The second issue of the East African Journal of Applied Health Monitoring & Evaluation: Advances in monitoring and evaluation in East Africa and beyond

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We are delighted to present the second issue of the East African Journal of Applied Health Monitoring and Evaluation (EAJAHME).

The journal was created to disseminate experiences of health monitoring and evaluation (M&E) in Africa, with a particular focus on East Africa. We have three East African countries represented in this issue (Tanzania, Kenya, and Uganda), as well as South Africa. We are also excited to announce that this issue includes two research articles from outside of Africa, specifically Iran and India, which provide useful comparative lessons that can be adapted and applied in East African countries. This broader geographic reach allows us to share best practices and lessons learned across the region and the globe and builds a high-quality body of knowledge around health-related M&E.

The second issue begins with a summary of the first annual M&E Best Practices Conference, held in Dar es Salaam in December 2017. The conference served as a platform for sharing M&E best practices and lessons learned in Tanzania and throughout East Africa.

Next is an editorial regarding cascade analysis, which calculates the proportion of people living with HIV who are aware they are infected, the proportion of those diagnosed with HIV who are on antiretroviral therapy (ART), and the proportion of those who are on ART and virologically suppressed. Cascade analysis is important in providing a visual representation of the progress of HIV care and treatment interventions. The editorial ends by encouraging M&E practitioners to submit manuscripts to the journal that depict cascade analysis for national or sub-national groups as well as evaluation interventions to improve individual cascade components.

The editorial is followed by a direct application of cascade analysis to an assessment of the continuum of care and treatment for people living with HIV in Kerman, Iran. The Kerman HIV-Friendly City (KHFC) is a five-year multi-disciplinary population-level intervention designed to meet the UNAIDS 90-90-90 targets by 2020. This study was a baseline assessment of the KHFC and identified gaps in the cascade of HIV testing, treatment and retention. The methods of the assessment can be applied to African countries that are working towards their own 90-90-90 targets.

From Iran, we move on to Uganda, with an article that describes a capacity-building programme to improve the ability of health districts in Uganda to monitor their HIV programmes. Districts are tasked with monitoring and supporting health facilities to ensure quality HIV data collection, reporting and use, yet they are often ill-equipped to do so. The authors describe a programme designed to build the capacity of districts to manage and use their HIV-related programme data and to assist facilities to collect and evaluate their data. By working closely with the lowest-performing districts, they were able to increase the number of districts with trained M&E staff, those with M&E plans, and those using data for programming.

Understanding sexual risk behaviours among young people can inform the design of effective HIV prevention interventions. An article from Kenya presents the results of the 2012 Kenya AIDS Indicator Survey, a nationally representative population-based survey, and focuses on factors associated with unsafe sex among youth aged 15-24 years. The authors found that unsafe sex is common among Kenyan youth, and identified risk factors associated with unsafe sex, including low education; early sexual debut; transactional sex; multiple sexual partners; and low perceived risk of HIV. They recommend that HIV prevention efforts target youth and support educational progression and economic empowerment.

Reaching high-risk hard-to-reach populations is critical to ending the HIV epidemic in many African countries. We know that globally, female sex workers are at high risk
for HIV, yet they are also a hidden population difficult to engage in research studies. A qualitative study from South Africa explored research practices that would be acceptable and suitable to sex workers to encourage optimal participation in an integrated biological-behavioural survey. The study found that using a participatory approach to engage female sex workers in research can help inform methodological best practices, increase recruitment and participation, and ensure ethical research implementation. A participatory approach can also contribute to their sense of community empowerment.

Although it is important to collect data on populations, it is equally important to evaluate the effect of health policies. An article from Tanzania describes an evaluation of a government-mandated HIV/AIDS workplace programme in secondary schools. In 2006, Tanzania issued a policy directing public institutions to design and implement workplace programmes covering HIV prevention, care and treatment. The purpose of such a programme was to reduce the spread of HIV and support government workers living with HIV/AIDS. This study identifies challenges with the implementation of the programme among secondary school teachers in Morogoro Municipal Council and highlights challenges with policy implementation. The authors make recommendations to improve the impact of such policies.

From HIV we move on to hypertension. In sub-Saharan Africa, the estimated burden of hypertension is increasing, and so innovative strategies are needed to ensure that people can regularly check their blood pressure. A research article from Tanzania describes a qualitative study exploring the acceptability of a pilot intervention of hypertension self-screening in Mwanza region of Tanzania. They found that private drug retail outlets can provide an opportunity for health self-assessment, but that self-screening alone cannot ensure follow-up and treatment.

Simulation is fast becoming a strategy for training health care providers in low-resource settings, but it can be difficult to assess the quality of simulations. From India, we have an evaluation of a simulation strategy for training obstetric and neonatal care providers. The authors found that a less-expensive, less resource-intensive simulation assessment tool performed poorly compared to a more-expensive, more resource-intensive tool. These results are important to help establish best practices for health-related M&E and evaluating tools for training health care providers.

The M&E field is relatively new and has not yet fostered a culture of publishing research findings and best practices. The EAJAHME seeks to remedy this by publishing all kinds of papers related to health M&E. We encourage our readers and all M&E professionals to submit original research articles (both quantitative and qualitative), short communications, opinion pieces, methods papers, best practices, and case studies to the journal. Articles on all health topics and current M&E topics, including cascade analysis, capacity building, surveys, informatics, case-based surveillance, quality improvement, and programmatic data reviews, will be considered for publication. By publishing articles that are diverse in content area and geographical focus, we hope that the EAJAHME will become a driving force in expanding the knowledge base and encouraging innovation in health M&E.