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Moving toward the Universal Health Coverage: Strengthening Quality of Care

Joint learning for evidence-based policies Policy analysis, Research and Knowledge Translation



**Experiences from the EU financed
Support to Public Health Institutes Programme
With projects in Bangladesh, Myanmar and Lao PDR**

Report of the Round Table Discussion on 5 November 2016

Table of Contents

1	Introduction Support to Public Health Institutes Programme	3
1.1	Myanmar: Strengthening Public Health Capacity to Respond to Myanmar’s Disease Transition	4
1.2	Lao Equity through Policy Analysis and Research Networks (LEARN)	4
1.3	Bangladesh Strengthening Health, Applying Research Evidence (SHARE) project	5
2	Policy Research performed in the SPHIP projects	6
2.1	Analysis of Research Gaps on NCDs in Myanmar	6
2.2	Policy Implementation and Gap Analysis in Lao PDR	7
2.3	Bangladesh Analysis of Management Information System	7
2.4	Discussion	8
3	Knowledge Translation	8
3.1	Knowledge Translation Myanmar	9
3.2	Knowledge Translation Lao PDR	9
3.3	Knowledge Translation Bangladesh	10
3.4	Discussion	10
4	Policy Dialogue	11
4.1	Myanmar policy dialogue on NCDs	11
4.2	Lao PDR Policy Dialogue	12
4.3	Bangladesh dialogue with communities	12
4.4	Discussion policy dialogue	14

1 Introduction Support to Public Health Institutes Programme

The Support to Public Health Institutes Programme (SPHIP) is financed by the European Union and has the **overall objective** to contribute to the protection and promotion of population's health through the provision of policy analysis and policy advice.

More specifically **the purpose of the programme** is to enhance expertise, knowledge and resources of selected schools of public health or public health research – or training-institutes in low-income countries to provide national health authorities and stakeholders with evidence-based and locally adapted policy advice, training and other support to feed decision and policy making and to monitor implementation at national or sub national level. In order to pursue the above-mentioned objectives, the following areas of intervention are foreseen:

1. Support to public health institutes in order to **provide national health authorities and stakeholders with expertise, documentation, reports and relevant tools for evidence-based health policy making** leading to progress towards universal coverage and



increased health equity, and for effective and efficient implementation, monitoring and evaluation.

This field of intervention foresees a set of core activities related to research, training, health sector policy dialogue and consultation platforms, led or coordinated by the selected public health institutes and addressed to national health authorities or stakeholders in health in order to enhance their expertise, enlighten

decision and policy making and facilitate implementation, monitoring and evaluation.

2. **Institutional development and strengthening of public health institutes** or public health research or training institutes in the short- to long-term.

This field of intervention basically aims at complementing the operating budget of the selected PH institutes to cover: limited investment – IT and limited renovation (refreshing works only) of buildings if necessary, in-country public health lab limited renovation and upgrading for a range of selected priority diseases-, salaries and continuous education of a core mix of inter-disciplinary and experienced staff, and operating costs (including costs of yearly or bi-yearly meetings with other public health institutes under the programme for exchange and coordination of activities). It also prescribes best management practices and increased financial autonomy, as well as building or strengthening a strong linkage with the national authorities in health. Activities and strategies to sustain the selected institutes are indicative and can be modified or extended.

Eight projects were selected for support in Bangladesh, Burundi, DR Congo, Haiti, Kenya, Myanmar, Lao PDR and Uganda.

The Round Table Discussion on 5 November 2016

The round table discussion brought together around 40 delegates to the conference from different countries in the region. In the round table discussion representatives from the SPHIP projects in Myanmar, Lao PDR and Bangladesh explained about the projects and discussed experiences with participants. Other participants gave interesting contributions as well.

1.1 Myanmar: Strengthening Public Health Capacity to Respond to Myanmar's Disease Transition

Strengthening Public Health Capacity to Respond to Myanmar's Disease Transition is a project jointly implemented by HelpAge International, University of Public Health (UPH), Yangon, University of Medicine 2, Yangon and Thammasat University, Thailand. The objective of this project is to strengthen the UPH and wider health stakeholders to support evidence-based policy and improved health services, particularly in preparation for the transition towards non-communicable diseases in Myanmar.

NCDs are now commonplace in Myanmar and have reached crisis proportions. According to the 2014 STEP survey, almost all adults (94 per cent) have at least one NCD risk factor and 20 per cent of the population live with 3 or more NCD risk factors. This is made more serious by the high incidence of NCD-related deaths: 59 per cent of total deaths in Myanmar are due to NCDs. An individual has a 1 in 4 chance of dying between the ages of 30-70 from one of the four main NCDs.

The project builds national evidence, knowledge and collaborations in order to help integrate Non-Communicable Diseases (NCDs) and mental health into the mainstream of national health policy dialogue and service delivery, and also works for strengthening the institutional capacity. The project is sensitizing the higher-level leadership, policy makers



and officials on importance of addressing NCDs with comprehensive efforts and also strengthening knowledge and skills of medical professionals for expansion of Package of Essential Non-communicable (PEN) interventions for providing health care services on NCDs. These efforts will help in strengthening the quality of care of NCD services in Myanmar. The project is also supporting the government for developing a multi-sectoral national strategic action plan for addressing NCDs, which will also suggest strategies for improving the quality of care of NCD services in the country.

1.2 Lao Equity through Policy Analysis and Research Networks (LEARN)

In the Lao PDR the SPHIP programme is supporting the National Institute of Public Health (NIOPH) to become a centre of excellence for the provision of evidence-based health policy advice and support to the Ministry of Health and other stakeholders. It is doing this through the Lao Equity through Policy Analysis and Research Networks (LEARN) programme. LEARN brings together NIOPH, the University of Health Sciences in Lao PDR, together with the

Hanoi School of Public Health (HSPH) in Vietnam and the VU (Free) University in the Netherlands. LEARN is coordinated by MCNV, a Dutch NGO that has long experience in Vietnam and Lao PDR specifically in institutional development, public health and community development.

The overall objective of LEARN is to contribute to better public health and to support Lao PDR in achieving Universal Health Coverage (UHC) for all citizens. It shall do this through facilitating the formulation of better-informed health policies and their implementation, monitoring and evaluation.

The LEARN programme has three main expected results, which are to ensure that:

- More and better evidence is available for policy makers who are better able to use it for policy-making and programming;
- NIOPH has stronger institutional capacity, including increased financial and human resource management networks and improved IT;
- Graduates from the University of Health Sciences in Lao PDR have greater capacity in generating evidence, especially in the areas of nutrition and reproductive health.
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The LEARN programme aims to achieve these results through a mix of activities, including supporting talented Lao researchers to study for PhD and post-doctoral qualifications, the provision of research grant funds for relevant research to be conducted, improvements to e-learning and ICT capabilities at NIOPH and UHS, support in strategic planning for NIOPH, a joint Masters programme

in public health between UHS and HSPH, and a range of capacity building activities for health institutes in Lao PDR including, for example, improvements to the National Health Research Portal and strengthening the capacity of National Ethics Committees. Through doing this it hopes to contribute to Lao PDR's ambition to achieve Universal Health Coverage and better quality of care for everyone.

1.3 Bangladesh Strengthening Health, Applying Research Evidence (SHARE) project

To support evidence-informed public health policy-making in Bangladesh the SHARE (*Strengthening Health, Applying Research Evidence*) project has been initiated by icddr,b (Bangladesh), the Institute for Global Health of the University College London (UK) and Palladium Group (India) in partnership with DGHS, Ministry of Health and Family Welfare (MOH&FW), Government of Bangladesh. The overall aim of this project is to improve health equity, particularly for urban poor and those suffering from non-communicable diseases (NCDs) to achieve universal health coverage (UHC) in Bangladesh. To achieve this objective, SHARE project aims to:

- Strengthen the capacity of public health institutes in Bangladesh to engage with key decision makers to promote evidence-informed policy; and

- Strengthen the capacity of policy influencers and policy implementers to access, analyse and appropriately use evidence in health policy and practice with a primary focus on urban health and NCDs.

The project contributes to strengthening the government stewardship in the health information system. The project provides assistance in developing training modules (e.g. by e-learning), in developing user-friendly dashboards for the Management Information System (MIS). The project supports conferences and meeting to exchange knowledge and experiences in evidence-based management. The project supported the



MA4Health Inter-Country Measurement and Accountability Conference, in April 2016. Government ministers, leaders from the private sector, civil society, media and multilateral organizations, academia and funding agencies networked at the conference, creating opportunities for coordinating approaches and sharing knowledge and ideas on developing operational plans and roadmaps for implementation of management information systems.

2 Policy Research performed in the SPHIP projects

The projects in the SPHIP programme aim at reinforcing the cycle of research – policy formation – policy implementation – research. The projects analyse how policies are implemented, and which priorities have to be set for further research, capacity development or policy formulation.

Most research activities show that there is quite a big gap between what policies aims to achieve and what is the reality at the grass root level. Research can contribute to closing the gap between policy and practice by pointing out the areas where strengthening is needed. Implementation is thereafter accompanied by action-research to monitor whether indeed improvements can be achieved.

Hereunder three examples of policy research are presented.

2.1 Analysis of Research Gaps on NCDs in Myanmar

As part of the project ‘Strengthening Public Health Capacity to Respond to Myanmar’s Disease Transition’ researchers conducted a review of the available evidence on the burden of NCDs and their associated risk factors in Myanmar. This review included three complementary components: 1) a review of published literature 2000-2015 on NCDs and their risk factors; 2) qualitative interviews with key actors engaged in NCD research in Myanmar, and 3) additional reviews of Myanmar ethical committee inquiries and post-graduate research on NCDs in Myanmar.

The analysis from the literature review and feedback from key actors showed that there is an established history of research on NCDs in the country, though there is also acknowledgement that research in this area has lagged behind that conducted in other areas, such as communicable diseases and Maternal and Child Health (MCH).

The review identified limitations in the current research on NCDs in terms of quantity and quality. In particular there is limited evidence on the prevalence of NCDs in Myanmar with only small numbers of studies available in any individual disease category. In addition the evidence on risk factors for NCDs in Myanmar is also limited, though the STEPS study is acknowledged as providing important insights into risk factors for NCDs over time. There are

limited studies looking at interventions to address NCDs in the country, and in particular those targeted at the population level. An analysis of the available evidence against key information needs, highlights gaps across the evidence base.

The project is developing an advocacy brief on the findings and results from this research gap analysis, which will help us in sensitizing the concerned stakeholders on the research gaps and required research interventions for bridging the research gaps on NCDs in Myanmar. The findings of the research gap analysis will also help us in developing a peer reviewed research agenda on NCDs in Myanmar. These findings will be helpful for us in defining the research priorities on NCDs in Myanmar. The findings from this analysis will also be helpful for us in developing a multi-sectoral national strategic action plan on NCDs in Myanmar.

2.2 Policy Implementation and Gap Analysis in Lao PDR

It is only through well-informed policies that are effectively implemented that improvement of health services can be achieved. To understand better the gap between policy production and its implementation LEARN undertook two Policy Implementation and Gap Analyses (PIGA) in the areas of mother and child health care and nutrition. The PIGA is a mixed method research with quantitative and qualitative components, identifying the key policies and strategies in place, supported by guidelines, standards of operation, versus the operational reality at the ground with service delivery and service utilisation as key topics.



The PIGA analyses carried out identified that although a lack of resources was an important barrier to effective implementation, other factors such as an absence of contextualisation of top-down policies and the use of non-participatory approaches to dissemination were also significant barriers. When examining implementation one of the most important points is the relevance of the services to the people that use them, a one size fits all approach to policy

implementation is simply not effective, so policies must be interpreted to local contexts and populations. Research evidence can help to contextualise policies and ensure that their implementation addresses the needs of people, particularly those that tend to be marginalised or discriminated against.

2.3 Bangladesh Analysis of Management Information System

With the aim of health systems improvement in Bangladesh, the SHARE project is building the capacity of public health managers and service providers to analyse data coming Management Information systems (MIS) and to use the information for planning and decision-making. The project undertook an analysis of the information system and its utilisation by health managers in order to design a relevant capacity-building programme.

The analysis consisted of a quality assessment of data collected and interviews with public health managers and experts in the health sector. Data quality and completeness is still an issue in those areas where supervision is lacking. Too often inexperienced junior staff is left to do the data entries, which are not verified by seniors. Too often health facilities report

late due to administrative issues. Public health managers do not know which information they can collect from the system and are often not computer literate to use the analytic tools the MIS offers. They consider the management information system as belonging to the domain of statisticians.

From the analysis it became clear that improvement of the MIS and better planning and management has to start with engagement of the senior managers. They need to understand how the system works and which information can be generated. At the same time the system has to become user-friendlier with dashboards and tools for visualisation of relevant indicators. Simple warnings when data are incomplete or probably not correct should be developed for managers in order to perform direct quality control.



The analysis was the starting point of development of a training programme and for a project to enhance the ICT component of the MIS.

2.4 Discussion

Other participants shared similar experiences in implementation research to assess implementation of policy. Often such research is linked to evaluation of projects or programmes, and might be donor-driven. The institution funding the research may therefore influence the research questions, and may use findings for decisions on further funding. There is not much funding for areas that are not popular among donors. Therefore, there is lots of money for HIV/AIDS implementation research, but nothing for NCDs. From scientists there is not so much interest in this kind of research, as it is more health systems research than medical research.

However, increasingly governments, UN organisations and NGOs realise that scientifically sound analysis of performance of health systems will contribute to more effective and efficient service delivery. Participants in the discussion agreed on this optimistic note.

3 Knowledge Translation

Nowadays many health plans and programmes are formulated and implemented based on the experiences of health managers or based on guidance provided by international organisations. Policy makers have limited access to locally-produced scientific information for planning, implementation, monitoring and evaluation.

Knowledge Translation in health is communication of knowledge gained from research to policy-makers (and other stakeholders) in order to formulate plans and programmes for delivering health services. Knowledge translation requires from researchers formulation of research findings in clear policy recommendations and entering into dialogue with people outside the research community. Researchers therefore have to come out of their comfort zone and learn to speak a new language and expose themselves to critical questions of their work.

The projects distinguish two phases in the knowledge translation process:

- Effective communication of research findings to non-researchers, e.g. in fact sheets, policy briefs, films or websites;

- Policy dialogue, whereby researchers, decision-makers, professionals and the general public meet and exchange views about interpretation of research findings, priorities for actions and follow-up of research.

Research aiming at evidence-based policies, therefore must include the knowledge translation process. Below the three SPHIP projects explain how they address the knowledge translation issues.

3.1 Knowledge Translation Myanmar

In Myanmar the challenging disease transition with upcoming non-communicable diseases (NCDs) calls for health systems to adapt and create health services and structures that are appropriate to the needs of communities at all levels. A considerable amount of scientific information is required to know the situation of NCDs and needs of communities at all levels to respond to the challenges of disease transition. Therefore, STEP survey (2014) was conducted to reveal the situation of NCDs and risk factors for the entire country. After completing data analysis and preparation of survey report, a number of knowledge translation processes were introduced.

The STEP Survey (2014) report was published in 2015 and distributed to health managers at Central, Regional, District and Township levels. In 2016 two workshops were held in Naypyitaw and Yangon to disseminate findings of STEP survey on NCD burden and risk factors. These workshops helped to promote awareness of NCD burden and prevalence of risk factors in the country, and development of evidence-based policies.



STEP Survey findings were also presented to the participants attended to NCD advocacy meetings held in five regions in August 2016. A total of 503 participants consisting political leaders such as regional prime-ministers, social ministers; intellectuals from public and private

sectors and members of civil society organizations attended the meetings. These advocacy meetings were good platforms for policy dialogue between policy makers and practitioners from different sectors.

STEP survey findings will also be communicated through policy briefs in early part of 2017. After development of policy briefs, there will be wider policy dialogue among stakeholders relevant to NCD control.

As a result of wider NCD consultation and policy dialogue among policy makers, intellectuals, program managers and civil society from different sectors, implementation of PEN Scaling up project and formulation of National Strategic Plan for NCD Control will commence soon.

3.2 Knowledge Translation Lao PDR

It is important that research evidence is translated into a form that policy makers find accessible and easy to understand, thus LEARN puts considerable effort in ensuring that research evidence is produced in a manner that can be used by variety of audiences, this might be a policy brief for a busy politician or a short film for public exhibition. Networking

and working with others is also a way of amplifying the impact of research. In Lao PDR, the LEARN programme supports the National Health Research Forum to showcase Lao research within the country and the broader Greater Mekong Sub-region and it also supports attendance at other regional conferences.

Often it is important to tackle complex problems with a range of stakeholders, for example tackling the problem of nutrition, needs to involve research in such diverse areas as agriculture, livelihoods, climate change, health, education and investment. Just perceiving it as a health problem will not address the issue. So LEARN has undertaken a number of activities to encourage transdisciplinary approaches to tackling problems. One very good example this is the launch of a regional platform on adolescent reproductive health, which encourages researchers from different background to tackle the sensitive and difficult issue of adolescent pregnancies. Such platforms mean that a range of voices can be heard and that a multi-faceted and nuanced dialogue can take place, which can enrich the research agenda and ensure that a variety of questions can be addressed through the lens of different perspectives. The use of ICT can be effectively used to encourage such dialogue, not just within expert groups of researchers but also the general public.

3.3 Knowledge Translation Bangladesh

The SHARE project is working with Directorate General of Health Services (DGHS) to strengthen its Research Policy Communication Cell (RPCC) as communicator of high quality



evidence for health policy decision-making and for dissemination of research findings, and thus leading to more evidence-informed knowledge translation outputs. A national dissemination event with RPCC initiative has been planned in coming December.

The SHARE Project has renovated RPCC's web portal with new outlook and contents. RPCC started its journey in 2012 and will become Government's own repository for sharing health policy documents, health related resource materials, policy briefs and findings from policy discussion. RPCC is expected to institutionalise the uptake and use of research evidence in health policy making through providing synthesized information on health issues to policy makers. The RPCC web site link is: <http://rpcc.dghs.gov.bd/rpcc/>

3.4 Discussion

The worlds of decision-makers and academia are coming closer. More often popular publications are made to communicate research outcomes. Policy briefs are becoming more common. More governments do have websites where information from research is published. However the extent to which this information reaches the target audience is not clear. Do people for whom the information is meant really access and accept it? Do policy-makers, managers or politicians use the information in their policy development and planning processes? The experience in Cambodia is that it is a process: regularly sharing of information, building trust helps in getting messages across.

Like shown in Lao PDR, it helps to create platforms or alliances, so that the message is not coming from one side, but from e.g. patient groups, community representatives and scientists at the same time.

4 Policy Dialogue

This section provides special attention to policy dialogue activities as part of knowledge translation, because it is a new area of work for research institutes involved in policy recommendations.

4.1 Myanmar policy dialogue on NCDs

Dialogue between researchers and policy makers are an important agenda for development of NCD policies in Myanmar. In order to improve the situation of dialogue between researchers and policy makers, STEP survey dissemination workshops were held in Yangon and Naypyitaw. By holding dissemination workshops in the two big cities policy dialogue between researchers, academia, policy makers, project managers, program directors, UN Agencies, NGOs and CSOs became a reality. Another platform created for dialogue between researchers and policy makers is formation of research advisory committee to hold discussions for development of research agenda and utilisation of research findings in policy analysis and development.

Yangon STEP Survey dissemination workshop was held on 17 March 2016 and altogether 180 participants attended the workshop. Participant list consists of stakeholders from



government departments, international and national NGOs, UN Agencies, Universities and project or program managers. Majority of participants come from international NGOs. In the workshop, professors from the University of Medicine II and researchers from Department of Medical Research made presentations on STEP Survey findings, burden of NCDs, challenges in prevention and control of NCDs, role of partners in NCD control. After presentations, participants from public and private

sectors, media and civil society organizations raised questions and comments.

Second STEP Survey dissemination workshop was held in Naypyitaw on 4 February 2016 and nearly 200 participants attended the workshop. Type of participants attended the workshop are same with the Yangon workshop and majority of participants are from government departments. H.E Minister for Health delivered the inaugural speech and highlighted the growing NCD burden in Myanmar due to changing epidemiological situations with quotes from STEP Survey findings. He urged all of the participants to put the utmost effort to respond to the disease transition. After the opening session, presentations are made by researchers and academia, and question and answer session followed.

In order to promote dialogue between researchers and policy makers, the project is organising to form a research advisory committee. Key players in the committee are professors and faculty members from medical and public health universities, research scientists from research departments, programme or project managers from health ministry and national and international organizations. This committee will develop a research agenda for NCDs based on the research gaps identified. After completion of research projects, the committee will support and guide the dialogue between researchers and policy makers using the information obtained from research.

4.2 Lao PDR Policy Dialogue

The LEARN project is actively supporting the annual National Health Research Forum in Lao PDR. The forum aims to provide a platform for researchers, policy makers, health practitioners and other experts to discuss and exchange their ideas, experiences and ways of mitigation the health challenges in order to ensure after all the health research in Lao PDR takes places in the context of working towards Sustainable Development Goals related to health including equity in health, universal health coverage (UHC), nutrition, health services. In October 2016 LEARN presented best practices of public health to promote the use of policies for better health and social development.



Topics addressed in 2016 were:

- Public health and disease surveillance (AIDS, Tuberculosis, Malaria, neglected tropical diseases, hepatitis, water-borne diseases and other communicable diseases)
- Health Promotion, Prevention and Protection (Maternal, Neonatal, Child Health/Non-communicable diseases/Environmental pollutions and contamination/Tobacco control/Substance abuse)
- Innovative Primary Care for ensuring equitable access to health services (UHC: financial risk protection, access to quality essential health-care services, and access to safe essential medicine and vaccine)
- Gender equality (health workforce development, training, and retention)

4.3 Bangladesh dialogue with communities

In Bangladesh, EU supported SHARE project is working alongside DGHS to ensure putting peoples' voices right at the centre of the health conversations through public engagement initiative. This initiative aims to learn what support the local community needs to improve its health and how to help connect people to local resources that can help them. Looking at the concept of 'Public Engagement', it is generally defined as *"a two-way process, involving interaction and listening, with the goal of generating mutual benefit"*. In public engagement initiatives, two-way communication can effectively shape health issues and set priority policy agenda. Engagement of health scientists and researchers with public is getting prominence now-a-



days. The SHARE project organised a public engagement event during National Book Fair during February 2016. This promoted “Dialogue for Prevention of Non-Communicable Diseases” to create mass awareness on health risks caused by NCDs like diabetics, heart diseases, cancer etc. Since non-communicable diseases (NCDs) is responsible for 61% of all deaths in Bangladesh. In the event, it was heartening to see people from all walks of life visiting public engagement event stall of icddr,b in collaboration with three volunteer organizations at during Book Fair every day. Awareness about healthy lifestyle for preventing NCDs is important. Interactive conversation of visitors on NCDs has been found enriching.

Later in October, 2016, SHARE project held a public health conversation in the name of ‘Health Dialogue for the People’ event at Monpura Health Complex auditorium in Monpura



of Bhola- southern district of Bangladesh. Representatives of health managers, researchers, local leaders, media, policy makers, stakeholders and mass people attended the event. This event has built practical understanding of existing health service situation in hard-to-reach areas of Bangladesh and led the unique process of engaging

health managers, researchers, local leaders, media, policy makers, stakeholders and mass people towards developing better health service delivery model in low resource-settings. Listening to the views of local people on health issues is a vital part of this health dialogue event which is fluent conversational in style and local residents are urged to join in health conversation by sharing their views on health services of their locality. This is also about understanding what the community perception about health, finding the challenges they face and exploring ways for responsive health service delivery. Eventually, this positions local people in charge of the health agenda to address their needs in front of health managers and stakeholders. From the health dialogue in Monpura, some strong appealing messages emerged that has connected people to local resources that can help them. Just after public engagement dialogue event, a community support group for Monpura Upazila Health Complex was formed.

In October 2016, EU supported SHARE project of icddr,b in collaboration with 'Adolescent and School Health Programme' of DGHS organized another health dialogue in Narayanganj-

neighbouring district of Dhaka. It was an event where teachers, students, guardians, development partners, researchers, health managers and stakeholders shared their views how school based health programme could better support health needs of the students. Everyone has recognized important roles of teachers and parents to support children for adopting healthy



behaviour that can have lifelong consequences. Strengthening school health programme has framed the core issues of this public engagement health dialogue organized by SHARE

project. SHARE project is planning to organise the next Café Scientific event on the World Diabetes Day- 14 November in Dhaka.

4.4 Discussion policy dialogue

Participants shared experience with policy dialogue from Cambodia, from Lao PDR. Some researchers felt they really had to overcome a barrier to become advocates for change, but others were so passionate about the outcome of their research, that they wanted to do everything to convince decision-makers to take the recommendations on board. Examples of advocating for the rights of people living with HIV/AIDS or adolescents were mentioned. Especially feedback of results of research to communities was mentioned as rewarding and motivating.

The SPHIP projects will continue to gain experience with knowledge translation, building alliances and engaging in dialogue with stakeholders and will come back with more experience during the next GMS countries public health conference.



More information about the SPHIP programme on the EU's Capacity4Development website
<http://capacity4dev.ec.europa.eu/capacity-building-in-public-health-for-development/>

Or get in touch to learn about research and capacity development activities with the SPHIP support team leader, Dr Jaap Koot, jaap.koot@gfa-group.de

Or get more information on the knowledge translation process from the communication expert in the support team < Mr Javier Burgos Javier.burgos@gfa-group.de

