

Identifying and characterizing health policy and system-relevant documents in Uganda: A scoping review to develop a framework for the development of a one-stop shop

Mutatina, Boniface

PhD Student, Makerere University, Kampala, Uganda, bonifacemutatina@yahoo.com

Background: Health policymakers in low and middle-income countries continue to face difficulties in accessing and using research evidence for decision-making. This study aimed to identify and provide a refined categorization of the policy documents necessary for building the content of a one-stop shop for health policy and system relevant documents in Uganda. The on-line resource is to facilitate timely access to well-packaged evidence for decision-making.

Methods: We conducted a scoping review of Uganda-specific, health policy, and systems relevant documents produced between 2000 and 2014. Our methods borrowed heavily from the 2005 Arksey and O'Malley approach for scoping reviews and involved five steps that include: identification of the research question; identification of relevant documents; screening and selection of the documents; charting of the data; and collating, summarizing and reporting results. We searched for the documents from websites of relevant government institutions, non-governmental organizations, health professional councils and associations, religious medical bureaus and research networks. We presented the review findings as numerical analyses of the volume and nature of documents and trends over time in the form of tables and charts.

Results: We identified a total of 265 documents including policies, strategies, plans, guidelines, rapid response summaries, evidence briefs for policy, and dialogue reports. The top three clusters of national priority areas addressed in the documents were governance, coordination, monitoring and evaluation (28%); disease prevention, mitigation, and control (23%); health education, promotion, environmental health and nutrition (15%). The least addressed were curative, palliative care, rehabilitative services and health infrastructure, each addressed in three documents (1%), and early childhood development in one document. The volume of documents increased over the past 15 years; however, the distribution of the different document types over time has not been uniform.

Conclusion: The review findings are necessary for mobilizing and packaging the local policy-relevant documents in Uganda in a one-stop shop; where policymakers could easily access them to address pressing questions about the health system and interventions. The different types of available documents and the national priority areas covered provide a good basis for building and organizing the content in a meaningful way for the resource.