



Uganda UK
Health Alliance



Health Education England

Non-Communicable Disease Consortium Meeting Report

Venue: Stewart House 32 Russell Square, Room 20 London
Events Centre

Date: Friday 8th November 2019

Content

Attendance	3
Agenda	4
Remarks from the Chair	4
Uganda UK Health Alliance and MOH Priorities	4
Christie NHS Foundation Trust	5
Priory Medical Group (PMG)	6
Cairdeas IPCT	7
C3 Collaborating for Health	8
Way Forward	9

Chair: Prof. Marion Lynch – C3 Collaborating for Health

Attendance

S/N	Name	Designation	Organization/institution	E-mail address
1	Martin Eades	Chief Executive	Priory Medical Group	martin.eades@nhs.net
2	Alison Sanneh	...	Christie NHS Trust	Alison.Sanneh@christie.nhs.uk
3	Daisy Byaruhanga	Director	Innovativision Organization	daisybyaruhanga@hotmail.co.uk
4	Andy Smith	...	Pailiative Care Trust	chari@cardeas.org.uk
5	Lesley Godfrey	Speaker	Priory Med Group	Lesley.godfrey@nhs.net
6	Professor Marion Lynch	Professor	C3 Collaborating	drmarionlynch@gmail.com
7	Henry Muwonge	Country Lead	UUKHA	henry.muwonge@uukha.org
8	Moses Mulimira	UK Lead	UUKHA	Moses.Mulimira@hee.nhs.uk
9	Solomon Kamurari	Program Manager	UUKHA	kamurari.solomon@uukha.org
10	Solomon Talemwa	Administrator	UUKHA	solomon.talemwa@uukha.org

Absent with apology

1. Fattoumatta Ndure – Royal College of General Practitioners Doctors World wide
2. Christine Hancock – C3 Collaborating for Health

Agenda

TIME	ACTIVITY	RESPONSIBLE PERSON (S)
8am-9am	Arrival and registration	Solomon T
9am-9:15am	Introduction of members	Chair
9:15am-9:25am	Opening remarks from the Chair	Prof. Marion Lynch
9:25-9:40am	Uganda UK Health Alliance's role and highlights of the Uganda NCD strategy	Solomon K
9:40-10:00am	Christie NHS Trust	Julie/Alison Webb
10:40- 11:00am	C3 collaborating for health	Prof. Marion
11:00-11:30am	BREAK	
11:30-11:40am	Cairdeas IPCT	Andy Smith
11:40am-11:50 am	Priory Med Group	Lesley/Martin Eades
11:50-12:30 pm	Discussion	Prof. Marion
12:30-12:40pm	Next steps	Chair

Remarks from the Chair – Prof Marion Lynch

She appreciated HEE for setting UUKHA because it sorts the confusion that exists in Global Health. She informed members that she stayed in Zambia for some voluntary work but there wasn't an entity similar to UUKHA to support their efforts.

The existence of an Alliance enables easy implementation of initiatives because it minimizes the politics and reduces the bureaucracies. This gives an opportunity to the two countries to have a strategic entity that organizes interventions for various members.

Globally, the rise in the prevalence and incidence of NCDs is due to the increasing use of alcohol, smoking and other social factors.

An entity like the Alliance gives us a platform to raise Public Health awareness in the communities to reduce the rise of the disease burden.

By having an Alliance, Uganda can perform better in this struggle as it leverages both local and International support in a coordinated manner. She further commented that low income countries without an Alliance are about 10 years behind.

Uganda UK Health Alliance and MoH Priorities – Solomon Kamurari

He once again welcomed members to this wonderful meeting and appreciated them for honoring the invitation.

He shared with members the background of Uganda UK Health Alliance and the current operational structure.

He informed members that UUKHA is a collaboration between NHS Health Education England and Ministry of Health Uganda that serves as an umbrella for UK organizations working in Uganda's health sector while fostering shared learning and joint working through system leadership.

He further shared about the health consortium model and explained that it is a mechanism to coordinate member organizations by grouping them into thematic areas of their common interest so that they can share learning and experiences in Global Health.

He further shared the roles of the Alliance in the consortium which included the following:

- Logistical support (Immigration and professional council clearance, linkage to aligned MoH departments, linkage to relevant local & international partners, follow up partners' initiatives, etc.)
- Technical input into member initiatives (Health Workforce Development, Research and Innovations, Public Health)
- Regular update on health sector priorities to members
- Mapping members
- Facilitate other strategic engagements of members

He shared some key statistics on NCDs in Uganda and on the global scene and he demonstrated that there is a rapid epidemiological transition from infectious diseases to NCDs in Low and Middle income countries like Uganda.

He also shared the current situation in Uganda as far as NCDs are concerned highlighting that NCDs account for 34% of all deaths. He showed members progress of Uganda in the fight against NCDs by informing members how the President launched the National Day of physical activity.

He further specified the NCD needs in Uganda for members to appreciate opportunities for supporting Uganda in programs of Human Resources for Health, Research and Innovations and Public health.

By arranging this meeting, it is believed that MoH will learn from pre-eminent institutions to develop policies that will help to prevent this growing burden.

Reactions

The chair applauded the presentation made by Solomon because it was elaborate and clear about what is transpiring in Uganda as far as NCDs are concerned. She further requested that she gets a copy of the PowerPoint.

Christie NHS Foundation Trust – Alison Sanneh

Alison informed members that Christie NHS Trust is the single largest cancer site in Europe located in Manchester and has been in service for more than 100 years.

The Trust has affiliations to Universities and shares academic knowledge to build capacity of the respective learners.

Alison further highlighted Christie's global health experience which included learning they have gathered through interacting with diverse cultures in different parts of the world including the Gambia and others. In Zambia, Christie has set up radiotherapy centres which are fully functional and contributing hugely to cancer management in the country. Still a lot of learning and experiences were obtained from this unique African setting.

Whenever there is overseas learning, feedback is shared with teams back in Manchester including students and senior colleagues.

They conducted a survey to inform them on potential Global Health workers in preventing and managing cancer.

Alison further shared the Global Health ambitions of Christie.

Which included:

- To work with National and International Partners to identify key health priorities (with a particular focus on Oncology)
- To build a portfolio of High Impact Sustainable Projects – developed and implemented efficiently /effectively
- To set up a number of collaborations, for longstanding and fruitful relationships / net works – for shared information and resources

About the portfolio, Christie was awarded outstanding in CQC healthcare regulators. It also has several high profile university partnerships on the global scene. They are also recognized by the International Atomic Energy Agency.

The Trust has a lot of expertise including blended teaching and learning, Training of Trainers, Online training and interactive virtual learning. They also have both academic and integrated clinical curricula.

They encourage students to visit other countries to gain global health experience.

Reaction:

The chair emphasized the credibility of the Trust by informing the audience that it has great reputation in the circles of oncology globally.

The Trust has received a grant to visit Uganda to explore opportunities for collaboration especially through the Gulu Man Link. They will however be more interested in scoping the needs in the country and understanding the context to inform them on relevant initiatives that will help support Uganda in achieving it's goals as far as fighting cancer is concerned.

Priory Medical Group (PMG) – Martin Eades, Lesley

Martin introduced himself and the wife Lesley to the attendees of the meeting. He further informed the audience that he is not a medic but has an investment background and acts as Chief Executive of Priory Medical Group. On the other hand, Lesley is a qualified Medical Doctor and is currently a Hospital consultant, so she acts as a technical person for the PMG.

Martin explained how he joined Uganda UK Health Alliance by informing members that he was briefed about existing opportunities in Uganda in the areas of primary healthcare by key team members in UUKHA and HEE while attending a social event in Harrogate. This gave Martin insight and guided him

on plans to implement a primary healthcare project in Uganda working through Uganda UK Health Alliance. Martin invited Lesley to make the technical presentation

Lesley informed members that she worked in South Africa. She also worked on a volunteer project in Pakistan. She further informed members that such Global Health experience significantly shaped her profession as a doctor. She also a systems integration lead for PMG.

She further gave an overview of PMG as follows:

PMG looks at the wider at the international community beyond primary healthcare in UK. They are supporting over 58000 patients in several surgeries scattered across York.

PMG focuses on continuous governance and maximum quality outcome frameworks. They also consider step by step learning by not giving up. Always considering starting small, evaluate and scale if positive results.

Ambitions

- To provide a unique and rewarding opportunity for staff working at PMG
- To build a resilient and sustainable multi-disciplinary workforce by offering an opportunity to work in healthy systems.
- Professional stimulation and not exhaustion.

Lesley further shared some important statistics about NCDs which she informed members she had borrowed from the UUKHA website.

The data work at PMG is done collaboratively with Electric Medical Records for the Developing World (EMR4DW) ensuring quality outcomes. The management at PMG is Nurse-led.

They carryout group sessions to improve patient management. This approach promotes patients revelation of their conditions and empowers them to deliver these messages to peers.

Martin informed members that they have plans to joint the group in Mbale to design Primary Healthcare projects in supporting access to UHC.

Cairdeas IPCT – Andy Smith

Andy Smith gave an overview of the work being done by Cairdeas IPCT in which he informed members that it is based in Scotland and driven by Dr. Mhoira Leng.

He further shared about the link between NCDs and Palliative Care

He provided clarity about palliation and informed members that it refers more to “adding life to days and not just life to days”.

He shared an example of a patient with vulvular heart disease who shared her story while applauding Cairdeas for supporting her with palliation.

He further highlighted that there is a huge unmet need for palliative care in Uganda and the world at large.

Andy also highlighted Cairdeas achievements in their work in Uganda as below:

- Clinical service provision; 9,858 patients cared for plus their families >20,000
- Education and training; 4,630 trainees from 9 countries (1,223 outside Uganda)
- Research; 192 abstracts and 53 publications, research agenda and network
- Advocacy; Contribution to national and international strategic and educational fora
- Sustainability; Building staff capacity (5 BSc, 2 Masters, 1 PhD) partnerships, PcERC

He concluded his presentation by sharing some key recommendations regarding integrating palliative care in NCD care. These included:

- Integrate palliative care within NCDs
- Empower policy makers, staff and communities
- Build capacity
- Support strategic services such as MMPCU, Peace Hospice
- Advocate for sustainable resources
- Don't forget those most vulnerable such as refugees

Reactions:

It was emphasized by members that health systems strengthening calls for inclusion of Palliative care alongside curative care.

It was also recommended that human rights in health policy calls for palliative care.

C3 Collaborating for Health – Prof. Marion Lynch

She shared the background of C3 Collaborating for Health and informed members that this was started by Christine Hancock who could not make it for the meeting due to other engagements. She further informed members that the main focus of C3 is on tobacco use and physical activity.

She spoke about policy

Also highlighted that C3 staff work voluntarily

She talked about the year of the nurse. If the performance of nurses is improved, there is a triple impact in the performance of the healthcare system.

Marion further shared about a project they implemented in Mubende in collaboration with UK diaspora which was about advocating for healthy behavior that reduces incidence of NCDs but also informing modifications to the country's design of systems in curbing NCDs.

The a partnership between C3 BMJ saw them implement the BMJ PACK tools based on demand but not supply in a couple of African countries.

NCD Primary care will be working in Uganda by primary care professionals to promote risk reduction.

This will be determined by the local context.

Experience in Zambia

Marion informed participants that she worked in Zambia as an Improving Global Health (IGH) Fellow through a reciprocation of skills model. Her and colleagues spent 6 months in the country focusing on areas of Health Systems Strengthening and Quality Improvement.

Reactions

The Mubende Project

Marion promised to find out more about it from Christine and share updates

Discussion

Ideas/Issues

- Gain insight of evidence and activit through a mapping exercise.
- Raise awareness of the work being done
- Build the evidence and rause its awareness
- Prioritise interventions
- Provide more clarity on the NCD programmes activity in the context of Uganda while focusing on such areas like the capacity of the services, demographics and economic status
- Preparing for action for the institutions
- Developing a platform for sharing information as a consortium
- Develop partner support through conducting a survey.
- Develop local capacity
- Sharing of expertise and experiences especially through the diaspora

Way Forward

Actions

- Acknowledge culture and beliefs
- Don't interfere or disappear
- Members encouraged to learn and share the lessons
- Support the building of local capacity
- Let's manage expectations and not manage for both sides
- Align with the national plans on NCDs
- Members encouraged to collaborate for mutual benefit

The actions were further categorized in areas that can be quickly worked upon as outlined below;

1. Prioritise

- The UUKHA members' map of action detailing which members are working where, what is needed, etc. UUKHA to share this as soon as update of the new website is done. Members will be alerted when it is ready.
- UUKHA further called upon members to register with the current form in the link that will be shared

2. Prepare teams both internally and externally

- The initial step is to do a situation analysis in Uganda considering areas like the cultures, clinical knowledge levels, role model behaviours, cost and core models.

3. Promote the Alliance role in NCDs

This will be effected in April 2020 during the UK East Africa Health summit. The following actions will be taken:

- Increase the utility of the existing UUKHA communications platforms including social media and the website
- A 2 page brief outlining the Alliance and its relationship with HEE
- A 1500 word article about the NCD consortium meeting and its benefit to members
- This work and more to be presented at the next consortium meeting in April 2020
- UUKHA to further convene members to share more knowledge during the UUKHA symposium in Kampala Uganda in October 2020

4. Promote partner engagements

UUKHA to share Ministry of Health NCD Technical Working Group meeting schedule with members so they factor this into their travel plans to Uganda.