PROJECT FINAL REPORT

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[1] Usually the contact person of the coordinator as specified in Art. 8.1. of the Grant Agreement.

[2] The home page of the website should contain the generic European flag and the FP7 logo which are available in electronic format at the Europa website (logo of the European flag: http://europa.eu/abc/symbols/emblem/index_en.htm logo of the 7th FP: http://ec.europa.eu/research/fp7/index_en.cfm?pg=logos). The area of activity of the project should also be mentioned.

4.1   Final publishable summary report

Executive summary (not exceeding 1 page).
The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) worked from 2011-2015 to increase sustainable African capacity to produce and use health policy and systems research and analysis (HPSR+A). CHEPSAA was a partnership between 7 African and 4 European universities that impacted on African capacity in HPSR+A, and the field of HPSR+A in general, in the following key ways:

- It produced new knowledge on the capacity development needs and assets of HPSR+A in Africa through assessments in African partner countries and developed tools for future such assessments;

- Through publications, meetings and networking, it helped to build the profile of HPSR+A - internationally, regionally and with policy makers and other educators in the countries and organisations of the CHEPSAA partners;

- It has supported each CHEPSAA partner organisation's development in terms of the number and skills of individuals engaged in HPSR+A as well as more broadly, their: HPSR+A teaching programmes; curriculum development awareness; profile within their own universities, as well as regionally and internationally; networks and engagement nationally, and internationally;

- It contributed to developing a new generation of HPSR+A scholars and educators, especially through the CHEPSAA Emerging Leaders Programme. This programme included 26 participants from Kenya, Ghana, Nigeria, Tanzania and South Africa and sought to build a wide range of capacities, ranging from inter-personal to knowledge about the functioning of health systems and approaches to researching health systems. These Emerging Leaders self-report they are likely to continue to work in the field and are better equipped to do research and to teach HPSR+A;

- It changed the landscape of HPSR+A teaching by developing and publishing two open access courses, which anyone can access, use and adapt: *Introduction to Complex Health Systems* and *Introduction to Health Policy Systems and Research*. Together with an existing course on *Introduction to Health Policy Analysis*, these courses are already being used in the postgraduate teaching of the CHEPSAA partners, influencing current and future generations of HPSR+A professionals, and have been downloaded from more than 40 countries around the world;

- CHEPSAA also built skills in teaching and curriculum design which have been shared more widely within country-level networks, and which can now be applied to strengthen HPSR+A teaching programmes within and outside CHEPSAA organisations;

- It initiated a process of planning for a pan-African DrPH programme, and considered the needs for specialist HPSR+A masters courses, to provide career development opportunities for HPSR+A professionals; and

- By supporting networking between researchers, educators and policy makers, CHEPSAA has strengthened individuals' skills, contributed to organisational development and created opportunities for dialogue, mutual learning and the initiation of new HPSR+A work.

Although the CHEPSAA project has come to an end, it has created many outputs and tools that others can use and adapt in future to continue to build the field of HPSR+A. In addition, CHEPSAA's legacy and its contribution to HPSR+A capacity will be sustained through the strong networks it has created and the ideas which have been infused into those networks. These networks will continue to exist and be expanded and CHEPSAA's key ideas will continue to find expression in the activities and projects of the future.

Summary description of project context and objectives (not exceeding 4 pages).
Internationally, especially over the past five years, there has been in the research, teaching and policy communities an increasing recognition of how the emerging field of health policy and systems research and analysis (HPSR+A) can contribute to generating evidence to support health system improvements. In tandem with this growing recognition of value, the field's international profile has increased markedly in recent years, as evidenced by the three global symposia on health systems research that have taken place since 2010.

Despite these positive developments, African capacity in HPSR+A remains limited. Concerns include relatively little funding for this type of research, few African scientists working in this field, relatively few universities offering relevant training programmes, policy makers who are often unaware of relevant HPSR+A research and generally weak researcher-policy maker relationships to support evidence-informed policy-making.

It was against this backdrop that the Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) was formed. CHEPSAA was a partnership between 7 African and 4 European academic teaching and research organisations and its overall goal was to extend sustainable African capacity to produce and use high-quality HPSR+A. The African partner organisations first came together in 2005 to develop ideas about how to strengthen training for health policy and systems research. The addition of the European partners to the network to create CHEPSAA strengthened the initial South-South partnership between the African partners. CHEPSAA therefore sought to achieve its goal by building on the synergies between the African and European partners.

CHEPSAA's programme of work was divided into five work packages (WPs), all of which related to the goal of increasing sustainable African capacity to produce and use high quality HPSR+A. These WPs and their main objectives are outlined below:

WP1: Needs assessment

The objective of this work package was to assess, in each African country, the capacity development needs of key actors in the area of HPSR+A, as a basis for developing specific, detailed strategies in the other work packages. The key actors involved in the assessment included individuals and organisations involved in health policy and systems education and research, as well as individuals and organisations involved in, or seeking to influence, health policy-making.

WP2: Staff and organisational capacity development

The objectives of this work package were, building on the initial assets and needs assessment, to develop an enabling organisational environment for, and the skills and confidence of staff in, conducting and communicating HPSR+A; educational methods to deliver HPSR+A courses; and broader areas of research and educational delivery and support.

WP3: Course development

This work package sought to strengthen the focus and delivery of the existing training programmes offered by African consortium members. More specifically the objectives were to: review and develop curricula for HPSR+A courses, including research methods, to be run within masters-level programmes; strengthen and extend the available short course HPSR+A training; scope the potential

for developing specialist HPSR+A masters and PhD/DrPH training; and develop course materials for use in the range of HPSR+A and related research courses.

WP4: Capacity for networking and getting research into policy and practice (GRIPP)

The objectives of this work package were to establish and support existing in-country and cross-country networks for: academic teaching and research, to promote knowledge mobilisation and exchange in HPSR+A; and academic-policy maker networks, to promote getting research on health policy and systems into policy and practice.

WP5: Project management and knowledge management

The overall aim of this work package was to ensure the smooth functioning of CHEPSAA, including effective communication within and beyond it. This work package sought to: promote collaborative interactions between partners through regular communication; coordinate overall project implementation according to the proposed work plan, ensuring timely achievement of deliverables, in collaboration with work package leaders and coordinating teams; develop and implement a knowledge management strategy for the project, including engagement with regional and international networks and wide dissemination of project products and experience; develop an overarching monitoring and evaluation strategy to assess the impacts of the consortium; and manage liaison with the European Commission and the submission of financial and scientific reports.

From 2011 to 2015, the CHEPSAA consortium of African and European universities therefore worked to achieve the objectives of the individual work packages outlined above and to reach the overall goal of helping to extend sustainable African capacity to produce and use high-quality HPSR+A. It did so by building on the assets already at the disposal of the partners (e.g. personnel, skills, knowledge and networks), devising and implementing activities to increase the HPSR+A community and its capacities, skills and resources, while all the while remaining flexible and open to capitalising on emergent ideas and the opportunities offered by the increased international momentum behind HPSR+A. How this was achieved is outlined in the following sections of this report.

Description of the main S&T results/foregrounds (not exceeding 25 pages),
The Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) was established in 2011 with the overall goal of extending sustainable African capacity to produce and use high-quality health policy and systems research and analysis (HPSR+A), by harnessing synergies among a consortium of African and European universities with relevant expertise. Until the end of the project in 2015, the consortium pursued the following strategic objectives and activities:
- Assessing the capacity development needs and assets of the African consortium members and their national policy networks;
- Supporting the development of African researchers and educators equipped with the skills, confidence and organisational support necessary for HPSR+A training, research and engagement with wider policy networks;
- Strengthening the educational capacity of African universities by consolidating and extending their HPSR+A training;

- Strengthening networking among the HPSR+A education, research and policy communities within and across the African countries of focus; and
- Communicating to build the profile of HPSR+A and share CHEPSAA products and experiences.

To fully appreciate and understand the nature of CHEPSAA, and to follow this report, it is important to note that these strategic activities and the work packages (WPs) to which they were linked were not pursued in isolation, but instead in an inter-locking and synergistic way. As will be highlighted below, activities were almost always structured and implemented to address more than one objective at once.

The objective of **WP1 (Needs assessment)** was to assess, for each African CHEPSAA partner organisation, the HPSR+A capacity development needs and assets of that organisation and its key national networks. This assessment included the CHEPSAA partner organisations, key partners that the CHEPSAA partner organisations worked with in their own settings and the wider policy environment. The intention was for this assessment to act as a baseline or common point of departure. For CHEPSAA to contribute to building HPSR+A capacity and to make a meaningful impact on its environment, it was in principle first necessary to develop a fuller understanding of the existing landscape of capacity needs and assets. This fuller understanding also influenced the design of subsequent CHEPSAA activities to make them as relevant and useful as possible. These assessments received ethical clearance and were completed in line with normal ethical research practice. This phase of work yielded a number of significant scientific and technical results, both from the perspective of the CHEPSAA consortium as a collective and from the perspective of the individual CHEPSAA partner organisations.

A first step in the implementation of this work was the collective development among all CHEPSAA partners of a methodology that could be used in the envisioned asset and needs assessments in the different countries, as no such methodology existed. This aspect of the work yielded a number of outputs to be noted, all of which were published in an open access way, including:
- A report on the development of the assessment methodology that included a literature review on the concepts of capacity and capacity strengthening, the implications of this literature review for CHEPSAA's planned assessment and tools to be used in the assessment (*Mirzoev, T. Lê, G. Green, A. (2012). Consortium For Health Policy & Systems Analysis in Africa: Capacity Needs Assessment Approach. CHEPSAA report. Leeds, Consortium for Health Policy & Systems Analysis in Africa)*;
- The publication of a peer-reviewed article on the assessment methodology and key lessons learnt in its implementation (*Lê, G., Mirzoev, T., Orgill, M., Erasmus, E., Lehmann, U., Okeyo, S., Goudge, J., Maluka, S., Uzochukwu, B., Aikins, M., De Savigny, D., Tomson, G. and Gilson, L. (2014). A new methodology for assessing health policy and systems research and analysis capacity in African universities. Health Research Policy and Systems, 12(59))*; and
- The publication of a handbook that seeks to support others in implementing similar assessments of capacity needs and assets (*Lê, G., Mirzoev, T., Erasmus, E., Okeyo, S., Esena, R. & Uzochukwu, B. (2014). How to do Capacity Assessments for Health Policy and Systems*

Research in University Settings: A Handbook. Leeds, Consortium for Health Policy and Systems Analysis in Africa.)

After the development of the assessment methodology, CHEPSAA's African partners implemented the assessments in their own organisational and country contexts. In addition to the above-mentioned methodological work, this generated empirical knowledge and findings about existing HPSR+A capacity assets, capacity development gaps and needs, and factors supporting and constraining HPSR+A capacity in Africa. This empirical knowledge was also published widely and in different formats – again always in an open access format. With respect to the CHEPSAA consortium as a collective, the key scientific and technical outputs to take note of are:

- A comparative report of the findings of the assessments across all the African partners *(Lê, G. Mirzoev, T. Green, A. Kalliecharan, R. (2012). Consortium for Health Policy & Systems Analysis in Africa: Comparative Results of Capacity Needs Assessments in African partner institutions. CHEPSAA report. Leeds. Consortium for Health Policy & Systems Analysis in Africa.)*;
- The presentation of the empirical assessment results at the 2nd Global Symposium on Health Systems Research in China, a prestigious international conference *(Mirzoev, T., Le, G., Kalliecharan, R., Agyepong, I., Erasmus, E., Goudge, J., Kamuzora, P., Lehmann, U., Okeyo, S., De Savigny, D., Tomson, G., Uzochukwu, B. & Gilson, L. (2012) Capacity for Health Policy and Systems Research and Analysis in seven African universities. Second Global Symposium on Health Systems Research. Beijing)*; and
- The publication of a peer-reviewed journal article on the empirical assessment results *(Mirzoev, T., Le, G., Green, A., Orgill, M., Komba, A., Esena, R.K., Nyapada, L., Uzochukwu, B., Amde, W.K, Nxumalo, N., Gilson, L. (2013). Assessment of Capacity for Health Policy and Systems Research and Analysis in Seven African Universities: Results from the CHEPSAA project. Health Policy and Planning; doi: 10.1093/heapol/czt065)*.

In addition to these collective results, individual CHEPSAA partners also produced various outputs with the aim of capturing the HPSR+A capacity issues in their own contexts and communicating these to a wider audience. The key outputs to take note of here include peer-reviewed publications, conference presentations and country-reports, including:

- A chapter in an annual review of the South African health system *(Orgill, M. Nxumalo, N. et al. (2013). Health policy and systems research: Needs, challenges and opportunities in South Africa - a university perspective. IN PADARATH, A. & ENGLISH, R. (Eds.) South African Health Review 2012/13. Health Systems Trust)*;
- A workshop linked to the 2012 conference of the Public Health Association of South Africa to share the results of the South African assessment and to support a HPSR+A community of practice in South Africa *(CHEPSAA. (2012). Pre-conference PHASA/RUDASA workshop report: Building a community of practice for health policy and systems research and analysis (HPSR&A) in South Africa. September. Cape Town. Consortium for Health Policy & Systems Analysis in Africa);*
- The upcoming paper (currently in press) in the Ghana Medical Journal on the findings of the assessment in Ghana; and
- Reports on the findings of the assessments from each African partner.

- *Agyepong, I.A. Aikins, M. Esena, R. Akweongo, P. Aniah, K. (2012). Health Policy and Systems Research and Analysis: Capacity Needs Assessment of the School of Public Health, University of Ghana, Ghana*;
- *Amde, W.K. Cailhol, J. Lehmann, U. (2012). Health Policy and Systems Research and Analysis: Capacity Needs Assessment of the School of Public Health, University of the Western Cape, South Africa*;
- *Kamuzora, P. Komba, A. Maluka, S. (2012). Health Policy and Systems Research and Analysis: Capacity Needs Assessment of the Institute of Development Studies, University of Dar es Salaam, Tanzania*;
- *Nxumalo, N. Goudge, J. (2012). Health Policy and Systems Research and Analysis: Capacity Needs Assessment of the Centre for Health Policy, University of the Witwatersrand, South Africa*;
- *Okeyo, S. Kaseje, D. Muga, R. Juma, P. Owino, J. Nyapada, L. Ouma, J. Odero, A. Osoro, A. Mogere, D. (2012). Health Policy and Systems Research and Analysis: Capacity Needs Assessment of the Tropical Institute of Community Health & Development, Great Lakes University of Kisumu, Kenya*;
- *Orgill, M. Gilson, L. (2012). Health Policy and Systems Research and Analysis: Capacity Needs Assessment of the Health Policy and Systems Programme, Health Economics Unit, University of Cape Town, South Africa*;
- *Uzochukwu, B.S.C. Onwujekwe, O.E. Mbachu, C.O. Ezeoke, O.P. Okwuosa, C. Uguru, N. Nwala, E. Ajuba, M. (2012). Health Policy and Systems Research and Analysis: Capacity Needs Assessment of the College of Medicine, University of Nigeria (Enugu campus), Nigeria.*

In summary, therefore, the scientific and technical results of WP1 (Needs assessment) focused on designing the assessment methodology from scratch, implementing the assessment in the African partner countries, and documenting and communicating both the assessment approach and the empirical results of the assessment. As outlined above, this work formed the foundation of the CHEPSAA project, on the basis of which further strategies and activities were developed to build HPSR+A capacity and the HPSR+A field in Africa.

From this description of the work under WP1 (Needs assessment), one can discern a key aspect of how CHEPSAA has approached HPSR+A capacity and field building: it has undertaken activities that have been directly relevant to building capacity and the field of HPSR+A (e.g. assessing capacity needs and assets), but it has also sought to provide a platform to others and to support others' thinking and capacity building activities (e.g. by publishing the assessment methodology and a handbook on how to use the assessment methodology). This begins to touch on the wider impacts of the WP1 (Needs assessment work) and on how they have been achieved – a topic that will be elaborated on in the next section of this report.

Building on WP1 (Needs assessment), **WP2 (Staff & organisational capacity development)** sought to develop an enabling organisational environment for, and the skills and confidence of staff, in conducting and communicating HPSR+A, educational methods to deliver HPSR+A courses and broader areas of research and educational delivery and support. From a scientific and technical point of view, this WP yielded a number of results worth noting.

Using the results of the HPSR+A asset and needs assessment conducted under WP1, the first dimension of the work under WP2 (Staff & organisational capacity development) was for each of CHEPSAA's African partners to develop their own strategies for staff and organisational development and, drawing from these individual partner strategies, for the CHEPSAA consortium as a collective to develop an overarching staff and organisational capacity development strategy (*[CHEPSAA. (2012). Strategy and time frame for Consortium-supported staff and organisational development activities. University of the Western Cape, South Africa. Cape Town, Consortium for Health Policy & Systems Analysis in Africa.](#)*). This strategy development occurred relatively early on in the lifecycle of CHEPSAA, so the remainder of the time was spent implementing activities from these strategy documents and taking advantages of other opportunities that arose over time.

From the perspective of the CHEPSAA collective, probably the most prominent staff capacity development activity was the [CHEPSAA Emerging Leaders Programme](#), the overall goal of which was to contribute to HPSR+A capacity development in Africa by building a critical mass of future leaders who are committed to working in this field and equipped with the necessary skills and capabilities. The Emerging Leaders Programme was underpinned and informed by a prior process within CHEPSAA of outlining sets of competencies that are key for success and growth in the HPSR+A field. The thinking was that it was important to think through these core competencies for two reasons. First, it could help others working in HPSR+A to reflect on their own competencies and what they needed to develop to become better HPSR+A practitioners. Second, it would help to ensure that the CHEPSAA Emerging Leaders Programme would be structured so as to address priority areas of concern. The box below contains a summary of these core competencies:

- Personal skills, e.g. listening skills, communication skills, acknowledgement of other views and disciplines, time and capacity management;
- Writing skills, e.g. scientific articles;
- Project management, e.g. grant proposal writing, chairing meetings, study design, acting as a rapporteur during meetings;
- Networking, e.g. managing old and new networks;
- Knowledge of HPSR, e.g. understanding and using multi-disciplines;
- Teaching skills and strategies, e.g. curriculum development, communication skills specific to teaching, the use of case studies in teaching;
- Understanding the health system, e.g. the ability to understand and work with complexity;
- Research skills, e.g. problem identification, data analysis.

The CHEPSAA Emerging Leaders Programme was launched in July 2013 and included 26 participants from Kenya, Ghana, Nigeria, Tanzania and South Africa. These participants were staff members of the CHEPSAA partners, researchers and educators working for key in-country partners of the CHEPSAA partners, and members of selected other non-governmental organisations and research groups. This programme included a capacity development workshop in July 2013 that focused on HPSR+A leadership, a second workshop in July 2014 that focused on HPSR+A subject knowledge and teaching skills, as well as a final meeting in September 2014 that included capacity building on topics such as mentoring and presentation skills. The CHEPSAA Emerging Leaders

Programme was also awarded, through the abstract peer review process, an organised session at the 3rd Global Symposium on Health Systems Research in October 2014, entitled *Emerging Leaders in Health Policy and Systems Research (HPSR): Assuming Leadership in HPSR - Personal reflections and lessons*. The development of the key competencies and the implementation of the Emerging Leaders Programme clearly speak to the objective of developing organizational environments that support HPSR+A and increasing the skills and confidence of HPSR+A staff in ways that are relevant to teaching, researching and communicating about HPSR+A.

The CHEPSAA Emerging Leaders Programme and the key HPSR+A competencies was the subject of a poster presentation at the Prince Mahidol Award Conference that took place in Thailand in January 2014 *(Nxumalo, N., Orgill, M. & Gilson, L. (2014). Core competencies for health policy and systems researchers and educators in Africa: development and curriculum design)*. Other publications resulting from these activities include a blog by one of the participants in the CHEPSAA Emerging Leaders Programme *(Nxumalo, N. 2014. Bridging the leadership gap, www. researchresearch.com)* and a newsletter to celebrate the early successes of the CHEPSAA Emerging Leaders Programme *(Erasmus, E. 2014. Emerging Leaders Programme: Early Successes)*. This newsletter highlights how Emerging Leaders have supported each other's research, how exercises and lessons from the Emerging Leaders Programme were applied to organisational mentoring and capacity building and how key ideas from the programme have even been used to empower communities – as CHEPSAA's external evaluators concluded, the principles learned in the programme have in some cases transcended the purely academic aspect of Emerging Leaders' work. More information on the core HPSR+A competencies, as well as the processes and impacts of the CHEPSAA Emerging Leaders Programme can be obtained from this YouTube video and this overview of the programme *(Nxumalo, N. (2015). Emerging Leaders in Health Policy and Systems Research & Analysis in Africa: Developing the practices of HPSR+A leadership)*.

Despite all the acknowledged successes and impacts of the CHEPSAA Emerging Leaders Programme, described in detail in the next section of this report, the external evaluation team highlighted some challenges and potential areas of improvement in the implementation of this programme. These included the challenge of adequately addressing the needs and interests of a varied group of participants, many of whom had different levels of work experience, understandings of health systems and levels of interest in the skills and capabilities built through the programme. There was the issue of missing the opportunity to provide additional coaching to participants in the programme, for example on topics such as the management of meetings and navigating different sets of concerns and priorities in meetings. Also, there could have been better communication around the selection of the day-to-day coordinators of this programme and perhaps additional steps to support this coordination role such as the creation of a funded position or instituting a rotating system of leadership to provide leadership opportunities for a wider group of programme participants.

From a consortium management perspective, the CHEPSAA Emerging Leaders Programme is an excellent example of how CHEPSAA allowed for the principle of emergence in its day-to-day activities. In a nutshell, emergence means that CHEPSAA's goals, objectives and plans form a boundary or framework, but this boundary is fluid and flexible because it is recognised that the implementation of the project is influenced by many contextual realities and that it is impossible to predict and pre-plan all activities. Emergence therefore allows for new activities and interests to

emerge over time. This is exactly what happened with the CHEPSAA Emerging Leaders Programme because it was not conceived of at the start of the project, but instead took shape over time and in response to the findings of the initial assets and needs assessments.

In addition to the CHEPSAA Emerging Leaders Programme, a further very significant collective staff and organisational capacity development initiative was the implementation of two successful curriculum development workshops. These workshops networked the CHEPSAA partner organisations with each other and with selected curriculum development specialists, were used to develop CHEPSAA's two open access courses, and gave the participants additional skills and confidence in curriculum development – an excellent example of how CHEPSAA pursued multiple inter-locking objectives through single events or activities.

The first curriculum development workshop was conducted in May 2012 and the second in May 2013. These curriculum development workshops were used to develop new course materials (see WP3 Course Development), but they also had important staff and organisational capacity development benefits because of the way in which they were structured. Firstly, all the workshops included sessions on key theory and concepts in curriculum development, including notions such as graduate attributes and threshold concepts, as well as information about how students learn and different depths of learning – general curriculum develop knowledge that can be used in the development of any course. Secondly, the workshops involved curriculum development experts, who were not HPSR+A experts, but who provided a lot of support to the HPSR+A experts because of their deep knowledge of and long experience with all issues to do with curriculum development in different fields. More information on the structuring of these workshops and topics discussed in them can be obtained from the CHEPSAA website (*CHEPSAA. (2013). Report of Second Curriculum Development Workshop. Cape Town, Consortium for Health Policy and Systems Analysis in Africa, 13-17 May.*)

A number of the CHEPSAA partners, for example those in Nigeria, Ghana and Kenya, found these collective curriculum development workshops so useful that they implemented "step-down" versions of it in their own organisations in order to share the insights with their other colleagues and support better curriculum development in their wider organisations. More information on these in-country curriculum development workshops can be found in the following reports and presentations on the CHEPSAA website:

- *BSC Uzochukwu. (2015). Networking and Curriculum Development: COMUNEC's experience.*
- *University of Nigeria College of Medicine. (2014). Step-down workshop on the courses Introduction to Complex Health Systems and Introduction to Health Policy and Systems Research. Enugu, Consortium for Health Policy & Systems Analysis in Africa.*
- *University of Nigeria College of Medicine. (2012). Report of Step-down Curriculum Development Workshop for Staff of Health Policy Research Group and Department of Health Administration and Management, College of Medicine, University of Nigeria, Enugu Campus;*
- *University of Nigeria College of Medicine. (2012). Report of Step-down Curriculum Development Workshop for Academic Staff of the College of Medicine, University of Nigeria, Enugu Campus;*

- *University of Ghana School of Public Health. (2012). Ghana curriculum development workshop report (August 2012)*

In addition to the major areas of staff and organisational capacity development around the CHEPSAA Emerging Leaders Programme and the curriculum development workshops, the individual CHEPSAA partner organisations have also implemented a large number of capacity development activities relevant to their local contexts and organisations. Examples include:
- CHEPSAA's partner in Nigeria has conducted workshops on the preparation of HPSR+A research proposals and the writing of peer-reviewed articles;
- CHEPSAA's partner in Ghana's support for the further studies and mentoring of a junior staff member who was motivated / inspired by CHEPSAA to become involved in HPSR+A;
- CHEPSAA's partner in Kenya has been included in policy dialogue workshops with stakeholders from devolved government structures in that country, which speaks to capacity and skills around networking;
- CHEPSAA's partner in Tanzania has presented short courses on health policy analysis for policy makers, health system managers and researchers in Tanzania, most recently in October 2014 (read a report); and
- CHEPSAA's partners in South Africa (University of the Witwatersrand, University of the Western Cape and University of Cape Town) have, respectively, conducted a workshop to train staff members in dealing with the media; introduced the co-teaching of courses between participants in the CHEPSAA Emerging Leaders Programme and more senior staff at the university; and conducted seminar presentations in the broader faculty of health sciences to increase knowledge and awareness of the field of HPSR+A; and
- Supporting individuals from in-country networks to attend CHEPSAA taught short courses, such as Health Policy Analysis and Introduction to Complex Health Systems.

Although much was done, the report of the external evaluators notes that some of the staff and organisational capacity development activities initially discussed, specifically staff exchanges and mentoring, were never implemented. The reasons for this included changing priorities over time, the absence of feasible activity proposals, the demands of implemented activities and staffing changes in key partner organisations.

Finally, through the above and its other activities (see also other WP reports), CHEPSAA has supported various processes of organisational development in each of its partners, and particularly its African partners. These include, with variations by partner: raising the profile of the partner in its wider organisational environment through the advocacy linked to the WP1 assets and needs assessment, curriculum development step-down workshops and other curriculum development processes; securing additional funding for staff positions and increasing the number and skills of staff engaged in HPSR+A; strengthening engagement with other educators and/or policy makers through the assets and needs assessment, short courses and MPH course development, and additional networking activities; raising the profile of the partners regionally and internationally through their work within CHEPSAA, their related publications and their participation in CHEPSAA-sponsored events. Organisational development has, however, not only occurred among the African partners. As highlighted by CHEPSAA's external evaluation, the Swiss Tropical and Public Health Institute created a new department focused on HPSR+A, which is in part attributed to CHEPSAA's work to

build the field. All this organisational development provides a platform for the deepening and extension of the partners' engagement in HPSR+A work in the future.

With respect to WP2 (Staff and organisational development), the scientific and technical results have therefore clustered around four broad areas:

- Outlining a set of key competencies and building a range of these through the CHEPSAA Emerging Leaders Programme;
- Building skills in curriculum development among the CHEPSAA partners and sharing those more widely in the partner organisations beyond the immediate CHEPSAA group;
- Implementing a range of other individual-level capacity development activities relevant to the partner organisations in their local contexts; and
- Strengthening the organisational profile, human resource base, teaching programme, and networks of the CHEPSAA partners nationally, regionally and internationally.

Under **WP3 (Course development)** CHEPSAA essentially worked to support the improvement of HPSR+A teaching and curricula in Africa and beyond. The more specific objectives were to (i) review and develop curricula for HPSR+A courses to be run within masters-level programmes; (ii) strengthen and extend the available short course training; (iii) scope the potential for developing specialist masters and PhD/DrPH training; and (iv) developing course materials for use in HPSR+A-related courses.

One of the most exciting scientific and technical results achieved under this WP was CHEPSAA's development of two new, open access masters-level HPSR+A courses to add to the existing course, *Introduction to Health Policy Analysis*. The courses are freely available / downloadable to anyone who wants to use them and others can use or adapt them as they see fit. Shortly after its inception, CHEPSAA reviewed all the masters-level courses offered by its African and European partners to examine, among other things, the course topics, objectives, modes of delivery, assignments and assessment practice. This review also explored broader topics such as the processes used by the CHEPSAA partners to develop new courses, the organisational funding available for teaching and key areas of support required to further build and support HPSR+A teaching. Based on this review, it was decided that it was necessary to develop two new masters-level courses. These courses were, in part, developed during the curriculum development workshops discussed above, so that these workshops were forums not only for general capacity development in curriculum development, but also for taking forward the development of *Introduction to Complex Health Systems* and *Introduction to Health Policy and Systems Research.*

In July 2014 both *Introduction to Complex Health Systems* and *Introduction to Health Policy and Systems Research* were piloted during the Winter School of the University of the Western Cape in Cape Town, South Africa. The piloting helped to ensure that the courses, when made available to the public, would have maximum impact in terms of facilitating better HPSR+A teaching and better HPSR+A knowledge and research. The piloting of *Introduction to Complex Health Systems* was attended by approximately 30 students, which included participants in the CHEPSAA Emerging Leaders Programme, other students who attended the UWC Winter School and colleagues from the Public Health Foundation in India, who were invited because they are working on HPSR+A capacity development in India. Formal participant evaluations were submitted by 14 respondents. 11/14

respondents felt very enriched and motivated to learn by the course; 14/14 felt very strongly that the course builds understanding of concepts and principles; 9/14 felt very strongly that the course outcomes were clearly stated; 12/14 felt very strongly the course was relevant to their needs. Approximately 30 students, essentially the CHEPSAA Emerging Leaders and the colleagues from India, also attended the piloting of *Introduction to Health Policy and Systems Research* and were positive about its value and relevance to them.

Full versions of the course materials were distributed during the 3rd Global Symposium on Health Systems Research in October 2014, but the final versions were released via the CHEPSAA website in January 2015, on the eve of CHEPSAA's final project meeting. The materials included facilitators' notes, course and assessment outlines, PowerPoint slides, class handouts and all the case studies required for teaching the courses. The release of these course materials received an overwhelmingly positive reception and within a few days of the publication the webpage announcing the release of the materials had been accessed 720 times. The figure below shows that within three weeks of their release *Introduction to Complex Health Systems* and *Introduction to Health Policy and Systems Research* had been downloaded from approximately 40 countries around the world (darker grey).
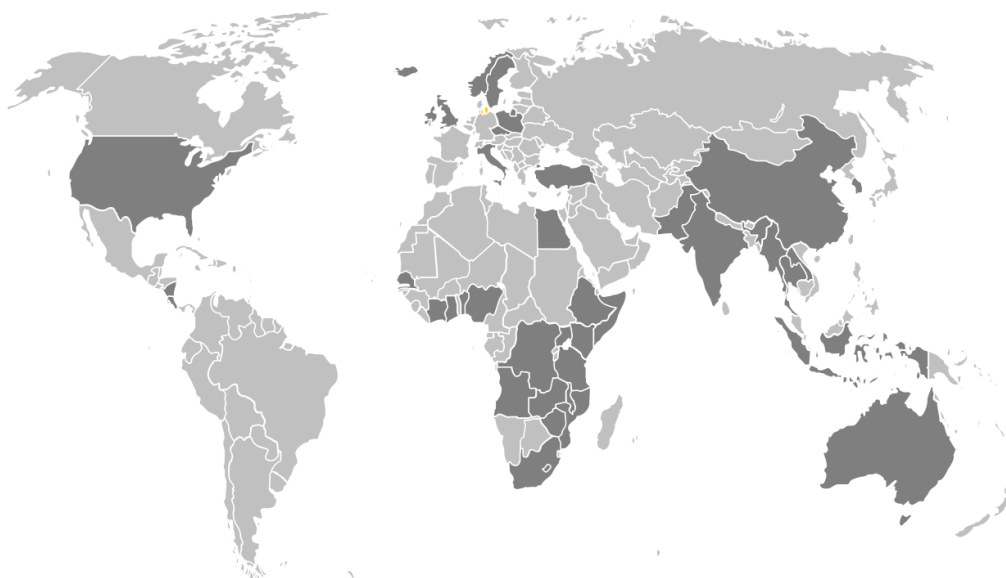
Figure 1: Countries from which the open access courses have been downloaded

Introduction to Complex Health Systems and *Introduction to Health Policy and Systems Research* now complement other open access course materials already available through the CHEPSAA website, specifically *Health Policy and Policy Analysis* and *Managing Human Resources for Health.*

Despite the short time since their development, CHEPSAA's partner organisations have already begun using these open access courses in their own teaching:

- A very noteworthy development has occurred in Tanzania, where the University of Dar es Salaam has developed a new Master in Public Health (MPH) programme. This MPH will contain two of CHEPSAA's courses and, overall, has a much stronger HPSR+A orientation

that traditional MPH programmes. This is a result of the influence of CHEPSAA partner IDS over the programme's development;

- The University of the Witwatersrand in South Africa, in September 2014, taught *Introduction to Complex Health Systems* (with some adaptations) as part of the MPH degree of that university. The course was renamed *Introduction to Health and Health Systems*;
- Karolinksa Institutet has used some of the CHEPSAA teaching materials, both in the masters programme entitled *Health economy, policy and management* and in the PhD course *Health policy and management*;
- CHEPSAA's partner in Nigeria has taken initial steps to begin to use aspects of *Introduction to Complex Health Systems* in its teaching of the course *Introduction to Health Systems and Policy*, which is part of the MSc in Health Economics, Management and Policy;
- The University of Cape Town has taken steps to incorporate the CHEPSAA open access courses into the health policy and systems track of the university's MPH. The University of Cape Town has already run *Introduction to Health Policy and Systems Research*. *Introduction to Complex Health Systems* will be included in the 2016 curriculum;
- The University of the Western Cape is also considering the possibility of using the open access courses in their distance learning teaching; and
- The University of Cape Town and the University of the Western Cape will run all three the open access courses on the CHEPSAA website – *Introduction to Complex Health Systems, Introduction to Health Policy and Systems Research and Health Policy and Policy Analysis* – during the 2015 Winter School of the University of the Western Cape.

Beyond the new open access courses and their adoption by the CHEPSAA partners, the CHEPSAA curriculum development processes and insights around curriculum development theory and concepts have also stimulated a range of activities to do with reviewing and improving postgraduate courses. Just in the final year of CHEPSAA, for example, CHEPSAA's partner in Ghana has reported additional curriculum development, building on the CHEPSAA courses and curriculum development workshops, of a course entitled *Health Policy and Systems Analysis* that was implemented as a 1-week intensive module. During this period, the Ghanaian partner has also developed a course entitled *Health Policy and Systems Research Methodology Overview*. The initial materials developed for this course were used to offer a 1-week pilot course for PhD students in health policy, planning and management who requested more support on HPSR+A methodology in order to improve their understanding of the field and enable them to develop better research proposals. As a further illustration, during a prior period CHEPSAA's Nigerian partner reported on-going efforts to develop HPSR+A curricula as a spin-off of their "step-down" curriculum development workshops. This included attempts to development two courses around health care financing and human resources for health.

On the theme of improving HPSR+A curriculum development practice in African and elsewhere, CHEPSAA has published a document entitled *Principles and practice of good curriculum design*. This document contains information on curriculum design theory and principles, guidelines on the process of curriculum design, reflections on CHEPSAA's experience of curriculum design in its workshops, and references to useful readings. It seeks to stimulate wider thinking and debate in Africa about sound principles and practice in curriculum development in the field of HPSR+A. Additionally, CHEPSAA is also busy preparing a peer-reviewed article based on the initial review of

the HPSR+A-related courses offered by CHEPSAA's African and European partners. This paper characterises the available courses, describes how these courses are delivered and whom they are targeted at, and reflects on some of the key challenges that have to be overcome to strengthen teaching in this field, especially in the African context. The intention is to support learning about courses and teaching practices in other contexts, stimulate thinking about gaps in teaching and teaching practice, and spark ideas about how to improve teaching.

Towards the end of the project, CHEPSAA also initiated two medium- to long-term discussions on HPSR+A curriculum development and teaching that will continue beyond the lifetime of CHEPSAA. This was done through the publication of two important documents:

- *Report on scoping of potential for developing Doctor of Public Health (DrPH) training for Sub-Saharan Africa (SSA)*. This document reports on a scoping exercise that was conducted with respect to introducing in Africa a Doctorate in Public Health (DrPH) degree focused on health leadership. It covers, among other things, the rationale for a DrPH degree, key lessons from existing DrPH programmes around the world, and the key competencies required of students who graduate with a DrPH degree. The DrPH discussions have now reached the stage of initial planning for a pan-African DrPH programme; and
- *Initial Ideas Towards Specialist Masters-level Training in Health Policy and Systems Research in Africa: A Discussion Document*. This document seeks to initiate and stimulate thinking and exchange in the HPSR+A community around the idea of specialist masters-level training in HPSR+A in Africa. It explains why such training might be necessary and also delves into courses that might form part of such specialist training, as well as challenges such as curriculum development and sourcing appropriate staff from different disciplines to teach on such courses.

In summary, therefore, the scientific and technical results of WP3 (Course development) relate to: (i) developing new open access courses and disseminating these courses; (ii) the adoption of these course in CHEPSAA partner organisations; (iii) the diverse course reviews and curriculum development activities stimulated by the CHEPSAA processes; and (iv) initiating important longer term discussions about specialist training in the emerging field of HPSR+A.

Although it has found its clearest expression in **WP4 (Networking and Getting Research into Policy and Practice, GRIPP),** networking, sharing and engagement with others have been core to all CHEPSAA's activities and WPs. It is, in fact, an important part of CHEPSAA's sustainability strategy, allowing its work to continue through ideas and networks that will outlive the 4-year project. The key objectives of WP4 (Networking and GRIPP) have included the establishment and support, both in-country and between countries, of: (i) academic teaching and research networks that can promote knowledge mobilisation and exchange in HPSR+A; and (ii) academic-policy maker networks that can promote getting research on health policy and systems into policy and practice (GRIPP). Networking has not only been a key facet of the internal functioning of CHEPSAA, but is also important to building the wider field of HPSR+A in Africa because it supports goals such as building the profile of the field, enabling exchange and learning amongst people working on similar topics, and creating pathways for research to move into policy processes and health systems management practice. CHEPSAA's external evaluators found that the principal investigators of the CHEPSAA partners had different understandings and expectations of this WP and that the GRIPP

aspect of this WP seemed less developed than the networking aspect, perhaps because there was no research project embedded in CHEPSAA. Despite challenges such as these, CHEPSAA achieved a number of important results under this WP.

The CHEPSAA collective has, in the first instance, reflected networking between its own eleven partner organisations. This can be seen, for example, in the annual consortium meetings involving all partners, key events such as the curriculum development workshops, and the regular meetings of the consortium management team, which comprises the principal investigators of all the partners. A number of the organisations that were part of CHEPSAA first began to work together between 2003 and 2010. However, when the consortium was formed in 2011, it still involved the addition of new, additional partners who had not previously worked together. In the language of WP4 (Networking and GRIPP), CHEPSAA itself was therefore a newly formed HPSR+A teaching and research network that was supported, enhanced and cemented over time through repeated interactions and mutual support to achieve the objectives CHEPSAA set for itself. The establishment and strengthening of the CHEPSAA network over time also had positive consequences beyond what can be considered as strictly CHEPSAA activities. An example of this is attempts by sub-sets of the CHEPSAA partners to seek to get off the ground new collaborative research projects.

The CHEPSAA collective has, second, also been active in networking, engaging and sharing with outside stakeholders. In some cases, these external stakeholders have been clearly defined (for example when CHEPSAA has interacted with specific organisations), but in other cases they can best be described as the HPSR+A community in general (for example when one attends big international conferences). Depending on the context of the interactions, these exchanges have been both about supporting academic teaching and research networks, as well as academic-policy maker networks. Very early on in its life, for example, CHEPSAA presented the results of its WP1 asset and needs assessment to the Association of Schools of Public Health in Africa. Another prime example of this networking with external stakeholders is the structure of the CHEPSAA Emerging Leaders Programme, which was deliberately designed to include participants from the CHEPSAA partners, as well as participants from the in-country associates/partners/networks of the CHEPSAA partners. More recently, as an example that goes beyond Africa, colleagues from the Public Health Foundation of India participated in the piloting of CHEPSAA's open access courses.

In its final year, CHEPSAA actually capitalised on two key opportunities to network with external stakeholders. The first major opportunity was the 3rd Global Symposium on Health Systems Research, which took place in South Africa in October 2014. This symposium brought together approximately 1800 researchers, educators, policy makers and non-governmental organisations from around the world who work in the field of HPSR+A. CHEPSAA exploited this opportunity by:

- Funding the conference participation of its own members, but also included in its funding some of the key country-specific partners of the CHEPSAA member organisations (including policy makers and senior health officials);

- Having a stall in the conference marketplace, through which it distributed various CHEPSAA materials and outputs, but also had numerous face-to-face discussions with conference participants who visited the stall;

- Facilitating two organised sessions during the conference: one on the Emerging Leaders Programme and another on CHEPSAA's curriculum development work;

- Being visible throughout the conference. Some of the CHEPSAA Emerging Leaders, for example, participated in the opening plenary. Similarly, CHEPSAA's open access courses were mentioned and tweeted about in another discussion; and

- The CHEPSAA Emerging Leaders Programme having a joint pre-conference event with the Emerging Voices for Global Health (EV4GH) programme, which put the CHEPSAA Emerging Leaders in touch with other colleagues from Africa and the rest of the world.

The second major opportunity was CHEPSAA's close out / African networking meeting, which took place in Johannesburg, South Africa from 27-29 January 2015. The meeting was attended by colleagues from the eleven CHEPSAA partner organisations who had worked on CHEPSAA since its inception, participants in the CHEPSAA Emerging Leaders Programme, and invited external guests from Africa, the Middle East and Asia.

The objectives of the meeting were to: (i) share CHEPSAA's experience of building HPSR+A capacity in Africa with interested colleagues from Africa and elsewhere; (ii) reflect on CHEPSAA's work in light of the experiences of other interested colleagues and to learn from these colleagues; (iii) reflect on the external evaluation of CHEPSAA and its lessons; and (iv) identify key lessons for the various stakeholders involved in HPSR+A field-building and future potential activities to take forward to strengthen capacity in the field. The key presentations from this meeting are available on the CHEPSAA website, as well as the final meeting report.

This final meeting of CHEPSAA was a very successful networking event, as can be gauged by the views of these external stakeholders on their attendance at the meeting, the work of CHEPSAA and the potential for collectively building the field of HPSR+A in Africa. These views have been captured in articles on the CHEPSAA website, entitled "CHEPSAA helps to build critical mass of African health policy and systems researchers"- WHO Director and CHEPSAA's external stakeholders on the work of the consortium; building HPSR in Africa.

At the collective level CHEPSAA, finally, has published a document entitled *Principles and Practices of Healthy Networking: Lessons on Multilevel Networking within the CHEPSAA Consortium, 2011-2015* to highlight its various networking activities and to show how networking can be used to build the field of HPSR+A.

In addition to the work that the CHEPSAA collective has done, the individual CHEPSAA partners have also undertaken numerous activities to network, share and engage with external stakeholders to contribute to building the field of HPSR+A. Some of the most noteworthy examples of this include:

- The NAHEPOS network that has taken shape in Tanzania. NAHEPOS is a network of academic and research institutions in Tanzania, of which CHEPSAA's partner in Tanzania was a founding member. Amongst other things, NAHEPOS seeks to coordinate health policy and systems research to foster evidence-based decision making in the health sector, identify health policy and systems research questions of priority to policy makers, and make resources such as health information, research tools, and researchers easily available for use by policy makers. A more detailed presentation on NAHEPOS can be viewed here;

- The continued work by the University of the Western Cape and the University of Cape Town to implement a regular bi-monthly journal club that involves academics and policy makers from the Western Cape province of South Africa. This journal club was created in a previous reporting period as a direct result of the WP1 assessment, and has provided a foundation for strengthening researcher-policymaker dialogue and mutual learning (with reported influence over health policy thinking in the province);
- A policy dialogue workshop with stakeholders from devolved government structures in which CHEPSAA's Kenyan partner participated; and
- The various step-down curriculum development workshops that CHEPSAA's partners, especially from early on Nigeria and Ghana, have conducted over the years. As described above, these workshops have been capacity building opportunities, but they have also represented networking events because they have involved the core CHEPSAA parrtners reaching out to other colleagues in their universities and departments to share knowledge, work together on curriculum improvements and discuss the field of HPSR+A.

With respect to WP4 (Networking and GRIPP), the scientific and technical results have therefore centred on using different techniques and fora to seek to bring together researchers, educators, practitioners and policy makers active in the field of HPSR+A. This is important for the development of the HPSR+A field because it fosters discussions about the field and mutual learning, while also opening up opporrtnities for future joint work. In some cases, the benefits of this networking are quite direct and immediate, as will be discussed further in the next section of this reports that deals with CHEPSAA's impacts.

In the context of **WP5 (Project management and knowledge management)**, CHEPSAA has first and foremost consistently sought to communicate and disseminate information to build the profile of HPSR+A and to share CHEPSAA's products and experiences.

This WP has also included the internal management of the CHEPSAA consortium, which will not be dealt with here except to say that part of this internal management involved the facilitation of an external evaluation of the CHEPSAA consortium. Towards the end of 2013, the CHEPSAA management team appointed a team from Johns Hopkins University in the United States to conduct the evaluation. This work began in earnest in 2014 and included document reviews, participation in meetings, interviews and in-depth case studies of three of the CHEPSAA partners. The report of the external evaluators will be a valuable source of learning for both the CHEPSAA partners and others looking to implement similar capacity development consortia in future.

An early step in the development of CHEPSAA's communication ideas was the creation of a knowledge management strategy (*CHEPSAA (2011). Knowledge Management Strategy. Cape Town: Consortium for Health Policy and Systems Analysis in Africa*). The CHEPSAA external evaluators felt that this strategy could have done more to spell out target audiences, the products and information aimed at these audiences and the best ways of communicating with them. The CHEPSAA website (www.hpsa-africa.org) played a central part in this knowledge management strategy.

The CHEPSAA website was launched in April 2012, approximately one year after the inception of the CHEPSAA consortium. The idea was always that it would have a dual function: it would be an

avenue through which to publish CHEPSAA's outputs and promote the work of CHEPSAA, but it would also be a forum that is of general use to the HPSR+A community and that publishes information of use to that community, regardless of who generated that information. This latter function links back to the objectives of WP4 (Networking and GRIPP) and was one of the key reasons why the website was given a name that could continue even when the CHEPSAA project came to an end. The main sections of the CHEPSAA website include the homepage (news about events, training opportunities and new activities), the pages on teaching materials (including the open access courses designed by CHEPSAA), CHEPSAA's outputs (a variety of peer-reviewed articles, conference presentations, reports and strategy documents) and the page on the CHEPSAA Emerging Leaders Programme (description of the programme, the names of the participants, photos and news about activities).

In browsing through the website it is clear how CHEPSAA has used it to implement the principle of spreading information both about its own outputs and activities and about the activities of other stakeholders in the field of HPSR+A. Just in the recent past, for example, we have used the homepage of the CHEPSAA website to advertise a research uptake and training event in Kenya, small grants offered by the Council for the Development of Social Science Research in Africa and the African Doctoral Dissertation Research Fellowships – none of which CHEPSAA has been involved in. Similarly, the homepage also contains articles about the release of the CHEPSAA open access courses and CHEPSAA's final African networking meeting.

Since inception, approximately 9200 users have been active on the CHEPSAA website. Approximately 13 000 sessions have been initiated on the website (72% by new users and 28% by repeat users) and there have been more than 31 000 page views (approximately 900 per month on average).

In addition to the website, CHEPSAA has also used social media platforms as part of its communication strategy. CHEPSAA has, first, been active on Twitter, where it has over the years sent approximately 462 tweets and accumulated 357 followers. As with the website, Twitter was used both to disseminate information about CHEPSAA's own activities and outputs and to spread information of general use to the HPSR+A community, e.g. the publication of new peer-reviewed articles or the activities of other consortia that are of wider interest.

CHEPSAA has, second, also been active [Slideshare](). Since inception, CHEPSAA has uploaded 27 presentations, including presentations from CHEPSAA's final, African networking meeting in January 2015, presentations from the CHEPSAA open access course materials and key conference presentations such as *[Capacity for Health Policy and Systems Research and Analysis in seven African universities]()* (2012), *[The challenges of bridging the gap between researchers and policy makers: experiences of getting research into policy and practice in Nigeria]()* (2014) and *[Strengthening the health systems in SSA: the role of health policy and systems research and analysis (HPSR+A)]()* (2014). Since joining Slideshare in November 2012, CHEPSAA's presentations have been viewed approximately 1500 times, have been download 55 times and have been shared via e-mail 3 times.

In October 2014 CHEPSAA, third, also made its debut on [YouTube](). Its first step was to upload a video [lecture on the history of the Nigerian health system](). This lecture, which has been viewed 74 times, is part of the open access course materials of *Introduction to Complex Health Systems*. During CHEPSAA's final, African networking meeting in January 2015 we also uploaded a "talk show"

[discussion on the impacts of the CHEPSAA Emerging Leaders Programme](). This video has received 93 views so far.

As important as electronic dissemination channels have been, it is finally also important to note that significant dissemination of CHEPSAA messages to the general HPSR+A community occurred through face-to-face communication, not least in conferences. The key examples of this included:

- Participation in various ways in all three global symposia on health systems research, in Switzerland, China and South Africa;

- Uzochukwu, B.S.C. (2014). Strengthening the health systems in SSA: the role of health policy and systems research and analysis (HPSR+A). 3rd African Epidemiological Association Conference, Cameroon, 4-6 June 2014;

- Uzochukwu, B., Onwujekwe, O., Etiaba, E., Mbachu, C., Okwuosa, C., Nystrom, M. & Gilson, L. (2014). The challenges of bridging the gap between researchers and policy makers: experiences of getting research into policy and practice in Nigeria. 2014 AfHEA International Scientific Conference (March 2014);

- Nxumalo, N., Orgill, M. & Gilson, L. (2014). Core competencies for health policy and systems researchers and educators in Africa: development and curriculum design. Prince Mahidol Award Conference (January 2014);

- Stevens, A. (2013). CHEPSAA's experiences with using Twitter to reach new networks and to exchange useful knowledge. 2013 Canadian Knowledge Mobilization Forum. Ottowa, Canada;

- Mirzoev, T., Le, G., Kalliecharan, R., Agyepong, I., Erasmus, E., Goudge, J., Kamuzora, P., Lehmann, U., Okeyo, S., De Savigny, D., Tomson, G., Uzochukwu, B. & Gilson, L. (2012) Capacity for Health Policy and Systems Research and Analysis in seven African universities. Second Global Symposium on Health Systems Research. Beijing;

- CHEPSAA. (2012). Building African capacity to do health policy & systems research & analysis. University of Cape Town Africa Day exhibition, Cape Town; and

- Orgill, M. and Cailhol, J. et al. (2011) Mapping the field of Health Policy and Systems Analysis/Research in South Africa: what capacities, what needs? Early experiences of CHEPSAA (poster). 7th Public Health Association of South Africa (PHASA) Conference. Gauteng.

In summary, in looking across all CHEPSAA's communication and dissemination activities it is clear that these have been guided by a number of core principles. First, CHEPSAA has consistently sought to publish not only its own products, but also information from others that was of general relevance to the HPSR+A community. The implementation of this principle in practice was illustrated in this section of the report with respect to the use of the CHEPSAA website and Twitter. Second, CHEPSAA has been very transparent about its internal processes and about how it has gone about building HPSR+A capacity. CHEPSAA has not only published its key content-related outputs (e.g. articles, course materials), but it has also published reports about issues of process such as how

its annual meetings were conducted and how the curriculum development workshops were structured and implemented. The reason for this is CHEPSAA's strong belief that capacity development and the management of capacity development consortia require careful and deliberate attention to the processes through which one seeks to reach the end results, rather than a primary focus only on the end results – we therefore believe that others can learn from and be inspired by how we have gone about our activities, not just the publications that signal the end of the activities. Third, it is important to note that absolutely all CHEPSAA's products and outputs have been published as open access materials. In doing this, we have sought to make our products as easy as possible to access and to adapt to other relevant contexts – thus hoping in this way to maximise our impacts on building HPSR+A capacity and strengthening the HPSR+A community of educators, researchers and policy makers in Africa.

The potential impact and the main dissemination activities and exploitation of results (not exceeding 10 pages).

In seeking to describe and understand CHEPSAA's actual and potential impacts, it is, again, important to keep in mind that most of CHEPSAA's activities were implemented in a synergistic way so as to achieve a number of objectives simultaneously – there is therefore only very rarely a simple correlation between a single activity or WP and a single objective. It is also important to note that capacity development in the field of HPSR+A in Africa and building the field itself is a complex and multi-dimensional endeavour, so that CHEPSAA has over time sought to contribute to a wide range of capacity development and field building impacts. Building on the wide range of activities outlined in the previous section of the report, this section of the report will explore CHEPSAA's actual and potential future impacts. Since inception, CHEPSAA has sought to achieve impacts related to HPSR+A education and teaching, HPSR+A research, as well as HPSR+A networking and capacity for getting research into policy and practice (GRIPP). These core impacts, and others, are explored below.

In the first instance, and linked very much to its capacity assessments, CHEPSAA has made an impact by producing <u>new knowledge on the capacity development needs and capacity development assets of the field of HPSR+A in Africa</u>. The evidence of this new knowledge is, among other things, in the publication of peer-reviewed articles and chapters on the methodology and empirical findings of the assessment and in the publication of the handbook on the needs assessment methodology, as far as CHEPSAA is aware the only publication of its kind. The relevance and usefulness of this aspect of CHEPSAA's work is demonstrated by the fact that other authors have begun to cite CHEPSAA's international peer-reviewed article on the empirical findings of the needs assessment and that the methodological peer-reviewed article was accessed 1800 times in the first four months after publication. In the context of seeking to build the field of HPSR+A in Africa and to build the capacity of those who work in this field, this new knowledge is an important impact because it supports a better understanding among researchers, educators and policy makers of the nature, strengths and weaknesses of the field and hence the design of capacity development activities and the identification of the skills and capacities most in need of enhancing. This has not only been an actual impact, but is also a potential continuing future impact because the CHEPSAA partner organisations and any other stakeholder active in HPSR+A will be able to draw on this knowledge to build and advocate for the field of HPSR+A in future.

As mentioned before, HPSR+A is very much an emerging academic field, which has a limited number of practitioners in Africa and is often not very prominent in university settings and the funding and policy-making agenda. As a result, a <u>key aspect of building the field of HPSR+A is to build its profile, an area of work that CHEPSAA has consistently sought to support and make an impact on</u>. The production of new knowledge about the nature, strengths and weaknesses of HPSR+A in Africa and the use of that knowledge as one strategy for building the profile of the field support CHEPSAA's core impact areas in a number of ways. It supports networking and relationships that might foster GRIPP because it provides material for researchers, educators and policy makers to discuss and implement activities around. A higher profile for the field might attract more funding to teaching and research and might also encourage more students to enrol in HPSR+A training and more researchers and educators to work in the field, thereby supporting impacts related to education, teaching and research. For CHEPSAA, building the profile of HPSR+A has had international, national/sub-national and organisational dimensions:

- From an international vantage point, the international publication of the empirical and methodological articles related to CHEPSAA's asset and needs assessment has clearly supported the profile of HPSR+A by disseminating new information and tools relevant to the field. *Capacity for Health Policy and Systems Research and Analysis in seven African universities*, a presentation on the empirical results of the assessment, has been viewed 645 times on the Slideshare website from countries as diverse as the United States, France, Canada and Malawi. Internationally speaking, CHEPSAA's website and social media presence have also been key tools in supporting efforts to build the field of HPSR+A. That these have been of interest and relevance beyond just the CHEPSAA partner organisations and their countries can be seen by the range of nationalities of CHEPSAA's Twitter followers as well as by the usage statistics of the CHEPSAA website. During the course of the final year of the CHEPSAA project, for example, approximately 52% of the sessions on the CHEPSAA website were from Africa, while 21% were from Europe, 16% from the Americas and 8% from Asia. Finally, CHEPSAA has played its international part in building the profile of HPSR+A by both advertising key HPSR+A events on its website and on social media and by participating in such events where possible. A key example of this is CHEPSAA's promotion of the 3rd Global Symposium on Health Systems Research, as well as its active participation as highlighted in the previous section of this report;

- CHEPSAA's national / sub-national efforts to build the profile of HPSR+A have included workshops to disseminate the results of the capacity asset and needs assessment and to begin to build communities of practice in HPSR+A. Reports of such activities are available on the CHEPSAA website, most notably the [needs assessment feedback workshop](#) of the University of Nigeria, which included university colleagues, policy makers and funders, and a [workshop](#) prior to the 2012 conference of the Public Health Association of South Africa, hosted by CHEPSAA's South African partners and including academic colleagues, government officials, international organisations and non-governmental organisations; and

- CHEPSAA's partners have also been successful in building the profile of HPSR+A in their own organisations and contexts. The results of the capacity asset and needs assessments have been very important in this because it has stimulated dialogue between the CHEPSAA partners and their wider colleagues and organisations. A number of the respondents

interviewed by the external evaluators highlighted the outcome of increased recognition of the field of HPSR+A and some observed that an international consortium such as CHEPSAA can provide a platform for wider influence and increase the legitimacy of capacity development efforts. The University of Cape Town, for example, has argued that CHEPSAA has been instrumental in spreading understanding of HPSR+A within the broader School of Public Health and Family Medicine and even the Faculty of Health Sciences. Within the Centre for Health Policy, the capacity asset and needs assessment contributed to the recognition of a need for more senior researchers to contribute to capacity development and led to a process of revising performance management systems and organisational mechanisms for mentorship. Building the profile of HPSR+A, however, went beyond the capacity asset and needs assessments and also for example included the step-down curriculum development workshops, highlighted in the previous section, implemented by a number of CHEPSAA's African partners. Through these workshops, as also confirmed by the external evaluation, HPSR+A scholars involved in CHEPSAA reached out to wider groups of colleagues in their own organisations and so increased their own profiles while also highlighting the relevance of HPSR+A by sharing the useful curriculum development information from CHEPSAA's collective curriculum development processes. This increased profile, in turn, can help partners to gain increased recognition for the field.

The diversity of stakeholders involved in these profile building activities – researchers and educators from the CHEPSAA organisations, researchers and educators from other organisations, funders and policy makers – begins to indicate how CHEPSAA has sought to support and undertake networking in the field of HPSR+A. With respect to policy makers in particular, it shows how CHEPSAA has sought to give policy makers and managers a better understanding of the field and how it has sought to open up avenues for researchers and policy makers to work together more strongly. Issues around networking and GRIPP are discussed in greater detail elsewhere.

While it is clearly important to understand the nature, strengths and weaknesses of the field of HPSR+A, to be aware of the key skills and capacities to be built and to support its growth by building its profile, its ultimate sustainability requires a substantial additional investment in good teaching practices and high-quality curricula. Good teaching will help to solidify the conceptual and methodological underpinnings of the emerging field of HPSR+A, it will produce more people with knowledge of how health systems work and how to research issues of health policy and health systems, and it will inspire people to get more deeply involved in the field and to remain so over time. In this respect, CHEPSAA has already had a major impact and is set to continue to be a leader in this in future. With respect to high-quality curricula and good teaching practices, CHEPSAA's impact can be seen in five main areas.

1) CHEPSAA's biggest achievement has been the development and publication of its two open access masters-level curricula: *Introduction to Complex Health Systems* and *Introduction to Health Policy and Systems Research*, adding to an existing course, *Introduction to Health Policy Analysis*. These courses are already making an impact in that they are being incorporated into the teaching of the CHEPSAA partner organisations. A very noteworthy development has taken place in Tanzania, where the University of Dar es Salaam has developed a new Master in Public Health (MPH) programme that contains two of CHEPSAA's courses. CHEPSAA's partner in Nigeria has taken initial steps to begin to use

aspects of the CHEPSAA course *Introduction to Complex Health Systems* in its teaching of the course Introduction to Health Systems and Policy. There was the teaching, in September 2014, of the CHEPSAA course *Introduction to Complex Health Systems* (with some adaptations) as part of the MPH degree of the University of the Witwatersrand. Karolinksa Institutet has used CHEPSAA teaching material, both in the masters programme entitled Health economy, policy and management and in the PhD course Health policy and management. The University of Cape Town has taken steps to incorporate the CHEPSAA open access courses into the health policy and systems track of the university's MPH – it has already run *Introduction to Health Policy and Systems Research* and *Introduction to Complex Health Systems* will be included in the 2016 curriculum. The University of the Western Cape is considering the possibility of using the open access courses in their distance learning teaching. The University of Cape Town and the University of the Western Cape will run all three the open access courses on the CHEPSAA website – *Introduction to Complex Health Systems, Introduction to Health Policy and Systems Research and Health Policy and Policy Analysis* – during the 2015 Winter School of the University of the Western Cape.

In addition, beyond CHEPSAA, and as highlighted in Figure 1 above, the CHEPSAA open access course materials were accessed from more than 40 countries in the three weeks after their release, which suggests a massive potential impact over time and across the world as these open access courses or aspects of them permeate into others' curricula. An initial indication of this comes from the Public Health Foundation of India, which is now implementing a course informed by the CHEPSAA open access courses.

2) Beyond the publication of the open access courses, CHEPSAA has also through the implementation of short courses invested directly in increasing knowledge about how health systems function and about how to conduct research into health policy and systems. Examples of this include the short course on health policy analysis that CHEPSAA's partner in Tanzania offered in 2014 for policy makers, health system managers and researchers and a similar short course in 2012 for decision makers in the Ghanaian health system. There was also the health policy analysis short course implemented by the University of Cape Town and the University of the Western Cape in 2012 through the latter's Winter School. This category of activity also includes the piloting of the two CHEPSAA open access courses in July 2014, which were mainly attended by participants in the CHEPSAA Emerging Leaders Programme.

In their evaluation of this piloting process, many of the participants cited how it had contributed to their in-depth critical understanding of the field and also raised their awareness of the importance of their contribution to teaching in the field. The following two quotations from participants indicate the impacts on knowledge and skills: "The course piloting for the health policy and systems research module in July 2014 improved my understanding of health policy and systems research issues and different angles of addressing health policy and systems challenges in very engaging approaches. I used to consider myself a health policy and system researcher but was very much bounded by my training in epidemiology and placed very little emphasis in social sciences studies." And: "By being part of the CHEPSAA training on teaching HPSR, I am very confident that as time goes on I will have the opportunity to take on further teaching responsibilities within the department." The

participants in these courses not only benefitted from the subject content related to health systems, health policy and research (and the new knowledge and skills this gave them), but also through their exposure to teaching practices. As the external evaluation explains: "The exposure to multimedia and unconventional teaching techniques invoked a renewed sense of excitement among Emerging Leaders who felt like utilisation of these skills subsequently set them apart as unique in their organisations".

CHEPSAA's partner in Tanzania also provides a good example of impact on knowledge and skills: before the implementation of CHEPSAA, this partner had two staff members with HPSR+A training, but at the conclusion of CHEPSAA this number stood at five. This important impact on staff numbers speaks back to the point under the WP2 report that CHEPSAA not only benefitted individuals, but also supported organizational development – among other things by improving the critical mass of staff members.

3) CHEPSAA has also left its partner organisations and participants with more confidence and skills in curriculum development. This impact was immediately apparent after the implementation of CHEPSAA's two collective curriculum development workshops in 2012 and 2013, which explicitly involved curriculum development specialists and included numerous opportunities to learn about and apply theories and concepts on student learning and the construction of curricula. In their evaluation of these workshops, participants spoke very positively about learning about the wide array of possible teaching activities, working with theoretical models of different types and depth of learning, and working with novel ideas such graduate attributes and threshold concepts. A further indication of this increased skills and confidence in curriculum development has been the implementation of the step-down curriculum workshops in their own organisations by the CHEPSAA partners in Ghana, Nigeria and Kenya. Finally, CHEPSAA has also supported curriculum development skills in the wider HPSR+A community by publishing *Principles and practice of good curriculum design*, which contains information on curriculum design theory and principles, guidelines on the process of curriculum design, reflections on CHEPSAA's experience of curriculum design in its workshops, and references to useful readings.

4) Building on this increased skills and confidence in curriculum design, CHEPSAA's legacy can also be seen in how its collective curriculum development activities stimulated its partner organisations (and some other organisations) to review some of their current postgraduate courses and to develop new courses. As CHEPSAA's external evaluator noted: "Adaptations to existing university modules as well as degrees have occurred across all partners as a result of the training workshops. In Tanzania and Ghana, the deliberate inclusion of colleagues from other academic institutions in the CHEPSAA trainings has resulted in enhancements of courses across universities as well as across disciplines"; and

5) CHEPSAA has also played a key role in a collaboration to take forward the idea of a DrPH degree in Africa focussing on HPSR+A and health leadership. As reported above, there was the first step of a scoping exercise, as reflected in *Report on scoping of potential for developing Doctor of Public Health (DrPH) training for Sub-Saharan Africa (SSA)*. This worked has now moved beyond the scoping exercise to more concrete planning towards the implementation of a pan-African consortium to offer the degree.

In reflecting on CHEPSAA's impact on knowledge and skills, it is important to note that working in HPSR+A is about more than just knowing about health systems functioning and research. As reflected in the core skills and capabilities developed for the CHEPSAA Emerging Leaders Programme one also requires personal skills, writing skills, project management skills etc. This array of skills was clearly developed for the participants in the CHEPSAA Emerging Leaders Programme. However, the impact went beyond this to staff members who had not participated in the CHEPSAA Emerging Leaders Programme, as articulated in the following reflections from Karolinska Institutet (KI): "The experiences from participating in CHEPSAA have also been useful more indirectly. The two less experienced KI team members have increased their knowledge and understanding of health system and policy analysis research in general and the workings of a capacity building project such as CHEPSAA in particular, for example their understandings of leadership and organisational change. References to formal as well as informal conversations, especially the discussions at the CHEPSAA annual meetings, have enriched and contributed to discussions at research meetings and teaching at home institutions".

One of the pillars of the complex and multi-dimensional endeavour of building capacity in the field of HPSR+A in Africa and building the field itself is to create a critical mass of researchers and educators working in this field and to stimulate networking and dialogue between researchers, educators, policy makers and other relevant stakeholders. Such networking and engagement is crucial for a variety of reasons, among other things because it helps to develop a common understanding of the field, stimulates mutual learning about health systems functioning, teaching and research, and opens up new opportunities for working together, including closer relationships between researchers and policy makers. <u>CHEPSAA has been a significant catalyst – a dynamo for health systems change, as one of its external stakeholders characterised it – for HPSR+A networking in Africa and beyond.</u> This networking is itself a positive result, but it has also already started to yield further results and impacts, as well as opening up opportunities for continued engagement in future.

As already outlined in this and other sections of the report, there has been intensive networking, engaging and mutual learning between the partner organisations of CHEPSAA, itself a network of educators and researchers. This networking has been absolutely central to key CHEPSAA activities such as the implementation of the asset and needs assessment, the implementation of the CHEPSAA Emerging Leaders Programme and the range of curriculum development activities. The benefits of this networking were also a major theme in the partner organisations' evaluation of CHEPSAA and in how CHEPSAA added value to them. South Africa's Centre for Health Policy cited one of the impacts of CHEPSAA as "increased and widened networks, hence improved opportunities for networking and collaborative work", while CHEPSAA's partner in Ghana reflected on "improved networking with others working in the field of HPSR". More concretely, in South Africa, for example, the collaboration between the University of Cape Town and the University of the Western Cape has been strengthened significantly through additional projects such as the CHESAI collaboration, which in part originated from working together in CHEPSAA; and new proposed research projects have emerged from the connections established and fostered in CHEPSAA between European and African partners.

The CHEPSAA collective has also been active in networking, engaging and sharing with outside stakeholders. The CHEPSAA Emerging Leaders Programme was one important vehicle for this

because it included participants from the CHEPSAA partner organisations, as well as the key in-country partners of the CHEPSAA partner organisations, including non-governmental organisations and other research consortia. The value of this networking is illustrated in the following quote from a participant in the CHEPSAA Emerging Leaders Programme: "The emerging leaders themselves are from multidisciplinary backgrounds and come from a number of different countries in Africa. This in itself represents the field of HPSR+A and has provided me with an extraordinary opportunity for peer-to-peer learning." Networks were therefore created between the participants in the Emerging Leaders Programme and will help to ensure that, in addition to the teaching, research and inter-personal skills they gained, they are more likely to continue to work in their organisations and the field of HPSR+A because they have access to a supportive network that can support growth, learning and future collaboration. Of the 21 participants who responded to the final evaluation of the Emerging Leaders Programme, 17 indicated they would like to continue engaging with their peers in future. All 21 said they were committed to remaining in the field of HPSR+A. The external evaluation also affirmed that the Emerging Leaders Programme had created a network of early-career HPSR+A researchers and educators and contributed to "galvanizing an excitement and commitment to the field of HPSR+A".

One of the aspects of CHEPSAA's external networking has been to try and support relationships between researchers, educators and policy makers. This has been done in various ways, including inviting policy makers and senior government officials from the CHEPSAA countries to attend the 3rd Global Symposium on Health Systems Research, and including them in short courses such as the ones offered in Tanzania and Ghana. All of this speaks to supporting policy makers to develop a better understanding of the field and enabling stronger relationships between researchers and policy makers. This networking has already led to a number of results and encouraging developments:

- In South Africa, for example, there is the case of a senior health system manager in Gauteng province who attended one of the CHEPSAA courses and who was subsequently significantly more able to be effective in her job. Over time she has remained involved in selected CHEPSAA activities, as well as in activities of the Centre for Health Policy beyond CHEPSAA;
- In Tanzania there is the encouraging emergence of the NAHEPOS network, a network of academic and research institutions in Tanzania that seeks, among other things, to coordinate health policy and systems research to foster evidence-based decision making in the health sector and to identify health policy and systems research questions of priority to policy makers; and
- In the Western Cape province of South Africa there is also the continued work by the University of the Western Cape and the University of Cape Town to implement a regular bi-monthly journal club that involves academics and policy makers from this province. This journal club was created as a direct result of CHEPSAA's asset and needs assessment, has helped to build relationships over time, so influencing policy-thinking and with these relationships now yielding new collaborative projects between researchers and policy makers.

CHEPSAA's networking with outside stakeholders has also included other researchers and educators. Over the final year of the project, for example, CHEPSAA built an association with the Public Health Foundation of India, for example through the latter's participation in the piloting of the CHEPSAA open access courses. CHEPSAA's experience influenced the capacity development

initiatives of this network partner, as highlighted in *Building health policy and systems research capacity in India: the KEYSTONE approach*. Colleagues from the Public Health Foundation of India have also taken forward aspects of CHEPSAA's open access courses and continue to network with CHEPSAA through social media platforms. CHEPSAA has also explicitly networked with colleagues from Africa generally (e.g. WHO AFRO), East and Central Africa (e.g. Africa Hub), West Africa (e.g. West African Health Organisation and Lasdel Institute), the Middle East and North Africa (e.g. Middle East and North African Health Policy Forum) and Asia (BRAC University in Bangladesh and Universitas Gadjah Mada in Indonesia). This has opened up various lines of discussion and various opportunities for future collaborative work including work on an electronic platform to support HPSR+A researchers and educators, activities to promote more widely the core competencies developed for the CHEPSAA Emerging Leaders Programme and the possibility of translating the CHEPSAA open access courses into French.

Generally with respect to external stakeholders, the good use of CHEPSAA's website and the positive responses to its material on social media platforms are encouraging signs that CHEPSAA has played a relevant and valued role in helping to build a community of HPSR+A researchers, educators and policy makers and that it has indeed stimulated networking and dialogue between stakeholders and taken part in such dialogue.

Although it is clear that CHEPSAA has achieved numerous important objectives and that it has a wide range of impacts to its credit, one project alone cannot build the field of HPSR+A in Africa. CHEPSAA has therefore always sought to be a source of learning and inspiration for others and to act as a platform on which others can build to take forward certain ideas or to adapt CHEPSAA's work to their own contexts. CHEPSAA has taken a variety of steps to achieve this outcome. First, in publishing all its outputs through open access licensing, CHEPSAA has made it extremely easy to disseminate these documents and to adapt them in ways that support HPSR+A capacity and field building in a variety of contexts. Second, in publishing the methodology of its asset and needs assessment, CHEPSAA has made it easier for other researchers and educators, as well as non-governmental organisations and government departments, to conceptualise and implement their own assessments, without starting from scratch. Third, in the core HPSR+A capacities and skills linked to the CHEPSAA Emerging Leaders Programme, CHEPSAA has produced an initial yardstick against which each person and organisation active in HPSR+A can assess herself / itself. These core capacities and skills can also be use to inform new capacity development activities and programmes of work. Finally, in its publications on curriculum development principles and its open access courses, CHEPSAA has left behind a wealth of ideas and information that can inspire others, that can be used as-is in teaching across the world, or that can be adapted to better suit local environments.

In summary, CHEPSAA has therefore made a number of impacts that relate to the production of new knowledge on the capacity development needs and capacity development assets of the field of HPSR+A in Africa; building the profile of the field of HPSR+A; improving teaching practices, building knowledge and skills, and disseminating high-quality curricula; building a critical mass of researchers and educators working in this field and stimulating networking and dialogue between researchers, educators, policy makers and other relevant stakeholders that have and can provide the foundation for mutual learning and policy influence; and inspiring others and being a platform on which others can build and from which they can take forward their own ideas and activities. In these

ways CHEPSAA has certainly addressed the three impact areas outlined in its original proposal: impacts on education and teaching, research, and networking and GRIPP.

In line with the above, CHEPSAA's external evaluators, while noting variation across the partners, concluded that the consortium achieved the improved development and understanding of analytical skills for HPSR+A, while also notching up other notable achievements. The latter included: (i) increased recognition of the field of HPSR+A and the teams responsible for conducting HPSR+A; (ii) awareness of alternative approaches to teaching; (iii) better course content; (iv) an increasing critical mass of people working on HPSR+A; (v) cementing and sometimes expanding CHEPSAA partners' connections to global stakeholders; (vi) and giving legitimacy to capacity development as an activity in its own right, instead of seeing it as a by-product of other processes.

Although the CHEPSAA project has ended, there is still considerable scope for these and new impacts to unfold further into the future. As argued above, in the needs assessment methodology, list of core capabilities and skills, and teaching materials CHEPSAA has created many different resources that CHEPSAA partners and others can continue to use to build the field of HPSR+A. The Emerging Leaders themselves express a commitment to continue to work in the field, equipped now with strengthened HPSR+A understandings and skills. There is also an interest among existing CHEPSAA partners to continue, albeit in potentially different ways, with activities initiated through CHEPSAA, most clearly the CHEPSAA Emerging Leaders Programme and implementation of the open access courses. CHEPSAA partner organisations now have a stronger platform of staff, teaching programmes, networks and profile to support their continued education, research and policy-engagement activities in the field. Reaching beyond CHEPSAA, moreover, the open access courses will in July 2015 be offered to HPSR+A researchers and educators from low- and middle-income countries as part of the Winter School of the University of the Western Cape in South Africa. Most importantly, CHEPSAA has been a formative experience for many of those involved in it and has stimulated new ideas and networks – ideas and networks that will live on in future, so that there will be continued efforts to build the field of HPSR+A, both in the ways sought by CHEPSAA, but also in new and unexpected ways, not least through the addition of new networks and partners as time passes and as the momentum behind this emerging field continues to grow.

Also looking to the future, CHEPSAA's external evaluators compiled key insights and recommendations that could be of use to other consortia, academic leadership and funders.

Consortia	Academic leadership	Funders
• Core elements facilitate consortium cohesion, e.g. effective leadership, trust, common values, respect.	• Collaborative partnerships provide opportunity for knowledge sharing, leveraging strengths, sharing resources and distributing risk.	• Capacity development endeavours experience different trajectories than traditional research projects, e.g. possibly longer timelines.
• Emergent programme designs can permit innovation (within a bounded framework).	• Training in curriculum development and facilitation fills and important capacity gap in HPSR+A educators.	• Delineation of work packages provides opportunities (e.g. safeguard focus) as well as challenges (e.g. creating artificial boundaries).
• Relations with relevant networks facilitate leveraging of additional capital: social, financial, intellectual.	• There is a delicate balance between the depth of individual skills versus breadth of individuals trained for organisational capacity	• Open access principles increase the reach of materials and funders should encourage non-commercial intellectual property rights for
• While capacity building at the individual level is easy to capture, transcending to organisational & network levels can be elusive.		

	building.	products created.
• HPSR+A capacity development can result in little opportunity to engage in GRIPP. • Geographically dispersed partners render centralised communications of such consortia challenging.		

Public website: www.hpsa.africa.org

Project logo
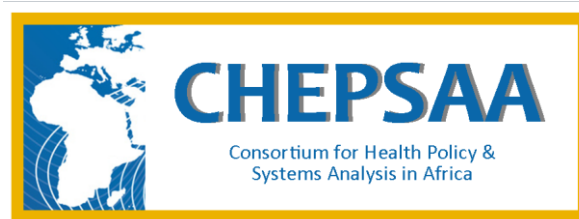
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4.1 Use and dissemination of foreground

A plan for use and dissemination of foreground (including socio-economic impact and target groups for the results of the research) shall be established at the end of the project. It should, where

Section A (public)

This section includes two templates

- Template A1: List of all scientific (peer reviewed) publications relating to the foreground of the project.

- Template A2: List of all dissemination activities (publications, conferences, workshops, web sites/applications, press releases, flyers, articles published in the popular press, videos, media briefings, presentations, exhibitions, thesis, interviews, films, TV clips, posters).

										template A1: list of scientific (peer reviewed) publications, starting with the most important ones	

NO.	Title	Main author	Title of the periodical or the series	Number, date or frequency	Publisher	Place of publication	Year of publication	Relevant pages	Permanent identifiers[3] (if available)	Is/Will open access[4] provided to this publication?
1	Assessment of capacity for Health Policy and Systems Research and Analysis in seven African universities: results from the CHEPSAA project	T. Mirzoev, G. Le, A. Green, M. Orgill, A. Komba, R. K. Esena, L.	Health Policy and Planning	Vol. 29	Oxford University Press	United Kingdom	2014	831–841	http://heapol.oxfordjournals.org/ content/29/7/831.full.pdf?keytype=ref&ijkey= 1VEDLwLYohXdmBh	Yes

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[3] A permanent identifier should be a persistent link to the published version full text if open access or abstract if article is pay per view) or to the final manuscript accepted for publication (link to article in repository).

[4] Open Access is defined as free of charge access for anyone via Internet. Please answer "yes" if the open access to the publication is already established and also if the embargo period for open access is not yet over but you intend to establish open access afterwards.

		Nyapada, B. Uzochukwu, W. K. Amde, N. Nxumalo, L. Gilson								
2	A new methodology for assessing health policy and systems research and analysis capacity in African universities	Gillian Lê, Tolib Mirzoev, Marsha Orgill, Ermin Erasmus, Uta Lehmann, Stephen Okeyo, Jane Goudge, Stephen Maluka, Benjamin Uzochukwu, Moses Aikins, Don de Savigny, Goran Tomson, Lucy Gilson	Health Research Policy and Systems	Vol. 12 (59)	BioMed Central / WHO	United Kingdom	2014	1-13	http://www.health-policy-systems.com/content/12/1/59	Yes
3	Health Policy and Systems Research and Analysis Capacity Assessment of the School of Public Health, University of Ghana	Irene Agyepong	Ghana Medical Journal	In press	Ghana Medical Association	Ghana	2015			
1	Health Policy and Systems Research: Needs, challenges and	Marsha Orgill	South African Health Review	2012/2013	Health Systems Trust	South Africa	2013	151-160	http://www.hst.org.za/sites/default/files/Chapter12_HealthPolicy.pdf	Yes

	opportunities in South Africa – a university perspective									
1	Emerging Leaders in Health Policy and Systems Research & Analysis in Africa: Developing the practices of HPSR+A leadership.	Nonhlanhla Nuxmalo	CHEPSAA working document	1	CHEPSAA/ University of Witwatersrand	Johannesburg, South Africa	27/01/2015		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
2	Report on scoping of potential for developing Doctor of Public Health (DrPH) training for Sub-Saharan Africa (SSA).	Agyepong, I.A., Frimpong, E., Kwamie, A., Lehmann, U. and Gilson, L.	CHEPSAA working document	1	CHEPSAA/ University of Ghana	Accra, Ghana	27/01/2015		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
3	Initial Ideas Towards Specialist Masters-level Training in Health Policy and Systems Research in Africa: A Discussion Document.	CHEPSAA	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	27/01/2015		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
4	How to do capacity assessments for health policy and systems research in university settings: a handbook	Lê G, Mirzoev T, Erasmus E, Okeyo S, Esena R & Uzochukwu, B	CHEPSAA working document	1	CHEPSAA/ University of Leeds	Leeds, UK	16/01/2015		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
5	Introduction to Complex Health Systems: Course Outline for Public Discussion (October 2013).	CHEPSAA	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	26/01/2015		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
6	Introduction to complex health systems: course materials	CHEPSAA Team	CHEPSAA course materials	1	CHEPSAA/ University of the Western Cape	Cape Town, South Africa	01/10/2015		http://www.hpsa-africa.org/index.php/teaching-materials/modulescourses	Yes
7	Introduction to Health	CHEPSAA	CHEPSAA	1	CHEPSAA/	Cape	01/10/2014		http://www.hpsa-	Yes

	Policy and Systems Research: course materials	Team	course materials		University of the Western Cape	Town, South Africa			africa.org/index.php/teaching-materials/modulescourses	
8	CHEPSAA: key activities, results, and field-building contributions (2011-2014)	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	01/06/2014		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
9	Needs assessment workshop feedback report, Nigeria	COMUNEC	CHEPSAA working document	1	CHEPSAA/ University of Nigeria (Enugu)	Enugu, Nigeria	01/04/2015		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
10	Principles and practices of good curriculum design	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of the Western Cape	Cape Town, South Africa	09/12/2013		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
11	Introduction to complex health systems	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of the Western Cape	Cape Town, South Africa	30/09/2013		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
12	Second Curriculum Development workshop report	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	20/07/2013		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
13	Building a community of practice for health policy and systems research and analysis (HPSR+A) in South Africa	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	01/09/2012		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
14	Strategy and framework for Consortium-supported staff and organisational development activities	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of the Western Cape	Cape Town, South Africa	01/08/2012		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
15	Consortium for Health Policy and Systems Analysis: Strategy document for strengthening networking and capacity building for getting research into policy and practice	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ Karolinska Institutet	Stockholm, Sweden	01/07/2012		http://www.hpsa-africa.org/index.php/resources/chepsaa-outputs2	Yes
16	Introduction to Health	CHEPSAA	CHEPSAA	1	CHEPSAA/	Cape	23/01/2015		http://www.hpsa-	Yes

	Policy and Systems Research course wrap up	Team	working document		University of Cape Town	Town, South Africa			africa.org/index.php/comp onent/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	
17	Influencing policy and practice (IHPSR)	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/comp onent/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes
18	Rigour and ethics (IHPSR)	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/comp onent/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes
19	Planning HSPR studies: key issues for specific designs (IHPSR)	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/comp onent/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes
20	Study design: from questions to projects (IHPSR)	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/comp onent/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes
21	Recognising your starting points (IHPSR)	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/comp onent/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes
22	Generating and framing HPSR questions (IHPSR)	CHEPSAA Team	CHEPSAA working document	1	CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/comp onent/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes

23	What is health policy and systems research? (IHPSR)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes
24	What is a health system? What is health system strengthening? (IHPSR)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes
25	Why are we running this course? (IHPSR)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/91-introduction-to-health-policy-systems-research	Yes
26	Introduction to complex health systems: wrap up	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/90-introduction-to-complex-health-systems	Yes
27	Leadership and change in health systems (ICHS)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/90-introduction-to-complex-health-systems	Yes
28	Doing a stakeholder analysis. (ICHS)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/90-introduction-to-complex-health-systems	Yes
29	Recognising agents in health systems ... and complexity (ICHS)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/90-introduction-to-complex-health-systems	Yes

30	Recognising the need for whole system change: PHC and universal coverage (ICHS)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/90-introduction-to-complex-health-systems	Yes
31	Key issues in health system development (ICHS)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/90-introduction-to-complex-health-systems	Yes
32	What is a health system? (ICHS)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/90-introduction-to-complex-health-systems	Yes
33	The life and experience of a health system: considering political economy (ICHS)	CHEPSAA Team	CHEPSAA working document	1		CHEPSAA/ University of Cape Town	Cape Town, South Africa	23/01/2015		http://www.hpsa-africa.org/index.php/component/content/article/2-uncategorised/90-introduction-to-complex-health-systems	Yes
34	Capacity for Health Policy and Systems Research and Analysis in seven African universities	Mirzoev T et al	CHEPSAA working document	1		CHEPSAA/ University of Leeds	Leeds, UK	27/11/2012		http://www.hpsa-africa.org/index.php/resources/chepsaa-news-archives/46-second-global-symposium-on-health-systems-research-presentation	Yes

template A2: list of dissemination activities

NO.	Type of activities[5]	Main leader	Title	Date/Period	Place	Type of audience[6]	Size of audience	Countries addressed
1.	Posters	UCT	Mapping the field of Health Policy and Systems Analysis/Research in South Africa: what capacities, what needs?	November 2011	Johannesburg South Africa	Scientific community	300	South Africa
2.	Articles published in the popular press	WITS	CHEPSAA outputs impress stakeholders (Daily Higher Education News)	9 February 2015	Johannesburg South Africa	Scientific community	18000	South Africa
3.	Articles published in the popular press	WITS	CHEPSAA outputs impress stakeholders (WitsNews)	4 February 2015	Johannesburg South Africa	Scientific community	18000	South Africa
4.	Web sites/ Applications	UCT	Key presentations from CHEPSAA's Final Consortium meeting	3 February 2015	Cape Town, South Africa	Scientific community Civil Society Policy Makers	140	South Africa, Nigeria, Tanzania, Kenya, Ghana
5.	Web sites/ Applications	UCT	Twitter @hpsa_africa: 462 tweets during project about project activities	2 February 2015	Cape Town, South Africa	Scientific community Civil Society Policy Makers	357 Twitter followers	South Africa, Nigeria, Tanzania, Kenya, Ghana
6.	Web sites/ Applications	UCT	CHEPSAA helps to build critical mass of Africa health policy and systems researchers (WHO Director web article about Final Consortium Meeting)	2 February 2015	Cape Town, South Africa	Scientific community Civil Society Policy Makers	34 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
7.	Web sites/ Applications	UCT	CHEPSAA's external stakeholders on the work of the consortium; building HPSR in Africa (website article about CHEPSAA's final meeting; dissemination and networking with African and Asian colleagues)	30 January 2015	Cape Town, South Africa	Scientific community Civil Society Policy Makers	88 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
8.	Video	UCT	CHEPSAA Emerging Leaders Programme: impacts, challenges, lessons (YouTube)	28 January 2015	Johannesburg South Africa	Scientific community Civil Society Policy Makers	79 views	South Africa, Nigeria, Tanzania, Kenya, Ghana
9.	Web sites/	UCT	CHEPSAA networks with African	27 January 2015	Johannesburg	Scientific community	107 website hits	South Africa,

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[5] A drop down list allows choosing the dissemination activity: publications, conferences, workshops, web, press releases, flyers, articles published in the popular press, videos, media briefings, presentations, exhibitions, thesis, interviews, films, TV clips, posters, Other.

[6] A drop down list allows choosing the type of public: Scientific Community (higher education, Research), Industry, Civil Society, Policy makers, Medias, Other ('multiple choices' is possible).

	Applications		colleagues (website article announcing the start of CHEPSAA's final meeting)		South Africa	Civil Society Policy Makers		Nigeria, Tanzania, Kenya, Ghana
10.....	Workshops	CHP	CHEPSAA Final Consortium Meeting, including African and Asian networking meeting	27-29 January 2015	Johannesburg South Africa	Scientific community Policy makers	50	South Africa, Tanzania, Kenya, Uganda, Ghana, Niger, Nigeria, Jordan, Tunisia, Bangladesh, Indonesia, Switzerland, Sweden, UK
11.....	Web sites/ Applications	UCT	CHEPSAA releases much-anticipated course materials	26 January 2015	Cape Town, South Africa	Scientific community Civil Society Policy Makers	720 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
12.....	Web sites/ Applications	UCT	CHEPSAA publishes capacity assessment guidance and tools	16 January 2015	Cape Town, South Africa	Scientific community Civil Society Policy Makers	435 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
13.....	Web sites/ Applications	UCT	CHEPSAA on the home straight; ending on a high note	13 January 2015	Cape Town, South Africa	Scientific community Civil Society Policy Makers	357 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
14.....	Oral presentation to scientific event	STPHI	Dissemination of information of CHEPSAA's role in capacity development and the open source materials to the teaching and training unit of the STPHI Health Care Management in Tropical Countries courses	21 January 2015	Basel, Switzerland	Scientific community	25	South Africa, Nigeria, Tanzania, Kenya, Ghana, Switzerland
15.....	Web sites/ Applications	UCT	Research Uptake Symposium and Training Exchange	26 November 2014	Cape Town, South Africa	Scientific community Civil Society Policy Makers	382 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
16.....	Oral presentation to scientific event	UWC	CHEPSAA reflection on progress, contribution and way forward	10 November 2014	Cape Town, South Africa	Scientific community	20 participants	South Africa
17.....	Web sites/ Applications	CHP	Bridging the leadership gap (blog published on Research Professional website)	3 November 2014	Johannesburg, South Africa	Scientific community	400 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
18.....	Video	COMUNEC	History of the Nigerian health system lecture (YouTube)	17 October 2014	Enugu, Nigeria	Scientific community	72 views	South Africa, Nigeria, Tanzania, Kenya, Ghana
19.....	Oral presentation to a	UCT	Towards future generations: CHEPSAA's experience of developing	2 October 2014	Cape Town, South Africa: 3rd	Scientific community Civil Society	± 60 session participants	South Africa, Nigeria, Tanzania,

	wider public audience		post-graduate HPSR training courses (organized session)		Global Symposium on Health Systems Research	Policy Makers		Kenya, Ghana
20.....	Oral presentation to a wider public audience	CHP	Emerging Leaders in Health Policy and Systems Research (HPSR): Assuming leadership in HPSR – Personal reflections and lessons (organized session)	1 October 2014	Cape Town, South Africa: 3rd Global Symposium on Health Systems Research	Scientific community Civil Society Policy Makers	± 60 session participants	South Africa, Nigeria, Tanzania, Kenya, Ghana
21.....	Oral presentation to a wider public audience	UWC	CHEPSAA Emerging Leaders Programme and the Emerging Voices for Global Health presentations (joint pre-conference event)	30 September 2014	Cape Town, South Africa: 3rd Global Symposium on Health Systems Research	Scientific community Civil Society Policy Makers	± 250 participants	South Africa, Nigeria, Tanzania, Kenya, Ghana
22.....	Oral presentation to a wider public audience	COMUNEC	Getting research into policy and practice (GRIPP) (pre-conference presentation)	29 September 2014	Cape Town, South Africa: 3rd Global Symposium on Health Systems Research	Scientific community Civil Society Policy Makers		South Africa, Nigeria, Tanzania, Kenya, Ghana
23.....	Exhibitions	UCT	CHEPSAA conference market place: distribution of course materials and other outputs	1 October – 3 October 2014	Cape Town, South Africa: 3rd Global Symposium on Health Systems Research	Scientific community Civil Society Policy Makers	± 1700 conference participants	South Africa, Nigeria, Tanzania, Kenya, Ghana
24.....	Videos	UCT	CHEPSAA activities: multi-media presentation for marketplace stall	1 October – 3 October 2014	Cape Town, South Africa: 3rd Global Symposium on Health Systems Research	Scientific community Civil Society Policy Makers	± 1700 conference participants ± 300 hard copies distributed	South Africa, Nigeria, Tanzania, Kenya, Ghana
25.....	Articles published in popular press	UCT	Emerging Leaders Programme: Early Successes	17 September 2014 (internet distribution)	Cape Town, South Africa: 3rd Global Symposium on Health Systems Research	Scientific community Civil Society Policy Makers	556 website hits ± 50 hard copies at Symposium	South Africa, Nigeria, Tanzania, Kenya, Ghana

26.....	Web sites/ Applications	UCT	See you at the Global Symposium! (web article to promote CHEPSAA's presence at the 3rd Global Symposium on Health Systems Research)	22 September 2014	Cape Town, South Africa	Scientific community Civil Society Policy Makers	682 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
27.....	Web sites/ Applications	UCT	New CHEPSAA needs assessment paper to be published	22 September 2014	Cape Town, South Africa	Scientific community Civil Society Policy Makers	1254 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
28.....	Flyer	UCT	CHEPSAA activities at the 3rd Global Symposium on Health System Research	22 September 2014 (internet distribution) 30 September – 3 October 2014 (conference distribution)	Cape Town, South Africa	Scientific community Civil Society Policy Makers	682 website hits Distributed ± 50 hardcopies at 3rd Global Symposium on Health Systems Research	South Africa, Nigeria, Tanzania, Kenya, Ghana
29.....	Flyer	Leeds	How to do Capacity Assessments for Health Policy and Systems Research in Academic Settings: A Handbook	30 September – 3 October 2014	Cape Town, South Africa: 3rd Global Symposium on Health Systems Research	Scientific community Civil Society Policy Makers	Distributed ± 30 hardcopies at 3rd Global Symposium on Health Systems Research	South Africa, Nigeria, Tanzania, Kenya, Ghana
30.....	Organisation of workshops	COMUNEC	Step-down workshop on the courses Introduction to Complex Health Systems and Introduction to Health Policy and Systems Research.	01 August 2014	Enugu, Nigeria	Scientific community Policy makers	20 participants	Nigeria
31.....	Web sites/ Applications	UCT	Coming up in July 2014: 2nd Meeting of CHEPSAA Emerging Leaders	26 June 2014	Cape Town, South Africa	Scientific community Policy makers Civil society	956 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
32.....	Oral presentation to a scientific event	COMUNEC	Strengthening the health systems in SSA: the role of health policy and systems research and analysis (HPSR+A)	4-6 June 2014	Cameroon: 3rd African Epidemiological Association Conference	Scientific community	116 views on Slideshare	Africa
33.....	Web sites/ Applications	UCT	African Doctoral Dissertation Research Fellowships	14 April 2014	Cape Town, South Africa	Scientific community	463 website hits	Africa
34.....	Web sites/ Applications	UCT	Sabbatical opportunity: African health policy-makers and managers	14 April 2014	Cape Town, South Africa	Policy makers	1090 website hits	Africa

35.....	Web sites/ Applications	UCT	CHEPSAA networking with Ghana MPH students	21 March 2014	Cape Town, South Africa	Scientific community Policy makers Civil society	2432 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
36.....	Oral presentation to a scientific event	COMUNE C	The challenges of bridging the gap between researchers and policy makers: experiences of getting research into policy and practice in Nigeria.	11-13 March 2014	Nairobi, Kenya: AfHEA International Scientific Conference	Scientific community	340 views on Slideshare	Africa
37.....	Web sites/ Applications	UCT	3rd Global Symposium: one week to go for individual abstracts	21 February 2014	Cape Town, South Africa	Scientific community Policy makers Civil society	1834 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
38.....	Workshop	COMUNE C	Asset and needs assessment results feedback to stakeholders	February 2014	Enugu, Nigeria	Scientific community Policy makers	29 participants	Nigeria
39.....	Web sites/ Applications	UCT	Postdoctoral opportunity (politics of sleeping sickness in Africa)	29 January 2014	Cape Town, South Africa	Scientific community	694 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
40.....	Web sites/ Applications	UCT	CHEPSAA Emerging Leaders present at Prince Mahidol Award Conference in Thailand	27 January 2014	Cape Town, South Africa	Scientific community Policy makers Civil society	1658 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
41.....	Posters	WITS	Core competencies for health policy and systems researchers and educators in Africa: development and curriculum design	27 January 2014	Pattaya, Thailand	Scientific community Policy makers Civil society		South Africa, Nigeria, Tanzania, Kenya, Ghana
42.....	Oral presentation to a scientific event	STIPH	CHEPSAA and its role in development of health policy and systems materials	01 January 2014	Basel, Switzerland	Scientific community	12	South Africa, Nigeria, Tanzania, Kenya, Ghana
43.....	Web sites/ Applications	UCT	CHEPSAA seeks to stimulate thinking about curriculum development	9 December 2013	Cape Town, South Africa	Scientific community	3391 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
44.....	Web sites/ Applications	UCT	Emerging Leaders addition of web page to CHEPSAA site	22 November 2013	Cape Town, South Africa	Scientific community Policy makers Civil society	2164 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
45.....	Web sites/ Applications	UCT	Contemplating capacity development for health policy and systems research: blog for *Health Policy and Planning*	2 October 2013	Cape Town, South Africa	Scientific community Policy makers	Unknown web hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
46.....	Web sites/ Applications	UCT	CHEPSAA publishes its first course outline	30 September 2013	Cape Town, South Africa	Scientific community Policy makers Civil society	6624 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
47.....	Oral	CHP	Developing the next generation of	September 2013	Cape Town,	Scientific community		South Africa

	presentation to a wider audience		Health Policy and Systems Researchers and Analysts: exploring innovative strategies for capabilities' development		South Africa: Public Health Association of South Africa Conference	Policy makers Civil society		
48.....	Articles published in the popular press	UCT	Website a vital link in developing new research field, UCT *Monday Paper*	September 2013	Cape Town, South Africa	Scientific community		South Africa
49.....	Articles published in the popular press	UWC	Developing good practices of leadership; UWC *On Campus* newsletter	01 August 2013	Cape Town, South Africa	Scientific community		South Africa
50.....	Articles published in the popular press	UWC	Emerging Leaders joint SPH/UWC HPSR workshop; SOPH Bulletin	20 July 2013	Cape Town, South Africa	Scientific community		South Africa, Nigeria, Tanzania, Kenya, Ghana
51.....	Web sites/ Applications	UCT	International journal and 3rd Global Symposium on Health Systems Research call for papers	18 July 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	3646 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
52.....	Web sites/ Applications	UCT	Africa's Public Health Legacy - Beyond the MDGs; promotion of 9th Public Health Association of South Africa Conference	18 July 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	1017 website hits	South Africa
53.....	Web sites/ Applications	UCT	Article to promote African Health Economics and Policy Association Conference 2014	18 July 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	1038 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
54.....	Web sites/ Applications	UCT	Article to promote Prince Mahidol Award Conference 2014	18 July 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	508 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
55.....	Web sites/ Applications	UCT	New initiative asks for input on systematic review questions	5 July 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	3879 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
56.....	Web sites/ Applications	UCT	CHEPSAA's Emerging Leaders Programme: important capacity-building initiative takes off	27 June 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers Other: donors	5646 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
57.....	Web sites/ Applications	UCT	CHEPSAA colleagues to present at Prince Mahidol Conference	27 June 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	3801 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana

58.....	Web sites/ Applications	UCT	Scholars launch website to share health policy and systems resources	27 June 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	1043 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
59.....	Web sites/ Applications	UCT	CHEPSAA colleague celebrates important educational milestone	16 May 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	967 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
60.....	Web sites/ Applications	UCT	CHEPSAA's second curriculum development workshop gets underway	15 May 2013	Cape Town, South Africa	Scientific community	1211 web hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
61.....	Web sites/ Applications	UWC`	CHEPSAA Curriculum development workshop event announcement	13 May 2013	Cape Town, South Africa	Scientific community		South Africa
62.....	Posters	UCT	Building African capacity to do Health Policy & Systems Research & Analysis	May 2013	Cape Town, South Africa: UCT Africa Day exhibition	Scientific community		South Africa
63.....	Web sites/ Applications	UCT	Researchers gather in Kisumu for internship programme	18 April 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	1153 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
64.....	Web sites/ Applications	UCT	UCT health systems graduate achieves publication milestone	9 April 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	1304 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
65.....	Web sites/ Applications	UCT	CHEPSAA chapter profiles the field of health policy and systems research, South African Health Review	9 April 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	1122 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
66.....	Web sites/ Applications	UCT	Article to profile CHEPSAA presentation at 2nd Global Symposium on Health Systems Research	27 November 2012	Cape Town, South Africa	Scientific community Civil Society Policy makers	1466 website hits	
67.....	Oral presentation to a wider public	Leeds	Capacity for Health Policy and Systems Research and Analysis in seven African countries	31 October 2012	Beijing, China: 2nd Global Symposium on Health Systems Research	Scientific community Civil Society Policy Makers	645	South Africa, Nigeria, Tanzania, Kenya, Ghana
68.....	Web sites/ Applications	UWC	CHEPSAA introduction with link to website	01 November 2012	Cape Town, South Africa	Scientific community	Unknown	South Africa, Nigeria, Tanzania, Kenya, Ghana
69.....	Organisation of workshops	COMUNEC	Step-down workshop: curriculum development	01 December 2012	Enugu, Nigeria	Scientific community	21	Nigeria
70.....	Flyers	UCT	CHEPSAA update: Activities to date and future plans	30 October 2012	Cape Town, South Africa	Scientific community Policy makers Civil society	1334 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana

71.....	Web sites/ Applications	UCT	CHEPSAAA convenes curriculum development workshop in Ghana (web article about workshop in Ghana)	19 October 2012	Cape Town, South Africa	Scientific community Policy makers Civil society Other: donors	1294 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
72.....	Web sites/ Applications	UCT	CHEPSAA is building a community of practice for health policy and systems in South Africa	19 October 2012	Cape Town, South Africa	Scientific community Policy makers Civil society	1428 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
73.....	Flyers	UCT	Introduction to CHEPSAA	October 2012	Beijing, China: 2nd Global Symposium on Health Systems Research	Scientific community Policy makers Civil society	Approximately 1100 people attended the symposium	South Africa, Nigeria, Tanzania, Kenya, Ghana
74.....	Organisation of workshops	IDS	Health policy and systems analysis course for other Tanzanian universities using CHEPSAA materials	01 September 2012	Kibaha City, Tanzania	Scientific community	11	Tanzania
75.....	Organisation of workshops	UCT	Assessment of capacity needs and assets and contribution to building a community practice in health policy and systems research; joint South African partner dissemination of findings	September 2012	Cape Town, South Africa: Public Health Association of South Africa Conference	Scientific community Policy makers	Workshop attended by ± 30 people	South Africa
76.....	Organisation of workshops	Ghana	Curriculum development workshop to share the learning skills from the CHEPSAA collective	August 2012	Accra, Ghana	Scientific community	17	Ghana
77.....	Other: course	UWC	Understanding and Analysing Health Policy, Winter School course; raised awareness of CHEPSAA	01 July 2012	Cape Town, South Africa	Scientific community Policy makers	40 participants	Nigeria, Malawi, Tanzania, Ethiopia, Rwanda, Mozambique, Namibia, Lesotho, Ghana
78.....	Web sites/ Applications	UCT	An Introduction to Global Health	4 June 2012	Cape Town, South Africa	Scientific community	856 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
79.....	Web sites/ Applications	UCT	Postdoctoral Fellowship in health policy and systems research (South Africa)	4 June 2012	Cape Town, South Africa	Scientific community	6271 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
80.....	Web sites/ Applications	UCT	Researching Gender: Concepts and Methods; profile of training	4 June 2012	Cape Town, South Africa	Scientific community	647 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
81.....	Web sites/ Applications	UCT	Universal health coverage training workshop profile	4 June 2012	Cape Town, South Africa	Scientific community	987 website hits	South Africa, Nigeria, Tanzania,

								Kenya, Ghana
82.....	Web sites/ Applications	UCT	CHEPSAA meeting abuzz with course development, getting research into policy and connecting researchers	14 March 2013	Dar es Salaam, Tanzania	Scientific community Civil Society Policy makers	1556 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
83.....	Web sites/ Applications	UCT	CHEPSAA to host 2013 annual meeting in Tanzania	7 March 2013	Cape Town, South Africa	Scientific community Civil Society Policy makers	1221 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
84.....	Oral presentation to a scientific event	CHP	Health systems research and policy implementation: the experience of the Centre for Health Policy	24 January 2013	Johannesburg, South Africa	Scientific community	400	South Africa
85.....	Web sites/ Applications	UCT	Health Policy Analysis short course for Decision Makers in the Health Sector, Ghana report	12 December 2012	Cape Town, South Africa	Scientific community Civil Society Policy makers	1207 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
86.....	Oral presentation to a scientific event	COMUNEC	CHEPSAA's asset and needs assessment	December 2012	Accra, Ghana: Association of Schools of Public Health in Africa	Scientific community		South Africa, Nigeria, Tanzania, Kenya, Ghana
87.....	Web sites/ Applications	UCT	Emerging Voices for Global Health 2012	27 November 2012	Cape Town, South Africa	Scientific community Civil Society Policy makers	1765 website hits	South Africa, Nigeria, Tanzania, Kenya, Ghana
88.....	Organisation of workshops	TICH / GLUK	Needs assessment presentation of findings	01 May 2012	Kisumu, Kenya	Scientific community Policy makers Media	± 300	Kenya
89.....	Poster	UCT	Introduction to CHEPSAA	May 2012	Cape Town, South Africa: UCT Africa Day	Scientific community		South Africa
90.....	Oral presentation to a scientific event	COMUNEC	CHEPSAA awareness raising	March 2012	Calabar, Nigeria: Epidemiology Society of Nigeria	Scientific community	100	Nigeria
91.....	Organisation of workshops	Leeds	Capacity of African Institutions in Relation to Health Systems and Policy Analysis – key findings from the CHEPSAA project	March 2012	Leeds, UK	Scientific community	15	United Kingdom
92.....	Web sites/ Applications	CHP	Article on CHEPSAA Consortium Workshop held in Johannesburg	March 2012	Johannesburg, South Africa	Scientific community Civil Society Policy Makers		South Africa, Nigeria, Tanzania, Kenya, Ghana
93.....	Organisation of	IDS	CHEPSAA introduction to Tanzanian	December 2011	Dar es Salaam,	Scientific community	25	Tanzania

	workshops		universities		Tanzania			
94.....	Flyer	UCT	Introduction to CHEPSAA	April 2011	London, UK: UCT alumni	Scientific community Civil Society Policy Makers	50	United Kingdom
95.....	Organisation of workshops	UWC	Internal workshop to introduce CHEPSAA to faculty and other staff	April 2011	Cape Town, South Africa	Scientific community	30	South Africa
96.....	Flyer	UCT	Introduction to CHEPSAA	March 2011	Dakar, Senegal: AfHEA conference	Scientific community Civil Society Policy Makers	230	South Africa, Nigeria, Tanzania, Kenya, Ghana
97.....	Articles published in the popular press	UCT	CHEPSAA launch publicised in HEU e-newsletter	March 2011	Cape Town, South Africa	Scientific community	300	South Africa
98.....	Articles published in the popular press	UCT	CHEPSAA launch publicised in UCT Faculty of Health Sciences newsletter	February 2011	Cape Town, South Africa	Scientific community		South Africa
99.....	Flyer	UCT	Introduction to CHEPSAA	November 2010	Montreux, Switzerland: 1st Global Health Symposium on Health Systems Research	Scientific community Civil Society Policy Makers	±1100 conference participants	South Africa, Nigeria, Tanzania, Kenya, Ghana
100...	Web sites/ Applications	UCT	Twitter @hpsa_africa: account advertised on LinkedIn	01 November 2010	Cape Town, South Africa	Scientific community Civil Society Policy Makers	654	South Africa, Nigeria, Tanzania, Kenya, Ghana
101...	Presentation	Ghana	Introduction to CHEPSAA for Ministry of Health's technical committee	2011/2012	Accra, Ghana	Policy makers	6	Ghana
102...	Web sites/ Applications	WITS	Bridging the leadership gap	03 November 2014	http://www.researchresearch.com/index.php?option=com_news&template=rr_2col&view=article&articleId=13	Scientific community Civil Society Policy Makers		South Africa, Nigeria, Tanzania, Kenya, Ghana
103...	Flyer	COMUNEC	Introduction to CHEPSAA	March 2012	Enugu, Nigeria	Scientific community Policy makers	26	Nigeria
104...	Posters	UCT	CHEPSAA's experiences with using Twitter to reach new networks and to exchange useful knowledge	June 2013	Ottawa: Canadian Knowledge Mobilization Forum	Scientific community Policy makers Civil society		South Africa, Nigeria, Tanzania, Kenya, Ghana

Section B (Confidential[7] or public: confidential information to be marked clearly)
Part B1

The applications for patents, trademarks, registered designs, etc. shall be listed according to the template B1 provided hereafter.

The list should, specify at least one unique identifier e.g. European Patent application reference. For patent applications, only if applicable, contributions to standards should be specified. This table is cumulative, which means that it should always show all applications from the beginning until after the end of the project.

TEMPLATE B1: LIST OF APPLICATIONS FOR PATENTS, TRADEMARKS, REGISTERED DESIGNS, ETC.					
Type of IP Rights[8]:	Confidential Click on YES/NO	Foreseen embargo date dd/mm/yyyy	Application reference(s) (e.g. EP123456)	Subject or title of application	Applicant (s) (as on the application)

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[7] Note to be confused with the "EU CONFIDENTIAL" classification for some security research projects.

[8] A drop down list allows choosing the type of IP rights: Patents, Trademarks, Registered designs, Utility models, Others.

Part B2

Please complete the table hereafter:

Type of Exploitable Foreground[9]	Description of exploitable foreground	Confidential Click on YES/NO	Foreseen embargo date dd/mm/yyyy	Exploitable product(s) or measure(s)	Sector(s) of application[10]	Timetable, commercial or any other use	Patents or other IPR exploitation (licences)	Owner & Other Beneficiary(s) involved
General advancement of knowledge	Open access course materials (Introduction to Complex Health Systems)	No	N/A	Can be used in postgraduate teaching	Universities, NGOs, government	2015 and beyond	Open access licence (attribution, non-commercial, share alike)	CHEPSAA (owner), CHEPSAA partners, any other person/organisation wishing to access the materials
General advancement of knowledge	Open access course materials (Introduction to Health Policy and Systems Research)	No	N/A	Can be used in postgraduate teaching	Universities, NGOs, government	2015 and beyond	Open access licence (attribution, non-commercial, share alike)	CHEPSAA (owner), CHEPSAA partners, any other person/organisation wishing to access the materials

This refers to the two open access Masters-level courses developed and published by CHEPSAA. The courses / selected course materials are already being used in universities in Africa and Europe. The courses have open access licences (attribution, non-commercial and share alike) and so can be used by almost anyone who wants to learn more about health policy and systems research and analysis. The courses have already been accessed from more than 40 countries and so we expect that they will impact the training of future researchers, educators, health systems managers and health policy makers.

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[9] A drop down list allows choosing the type of foreground: General advancement of knowledge, Commercial exploitation of R&D results, Exploitation of R&D results via standards, exploitation of results through EU policies, exploitation of results through (social) innovation.

[10] A drop down list allows choosing the type sector (NACE nomenclature) : http://ec.europa.eu/competition/mergers/cases/index/nace_all.html

4.2   Report on societal implications

Replies to the following questions will assist the Commission to obtain statistics and indicators on societal and socio-economic issues addressed by projects. The questions are arranged in a number of key themes. As well as producing certain statistics, the replies will also help identify those projects that have shown a real engagement with wider societal issues, and thereby identify interesting approaches to these issues and best practices. The replies for individual projects will not be made public.

A General Information *(completed automatically when **Grant Agreement number** is entered.*	
Grant Agreement Number:	**265482**
Title of Project:	**Consortium for Health Policy and Systems Analysis in Africa**
Name and Title of Coordinator:	Professor Lucy Gilson

B Ethics	
1. Did your project undergo an Ethics Review (and/or Screening)? • If Yes: have you described the progress of compliance with the relevant Ethics Review/Screening Requirements in the frame of the periodic/final project reports? • As a capacity development consortium, the most pertinent ethical issues were about the processes of management. The only two issues of research ethics concerned the assets and needs assessment of WP1 and the external evaluation of WP5. In both cases, ethical clearance was obtained through the primary organisations undertaking the work and the work was completed in line with agreed ethical principles. Special Reminder: the progress of compliance with the Ethics Review/Screening Requirements should be described in the Period/Final Project Reports under the Section 3.2.2 *'Work Progress and Achievements'*	***Yes***

2. Please indicate whether your project involved any of the following issues (tick box) :	***YES***
RESEARCH ON HUMANS	
• Did the project involve children?	No
• Did the project involve patients?	No
• Did the project involve persons not able to give consent?	No
• Did the project involve adult healthy volunteers?	No
• Did the project involve Human genetic material?	No
• Did the project involve Human biological samples?	No
• Did the project involve Human data collection?	Yes WP1& WP5
RESEARCH ON HUMAN EMBRYO/FOETUS	
• Did the project involve Human Embryos?	No
• Did the project involve Human Foetal Tissue / Cells?	No
• Did the project involve Human Embryonic Stem Cells (hESCs)?	No
• Did the project on human Embryonic Stem Cells involve cells in culture?	No
• Did the project on human Embryonic Stem Cells involve the derivation of cells from Embryos?	No
PRIVACY	
• Did the project involve processing of genetic information or personal data (eg. health, sexual	No

lifestyle, ethnicity, political opinion, religious or philosophical conviction)?	
• Did the project involve tracking the location or observation of people?	No
RESEARCH ON ANIMALS	
• Did the project involve research on animals?	No
• Were those animals transgenic small laboratory animals?	No
• Were those animals transgenic farm animals?	No
• Were those animals cloned farm animals?	No
• Were those animals non-human primates?	No
RESEARCH INVOLVING DEVELOPING COUNTRIES	
• Did the project involve the use of local resources (genetic, animal, plant etc)?	No
• Was the project of benefit to local community (capacity building, access to healthcare, education etc)?	No
DUAL USE	
• Research having direct military use	No
• Research having the potential for terrorist abuse	No

C Workforce Statistics

3.   Workforce statistics for the project: Please indicate in the table below the number of people who worked on the project (on a headcount basis).

Type of Position	Number of Women	Number of Men
Scientific Coordinator	1	
Work package leaders	4	7
Experienced researchers (i.e. PhD holders)	16	17
PhD Students	7	1
Other	3	6

4. How many additional researchers (in companies and universities) were recruited specifically for this project?	1
Of which, indicate the number of men:	0

D   Gender Aspects

5.	**Did you carry out specific Gender Equality Actions under the project**?	O X	Yes No

6.   **Which of the following actions did you carry out and how effective were they?**

Not applicable

		Not at all effective	Very effective
❑	Design and implement an equal opportunity policy	O O O O O	
❑	Set targets to achieve a gender balance in the workforce	O O O O O	
❑	Organise conferences and workshops on gender	O O O O O	
❑	Actions to improve work-life balance	O O O O O	
O	Other:		

7.   **Was there a gender dimension associated with the research content – i.e. wherever people were the focus of the research as, for example, consumers, users, patients or in trials, was the issue of gender considered and addressed?**

    O   Yes- please specify

    X   No

E   Synergies with Science Education

8.   **Did your project involve working with students and/or school pupils (e.g. open days, participation in science festivals and events, prizes/competitions or joint projects)?**

    O   Yes- please specify

    X   No

9.   **Did the project generate any science education material (e.g. kits, websites, explanatory booklets, DVDs)?**

    X   Yes- please specify | YouTube lectures and online course materials |

    O   No

F   Interdisciplinarity

10.   **Which disciplines (see list below) are involved in your project?**

    O   Main discipline[11]: (3.3)

    O   Associated discipline[11]: (5.2) (5.3) (5.4) | O   Associated discipline[11]:

G   Engaging with Civil society and policy makers

11a	**Did your project engage with societal actors beyond the research community?** *(if 'No', go to Question 14)*	O O	Yes No

11b   **If yes, did you engage with citizens (citizens' panels / juries) or organised civil society (NGOs, patients' groups etc.)?**

    O   No

    O   Yes- in determining what research should be performed

    O   Yes - in implementing the research

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[11] Insert number from list below (Frascati Manual).

	X	Yes, in communicating /disseminating / using the results of the project		
11c		**In doing so, did your project involve actors whose role is mainly to organise the dialogue with citizens and organised civil society (e.g. professional mediator; communication company, science museums)?**	O X	Yes No

12.		**Did you engage with government / public bodies or policy makers (including international organisations)**	
	O	No	
	O	Yes- in framing the research agenda	
	O	Yes - in implementing the research agenda	
	X	Yes, in communicating /disseminating / using the results of the project	

13a	**Will the project generate outputs (expertise or scientific advice) which could be used by policy makers?**	
	O	Yes – as a **primary** objective (please indicate areas below- multiple answers possible)
	X	Yes – as a **secondary** objective (please indicate areas below - multiple answer possible)
	O	No

13b If Yes, in which fields?

Agriculture Audiovisual and Media Budget Competition Consumers Culture Customs Development Economic and Monetary Affairs Education, Training, Youth Employment and Social Affairs	Energy Enlargement Enterprise Environment External Relations External Trade Fisheries and Maritime Affairs Food Safety Foreign and Security Policy Fraud Humanitarian aid	Human rights Information Society Institutional affairs Internal Market Justice, freedom and security Public Health (e.g. WP1 articles) Regional Policy Research and Innovation Space Taxation Transport	

13c	If Yes, at which level?	
	○	Local / regional levels
	X	National level
	○	European level
	○	International level

H   Use and dissemination

14.	**How many Articles were published/accepted for publication in peer-reviewed journals?**	**38**	
To how many of these is open access[12] provided?		**37**	
How many of these are published in open access journals?		**1**	
How many of these are published in open repositories?		**38**	
To how many of these is open access not provided?		**0**	
Please check all applicable reasons for not providing open access:			
❑ publisher's licensing agreement would not permit publishing in a repository ❑ no suitable repository available ❑ no suitable open access journal available ❑ no funds available to publish in an open access journal ❑ lack of time and resources ❑ lack of information on open access ❑ other[13]: ………………			

15.	**How many new patent applications ('priority filings') have been made?** *("Technologically unique": multiple applications for the same invention in different jurisdictions should be counted as just one application of grant).*		**0**
16.	**Indicate how many of the following Intellectual Property Rights were applied for (give number in each box).**	Trademark	**0**
		Registered design	**0**
		Other	**0**
17.	**How many spin-off companies were created / are planned as a direct result of the project?**		**0**
	Indicate the approximate number of additional jobs in these companies:		

18.	**Please indicate whether your project has a potential impact on employment, in comparison with the situation before your project:**		
	❑ Increase in employment, or	❑	In small & medium-sized enterprises
	❑ Safeguard employment, or	❑	In large companies
	❑ Decrease in employment,	X	None of the above / not relevant to the project
	❑ Difficult to estimate / not possible to quantify		

19.	**For your project partnership please estimate the employment effect resulting directly from your participation in Full Time Equivalent (*FTE = one person working fulltime for a year*) jobs:**	*Indicate figure:*

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[12] Open Access is defined as free of charge access for anyone via Internet.
[13] For instance: classification for security project.

Difficult to estimate / not possible to quantify	X

I Media and Communication to the general public

20. **As part of the project, were any of the beneficiaries professionals in communication or media relations?**

    ◯   Yes   X   No

21. **As part of the project, have any beneficiaries received professional media / communication training / advice to improve communication with the general public?**

    X   Yes (CHP 1-day training)   ◯   No

22 **Which of the following have been used to communicate information about your project to the general public, or have resulted from your project?**

❑	Press Release	❑	Coverage in specialist press (e.g. Wits News, UCT newsletters)
❑	Media briefing	❑	Coverage in general (non-specialist) press
❑	TV coverage / report	❑	Coverage in national press
❑	Radio coverage / report	❑	Coverage in international press
❑	Brochures /posters / flyers	❑	Website for the general public / internet
❑	DVD /Film /Multimedia (e.g YouTube)	❑	Event targeting general public (festival, conference, exhibition, science café)

23 **In which languages are the information products for the general public produced?**

❑	Language of the coordinator	X	English
❑	Other language(s)		

Question F-10: Classification of Scientific Disciplines according to the Frascati Manual 2002 (Proposed Standard Practice for Surveys on Research and Experimental Development, OECD 2002):

FIELDS OF SCIENCE AND TECHNOLOGY

1.   NATURAL SCIENCES
1.1   Mathematics and computer sciences [mathematics and other allied fields: computer sciences and other allied subjects (software development only; hardware development should be classified in the engineering fields)]
1.2   Physical sciences (astronomy and space sciences, physics and other allied subjects)
1.3   Chemical sciences (chemistry, other allied subjects)
1.4   Earth and related environmental sciences (geology, geophysics, mineralogy, physical geography and other geosciences, meteorology and other atmospheric sciences including climatic research, oceanography, vulcanology, palaeoecology, other allied sciences)
1.5   Biological sciences (biology, botany, bacteriology, microbiology, zoology, entomology, genetics, biochemistry, biophysics, other allied sciences, excluding clinical and veterinary sciences)

2   ENGINEERING AND TECHNOLOGY
2.1   Civil engineering (architecture engineering, building science and engineering, construction engineering, municipal and structural engineering and other allied subjects)
2.2   Electrical engineering, electronics [electrical engineering, electronics, communication engineering and systems, computer engineering (hardware only) and other allied subjects]

2.3. Other engineering sciences (such as chemical, aeronautical and space, mechanical, metallurgical and materials engineering, and their specialised subdivisions; forest products; applied sciences such as geodesy, industrial chemistry, etc.; the science and technology of food production; specialised technologies of interdisciplinary fields, e.g. systems analysis, metallurgy, mining, textile technology and other applied subjects)

3. MEDICAL SCIENCES
3.1 Basic medicine (anatomy, cytology, physiology, genetics, pharmacy, pharmacology, toxicology, immunology and immunohaematology, clinical chemistry, clinical microbiology, pathology)
3.2 Clinical medicine (anaesthesiology, paediatrics, obstetrics and gynaecology, internal medicine, surgery, dentistry, neurology, psychiatry, radiology, therapeutics, otorhinolaryngology, ophthalmology)
3.3 Health sciences (public health services, social medicine, hygiene, nursing, epidemiology)

4. AGRICULTURAL SCIENCES
4.1 Agriculture, forestry, fisheries and allied sciences (agronomy, animal husbandry, fisheries, forestry, horticulture, other allied subjects)
4.2 Veterinary medicine

5. SOCIAL SCIENCES
5.1 Psychology
5.2 Economics
5.3 Educational sciences (education and training and other allied subjects)
5.4 Other social sciences [anthropology (social and cultural) and ethnology, demography, geography (human, economic and social), town and country planning, management, law, linguistics, political sciences, sociology, organisation and methods, miscellaneous social sciences and interdisciplinary , methodological and historical S1T activities relating to subjects in this group. Physical anthropology, physical geography and psychophysiology should normally be classified with the natural sciences].

6. HUMANITIES
6.1 History (history, prehistory and history, together with auxiliary historical disciplines such as archaeology, numismatics, palaeography, genealogy, etc.)
6.2 Languages and literature (ancient and modern)
6.3 Other humanities [philosophy (including the history of science and technology) arts, history of art, art criticism, painting, sculpture, musicology, dramatic art excluding artistic "research" of any kind, religion, theology, other fields and subjects pertaining to the humanities, methodological, historical and other S1T activities relating to the subjects in this group]

2. FINAL REPORT ON THE DISTRIBUTION OF THE EUROPEAN UNION FINANCIAL CONTRIBUTION

This report shall be submitted to the Commission within 30 days after receipt of the final payment of the European Union financial contribution.

Report on the distribution of the European Union financial contribution between beneficiaries

Name of beneficiary	Final amount of EU contribution per beneficiary in Euros
1. LSHTM	144,810.25 €
2. UCT	259,108.90 €
3. IDS-UDSM	152,875.90 €
4. SPH-UG	156,309.05 €
5. TICH	150,775.55 €
6. COMUNEC	150,775.55 €
7. UWC	156,422.95 €
8. WITS	126,598.15 €
9. UNIVLEEDS	165,309.70 €
10. KI	124,035.40 €
11. STI	112,939.50 €
Total	**1,699,960.90 €**