

With funding from the:



CEBHA+

Collaboration for Evidence-Based Healthcare and Public Health in Africa

Short description of the network project:

The overall aim of CEBHA+ is to build long-term capacity and infrastructure for evidence-based healthcare and public health in sub-Saharan Africa, notably in Ethiopia, Malawi, Rwanda, South Africa, and Uganda. The consortium undertakes research on preventing and caring for non-communicable diseases (NCDs), particularly diabetes and hypertension, as well as on preventing road traffic injuries. This scope of work was defined in a priority-setting exercise with policy-makers

to address the substantial burden associated with these often overlooked health challenges. In addition to its primary research and evidence synthesis, a critical part of the work of CEBHA+ has been incorporating an integrated knowledge translation (IKT) approach. This involves continuous engagement with policy-makers and other decision-makers throughout the research process to ensure the relevance of the resulting findings and encourage their uptake in decision-making.

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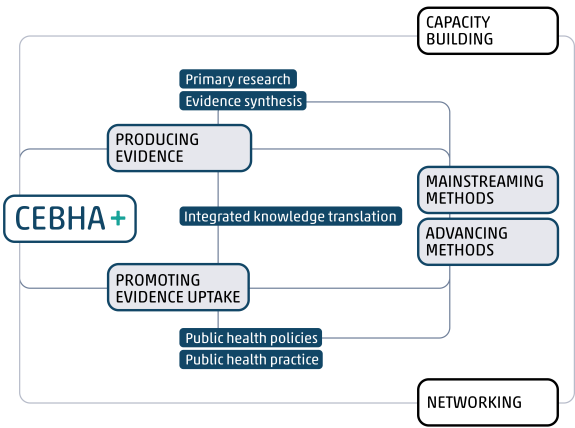
CEBHA+ team | CEBHA+ team gathering at the 2022 Networking Meeting in Addis Ababa, Ethiopia (©CEBHA+ consortium)

Challenge, approach and impact:

The burden of NCDs and road traffic injuries in sub-Saharan Africa is substantial: the age-standardised rate of disability-adjusted life years due to NCDs is almost equivalent to that of communicable, maternal, neonatal, and nutritional diseases combined (1). Road traffic injuries, meanwhile, represent the leading cause of death for children, adolescents, and young adults globally (2). However, both receive less research, funding, and policy attention than the burden of communicable diseases.

Placing real-world impact at the centre of CEBHA+’s work, the involvement of decision-makers has continued past the initial setting of research priorities (3, 4). In addition to working with existing partners, CEBHA+ researchers have identified key stakeholders to involve strategically throughout the research process, e.g. in writing protocols, facilitating data collection, and interpreting and disseminating data. CEBHA+ researchers have also become involved in national knowledge translation platforms and have responded to various ad hoc requests to support healthcare and public health decision-making (5). Furthermore, they have provided evidence for parliamentary committees, ministries, NCD and road safety actions plans, and urgent decision-maker needs during the COVID-19 pandemic (6).

Recognising that evidence needs to be targeted to inform different audiences, CEBHA+ researchers have communicated their research findings in over 20 issue briefs (which are novel advocacy and engagement tools) and policy dialogues, amongst other dissemination channels. Capacitybuilding efforts and strategic communications based on these issue briefs have led to tangible actions by key decision-makers. Ultimately, CEBHA+ institutions are seen as a trusted source of evidence by their partners from the realms of policy and practice.



CEBHA+ approach | Illustration of the CEBHA+ approach of linking research, policy, and practice (©CEBHA+ consortium)

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