

COUNTDOWN TO 2030 FOR REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCAH)

STRENGTHENING EVIDENCE USE FOR ACTION AND ACCOUNTABILITY

Dissemination of health inequalities results in Uganda



Organized by Makerere University School of Public Health in partnership with African Population and Health Research Center

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Fairway Hotel Kampala

TABLE OF CONTENTS

Dissemination of health inequalities results in Uganda	1
Summary of key messages	4
Introduction	5
Overall meeting objective	5
Opening remarks: Prof Peter Waiswa-MakSPH, Ms. Lynette Kamau-APHRC and Dr. Grace Murindwa-World Bank.....	5
Presentations	7
Q&A From the presentations.....	9
Discussion.....	9
Emerging issues during the discussion	11
Comments from Academia - MakSPH.....	11
Comments from NGOs and CSOs.....	13
Comments from Development Partners - UNICEF.....	13
Next Steps	14
Defining Strategic Partnerships	15
Linking datasets	15
Advocacy and mobilization	15
Appendices (Program and Attendance).....	16

Acronyms

APHRC	Africa Population and Health Research Centre
MNH	Maternal Newborn Health
MakSPH	Makerere University School of Public Health
SDGs	Sustainable Development Goals
UNICEF	United Nations Children’s Emergency Fund
RMNCAH	Reproductive Maternal Newborn Child Adolescent Health

Summary of key messages

- There are sizeable inequality gaps by region, residence and socioeconomic status/wealth though inequalities in Uganda have generally reduced over time.
- Despite progress, important inequalities persist and need to be addressed to achieve the Sustainable Development Goal of “*Leaving no one behind*”.
- Uganda needs to develop a national policy and strategy for urban health care delivery with special attention to the urban poor.
- Uganda should strengthen implementation of comprehensive preventive and clinical services.
- There is a need to embed a strong learning element in implementation of national health programmes.
- There is need to complement surveys with qualitative studies to understand the factors behind the statistics.
- Data literacy capacity strengthening is required to help intermediaries such as the media and implementers to understand it and communicate it simply to policy makers.
- More dissemination of the equity analysis findings should be done with more strategic audiences.



Dr Flavia Mpanga (UNICEF), Dr Jesca Nsungwa (MoH), Prof Peter Waiswa (MakSPH) and Dr Imelda Namagembe (AOGU) chatting after the dissemination

Introduction

The countdown to 2030 for Women's, children's and adolescent's health is a multi-institutional partnership aiming to accelerate momentum to achieve the Sustainable Development Goals (SDGs) around ending preventable maternal, newborn and child deaths. In this regard, Makerere University School of Public Health in partnership with African Population and Health Research Center (APHRC) held a dissemination event on September 13th 2019 at Fairway Hotel Kampala aiming at sharing evidence and lessons learnt – and defining the focus of the future priority analysis from the countdown 2030 initiative for reproductive, maternal, newborn, child and adolescent health (RMNCAH) in Uganda to inform government decision making.

The event brought together 56 people from different disciplines including researchers, representatives of professional bodies/associations, representatives from the civil society organizations, media and most importantly development partners including the World Bank and UNICEF.

This event was held after 3 successful analysis workshops held in sequence; *July, 2017, July 2018 and November 2018*. The preceding sections present what transpired in the dissemination meeting as per the event's program (see appendices section).

Overall meeting objective

To share evidence as well as lessons learned and defining the focus of future priority analysis from the Countdown to 2030 Initiative for Reproductive, Maternal, Newborn, Child and Adolescent Health in Uganda to inform governmental decision making.

Opening remarks: Prof Peter Waiswa-MakSPH, Ms. Lynette Kamau-APHRC and Dr. Grace Murindwa-World Bank

There were overall remarks given by the institutions' representatives and they mainly shared why the event was happening and the different categories of people were invited to participate. Further, a brief on the Countdown to 2030 was shared.

Prof. Waiswa the team lead at the MakSPH Centre of Excellence for Maternal Newborn and Child Health kicked off the event by sharing that the meeting was happening because there was a need to show equity based analysis of Uganda's progress in maternal, newborn and child health and that the participants main role in this was to guide the Countdown to 2030 team on identifying the priority focus for future analysis.

Supplementary to Peter's submission, Ms. Kamau from APHRC shared a brief background on the countdown to 2030 initiative, the partners involved, the overall goal which is strengthening evidence for action, the global achievements for countdown to 2030 and the main focus of paying close attention to inequalities and share what's happening by providing insightful analysis. Further information is available in a power point presentation accessed via <https://www.mnh.musph.ac.ug/issues-briefs/>.

Dr. Grace Murindwa, from The World Bank and GFF portfolio manager, re-echoed the urgency to pay close attention to the Maternal Newborn Health (MNH) conditions in Uganda because they are alarming and as development partners they are greatly concerned. Dr. Murindwa mentioned that they were impressed by the reductions in maternal mortality rates. He called upon the participants to work together with the government and the different development partners to mobilize resources to end issues concerning maternal and newborn health.

Additionally, Dr. Murindwa shared approaches on how to raise resources including countries focusing on cost effective issues, aiming at raising substantial resources locally and internationally, look at how we (Uganda) can transition to sustainable financing for MNH and track progress in whatever is being done. He mentioned that data analysis is very key and important to give us a picture on the progress. Therefore, there is a great need for doing it continuously.

<://countdown2030.org/>



Dr. Grace Murindwa - GFF portfolio manager, World Bank

Presentations

Presentations on methods and results were made by the Countdown to 2030 focal persons from Makerere University School of Public Health – Ms. Geraldine Agirembabazi - *Biostatistician and lead data analyst* on this project, and Prof. Peter Waiswa - *Principal Investigator and Team lead*. This presentation showed the rationale for this analysis, the methods used, key findings and recommendations.



Ms. Geraldine Agirembabazi – Presenting the methods that were used in the analysis

According to this presentation, Countdown to 2030 initiative is a joint effort among organizations globally tracking progress of the different countries in attaining the Sustainable Development Goals (SDGs). In Uganda its MakSPH through the Center of Excellence for Maternal Newborn and Child Health, APHRC, and MoH that are championing the tracking process focusing on RMNCAH working towards attaining ending all preventable maternal, newborn and child deaths by 2030.

The analysis was done in order to guide responsive policy and planning for accelerating progress towards ending preventable maternal and child deaths, regardless of where they live or their ability to pay.

Meaning ...

- The progressive realization of UHC is tracked through health inequality assessment/monitoring:



Extracted from the meeting presentation on methods, findings and recommendations by G & P.

The team conducted a desk review on health equity and inequality monitoring. The data was sourced from UDHS 1991, 1996, 2001, 2006, 2011, 2016 and Mortality estimations from the United Nations Inter-Agency Group for Child Mortality Estimation (UN-IGME) respectively. Using indicators like; Under-5 mortality (U5MR), and Coverage (Composite Coverage Index-CCI). The stratifiers included residence, wealth and geographical locations (15 regions). Equiplots were used to show the changes over time and the inequality was measured using the difference and ratio.

- The key findings from the study showed *inequalities by sub-region, inequalities by wealth, inequalities by residence* that mainly presented the “extremes” and projecting the poor as greatly disadvantaged compared to the wealthy people. Despite, these “extremes”, there was good progress over the years and this was reported as a result of a joint effort from the government and all the development stakeholders. The presenters went further to share concerns and conclusions on how resources are diverted to worse off regions or people when some regions are operating on margins with high risk of falling back to vulnerability which led the presentation into recommendations below.

Recommendations

- Developing a national policy and strategy for urban health care delivery with special attention for the urban poor or slum dwellers which requires designing an Urban Primary Health Care strategy that addresses the urban context.*
- Uganda should strengthen implementation of comprehensive preventive and clinical services.*
- Embed a strong learning element in implementation of national health programs.*

Further information is available in a power point presentation accessible via <https://www.mnh.musph.ac.ug/issues-briefs/>

Q&A From the presentations

The presentation was well received by the audience and attracted lots of comments, questions and suggestions. How some of the questions captured included the following;

1. Why didn't the researchers also do the qualitative part to understand the reasons behind the statistics?
2. Why is hard to access Ministry of Health data especially the DHIS2 data yet when foreigners come in, they are just given the logins?
3. What lessons can regions that are performing poorly learn from those that are performing well?
4. What the definition of the "rich" group is as presented in surveys; are the possessions that they own the right indicators to use to get the outcomes we are looking for?
5. What are the reasons behind the low reduction rate of maternal mortality?
6. Aren't issues of data collection and reporting the reasons behind the poor results from the rural settings?
7. How can we simplify this data to be understood by media people and others who use data for programming?
8. How do we incorporate contextual factors such as culture when designing universal action plans?

Discussion

This was an integral part of the meeting because it brought the aim of gathering ideas of priority areas for future analysis. And as a stimulus the Director, Countdown to 2030 initiative Prof. Ties Boerma's presentation ignited the session with a presentation on future analysis by sharing "*what could be?*".



Prof. Ties Boerma – Director, Countdown to 2030 presenting on future priorities for impact on equity in national strategies and plans

Prof. Boerma’s presentation focused on future priorities that would create an impact on equity in national strategies and plans, equity in monitoring and evaluation plans, equity data in situation analysis and equity data used in reports to review progress in the implementation. He recommended that in future, researchers should not only focus on the extremes of top - bottom but also look at the causal factors for why other regions are better than the neighboring regions. Furthermore, Prof. Ties shared that in between the extremes there is valuable information left out because of focusing on just which region is on top and which region is at the bottom.

Whilst concluding his submission, Prof Ties left the attendees with guiding questions that triggered a heated discussion in the meeting.

Box 1 shows the reflection questions from Prof. Boerma’s presentation

REFLECTION/DISCUSSION QUESTIONS

- 1. Is this continuous engagement of an analysis focused collaboration useful?*
- 2. What is monitoring areas are priorities?*
- 3. Is the regular annual review necessary?*
- 4. How can research be an integral part of the monitoring and learning agenda? And how can it be funded?*

Further information is available in a power point presentation accessible via <https://www.mnh.musph.ac.ug/issues-briefs/>.

Emerging issues during the discussion

This session was participatory in nature where all the attendees had an equal opportunity to air out their opinions given the guiding questions, what was shared in the presentations and their personal experiences. This section presents comments from the participants given their diverse intellect and interpretation of the presentations;

Comments from Academia - MakSPH

There is a need to explore the causative factors or the “why” element to explain the reasons behind the changes or no change at all as depicted by the statistics which surveys alone cannot answer. Thus, a need to use other sources of data including that going using qualitative methods.

There are great opportunities to carry out further research and government has shown commitment and interest in the field by issuing a Knowledge Translation (KT) grant. So, it is with a scope of work for the researchers to identify learning areas and focus on those ones.

The positive trajectory betrayed by statistics is always different from the general pulse of the population, which is always painting a bleak picture of the situation.

There is need to pay attention to data quality gaps such as incomplete reporting or entering wrong data which may be the reason for the variances in the performance of the different areas. This needs to be ruled out.

Care needs to be taken not to assume that Kampala metropolitan being largely urban and having higher institutions of learning, has equally knowledgeable people especially when it comes to issues of maternal and newborn practices.

Precaution needs to be taken while describing the “rich” and “poor” because sometimes seasonal or temporal factors can make one rich or poor.

There is a willingness to support and work with different organizations as public universities and make plans for regular analysis.

There is need for structuring the research agenda and this is the role of universities (academia).

Principal investigators and other researchers need to make use of the graduate students and make sure as colleagues, interest these students in the government agenda.

As a way of encouraging and retaining innovative young academics there’s need for proper compensation to avoid losing them to the world and in the long run come out as competitors.

Suggested areas for future analysis;

There is a lot of good work done in analysis, however the results are limited to one side because they do not show how cultures have changed quantitatively.

Show how much is needed to put in a particular intervention (make the analysis actionable) to interest the development partners.

Relate service delivery to the systems.

After the analysis, show how best the government can be guided to curb the issues identified because the media has misled yet the analysis shows lots of hope.

Comments from NGOs and CSOs

There is a great need to include the “citizen’s voice” not presenting just the surveys

A lot needs to be done to enhance data usage in policy and programming, hence the need for data literacy efforts among the different consumers of data. However, it was noted that data uptake also needed to take into consideration the contextual factors including people’s cultures. The data should be understood by all audiences not just fellow researchers - find easy terminologies

There is need to identify critical events bring together policy makers and the data should be shared in these symposiums.

The improvements that have happened are not communicated well by the Ministry of Health and the situation is even made worse by data illiteracy by among others, media practitioners who are meant to be intermediaries linking Government/ researchers with the general population.

Always have put data in a digital accessible format.

While outcome data was important to start with, how do we move from this to understand the meanings of these changes? This, a participant thought, was the only way of guiding “purposeful action and where to act” in terms of influencing practice and policy by the respective stakeholders in the space of RMNCAH. Like, fully utilize the available platforms like the parliament not an event where you invite one or two MPs.

Issues of the disabled were not felt by representatives from the national union of disabled persons of Uganda. For example, they needed to know whether delivery facilities were sensitive to the needs of persons with disability. They cited the example of PWDs requiring delivery beds which are suitable for them.

Comments from Development Partners - UNICEF

There is need to disseminate to as many stakeholders as possible in order to attract their attention.

There’s a great for conducting action research and not doing research and just leave the data laying on paper.

Increased investment in areas that require support and shifting these resources from the ones doing marginally well is wrong. There is need to invest equitably and it is research to guide this.

More research is needed in informal settlements because a lot goes unnoticed.

Stop looking at RMNCAH as a health issue yet it is a right and most of the people are not aware that this is there right.

There is need to have an accountability mechanism by finding a way of measuring progress in the community in a

timely manner and drawing parameters of how communities work.

Next Steps

- Make more presentations of the analysis findings as suggested by the most senior Health ministry official present at the meeting. Suggested audiences are ministry top management, development partners and at subnational level especially in the poor performing districts
- Create synergies with ongoing work in the informal settlements of Kampala City and explore possible analysis
- Explore possible ways of working with the MoH and GFF to make use of the research funds to conduct further work.
- Continue with further analysis using routine data

Closing Remarks



Dr. Jesca Nsungwa-Sabiiti, Acting Commissioner for Community Health at Ministry of Health, Uganda

"I am glad that I attended because I had other meetings but prioritized this one. We have had good discussions and a good audience."

In a special way she thanked Prof Ties Boerma who she said she first met in the early 2000s when he was doing HIV/AIDS related work and hoped he could do the same for maternal and child health. And this wish came true when she received an invitation signed by Prof Boerma around 2012 to do some work around mortality. She noted that the RMNCAH fraternity was now privileged to have Prof Boerma on board and would benefit from his knowledge and experience. Dr Nsungwa also thanked APHRC and Makerere University for undertaking this equity analysis work.

She said despite the meagre funding for such important work [Equity analysis], it brought to the fore glaring gaps. Similarly, she thought the SDG era gives opportunity to create a difference in the lives of people and understanding the social determinants of health. She argued that following the equity analysis, the debate should now focus on three things:

Defining Strategic Partnerships

Dr Nsungwa said there was need to understand the kind of evidence needed to move forward and this can be done through partnerships and convening data generators and users. Development partners, clinicians, policy makers and representatives from regions that are struggling such as Karamoja, Bunyoro and Busoga as depicted in the equity analysis were among those she named as potential partners in the use of the presented results. She also implored Makerere University to map out in a concept the key persons to be involved in the discussions on inequity and exclusion, to bridge the policy and action gap.

Linking datasets

She acknowledged the need to map data and link dataset systems. The country was in the process of linking the Ministry of Health's DIHS2 data with that of the National Identification and Registration Authority which has among other roles the registration of births and deaths. Data systems on human resource, community and economy also needed to be interlinked, she added and called for the need to invest in strengthening the collection of routine data and analysis.

Advocacy and mobilization

Under this she observed the need to mobilize more key stakeholders and resources to move the RMNCAH agenda. This could be enhanced by building the capacity of the users of the analysis results.

Dr Nsungwa concluded by calling on the research team to expedite the expanded analysis and be available to present whenever called upon. She also suggested the need to change the message of the work done being presented as equity issues to exclusion because the analysis work was about the latter citing refugees, indigenous persons, islanders as some of the key populations beyond the urban vs rural analysis.

Appendices (Program and Attendance)

Programme

MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH (MakSPH)

AFRICAN POPULATION AND HEALTH RESEARCH CENTER (APHRC)

SHARING EVIDENCE AND LESSONS LEARNED – AND DEFINING THE FOCUS OF FUTURE PRIORITY ANALYSIS FROM THE COUNTDOWN TO 2030 INITIATIVE FOR REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCAH) IN UGANDA TO INFORM GOVERNMENTAL DECISION MAKING

Dissemination and Analysis Prioritization areas Meeting

SEPTEMBER 13, 2019 | FAIRWAY HOTEL KAMPALA, UGANDA

Programme

TIME	SESSION	TOPIC	PRESENTER	CHAIR
08:00 – 9:00	Registration		MakSPH	
09:00 – 9:15	Opening remarks	<i>Introductions and welcome remarks</i>	Prof. Peter Waiswa	Dr Elizabeth Ekirapa-Kiracho
09:15 – 9:30	Opening remarks	<i>Perspectives and meeting objectives</i>	Prof. Waiswa	
09:30 – 9:50	Short Remarks	<i>World Bank/GFF Ministry of Health</i>	Dr Grace Murindwa MoH	
Theme: Leaving no woman behind: Evidence on inequalities in indicators for RMNCAH in Uganda				Dr. Grace Murindwa

09:50 - 10:50	Plenary 1	<i>Methods and Results from Count down work</i>	Ms Geraldine Agirembabazi & Prof. Peter Waiswa	
10:50 – 11:20		<i>Future Analysis: what could be the focus to inform national RMNCAH priorities</i>	Prof. Ties Boerma	
11:20 – 11:40	BREAK			
Discussion of Results so far and Priorities for future analysis				
11:40 – 12:10	Plenary 2	Q &A + Discussion of Results	All	Dr. Grace Murindwa
12:10 – 12:40		Discussion of Priorities for future analysis	MakSPH/APHRC/Countdown 2030	
12:40- 13:10		Panel discussion on way forward & Future work	MoH, MakSPH, APHRC, GFF, WB	
13:10- 13:30	Closing remarks			Dr Jesca Nsungwa Sabiiti
13:30	LUNCH & Departure			

Participants

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