



Ministry of Health

## National Health and Research Conference 2014

### Call for Presentations

#### THEME: INVESTING IN HEALTH FOR DEVELOPMENT

***Submission deadline: 31 July 2014***

The National Health and Research Conference (NHRC) is Swaziland's leading national conference of health sector professionals, social development actors, researchers and students from all 4 regions, diaspora and international collaborating institutions and partners. This must-attend, thought-leading conference convenes leaders, change makers, and participants from all sectors of national health, international development, and social entrepreneurship.

To this end, the Swaziland Ministry of Health (MoH) is calling for high quality presentation abstracts from organizations, scholars and researchers who have carried out health research in Swaziland in the last five (5) years to submit on any the conference sub-themes. The conference will consist of a rich menu of abstract-driven oral and poster presentations, symposia, plenary sessions, parallel tracks workshops, and exhibitions.

#### **Conference Objectives**

- i. To convene the nation's leading scientists and experts to catalyze advancement of scientific methods and knowledge about health and development as well as share the most recent research findings on the topic
- ii. To convene policy makers, community leaders, scientists, and general public to promote and enhance collaborations to more effectively address national, regional and local responses to equitable health, as well as overcome barriers that limit universal health access, investment in health and desirable health outcomes.

#### **The conference will address five (5) sub-themes**

- 1. Mobilization and efficient use of resources for health**
- 2. Improving health outcomes**
- 3. Universal health access and coverage**
- 4. Health and development from an economic perspective**
- 5. Health, equality, and development from a human rights perspective**

## **1. Mobilization and efficient use of resources for health**

Health systems research can generate much needed data and information to guide policy options to constitute the health financing strategy:

- Improving efficiency of resource use
- Selecting interventions
- Deciding on whether and how to establish a social health insurance: How to increase resources for health.

Increasing efficiency is a way of increasing coverage, financial protection and health outcomes for the available resources, not a way to reduce funds for health. Effective stewardship is essential to improve efficiency and equity.

Abstracts for this sub-theme can be submitted under the following tracks:

Track 1a: Resource mapping, tracking, and accountability

Track 1b: Resource mobilization for health investments

Track 1c: Human resources in the health sector

Track 1d: Improving health system efficiency

## **2. Improving health outcomes**

Globally, health outcomes are improving. Reducing maternal mortality, improving maternal health and combating HIV and AIDS, malaria, TB and other diseases as part of the Millennium Development Goals, a series of targets agreed at the UN in 2000, is addressed under this theme. Three (3) of the MDG goal focus on improving health by 2015.

Abstracts for this sub-theme can be submitted under the following tracks:

Track 2a: Maternal, newborn and child health

Track 2b: Communicable diseases

Track 2c: Non-communicable diseases

Track 2d: Dental and oral health

Track 2e: Support services

Track 2f: Mental health

## **3. Universal health access and coverage**

Universal health coverage is the goal that ensures all people obtain the health services they need without risking financial hardship from unaffordable out-of-pocket payments. It involves coverage with good health services – from health promotion to prevention, treatment, rehabilitation and palliation – as well as coverage with a form of financial risk protection and universality where coverage should be for everyone. Hence, universal health coverage is not possible without universal access, but the two are not the same. Access has three dimensions; namely: physical accessibility, financial affordability and acceptability.

Abstracts for this sub-theme can be submitted under the following tracks:

- Track 3a: Financial risk protection
- Track 3b: Service provision quality
- Track 3c: Affordability
- Track 3d: Accessibility
- Track 3e: Health consumer education

#### **4. Health and development from an economic perspective**

Health affects economic growth directly through labour productivity and economic burden of illness. Good health improves the use of natural resources. Economic development is a policy intervention endeavour focused on the economic and social well-being of people. Economic development can be considered as the sustained, concerted actions of policy makers and communities that promote the standard of living and the quantitative and qualitative changes in the economy. Such actions can involve multiple areas including development of human capital, critical infrastructure, regional competitiveness, environmental sustainability, social inclusion, health, safety, literacy, and other initiatives. Social development is closely related to social change which refers to an alteration in the social order of a society. Social change may include changes in nature, social institutions, social behaviours, or social relations.

Abstracts for this sub-theme can be submitted under the following tracks:

- Track 4a: Community involvement and accountability
- Track 4b: Decentralization of health and development services
- Track 4c: Public, private, and civil society partnerships
- Track 4d: Health infrastructure and development

#### **5. Health, equality, and development from a human rights perspective**

Strengthening health and development are intertwined issues necessary at the individual, family and community level. Health and Development are intimately intertwined concepts that have a reciprocal influence over human beings: enjoyment of the right to health is vital for all aspects of personal, family and community life and wellbeing. It is crucial to the realization of many other fundamental human rights including the right to economic and social development.

Development, on the other hand, is vital for access to quality health services. Health, development and human rights practitioners all work towards common aspirations of improving holistically human welfare, and the relationship between people and the environments within which they live, necessitating concerted efforts to work collaboratively to better invest resources wisely for all.

Abstracts for this sub-theme can be submitted under the following tracks:

Track 5a: Gender equality and health

Track 5b: Marginalized populations, people with disabilities, key populations and health

Track 5c: Human rights and health

## ABSTRACT SUBMISSION GUIDELINES

Author(s) can submit at most five (5) abstracts for presentation at the conference. The abstracts should not exceed 300 words (excluding headlines such as “Introduction” and “Methods”); typed in Times New Roman; double spaced; 11-point font. Abstracts should be submitted electronically through an email attachment to [babazileshongwe@yahoo.com](mailto:babazileshongwe@yahoo.com). Abstracts submitted before and presented at other international conferences cannot be resubmitted. However, abstracts that have been submitted to other conferences and not accepted can be submitted to the NHRC as long as they are in line with the conference theme and tracks. Deadline for submission of abstracts is July 31, 2014 at 5PM SAST.

### **Abstracts can be submitted based on option 1 or option 2 submission guidelines**

**OPTION 1:** Focus on original descriptive or analytic studies using quantitative or qualitative methods. Option 1 is most suited for scientific research. Abstracts presented under the first option should contain concise statements of:

**Background:** indicate the purpose and objective of the research, the hypothesis that was tested or a description of the problem being analysed or evaluated.

**Methods:** describe the setting/location for the study, study design, study population, data collection and methods of analysis used.

**Results:** present as clearly and detailed as possible the findings/outcome of the study, with specific results in summarized form. A clear and succinct statement of its relevance to policy change and intervention is essential. Inclusion of gender breakdown of data is strongly encouraged.

**Recommendations/Conclusions:** briefly discuss the data and main outcome of the study. Emphasize the significant investment case, health systems strengthening, and future implications of the results. Clearly state how the study can influence policy and identify the priority health areas results can be useful

**OPTION 2:** Describe best practices/innovative practices and policy issues in the general field of investing in health. Option 2 is most suited for presenting best practices, new knowledge or analyses that are important for understanding and

responding to the investments in health for development and its future implications. It is suited for information that was gained through systematic forms of knowledge production/management, by means other than scientific research or evaluation. This process must include evidence provided through data obtained. Abstracts presented under the second option should contain concise statements of:

**Background/Issues:** a summary of the issue(s) addressed by the abstract, or a description of the problem being analysed or evaluated.

**Description:** a description of the intervention, project, experience, service and/or advocacy including the setting/location, design, affected population, data collection and methods of evaluation used.

**Lessons learned:** conclusions and implications of the intervention or project. Data that support the lessons learned and provide evidence must be included. A clear and succinct statement of its relevance to police change and intervention is essential.

**Conclusion/Recommendations:** possible next steps for implementation. Clearly state how the best practice/ intervention/study can influence policy and identify the priority health areas results can be useful.

## **SPECIAL SESSION, SYMPOSIA AND SATELLITE CAPACITY BUILDING WORKSHOPS SUBMISSION GUIDELINES**

Any interested person may submit a proposal to host a special session, symposia or workshop at the conference. All sessions should relate to the theme of the conference.

Deadline for submission of special sessions is August 15, 2014

- Each session will be allocated a maximum of 2 hours
- Available space is for 50-100 persons. Bigger space can be arranged on special request
- Each sessions must have at least 2 facilitators and a rapporteur
- Submit a proposal/concept of 1-2 page outlining:
  - Title of the session, symposia, satellite workshop
  - Target audience
  - Background and learning objectives
  - Linkage of the topic to the objectives of the conference
  - Learning objectives of the session, symposia/satellite workshop
  - List of topics to be discussed/presented
  - List of presenters/facilitators for each topic and their qualifications

A limited number of slots are available for special sessions, symposia or satellite workshops. Submitted proposals will be evaluated by the Abstract Review Committee.

## PRESENTATION DURING THE CONFERENCE

The author(s) will be responsible for the preparation of an oral and/or poster presentation during the conference as determined by the Abstract Review Committee (ARC). However, the author(s) can indicate the type of presentation they wish to make (Oral or Poster, Poster only). However, ARC reserves the right to re-allocate the chosen format. Abstracts that are highly rated in the review process but not accepted for a formal Oral presentation will be invited as a poster presentation.

### Oral presentations

Oral presentations shall be given a 15 minute time limit.

### Poster Presentations

Space will be reserved to display poster presentations. Poster presentation will occur in a marketplace fashion, where all posters will be presented in a separate poster presentation session. Poster presentation sessions will be included in the conference programme, and the author will be requested to be present during the allocated session. The poster size should be 60cm x 85cm, landscape orientation. Authors will be responsible for mounting posters, being available to discuss their exhibit, and removing posters.

### Detailed guidelines for abstract development & submission

Detailed abstract guidelines can be found at the Ministry of Health website [www.gov.sz](http://www.gov.sz) or [www.uniswa.sz](http://www.uniswa.sz). Contact details for the Ministry of Health Research Unit contact persons are provided below:

#### Secretariat:

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**Registration: will be opened soon at a cost of E400 per person; Registration fees will cater for a materials and meals. Delegates will cover their own out of pocket expenses, travel, and accommodation.**