survey and Key informants interviews</li> <li>Engaging policy makers, managers and researchers in the desk review and mapping of stakeholders to be involved in the Survey and Interviews</li> <li>Submitted an abstract on preliminary findings of the Desk review at the National NCD Symposium; 4<sup>th</sup> March 2020. Abstract accepted.</li> </ul> <p><b>Malawi</b></p> <ul style="list-style-type: none"> <li>Completing data collection</li> </ul>
Evaluate the implementation of ongoing population-level interventions targeting risk factors for diabetes and hypertension in Rwanda	University of Rwanda	<ul style="list-style-type: none"> <li>Ethical approval for FPA protocol was obtained in January, 2020.</li> <li>Recruitment of data collectors</li> </ul>
Production and dissemination of policy briefs	Respective partners sites	<ul style="list-style-type: none"> <li>To commence after getting data from situational assessment</li> </ul>

## **Publications/planned publication**

- Planned publication: WHO Bulletin (currently drafting manuscript)
- Planning to publish the situational analysis reports - Individual country and Joint report
- Planning to submit two manuscripts for publication by end of November.

## Research task 4: Injuries

<b>Objective</b>	<b>Contact person</b>	<b>Current status</b>	<b>Timeline and plans for 2020</b>
To collect & assess the quality of current available data to describe the epidemiology of road traffic injuries in Uganda and Rwanda	Dr. Olive Kobusingye/ Stellah	Digitized data collection tools were developed and piloted. Final report is ready and a manuscript was submitted. The team is currently working on comments from the journal reviewers.	To continue lobbying for the adoption of the digital crash data system by the Uganda Traffic Police.
	Dr. Jean Byiringiro/ Ghislaine	The team is finalizing data analysis.	Planning a dissemination meeting with the data source in March 2020.
Identify key policy and programmatic aspects in the design, implementation and evaluation of existing interventions to reduce the incidence of pedestrian road traffic injuries in Uganda and Rwanda	Dr. Olive Kobusingye/ Stellah	Completed the desk review of relevant documents and a report. The manuscript was submitted, however it was rejected.	To respond to the comments from the journal and submitted to another journal for publication by June 2020.
	Dr. Jean Byiringiro/ Ghislaine	The team is finalizing the Desk review activity.	To start summarizing the desk review results in April 2020
Review the effectiveness of international pedestrian-targeted interventions to prevent the occurrence of road traffic injuries (Systematic review)	Dr. Olive Kobusingye/ Stellah	The shared systematic review report is under review by the co-authors.	We hope to submit the systematic review manuscript by June 2020.
	Dr. Jean Byiringiro/ Ghislaine	Systematic review protocol writing commenced in February 2020	Hope to have the protocol ready by May 2020
Evaluate the implementation of current pedestrian-targeted interventions to prevent the occurrence of road traffic injuries in Uganda and Rwanda	Dr. Olive Kobusingye/ Stellah	A road audit research team was recruited, they trained and collected data. The final report was shared.	We hope to submit the road audit manuscript by June 2020.
	Dr. Jean Byiringiro/ Ghislaine	The team is drafting road audit terms of reference for the road audit engineers.	<i>(To be communicated)</i>

## **Challenges**

Rwanda; Submission of the systematic review protocol in PROSPERO.

Uganda: The organizers of the Grants writing workshop have been postponing the training dates. We have requested that we cost-share the organizing costs so that the team can be able to attend the training.

## **Any support needed to complete activities in time**

Rwanda: Support from the expert in systematic review will be needed to complete this objective timely

Research task 5: Promotion of an integrated, rigorous methodological approach across CEBHA+ research tasks and components

Area	Summary until end 2019	Plans for 2020	Publications and planned publications	Challenges / possible solutions
Integrated knowledge translation (IKT)	<p>A formalised stakeholder engagement/IKT strategy was in place in 4 out of 5 sites. IKT activities accompanying the research activities as outlined in those site-specific strategies are underway in 2020. These IKT activities are diverse and range from a close collaboration with decision-makers to set-up a database documenting road traffic accidents (Uganda), organisation of a joint conference (NCD symposium South Africa) to meetings and other exchanges with stakeholders to discuss research updates. Routine updates on ongoing efforts amongst IKT focal points are taking place through phone conferences (3-monthly interval) and via email.</p> <p>An early-stage evaluation was originally scheduled for 2019, will take place in early 2020 as ethical approval was delayed. Ethical approval has now been granted by LMU Munich, Germany, COMREC Malawi and NEC Rwanda. Approval is pending in South Africa and Uganda, and the Ethiopian ethics proposal is about to be submitted.</p>	<p>In order to inform local IKT strategies and to study IKT systematically across the five sites, a semi-external early-stage evaluation is scheduled to take place in Spring 2020. This mixed-methods evaluation is coordinated and undertaken by researchers at LMU Munich and will comprise a survey and qualitative interviews with both the CEBHA+ researchers involved in IKT activities and their partners from the policy-and-practice community.</p>	<p>Evaluation protocol – summer 2020 Findings from the early-stage evaluation – autumn 2020 Development of the evaluation survey – autumn 2020</p>	<p>Monitoring of IKT activities has been difficult but should be prioritised in order to gain feedback on which and how IKT efforts are successful locally. During the IKT session (3/3/2020, 9 – 10.30 am), monitoring indicators will be discussed to inform and enhance monitoring activities</p>
Methods support (MS)	<p>Throughout 2019, CEBHA+ partners began taking up the offer of concrete MS offered through RT5, with five internal peer reviews conducted. These included two systematic review protocols (both linked to RT1), two intervention evaluation protocols (RT3, RT4) and a publication manuscript for an epidemiological survey (RT4). Additionally, ad hoc MS has been offered by RT5 members across the consortium.</p> <p>Guidance for authorship within CEBHA+ was developed to support CEBHA+ members in navigating the discussions and decisions around authorship when producing scientific publications.</p> <p>A protocol for evaluating MS has been started; however this needs to be further developed before concrete next steps related to the intervention can begin.</p>	<p>A priority in 2020 will be to finalize the protocol for evaluating MS; this will establish steps necessary for a late mid-term evaluation (report to be submitted to the funder in 2020) and for a full evaluation (late 2021). The RT5 MS working group will further aim to communicate the importance of the internal peer review to all RTs, and will continue to conduct internal peer reviews when CEBHA+ members approach us to do so. With regards to targeted support, we will similarly communicate the willingness of RT5 MS to provide support across the consortium, where needed.</p>	<p>Full evaluation of MS – late 2021</p>	<p>Uptake of MS has been relatively low, although this has increased throughout 2019, as internal peer reviews have been conducted.</p>

## Update on WP Coordination and administration

### [Link to presentation](#)

Nelson Kakande provided an update on coordination of finance and administrative process. There were reporting delays partly because of the difficult reporting template. There is need to update the project staff records every 3 months. Any changes need to be communicated to the coordination. GIZ is supportive.

## Networking

### Mentorship

The [guidance document on mentorship](#) was finalised and we agreed that the mentorship programme could be launched. CEBHA+ members willing to act as mentors, added their names to a list that was circulated.

#### Discussion points:

- Mentees are requested to apply to the host institution, inside or outside CEBHA+
- Forms will be filled by mentee and mentors on roles, terms and commitments
- Responsibilities on both mentors and mentees will be taken into consideration.
- There is no institution doing the mentorship programme so far.
- One thing to remember is that mentor should not be a supervisor but can come from any institution.
- The documents will be send to the institutions, the mentorship will be launched
- We need to discuss the budgets to facilitate the mentorship

### Research exchange

- The [research exchange document](#) to be revised. Include the length of the programme, eligibility to participate, plans for monitoring and evaluation of the programme.
- The challenges faced so far with research exchange programme includes missing information from other institutions.
- People are nominated to submit the missing information from institutions.
- Therefore, participation institution need to meet and discuss the way forward.
- The research exchange programme need to be launched.

Aim to finalise by end April. Olive and Selemani will update document.

### Website

- The website is available and everyone invited to have a look at it and suggest anything to add. The website: [www.cebha-plus.org](http://www.cebha-plus.org)
- This website is important and it will help update information on what is happening, the ongoing research and other things.
- More information is needed to populate the website.

# Integrated Knowledge Translation

## Update on evaluation and monitoring from Munich team

- 4 monthly updates on IKT activities happening with focal points on skype
- Development of IKT at each CEBHA+ site (In progress)
- Evaluation: There has been development of a Program Theory for IKT processes/approaches. Input needed from other CEBHA+ sites.
- Evaluation: IRB (Institutional Review Board approvals in Rwanda and Malawi confirmed. Process in Malawi to start.
- Monitoring: Important because provides insights on how the process is going at each site
- How to keep IKT focal points in the loop in Africa ?- For further discussion

## Update on implementation of IKT from each site

- Malawi Stakeholder Identified: Dr Jonathan Chiwanda, Ministry of Health. Engagement process occurring and stakeholder involved in research tasks. Indicators for monitoring relationship identified.
- Rwanda Stakeholder Identified: Dr Nsanzimana Sabin, Director General of Rwanda Biomedical Center. Stakeholder engages in all CEBHA+ and RT activities. Indicators for monitoring relationship identified.
- Uganda Stakeholder Identified: Basil Musgisha, Uganda Police Force. New Stakeholder and will be involved in RT4. Indicators for monitoring relationship identified.
- South Africa Stakeholder Identified: Sandhya Singh, NCD Director, National Department of Health. Stakeholder involved in all RTs and gives insight on how to engage other stakeholders. Indicators for monitoring relationship identified.
- Ethiopia Stakeholder Identified: Ministry of Health Person. Still establishing the relationship to find common ground with stakeholder. Indicators for monitoring relationship identified.

## Indicators for Monitoring are available. Group discussion on which indicators are relevant for each focal point.

- Currently most indicators are on the relationship between researchers and stakeholders. However, monitoring of policy and practice needed, as these are the outcomes of the IKT process
- Sustainability of these engagements beyond CEBHA+ important. IKT processes
- The Malawi case, stakeholder is a PhD student. Who are they representing? Potential conflict of interest? Should policy advisors be independent from the research? Stakeholder is the link to the policy maker and therefore no conflict of interest. Response from Ministry of Health Malawi: Stakeholder not Policy Maker, and forms part of a bigger team who makes the decisions, therefore no conflict of interest. Final word: Important to be reflective on your own processes

## Action Points

- Issue briefs and stakeholders engagement: This will be happening at the IKT workshop
- Dissemination of KT strategy: Development of KT strategy has been done by Ann, Kirsten, and Lisa. Stakeholder analysis still needs to be done and afterwards sharing of strategy to partners will be done.
- Creation of list of conferences to attend for each research task
- Creation of repository for submitted and submitted and accepted abstracts (Ann to coordinate)
- Supporting PhD students in IKT strategies
- Planned publications on IKT approaches and strategies for CEBHA+
- Planned conference: Submit abstracts

## Capacity development

Anke Rohwer presented the progress to date [Link to presentation](#). Ethiopia has upgraded their library, computers and software. CEBHA+ Staff development programme on-going. EBP Train the trainer course not implemented yet. Evidence based public health (EBPH) course developed and underway, implemented in Uganda and Rwanda and planned for 2020 in Malawi (May) and Ethiopia (November), while the Rwandan team are planning to implement a second workshop at the end of 2020. EBPH pocket guide developed and has been circulated to participants at the meeting. An online version of the pocket guide is available on the CEBHA+ website. Academic Short courses on-going. Transferrable skills workshops are ongoing in relevant countries. . Conference scholarships ongoing. We currently have 7 Master's students, 10 PhD students and 1 Post-doc across CEBHA+. The research co-production scheme, as well as the evidence-informed policy short course are 2 activities that have not been initiated. The capacity development working group is meeting every 2 months via Skype to discuss capacity development activities across CEBHA+.

## Student updates

Three students attended the Networking meeting, Hannah Simba (Stellenbosch University), Derrick Sekgala (Cochrane South Africa) and Jimmy Osuret (Makerere University). Students had an opportunity to present on the progress of their research (Box), challenges experienced and how CEBHA+ can support them.

### Research topics

Hannah Simba: The role of environmental and genetic factors in the aetiology of squamous cell carcinoma of the oesophagus in the Eastern Cape Province of South Africa

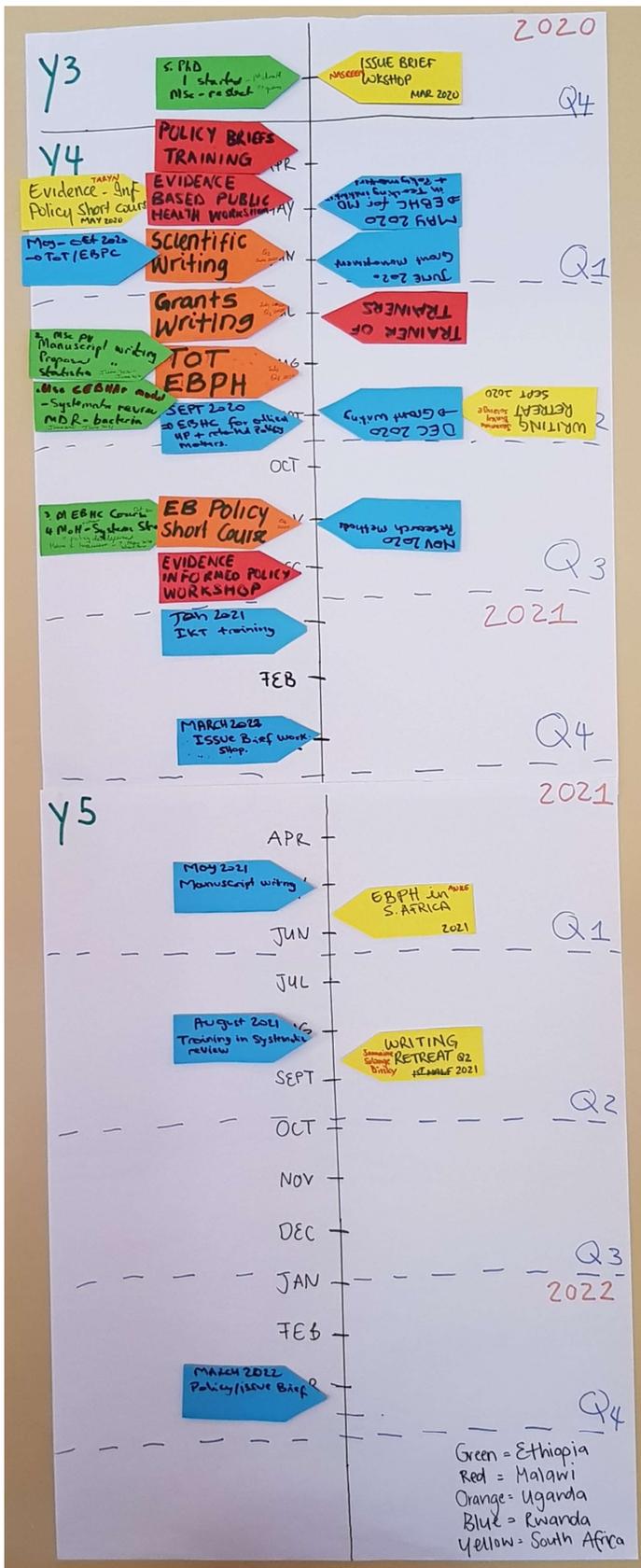
Jimmy Osuret: Effectiveness of educational intervention on child pedestrian injuries and deaths in Uganda

Derrick Sekgala: Social and economic determinants and risk factors associated with non-communicable diseases in South Africa

The main issue was that the funding period is relatively short to complete their studies. Students also expressed interest to join the mentoring programme and requested available mentors to assist them with their research.

## Planning outstanding capacity development activities for all partners

Partners had an opportunity to discuss and map all outstanding capacity development activities in their respective country groups. During the feedback session, a consolidated timeline was created.



#### Uganda: 4 main courses

1. Grant writing workshop
2. Evidence based public health
3. Scientific Writing
4. Evidence Policy workshop

#### Malawi: 4 Main courses

1. Evidence based public health
2. Issue/Policy Brief Workshop
3. Training of trainers
4. Evidence Policy Workshop

#### Rwanda: 10 courses

1. Manuscript Writing
2. IKT training
3. Training on Systematic Review and Meta-Analysis
4. Issue/Policy Brief Workshop
5. Grant management and administration
6. Evidence based Public Health for doctors
7. Evidence based Public Health (TOT?)
8. Evidence based Public Health for researchers
9. Grant writing
10. Research Methods workshop

#### Ethiopia: 4 Courses

1. Systematic review on bacteriology +Manuscript writing for masters students
2. Evidence Based Public Health
3. Ministry of Health Systematic strengthening
4. Selection of Masters student

#### South Africa: 5 Courses

1. Issue/Policy brief workshop – March 2020 (Nasreen)
2. Evidence informed policy workshop for decision makers – May 2020 (Taryn)
3. Evidence informed Public Health in South Africa – 2021 (Anke)
4. Writing retreat (CEBHA+ staff and PhD Students) – Sept 2020 and Quarter 2 2021 (Dinky, Solange, Jeannine)

## Support needed to implement capacity development activities

Countries indicated that they needed the following support to implement the activities:

### Uganda

Grant writing WS: training material, background information (lead by Stella)

Train the trainer WS: training material and guidance (lead by Ann)

Scientific writing WS: team will coordinate with in-house experts and get back with needs for assistance eventually

EB policy WS: none mentioned (lead by Stella)

### Malawi

EBPH: none mentioned

Issue briefs: training material

Train the trainer: training material, facilitation support, support in conceptualising

EB policy: guidance in conceptualising, training resources

### Rwanda

Manuscript writing: training material

IKT: training material and facilitators

Systematic reviews and meta-analyses: training material

Issue briefs: training material

Management and administration: training material

EBPH: training material and facilitators

Train the trainer: training material

Grant writing: training material

### Ethiopia

Generally needs assistance in conceptualising ("and follow-up"?)

EB policy WS: there are two internal trainers available

### South Africa

No needs were mentioned during the presentation

## Feedback from Advisory board members

### Krish Vallabhjee

- The focus should be connecting and collaboration
- Themes emerging from the CEBHA research are critical to and relevant to the Department. The work being done by CEBHA is relevant for policy
- The question is - what are we going to do about the burden of disease including NCD given budget cuts?
- We need to think carefully on the relationship between policy makers and researchers. The relationship has to be mutually beneficial to policy and academics. Needs to be a constructive space.
- Researchers have to understand context especially that there are many other competing priorities that policy makers are grappling with.
- We need to put focus on the community

- We need to think of a mechanism of working with policy makers.

### **Frode Forland**

- For EBPH, there are tools to guide decision making (e.g. the clinical setting, values and knowledge)
- EBPH involves using research knowledge and share among stakeholders to influence practice and policy
- Stakeholders have to be involved for good policy
- Kigali came up with a declaration ([link to Kigali declaration](#)) on using the best available evidence to inform decision making in 2012
- There is continuity and long term commitment and a number of new people included
- There is an equal share on all the 3 work packages
- The research being done is connected to the priorities of the countries
- There is an equal sharing among partners
- It is more important that the results are used beyond publication
- There has been great achievements registered
- Students are already involved and it's important that we keep engaging them
- It is evident that the objectives are being achieved
- We need to set up systems to give policy advise
- To ensure sustainability, it core to look for funding. It's important to include more partners. For the next round, we need to involve the countries that were left out e.g. Tanzania, Burundi and Zimbabwe.
- There is need to connect with EBM hubs
- There is need to integrate courses and curriculum in the education system
- It much easier to get funding when there is an already established partnership
- Norway launches international development strategy on combating NCD
- The way we are collaborating is giving hope to the future.

### **Opar Tolova**

- There many advisory members participating in the project meeting. It's encouraging to see policymakers engaged in research.
- Policies must be based on the based available evidence generated from research.
- There is a growing alliance in the South-South and North South collaboration that is going to take us far
- Universities should take lead in giving policy directions.
- CEBHA involves policy makers right from the beginning to get buy in.
- Financial uptake has been low and this is a set back and needs to be reviewed.
- PhD are unlikely to finish with in the project end time and this needs to be discussed.
- For sustainability, policy makers should come from the university. It is important to emphasize the relevance of evidence in decision making.

### **Dzinkambani Kambalame**

- The project well designed from conceptualization and implementation
- Some sites have left policy brief for the end period of the project and need to be prioritized
- The research team from Malawi need to discuss with the ethics committee on compensation of research participants with is recommended.
- RT5 is doing a lot of capacity building as well as doing evidence synthesis and policy engagement
- We should involve stakeholders from the very start of the project for ownership of results

- It's important to build capacity among policy members such that the understanding becomes easier
- There should be an element of implementation research which is recommended by WHO
- On sustainability, we need to use existing structures with in the ministries
- There are implications on remuneration and compensation of research participants in Malawi that might affect relevant research.
- There are many trainings for policy makers across the content. Is there a way to capitalize on these already existing training?

## Closing

### Research task 1

- We have a project plan for all activities
- Our challenge is how to coordinate the sites.
- A number of publications will be submitted by the end of the year
- There will be monthly teleconferencing

### Research task 2

- There are a variety of activities
- There is a plan for the systematic review and the plan is to submit the manuscript
- Work for the review has been divided up among members

### Research task 3

- There is good progress
- For the systematic review, there is need to update the review
- The preliminary report will be written
- The manuscript of the desk review is being written
- We need support to mobilize stakeholders and gather information
- The approval from ethics in Rwanda has been granted and results will be ready by October

### Research task 4

- We have all the data collected for Uganda and what is pending is manuscript and dissemination
- Help needed will be from Research task 5

### Research task 5

- We have methods support and need to increase communication across the consortium.
- Regular meetings of RT5 team to be implemented.
- We have had conversations on IKT
- Evaluation of IKT is about to start

### Capacity building

- We need to check if we shall achieve what we set out do in year 4
- We will discuss planned activities in the capacity development working group meetings

### Networking

- The scientific exchange and mentorship program to be implemented
- The next networking meeting will be hosted and organised by the Rwanda team in 2021.

## Appendix 1: Programme

### Pre-meeting: 1 March 2020

19:00: Dinner at Stellenbosch Lodge

### Day 1: 2 March 2020

Session	Time	Chair <sup>1</sup>	Topic	Presenter
	08:30-09:00	<i>Arrival and registration</i>		
1	09:00-09:30	Dinky	<b>Welcome remarks:</b> <ul style="list-style-type: none"> <li>Welcome to Cape Town and introductions to teams</li> <li>What have we achieved so far? Where do we want to be at the end of the funding period?</li> </ul>	Taryn Harriet/Eva
2	09:30-11:00	Tamara	<b>Updates from each site</b> <b>Session purpose:</b> Share highlights/ successes and learning, brief discussion about cross-cutting issues <b>During:</b> Three poster boards featuring for all 10 sites <ul style="list-style-type: none"> <li>- 1 great success</li> <li>- 1 significant challenge</li> <li>- 1 lesson learnt to be shared</li> </ul> These will be filled with information during the session as a team effort by each site's team (20 minutes), then be presented very briefly in plenary when pinning the three A4 cards to the three boards (40 minutes), followed by a bird's eye view reflection across sites, also in relation to the "mid-term reflection" initiated by Harriet and Eva (30 minutes).  <b>Feedback:</b> Malawi, Rwanda, Uganda Coordinating, Uganda research team, Ethiopia, SA (CDIA), SA (CSA), SA (SU), Germany (Cochrane), Germany (LMU)	All partners Eva and Harriet
	11:00-11:10		Patients – new book launch	Olive
	11:10-11:30	<i>Tea break</i>		
3	11:30-13:00	Ann	<b>Updates from each research task</b> <b>Purpose of session:</b> Share results and progress to date <b>Approach:</b> 5-minute presentations (quickly summarising the information in the handout, and highlighting key issues that need to be solved) followed by 10 minute Q&A	<b>RT leads</b>

<sup>1</sup> The role of the chairs will be to:

- work with facilitators
- welcome everyone at the start of session
- ensure facilitators are around
- keep the session to time
- close the session, unless this will be done by facilitators

			<b>Before:</b> Each task to submit 1-2 page written feedback on pre-specified template (2 weeks before), this will be printed and available to all.	
			Research task 1	Dinky
			Research task 2	Anke
			Research task 3	David
			Research task 4	Olive
			Research task 5	Jake/Lisa
			WP Coordination and administration (Uganda, Germany)	Ann/Harriet
	13:00-13:15	Group photo		
	13:15-14:00	<i>Lunch break</i>		
	14:00-14:05	Icebreaker		
4	14:05-15:00	Olive	<b>WP Networking</b> <b>Purpose of session:</b> launch of the mentorship and research exchange programmes, share progress and work collectively on planning next steps <b>Approach:</b> <ul style="list-style-type: none"> <li>• Research exchange and next steps (10 min presentation, 10 min discussion)</li> <li>• Mentorship programme and next steps (10 min presentation, 10 min discussion)</li> <li>• Newsletter/website – update (20 min)</li> </ul>	Nelson with input from Nasreen, Ingrid, Bey  Ann/Jake
5	15:00-15:40	Anke	<b>Student updates</b> <b>Purpose of session:</b> Student presentations on progress and challenges and how CEBHA+ can support them <b>Approach:</b> Student presentations (5 min each) on research objectives, overarching methods, progress to date and challenges: <ul style="list-style-type: none"> <li>- Hannah Simba</li> <li>- Jimmy Osuret</li> <li>- Esther Zziwa</li> <li>- Derrick Sekgala</li> </ul> <b>Discussion (20 min)</b>	Students
	15:40-16:00	<i>Tea break</i>		
6	16:00-17:30	<b>Break out groups – research tasks/activities</b>		

## Day 2: 3 March 2020

Session	Time	Chair	Topic	Presenter
	07:00-8:30	CEBHA+ Management Board Meeting		
	08:30-9:00	<i>Arrival and registration</i>		
7	09:00-10:30	Stephen/Charlotte	<b>Integrated Knowledge Translation</b> <b>Purpose of session:</b> Share update on the evaluation planning and implementation <b>Approach:</b> <ul style="list-style-type: none"> <li>- Update on evaluation and monitoring from Munich team (20 min)</li> </ul>	Lisa, Kerstin

			<ul style="list-style-type: none"> <li>- Update on implementation of IKT from each site (5 min each site; ~30 min in total)</li> <li>- Integration of issue briefs in stakeholder engagement strategies (15 min)</li> <li>- Synergies with other work packages (10 min)</li> <li>- Synergies with other, cross-network activities (15 min)</li> </ul> <p><b>Before:</b> Preparation of structured updates on implementation, monitoring and evaluation of IKT activities from each IKT focal point (templates will be circulated prior to the meeting)</p>	
	10:30-11:00	<i>Tea break</i>		
8	11:00-12:30	Ingrid/ Joerg	<p><b>Capacity development</b> <b>Purpose of the session:</b> to share progress to date, and to plan capacity development activities for next 2 years <b>Approach:</b></p> <ul style="list-style-type: none"> <li>• Feedback: CEBHA+ wide activities during last year (10 mins)</li> <li>• Planning outstanding capacity development activities for all partners (small group work) (40 min) <ul style="list-style-type: none"> <li>○ One group per African partner, German partners to join African partner groups</li> <li>○ Each partner group to look at work plan to identify activities and workshops that need to be delivered by the end of CEBHA+</li> <li>○ Plot workshops/activities on timeline</li> <li>○ Identify responsible person to drive each activity</li> <li>○ Consider available budget</li> <li>○ Discuss what assistance is needed in terms of: <ul style="list-style-type: none"> <li>▪ Planning and development of workshops/activities</li> <li>▪ Learning material or resources</li> <li>▪ Implementation of workshop e.g. facilitators</li> </ul> </li> <li>○ Record on flipchart</li> </ul> </li> <li>• Feedback (30 min): <ul style="list-style-type: none"> <li>○ Each group to give feedback on discussions</li> <li>○ Consolidated timeline to be created</li> </ul> </li> <li>• Wrap up and way forward (10 min)</li> </ul>	Anke, Taryn
9	12:30-13:00	Solange	<p><b>NCD Research symposium</b> <b>Purpose of session:</b> maximise the benefit of the Symposium <b>Approach:</b> overview of the programme, logistic issues?</p>	Taryn, Traci
	13:00-14:00	<i>Lunch break</i>		
10	14:00-15:15	<b>Break out research tasks/ activities</b>		
	15:15-15:30	<i>Tea break</i>		
	15:30-15:35	Icebreaker		
11	15:35-16:30	Taryn	<p><b>Feedback from Advisory board members</b></p> <ul style="list-style-type: none"> <li>○ Krish Vallabhjee</li> <li>○ Frode Forland</li> <li>○ Opar Toliva</li> </ul>	

			<ul style="list-style-type: none"> <li>○ Hiwot Solomon</li> <li>○ Vincent Rusanganwa</li> <li>○ Dzinkambani Kambalame</li> </ul>	
12	16:00-17:30	Harriet and Eva	<b>Closing session</b>	RT leads
			Feedback from research tasks	
			Way forward	
			Closing remarks	

**Break out groups – research activities: 2 March**

<b>Research task/activity</b>	RT 2; activity 2.2
<b>Who requesting</b>	Anke
<b>Team members to join</b>	Anke, Taryn, Joerg, Ingrid, Jeannine, Charlotte
<b>Number people</b>	6
<b>Topic</b>	Effects of integrated models of care for diabetes and hypertension in low-and middle-income countries. A systematic review
<b>Objective</b>	<ul style="list-style-type: none"> <li>- To discuss GRADE certainty of evidence</li> <li>- To discuss any outstanding issues related to the review</li> </ul>
<b>Room requirements</b>	No specific requirements

<b>Research task/activity</b>	RT 3: population prevention for NCDs
<b>Who requesting</b>	Solange Durao
<b>Team members to join</b>	Jake, Solange, David, Bey, Tamara, Eva
<b>Number people</b>	6
<b>Topic</b>	Physical Activity systematic review
<b>Objective</b>	Update author team of progress with the review and agree next steps
<b>Room requirements</b>	Projector would be ideal

<b>Research task/activity</b>	RT1
<b>Who requesting</b>	Dinky Levitt
<b>Team members to join</b>	All RT1 team members at the meeting
<b>Number people</b>	About 6
<b>Topic</b>	Review of available data and analyses from Phase 1
<b>Objective</b>	Agree on next steps re publication
<b>Room requirements</b>	Nil specific other than projector

<b>Research task/activity</b>	Development of overarching KT or dissemination strategy for CEBHA+
<b>Who requesting</b>	Lisa Pfadenhauer, Kerstin Sell, Ann Rose Akiteng
<b>Team members to join</b>	<ul style="list-style-type: none"> <li>• At least one representative from Capacity Building and Networking</li> <li>• Researchers with experience in international stakeholder engagement</li> <li>• Nelson, Stella, Seleman, Suzgika, Gertrude, Kiya, Rawleigh, Olive, Nasreen, Taryn, Anke, Peter, Tamara, Bey, Eva</li> </ul>
<b>Number people</b>	tbd
<b>Topic</b>	Overarching KT or dissemination strategy
<b>Objective</b>	To agree upon a process of how to develop, implement and potentially evaluate an overarching KT or dissemination strategy for CEBHA+
<b>Room requirements</b>	Projector

### Break out groups – research activities: 3 March

<b>Research task/activity</b>	RT 2; activity 2.3
<b>Who requesting</b>	Anke
<b>Team members to join</b>	Anke, Taryn, Joerg, Ingrid, Jeannine, Charlotte, Tamara, Ann, Jean Berchmans
<b>Number people</b>	10
<b>Topic</b>	Integrated models of care for chronic diseases: an overview of systematic reviews
<b>Objective</b>	<ul style="list-style-type: none"> <li>- To discuss next steps and timelines</li> <li>- To clarify author roles</li> </ul>
<b>Room requirements</b>	No specific requirements

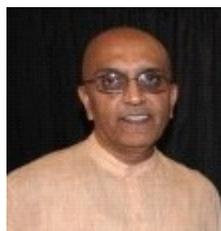
<b>Research task/activity</b>	RT5 – Methods support
<b>Who requesting</b>	Jake
<b>Team members to join</b>	Open
<b>Number people</b>	Open
<b>Topic</b>	Authorship guidance; Methods support needs
<b>Objective</b>	<ul style="list-style-type: none"> <li>- Discuss questions/comments related to authorship guidance</li> <li>- Discuss questions/comments related to methods support, as well as discuss future methods support needs and wishes</li> </ul>
<b>Room requirements</b>	None

<b>Research task/activity</b>	RT1
<b>Who requesting</b>	Dinky Levitt
<b>Team members to join</b>	All RT1 team members at the meeting
<b>Number people</b>	About 6
<b>Topic</b>	Session with Kathy Murphy to discuss analyses of citizen science data
<b>Objective</b>	Agree next steps for analysis of focus group and other data collected
<b>Room requirements</b>	Nil specific other than projector

## Appendix 2: Participants



Opar Bernard Toliva  
Advisory Board



Krish Vallabhjee  
Advisory Board



Frode Forland  
Advisory Board



Dzinkambani Kambalame  
Advisory Board



Harriet Mayanja-Kizza Africa  
Coordinator



Kakande Nelson Sande  
Africa Coordinator



Ann Rose Okurut Akiteng  
Africa Coordinator



Dinky Levitt  
CDIA



Peter Delobelle  
CDIA



Kuffre Okop  
CDIA



Katherine Murphy  
CDIA



Tamara Kredon  
Cochrane South Africa



Bey-Marrie Schmidt  
Cochrane South Africa



Solange Durao  
Cochrane South Africa



Derrick Sekgala (student)  
Cochrane South Africa



Joerg Meerpohl  
Cochrane Germany



Ingrid Toews  
Cochrane Germany



Rawleigh Howe  
AHRI, Ethiopia



Jacob Burns  
LMU Munich



Kerstin Sell  
LMU Munich



Lisa Pfadenhauer  
LMU Munich



Gertrude Chapotera  
Malawi



Nyanyiwe Mbeye  
Malawi



Tamara Phiri  
Malawi



Talitha Mpando (IKT)  
Malawi



Suzgika Lakudzala  
Malawi



Stephen Kasenda  
Malawi



Stephen Rulisa  
Rwanda



Charlotte Bavuma  
Rwanda



David Tumusiime  
Rwanda



Selemani  
Ntawuyirushintege  
Rwanda



Jean Byiringiro  
Rwanda



Taryn Young  
Stellenbosch University



Traci Naidoo  
Stellenbosch University



Anke Rohwer  
Stellenbosch University



Birhanu Ayele Stellenbosch  
University



Nasreen Jessani  
Stellenbosch University



Joleen Cairncross  
Stellenbosch University



Jeannine Uwimana-Nicol  
Stellenbosch University



Hanna Simba (student)  
Stellenbosch University



Bob Mash  
Stellenbosch University



Jimmy Osuret (student)  
Uganda: RT4



Olive Kobusingye  
Uganda: RT4



Stella Namatovu  
Uganda: RT4