

APRIL 8, 2022



COMCAHPSS

Consortium for Mothers, Children, Adolescents,
and Health Policy and Systems Strengthening

FINAL TECHNICAL REPORT: IDRC PROJECT # 108237

WEST AND CENTRAL AFRICAN PARTNERSHIP FOR MATERNAL, NEWBORN
CHILD AND ADOLESCENT HEALTH RESEARCH OR THE CONSORTIUM FOR
MATERNAL NEWBORN, CHILD AND ADOLESCENT HEALTH AND HEALTH
POLICY AND SYSTEMS STRENGTHENING (COMCAHPSS)

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Abstract

The West and Central African Partnership for Maternal Newborn, Child and Adolescent Health, more popularly known as the Consortium for Maternal, Newborn Child and Adolescent Health and Health Policy and Systems Strengthening (COMCAHPSS) set out to conduct multi-level capacity building and networking at individual, institutional and country level in West and Central Africa (Cameroon) for leadership in Health Policy and Systems (HPS) and Maternal Newborn Child and Adolescent health (MNCAH) research and practice to support context-relevant and effective policy and program decision making and implementation for MNCAH improvements in West Africa; and to monitor and evaluate the processes and impact of the program and lessons. With approved funding of CAD 1,000,000 from IDRC Canada work was conducted between 1 April 2016 and 30 September 2021. The mode of implementation of the West and Central African partnership project or COMCAHPSS was to engage multiple stakeholders and representative working groups, harness the capacities of relevant stakeholders, and catalyse engagement to ensure that the activities strengthen the existing synergies with IDRC-funded work in the region, particularly around the Innovating for Maternal and Child Health Program in Africa (IMCHA) and West Africa initiative projects.

At this time, we can only report on early and medium-term outputs. The nature of these outputs and the continuing work suggests that in the longer term there will be more effects of COMCAHPSS in the West African subregion. Specific early and medium-term outputs which we anticipate continuing having effect in the sub-region and the countries include:

- Vibrant South-South and North-South active researcher networks
- An active West African network of Emerging Leaders in Health Policy and Systems (WANEL-HPS) registered as a professional NGO in West Africa with global links to the African Health Economics and Policy Association (AfHEA), Health Systems Global (HSG) and the Emerging Voices (EV) professional networks. WANEL has moreover attracted the next generation of funding for research to generate evidence to inform Covid 19 recovery in the sub-region. Members of the network are globally active.
- Researchers in the sub-region are working in collaborative networks, have attracted new research funding, and are applying for other opportunities
- All the networks and researchers are linked to the West African Health Organization and maintain strong relationships. This increases the potential to inform sub-regional policy processes
- Research users have been engaged in all the networking activities

Keywords

Health Systems; Maternal Newborn Child and Adolescent Health; Research; Capacity; Networks; Individuals; Institutions; Context

The Research Problem

Health is a key factor for human development. Globally as well as nationally and sub-nationally there tend to be strong communities that conceptually and in implementation should work together in an interdependent, synergistic and complementary manner. However in practice they tend towards varying degrees of isolation from each other. The Health Policy and Systems (HPS) and the Maternal, Newborn, Child and Adolescent health (MNCAH) communities are in this situation. For sustainable improvement in MNCAH and wellbeing; and indeed most other health outcomes, there have to be strong health systems as the foundation on which interventions rest.

Health systems are the common-pool resource on which all programs in the health sector including Maternal, Newborn, Adolescent and Child Health (MNCAH) programs draw. Like other common pool-resources, health systems face the challenge that they may be taken for granted and neglected. Everybody assumes that somebody else is protecting the resource on behalf of the collective. It is only when their weakness leads to a 'tragedy of the commons' type of situation that decision makers, funders and implementers wake up to their importance. Often the damage to programs and the resulting consequences are far-reaching. A dramatic and tragic illustration is the 2014 Ebola virus disease (EVD) epidemic in West Africa. Most analysts and observers agree that this tragedy was made possible in part by the weaknesses of neglected and fragile health systems in the three states in the epicenter, Guinea, Liberia and Sierra Leone. The resulting near collapse of the already weak health systems has had tragic effects on almost all other essential programs including maternal, newborn, child and adolescent health that relied on these systems to run. A little more preceding investment in the health system as a common-pool resource may have averted the tragedy.

The West and Central African partnership for Maternal, Newborn, Child and Adolescent health also known as the Consortium for Maternal, Newborn, Child and Adolescent Health and Health Policy and Systems Strengthening (COMCAHPSS) put forward proposals for a package of interventions to strengthen research conduct and use capacity and generation of evidence to improve health systems and maternal, newborn, child and adolescent health using collaboration and networking between individuals embedded in institutions and countries of West and Central Africa (Cameroon). South-South collaboration in West and Central Africa for MNCAH improvements is critically important because this part of the world lags far behind its Millennium Development Goals¹; and has some of the worst maternal and neonatal mortality indicators globally². Additionally the aggregate indicators mask wide inequities between and within countries. Factors impinging on overall population health include globalisation, decentralisation, the 'demographic dividend', the epidemiological transition, and increasing urbanisation, among others³.

¹World Bank Fact and Figures sheet

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20179737~pagePK:34370~piPK:42768~theSitePK:4607,00.html>

²UNICEF http://www.unicef.org/wcaro/english/overview_4563.html

³Harmonisation for Health in Africa Service Delivery Community of Practice <http://www.hha-online.org/hso/hso/communities>

The complexities of the West African sub-region are layered in historical, political, and economic terms. Geopolitically, West Africa consists of fifteen countries (total population approximating 245 million) spread around the Gulf of Guinea and across the lower Sahel. The region is home to immense diversity in cultures, languages and religion. In the decades since its various countries, beginning with Ghana in 1957, obtained independence; the region has been marred by successive military governments, internal civil strife and structural adjustment. More recently, instability has included terrorist threats, climate-linked food insecurity, and increased drug trafficking. And as noted, the 2014 Ebola virus disease outbreak dramatically demonstrated the vulnerability of the sub-region to address critical health problems. In this context, health outcomes have been predictably poor. Cameroun in Central Africa, which shares borders with Nigeria is very similar to the countries of West Africa in its characteristics and needs.

Against this backdrop, there is great need to increase and strengthen the capacities to conduct and utilise locally-driven and locally-generated health policy and systems (HPS) research and practice, especially to address the complex issues of MNCAH. HPS is broadly defined by a focus on whole health systems, comprising the interactions of actors in health policy processes to improve the access, quality, and equity of health services¹. Implementation research (IR) is part of HPS. While the understanding of HPS continues to grow in academic, policy, and implementation spheres, there is great need to build the research and practice of HPS particularly as it relates to MNCAH.

A regional call for proposals on health systems research supported by the International Development Research Centre (IDRC) and WAHO in 2012 noted that: *'A common challenge is that much of the health research undertaken in the region is siloed and research findings are not disseminated within or between national and regional levels of government or within the health systems. Synergies across the findings may not be made and links between regional researchers and decision makers are often weak. Building a more integrated health systems research community across the region requires a coherent approach that recognizes the complexities of producing and using evidence to influence development and implementation of policies intended to improve lives of people at the local level.'* During the proposal development workshop for the finalists in the IDRC/WAHO call however, the proposals were found to be generally weak in designing and implementing relevant HPS research, and effectively utilising the results. The inception workshop for the *Innovating for Maternal Child Health in Africa (IMCHA)* implementation research teams highlighted similar issues. There is still an urgent need to build a critical mass of appropriately skilled HPS and MNCAH researchers, generators, practitioners, decision-makers and leaders who work together synergistically across the region.

The West Africa initiative also convened a Regional Consultative Committee (RCC) of leaders to provide support and advice, as well as to identify additional gaps and strategic opportunities to strengthen the HPS environment in West Africa. This West and Central African partnership for Maternal, Newborn, Child and Adolescent health research built on earlier planning and dialogue, which emerged from reflections by some of the RCC members and several of the proposed consortium and working group leads were members of the RCC.

The program was planned to be implemented as a partnership between a consortium of West African institutions and institutions in Cameroun, Central Africa. The multiple institutions that were invited to make up this consortium brought diverse strengths, capacities, resources, experiences, perspectives and commitments while sharing interests in improving health systems in sub-Saharan Africa. The partnership was to be part of the strategy to build capacity for HPS and MNCAH research and practice, including the brokering, dissemination and application of knowledge to innovate for health systems strengthening to support MNCAH in West and Central Africa. The principle was to catalyse the different already existing strands of IDRC-supported work related to HPS and MNCAH research to support MNCAH improvements in the West African and Central African sub-region.

The process of proposal development involved desk reviews and multiple rounds of stakeholder consultation formal and informal. Formal stakeholder consultations were held in:

- Cape Town in September/October 2014 as part of the third Global Symposium on Health Systems Research
- Abidjan in February 2015 in collaboration with WAHO. Focus was consultation with senior researchers and key institutions in the West African sub-region
- Accra in June 2015. Focus was on young and emerging research and practice leaders in the West African sub-region
- Accra in September 2015. Focus was to discuss and review the draft proposal that had emerged from the preceding consultations and to finalize the objectives, structure and content of the proposal

A number of strategic priorities were identified through this year-long review and consultation process across West Africa, and the extensive literature review of capacity-building initiatives and HPS research in the sub-region. The priorities in the west and Central African partnership proposal were informed by the inputs from these processes.

The West and Central African Partnership for Maternal, Newborn, Child and Adolescent is also referred to as the Consortium for Mothers, Children, Adolescents and Health Policy and Systems Strengthening (COMCAHPSS). Throughout this document we will use the terms COMCAHPSS and the Partnership interchangeably.

Objectives

General Objective

To conduct multi-level capacity building and networking at individual, institutional and country level in West and Central Africa (Cameroon) for leadership in Health Policy and Systems (HPS) and Maternal

Newborn Child and Adolescent health (MNCAH) research and practice to support context-relevant and effective policy and program decision making and implementation for MNCAH improvements in West Africa; and to monitor and evaluate the processes and impact of the program and lessons.

Specific objectives

1. Strengthen **health leadership capacity** for research, innovation and change for decision making and implementation of high quality, effective, efficient and equitable MNCAH programs and services that improve outcomes in West and Central Africa
2. Strengthen **Health Policy and Systems and MNCAH research capacity** in West and Central Africa to generate evidence to support context-relevant and effective policy and program decision making and implementation of quality, effective and efficient Maternal, Newborn, Child and Adolescent Health (MNCAH) services and outcomes in West Africa
3. Strengthen researcher ability to work with decision makers and implementers to identify relevant research agendas, generate, package and disseminate research information to support **policy development and implementation** in West and Central Africa
4. Support and develop multi-disciplinary **multi-level leadership and research networks** for HPS and MNCAH in West and Central Africa
5. Collaborate with WAHO at the contextual level to promote the use of evidence for MNCAH programs and HPS strengthening for improved MNCAH outcomes in West and Central Africa
6. Monitor and evaluate the processes and impact of the program and lessons for MNCAH improvements

Methodology

The mode of implementation of the West and Central African partnership project or COMCAHPSS was to engage multiple stakeholders and representative working groups, harness the capacities of relevant stakeholders, and catalyse engagement to ensure that the activities strengthen the existing synergies with IDRC-funded work in the region, particularly around the Innovating for Maternal and Child Health Program in Africa (IMCHA) and West Africa initiative projects. Under the Innovating for Maternal and Child Health Program in Africa (IMCHA) IDRC had already awarded a grant to the West Africa Health Research Organization (WAHO) as a Health Policy and Research Organization (HPRO) at the time the West And Central African partnership project was submitted. The overall objective of the WAHO project was to strengthen the demand for, the production of, and the use of the research results in decision making to improve maternal, newborn and child health programs and policies in the Economic Community of West African States (ECOWAS) region. The focus was on the knowledge translation and policy influence elements needed to improve Maternal and Child Health outcomes in the West African

sub-region; and deepening Ministry of Health engagement with researchers and the use of evidence to inform policy.

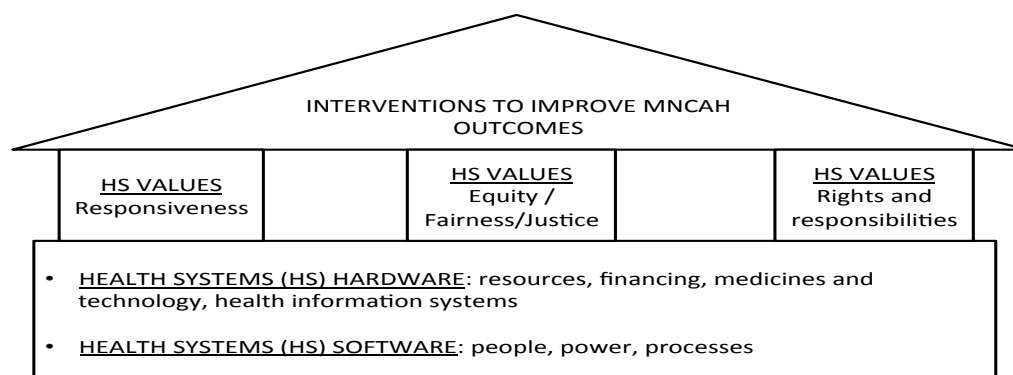
This West and Central African partnership project (COMCAHPSS) with its focus on building MNCAH and HPS leadership and research capacity across the region collaborated closely with the WAHO project and its efforts to improve MNCAH programs design, implementation and outcomes in the West Africa sub-region in its implementation. The project team for the West and Central African partnership proposal worked closely with WAHO in development of the proposal and continued to do so in implementation, focusing on the gap area of leadership and research capacity to generate, synthesize and adapt knowledge, innovate solutions and catalyse the ability to implement.

Conceptual framework

A conceptual framework was developed to guide the design and implementation of the COMCAHPSS interventions. The framework theorized that health systems are the foundation and the infrastructure on which interventions to improve MNCAH rest. MNCAH programs designed and implemented without attention to a strong health systems foundation may produce results in the short term but sustainability will be a problem and the programs will lack resilience. The resilience of MNCAH programs is bound to the resilience of the health system in which they operate. Key in the determinants of the strength of health systems as a foundation on which all programs including MNCAH rest; and therefore their strength and ability to withstand shocks (i.e., their resilience) or otherwise are what are commonly referred to as the building blocks (Murray and Frenk 2000), and which we refer to as the 'hardware'. These are the resources for the health system (human as well as infrastructure, equipment, tools and supplies), financing arrangements, health information systems, medicines and technology. Also key in the determinants of the resilience of health systems as the foundation and infrastructure on which programs rest are people within health systems, their power and how they choose to exercise it; and the processes they set up and operate to run the health system. The implicit as well as explicit values on which health systems are built – issues of responsiveness, equity, fairness or justice, rights and responsibilities – are key pillars that also determine the strength of health systems. These foundations and pillars support any interventions that are put in place in a health system to service the population and influence the outcome of these interventions. This includes interventions to improve the health of mothers, newborns, infants, children and adolescents. This is illustrated diagrammatically as Figure 1 below.

Figure 1 – Foundations of the health system

Health Systems Hardware, software and values as supporting “infrastructure” of interventions



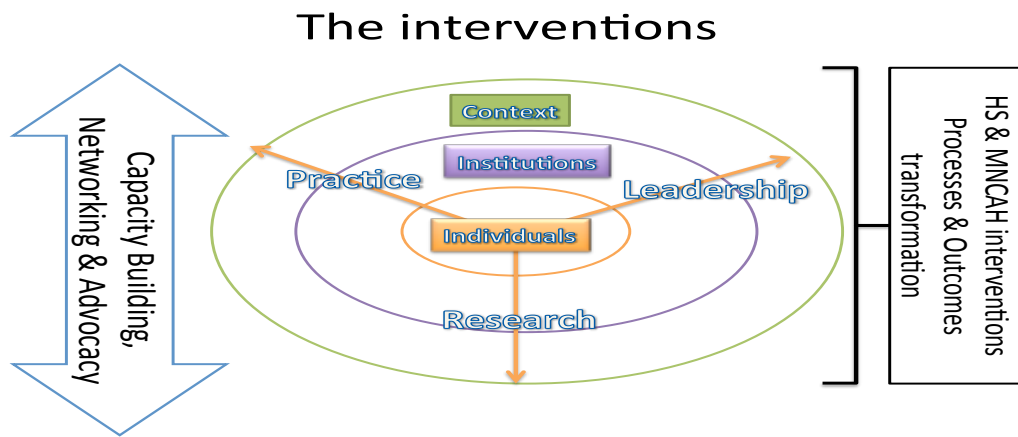
Health systems are made up of people acting as individuals, but also acting as networks and embedded within institutions, which are in turn embedded in context. Processes initiated and managed by individuals occur within these institutions and context. The resulting decisions and complex interactions influence decisions and implementation related to interventions, their scale up and outcomes. Capacity is the ability of health systems to perform and produce desired outcomes. The capacity is multi-level depending on the individuals and their networks, but also depending on the institutions and the context within which they work. The framework for the capacity building component of the project drew upon the systemic capacity building hierarchy of needs framework of Potter and Brough (2004)ⁱ as well as the three levels of capacity concept of LaFond et al (2002).

Individual level capacity refers to what competencies are needed to enable leadership performance, and whether individuals in strategic leadership positions or aiming to occupy strategic leadership positions are sufficiently knowledgeable, skilled and experienced in terms of these competencies and whether they are also confident and motivated to perform the functions of strategic leadership adequately. Institutional capacity refers to the capacity of the organizations and institutions within which individuals work to support the required performance. Indicators of organizational capacity include the design of the organization, infrastructure, tools and other resource availability and appropriateness, including staffing numbers, skills mix and distribution in relation to the tasks to be performed. Organizational culture which refers to “how things are done around here – both written and unwritten”; and organizational climate which refers to “how it feels to work around here” are closely related concepts that are also part of organizational capacity. Contextual or environmental capacity refers to the wider international, national or sub-national context within which institutions function.

The levels of capacity and the factors that enable or constrain capacity at each level interact iteratively to influence health systems process. The interactions are bi-directional and produce a final effect together rather than in isolation, e.g. the capacity of individuals can lead to actions that affect the capacity of institutions, context or both, and vice versa.

Figure 2 is a diagrammatic representation of the conceptual framework of the interventions.

Figure 2 – Conceptual framework of the interventions



Project Activities

Because of the intersecting themes of research, practice and leadership at multiple levels against capacity building, networking and advocacy to strengthen these themes, the interventions in the COMCAHPSS program are best described in with a grid. Table 1 shows the original planned project activities. However not all were implemented with the COMCAHPSS funding. The budget to implement all these planned activities came to well over 2.5 million Canadian dollars and there was a need to scale back on what could be done with the one million CAD available. The color codes in the table indicate what was actually feasible to do and was done within available resources in Green. Areas where the efforts to obtain extra funding were successful and were implemented under other grants are shown in yellow. Areas that had to be dropped altogether because resources were not obtained whether through the COMCAHPSS grant or from elsewhere are shown in red. The full report of the areas of work highlighted yellow are available under the reports to the funders rather than in this report which focuses on the areas in green. However a summary is provided since these additional grants and the work being done with them would not have been possible without the initial West African partnership funding support.

Table 1 – Program interventions and objectives⁴

	Individual & institutional level		Contextual level
Themes	Capacity building (Objectives 1 – 3)	Networking (Objective 4)	Collaboration with WAHO as an HPRO (Objective 5)
Leadership (Objective 1)	<ul style="list-style-type: none"> • West African bi-annual seminars: Leadership modules • leadership mentorship program • Support to Pan African DrPH program development and implementation 	<ul style="list-style-type: none"> • West African emerging HPS research and practice network (WANEL) • Communities of practice • Global conference e.g. HSG participation support grants for emerging leaders with accepted abstracts 	Promotion of the use of evidence for decision making Strengthened collaboration between researchers and decision makers
Research (Objective 2)	<ul style="list-style-type: none"> • West African bi-annual seminars: HPS and MNCAH research modules • HPS and MNCAH research projects • Research supervisor/mentor program • Specialist Master’s program • Peer-reviewed journal publication support 	<ul style="list-style-type: none"> • Annual partnership meetings 	
Practice (Objective 3)	<ul style="list-style-type: none"> • West African bi-annual seminars: Researchers “how to” work with decision makers and implementers modules 		

⁴ Code: Green=Implemented with West African Partnership funding; Yellow=efforts to attract additional funding /resources were eventually successful and are being implemented under a different grant; Red=Could not attract the needed extra resources and have not been implemented.

	Individual & institutional level	Contextual level
	<ul style="list-style-type: none"> • Research communication interventions • Researcher, media and civil society engagement program 	
Monitoring and Evaluation	<ul style="list-style-type: none"> • Qualitative process documentation • Quantitative output and impact documentation 	
(Objective 6)	<ul style="list-style-type: none"> • Realist evaluation of the program ('how' and 'why' the program works to produce the documented impacts) 	

Strengthening health leadership capacity (Objective 1)

The West African partnership (COMCAHPSS) funding enabled the development of modules to be used in bi-annual West African health leadership, research and practice seminar series drawing on materials developed for a Pan African DrPH program. The funding was inadequate to implement the West African New and Mid-Year schools. COMCAHPSS efforts were therefore focused on attracting additional resources to implement the planned interventions. The WNCWA grant (described in more detail under “New Research grants that build on COMCAHPSS efforts and networks”) is the specific grant that enabled implementation of the West African Mid and New Year schools.

Strengthen health policy and systems & MNCAH research capacity (Objective 2)

Several activities were carried out under this objective.

- A West African 6-week pre-doctoral research training program on proposal development for maternal, newborn, child and adolescent health and health policy and systems was developed and conducted in June /July 2017.
- It was followed by a 1-week pre-doctoral training program in Cape Town in September 2017 collaboration with Prof. Lucy Gilson in the University of Cape Town and Prof Uta Lehman in the University of the Western Cape.
- Support was also provided to early career researchers for publication in peer reviewed journals through coaches and mentors.
- Support was provided to HIGHER Women in Cameroon to develop a supervisors /mentors training manual based on their many years of work and experience in coaching and mentoring young women scientists. The manual “Effective strategies for quality mentoring of health researchers” is posted as open access in English and French on the COMCAHPSS website. There

were inadequate resources to organize the follow-on planned coaching and mentoring training and it was not done.

Strengthen researcher ability to work with decision makers and implementers (Objective 3)

Modules were developed for the bi-annual West African seminars related to:

- Working with decision makers and implementers to strengthen HPS and MNCAH research agenda development
- How to package and present research to decision makers and implementers
- Researchers guide to understanding health systems as complex adaptive systems and MNCAH policy development and implementation in such systems; and using that understanding to inform research design, conduct and dissemination

Networking (Objective 4)

The main intervention was the establishment and support for the West African Network of Emerging Leaders (WANEL). This network had already started with the first meeting that took place in Accra in April 2015 as part of the consultative processes that informed the development of this partnership proposal and the focus was on strengthening it to become a sustainable

The main activities included online interactions, encouraging Anglophone to Anglophone, Francophone to Francophone as well as Anglophone to Francophone exchange, sharing, cross-learning and collaboration within West Africa and linkages with the wider global networks of CHEPSAA Eemerging Leaders and the ITM Emerging Voices.

It was not possible to set up the Communities of Practice (CoP) network as planned because of the resource constraints. Efforts were rather focused on finding additional funding to make it possible to set up this intervention. These efforts were successful with the obtaining of the WNCWA grant (Grant # 108937). The work on Communities of Practice is reported under that grant.

Collaboration with WAHO

WAHO has been a core partner in and supporter of the COMCAHPSS program. This includes:

- WAHO support to COMCAHPSS doctoral level capacity building for early career West African researchers through funding to support the PHD training of COMCAHPSS PHD trainee Joseph Doodoo from Ministry of Health Ghana.
- WAHO representation on the COMCAHPSS Advisory Committee
- WAHO sponsorship for COMCAHPSS participation in its annual West African best practice forums.
- WAHO support to WANEL
- WAHO participation in all the COMCAHPSS partners meetings.

Monitoring and evaluation

The planned realist evaluation was not carried out because of human and financial resource constraints. The project had an internal mid-term review to inform activities and direction in the second half of the project.

The mid-term review was conducted, with the Alliance for Health Policy and Systems research supporting the project through the time of Dr. Kabir Shiekh to support the mid-term review consultant.

No end of project review has been planned or executed because of the funding constraints.

Project Outputs

The project outputs are summarized in table 2 in relation to the project activities and expanded in the text that follows.

Table 2 – Summary of project activities and outputs.

	Area	Activities	Outputs
Capacity building	Leadership and Policy Advocacy /Ability to work with decision makers (Obj 1 & 3)	<ul style="list-style-type: none">• Program concept developed for West African new and mid-year schools summer school• Funding search to obtain extra resources to be able to implement new and mid-year schools.	<ul style="list-style-type: none">• Modules and training materials and approaches• WNCAW grant (IDRC Grant # 108937 obtained in 2019)
	Research (Obj 2)	<ul style="list-style-type: none">• Research Mentorship training modules and program documented in an open access manual by HIGHER Women• Funding search for resources to enable capacity building for mentors and coaches• Recruitment and support to West African doctoral level researchers to find training placements, funding,	<ul style="list-style-type: none">• Manual is available on the project website• Funding for coaches and mentors training has not been identified yet.

Area	Activities	Outputs
	<p>supervisors, coaches and mentors and successfully complete training.</p> <ul style="list-style-type: none"> Placement of trainees 	<ul style="list-style-type: none"> 7 pre-doctoral candidates participated in the pre-doctoral training in 2017. 6 are currently placed in ongoing doctoral programs
Net working	WANEL & CoP (Obj 4)	<ul style="list-style-type: none"> Support to establishment and institutionalization of WANEL WANEL website, group network (webpage, email, twitter, Facebook) Linkages between WANEL and other global networks (including Emerging Voices and Emerging Leaders) Participation of WANEL members in the Global Symposia on HSR Search for funding to support establishment of CoP
	Collaboration with WAHO (Obj 5)	<ul style="list-style-type: none"> Close collaboration and participation in the face-to-face Advisory Board and COMCAHPSS partners meetings and reviewing the program documents and reports. Adopted resolution of the 18th ordinary session of the Assembly of Health Ministers of ECOWAS on the use of evidence was informed by COMCAHPSS The DG WAHO permission to use the WAHO logo as part of branding COMCAHPSS outputs

Area	Activities	Outputs
	<ul style="list-style-type: none"> • Participation in the ECOWAS good practices in health forum organized by WAHO, in collaboration with Member States and partners. • Consistent support to WANEL 	<ul style="list-style-type: none"> • Presentations on project's results of relevance to best practices in the sub-region • The DG WAHO half a morning meeting with the WANEL members in Niger in 2017 • The full PHD training support to Mr. Joseph Dodoo • Sponsorship to Dr. Aissa Diarra from LASDEL in Niger for a short exchange program in Ghana in 2017
Monitoring and Evaluation (Obj 6)	<ul style="list-style-type: none"> • External Mid-term review using desk review and key informant interviews • End of project evaluation using a desk review 	<ul style="list-style-type: none"> • Mid-term review report • Paper on the COMCAHPSS experience and lessons developed and submitted to the special supplement on COMCAHPSS

Strengthening health leadership capacity (Objective 1)

The main outputs were:

1. Development of the short leadership course modules and materials
2. Translation of all materials into French and English
3. Availability of the materials to partners as open access online via the COMCAHPSS website

4. Success with the effort to find the extra funding needed to use the materials to run mid and new year schools for West African country teams (WNCAW Grant)

Strengthen health policy and systems & MNCAH research capacity (Objective 2)

The main outputs were:

- Development and conduct of a 6-week pre-doctoral training program for a cohort of seven early career researchers in West Africa
- Collaboration with Prof. Lucy Gilson in the University of Cape Town and Prof. Uta Lehman in the University of the Western Cape to run an extra one-week pre-doctoral training program in Cape town for 5 members of the cohort
- Support to the PHD training of members of pre-doctoral training program cohort
 - Ms. Selina Defor from Ghana registered with the University of the Western Cape with supervisors as Prof. Lucy Gilson, Dr. Maylene Shun-King and Prof. Irene Agyepong
 - Mr. Nassirou Ibrahim from Niger registered in the University of Montreal with supervisor as Prof. Roxane Borges Da Silva
 - Ms. Fatima Moulioum from Cameroon. Unfortunately, after repeatedly failing to make progress all the supervisors reviewed the situation, and she was dropped in 2020 by consensus within the supervisory team. Intellectually she was capable, but it appeared she has social problems that were preventing her progression and with less than a year to the end of the COMCAHPSS funding it was not clear how she was going to be able to complete a PHD training program.
 - WAHO provided funding from its IMCHA project for the training of one member of the cohort, Mr. Joseph Dodoo from Ministry of Health Ghana
- One member already had their own funding and registration in Oxford University in the UKResearch project design focusing on West Africa health needs
 - Mr. Benjamin Verboom from Canada
- COMCAHPSS supported the fellowship dissertation research of Dr. Andy Ayim, a member of the cohort with a small research grant (US\$ 3,500)

- The capacity building supported Dr. Abigail Derkyi Kwarteng another member of the cohort to successfully obtain an Alliance HPSR HPA doctoral fellows grant which is supporting her fellowship dissertation research
- Translation by COMCAHPSS of the CHEPSA open access modules into French and posting on the CHEPSAA and COMCAHPSS websites as part of the collaboration with Prof. Lucy Gilson in the University of Cape Town. This was to make the modules that had been developed in English by CHEPSAA (led by Prof. Lucy Gilson) accessible to Francophone colleagues
 - Introduction to Complex Health Systems. <http://www.hpsa-africa.org/index.php/16-teaching-resources/modules-courses>
 - Health Policy and Policy Analysis. <http://www.hpsa-africa.org/index.php/16-teaching-resources/modules-courses/147-politique-de-sante-et-analyse-de-politique-de-sante>
- HIGHER women in Cameroon documented their methods for coaching and mentoring young women scientists in a document “Effective strategies for quality mentoring of health researchers” which is available on the project website as open access. Unfortunately the resources have not been available to organize a coaches and mentors training program drawing on this manual as was initially planned.
- Support was provided to Dr. Ebenezer Oduro-Mensah to develop an open access publication of his work on a call center intervention to support maternal and newborn emergencies and referrals in Ghana.

Strengthen researcher ability to work with decision makers and implementers (Objective 3)

Modules were developed for the bi-annual West African new and mid-year seminars to support capacity building on Working with decision makers and implementers to strengthen HPS and MNCAH research agenda development, how to package and present research to decision makers and implementers and Researchers guide to understanding health systems as complex adaptive systems and MNCAH policy development and implementation in such systems; and using that understanding to inform research design, conduct and dissemination

The COMCAHPSS funding was inadequate to actually use these modules to run mid and new year schools. Efforts were made to find additional funding which were successful with the obtaining of the WNCAW grant. The WNCAW grant also enabled the implementation of the plan to develop CoP to supporting greater and more diverse innovation around researcher understanding of and engagement

with decision makers and implementers in research agenda setting, packaging and presentation of research and information will require a variety of partnerships and modes of communication.

Networking (Objective 4)

The main intervention was the establishment and support for the West African Network of Emerging Leaders (WANEL). This network has already started with the first meeting that took place in Accra in April 2015 as part of the consultative processes that informed the development of this proposal.

WANEL enabled capacity strengthening in the region in terms of a) increasing the numbers of regional junior/mid-career researchers and practitioners in HPS; b) capacitating regional junior/mid-career researchers and practitioners with competencies required for strong HPS; c) creating spaces for regional junior/mid-career researchers and practitioners in HPS to share their work and make their voices heard; and d) grooming and mentoring junior/mid-career researchers and practitioners into future HPS leaders. The thinking to date on such a regional network has been borne out of two antecedent initiatives: the Emerging Voices cohorts (a training program of communication skills and conference preparations affiliated with the Global Symposia on Health Systems Research, sponsored by the Institute of Tropical Medicine, Antwerp), and the Emerging Leaders Program of CHEPSAA, a training program of combined reflective practice and HPS skills).

WANEL supported the cohort model of peer-to-peer learning and support networking and exchange between junior/mid-career West African researchers and leaders that will link into related global networks.

The leadership, research and practice mentorship programs also supported the emerging leaders efforts. Members of WANEL were encouraged to graduate to in their turn become mentors of the next generation of emerging leaders.

The main activities of WANEL have included participation in all the HSG forums, online interactions, encouraging Anglophone to Anglophone, Francophone to Francophone as well as Anglophone to Francophone exchange, sharing, cross- learning and collaboration within West Africa and linkages with the wider global networks of CHEPSAA Eemerging Leaders and the ITM Emerging Voices.

The outputs have included:

1. A governance structure and constitution
2. Registration in Ghana as a professional network NGO in West Africa
3. a bilingual cross-country network coordination team for WANEL activities that includes rotating heads to lead working groups, plan face-to-face engagements, and organise network communications
4. A database of members including their institutions, areas of expertise and publications (including peer-review articles, policy outputs, media coverage, and books)

5. Website
6. Face-to-face engagement through workshops,
7. Participation of WANEL members at 2016, 2018 and 2020 Global Symposia on Health Systems Research, including satellite sessions

Collaboration with WAHO (Objective 5)

The collaboration with WAHO at the contextual level aimed to promote the use of evidence for MNCAH programs and Health Policy and Systems strengthening for improved MNCAH outcomes in West and Central Africa.

Prof. Issiaka Sombie, the Director Public Health in WAHO has represented the DG WAHO on the COMCAPSS advisory board. This includes participation in the face to face Advisory Board and COMCAHPSS partners meetings and reviewing the program documents and reports. This provided an important link between the work of COMCAHPSS and the work of WAHO. This included the opportunity for any evidence arising from the work of COMCAHPSS to be available to the DG through Prof Issiaka to inform WAHO as relevant. It also provided a bridge for COMCAHPSS to understand the research agenda and needs of the sub-region in its work and planning. This also included sharing information on relevant emerging and adopted resolutions within ECOWAS of relevance to the work of COMCAHPSS. A very important adopted resolution in this regard was that of the 18th ordinary session of the Assembly of Health Ministers of ECOWAS in Abuja Nigeria dated 16th June 2017 on the use of evidence in developing health care policies, plans, standards, and protocols in the ECOWAS sub-region. (copy attached)

The DG WAHO gave permission following a formal written request from the project PI for COMCAHPSS projects and outputs to use the WAHO logo as part of branding. This was an important major step to WAHO publicly putting its support behind the work of COMCAHPSS.

The West African Health Organization, in collaboration with Member States and partners, organizes periodic ECOWAS good practices in health forum. The good practices forum brings together senior officials from ministries of health, regional health experts, researchers and managers of training and research institutions, major local, regional and international NGOs, managers of private companies involved in the health sector, as well as partners in the region and elsewhere.

The ECOWAS good practices in health forum aims to:

1. Promote a culture of sharing experiences related to the development and implementation of effective and efficient health policies, strategies, programs, and interventions that are considered good practices.
2. Mobilize and align all key stakeholders (WAHO, Member States, civil society, private sector, and technical and financial partners) around national and regional priorities based on good health practices;
3. Initiate change through the use of good practices in the development and implementation of ECOWAS member countries' priority health policies, strategies and programs ;

4. Monitor and evaluate the progress made by member states in replicating and scaling up good health practices in the ECOWAS region.

At the invitation of WAHO, the COMCAHPSS team and WANEL members participated in the 2nd ECOWAS best practices forum in Cote d'Ivoire 27 – 29 October 2016 and the 3rd ECOWAS Good Practices Forum in Health 23-25 October 2018 in Accra, Ghana. The theme of the second forum in 2016 was "Promoting Innovations in Reproductive, Maternal, Newborn, Child and Adolescent Health related to the SDGs". The theme of the third forum in 2018 was "Promoting multi-sectoriality to achieve Maternal, New-born, Child and Adolescent and Youth health related Sustainable Development goals". In each forum COMCAHPSS members were active participants and also had the opportunity to present aspects of their work of relevance to best practices in the sub-region. COMCAHPSS was unfortunately not able to respond to the invitation to submit abstracts to participate in the 3rd best practices forum in Cape Verde in 2021 because of the complexities of wrapping up the program in the context of Covid 19.

WAHO has provided consistent support to the development of WANEL. The DG WAHO personally spent half a morning with the WANEL members during their meeting in Niger in 2017 in a meet the DG WAHO session. He spent time listening to what they were doing, answering any question they had for him and pledged the continuing support of WAHO for the development of WANEL.

The full PHD training support by WAHO to Mr. Joseph Doodoo, a WANEL member, as part of COMCAHPSS capacity building has already been mentioned. WAHO also sponsored Dr. Aissa Diarra from LASDEL in Niger for a short exchange program in Ghana in 2017 during which she was attached to the COMCAHPSS secretariat. LASDEL was a key institutional partner in COMCAHPSS. During her period in Accra, Dr. Diarra participated in the coaching and mentoring of the pre-doctoral trainees in the COMCAHPSS 6 weeks pre-doctoral training program.

New Research Grants that build on COMCAHPSS efforts and networks

The networks that have been built from the COMCAHPSS effort over the last five years and the strengthening of the capacity for research in individuals embedded in institutions in West Africa is manifested in the success of international competitive grant applications involving network partner individuals and institutions in West and Central Africa. The three awarded and active grants at the time of writing this report and the individual and institutional members of the partnership involved in the grant are summarized in the table below. The abstracts, individuals and institutions involved are summarized below the table.

Start Date	Duration	Amount	Source	Title
01/12/2020	36 Months	GBP 874,240.	UKRI/MRC. Grant Ref: MR/T040203/1. UKRI/MRC.	Adolescent mental, sexual and reproductive health and wellbeing policy, program and primary care implementation priorities in West Africa. (ADOWA)
01/10/2020	36 Months	CAD 1,000,000	IDRC, Canada Grant # 109485	Rectifying the Effects of COVID-19 on Vulnerable populations in WEst Africa: a Research-action (RECOVER)

Start Date	Duration	Amount	Source	Title
01/08/2020	24 mons	CAD 1,244,247	IDRC, Canada. Grant #: 109479	Exploring and learning from regional, national and sub-national evidence, policy and systems responses to COVID-19 in West and Central Africa. Covid 19 and West and Central Africa Health Systems (CATALYSE).
01/03/2019	36 Mons	CAD 750,000	IDRC Canada Grant #: 108937	Catalysing leadership to improve health outcomes for women, adolescents, and children in West Africa: project # 108937 (WNCWA)

ADOWA

The general objective of this study is to describe the what and analyze the how and why of adolescent wellbeing policy and program priorities in countries in West Africa, mental, sexual and reproductive health services availability at primary health care level (sub-district /health centers and community); the mechanisms by which these services are funded and how efficiently available resources used used to deliver these services at primary care level.

The specific objectives are:

1. Map and analyze country and sub-regional (macro level) actors and their ideas, ideology, interests and power, priorities and institutional environment /contexts and decision making in relation to adolescent health and wellbeing policies and programs in West Africa; which policies and priorities are moved into implementation (or not) and why.
2. Analyze sub-district and community (micro) level decision making processes of prioritizing which services to deliver and finding and allocating available resources at primary care level to provide adolescents health and wellbeing services
3. Identify and Synthesize the existing evidence on the proven effectiveness (or otherwise) of policy priorities and programs related to mental, sexual and reproductive adolescent health and wellbeing being implemented and generate evidence to support de-implementation where policy and program priorities in implementation are harmful or ineffective
4. Describe the amounts of resources allocated to the various components of primary health care service provision for adolescents' health and wellbeing at sub-district and primary health center level
5. Assess the effectiveness, and technical efficiencies of available primary health centers (public and or private) in providing adolescents' mental, sexual and reproductive health services
6. Analyze the factors that explain the technical efficiencies observed in primary health centers in providing Adolescents reproductive health services.

7. Co-produce interventions and provide recommendations with primary stakeholders (adolescents, their families, communities and service providers) as to how adolescent mental, sexual and reproductive health services should be configured and reconfigured to be more effective and responsive to adolescents health and wellbeing needs

Countries

Ghana, Niger and Burkina Faso.

Name and address of the sponsor/funder.

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RECOVER

The general objective is to contribute to and facilitate the development of evidence-informed strategies that strengthen cross-sectoral linkages to deal with collateral effects of COVID-19 on vulnerable populations in the West Africa region.

The project specific objectives are to:

- 1) Undertake a rapid assessment of stakeholders, policy and program documents and literature, data and monitoring systems available around collateral effects of COVID-19 on vulnerable populations in the 15 West African countries.
- 2) Implement deep-dive case studies to identify collateral effects on vulnerability and assess country strategies to address them.
- 3) Co-develop a people-centred and multisectoral framework for policymaking to deal with the collateral effects of COVID-19 on vulnerable populations.
- 4) Co-develop a regional synthesis that identifies lessons and establishes/strengthens researcher-stakeholder collaborations to manage disease outbreaks and collateral effects with a people-centred and multisectoral approach.

Countries

All fifteen countries of ECOWAS

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Research Institutions and investigators

Dossou Jean-Paul, Hounkpatin Hashim, Eboreime Ejemai, Okedo-Alex Ijeoma, Aikhuele Emilie, Ihoghosa Iyamu, Ermel Johnson, Ramatoulaye Diallo, Selina Defor and John Boateng on behalf of the West African Network of Emerging Leaders in Health Policy and Systems (WANEL).

CATALYSE

The learning taking place around COVID-19 as an emergent pandemic calls for different forms of relevant, accessible evidence to plan and implement equitable health-related responses. This proposal seeks to build collaborative learning in and across countries and regionally in West Africa and Central Africa (DRC) between formal reported evidence and the experiential learning from implementation in countries. The proposed work will compile what is available in the short term to inform responses and as a basis for regional discussion on follow up implementation research and policy dialogue.

Work stream 1 will gather and organize epidemiological, public health, health system, health technology capacities and other sectoral evidence relevant to public health planning, policy and intervention responses to the epidemic in the short and medium term. The work will report on comparative findings and areas for inclusion in sub-regional observatories and propose areas for follow up work.

Workstream 2 will explore and document a timeline of experiences at national and subnational level on the responses to COVID; compared and contrasted across countries and sub-regional contexts; that can provide a foundation for understanding and supporting national and sub-national health systems responses through and beyond the current COVID-19 situation, including to propose areas for follow up work.

Workstream 3 will support coordination across the workstreams and collaborative learning across the different bodies of evidence, and with the regional organisations WAHO review and identify key learning from the findings

Countries

Deep Dive: Benin, Democratic Republic of Congo, Ghana, Guinea, Nigeria, Senegal,
Cross Country analysis by WAHO: All 15 countries of the ECOWAS sub-region

Name and address of the sponsor/funder.

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Ministère de la santé et de l'Action sociale, Division de la Recherche. http://www.sante.gouv.sn/les-directions/la-direction-de-la-planification-de-la-recherche-et-des-statistiques-0	Samba Corr Sah, Chef de la Division recherche de la DPRS & Secrétaire permanent de la commission recherche et aspects éthiques du comité national de gestion des Epidémie dans le cadre de la lutte contre la Covid 19 du CNGE depuis amai 2020. E-mail : bathie65@yahoo.fr .
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Name of Institution	Lead Investigator(s)
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Institute of Tropical Medicine (ITM) Antwerp	Wim Van Damme, Bruno Marchal, Sara Van Belle

WNCAW

The overall goal is to contribute to Improved Women, New-born, Child and Adolescent Wellbeing (WNCAW) in West Africa

The general objective is to Contribute to Improved and Equitable Women, New-born, Child and Adolescent Wellbeing (WNCAW) policies and interventions in West Africa by catalysing and supporting multi-stakeholder, multi-level leadership, evidence informed advocacy, and networking for agenda setting, decision making and implementation within countries keeping a gender equity perspective at all levels

The specific objectives are:

1. Strengthen capacities of stakeholders (civil society, media, researchers /academia, decision makers at all levels) and implementers at multi-levels within countries in West Africa to work together to identify priority issues for improved Women, New-born, Child and Adolescent Wellbeing (WNCAW)
2. Improve availability and use of appropriately packaged evidence by decision makers at all levels to inform policy and interventions development, implementation, monitoring and evaluation related to priority issues for improved WNCAW
3. Strengthen capacities of stakeholder to conduct evidence-based advocacy for improved WNCAW
4. Establish a collaborative regional framework to validate and disseminate the effect of these strategies and interventions in the West African sub-region and document and share lessons for improvements in evidence informed policy making
5. Conduct formative assessment research to generate evidence to inform and improve program design and summative evaluation of processes, intermediate outcomes (outputs) and lessons for interventions to improve WNCAW in West Africa

Countries

Burkina Faso, Cote d’Ivoire, Ghana, Niger, Senegal, Sierra Leone

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Catholic University of West Africa (UCAO-UUB) — Burkina Faso	Maurice Yaogo yaogo@hotmail.com
Alliance For Reproductive Health Rights	Vicky Okine
Women in Media and Change	Charity Binka

Special Journal Supplement

A special supplement in the Ghana Medical Journal with the theme “Health Policy Systems and Maternal, Newborn, Child and Adolescent Health in West Africa” is being produced as a dissemination output of the West and Central African Health Partnership project.

The West African Partnership project was initially planned to end on 31st March 2021 with a final face to face partners meeting in the last quarter of 2020/first quarter of 2021 being used to disseminate the project and its findings and plan for future engagement. The arrival of the Covid 19 pandemic created an unexpected obstacle to this plan. Initially the approach was to observe the evolution of the pandemic to see if this final meeting would still be possible. But January 2021, it was clear it was not going to be possible. A decision was taken to instead produce a special West African journal supplement with publications related to various facets of the project and related outputs.

Permission was also sought from the IDRC program manager to reassign the funds for the final combined West African partners meeting and project advisory board to support the production of the journal supplement. A six month no cost extension was also sought from IDRC to enable the finalization of the organization of the journal supplement. A supplement editor /coordinator (Dr. Mary Amoakoh Coleman), bilingual deputy editor /coordinator (Dr. Emilie Pigeon Gangne) and advisor /consultant (Ms. Sue Godt) were recruited to work with the project PI (Prof. Irene A Agyepong) and arrangements made with the Ghana Medical journal to publish the supplement. An open call was circulated within the

networks in West and Central Africa for abstracts. The abstracts were screened for using set criteria, and the best abstracts invited to develop full papers.

Initially the focus was only on papers related to or funded by the West and Central African partnership project and related IDRC projects that have grown out of the effort specifically, CATALYSE and WNCWA. However, we received several abstracts on maternal, newborn child and adolescent health and health systems, led by early career West African researchers. After deliberation the team decided to open the supplement to papers relevant to the theme, led by West African researchers especially early and mid-career researchers in keeping with the focus of the West and Central African partnership on research capacity building and networking to strengthen individual, institutional and contextual research, policy and practice in West Africa. This enabled the authors of these papers to also benefit from the capacity building processes of COMCAHPSS during the internal peer review and guidance process organized by COMCAHPSS before the papers were submitted to the GMJ for external peer review.

In total 36 abstracts were received for consideration. After screening by two independent reviewers each, 23 were shortlisted to be invited to submit their full paper for peer review and possible inclusion in the supplement. A list of the papers that have been submitted to the Ghana Medical Journal for this special supplement and are currently going through peer review are as summarized in the table below. We anticipate that the peer review process and any revisions requested for the papers will be completed for the supplement to be published before the end of 2022.

List of papers submitted to GMJ for peer review for the special COMCAHPSS supplement

No.	Title	Authors
1	Translating Evidence into Policy and Action in West Africa: Experience of a Regional Network of Health Policy and Systems Actors	Ermel A. K. Johnson ^{1,2,3} , Ijeoma N. Okedo-Alex ^{1,2} , Sitsofe Gbogbo ^{1,4} , Arnold I. Okpani ^{1,5} , Selina Defor ^{1,6} , Felix A. Obi ^{1,7} , Jean-Paul Dossou ^{1,8} , Ejemai A. Eboreme ^{1,9,10}
2	Assessing Magnitude and Pattern of Facility-Based Disrespect and Abusive Treatment of Women During Childbirth in Abia State, Nigeria	Authors: Kalu Ulu Kalu ¹ , Ugochukwu U. Onyeonoro ¹ , Uche N. Nwamoh ¹ , Chidinma I. Amuzie ¹ <i>¹Department of Community Medicine, Federal Medical Centre, Umuahia, Abia State, Nigeria</i>
3	Obstetric referral processes and the role of inter-facility communication: the district level experience in the Greater Accra region of Ghana	Mary Amoakoh-Coleman ^{1,2} , Kerstin Klipstein-Grobusch ^{2,3} , Edem S. Vidzro ⁴ , Daniel K. Arhinful ¹ , Evelyn K. Ansah ⁴
4	Establishing Communities of Practice to improve Health Policy, Systems and Reproductive, Maternal, Newborn, Child and Adolescent Health in West Africa	Nana Efua Enyimayew Afun (NEEA) ¹ ; Grace Emmanuelle Victoire Sorre Aye (GEVSA) ^{1,2} ; Lucy Linda Yevoo (LLY) ¹ ; Sue Godt (SG) ³ ; ; Charity Binka (CB) ⁴ ; Vicky Okine (VO) ⁵ Irene Akua Agyepong (IAA) ^{1,2}

No.	Title	Authors
5	Sexual and Reproductive Health (SRH): Experiences and Perceptions of Women and Adolescents in South Dayi and Akyemansa Districts	Isaac Nyampong; Vicky T Okine; Annorbah-Sarpei Nii Ankonu; Doris Ampong; Charity Binka;
6	A review of Nigeria's health systems response to COVID-19: lessons for strengthening the health systems	Chinyere Okeke, Benjamin Uzochukwu, Chioma Onyedinma, Obinna Onwujekwe
7	Historical and contemporary factors and actors that influenced the emergence and continuity of WANEL and lessons for LMIC Health Policy and Systems network formation and sustainability	Selina Defor ^{1, 2} , Uta Lehmann ¹ , Sue Godt ³ , Issiaka Sombie ⁴ Irene A. Agyepong ⁵
8	COVID-19 pandemic: the first year in the ECOWAS region	Serge M.A. SOMDA ¹ ; Aristide R. BADO ¹ ; Abdramane SOW ² ; Virgil LOKOSSOU ³ ; Sybil OSSEI-A-YEBOAH ² ; Tome CA ¹ ; Nanlop OGBUREKE ⁴ ; Stanley OKOLO ⁴ ; Issiaka SOMBIE ²
9	A structured approach to effective mentoring of health researchers in Africa	Sylvie Kwedi Nolna ^{1,7} , Marceline Djuidje Ngounoue ^{2,7} , Chanceline Bilounga Ndongo ^{5,6,7} , Mireille Ndje Ndje ^{3,7} , Elise Stephanie Mvodo Meyo ^{4,7} , Rose Leke ^{7,8}
10	Local and central governance of the response to the first wave of COVID-19 in Ghana: Strengths, disconnects and lessons	Lauren J. Wallace ^{1*} , Nana Efua Enyimayew Afun ¹ , Anthony Ofosu ² Genevieve Cecilia ³ Ayeertey, Justice Nonvignon ³ , Irene Akua Agyepong ⁴
11	Profile of Health Facilities and Provision of Family Planning Services to Unmarried Adolescents in Burkina Faso, Ghana, and Niger Using Data from the Performance Monitoring for Accountability/Action Survey (PMA2020).	Ibrahim Nassirou, Roxane Borgès Da Silva
12	Nature and processes of obstetric referrals at the district level in Greater Accra region of Ghana, and the effect of an enhanced inter-facility communication system	Mary Amoakoh-Coleman, aKerstin K.-Grobusch, Edem S. Vidzro, Daniel K. Arhinful; Evelyn K. Ansah
13	New-born care knowledge, practice and associated factors among post-natal mothers attending immunization clinics in two local government areas of Ebonyi State, South-East Nigeria: a cross-sectional study	Adaoha P. Agu, Ifeyinwa C. Akamike, Ijeoma N. Okedo-Alex, Adanna A. Umeokonkwo Chidinma O. Ogbonna-Igwenyi, Odinaka D. Madumere, Chukwuemeka O. Keke
14	Health service-related factors of male involvement in family planning services in Abia State, South-Eastern Nigeria: A rural-urban comparative study	Chidinma I. Amuzie, Uche N. Nwamoh, Andy Ukegbu, Chukwuma D. Umeokonkwo, Benedict N. Azuogu, Ijeoma N. Okedo-Alex, Kalu U. Kalu, Michael Izuka, Franklin Odini

No.	Title	Authors
15	Sexual behaviours among young people in the Shai-Osudoku and Ningo Prampram districts in Ghana	Mary P. Agyekum, Enoch O. Agyekum, Alexander Adjei, Kwabena Asare, David E. Apkikli, Sabina Asiamah, Irene Tsey, Samuelina Arthur, Aoife Doyle, Osman Sankoh, Georgina Amankwah, Alfred K. Manyeh, Margaret Gyapong, John E.O. Williams, David A. Ross
16	Prevalence and factors associated with postpartum depression among women attending postnatal clinic in a tertiary healthcare facility in Ebonyi State.	Adaoha Pearl Agu, Chukwuma David Umeokonkwo, Azuka Stephen Adeke, Rita Ihuoma Anaba, Grace Chetachukwu Amalu, Chukwuemeka Elijah Odu, Chidi Franklin Obaji, Chukwuemeka Vincent Mabia, Justus Ndulue Eze
17	Capacity development, networking and advocacy for health systems, maternal, newborn, child and adolescent health research in West Africa and Cameroon	Irene A. Agyepong, Edwine Barasa, Kabir Sheikh, Uta Lehmann, Lucy Gilson, Yawa Dahoui. Sue Godt, Issiaka Sombie

Capacity

Individual capacity building

Individual capacity building has involved support to:

- (1) Development support to early career researchers and practitioners in West Africa participating in WANEL e.g. coaching and mentoring support for their abstract submissions to international conferences and for publications
- (2) pre-doctoral short course training for early career researchers
- (3) Doctoral training for early career researchers

(4) Senegal team who participated in the 2019 mid year and 2020 new year school organized by the WNCAW program to country and transnational Communities of Practice (CoP) in West Africa

(1) Support to early career researchers and practitioners in WANEL

All support involved provision of guidance, review, mentorship and coaching support to prepare their abstracts. Additionally, where other financial support was not obtained e.g. an HSG scholarship; part or full financial support to attend the conference for accepted abstracts. Where full or partial support to attend the conference was provided it involved some or all of the cost of conference registration, visa costs, airfare, subsistence. A summary table is provided followed by tables with more detail for each conference.

Summary table of COMCAHPSS Support to WANEL early career researchers and practitioners

Program description	Total #	M:F	Countries
HSG 2016 (Vancouver)	12	4:8	Ghana (8), Senegal (2), Nigeria (1), Mali (1)
HSG 2018 (Liverpool)	9	5:5	Nigeria (4), Ghana (4), Burkina Faso (1)
AfHEA 2019	18	8:10	Ghana (7), Nigeria (6), Benin (2), Senegal (2), Cote d'Ivoire (1)

Table: WANEL members with accepted abstracts supported partially or fully to attend HSG 2016 (Vancouver)

Name	Country	Abstract Title	Presentn type	Scholarship	Scholarship source
Augustina Kodua	Ghana	Power and networks of influence in health sector governance: National-level decisions-making for maternal health in Ghana	Oral	Yes	HSG
Kojo Anniah	Ghana	Novel strategies for research and capacity building in health systems research: From national experiences to South-South collaboration	Oral	Yes	HSG

Name	Country	Abstract Title	Presentn type	Scholarship	Scholarship source
Aku Kwamie	Ghana	Postings and transfers in the Ghanaian health system: A study of health workforce governance	Poster	Yes	ITM
Selina Defor	Ghana	Review of West African HPSR literature: observing trends in evidence generation from 1990-2015	Poster	No	WANEL , full
Edith Frimpong	Ghana	Towards improving maternal and neonatal health in Ghana: early experiences of how and why The Greater Accra Regional Call Centre works	Poster	No	Didn't attend
Matilda Aberese	Ghana	'Even me, sometimes I get sick': Governance arrangements, challenges and frontline health worker motivation: A case study of two public hospitals in Ghana	Poster	No	We pre-financed but Utrecht reimbursed later
Hannah Brown-Amoakoh	Ghana	How frontline workers in low resource setting use an mHealth intervention to support maternal and Child health decision-making	Poster	No	WANEL , partial
Roger Atinga	Ghana	A pathway to resilience? Community and Community Health Officers adaptation to health shocks and emergency responsiveness in Ghana's community-based primary health care.	Poster	No	WANEL, partial, he was denied visa
Fatou Kebe	Senegal	Les obstacles et les facteurs facilitant l'accès des jeunes vivants avec un handicap (JVH) aux services de santé sexuelle et reproductive (SSR) au Sénégal	Poster	No	WANEL, full

Name	Country	Abstract Title	Presentn type	Scholarship	Scholarship source
Vitalis Bawontuo	Ghana	Reducing patient referral challenges to avert maternal deaths at the district level: A qualitative study in Northern Ghana	e-poster	No	WANEL, partial, he was denied visa
Enyi Etiaba	Nigeria	Improving strategic purchasing for achieving UHC in the formal sector social health insurance program: An Institutional analysis	e-poster	No	WANEL, full
Guindo Abdoulaye	Mali	Entre ordre médical et ordre social : les difficiles relations de soins entre enfants et adultes dans un service de pédiatrie à Bamako (Mali)	e-poster	No	WANEL, partial, he was denied visa

Table WANEL members supported to attend HSG 2018 (Liverpool)

Name	Nationality	Residence	Session	Title and abstract number	WANEL Scholarship
Chinyere Mbachu	Nigerian	Nigeria	Oral	Examining Health Policy and Systems Research priority setting for control of endemic tropical diseases amongst producers of evidence in southeast Nigeria - 3475	Partial
Samuel Agyei Agyemang	Ghanaian	Ghana	Poster	TITLE: Attitudes of District Health Management Teams (DHMTs) towards non-resource based Management Strengthening Interventions (MSI) ABSTRACT NUMBER: 1234	Partial, was denied visa
Roger A. Atinga	Ghanaian	Ghana	Oral	Inequities of health workforce distribution in Ghana: understanding the dynamics of	Partial

Name	Nationality	Residence	Session	Title and abstract number	WANEL Scholarship
				power and politics in posting and transfers (3,354))	
Ibukun Abejirinde	Nigerian	Netherlands	Oral	Abstract #- 1115. "Unravelling the role of mHealth for maternal health service delivery in sub-Saharan Africa using realist methodology: process, lessons learned, implications for practice"	Partial
Ejimai Eboreime	Nigeria	Nigeria	Poster	331	No WANEL scholarship
Selina Defor	Ghana	Ghana		WANEL Network Coordination	Full
Kadidiatou Kadio	Burkina Faso	Canada	Poster	Abstract ID: 2804:Comment la connaissance scientifique informe le processus politique? Le cas de la politique nationale de protection sociale du Burkina Faso.	Full
Dr. Uro-Chukwu, Henry Chukwuemeka	Nigeria	Nigeria	Oral	Promoting Evidence-Informed Policy Making through intersectoral action to improve health outcomes in Nigeria: Outcome of a Two-Way Secondment Model between University and Health Ministry	Full
Lucy Yevo	Ghanaian	Ghana	Poster	Title: Adherence or not to Postnatal Care Protocols as Midwives' Coping behaviour to Manage Constraints and Avoidance of 'Risks' in Two Hospitals in Southern Ghana. Abstract ID: 1523	Full
Felix Obi	Nigerian	Nigeria	Poster	Abstract ID: 3589- Enacting Health Financing Reform Laws Is Not Enough: lessons from the delayed implementation of the Basic Health Care Provision Fund in Nigeria:	Full

Table: WANEL members supported to attend AfHEA 2019

	NAME	COUNTRY	ABSTRACT			TITLE	W Sc
			Or al	Post er	Sessi on		
1	Alexander Suuk Laar	Ghana	ü			I. Delayed provider claims reimbursement challenges: a decade after the implementation of the National Health Insurance Scheme Policy in Ghana. Time to rethink	Pa
				ü		II. Perspectives of women and health professionals on the benefit package for free maternal health services under the National Health Insurance Scheme of Ghana	
2	Arnold Ikedichi Okpani	Nigeria			ü	The midwives service scheme: a qualitative comparison of contextual determinants of the performance of two states in central Nigeria	Pa
3	Chinyere Mbachu	Nigeria	ü			Process of Selection Improves Membership Composition and Representativeness of Horizontal Accountability Structures for PHC Strengthening: Case Study of Four Health Facility Committees	No
4	Chinyere Okeke	Nigeria	ü			I. Towards Effective Implementation of Maternal and Child Health Programmes in Nigeria: Lessons for Policy Makers	Pa
			ü			II. Training Anambra State primary health workers on medicine management and provision of management tools: steps towards health systems strengthening for delivering primary health care	
5	Ejemai Eboeime	Nigeria	ü			I. Implementation process and quality of a primary healthcare system improvement initiative in a decentralized context: A retrospective appraisal using the Quality Implementation Framework	Pa
					ü	II. A Participatory Action Research for health system bottleneck analyses in a Prevention of Maternal to Child Transmission of HIV programme in Nigeria	
6	Enyi Etiaba	Nigeria	ü			How secure are primary health care facilities to provide services for the vulnerable population?: Experience of providers in a maternal and Child Health programme	No
7	Gilbert A. Abiuro	Ghana	ü			Correlates of `Public Awareness of Patient Rights and Responsibilities in Healthcare Delivery in the Sagnarigu District, Ghana	Pa
8	Gina Teddy	Ghana				(Not yet provided)	No
9	Ijeoma Okodo-Alex	Nigeria				A review of the incidence and determinants of catastrophic health expenditure in Nigeria: implications for Universal Health Coverage	Pa
10	Jean-Paul Dossou	Benin	ü			Trust me if you can! Realist insights on how mistrust undermines effective Public Private Engagement and strategies to address it in West-Africa	Pa
11	Juliana Gnamon	Guinea	ü			Factors explaining catastrophic health spending in Côte d'Ivoire	Pa

	NAME	COUNTRY	ABSTRACT			TITLE	W Sc
			Or al	Post er	Sessi on		
1 2	Kebe Fatou	Senegal			ü	les obstacles et les facteurs facilitant l'accès des jeunes vivant avec un handicap aux services de santé sexuelle et reproductive au Sénégal	No
1 3	Kéfilath Bello	Benin	ü			Primary Health Care improvement in Benin: let's start by an introspection	No
1 4	Roger Atinga	Ghana				Collaboration between community social organisations and health providers improves maternal care quality in community-based primary health care: Evidence from Ghana	Fu pa
1 5	Sam Amon	Ghana	ü			Economic burden of type 2 diabetes mellitus complications among patients in the eastern region of Ghana: A descriptive cross-sectional cost-of illness study	Pa
1 6	Sitsofe Gbobgo	Ghana			ü	Adolescent mothers want easy access to antenatal care services in the Hohoe Municipality of Ghana: Findings from a Participatory Action Research	Fu
1 7	Vanessa Offiong	Nigeria			ü	Part of the organized session: "Is a per capita payment system a viable strategic purchasing option for assuring universal access to Primary Health Care in Ghana: What have we learned over time and what is the way forward"	Fu
1 8	Augustina Koduah	Ghana			ü	Part of the organized session: "Is a per capita payment system a viable strategic purchasing option for assuring universal access to Primary Health Care in Ghana: What have we learned over time and what is the way forward"	Fu pa

(2) Pre-doctoral training, coaching and mentoring

The doctoral level research capacity building program involved collaboration with the University of the Western Cape (Prof. Uta Lehman) and the University of Cape Town (Prof. Lucy Gilson). The objectives of the intervention were the following:

- (1) Provide Coaching and mentoring to strengthen Health Policy and Systems Research capacity and skills applied to problems of mothers, children and adolescents for emerging pre-doctoral researchers in the ECOWAS sub-region and Cameroon (part of WP2 of the West African partnership project)
- (2) Involve early and mid career post doctoral researchers in the sub-region who have recently completed their doctoral training as trainers, coaches and mentors so that they support the program but also build their own capacity as supervisors, coaches and mentors in a learning by doing approach
- (3) Commence the process of developing the protocols for the internal evaluation of the West African partnership project (WP6).

- (4) Assess the ability, suitability and commitment of trainees to continue forward to undertake a full terminal research degree training program (PHD or equivalent) in HPSR (WP2 & WP6).

The initial cohort of 6 trainees for the program were selected by an open advertisement of the availability of a PHD training opportunity for emerging researchers in the ECOWAS region and Cameroon earlier in the year. The short-listed candidates took part in an online interview. The member of the interview panel were Prof. Uta Lehman of the University of the Western Cape, Prof. Lucy Gilson of the University of Cape Town and Dr. Irene A. Agyepong of the Ghana Health Service Research and development division.

Program description	Period	Facilitators, Coaches and Mentors	Trainees
Doctoral training program 1	6 weeks 12 Jun – 21 Jul 2017, Accra, Ghana	(1) Irene Akua Agyepong, Health Policy and Systems (2) Mary Amoakoh Coleman, Epidemiologist (3) Evelyn Korkor Ansah, Epidemiologist (4) Daniel Kojo Arhinful, Anthropologist (5) Aissa Diarra, Anthropologist, (6) Ama Fenny, Health Economist (7) Augustina Koduah, Health Policy and Systems (8) Aku Kwamie, Health Policy and Systems Total #: 8 Male: Female = 1:7	(1) Selina Defor, Ghana, DHRC (2) Joseph Doodoo, Ghana, MOH (3) Fatima Moulim, Cameroon, University of Yaounde (4) Nassirou Ibrahim, Niger, LASDEL (5) Otobo Uja, Nigeria, Jos University Teaching Hospital (6) Abigail Derkyi-Kwarteng, Ghana Health Service (7) Andy Ayim, Ghana Health Service (8) Benjamin Verboom, Canada, University of Oxford ⁵ Total #: 8 Male: Female = 5:3
Doctoral training program 2	1 Week, 10 Sep – 15 Sep 2017	<ul style="list-style-type: none"> • Lucy Gilson • Uta Lehman • Jill Olivier Total #: 3	(1) Selina Defor, Ghana, DHRC (2) Joseph Doodoo, Ghana, MOH

⁵ Mr. Benjamin Verboom who was already registered for a PHD program in Oxford with a Trudeau fellowship directly contacted the secretariat about his interest to conduct his PHD research in West Africa as part of the CoMCAHPSS project. He agreed to go through the same evaluation process as the candidates who responded to the advert but did not already have a PHD training scholarship.

Program description	Period	Facilitators, Coaches and Mentors	Trainees
	Cape Town, South Africa	Male: Female = 0:3	(3) Fatima Moulim, Cameroon, University of Yaoundé (4) Ootobo Uja, Nigeria, Jos University Teaching Hospital (5) Benjamin Verboom ⁶ Total #: 5 Male: Female = 2:5

(3) PHD and Equivalent level training

Trainee, Gender, Country & Institution	PHD thesis topic	Funding	Supervisors, coaches & mentors	Status, Risk & risk mitigation plans
1. Ibrahim Nassirou (M) Niger LASDEL	Technical and Allocative efficiency of provision of primary care adolescent reproductive services and utilization	University of Montreal=Tuition rebate COMCAHPS=Research, travel and subsistence and the balance on tuition after the rebate	University of Montreal: Roxane Borges Da Silva LASDEL, Niger: Rahamme Iddrisa ISSER, University of Ghana: Ama Fenny	He has however completed his two years of course work in Montreal, successful defended his protocol. He is back in Niger (returned in September 2020) to implement the protocol. We have been successful with a proposal to UKRI MRC in response to their adolescent health research call. This

⁶ Benjamim Verboom self sponsored his travel and accommodation from his Trudeau fellowship. The West African partnership however covered the facilitator and other program costs.

Trainee, Gender, Country & Institution	PHD thesis topic	Funding	Supervisors, coaches & mentors	Status, Risk & risk mitigation plans
				funding will cover his research work, which is nested in this bigger proposal.
2. Ben Verboom (M) Canada	Regional cooperation to strengthen evidence-to-policy processes in health: A realist evaluation of the work of the West African Health Organization (WAHO)	Trudeau Scholarship	Oxford, UK Issiaka Sombie, WAHO	COMCAHPSS support has consisted of supporting his participation in the COMCAHPSS pre-doctoral training program in Accra in June/July 2017 and helping him to get a placement in WAHO for his field work. He is still writing up his PHD thesis
3. Selina Defor (F) Ghana	Evaluation of the West African Network of Emerging Leaders (WANEL)	COMCAHPSS	Univ. of the Western Cape (UWC) Uta Lehman	WANEL has obtained the RECOVER grant from IDRC and as the WANEL network administrated her continued employment in the DHRC will be covered by this grant enabling her to continue working her PHD work which is action research to evaluate WANEL
4. Joe Dodoo (M)	How Central level policy actors sustain (or not) policy change	WAHO Scholarship through the IMCHA grant	Univ. of Cape Town (UCT)	He has started primary data collection. He has study leave with pay from MOH

Trainee, Gender, Country & Institution	PHD thesis topic	Funding	Supervisors, coaches & mentors	Status, Risk & risk mitigation plans
Ghana			Lucy Gilson & Maylene Shun-King	which means he is able to continue working full time on the project after the end of COMCAHPSS.
5. Andy Ayim (M) Ghana	Decentralization: What, how and why of Local Government disbursements to support the MNCH & other health programs at district level in Ghana	Ghana Health Service (GHS) = salary Research funding of US\$ 3,500 from COMCAHPSS	Ghana College of Physicians and Surgeons Irene Agyepong & Nana Enyimayew	Has completed work and successfully defended thesis.
6. Abigail Derkyi Kwarteng (F) Ghana	Financial Access and Equity in UHC: How and Why NHIS clients in Ghana are still making out of pocket payments	GHS /AHPSP HPA fellows program GHS= Salary. The Ghana Health Service has granted her study leave with pay to enable her to focus full time on her work Alliance HPSR = HPA fellowship (Research funding and coaching and mentoring support through the HPA program funded by AHPSP and led by Lucy Gilson) COMCAHPSS = participation in the 6 week pre-doctoral training seminar in 2017.	Ghana College of Physicians and Surgeons GCPS: Irene Akua Agyepong UCT: Lucy Gilson	She has ethical clearance and has started primary data collection. She also made a poster presentation at HSG 2020 on line. Her narrative synthesis has been published in the International Journal of Health Planning and Management ⁷

⁷ Abigail Nyarko Codjoe Derkyi-Kwarteng, Irene Akua Agyepong, Nana Enyimayew, Lucy Gilson A Narrative Synthesis Review of Out-of-Pocket Payments for Health Services Under Insurance Regimes: A Policy Implementation Gap Hindering Universal Health Coverage in Sub-Saharan Africa J Health Policy Manag 2021 May 1. doi: 10.34172/ijhpm.2021.38. Online ahead of print. http://www.ijhpm.com/article_4043_f0ca6a5736aebaf1f62ff5c97a37b45a.pdf

Trainee, Gender, Country & Institution	PHD thesis topic	Funding	Supervisors, coaches & mentors	Status, Risk & risk mitigation plans
		Library access including the document delivery service for the narrative synthesis she has conducted as part of her research work		
7. Fatima Mouloum, (F) University of Yaoundé, Cameroon	How and Why of Researcher Capacity to work with policy makers and implementers in Cameroon	COMCAHPSS	ITM Antwerp: Sara Van Belle Bruno Marchal Wim Van Damme UoY: Pierre Ongolo	Unfortunately, training was terminated in early 2020 after repeated failure to make progress over 2 years. Her protocol was still not developed, there was only 12 months left to the end of the funding and it would have been impossible for her to complete the program

(4) Others under small grants research support

Program description, Period and Location	Facilitators /coaches and mentors	Participants /Trainees	Comments
Research publication Coaching and Mentoring 2018 - 2021	Dr. Irene Agyepong	Ebenezer Oduro Mensah	Paper has been published in BMC pregnancy and Child Birth ⁸

⁸ Ebenezer Oduro-Mensah, Irene Akua Agyepong, Edith Frimpong, Marjolein Zweekhorst and Linda Amarkai Vanotoo Implementation of a referral and expert advice call Center for Maternal and Newborn Care in the resource constrained health system context of the Greater Accra region of Ghana. BMC Pregnancy Childbirth. 2021; 21: 56. doi: 10.1186/s12884-020-03534-2 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7807452/>

Program description, Period and Location	Facilitators /coaches and mentors	Participants /Trainees	Comments
<p>CoP training for Senegal team by enabling participation in the Bilingual WNCAW mid year school</p> <p>Mon 5 – Fri 9 August 2019, Mensvic Grand Palace hotel, Accra, Ghana</p>	<p>(1) Dr. Irene A. Agyepong (IAA) – GHS RDD /GCPS, Ghana</p> <p>(2) Dr. Andy Ayim (AA) – GCPS, Ghana</p> <p>(3) Dr. Abigail Derkyi-Kwarteng (ADK) – GCPS, Ghana</p> <p>(4) Dr. Augustina Koduah (AK) – UG CHS School of Pharmacy, Ghana</p> <p>(5) Dr. Daniel Arhinful (DKA) – UG CHS NMIMR, Ghana</p> <p>(6) Dr. Maurice Yaogo (MY) – Catholic University of Bobo-Dioulasso (UCAO-UUB), Burkina Faso</p> <p>Male: Female = 4:2</p>	<p>(1) Dr. Abdoulaye Diaw, Division du Système d’Information Sanitaire et Sociale (DSISS), Ministère de la Santé et de l’Action Sociale-Senegal</p> <p>(2) Ms. Bineta Demba Sarr-ONG « Action et Développement »</p> <p>(3) Ms. Ndiaye Oumy CREG/CREFAT</p> <p>(4) Mr. Niassy Idrissa- DIRECT-INFO, Senegal</p> <p>(5) Dr. Sarany Coly, Faculté de Médecine, Pharmacie et Odontostomatologie UCAD</p> <p>(6) Dr. Samba Corr Sarr, MOH, Senegal</p> <p>Male: Female = 4:2</p>	<p>The WNCAW funding could only cover 5 teams and COMCAHPSS enabled Senegal as a sixth team</p>
<p>CoP training for Senegal team by enabling participation in the Bilingual WNCAW new year school Monday 17th to Friday 21st February 2020, Ibis Hotel, Plateau, Abidjan, Cote D’Ivoire</p>	<p>(1) Dr. Irene A. Agyepong (IAA) – GHS RDD /GCPS, Ghana</p> <p>(2) Dr. Andy Ayim (AA) – GCPS, Ghana</p> <p>(3) Ms. Vicky Okine - Alliance for Reproductive Health Rights (ARHR)</p> <p>(4) Dr. Charity Binka – Women in Media and Change (WOMECA)</p> <p>Male : Female = 1:3</p>	<p>(1) Dr. Abdoulaye Diaw, Division du Système d’Information Sanitaire et Sociale (DSISS), Ministère de la Santé et de l’Action Sociale-Senegal</p> <p>(2) Ms. Bineta Demba Sarr-ONG « Action et Développement »</p> <p>(3) Ms. Ndiaye Oumy CREG/CREFAT</p> <p>(4) Mr. Niassy Idrissa- DIRECT-INFO, Senegal</p>	

Program description, Period and Location	Facilitators /coaches and mentors	Participants /Trainees	Comments
		(5) Mr. Sall Massamba Thioro , Maternal and Child Health Directorate (6) Dr. Samba Corr Sarr, MOH, Senegal Male: Female = 4:2	

Institutional Capacity Building

The focus on institutional capacity building was through linking individual capacity building to institutions within West Africa. Thus all the calls for individual capacity building have been open calls but also channeled through partner institutions. Where individuals have been recruited an effort was made to link them to partner institutions. Specifically:

- LASDEL in Niger has benefited from the doctoral level training program through the training for Nassirou Ibrahim for a PHD Health Services Research /Health Economics in the University of Montreal. He is now back full time in LASDEL in Niamey.
- Joseph Dodo was recruited from the Policy Analysis Unit of the Policy, Planning, Monitoring and Evaluation directorate of the Ministry of Health Ghana and plans to return to MOH after completion of his PHD training.
- Dr. Abigail Derkyi Kwarteng and Dr. Andy Ayim who were supported for their Fellowship dissertation in the Ghana College of Physicians and Surgeons are both in active service in the Ghana Health Service. Dr. Derkyi-Kwarteng is a district director of Health in the Central region. Dr. Andy Ayim is now the Deputy Director of the Policy, Planning, Monitoring and Evaluation division of the Ghana Health Service. Both are actively applying their skills to their day-to-day work in the Ghana Health Service. Both are also assisting with the training programs in health policy management and leadership in the Ghana College of Physicians and Surgeons.
- The small research grants to countries enabled the participation of a five-member team from Ministry of Health Senegal in the 2019 mid-year school and the 2020 new year school. It also provided the small grant support to enable the Senegal team to conduct their baseline research on use of evidence for policy and program decision making in Senegal.
- Finally, staff in the secretariat in the Dodowa Health Research Center have gained capacity on the job in project management through coaching and mentoring by the PI.

Contextual Capacity Building

Contextual capacity building has occurred through the focus on capacity building for individuals committed to institutions with countries in West Africa and the collaboration with WAHO.

Project Outcomes, Policy and Practice

At this time we can only report on early and medium term outputs. The nature of these outputs and the continuing work suggests that in the longer term there will be more effects of COMCAHPSS in the West African subregion. Specific early and medium term outputs which we anticipate to continue having effect in the sub-region and the countries include:

- Vibrant South-South and North-South active researcher networks
- An active West African network of Emerging Leaders in Health Policy and Systems (WANEL-HPS) registered as a professional NGO in West Africa with global links to the African Health Economics and Policy Association (AfHEA), Health Systems Global (HSG) and the Emerging Voices (EV) professional networks. WANEL has moreover attracted the next generation of funding for research to generate evidence to inform Covid 19 recovery in the sub-region. Members of the network are globally active.
- Researchers in the sub-region are working in collaborative networks, have attracted new research funding and are applying for other opportunities
- All the networks and researchers are linked to the West African Health Organization and maintain strong relationships. This increases the potential to inform sub-regional policy processes
- Research users have been engaged in all the networking activities

Overall Assessment and Recommendations

South-South and North-South networks

The partnership has not only enabled South-South networking and partnerships within West and Central Africa and between West and Southern Africa; but has also enabled North-South networking and partnerships including with Canadian researchers and institutions.

The partnerships with Canadian researchers in University of Montreal has been incredibly useful in achieving the project's capacity building objectives especially in Francophone countries. We approached Prof. Christine Zarowsky, Professor of Global Health, University of Montreal for help in obtaining links for Francophone doctoral level capacity building following the pre-doctoral training program in 2017. She was instrumental in establishing a link with Prof. Roxane Borges Da Silva in the University of Montreal who was interested in the West Africa capacity building specifically in the area of Health

Services research and health economics. This enabled the training of Nassirou Ibrahim from Niger for a PHD in Health Services Research /Health Economics with West and Central African partnership funding under the supervision of Prof. Roxane Borges Da Silva. The University of Montreal provided a waiver from international student fees, leaving only a small amount of training fees to be covered by the partnership. This was extremely valuable in making the PHD training of Nassirou Ibrahim possible despite funding constraints. The partnership with the University of Montreal and Prof. Roxane Borges Da Silva has continued into the UK MRC adolescent health grant that expands and continues the research on adolescent health and wellbeing in West Africa. University of Montreal is a partner in the ADOWA project and a pre-doctoral researcher from Burkina Faso, Ludovic Tapsoba is working on the Health Economics research in Burkina Faso under her supervision with support from the MRC funding.

Similarly a partnership with Prof. Lucy Gilson in the University of Cape Town and Prof. Uta Lehman in the University of the Western Cape in South Africa have been invaluable in doctoral level capacity building for early and mid Career West African researchers. Two Ghanaian PHD trainees (Joseph Doodoo and Selina Defor) are registered in these institutions with Prof Gilson and Prof. Lehman as leaders of their supervisory teams respectively.

Finally the adolescent health grant from UK MRC already described project outputs has expanded the collaborations to include UK partners from the University of Leeds and the London School of Hygiene and Tropical Medicine.

All these expansions of South-South and North-South partnerships have been enabled by the West and Central African partnership grant.

Visible impacts on development usually take place in the long rather than short to medium term. We anticipate that the effects on development will manifest in the long rather than the medium term (5 years) framework of this grant. An evaluation in the next 5 to 10 years will be very useful to evaluate how this effort has affected longer term development.

What should be done differently based on the experience of this grant

With hindsight the project was too ambitious in relation to the funding available. This has had advantages and disadvantages. An advantage is that the stretch goals and the tension between what was desired to be achieved and the resources available provided an impetus and motivation to be creative about the effective use of what was available and also to invest efforts to find extra funding to cover as much of the planned and desired outputs as possible. The efforts to obtain further international competitive grant funding where in themselves a form of development and capacity building.

One of the disadvantages of the ambitious project in relation to initial resources (finances as well as human) available is that despite the achievements, several of the starting objectives had to be dropped and were not attained. Secondly, in the first two years of the project, many partners who started off

with a lot of enthusiasm lost interest and moved on. Part of it is probably related to the fact that we were trying to do so much so quickly with funding and human resources that was relatively limited in relation to ambitions. Given the slimness of the secretariat (three core staff with none at 100% fte), it was difficult to try and follow up all the members that drifted away. In a way it became part of a coping strategy to let things be and just focus on what could be realistically done. We have learned and subsequently tried to be more modest in our ambitions, and also to try to be more realistic about the human resource needed to achieve tasks. Some of the early enthusiasm that was lost has been rebuilt albeit with a less ambitious span.

Value and importance of the project

This project has been extremely valuable and important. It is can be difficult for researchers to attract research funding in low and middle income countries for several reasons. Firstly, In the face of local resource constraints, research is low on government funding priorities and many research and academic institutions do not have core funding to support research. Secondly researchers have to largely rely on competition for international competitive grants. However, capacity is needed to be able to compete for these grants and the resource constraints limit capacity building opportunities. Funding is needed to specifically targets capacity building. Thirdly researchers are sometimes isolated. However, some of capacity building comes from networking within country, sub-region and internationally and the exchange of knowledge and expertise in networks through peer to peer and peer to facilitator mechanisms. It is not easy to find funding that focuses primarily on networking and capacity building as the West and Central African partnership funding did. The investment of time, effort, and funding has been worthwhile despite some challenges.

Appendix: Special Journal Supplement in GMJ

Abstracts of full papers received for peer review as at 24 September 2021 are summarized below. The remaining papers are pending. The supplement is targeted to be published mid 2022.

Establishing Communities of Practice to improve Health Policy, Systems and Maternal, Newborn, Child and Adolescent Health and Wellbeing in West Africa

Nana Efua Enyimayew Afun (NEEA)¹; Grace Emmanuelle Victoire Sorre Aye (GEVSA)^{1,2}; Lucy Linda Yevo (LLY)¹; Charity Binka (CB)³; Vicky Okine (VO)⁴; Irene Akua Agyepong (IAA)^{1,2}

1- Dodowa Health Research Centre, Research and Development Division, Ghana Health Service. P.O. Box DD1, Dodowa

2- Ghana College of Physicians and Surgeons, 54 Independence Avenue Accra

3- Women Media and Change (WOMEC), 29 Garden Road, East Legon, Accra

4- Alliance Reproductive Health Rights (ARHR), 9, Apple Street, East Legon. P. O. Box KD 1012, Kanda, Accra

Running Title: Communities of practice for improving health in West Africa

Summary

Objectives: To describe and formatively evaluate the processes of initiation and functioning of a national and transnational Community of Practice (CoP) for health policy, systems and maternal, newborn, child and adolescent health and wellbeing in West Africa, how and why the CoP have worked (or not) and lessons for CoP interventions in low and middle-income countries.

Design: Single case study. The case definition was “the processes, achievements and challenges of establishing country level and transnational CoP in West Africa”. Sources of data were program, workshop, country team and project reports and observations.

Setting: The study setting was the Economic Community of West African States (ECOWAS).

Participants: Two anglophone (Ghana and Sierra Leone) and four Francophone (Burkina Faso, Cote d’Ivoire, Niger and Senegal) countries in West Africa.

Interventions: Training of multi-disciplinary country teams of 5 to 6 members each through mid-year and new year schools six months apart; communication within and between teams and facilitators by email, WhatsApp group, and provision of small research grants to country teams.

Results: The desire to learn from peers and facilitators was a major enabler of the process. Human and Financial resource availability, competing demands for time, communication in the context of a francophone anglophone official language divide and the arrival of Covid 19 were all constraints.

Conclusions: CoPs require sustained human and financial resource investments, communication and medium to long term implementation for sustainability and impact.

Key Words

Communities of practice, West Africa, context, low-income country, lower middle-income country

COVID-19 pandemic: the first year in the ECOWAS region

Serge M.A. SOMDA¹; Aristide BADO¹; Abdramane SOW²; Virgil LOKOSSOU³; Sibyl OSSEI-A-YEBOAH²; Tome CA¹; Nanlop OGBUREKE⁴; Stanley OKOLO⁴; Issiaka SOMBIE²

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RUNNING TITLE: 1st year of COVID-19 pandemic in the ECOWAS region

Summary

Background COVID-19 pandemic affected all ECOWAS countries in March 2020. It rapidly expanded despite countries responses. We summarize the epidemiological situation of the fifteen countries one year after the apparition of SARS-COV-2.

Methods The number of COVID-19 cases, incidence rate, number of deaths, case fatality rate and their trends were analysed during the first year of the pandemic. Data was gathered from all the 15 ECOWAS countries. Testing and other public health measures were also described according to the information available.

Results As at 31st March 2021, the ECOWAS region reported 429,760 COVID-19 cases and 5,620 deaths. In the first year, 1,110.75 persons were infected per million population while 1.31% of the confirmed patients died. Cumulatively, the region has had two major epidemic waves; however, countries show different patterns. In terms of mortality, the case fatality rate presented a fast growth in the first months and then decreased to a plateau. Data on testing and public measures showed that the prompt reaction of countries to manage the COVID-19 pandemic.

Discussion One year after the start of COVID-19 in ECOWAS, the region reported 10% of the cases and 10% of the African deaths even though represents 30% of the population. However, the number of cases, the trends and the fatalities were not homogeneous across the countries. In depth analyses need to be run country by country according to specific social and political context to better explain the situation of the disease.

KEYWORDS: ECOWAS region; COVID-19 pandemic; Incidence; Case fatality; epidemiology.

SOURCE OF FUNDING: The study was funded by the International Development Research Centre (IDRC) under CATALYSE project

Profil des structures de santé et déterminants de l'offre des services de planification familiale aux adolescents non mariés au Burkina Faso, Ghana et Niger

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Abstract

Objectives: This study profiles the facilities that provide the basket of FP services to unmarried adolescents in three West African countries: Burkina Faso, Ghana, and Niger. It also examines the supply of these services and its determinants.

Design: The study adopted a spatio-temporal descriptive analysis and a binary logistic GEE model. The data used come from surveys conducted in these countries between 2013 and 2019 as part of the Performance Monitoring and Accountability 2020 program.

Framework: This study is part of the performance studies of healthcare organizations. Its uniqueness is that it examines the provision of health services from planning services to adolescents.

Participants: The target population is composed of health facilities that provide health services to the population in Burkina Faso, Ghana and Niger.

Results: The results of the study indicate that health facilities in Ghana offer significantly more FP services to unmarried adolescents than those in Burkina Faso or Niger. Also, while in Niger and Burkina Faso, more than 80% of FP services are provided by basic facilities, in Ghana the profile is more diverse and includes hospitals, polyclinics, and public and private primary health centers in significant proportions. There are also regional disparities within each country.

Conclusion: An improvement in the supply of the FP service basket to unmarried adolescents would be to conduct an awareness campaign on the importance of these services, which would be more focused on private facilities and the most vulnerable regions.

Key words: Family planning services, Adolescents, Burkina Faso, Ghana, Niger, health facilities, GEE.

Source de financement du travail : Ce travail a été réalisé sous le financement de COMCAPHSS.

Utilisation des évidences et résultats de recherche dans l'élaboration des politiques de santé de la mère du nouveau-né, de l'enfant et de l'adolescent au Sénégal

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Résumé

Introduction : Le Sénégal a intégré un projet de recherche mis en œuvre dans le cadre d'un consortium coordonné par le Ghana avec l'appui technique et financier du Centre de Recherche pour le Développement International (CRDI), dans le domaine du leadership, de la communication des résultats de recherche et d'un plaidoyer basé sur des évidences. Cette initiative vise à évaluer l'utilisation des résultats de la recherche et autres données probantes dans la prise de décisions en matière de politiques et de programmes de santé pour le mieux-être des femmes, du nouveau-né, de l'enfant et de l'adolescent.

Objectif : Evaluer le niveau d'utilisation des évidences dans les politiques et pratiques de santé de la mère, de l'enfant et de l'adolescent.

Méthodologie : Elle est basée sur une démarche qualitative. Des entretiens individuels visant à capturer les données qui reflètent la perception des acteurs sur l'utilisation des évidences dans les politiques et programmes de santé ont été menés. Le logiciel Kobotool a permis de faire les analyses.

Résultats : Une sous-utilisation des évidences dans l'élaboration des politiques et programmes en SRMNIA a été mise en exergue. Toutefois, dans certains programmes tels que la Chimio-prévention du paludisme saisonnier (CPS) de l'enfant, le Traitement préventif intermittent (TPI) chez la femme enceinte, la Prise en charge à domicile (PECADOM) des cas de paludisme simple, il est démontré que les évidences générées par la recherche ont été déterminantes dans les résultats. Par ailleurs, les chercheurs ont souligné que le déficit de financement domestique constitue une véritable barrière pour prendre en charge les questions liées à la SRMNIA. En outre, un défaut d'appropriation des priorités de recherche du ministère de la Santé et de l'Action sociale par les chercheurs a été évoqué comme un facteur limitant l'utilisation de la recherche dans la production d'évidences pouvant éclairer les politiques et pratiques de santé.

Conclusion : Cette étude a contribué à mettre en exergue l'importance d'utiliser les évidences dans l'élaboration des politiques et pratiques de santé. Elle a en outre aidé à une meilleure prise en compte des évidences dans la formulation des interventions en matière de SRMNIA.

Mots clés : Utilisation des évidences, SRMNIA, Sénégal.

How and why District Assemblies disburse resources to District Health Systems for service delivery in general, and Maternal Newborn and Child Health (MNCH) related services, in particular at district level in the context of Decentralization: Multiple Case study in the Volta Region of Ghana

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Abstract

Ghana has passed the Local Government Act, 2016 (Act 936) for the devolution of the health sector, but there is inadequate knowledge and information on the requisite demonstrated capacity of the District Assemblies to disburse resources to the District Health System and fund Maternal Newborn and Child Health (MNCH) within the existing decentralization processes, and there are concerns therefore that implementation of the Act 936 will pose enormous challenges.

A multiple case study with a single unit of analysis (holistic) was done in two districts of the Volta Region of Ghana to describe the factors that influence the decisions of the District Assembly in the disbursement of financial and other resources to the District Health System in general and for MNCH, in particular over the last decade and a half, and how and why these factors influence disbursement. Data was collected from July 2019 to March 2020 using mixed qualitative and quantitative methods. Desk review and secondary analysis of routine management information system (including financial) data of the District Assemblies and the district health system was conducted.

The study found that the central government transfers to the District Assemblies were erratic. MNCH services were not funded by the District Assemblies though there were disbursement for construction of CHPS Compounds and other health infrastructure. Also, decreased financial capacity, narrow decision space available to the DA officers, political power and contextual factors were influential in the process of priority setting for disbursement of financial and non-financial resources to the District Health System.

Key words: Decentralization, Devolution, District Assemblies, District Health Systems, Financial Disbursement

A review of Nigeria's health systems response to COVID-19: lessons for strengthening the health systems for improved service delivery

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Running Title: Nigeria's health systems response to COVID-19

Summary

Introduction: The COVID-19 pandemic has challenged the health systems of almost all the countries in the world. A strong health system is characterized by its ability to respond to emergencies while remaining resilient in delivering high-quality routine essential services promptly. This is not the case in most low- and middle-income countries, of which Nigeria is one of them, making them very vulnerable to COVID-19 pandemic. Prior to the pandemic, health systems had not received adequate attention. However, with this pandemic, the country's leadership has made efforts to respond to reduce its spread. These efforts are worth documenting, as they will inform policy makers and other stakeholders in Nigeria to reflect on the ways to adopt and scale up the positive measures identified.

Methods: A scoping review of published and grey literature including journals, news/ media documents and official documents that were published from 1st December 2019 to 31st December 2020 was conducted. The reviewers read and extracted relevant data using FACTIVA in a uniform data extraction template. The template was structured in themes using the health system building blocks and service delivery subtheme that captured technical support and interventions targeted at health workers was used for the manual content analysis.

Results: The identified interventions and strategies that have affected health service delivery were mostly technical support and interventions targeted at health workers. These included training of about 17,000 health workers, supervising and engaging more workers, upgrading laboratories, and building new ones to improve screening and diagnosis, motivation of health workforce with incentives (financial and non-financial). There was influx of philanthropic gestures and improved data and information systems, supply of medicines, medical products and non-pharmaceutical preventive materials through local production. Overall, the presence of political will and government's efforts in health systems response to COVID-19 facilitated these interventions.

Conclusions: The interventions of state and non-state actors have to some extent, strengthened the health systems for improved service delivery. However, more needs to be done towards sustaining these gains and towards making the health system strong and resilient to absorb the unprecedented shocks.

Key words:

COVID-19, Health systems response, strengthening health systems, Service delivery, Nigeria

Source of funding: IDRC Canada Grant # 109479-001

Developing Strategies to Translate Evidence into Policy and Action in West Africa: Experience of a Regional Network of Health Policy and Systems Actors

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Abstract:

Objectives: The is intended to identify strategies and interventions to promote knowledge translation to be implemented by the West African Network of Emerging Leaders (WANEL) for Health Policy and Systems Research network and the capacities needed to do so, to contribute significantly to the use of evidence in policy and practice in the West African sub-region.

Design: A participatory study of WANEL members was initiated to contribute to the development of the group's framework for intervention in the creation and promotion of the use of research findings in policy and practice in West Africa. Data were collected during an organised session and completed with desk review.

Results: Strategies for developing a Community of Practice, a repository of health policy and systems research (HPSR) evidence, stakeholder mapping, and engagement for action, advocacy, and partnership were identified. Approaches for improving evidence uptake beyond traditional knowledge translation activities included the use of cultural considerations in presenting research results and mentoring younger people, the presentation of results in the form of solutions to political problems for decision-makers, and the use of research results as advocacy tools by civil society organizations. The capacities identified to conduct strategic interventions were stakeholder mapping, advocacy/lobbying, effective presentation of research results, and leadership skills, networking, and network analysis.

Conclusions: WANEL members identified the areas of intervention and capacities needed to influence health policies and practices in West Africa, which led to the development of knowledge translation framework. It is important to develop capacity-building programmes for the transfer of knowledge to policy and action.

Keywords (5): Knowledge Translation, Health Policy, West Africa

Assessment of gender mainstreaming in maternal, new-born and child health programmes in six West African countries.

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Summary

Objective: To help improve maternal, newborn and child health (MNCH) in West Africa, this review intends to identify the gender issues in the development and effective implementation of MNCH policies and programs

Design: This was a narrative review on gender participation in MNCH programming

Setting: The study reviewed literature from six West African countries (Ghana, Benin, Mali, Nigeria, Senegal, and Burkina Faso)

Participants: Databases/search engines used included PubMed, SCOPUS, Embase, Web of Science, CINAHL, and Google. Relevant articles published post-1990 in English or French were included. The Gender Responsiveness Assessment Scale was used to classify programs.

Results: A total of 82 articles were included in the final review. Overall, the two most common approaches to achieving gender throughout the ECOWAS region involved national-level rollouts and community-based programs to promote education and nutrition. Each country possessed a gender policy, however many of these were out of date. Multiple countries implemented either “gender desks” or “gender focal points” to encourage gender considerations in implemented programs. There was a lack of diversity in gender-related programming. Very few of the reviewed programs successfully reached a gender-transformative level and most were gender-blind. Despite these drawbacks, a large number of the programs also identified specific needs of women within communities

Conclusions: Gender considerations continue to be overlooked in the region and represents the next step for MNCH programming in West Africa. Gender needs to be considered during development, implementation, monitoring and evaluation of MNCH programs in the ECOWAS region.

Keys words: Gender, Gender responsiveness, maternal, newborn and child health, ECOWAS

Sexual and Reproductive Health (SRH) Experiences and Perceptions of Women and Adolescents in South Dayi and Akyemansa Districts.

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Summary

Background: As global health goals relating to improved quality of care migrate into country level health policies and strategies, states must find ways to prioritise patient satisfaction and service quality as the evidentiary basis for improved patient outcomes. Furthermore, with the 2030 Sustainable Development Goals (SDGs) in focus – specifically, SDG 3.7: Ensuring universal access to sexual and reproductive health-care services and SDG 3.8: Achieving universal health coverage – there is need to pursue patient-oriented research to unpack the unique causes of poor reproductive health outcomes.

The study recognises the significance of patient-centred care within a universal healthcare (UHC)-focused system and will contribute to improved quality sexual and reproductive health care, for at-risk women and adolescent girl groups in Ghana.

Objectives: The objectives of the study were:

1. To understand the experiences of women and adolescent girls regarding the access, quality, utility, and affordability of sexual and reproductive health services
2. To understand the barriers to providing quality sexual and reproductive health services

Methods: The assessment was conducted using the community scorecard as the main rubric. The scorecard builds on techniques common to the participatory rural appraisal (PRA) research tradition such as scoring, semi-structured interviewing and probing. The study was conducted mainly with female focus groups distinguished by age. For each community, two focus groups were constituted – one comprising adolescent girls between the ages of 15 and 19, and the other made up of distinctly older women of child-bearing age (35-49). These demand-side focus group discussions (FGDs) were complemented with supply-side interviews with staff of the respective local health facilities. In each community, the facilitation team worked to elicit participants' satisfaction on three sets of UHC indicators of accessibility, affordability, and quality of service.

Results: Citizens generally appreciate the fact that state policy prioritises physical access and perceive greater security of access when key health workers are resident at the facility. The lack of ultrasound scanners significantly undermines clients' confidence in the healthcare delivery system and discourages them from patronising local antenatal services. Experiences were mixed in respect of how clients feel treated by healthcare workers. Some care workers are described as caring, accommodating, and sensitive; others are rude and routinely late to work.

Conclusion: The study provides an opportunity for decision makers at subnational and national levels to leverage the views of the women and adolescent girls within the health system, to enhance its responsiveness to their needs.

Keywords: community scorecard; quality care; affordability; accessibility; family planning

Running Title

PREVALENCE AND PREDICTORS OF POSTPARTUM DEPRESSION

Prevalence and predictors of postpartum depression among women attending postnatal clinic in a tertiary healthcare facility in South-East Nigeria

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Summary

Objectives: Despite its public health importance, there is a paucity of consistent prevalence data on postpartum depression in Africa. This study aims to determine the prevalence and factors associated with postpartum depression among women attending a postnatal clinic in a tertiary healthcare facility.

Methods

Design: A cross-sectional study

Setting: A tertiary healthcare facility in South-East Nigeria

Participants: Postnatal mothers who attended the postnatal clinic at six weeks

Data Collection: Quantitative data was collected over a period of one month by systematic random sampling at exit interviews. Chi-square test was carried out for associations and regression analysis done at 5% level of significance. The odds ratio and 95% confidence intervals of the odds ratio were reported.

Main outcome measures: Prevalence and predictors of postpartum depression

Results: There were 549 participants. The mean age of participants was 28.2 ± 5.2 years. The prevalence of postpartum depression was 25.1%. Sex of the baby ($p=0.020$), mode of delivery ($p<0.001$), pregnancy not desired ($p<0.001$), unplanned ($p=0.001$), no maternity leave ($p=0.0142$), were associated with postpartum depression at bivariate analysis. Mode of delivery (aOR: 2.4; 95%CI: 1.50-3.76, $p<0.001$) and whether the last pregnancy was desired (aOR: 5.6; 95%CI: 2.70-11.52, $p<0.001$) were predictors at multivariate analysis.

Conclusion: Our findings suggest that mode of delivery and undesired pregnancy are predictors of postpartum depression. Interventions by healthcare providers addressing the societal orientation to caesarean section, effective family planning provision, in addition to policies by Ministry of Health for postnatal monitoring of women at high risk of postpartum depression are indicated.

Funding

The authors did not receive any funding for the study.

Keywords: Postpartum depression, post-natal care, prevalence, predictors, South- East Nigeria

Health service-related factors associated with male involvement in family planning services in Abia State, Southeastern Nigeria: A rural-urban comparative study

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Running title: Male involvement in family planning

SUMMARY

Objective: To identify and compare the health service-related factors associated with male involvement in family planning services among the rural and urban areas of Abia State, Nigeria.

Design: A community-based cross-sectional study

Setting: Twelve communities (six urban and six rural) in Abia State, Nigeria.

Participants: All men aged 15-59 years, in a marital/cohabiting relationship, and residents in the study area 6 months before the study were included in the study.

Main outcome measure: Male involvement in family planning services.

Results: The mean age of the urban respondents was 41.8±8.0 years compared to the rural respondents (43.1±8.0 years). Male involvement in family planning services was significantly higher in urban areas (urban 62.6% vs. rural 47.6%, $p < 0.001$). More rural participants (32.0%) reported a high cost of transportation to clinics compared to the urban participants (12.6%, $p < 0.001$). The distance of family planning clinics was reported to be farther away in the rural areas (4.1%) compared to the urban areas (2.4%, $p < 0.001$). The predictors of male involvement were gender preference (aOR=1.91, 95%CI:1.14-3.20), and the attitude of the healthcare worker (aOR=1.94, 95%CI:1.12-3.36) among the urban participants, while the availability of male-friendly clinics predicted male involvement in the rural areas (aOR=2.27, 95%CI:1.25-4.15).

Conclusion: Health service-related factors associated with male involvement varied between the urban and rural settings. Stakeholders should target addressing health service-related factors by settlement types while designing family planning programs targeting men.

Keywords: male Involvement, health service factors, determinants, rural and urban populations, family planning services.

Funding: No funding was obtained for this study.

Newborn care knowledge, practice, factors, and predictors among post-natal mothers attending immunization clinics in Southeast Nigeria: a cross-sectional study

Running Title: NEWBORN CARE PRACTICES AND PREDICTORS

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Summary

Objectives: Evidence based newborn care practice recommended by WHO reduces neonatal mortality and improves neonatal outcomes. This study assessed the knowledge, practice associated factors and predictors of essential newborn care amongst postnatal mothers in two primary health care centres in South East Nigeria.

Methods

Design: A cross-sectional total population study

Setting: Two primary health care centres in two local government areas in South East Nigeria.

Participants: Post-natal mothers who attended immunization clinics

Data collection: Quantitative data was collected over four weeks from 400 postnatal mothers. Chi-square test and logistic regression were carried out for associations and predictors respectively. Analytical decisions were taken at $p < 0.05$ and 95% confidence interval.

Main Outcome measures: Knowledge and practice of essential newborn care; associations and predictors of practice

Findings: Mean age of the participants was 28.68 ± 5.4 . The majority (78.9%) had been counseled on newborn care and 85.2% delivered in a formal health facility. Overall, the majority (77%) had good knowledge of essential newborn care and good practice (61%). More than half (62.3%) reported support by health workers. Parity (multiparous) ($p < 0.04$), residence (urban) ($p < 0.001$) and marital status (married) ($p < 0.01$) were associated with good practice. Predictors of good practice were older age (AOR: 0.435; 95%CI: 0.212-0.893), being married (AOR: 8.095; 95%CI: 3.732-17.558) and living in urban area (AOR: 0.478; 0.291-0.784).

Conclusions: Good practice was identified in the majority. Being married, multiparous and living in urban area were associated with good practice. Health facility delivery, continuous support by health workers and postnatal education to mothers in rural areas are recommended policy priorities.

Keywords: newborn, neonatal mortality, postnatal care, evidence-based practice, South East Nigeria

Assessing Magnitude and Pattern of Facility-Based Disrespect and Abusive Treatment of Women During Childbirth in Abia State, Nigeria

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Running Title: Facility based Disrespect and Abuse among Women in Labour

Authors' Information:

SUMMARY

Objectives: To ascertain the prevalence and pattern of facility-based disrespect and abuse of women during labour in Abia State, South-East, Nigeria.

Design: A cross-sectional descriptive study

Setting: Two selected urban and rural healthcare facilities in Abia State- Federal Medical Centre, Umuahia and Nigerian Christian Hospital (NCH) Nlagu respectively.

Participants: A total of 312 women were sampled for the survey. A p-value of <0.05 was considered statistically significant at 95% confidence interval.

Main Outcome Measure: Disrespect and abuse during labour among women who give birth in healthcare facilities in Abia State.

Result: In all, over half (54.5%) of the women experienced disrespect and abuse in Abia State (50% urban and 63.5% for rural areas). The commonest form of disrespect and abuse was non-confidential care (22.9%). The commonest disrespectful and abusive care received was lack of privacy in the labour ward (18.3%).

Conclusion/Recommendation: The study recorded a high prevalence of facility-based disrespect and abuse of women during delivery in Abia State. Several factors led to the observed high disrespect and abuse in the two facilities. Training and re-training of healthcare providers to promote respectful care, advocacy to policy makers and healthcare stakeholders on development of respectful maternal care policies and further research in the area were recommended.

Key words: disrespect and abuse, postnatal, healthcare providers, facility delivery, Abia State

Word count: 217

Funding: No funding was obtained for this study.

Running Title: Obstetric referral processes and inter-facility communication

Obstetric referral processes and the role of inter-facility communication: the district level experience in the Greater Accra region of Ghana

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Summary

Objective: To describe the capacity of primary health care facilities to manage obstetric referrals, the reasons and processes for managing for obstetric referrals, and how these were influenced by an enhanced inter-facility communication system.

Design: Mixed methods implementation research comparing data before and during the intervention package.

Setting: Three districts in the Greater Accra region, Ghana from May 2017 to February 2018.

Participants: Referred pregnant women and their relatives, health workers at both referring and referral facilities, facility and district health managers.

Intervention: An enhanced inter-facility communication system for obstetric referrals.

Results: Twenty-two facilities and 673 referrals were assessed over the period. Major reason for referrals was pregnancy complications (85.5%). Emergency obstetric medicines - oxytocin and magnesium sulphate (MgSO₄) were available in 81.8% and 54.5% facilities respectively and 110(16.3%) women were accompanied by a health worker to the referral centre. Inter-facility communication about the referral occurred for 240 (35.7%) patients. During the intervention period, referrals joining queues at the referral facility decreased (7.8% to 0.0%; p=0.01), proportion of in-coming referrals requiring the services of a doctor, decreased (94.1% to 70.6%; p<0.01), referrals coming in with referral notes improved (78.4% to 91.2%) and referrals with inter-facility communication improved (43.1% to 52.9%). Health workers and managers reported improvement in feedback to lower-level facilities and better filling of referral forms.

Conclusion: An enhanced inter-facility communication for obstetric referrals which engages health workers and provides requisite tools can facilitate an efficient referral process for desired outcomes.

Keywords: obstetric referrals, capacity, processes, outcomes, interfacility communication

Funding: This study was funded by the WHO/TDR Postdoctoral grant number B40347 to the NMIMR

Sexual behaviours among young people in the Shai-Osudoku and Ningo Prampram districts of Southern Ghana.

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SUMMARY

Objective: This paper describes the sexual behaviours and their associated factors among young people in Ghana.

Design: Secondary data analysis of a cross-sectional study: "Indepth Healthy Transition into Adulthood Study (IHTAS)".

Setting: Dodowa Health and Demographic Surveillance Site (DHDSS) in Ghana's Shai-Osudoku and Ningo Prampram districts.

Participants: Young people aged 10 to 24 years.

Outcome measures: Self-reported ever having sex, non-use of a condom at last sex, and ever being pregnant or getting someone pregnant.

Results: Out of the 1689 young people who participated in the study, 42.0% reported ever having sex, 28.6% reported having sex before age 16 years, and 41% reported the incidence of pregnancy. A reported 63.6% did not use a condom during their last sexual activity, 55.4% with multiple sexual partners, 58.0% knew a place to get a condom, and 55.1% reported they were unable to get a condom when needed. Young people aged 20 to 24 years, females, higher education, living alone, knowing a place to get a condom, lower household socioeconomic status, first sex before age 16 years, multiple sexual partners, non-condom use at 1st sex and ever drunk alcohol were significantly (p value < 0.05) associated with one or more of the outcome measures.

Conclusion: The results suggest a high rate of non-condom use and a high incidence of pregnancies among sexually active young people. In addition, knowing a place to get a condom was predicted to reduce non-condom use; young people need to be encouraged to be confident to purchase a condom when needed.

Keywords: young people, sex, condom, pregnancy, Ghana

Funding: No funding was obtained for this paper

ⁱ Potter C. and Brough R. (2004). Systemic Capacity Building: a hierarchy of needs. *Health Policy and Planning* 19(5) pp 336 – 345