

Conference Report



Moving from Policy to Practice: Saving Mothers and Newborns at National and Local level

Uganda Maternal and Newborn Health Conference

15th – 17th June 2015, Serena Hotel
Kampala, Uganda





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COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

Department of Health Policy Planning and Management



Dr. Peter Waiswa, MUSPH and Chairman Organizing Committee, Maternal and newborn conference giving his remarks

Dear Participant,

On behalf of the organizing committee of the Uganda Maternal and Newborn Conference 2015, we would like to extend our sincere appreciation to each of you for attending the just concluded conference. Special thanks to our chief guests, guest presenters, national and global experts and champions. A big thank you to all the moderators who skillfully guided the discussions. We were very blessed to have a large number of national and global maternal and newborn experts and implementers which resulted in successful plenary, panel and poster presentations. We appreciate you all for taking the time and effort to attend the conference. We are also grateful that you could share your ideas, experiences, suggestions, opinions and lessons learned. Your informative, insightful and stimulating presentations were highly appreciated and contributed enormously to the success of the conference. We certainly hope that the conference met your expectations and that you took time to network, make new friends and renew old acquaintances. We believe that this year's conference has been a great success and with all the lessons learned and experiences shared, we will together improve maternal and newborn health in Uganda with lessons for other countries .

Lastly, we would like to thank the sponsors for the funds provided; the organizers for the meticulous and great organization and the media for keeping the public informed.

We look forward to working with every one of you in the future as we continue the struggle towards improving Maternal and Newborn Health in Uganda.

Looking forward to seeing you at the 2016 conference. Yours sincerely,

Dr. Peter Waiswa,

Chairman Organizing Committee, Maternal and newborn conference

ACRONYMS

AOGU	Association of Obstetricians and Gynaecologists of Uganda
LSHTM	London School of Hygiene and Tropical Medicine
MakCHS	Makerere University College of Health Sciences
MakSPH	Makerere University School of Public Health
MDG	Millennium Development Goal
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
UNFPA	United Nations Population Fund
UPA	Uganda Paediatrics Association

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EXECUTIVE SUMMARY

The Uganda Maternal and Newborn Health Conference, the first of its kind in Uganda was held from 15 to 17 June 2015, under the theme, **‘Moving from Policy to Practice: Saving Mothers and Newborns at National and local level’**. The Conference was organized by the Makerere University School of Public Health (MakSPH) Maternal and Newborn Centre of Excellence in collaboration with Save the Children, Uganda Paediatrics Association, Association of Obstetricians and Gynaecologists of Uganda and the Ministry of Health.

The Conference, whose goal was to identify key steps required to accelerate progress towards Uganda’s maternal and newborn health targets, was attended by over 360 local and international participants, including: health officials, practitioners, and experts in the maternal and newborn sector.

The Conference comes at the end of the Millennium Development Goals (MDGs) era, when Uganda is reflecting on the progress made so far and developing strategies to ensure that the unfinished agenda is carried forward and the already set ambitious targets for the Sustainable Development Goals (SDGs) are achieved.

CONFERENCE OBJECTIVES

- To review progress of maternal and newborn health in Uganda
- To share lessons learnt in implementing maternal and newborn health policies and programs in Uganda and identify key drivers and barriers of progress towards high coverage of quality effective interventions
- To identify context-specific research priorities and a plan to fill in these gaps with evidence and other innovative solutions in Uganda focused on identifying areas of greatest need.
- To reflect on capacity building for maternal and newborn research and programming in Uganda

KEY MESSAGES FROM THE CONFERENCE

- There is an urgent need to change the current mode of operation in order to get better results. Globally, African countries including Uganda are lagging behind and will not meet the MDGs 4 and 5. At the current pace, a new born in Uganda will require 110 years to enjoy the same survival chance as a new born in the richest nations of the world. To progress, Uganda needs to move twice as fast as we are currently doing
- An unacceptable 85,000 deaths around the time of birth: In Uganda, over 6,000 women and 39,000 newborns die annually in addition to 40,000 still births occur around the time of birth from preventable causes. Strategies to address stillbirths are still a major gap in Uganda.
- The Infant mortality rate has reduced from 81/ 1,000 live births in 1995 to a commendable rate of 54 in 1,000 live births in 2011. However, the newborn mortality rate has remained constant at 27/1000 live births, significantly contributing to infant mortality.
- Family planning is critical in reducing mortality and increasing investment. There is a high unmet need for family planning which if met would avert 228,000 pregnancies and 108,000 births resulting into cost savings which could be diverted to other underfunded interventions.
- The linkage between the community and the health systems is necessary and should be strengthened. The planned replacement of HCIs with Community extension workers requires further dialogue and discussion with stakeholders.

- Male involvement needs to be defined and measured. We need to define what package of services can be provided to meaningfully engage men in maternal and newborn care.
- Innovation: Innovation was a core theme of the conference. It is necessary to bring the innovations to scale.
- It is necessary to scale up a number of low cost evidence based easily implementable interventions that have been left to waste.
- Strategic partnerships: There are a lot of RMNCH partners each of whom has a role to play. There is need to build strategic partnerships in order to augment their impact.
- Quality of care and quality improvement approaches are critical for community based services
- Universal Health Care coverage: It is critical to understand Universal Health Coverage (UHC). A dialogue on understanding UHC is important now more than ever. “The elephant (Universal Health Coverage) is being seen by the four blind men who should now listen to the citizens who can be seen (the citizens must be heard)”
- Investment: there is a critical need to revisit the investment strategy in Maternal and Newborn care. The time to act is now. The period for pilot programs is over and partners need to scale up interventions that work
- There is need to systematically address the identified health systems bottlenecks, including Human Resources for health particularly addressing the low numbers of key cadres such as Anaesthetists, Obstetricians and Gynaecologists as well as Midwives; essential supplies such as blood amongst many others.



Some of the conference participants

A CALL TO ACTION

All conference participants reaffirmed the vision of the Newborn Action Plan:

“A world in which there are no preventable deaths of new-borns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential”

Conference participants agreed and called upon all stakeholders including Government, Development partners, Health Care Workers and communities to:

- Promote and develop integrated plans that deliver services along the continuum of care in a coordinated way
- Develop intentional leadership to advocate for and promote survival of mothers and newborns in the country
- Implementation with innovation: Address health systems bottlenecks especially the important role of health workers and doing scalable programs and not just pilot programs
- Invest for impact in governance, increase community participation, increasing the citizens voice
- Strengthen use of data for decision making; Promote accountability of all stakeholders through strengthening measurement of progress and impact in the post 2015 agenda
- Advocate for inclusion of the RMNCH+A agenda in the post 2015 discussion and provision of services for development, Investment for impact-in governance, community participation, and partner alignment, Implementation with Innovation to address health system bottlenecks and health workers and promote measurement of progress and impact to ensure progress even beyond the MDG era.

CONFERENCE AT A GLANCE

THE UGANDA MATERNAL AND NEWBORN CONFERENCE, JUNE 15 - 17, 2015				
Time	Monday 15	Tuesday 16	Wednesday 17	
8:00AM- 9:00AM	Arrival and Registration			
9:00AM - 10:00AM	National Anthem Opening remarks - Dr. Peter Waiswa, MakSPH	Keynote Address: Achieving Universal health coverage in Uganda-implications for Maternal and newborn health in the next decade - Assoc. Prof. Freddie Sengooba, MakSPH	Keynote address: Global advocacy for maternal and newborn health, strategies for the post MDG era - Mr. James Kintu, World Vision International	
9:05AM - 9:15 AM	Welcome Address - Assoc. Prof. Freddie Sengooba	Uganda national plan for achieving Universal Health Coverage - Dr. Sarah Byakika, MoH	Beyond health workers to the public as drivers of change - lessons for maternal and newborn health from HIV/AIDS - Dr. Noeline Kaleeba, TASO	
9:15AM - 9:35AM	Maternal and Newborne Health in Uganda: Achievement so far and plans for the post MDG era - Prof. Anthony Mbonye	Consumers perspectives on universal health coverage for Maternal and newborn health - Ms. Robina Kaitiritimba, National Health Consumers Organisation	Effectiveness of community media in empowering Ugandan community health workers to achieve the national maternal and neonatal health policy -Mr. Wilson Okaka, Kyambogo University	
9:35AM - 10:20AM	Panel Discussion: How can Uganda move forward?	Panel Discussion	Panel Discussion	
10:20AM - 10:30 AM	Open discussion	Launch of the Uganda Newborn Study (UNEST) supplement		
10:30AM - 11:00AM	Tea Break	Tea Break	Tea Break	
11:00AM - 1:00PM	Conference opening			
11:00AM-11:10AM	National & Makerere Anthems	Uganda National Health Insurance scheme: Will it bridge the financing gap for mothers, newborns and children? - Mr. Aliti Tom, MoH	Session 9A: Research and Capacity Building: Community Based	Session 9B: Research & Capacity Building: Facility Based
11:10AM-11:35AM	Key note Address: Maternal Health, still births prevention and newborn care - Global strategy in the post MDG era - Prof. Joy Lawn	Enhancing uptake of effective maternal and newborn health practices using a results based financing approach in Northern Uganda - Ms. Solome Kiribakka Bakeera		
11:35AM - 11:45 AM	Remarks: Assoc. Prof. Freddie Sengooba, MakSPH	Effect of subsidized transport on the uptake of maternal newborn health services: Experience of the boda for mother voucher in Rwenzori region -Lonard Tumuhimbise, Baylor College		
11:45 AM -11:55 AM	Remarks: Ms. Barbara Burroughs, Save the Children		Closing ceremony	

THE UGANDA MATERNAL AND NEWBORN CONFERENCE, JUNE 15 - 17, 2015				
Time	Monday 15	Tuesday 16	Wednesday 17	
11:15AM -12:05PM	Remarks: Dr. Victor Musime, UAP	Panel Discussion	Conference Statement: Dr. Frank Kaharuza	
12:05PM - 12:25PM	Remarks: Dr. Charles Kiggundu, AOGU			
	Entertainment by MDD			
12:30 PM - 12:40PM	Remarks: Dr. Ruth Achieng, MoH	Open discussion	Closing remarks: Prof. Christopher Orach, MakSPH; Mr. Tophher Mugumya, Save the Children; Prof. Joy Lawn, LSHTM; Prof. Pius Okongo	
	Guest of Honour's Speech: Hon. Tikodri Togboa			
12:40PM -12:55PM	Launch of the Every Newborn Action Plan			
1.00PM-2.00PM	Lunch	Lunch		
2:00PM-2:30PM	Session 2A: Operationalising Maternal and newborn care equitably and at Scale	Session 6A: Scaling up neonatal sepsis care in Uganda	Session 6B: Caring for the 'Born too soon'/Preterm	Lunch
2.00PM - 3.30PM				
3:30PM - 5:00 PM	Session 3A: Community Maternal and Newborn care VHT SKIT	Session 3B: Operationalising Maternal and Newborn care for the Sustainable Development Goals in Uganda	Session 7A: Improving quality of care	Session 7B: Addressing obstetric morbidity and mortality in Uganda
4.30PM - 5.30PM	QUESTION & ANSWER SESSION Tea	QUESTION AND ANSWER SESSION Cocktail		Capacity Building for young Scientists

OPENING CEREMONY

The opening ceremony was presided over by Prof. Tickodri Togboa, representing Hon. Sarah Opendi, Minister of State for Primary Health Care.



*Prof. Tickodri Togboa,
State Minister for Higher
Education*

To set the tone for the Conference, a key note address entitled, **‘Maternal health, still births prevention and newborn care – Global strategy in the post Millennium Development Goal era’**, was delivered by Prof. Joy Lawn from the London School of Hygiene and Tropical Medicine (LSHTM).



*Prof. Joy Lawn delivers
the keynote address*

Prof. Lawn provided both global and local perspectives on the key issues in maternal and newborn care, as highlighted below:

Globally:

- There is enough data to know that great progress has been made, particularly in the last ten years. Maternal deaths have been halved, yet almost 300,000 women continue to die annually around the world. Reducing maternal deaths is on the agenda of many leaders.
- 3.5 million Children do not make it to their fifth birthday due to very preventable causes.
- Newborn death has been reduced by about 54%; this is remarkable and is not far from hitting the target. 44% of fewer than 5 deaths occur during the 1st month of birth.

- 2.6 million Babies are still born; 1.2 million dying during labour. Still births are not tracked and should be accounted for.

“We dream of a world, 15 years from now in 2030, where an African has a chance at the care that they deserve for every woman and newborn”

Overall, 9 million deaths occur annually, 6 million of which are related to birth.

In Uganda:

- 6,000 women die during child birth
- 68,000 children die before their fifth birthday
- 39,000 newborns die within the first month of life
- 40,000 stillbirths occur

Overall, there are 230 deaths per day which translates to 85,000 deaths each year. This is unacceptable and needs to end.

- Unless African countries do things differently, it will take 110 years for a newborn in Africa to have the same survival chance as a baby born in the richest countries.
- There is need for innovations which must be implemented.
- There is need to learn from other countries. A number of publications have been made including: Every newborn series, Every Newborn Action Plan and Ending preventable maternal mortality.
- The greatest chance of death is on the day that a baby is born. Up to 1.2 million babies die at birth, one million are stillborn and 113,000 mothers die while giving birth. Interventions must be focused on the time of birth, to guarantee a triple return on investment.
- The highest rate of neonatal deaths occurs in Africa. Sadly, Uganda is just below the top ten risky countries.
- Africa is making the slowest progress towards elimination of maternal and newborn death. However, countries like Malawi and Tanzania that have made great progress.
- The leading cause of child death is pre-term birth.
- Two million lives could be saved annually by ensuring quality services: skilled health care workers trained in newborn care, closing the quality gap, providing essential newborn care and resuscitating babies who do not breathe at birth.
- Uganda needs increase its momentum towards reaching the desired goal. What should be done differently?
 1. **Integrated Plans:** Integrated service delivery, continuum of care, coordination
 2. **Intentional leadership development:** Especially in countries with highest burden
 3. **Investment for impact:** Governance, community participation, partner alignment
 4. **Implementation with Innovation :**Address health system bottlenecks, especially health workers
 5. **Indicators & metrics:** Targets in post 2015; measurement of progress and impact

Following the keynote address, remarks were made by representatives of conference organizers/sponsors, as highlighted below:

Remarks by Prof. Freddie Sengooba, Representing the Dean, MakSPH

- Uganda is making progress, albeit slower than anticipated, towards improving maternal and new-born health. There is need for more momentum, innovation, and leadership. The Conference will help to raise these issues and push them onto the national agenda.
- Education curricula should be reviewed, considering many existing drivers in the sector, to incorporate maternal health issues at all levels and prepare people for parenthood, family planning etc.
- The Conference brings together various role players: a wealth of experience, knowledge, resources and technology which can be brought to maternal and newborn care to make a difference.
- MakSPH, MakCHS and Makerere University are critical influencers in the way we do business either in education, research or service delivery, and try and bring dignity to our communities. MakSPH initiatives e.g. the SPEED project, supported by the European Union, focuses on using and translating evidence into policy.
- It is necessary to groom leaders in every sector so as to create champions and ensure that this issue is sustainably addressed

Remarks by Barbara Burroughs, Uganda Country Director – Save the Children

- Adolescent sexual reproductive health: young people are one of the most forgotten groups by governments, donors - this is changing now and this is a very important health initiative.



Prof. Freddie Sengooba gives his remarks

“We have to keep learning; we can’t just keep doing things the way we have been doing them in the past and expecting different results- Barbara Burroughs- Uganda Country Director, Save the Children Uganda



*Barbara Burroughs-
Uganda Country
Director, Save the
Children Uganda gives
her remarks*

Remarks by Dr. Victor Musiime- President, Uganda Paediatric Association (UPA)

- The infant mortality rate in Uganda has decreased but the neonatal mortality rate remains constant
- It is important to establish partnerships & collaborations to tackle the several identified bottle necks
- UPA has local and international collaborative programs in newborn health and Dr. Musiime pledged UPA's commitment to scaling up its efforts to reduce neonatal mortality rate.



*Dr. Victor Musiime gives
his remarks*

Remarks by Dr. Charles Kiggundu- President, Association of Obstetrics and Gynaecology (AOGU)

- Women who are ever present at every delivery need to be attended to, given information and support. Their rights should be observed during pregnancy and at child birth.

"It is sad that we still [record] mortalities ranging in the 6000s every year; of women dying from a cause that is largely preventable using relatively simple measures- Dr. Charles Kiggundu-President, AOGU"

Remarks by Dr. Ruth Aceng, Director General, Ministry of Health

- Ending preventable maternal and neonatal death and reducing mortality and morbidity requires a multi-sectoral approach. Ministry of Health alone cannot address this and should be supported by Education, Gender, and Agriculture ministries.
- The Government of Uganda has heavily invested in reducing maternal and child morbidity but with slow progress.
- Infrastructure is being rapidly improved; hospitals, especially maternity units, labour suites and antenatal clinics are being renovated. Equipment is most available and in stock but is not being used.
- Reproductive health commodities are widely available and are supplied freely to all health facilities. Essential medicines and supplies are supplied against a budget.
- The Government acknowledges partners' support in providing MNCH interventions. However, three grey areas stand out:
 1. **Human Resources for Health** - numbers, skills & motivation. The number of available health workers is low compared to required numbers. Specialist health workers are limited e.g. obstetricians, gynaecologists, paediatricians, midwives and critical health workers such as anaesthetists. Plans for recruitment are underway.
 2. **Community involvement:** The Village Health Teams (VHT) cannot contribute meaningfully as volunteers. They need to be motivated in order to perform. The MoH is reviewing the VHT strategy with the aim of changing it into the Community Extension Worker strategy by the end of this year.
 3. **Coordination:** There are too many uncoordinated players in the field. There is need to rally behind one strategy in order to move towards the set goal.

*“With a change in attitude and great commitment, we can go a long way in achieving the targets that we have set”- Dr. Jane Ruth Acheng-
Director General, Uganda MoH*



Dr. Jane Ruth Acheng gives her remarks

Remarks by Guest of Honour- Prof. Tikodri Togboa, Minister of State for Higher Education, representing Hon. Sarah Opendi, Minister of State for Primary Health Care

The Guest of Honour noted that the Conference was an important opportunity to reflect on the efforts to improve the welfare of society by focusing on reproductive health related services; empowering people to take care of their families and contribute to national development. He appreciated the efforts of MakCHS and the MakSPH Centre of Excellence for organizing the Conference and partners including Save the Children, UPA and AOGU for supporting the event.

Uganda has made strong steps towards realising the MDGs, for instance: reduction in poverty and promotion of Universal Primary Education for both girls and boys, promoting women's involvement in all spheres of national development, Ugandans living longer as a result of pro-poor programs, and reduction in newborn mortality from 81 per 1,000 live births to 54 per 1,000 live births.

While progress had been made in aspects such as skilled attendance at delivery and attendance of antenatal care, the Guest of Honour noted that progress on improving maternal health and achieving universal coverage of reproductive health services had been rather slow. Maternal mortality remains at 438/100,000 births. Women continue dying during pregnancy and child birth yet the causes of these deaths are well known and so are the solutions. He stated that use of relatively cheap and available technology can lead to rapid improvement in conditions of women.

On the proposed way forward, the Minister informed the Conference that the MoH has put in place: a sharpened plan to reduce maternal, newborn and child mortality, a costed implementation plan for family planning, adolescent health policy & strategy and soon the school health policy which if implemented to scale will lead to improvement of reproductive maternal, newborn, child and adolescent health.

He emphasized the need to re-dedicate efforts to the emancipation of adolescents and women even more in all aspects adding that paying attention to their reproductive health needs in the context of socio-economic development is particularly important.

In conclusion, the Minister re-echoed the need to continue working with development partners to prioritize girls' and women's health and keep it at the top of the agenda.

The Minister officially opened the Conference and launched the **'Every newborn Action Plan'** – an action plan to end preventable deaths. The envisages a world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.



The Guest of Honour Prof. Tikodri Togboa (3rd right) launches the 'Every new-born Action Plan'

PLENARY SESSIONS

SESSION 1: UGANDA NATIONAL POLICY AND PROGRAMME CONTEXT

Session Chair: Prof. Pius Okong, Head, Health Service Commission, Uganda

This session highlighted the achievements in maternal and newborn health, challenges, plans for the post MDG era, and possible solutions to some challenges. A key note presentation titled: '*Maternal and Newborn Health in Uganda: Achievements so far and plans for the post Millennium Development Goal era*' was made by Prof. Anthony Mbonye.

Highlights:

Why prioritize maternal health issues?

- Maternal health issues account for at least 18% of the burden of disease in Uganda – more than any other single health problem.
- There is a 34% unmet need in family planning which if addressed would result in huge cost savings estimated at 18 billion Uganda shillings per annum.

Current status of maternal and child health indicators

- Contraceptive use amongst married women is at 30% with 26% using modern methods and 4% using traditional methods.
- The national fertility rate stands at 6.2%; the rate for urban areas stands at 3.8% while that for rural areas stands at 6.8%.
- The total demand for family planning stands at 64.3%. The satisfied demand is 46.7% and therefore the unmet need is 34.3%
- Infant mortality rate: 54 in every 1,000 and under 5 mortality rate: 90 in every 1,000.
- Maternal mortality rate stagnated at 438 per 100,000

Success stories

- DPT3 coverage is over 90%
- Skilled attendance at delivery has increased to 59%
- HIV Prevalence decreased from 30% to 7.3%
- Insecticide Treated mosquito nets coverage is greater than 80%
- Malaria prevalence among children aged 5 years has decreased from 42% to 19%
- Infant mortality rate decreased to 54/100,000 live births in 2011 from 81/100,000 live births in 1995.

Plans for the post Millennium Development Goal Era

The policies/guidelines in place include:

- Sustainable Development Goals (with targets) – will soon be launched.
- The sharpened Plan (A Promise Renewed) – identifies the bottlenecks that need to be addressed to ensure efficient maternal and newborn care.
- Costed Implementation plan for scaling up family planning interventions
- National Development Plan II – has been launched
- Health Sector Strategy Plan IV is being developed and will be launched very soon
- UN Life saving Commodities initiative which will ensure availability of essential supplies
- Results based performance initiative

- Maternal/child health research Agenda

Innovative Approaches

It is important to learn from and scale up innovative approaches including:

- Reproductive health vouchers— learning from the experience in Western Uganda. This initiative will be scaled up in other parts of the country using funding from the World Bank. This will help address issues of equity.
- Saving Mothers Giving Life model—Demonstrates that addressing health systems' obstacles can save mothers and babies
- Training health workers on helping babies breathe – high impact intervention.
- Maternal and perinatal death audits— Can help to improve quality in health facilities
- Promoting rights and gender balance
- Improving monitoring and accountability

Panel discussion: How can Uganda move forward?

Chair: Prof. Pius Okongo **Panelists:** Dr. Romano Byaruhanga- AOGU; Dr. Rose Chalo Nabirye- School of Nursing, MakCHS, Dr. Sarah Naikoba- Save the Children, Dr Ismail Ndifuna- UNFPA, Dr. Jolly Nankunda- Department of Paediatrics, MakCHS, and Dr. Jesca Nsungwa- MOH

Reflecting on the presentation, the panellists suggested various for Uganda to review and adjust efforts to make progress towards achieving set targets in maternal and newborn care.



Participants listen in during the panel session

Highlights from presentations

Dr. Romano Byaruhanga, AOGU

- It is critical to translate policy into practice, learn from success stories and use the lessons learnt to improve other areas.

- Accessibility to services at the time of delivery should be improved.
- Implementation of low cost evidence based interventions should be done.
- Need to ensure quality of care at the health facility through training and mentoring health care workers.

Dr. Rose Chalo Nabirye, MakCHS

- Research has shown that nurses are associated with better treatment outcomes. The Government and development partners should support nurse training institutions.
- Degree nurses and midwives have been trained for the past ten years, however these have not yet been recruited by Government due to policy issues
- Working conditions for nurses and midwives should be improved to motivate ensure that they are motivated and retained in their jobs.

Dr. Sarah Naikoba, Save the Children

- Most MNH efforts have ramified largely at National level in form of policy and guidance. The challenge is rolling out these policies for implementation at the district and Health facility level.
- There is need for more commitment for district wide coverage of services.
- There is need for a strong element of monitoring and accountability.

Dr. Ismail Ndifuna, UNFPA

- Universal access to Sexual and Reproductive health which had been completely ignored at the start of the MDG era was brought on board 8 years later and this has contributed to the slow progress in this area.
- It is important to recognize the unfinished agenda in this area so that it carried forward to the post 2015 era.

Dr. Jolly Nankunda, MakCHS

- While the infant mortality rate has reduced, the newborn mortality rate remains stable and needs to be addressed.
- There are many players providing maternal and new-born services; calling for coordination and strengthening of linkages.
- The linkage between the health facility and the community which ensures continuum of care needs to be strengthened to reduce infant mortality.
- Strengthening of male involvement is key; many mothers cannot make quick decisions in absence of their husbands.

Dr. Jesca Nsungwa, MoH

- Service delivery should be strengthened in order to achieve MDGs 4 & 5; women should not simply survive; but thrive.
- Available resources should be efficiently used and additional resources for MNCH services mobilized.
- Better analysis of obstacles on the demand and supply sides should be done to create an enabling environment for delivery of MNCH services.
- Death surveillance should be improved to ensure that more resources are spent where the highest number of deaths occur.
- Accountability for all inputs is key and this will ensure better utilization of available resources.

SESSION 2: UNIVERSAL HEALTH COVERAGE IN UGANDA: WHAT DOES IT MEAN FOR MATERNAL AND NEWBORN HEALTH?

Session Chair: Prof. Jerome Kabakyenga

This session defined Universal Health Challenges (UHC) and ways of tackling them as well as the Uganda Government plan for UHC. A keynote presentation titled: “*Achieving universal health coverage in Uganda: implications for maternal and newborn health in the next decade*,” was made by Assoc. Prof. Freddie Ssengooba, Makerere School of Public Health.

Highlights

- Although Uganda’s neighbours, including Rwanda, have scored highly, Uganda has also made huge investments in its health system. It is difficult to imagine Universal Health coverage without considering financing.
- In-order to achieve Universal Health coverage a lot of attention should be given to the following:
 - The population should be able to access affordable services. Out of pocket expenses should be reduced by considering alternative financing, including: Government financing, private/social health insurance, lower user charges.
 - Expand priority services for RHMNAC of good quality and expand the population groups benefitting from the services.
 - Build resilient systems to sustain coverage and strengthen all the components of the health systems. But also empower households with some basic skills for managing newborns.
 - The Education system should prepare the young generation for parenthood.
 - Human Resources for Health – numbers are low and require support to be able to deliver care. There is need to address all the elements of the Health System.
 - Health system obstacles and bottle necks need to be identified in order for them to be appropriately addressed.
 - Uganda has a very high fertility rate which is responsible for the current population pyramid. Government investment is tied up in the high dependent population and so family planning should be promoted to result in cost saving for other unmet needs.
 - Many interventions are not costed. It is important to pilot scalable innovations.
 - There is need to implement evidence based innovations.

Presentation 2: Uganda National Plan for achieving Universal Health Coverage by Dr. Sarah Byakika – Ag. Commissioner Planning, Ministry of Health

Highlights

- Universal Health coverage (UHC) seeks to provide affordable, desired quality of services with desired outcomes. UHC will help in achieving the sustainable development goals.
- In Uganda previous efforts at UHC include:
 - Strengthening primary health care through specific grants allocation to districts for implementing health service delivery
 - Decentralization of services to the health sub-districts, focusing on maternal and child health, ensuring that HCIVs are available to deliver emergency obstetric care and services
 - Defining the Uganda National Minimum Health Care Package
 - Abolition of user fees leading to increased utilization of services
 - The VHT strategy-leading the community to the formal health service delivery

- Recentralizing procurement of essential medicines and health supplies to ensure availability and accessibility of supplies
- Essentials for UHC
 - A strong sufficient well run health system
 - Affordability – a system of financing health services
 - A sufficient well motivated staff
 - Addressing the social determinants for health
- Implications for Uganda
 1. Uganda needs long term sustained political commitment in order to achieve UHC
 2. Multi-sectoral, broad based Government buy-in is critical
 3. Nationwide consensus on necessary reforms such as national Health Insurance scheme should be done
 4. Uganda needs a roadmap with a vision and key elements to guide the country towards UHC
- Uganda can benchmark other countries to develop strategies, but should contextualize experiences, taking into consideration the disease burden, bottlenecks and available resources.
- There is need to strengthen the health systems including those at community level. Identified bottlenecks should be systematically addressed.
- There are efforts being made to update the Uganda national minimum health care package taking into consideration the current epidemiological and socio-economic trends.
- There is need for appropriate health financing arrangements. Efforts are in place to establish a national health insurance scheme to enable pooling of resources.
- Institutional systems should ably manage the health insurance scheme if approved.
- It is necessary to have a very good M & E framework for measuring the key achievable indicators for UHC
- A task force is being constituted to spearhead the UHC agenda; engaging various stakeholders and formulate strategies which are well formed. Multi-sectoral engagement is required.

Presentation 3: Perspectives of consumers on universal health coverage for maternal and new-born health- Ms. Robinah Kaitiritimba, Uganda National Health Consumers Organisation

Highlights

- There is need to deal with the high morbidity and mortality which is preventable
- We need to learn from other countries' success stories
- There is need to have a correct definition and understanding of consumer needs – the mother should be consulted about their needs since she is always present at every delivery
- Leadership at all levels i.e. from family to national level in needing accountability extremely important
- There is increased embracing of the views of civil society in shaping policy
- Government should support the Ministry of Health especially in health financing
- There is inadequate support to Health Care Workers in terms of supervision and availability of relevant supplies
- The Government does not adequately support the VHTs. There is a disconnect between the community and the service.

- Access to health facilities is an issue e.g. poor roads
- There is need for accountability for results
- Community empowerment is key to demanding for improved services
- There is need for better coordination between the different Government departments
- Regular client satisfaction surveys should be undertaken by Ministry of Health to inform service improvement
- There is need to scale up evidence based interventions

Panel discussion

Chair: Prof. Kabakyenga **Panelists:** Robina Biteeyi, White Ribbon Alliance; Prof. Stefan Peterson, Karolinska Institute, Sweden; Prof. Joy Lawn, LSHTM.

The panel discussion emphasized aspects that need to be encouraged and established for the success of UHC.

Highlights

Robinah Biteeyi, White Ribbon Alliance

- Citizens are important stakeholders in ensuring Universal Health Coverage. When they understand their rights, gaps and responsibilities, they can demand for better services.

Prof. Joy Lawn, LSHTM

- The Government should increase the amount of money allocated to Health; lessons can be drawn from Tanzania which is spending more of its budget on health.
- It is important to have a well defined minimum essential health package however this must be implemented
- Health practitioners need a voice in the implementation of UHC. The later should be evidence-based.
- UHC needs to be measurable to ensure that there is a noticeable outcome
- Women are at the centre of all interventions and should be listened and all their questions answered.



Prof. Stefan, Karolinska Institute, Sweden (white shirt) chairing a session

Prof. Stefan Peterson,

- More work is needed in addressing the social determinants to health e.g. revising the education curriculum to include aspects of health
- Bottlenecks should be systematically identified and addressed, ensuring that all components of the system work
- Accountability at all levels is important; lessons can be drawn from Rwanda
- Plans to close HCIs and replacing them with community extension workers, requires a lot of debate to avoid disruption in the Health system as HCIs are very important in terms of access to the formal health system.

SESSION 3: HEALTH FINANCING MATERNAL AND NEWBORN HEALTH – WHY HAS THIS REMAINED LOW? WHAT ARE THE OPTIONS?

Session chair: Prof. Freddie Sengooba, MakSPH

This session examined the different funding methods available for the health sector and the benefits that would accrue for maternal and new-born health.

Presentation 1: Uganda National Health Insurance scheme: Will it bridge the financing gap for mothers, New-borns and children? -Mr. Tom Aliti, Asst. Commissioner Planning, Ministry of Health

Highlights

- The proposed Health Insurance scheme will bridge funding gaps in the health sector and promote private partner participation in health care provision.
- Currently, there is a high dependence on households accounting for 38% beyond the WHO recommended maximum level of 15%.
- Uganda's per capita expenditure is about 150,000 UGX and an average about 15% of our expenditure on reproductive health is for households. Underfunding has affected all the health system blocks as well as research and implementation of services
- The scheme will ensure access to services by the population, including mothers and children. It will operate concurrently with other existing schemes, including those by credit service providers.
- A national coordination mechanism will manage the scheme and its expansion will be done annually.
- The scheme will provide equitable access to services by mothers and children.

Presentation 2: Enhancing uptake of effective maternal and new-born health practices using results-based financing approach- Ms. Solome Kiribakka Bakeera

Highlights

- Implementation of Results Based Financing (RBF) is associated with early improvements in adherence to some clinical guidelines.
- Incentivisation of specific practices & attention to data verification are associated with improved adherence in relatively simple care and with improved adherence in more complex care.
- Significant capacity building and clear strategy on roll out plans is necessary for RBF to realise its potential in practice

Presentation 3: Effect of subsidized transport on the uptake of maternal new-born health services: Experience of the boda mother voucher in the Rwenzori region- Lonard Tumuhimbise, Baylor College

Highlights

- From 2012 to March 2015, approximately 218,000 transport vouchers were distributed.
- Baseline data: Phase 1 redeemed 44% for ANC, 32% for delivery and 8% for post natal care.
- Following intervention: 2014-2015 phase 2 this presents as 60% for ANC, 46% Delivery and 70% for PNC increase in HF delivery and MNH service uptake.
- Experiences demonstrate that subsidised local transport increases uptake of maternal child health services

Panel Discussion

Ms. Charlotte Mubeki, Healthnet Consult

The panelist highlighted additional challenges for health financing and suggested ways of addressing them.

Challenges:

- The Health sector is inadequately funded. Government funding for the health sector has remained stagnant despite increased revenue collection and despite the fact the population is growing by 3% annually.
- Available resources are not efficiently used most of the time.
- Donor funding fluctuates according to donor priorities, may be withdrawn and is sometimes not aligned to sector priorities.
- Out of pocket spending is not the most efficient way of funding a sector especially the Health sector and it impoverishes the populace.

Suggested solutions

- There is need for reforms and innovations:
- Government should commit to promoting effective change and should increase funding to demonstrate this commitment. More advocacy is also needed.
- Accountability: In terms of efficient and effective use and management of funds
- Health Insurance is critical but needs to be thought through very carefully.

Launch of the UNEST supplement

The Uganda New-born study which has shaped the thinking about newborns in Uganda was launched by Prof. Buyinza, the Director of Research and Graduate training at Makerere University. According to Prof. Buyinza, this supplement was in line with the University's mandate of taking science to the people because "science not delivered is as good as non-existent". The UNEST supplement therefore provided an opportunity for MakCHS to contribute to global knowledge but to also inform policy, especially the health policies in Uganda. Prof. Buyinza appreciated all the conference organizers for a job well done.

The new-born study was a cluster randomized trial that started in 2008, and was implemented over 2 years in Iganga and Mayuge districts. . It was designed on the basis of a study done in Asia which showed that home visits to pregnant women and newly born babies can make a difference. The objective was to assess the changes in use of maternal and newborn care services, key household behaviours, care-seeking and the costing of the package.



Prof. Buyinza (fore ground) launches the UNEST Supplement launch

Key outputs

- More than 20 peer reviewed papers published which generated knowledge for the country and have improved the ranking of Makerere University. **(See Appendix A: UNEST Paper titles & key highlights)**
- Capacity building- 3 PHDs and over 16 Msc/ MPH graduates
- A lot of media attention – which has resulted in dissemination of stories to the public
- Follow-up research projects including EQUIP, MANIFEST, MANEST & MANCSALE
- An Innovation – the foot size card that can be used to identify low birth weight babies so that they can receive appropriate care or be referred for care
- Contribution to the global agenda

National implications

- What should be done differently?
 1. Intentional leadership development in MNCH improved
 2. Investment for impact– For instance implementing pilot projects and scaling up successful ones. Some of the work of VHTs was drawn from this study.
 3. Integrated plans – maternal and new born care was examined.
 4. Need to implement and innovate
 5. Need for measurement

SESSION 4: ADVOCACY AND ROLE OF THE MEDIA IN IMPROVING MATERNAL AND NEWBORN CARE

Chair: Mr. Topher Mugumya, Save the Children

The session examined the media's role in raising awareness for maternal and newborn care but also the importance of raising voices of the consumers in order to reach the right audiences to achieve desired results.

Keynote address: Global advocacy for maternal and new-born health: strategies for the post millennium development goal era by Mr. James Kintu, World Vision International

Highlights

- It is important to involve the people who are affected to raise their voices for the attention of decision makers.
- For effective advocacy, it is important to build coalitions and networks both nationally and internationally.
- Evidence based advocacy using data from research and case studies. This requires more work in terms of strengthening evidence.
- Messages should be unified and coordinated and should be consistently delivered until change is realised
- In order to achieve the desired results, care should be taken to identify the right audience i.e. that which can cause the desired impact.
- Commitment Gathering
- Key Moments: Partner's Forum & World Prematurity Day – Partner's forum, International Breast feeding week. Raise voices and people take time to listen
- There is unfinished business which should be moved into the post MDG era
- There is need to:
 1. Strengthen linkages between research and advocacy
 2. Emphasize local level advocacy linkages to national and global policy processes.
 3. Enhance constructive dialogues for better health outcomes.
 4. Strengthen accountability mechanisms (score card and citizens hearings)

Presentation 2: Beyond health workers to the public as drivers of change: Lessons for maternal and new-born health from HIV/AIDS- Dr. Kaleeba Noeline, TASO

Highlights

- There is need to bring a human face to the sufferings of women
- Advocacy is not an event. It is a collection of activities that are put together one riding onto the other to influence different people
- There is need to involve social anthropology - community gate keepers actively.
- Acknowledge that there is a problem
- There is need to probe rather than blame, then resolve the problem
- There is need to place all efforts in the national framework and government efforts in order to ensure sustainability of interventions e.g. programming etc
- There are community gatekeepers that must be harnessed e.g. women, midwives- all the front liners - to get the voices that we need.
- Advocacy should be informed by research, programs that model what we are talking about before bringing others on board to achieve our desired goals

Effectiveness of community media in empowering Ugandan community health workers to achieve the national Maternal and neonatal health care policy- Mr. Wilson Okaka

- Communication campaigns should be regular and consistent
- Need to carry out awareness creation of relevant policy, for effective communication

Panel discussion

Chair: Topher Mugumya, Save the Children **Panelists:** Catherine Mwesigwa- New Vision, Catherine Ruhweza- Mama Tendo Foundation, Ms. Robinah Biteyi- White Ribbon Alliance, Hon. Dr. Lulume Bayiga- Member of Parliament, Hon. Sylvia Sinabulya Nambidde- Member of Parliament, and Prof. Florence Mirembe

The panellists called for increased advocacy for MNCH issues and use of appropriate messages to achieve desired outcomes.

Prof. Florence Mirembe

- MNCH issues should be kept on the agenda by talking about them
- Health is everyone's responsibility and it starts at the household
- A Save-the-Mother program was started at the Uganda Christian University, Mukono to educate the public on safe motherhood

Mrs. Catherine Mwesigwa- New Vision

- Journalists need to access appropriate information so as to deliver effective messages
- The media is one of the commonest sources of information. Most of Ugandan media is formed of community radio stations; yet, presently, they are not optimally harnessed to create mass awareness about Maternal

Newborn and Child Health. Media practitioners in these outlets must be deliberately targeted to create a grass roots mass movement to reduce Maternal, Newborn and Child Mortality.

Mrs. Catherine Ruhweza- Mama Tendo Foundation

- It is important to shift away from emotionally driven, event based engagement of the media towards a protracted collaboration on Maternal New-born and Child Health
- The proliferation of an array of social media platforms must be exploited to achieve mass dissemination of MNCH information
- There is need to bring the young generation on board by creating advocates in families and moving the agenda forward.
- There is need to disseminate research findings to the media in order for the public to uptake innovations and advances in tackling Maternal Newborn and Child Mortality and Morbidity



Some of the panel session discussants

Ms. Robinah Biteeyi, White Ribbon Alliance

- Understanding of the national and global MNCH environment is important for successful advocacy
- Building an evidence base is important for engaging policy makers on MNCH issues
- Forging strategic partnerships among stakeholders in MNCH will boost advocacy
- Journalists and other media actors should understand government policies on MNCH to exert positive influence on mass opinion
- Raise awareness and take the media to the field so they have first-hand experience
- Learn from other advocacy organizations that have come up
- Focus on how we package these advocacy messages
- The citizens' voice is very critical and is important in advocacy

Hon. Dr. Lulume Bayiga- MP Buikwe South, Shadow Minister for Health

- There is need to empower communities in order for them to raise their voices and make appropriate demands which when heard will be put on the policy agenda.
- There is need to bring legislators on board so that MNCH issues receive the desired platform
- Evidence based advocacy is desirable by the Parliament.
- Health begins at home, everyone needs to take responsibility.

Hon. Sylvia Sinabulya Nambidde- MP Mityana district

- Members of Parliament should be educated and sensitized in order to appreciate these issues.
- Advocacy is necessary for resource mobilization for the MNCH agenda.

PARALLEL SESSIONS

The parallel sessions provided an opportunity for sharing evidence, lessons learnt and for learning about the scalable low cost interventions for MNCH. The following themes were used:

- Operationalising Maternal and Newborn Care Equitably and at Scale
- Scaling up Helping Babies Breathe Plus (HBB+) project in Uganda
- Community Maternal and Newborn Care
- Operationalising Maternal and Newborn care for the Sustainable Development Goals in Uganda
- Scaling up Neonatal Sepsis care in Uganda
- Caring for the 'Born too soon'/Preterm
- Improving Quality of Care
- Addressing Obstetric morbidity and mortality in Uganda

During discussions on community maternal and new-born care, participants learnt that the MoH plans to replace HCII with trained Community Extension Health workers who will replace the Village Health Teams. They urged MoH to consult further before implementing this change.

CLOSING CEREMONY

During the closing ceremony, Dr. Frank Kaharuza- MakSPH made a presentation highlighting the key messages generated from various presentations and discussion made at the conference. He also presented recommendations for all stakeholders to reduce maternal and new-born mortality and advance the MNCH agenda in Uganda.



*Dr. Frank Kaharuza (left)
presents the conference statement*

See [Appendix B](#) for the conference statement

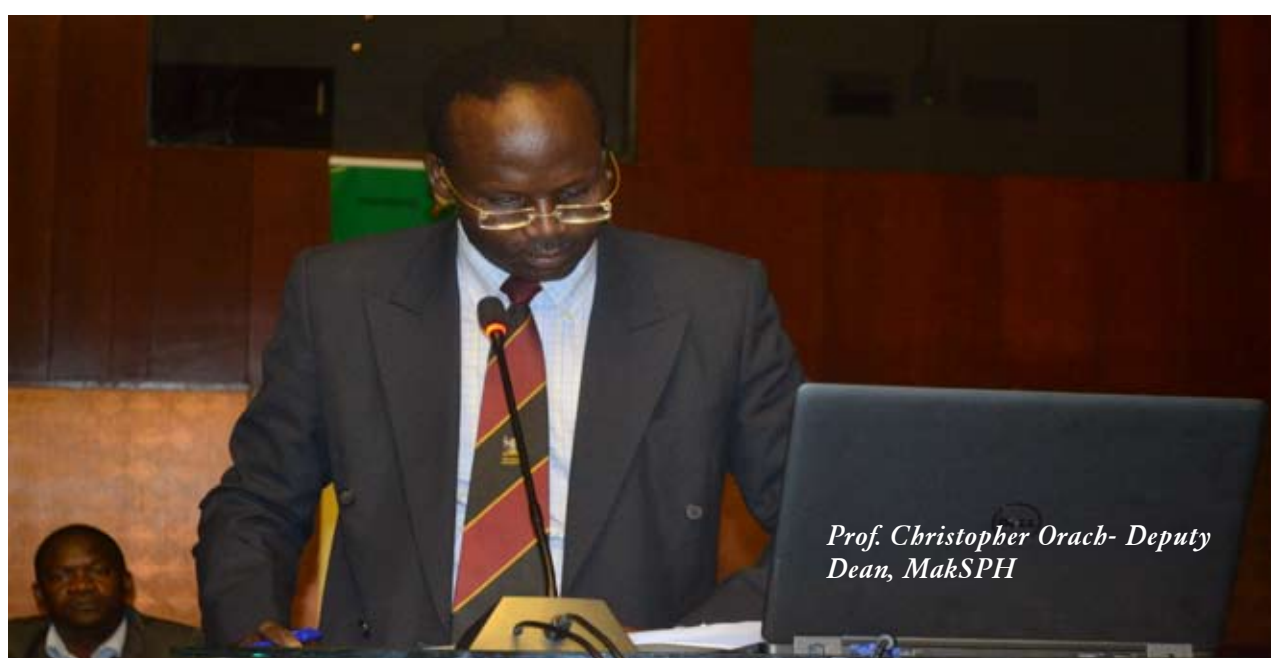
Remarks by Dr. Peter Waiswa- Chairperson Organizing Committee, MakSPH

Dr. Waiswa applauded participants and conference organizers for their participation and organisation respectively. Together with the Chief Guest- Prof. Pius Okong, he handed out tokens of appreciation and urged participants to “walk the talk”.



Remarks by Prof. Christopher Orach- Deputy Dean, MakSPH

Prof. Orach thanked the conference organizers- Centre of Excellence for Maternal and Newborn Health Research and partners- Save the Children, UAP, AOGU and the Ministry of Health, guests and participants. He noted that MakSPH will double its efforts in conducting research to save more mothers and babies. He urged all present to resolve to do more.



Remarks by Mr. Topher Mugumya, on behalf of the conference organizers

Mr. Mugumya acknowledged all organisers, sponsors, and participants of this successful conference. He reiterated Save the Children's belief in generating a knowledge and evidence base, sharing and managing information and helping all stakeholders to advance the MNCH agenda forward. This conference was one such step. He pledged Save the Children's support to many such endeavours, plus programming, evidence generation, and advocacy for MNCH towards realising national aspirations.



Professor Joy Lawn, LSHTM

Prof. Joy Lawn encouraged all conference participants to continue reflecting on the MNCH data: 6,000 women die annually in addition to 39,000 newborns and 40,000 still births and become motivated to make difference. MNCH evidence presented at the conference should be used to identify possible solutions, their effective implementation and innovations to make the required progress. Uganda should learn from her neighbours e.g. Tanzania who are on track to achieve MDG. Multi-sectoral approach to the MNCH agenda is important for progress.



Remarks by Prof. Pius Okong- Chief Guest, representing Hon. Sarah Opendi, Minister of State for Primary Education

Prof. Okong thanked members for their participation and commitment, recognising the discussion on several challenges, possible solutions and scalable interventions for MNCH during the conference. Making reference to the conference theme: *Moving from Policy to Practice: Saving Mothers and Newborns at National and Local Level*, Prof. Okong noted that the conference happened at a time when MDGs were ending, SDGs were in the offing, the National Development Plan II had been launched and there was advancement of the Uganda Health Sector Development Plan. He urged that the conference proceedings be summarized in a conference brief and report to inform the reforms by Government and partners. He requested participants to take stock of the past and reflect on the near future, informing them of the Government's commitment to implement the 'Every newborn action plan' as well as the Sharpened plan and the costed plans for family planning. Prof. Okong stressed the need focus on implementation research that answers the "how to", appealing to participants and stakeholders to continue working together in providing quality care. He thanked Prof. Joy Lawn, asking her to continue supporting Uganda and appreciated the work of the conference organizers in providing a platform for sharing knowledge and advocacy. He recommended that the MNCH conference becomes an annual event.

ACKNOWLEDGEMENTS

1. Conference Organisers

- Center of Excellence for Maternal and Newborn Health Research
- Makerere University
- Save the Children
- Uganda Paediatric Association
- Association of Obstetricians and Gynaecologists of Uganda
- Ministry of Health

2. Conference Advisory Committee

- Dr. Collins Tusingwire
- Dr. Jesca Nsungwa
- Juliet Tumuhairwe
- Kate Kerber
- Mary Kinney
- Prof. Anthony Mbonye
- Prof. Joy Lawn

3. Conference Steering Committee Members

- | | | |
|----------------------------------|---------------------|----------------------|
| • Peter Waiswa (Chairperson) | • Josephine Adikini | • Lydia Kabwijamu |
| • Patrick Aliganyira (Secretary) | • Frank Kaharuza | • Eve Mashoo |
| • Monica Okuga | • Enid Kemari | • Sylvia Nabanoba |
| • Joseph Akuze | • James Kalungi | • Gilbert Kwarisiima |
| | | • Margaret Nabakooza |

Scientific Committee

- | | | |
|--------------------------------|-------------------|----------------------|
| • Frank Kaharuza (Chairperson) | • Lydia Kabwijamu | • Jolly Beyeza |
| • Elizabeth Ekirapa | • Victor Musiime | • Victoria Nakibuuka |
| • Peter Waiswa | • Angela Kisakye | • Namisi Charles |
| • Nalwadda Christine | • Joseph Akuze | • Eric Segujja |
| • Ediau Michael | • Monica Okuga | • Patrick Aliganyira |
| • Gertrude Namazzi | • Jolly Nankunda | • Suzanne Kiwanuka |

Finance & Logistics committee

- | | | |
|-----------------------------------|------------------|------------------|
| • Josephine Adikini (Chairperson) | • Stella Kakeeto | • Peter Waiswa |
| • Enid Kemari | • Kalungi James | • Joseph Akuze |
| • Elizabeth Nambi | • Monica Okuga | • Monica Mudaaki |

Publicity & Advocacy committee

- | | | |
|------------------|---------------------|-----------------|
| • Milly Nattimba | • Sylvia Nabanooba | • Robie Kakonge |
| • Ayub Kakaire | • Ian Hurley | |
| • Eve Mashoo | • Catherine Ruhweza | |

4. Master of Ceremonies

- Assoc. Prof. Rhoda Wanyenze
- Dr. Elizabeth Ekirapa-Kiracho
- Dr. Frank Kaharuza
- Ms. Esther Nasiky

5. Session Chairs

- Prof. Pius Okong
- Prof. Jerome Kabakyenga
- Prof. Freddie Sengooba
- Mr. Topher Mugumya
- Dr. Winyi Kaboyo

- Dr. Rose Nabirye Chalo
- Prof. Stefan Peterson
- Dr. Victor Musiime
- Dr. Charles Kiggundu
- Dr. Christine Nalwadda
- Dr. Jolly Nankunda
- Mr. Patrick Aliganyira
- Dr. Jesca Nsungwa
- Dr. Gelasius Mukasa
- Dr. Peter Waiswa

6. All presenters

- Prof. Joy Lawn
- Prof. Freddie Sengooba
- Dr. Sarah Byakika
- Ms. Robinah Kaitiritimba
- Lonard Tumuhimbise
- Mr. Tom Aliti
- Ms. Solome Kiribakka Bakeera
- Dr. Noeline Kaleeba
- Mr. Wilson Okaka
- Mr. James Kintu
- All Abstract authors and presenters

7. All panellists

- | | | |
|--------------------------|--------------------------|--------------------------------|
| • Dr. Romano Byaruhanga | • Ms. Robina Biteeyi | • Hon. Lulume Bayiga |
| • Dr. Rose Chalo Nabirye | • Prof. Stefan Peterson | • Hon. Sylvia Sinabulya Mabide |
| • Dr. Sarah Naikoba | • Prof. Joy Lawn | • Prof. Florence Mirembe |
| • Dr. Ismail Ndifuna | • Ms. Charlotte Muheki | |
| • Dr. Jolly Nankunda | • Ms. Catherine Mwesigwa | |
| • Dr. Jesca Nsungwa | • Ms. Catherine Ruhweza | |

8. All exhibitors

- Mama Tendo Fundation
- PACE
- CUAMM

9. Rapporteurs

- Mr. Ayub Kakaire
- Mr. Omar Kigenyi
- Mr. Apollo Mugonyi
- Ms. Margaret Ndagire
- Ms. Esther Bayiga
- Ms. Susan Balyejjusa Mugumya

APPENDICES

APPENDIX A: UNEST PAPER TITLES & KEY HIGHLIGHTS

Paper 1

NEWBORN HEALTH IN UGANDA
Effect of the Uganda Newborn Study on care-seeking and care practices: a cluster-randomised controlled trial
Peter Waiswa^{1,2,3*}, George Pariyo^{1,2}, Karin Kallander^{1,2,4}, Joseph Akuze¹, Gertrude Namazzi¹, Elizabeth Ekirapa-Kiracho¹, Kate Kerber⁵, Hanifah Sengendo⁵, Patrick Aliganyira⁵, Joy E. Lawn⁶ and Stefan Peterson^{1,2,7} on behalf of the Uganda Newborn Study Team[†]

Highlights:

- Home visits in pregnancy and after delivery linked to facility care are achievable
- **Healthy practices** like breastfeeding, skin-to-skin care, delaying a baby's first bath, and umbilical cord care were higher amongst families receiving home visits
- Home visits are **pro-poor**, with more women in the poorest and most at-risk households received an early home visit compared to the wealthiest families.

Paper 2

NEWBORN HEALTH IN UGANDA
Designing for action: adapting and implementing a community-based newborn care package to affect national change in Uganda
Peter Waiswa^{1,2*}, Gertrude Namazzi¹, Kate Kerber³ and Stefan Peterson^{1,2,4}

Highlights:

- Local leadership is key and requires intentional strategies to engage stakeholders
- UNEST provides a model of local capacity-building through high quality research, informing national policy, higher education, and building a centre of excellence for leadership development and research

Paper 3

NEWBORN HEALTH IN UGANDA
Engaging community health workers in maternal and newborn care in eastern Uganda
Monica Okuga^{1*}, Margaret Kemigisa², Sarah Namutamba¹, Gertrude Namazzi¹ and Peter Waiswa^{1,3,4}

Highlights:

- Local selection, training and residence in the community meant that VHTs made use of their social networks to identify pregnant and newly delivered women and were successful at targeting the wider family and community

- The process of training, deployment, supervision, and motivation of VHTs is context-specific and may vary even across Uganda

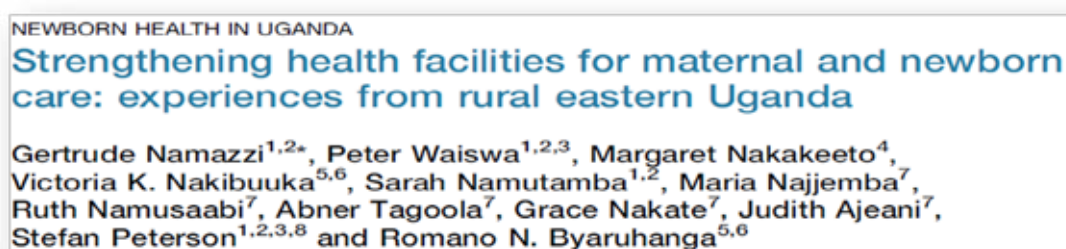
Paper 4



Highlights:

- Only 1 in 4 families comprehensively prepared for birth (identified delivery location, saved money, bought materials)
- Early ANC and male involvement associated with birth preparedness
- If not well-designed, voucher schemes and home visits could disempower families in efforts to prepare for birth.

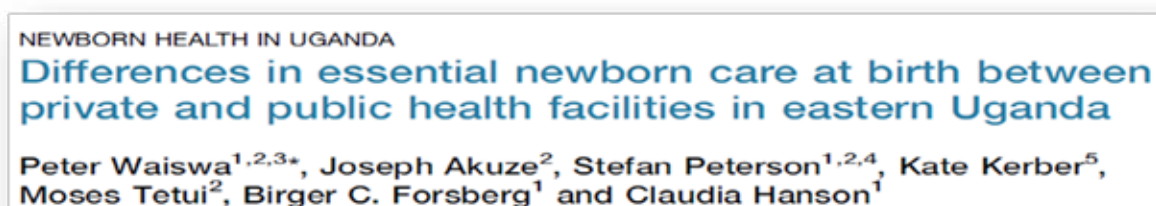
Paper 5



Highlights:

- Training, management and logistics support, and a one-time supply of equipment was provided to Iganga health facilities
- Iganga health facilities saw a 30% increase in number of deliveries over 2 years and over 500 babies cared for in KMC
- More than half of facilities still suffered stock-outs of key commodities

Paper 6



Highlights:

- Overall, the intervention shifted births into public facilities and out of private
- Private facilities performed no better than public facilities in terms of provision of essential newborn care
- Private health facilities may be more accessible to rural families and need to be included in quality improvement initiatives and standardised care

Paper 7



Highlights:

- Women's and families' descriptions of stillbirth can simultaneously include the biomedical, societal, and spiritual
- Disclosure practices on stillbirth vary according to past experience with pregnancy loss
- Ritual burial practices were common, yet silent and mainly left to the mother

Paper 8



Highlights:

- Before the umbilical cord stump falling off, newborns are perceived to be vulnerable to the environment and many mothers and their babies are kept in seclusion and may be reluctant to seek outside care even if referred
- Compliance with referral was associated with prior knowledge about newborn sickness, perceived health system gaps, and family decision-making processes

Paper 9



Highlights:

- The only multi-country paper in the supplement, looking at early newborn practices in settings with home visits
- Home visits can play a role in improving practices across various settings. Multiple interactions are needed

so programmes need to investigate the most appropriate and efficient ways to reach families especially in settings with rising facility delivery rates

APPENDIX B: CONFERENCE STATEMENT AND RECOMMENDATIONS

The maternal and newborn conference was held in Kampala, Uganda from June 15-17, 2015

Informed by the key note addresses, oral and poster presentations as well as plenary discussions which have been delivered over the past 3 days, a number of key focus areas in advocacy, policy and policy implementation, research and capacity building, scaling up newborn services, community and facility approaches to maternal and newborn services, newborn complications and management, and quality of care have been identified.

Key Highlights of the conference

- There is an urgent need to change the way we do things in order to get better results. Globally, African countries including Uganda are lagging behind and will not meet the MDGs 4 and 5. At the current pace, a new born in Uganda will require 110 years to enjoy the same survival chance as a new born in the richest nations.
- In Uganda, over 6,000 women and 39,000 newborns die annually in addition to 40,000 still births from preventable causes. Strategies to address stillbirths are still a major gap in Uganda.
- The Infant mortality rate has reduced from 81 per 1,000 live births in 1995 to a commendable rate of 54 in 1,000 live births in 2011. However, the newborn mortality rate has remained constant, significantly contributing to infant mortality.
- Family planning is an important key to reducing mortality and increasing investment. There is a high unmet need for family planning which if met would avert 228,000 pregnancies and 108,000 births resulting into cost savings which could be diverted to other underfunded interventions.
- The linkage between the community and the health systems is necessary and should be strengthened. The VHT strategy will be revised and improved to have trained Community Extension worker.
- Male involvement needs to be defined and measured. We need to define what package of services can be provided to meaningfully engage men in maternal and newborn care.
- Innovation: Innovation was a core theme of the conference. It is necessary to bring the innovations to scale.
- It is necessary to scale up a number of low cost evidence based easily implementable interventions that have been left to waste.
- Strategic partnerships: There are a lot of RMNCH partners each of whom has a role to play. There is need to build strategic partnerships in order to augment their impact.
- Quality of care and quality improvement : the quality improvement approach is critical for both community and facility based services
- Universal health care coverage: It is critical to understand Universal Health coverage. A dialogue on understanding universal health coverage is important now more than ever. “The elephant (Universal health coverage) is being seen by the four blind men who should now listen to the citizens who can be seen(the citizens must be heard)”
- Investment: there is a critical need to revisit the investments strategy in Maternal and Newborn care. The time to act is now. The period for pilot programs is over and we need to scale up interventions that work

Conference statement

We, the participants at this Maternal and Newborn conference, held in Kampala, Uganda from 15th -17th June,

2015, do recognize the above highlights arising from the conference. We also recognize that some progress has been made but realize that a lot more has to be done so as to reduce the 70,000 deaths of both mothers and newborns that occur annually in Uganda today as well as address a number of other issues arising from this conference.

We also recognize that we all have a role to play in reducing maternal and newborn health through doing things differently.

In solidarity, the Conference calls upon all stakeholders to focus on the five things that can be done differently including:

- (1) Promote and develop integrated plans that deliver services along the continuum of care in a coordinated way
- (2) Develop intentional leadership to advocate for and promote survival of mothers and newborns in the country
- (3) Implementation with innovation: Address health systems bottlenecks especially the important role of health workers and doing scalable programs and not just pilot programs
- (4) Invest for impact in governance, increase community participation, increasing the citizens voice and
- (5) Strengthen use of data for decision making; Promote accountability of all stakeholders through strengthening measurement of progress and impact in the post 2015 agenda

All the above require advocacy:

- (1) Advocate for inclusion of the RMNCH+A agenda in the post 2015 discussion and provide services for development, Investment for impact-in governance, community participation, and partner alignment, Implementation with Innovation to address health system bottlenecks and health workers and promote measurement of progress and impact to ensure progress even beyond the MDG era.

APPENDIX C: CONFERENCE ATTENDANCE LIST

	NAME	ORGANISATION	EMAIL ADDRESS
1.	Abwono Vento	Kotido District	ventoabwono@yahoo.com
2.	Adikin Josephine Anne Oketch	MaKSPH	jadikini@musph.ac.ug
3.	Agnes Kirikumwino	Save the Children, Uganda	k.agnesk2015@gmail.com
4.	Agnes Nalutaaya	IDI	analutaaya@idi.co.ug
5.	Agnes Nyabigambo	PI/ Research Analyst	agagnesgn@gmail.com
6.	Ahumwire Avias		aahumwire@yahoo.com
7.	Aisha Nakawoya	Journalist	
8.	Alice Asimwe		aasiimwe@baylor-uganda.org
9.	Aliti Tom	MOH	
10.	Allen Namagembe		anamagembe@path.org
11.	Andrea Sternberg	USAID	asternberg.usaid.gov
12.	Anguparu Maburuka	Jinja RRH	manguparu@yahoo.com
13.	Anne Sizomu	DSW	annes@dswuganda.org.ug
14.	Annette Twahirwe	DCI Consulting	aneza@hotmail.com
15.	Apollo Mugonya	Rapporteur	mugonyiapollo@gmail.com
16.	Ashaba Clare	MakSPH	tiashaba@gmail.com
17.	Atuhairwe Emily	MOH	
18.	Azamchamp Brian	Social Business Consultant	brian.azamchamp@yunussb.com
19.	Bakera Solome		solome.bakeera@gmail.com
20.	Barbara Burroughs	Save the Children, Uganda	
21.	Barugah Mike	Uganda Red Cross	barugahm@yahoo.com
22.	Bayiga Esther Diana	MakSPH	estherbayiga@gmail.com
23.	Beatrice Nakibuuka	Journalist	btenkpat@gmail.com
24.	Beatrice Nyangoma	Journalist	beatricenyangoma@gmail.com
25.	Beatrice Odongkara	Gulu University	beachristo2003@gmail.com
26.	Bemugisa Christine	MakSPH	tinahtiti@gmail.com
27.	Bernard Olupot	social media	
28.	Biribawa Mary	VHT	
29.	Bitakwitse Lestine	MakSPH	bitslestine@gmail.com
30.	Businge Harriet	MakSPH	
31.	Byabasheija Robert	UNICEF	rbyaba24@gmail.com
32.	Carol Nalugya	MOH	cnmbalire@yahoo.co.uk
33.	Catherine Mwesigwa	New Vision	cmwesigwa@newvision.ug
34.	Catherine Odeke	MOH	
35.	Catherine Ruhweza	Mama Tendo Foundation	
36.	Charles Mukisa	UCU	ccnariesblesu@yahoo.co.uk
37.	Charles Mukiza Bururu		manguparu@yahoo.com
38.	Charlotte Muheki	Health Net Consult	charlotte@healthnetconsult.com
39.	Chimpreports.com	social media	
40.	Christabel Abewe	Health Net Consult	christa@healthnetconsult.com
41.	Christine Mugasha		analutaaya@idi.co.ug
42.	Daniel Turitwenka	social media	dturitwenka@gmail.com
43.	Diana Wanyana	Journalist	dwanyama@gmail.com

	NAME	ORGANISATION	EMAIL ADDRESS
44.	Dianne Frasisco	Save the Children, Washington	
45.	Doreen Tuhebwe	MakSPH	dtuhebwe@musph.ac.ug
46.	Doris Kwesiga	MakCHS	dknnkwesiga@gmail.com
47.	Dr. Abdallah Yaser	IHK	
48.	Dr. Agnes Barbara Kobusingye	LSHTM	agnes.kobusingye@lstm.ac.uk
49.	Dr. Alex Courtino	PBI	
50.	Dr. Among Dinah	UCU	amongdinah2003@yahoo.com ; damongin@ucu.ac.ug
51.	Dr. Angela Akol	FHI 360	aakol@fhi360.org
52.	Dr. Bumba Ahmed	Kibuku	drbumba2012@gmail.com
53.	Dr. Byaruhanga Romano	Nsambya Hospital	byaruhangarn@yahoo.com
54.	Dr. Charles Namisi	UPA	namisipc@yahoo.co.uk
55.	Dr. Christine Nalwadda	MakSPH	cnalwadda@musph.ac.ug
56.	Dr. Christopher Oleke	MOH	
57.	Dr. Christopher Orach	MakSPH	cgorach@musph.ac.ug
58.	Dr. Damalie Bajunga	CUAMM	dbajunga@hotmail.com
59.	Dr. David Seruka	DHO	dserukka@kcca.go.ug
60.	Dr. Debra Singh		ahderom@gmail.com
61.	Dr. Denis Ogwang	CUAMM	macdeniz@gmail.com
62.	Dr. Dina Nakyanda	Kamuli DLG	dinabusiku@hotmail.com
63.	Dr. Dorothy Balaba	PACE	dbalaba@pace.org.ug
64.	Dr. Dyogo Nantamu	DHO	dyogonantamu@ymail.com
65.	Dr. Ekirapa Elizabeth	Maksph	ekky@musph.ac.ug
66.	Dr. Elizabeth Kirapa	MakSPH	ekky@musph.ac.ug
67.	Dr. Elizabeth Nabiwemba	MakSPH	enabiwem@musph.ac.ug
68.	Dr. Espilidon Tumukurate	UHMg	etumukurate@uhmg.org
69.	Dr. Esther Buregyeya	MaKSPH	eburegyeya@musph.ac.ug
70.	Dr. Flavia Namiro	MakCHS	
71.	Dr. Frank Kaharuza	AOGU	f.kaharuza@gmail.com
72.	Dr. Freddie Sengooba	MaKSPH	sengooba@musph.ac.ug
73.	Dr. Gachuno Onesmus	PRONTO International, Kenya	olugachuno@yahoo.com
74.	Dr. Gertrude Namazzi	MakSPH	namazzi_ge@yahoo.com
75.	Dr. Gideon Ndawula	CUAMM	g.ndawula@cuaam.org ndawulagideon@gmail.com
76.	Dr. Hanifah Sengendo	Global Medical Consults	hsengendo95@yahoo.com
77.	Dr. Harriet Nambuya	Jinja RRH	nambuyaharriet@yahoo.com
78.	Dr. Hector Tibeihaho	Child fund	htibeihaho@uganda.childfund.org
79.	Dr. Hudson Balidawa	MOH	hbalidawa@gmail.com
80.	Dr. Isabella Epiu	Global Health Fellow	isabellaepiu@gmail.com
81.	Dr. J.I. Duworko	USAID	jduworko@usaid.gov
82.	Dr. James Nyonyintono	Kiwoko Hospital	
83.	Dr. James Waako	Medical Officer	waakojames@yahoo.com
84.	Dr. Jenny Woodruff		lizayeby@gmail.com

	NAME	ORGANISATION	EMAIL ADDRESS
85.	Dr. Jerome Kabakyenga	Director MNCHI	jkabakyenga@gmail.com
86.	Dr. Jesca Nsungwa	MOH	jsabiiti@infocom.co.ug jnsabiiti@gmail.com
87.	Dr. Johanna Gaiottino	Jinja RRH	johannagaiottino@gmail.com
88.	Dr. Jolly Beyeza	AOGU	jbeyeza@yahoo.com
89.	Dr. Jolly Nankunda	UPA	jnankunda@gmail.com
90.	Dr. Joseph Ngonzi	MUST	jngonzi@yahoo.com
91.	Dr. Josephine Nabukeera	JHPIEGO	josephine.nabukeera@jhpigo.org
92.	Dr. Judith Ajeani	AOGU	judyajani@yahoo.co.uk
93.	Dr. Kakeeto Anwa	Islamic Medical Association of Uganda	seremanwar@yahoo.com
94.	Dr. Kidane G. Abraha	UNFPA	ghebrekidan@unfpa.org
95.	Dr. Kiggundu Charles	AOGU	kiggunduc@gmail.com
96.	Dr. Kukiriza Enock	DHO	ekukiriza@gmail.com
97.	Dr. Lumala Alfred	Nkozi Hospital	lumalfa@yahoo.co.uk
98.	Dr. Luyiga Mariam	PACE	mluyiga@pace.org
99.	Dr. Lwanga H	Nsambya Hosp	hun305@yahoo.com
100.	Dr. Lynn Atuyambe	MaKSPH	atuyambe@musph.ac.ug
101.	Dr. Makanga Livingstone	MOH	drmakanga@hotmail.com drmakanga@yahoo.co.uk
102.	Dr. Margaret Nakakeeto	CAI –U	mnakakeeto@yahoo.co.uk
103.	Dr. Mirwais Rahimzai	URC	mrahimai@urc-chs.com
104.	Dr. Moses Odongo	WAO	
105.	Dr. Muhayo Placid	MOH	
106.	Dr. Mukasa Glaseus	IBFAN/NNSC	gmukasa@infocom.co.ug
107.	Dr. Mulekwa Godfrey	DHO	gmulekwa@yahoo.com
108.	Dr. Mulowooza Jude	Iganga DLG	mulowoozajude@gmail.com
109.	Dr. Mulungi Mariam	KCCA	mmulungi@kcca.go.ug
110.	Dr. Musiime Victor	UPA	musiimev@yahoo.co.uk vmusiime@chs.mak.ac.ug
111.	Dr. Muwanguzi David	DHO	ddhsiganga@yahoo.com
112.	Dr. Nabangi Charles	DHO	cnabangi@yahoo.com
113.	Dr. Naikoba Sarah	Save the Children, Uganda	sarah.naikoba@savethechildren.org
114.	Dr. Nakaye Aidah	DHO	aidahnakaye@yahoo.com
115.	Dr. Nakibuuka	Nsambya Hosp	nakibuukarv@yahoo.com
116.	Dr. Nakiwala Stella Regina	Health partners Uganda	snakiwala@healthpartners.ug
117.	Dr. Ndifuna	UNFPA	ndifuna@unfpa.org
118.	Dr. Neelam Bhardwaj	UNICEF	nbhardwaj@unicef.org
119.	Dr. Noerine Kaleeba	MakSPH	mamakaleeba@hotmail.com
120.	Dr. Obbo Okoth	DHO	obbookoth@yahoo.com
121.	Dr. Okoth David	Pallisa DLG	okothdd@yahoo.com
122.	Dr. Okuga Monica	MakSPH	mokuga@musph.ac.ug
123.	Dr. Olayinka Airat Umar-Farouk	Chlorhexidine Working Group	kufarouk@gmail.com

	NAME	ORGANISATION	EMAIL ADDRESS
124.	Dr. Paul Isabirye	URC	p.isabirye@urc-chs.com
125.	Dr. Peter K. Mukasa	UNFPA	
126.	Dr. Peter Lochoro	CUAMM	p.lochoro@cuamm.org
127.	Dr. Peter Waiswa	MakSPH	pwaiswa@musph.ac.ug
128.	Dr. Rebeca Nantanda	UPA/ IDRC	rnantanda@gmail.com
129.	Dr. Richard Mangwi	MakSPH	rmangwi@musph.ac.ug
130.	Dr. Rose Chalo	MakCHS	rcnabirye@gmail.com
131.	Dr. Roy William Mayega		rmayega@ranlab.org
132.	Dr. Ruth Aceng	MOH	janeaceng@gmail.com
133.	Dr. Sandra Callins	MPI/ CHDC	calleins@eth.mpg.de
134.	Dr. Sarah Byakika	MOH	
135.	Dr. Solome Nampewo	MOH	namsol2@gmail.com snampewo44@gmail.com
136.	Dr. Susan Mukasa	PACE Uganda	
137.	Dr. Tusingwire Collins	MOH	tusingwirecollin@gmail.com
138.	Dr. Twinomugisha Stephen	Save the Children, Uganda	twinoxsteve@gmail.com
139.	Dr. Victor Tumukunde	Baylor Uganda	vtumukunde@baylor-uganda.org
140.	Dr. William Massovon	CUAMM	wmassovon@gmail.com
141.	Dr. Winyi Kaboyo	MOH	winyikaboyo@yahoo.com
142.	Dr. Yuheng Zhou	Nsambya Hosp	y.zhou@nhs.net
143.	Dr. Yvonne Mugerwa	UNFPA	mugerwa@unfpa.org
144.	Dr. Zirabamuzaale Christine	NNSC	eziraba@gmail.com
145.	Edith Nantongo	FHI 360	
146.	Edson Twesigye Byekwaso		ebyekwaso@pace.org.ug
147.	Elias Kumbakumba	Health child Uganda	kumba2kumba@gmail.com
148.	Elizabeth Ayebare	MakCHS	lizayeby@gmail.com
149.	Elizabeth Butrich	PTBi/ UCSF	elizabethbutrich@ucsf.edu
150.	Emily Katarikawe	JHPIEGO	
151.	Emmanuel Mugisha	PATH	emugisha@path.org
152.	Enid Kemari	MakSPH	ekemari@musph.ac.ug
153.	Enid Mwabaza	JHPIEGO	enid.mwebaza@jhpigo.org
154.	Eputai Joshua		joshuaepuitai@gmail.com
155.	Erica Corbett	Save the CHildren, Washington	
156.	Esther Bayiga	Rapporteur	
157.	Esther Nakasiko	MakSPH	
158.	Esther Nakkazi	Journalist	
159.	Esther Nasikye	World Vision International	esther_nasikye@wvi.org
160.	Eva Namugabi	Journalist	enamugabi@gmail.com
161.	Evelyn Lirri	Journalist	elirri22@gmail.com
162.	Evelyn Tushemerirwe	MPH student	blesme2k2@gmail.com
163.	Florence Ayebare	MakSPH	fayebare@gmail.com

	NAME	ORGANISATION	EMAIL ADDRESS
164.	Florence Nakirijja	Mulago NRH	
165.	Florence Nightngale Munaaba	MakSPH	frightngalemunaaba@gmail.com
166.	Gilbert Kwarisiima	Save the Children, Uganda	
167.	Gitta Yusuf	Child Survival International	gitta.yusuf@yahoo.com
168.	Gloria Nsereko	MakSPH	nsereko2glo@yahoo.com
169.	Grace Latigi	UNICEF	glatigi@unicef.org
170.	H. Lwanga		hum305@yahoo.com
171.	Hajati Museene Safina	Principal Jinja School of Nursing	
172.	Hajjat Mariam Bunya	Uganda Muslim Medical Bureau	
173.	Hanna Baldwin	PACE	
174.	Hannah Blencowe	LSHTM	hannah.blencowe@lshtm.ac.uk
175.	Harriet Othieno	Save the Children, Uganda	harriethieno@yahoo.com
176.	Henry Balwa	Baylor Uganda	hbalwa@baylor-uganda.org
177.	Hon .Sylvia Sinabulya	Parliament of Uganda	nsinabulya@parliament.go.ug
178.	Hon. Dr. Bayigga Lulume	Parliament of Uganda	bayiggalm@yahoo.com
179.	Irene Kaawe	MUSPH, Iganga	
180.	Iryn Namyalo/ Baker	Journalist	
181.	Iryne Marunga Banoba	Health Economic Researcher	iryne.marunag@banz.ug
182.	Isabirye Moses	Iganga Mayuge DSS	
183.	Izidoro Sunday	NMS	sizidoro@nms.go.ug
184.	Jackson Chekweko	RHU	jchekweko@rhu.or.ug
185.	James Kato	Journalist	jkato60@gmail.com
186.	James Kintu	World Vision International	jameskintu61@gmail.com
187.	James Mwesigwa	UPMB	jmwesigwa@upmb.co.ug
188.	James Opio	Mbale Regional Referral Hospital	jditai@yahoo.com
189.	Jane Alirach	Amudat DLG	
190.	Janet Komagum	UCMB	janetkomagum@yahoo.com jkomagum@ucmb.co.ug
191.	Janet Babijumina	Global Health Eco LTD	babijanet@gmail.com
192.	Jeniffer Twikirize		Jeniffer.twikirize@jhpiego.org
193.	Joan Akello	Journalist	
194.	Joan Nvannungi	social media	
195.	Joanitah Nvanungi	Nodesix	
196.	Joel Jemba	social media	joeljemba@gmail.com
197.	John H. Agaba	Journalist	
198.	John Ikara	MakSPH	jikara@musph.ac.ug
199.	Joseph Akuze	MakSPH	jakuze@musph.ac.ug
200.	Joseph Mukasa		jmukasa@baylor-uganda.org
	Judith Kiconco	UPMB	jkiconco@upmb.co.ug
	Juliet Ntuulo Mutanda	MakSPH	jnmutanda@musph.ac.ug
	Juliet Tumuhairwe	MOH	tumuhairwejuliet@gmail.com

	NAME	ORGANISATION	EMAIL ADDRESS
201.	Julius Julian Nkurayija	CHILDREN AIDS FUND	jnkurayija.caf@gmail.com
202.	Justine Inhensiko	Iganga Mayuge DSS	j.inhensiko@gmail.com
203.	Kabugo Daniel	Kiwoko Hospital, Adara	kabugo.daniel@adaragroup.org
204.	Kajjo Darius	MakSPH	kjjdarius@gmail.com
205.	Kakaire Ayub	MakSPH	akakaire@musph.ac.ug
206.	Kakuba Emmanuel	UBC	
207.	Kalungi James	MakSPH	
208.	Kamara Vincent	Baylor Uganda	vkamara@baylor-uganda.org
209.	Kasaigi Agnes	Buwenge Hospital	
210.	Kate Kerber	Save the Children, Washington	kikerber@gmail.com
211.	Katerega Ronald Kayondo	DHO	kateregaronald@gmail.com
212.	Kato Clement	Mayuge DLG	clement.biostatisticiankato@gmail.com
213.	Kauda Betty	Mayuge	bettykyobe@gmail.com
214.	Kawaala Betty	Mayuge DLG	kawalabetty@yahoo.com kawalabetty@gmail.com
215.	Kenneth Nyehoora	UFPC	kennethmugumya@gmail.com
216.	Kirunda Daniel	SCO	kirundadaniel@gmail.com
217.	Kisakye Esther	MakSPH	essie678@yahoo.com
218.	Kivumbi Cornety	Kiwoko Hospital	-
219.	Kombo Rosemary	MakSPH	rosemary.teresa@gmail.com
220.	Laura Tiffin	TERRENODE	ltiffin@wustl.edu
221.	Lawrence Were	MOH	lwereug@gmail.com
223.	Linda Kibombo	Journalist	
224.	Luttamaguzi Baker	Child Birth Survival International	luutabakz@gmail.com
225.	Lwanga Humphrey	Nsambya Hosp	hum3os@yahoo.com
226.	Lydia Kabwijamu	MakSPH	lkabwijamu@gmail.com
227.	Lydia Nakiire	MakSPH	lydia.nakiire807@gmail.com
228.	Magambo Isabirye Joash	Jinja DLG	magambo04@gmail.com
229.	Maka Fred	VHT	
230.	Margaret Nabakooza	Save the Children, Uganda	
231.	Margaret Ndagire	Rapporteur	nmagic@gmail.com
232.	Maria Najjemba	UNFPA	najjemba@unfpa.org
234.	Mariam Luyiga		mluyiga@pace.org.ug
235.	Mark Can	Reach a Hand Uganda	mark@reachahand.org
236.	Martin Oteba	MSH	orukan33@gmail.com
237.	Mary Gorretti Kigongo	UPMA	
238.	Mary Kinney	Save the Children, Washington	mkinney@savethechildren.org
239.	Mathewos Bereket	Save the Children, Ethiopia	bereket.mathewos@savethechildren.org
240.	Mbabazi Irene	UBC	-

	NAME	ORGANISATION	EMAIL ADDRESS
241.	Milly B. Mutebi		revhanniemillie@yahoo.com amongdinah2003@yahoo.com
242.	Mirembe Irene	PACE	imirembe@pace.org.ug
243.	Miriam Namutebi	MakCHS	mariamnamutebi@yahoo.co.uk
244.	Moses Kyangwa	Public Health Scientist, UDHA	kyangwamoses@yahoo.com
245.	Moses Kyeyune	Journalist	moskyeyune@gmail.com
246.	Moses Mulumba	Center for Health Human Rights and Development	mulumbam@gmail.com
247.	Moses Mwebembezi		moses1515m@gmail.com
248.	Mr Patrick Mwesigye	Uganda Youth and Adolescents Health Forum	patsewa@gmail.com
249.	Mr. Abubakar Tyaba + cameraman	Journalist	tyabaker@gmail.com
250.	Mr. Aloysius Mutebi	MakSPH	amutebi@musph.ac.ug
251.	Mr. David Musoke	MakSPH	dmusoke@musph.ac.ug
252.	Mr. David Walugembe	MakSPH	dwalugembe@musph.ac.ug
253.	Mr. Eric Seguja	MakSPH	essegujja@musph.ac.ug
254.	Mr. Gerald Kasirye	Journalist	kasiryeg@yahoo.co.uk
255.	Mr. Harrison Thembo + Cameraman	Journalist	
256.	Mr. Joseph Matovu	MakSPH	jmatovu@musphcdc.ac.ug
257.	Mr. Kananura Ronald	MakSPH	mk.ronald@musph.ac.ug
258.	Mr. Michael Ediau	MakSPH	ediaumichael@gmail.com
259.	Mr. Moses Tetui	MakSPH	mtetui@musph.ac.ug
260.	Mrs. Jennifer Muhesi	MakSPH	jmuheesi@musph.ac.ug
261.	Mrs. Max Walusimbi	MakSPH	mwalusimbi@musph.ac.ug
262.	Ms. Angela Kisakye	MakSPH	angelakisakye@yahoo.com
263.	Ms. Gladys Khamili	MakSPH	gkhamili@musph.ac.ug
264.	Ms. Milly Natimba	MakCHS	mnattimba@musph.ac.ug
265.	Ms. Racheal Ninsiima	Journalist	ninsiimaracheal@gmail.com
266.	Mudundu Rebecca	Registered Mid wife	
267.	Mugisha Bruno	UBC	
268.	Mugumya Topher	Save the Children, Uganda	topher.mugumya@savethechildren.org
289.	Mujuni Raymond Calton	social media	mujuniraymond@gmail.com
290.	Mukaga Godfrey	VHT	
291.	Mukanza Barbara	Mayuge	
292.	Mulawa Zachariah	UCU- Save the Mothers	zacmulawa@ucu.ac.ug
293.	Mulindwa Richard	UCU	muwonge2005@yahoo.co.uk
294.	Musinguzi Jotham	PPDARO	jmusinguzi@ppdsec.org
295.	Mutassim Khalifan	MUSLIM CHARITY& RELIEF ORG	mutassimkhalifan@yahoo.com
296.	Mutumba Samuel	Video	

	NAME	ORGANISATION	EMAIL ADDRESS
297.	Nabacwa Oliver Norah Kavuma		lizayeby@gmail.com
298.	Nabalyango Lillian	Kamuli DLG	lilliana.nabalyango@gmail.com
299.	Nabuya Hajara	Kiwoko Hospital	
300.	Naigaga Harriet	Kamuli DLG	muzharriet@yahoo.com
301.	Najjemba M	MOH	
302.	Nakalyango Brenda	Journalist	brendanakalyango@gmail.com
303.	Nakibuuka Noor	MUK	
304.	Nakigudde Prossy	Parliament of Uganda	nakiguddep@yahoo.co.uk
305.	Nakimuli Annette		annette.nakimuli@gmail.com
306.	Nakintu Nuru	Uganda Moslem Medical Bureau	
307.	Namugaya Faith		faithuni@yahoo.com
308.	Namugere Miriam	MOH	nmugeere@yahoo.co.uk
309.	Namukwaya Mariam	SAMASHA Medical Foundation	mnamukwaya@samasha.org
310.	Nankunda Babihuga	CDFU	nankunda@cdfuug.co.ug
311.	Nanono Nulu	Reproductive Health Uganda	nanono.nuru35@gmail.com nulugranny90@gmail.com
312.	Narus Regina	NAPAK District	narusregina@yahoo.com
313.	Nassuna Irene		irendavidson@gmail.com
314.	Nicholas Smith	Jinja RRH	nicholascsmith@gmail.com
315.	Ninsiima Charlotte	MUK	ninsschar@gmail.com
316.	Niwamanya Keneth	Journalist	kenethn7@gmail.com
317.	Nsubuga Gerald	Kabale District Local Government	geraldnsubuga@gmail.com
318.	Nyeko Douglas	MMU	philyeko@gmail.com
319.	Omar Kigenyi	Rapporteur	
320.	Ongom Sam	Save the Children, Uganda	sam.ongom@savethechildren.org
321.	Orach Sam	Uganda Catholic Medical Bureau	sorach@ucmb.co.ug
322.	Orodriyo Elizabeth	Mulago NRH	eorodriyo@yahoo.com
323.	Otai Christine Doroth	Kiwoko Hospital	
324.	Patricia Kahill	social media	pkahill@kahillinsight.com
325.	Patrick Aliganyira	Save the Children, Uganda	patrick.aliganyira@savethechildren.org
326.	Paul Ssemanda	Kiwoko Hospital	
327.	Peter Ghaali	RHU	info.snlc.uga@gmail.com
328.	Peter Mukasa	MOH	
329.	Peter Okwero	World bank	
330.	Picho Brenda	IDI	bpicho@idi.co.ug
331.	Prof Anthony Mbonye	MOH	akmbonye@yahoo.com
332.	Prof Stefan Peterson	Karolinska Institutet	
333.	Prof. Florence Mirembe	MakCHS	flour2002@yahoo.com
334.	Prof. Grace Ndeezi	MakCHS	gndeezi@gmail.com

	NAME	ORGANISATION	EMAIL ADDRESS
335.	Prof. Joy Lawn	LSHTM	joy.lawn@lshtm.ac.uk
336.	Prof. M. Buyinza	MUK	
337.	Prof. Pius Okong	Health Services Commission	mrokong@gmail.com
338.	Prof. Rhoda Wanyenze	MakSPH	rwanyenze@musph.ac.ug
339.	Prof. Wilson Okaka	Kyambogo University	nupap2000@yahoo.com
340.	Prossy Bulega	CSI	prossydov@gmail.com
341.	Prossy Kalule	Journalist	prossiekalulule@yahoo.co.uk
342.	Rachel Lassman		rlassman@hotmail.com
343.	Raymond Ruyoka	RHU	ruyokaray@yahoo.com
345.	Richard Mulindwa		muwonge2005@yahoo.co.uk
346.	Robert Anguyo	Senior Health Systems Mentor	ranguyo@yahoo.co.uk
347.	Robina Biteyi	White Ribbon Alliance	biteyi.robina@gmail.com
348.	Robina Kaitiritina	UNHCO	rkihungi@unhco.org.ug
349.	Rogers Mandu	Research Manager	marogers2000@yahoo.co.uk
350.	Ronald Kizito	Baylor Uganda	rkizito@baylor-uganda.org
351.	Ronald Nabimba		nromronald@rocketmail.com
352.	Rornald M. Kananura		mk.rornald@musph.ac.ug
353.	Roymond Mugoli	social reporter	
354.	Said Ali Karama	Uganda Muslim Medical Bureau	skarama@ummb.co.ug
355.	Said Moalim Mohamud	MakSPH	saciima@hotmail.com
356.	Sam Bannz	social media	sambanns@gmail.com
357.	Sandra Birungi + photographer	Journalist	
358.	Sanni Kujala	Karolinska Institutet	sanni.kujala@gmail.com
359.	Sarah + cameraman	Journalist	
360.	Sarah Nakubulwa		sarahug@gmail.com
361.	Sarah Namutamba	Field Coordinator	sarah.namutamba@gmail.com
362.	Sebudde		drsebuddes@doctor.com
363.	Sharon Paul	JHPIEGO	sharon.paul@jhpiego.com
364.	Sheila Baluka	Jinja DLG	sheilabaluka@gmail.com
365.	Simon Sentongo	Save the Children, Uganda	
366.	Sylvia Nabanoba	Save the Children, Uganda	sylvia.nabanoba@savethechildren.org
367.	Sr. Harriet Abenakyo	JINJA	
368.	Sr. Naiga	Mubende Regional Referral Hospital	
369.	Sr. Rebecca Mudondo	Kamuli DLG	
370.	Sr. Rose Mpawaliba	Bugiri	
371.	Sr. Rose Mpawaliba	Bugiri Hosp	
372.	Ssekidde Moses	Kiwoko Hospital	
373.	Ssemanda Emmanuel	Baylor Uganda	
374.	Stelay Krarusike	CHC	

	NAME	ORGANISATION	EMAIL ADDRESS
375.	Steve Wall	Save the Children/ SNL Washington	swall@savechildren.org
376.	Sunday Denis Aliti	SAMASHA Medical Foundation	denisalitis@gmail.com
377.	Susan Kambabazi Lubaale	PACE	skambabazi@pace.org.ug
378.	Susan Mugumya	MakCHS	suemugumya@gmail.com
379.	Tabitha Moraa	Journalist	-
380.	Tebandeke Grace	Kiwoko Hospital	gracetebandeke@yahoo.com
381.	Tumuhimbise Lonard	Baylor Uganda	ltumuhimbise@baylor-uganda.org
382.	Tumwesigye Tonny	Uganda Protestant Medical Bureau	
383.	Tusiime Samson	social reporter	
384.	Violet Nabatanzi + phographer	Journalist	
385.	Walyanula Felix	MakSPH	fwalyanula@musph.ac.ug
386.	William Hirtle	Photographer	
387.	Witney Howland	TERRENODE	w.chowland@gmail.com

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Center of Excellence for Maternal and Newborn Health Research,
Makerere School of Public Health.

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