Introduction
The Swedish International Development Agency, Sida/SAREC, and the Council on Health Research for Development, COHRED, jointly organised a meeting on alignment and harmonisation in relation to health research, on October 31 2007, during the Global Forum for Health Research meeting in Beijing. This document provides a short summary of the meeting.

Background
Donor support to health research tends to fragment national research agendas. Funding agencies often have little knowledge of funding models and policies/priorities of other funding agencies, which may cause duplication and fragmentation. In addition, countries often do not have well coordinated health research systems, nor clearly defined research agendas, which does not facilitate donor contribution and alignment to national policies and priorities. To address the issue of alignment and harmonisation in health research Sida/SAREC asked COHRED to conduct a pilot study involving five African countries (Burkina Faso, Cameroon, Mozambique, Uganda, Zambia) and eight donor countries (Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland, UK) to obtain information on alignment and harmonisation in the context of health research. This pilot study helps to further develop COHRED’s Health Research Web initiative that makes available essential information and resources on national health research in low and middle-income countries, for use by partners in-country as well as donor and development agencies and other international partners to better manage, plan and govern health research.

The Beijing meeting
The meeting in Beijing provided an opportunity to discuss the first results of the pilot study and to start a discussion among representatives of the African countries and the research funding agencies on whether and how to strengthen alignment and harmonisation in health research in order to best support research in the countries. Prior to the meeting, the first results from the pilot study were disseminated.

The expected outcomes were:
1. Increased understanding of the research structures, strategies and management mechanisms in place in the five African countries participating in the pilot study.
2. Increased understanding of donor policies, strategies, priorities and funding models, in order to coordinate efforts better.
3. Increased understanding of how research funding agencies can contribute to the strengthening of these mechanisms and structures.
4. Agreement on practical next steps and the way forward for donor align and harmonisation in the area of health related research.
5. Inputs to the final presentations of findings in order to identify areas for further work towards the completion of the study in April 2008

Annex 1 includes the meeting agenda. Annex 2 provides a list of meeting participants.
1. National Health Research Systems

Some key messages can be drawn from the five African countries involved in the AHA study and for national health research system development in these countries (see Annex 3 for full presentation of overview of the five country study):

- In each of the countries health research is governed and managed by two or three different ministries: the Ministry of Health (in all countries), the Ministry of Science and Technology (Cameroon, Mozambique, and Zambia), the Ministry of Higher Education (Burkina Faso and Cameroon) and the Ministry of Finance (Uganda). In each of the countries the coordination between these ministries is not clearly organised and leads to fragmentation in health research management.

- At the moment none of the five countries has a specific functional health research strategy or policy. However, Cameroon and Zambia are in the process of developing this.

- One country, Zambia, has defined clear national health research priorities. Burkina Faso is currently in the process of updating its priorities. Cameroon has defined research priorities within each national health priority programme and is now in the process of defining a national research agenda. The Uganda National Health Research Organisation (UNHRO) has defined health research priorities but the Ministry of Health did not. As for Mozambique, the country has some lines for health research. Even if priorities are defined, the process through which this has been done is not clear, and mechanisms to regularly revise and update the agenda are not in place.

- Government funding for health research is often very limited and inadequate, with high dependence on external funding (from 70% to 90%).

- Except Mozambique, the four other countries do not have a human resources strategy for health research. Zambia organised in 2006 a conference on Human Resources for Health Research.

Burkina Faso
The Ministry of Health (MoH) and the Ministry for Secondary, Higher Education and Scientific Research (MESSRS) are both involved in the management and coordination of health research. A research council has just been created to improve the coordination of research. The council brings together research institutes attached either to MoH and the MESSRS.

The country first defined its health research priorities in 1997. End October 2007 a workshop was held to revise these priorities. This process of revision should be finalized by the end of this year. The Ministry of Health is also drafting a health research plan. This work is supported by IDRC.

Regarding funding, 90% of health research is funded by external sources. The government budget (Ministry of Health and Ministry of Higher Education) is essentially directed towards payment of salaries and infrastructure maintenance. A new line within the Ministry of Health budget has been voted this year and will start to also support health research projects. There are currently discussions to allow research institutes to profit from the basket fund for health. Until now only research undertaken at the district level and hospital level could benefit from this fund.
**Cameroon**

Three Ministries are involved in the governance and management of health research in Cameroon: The Ministry for Scientific Research and Innovation, the Ministry of Public Health and the Ministry of Higher Education. While academic research is coordinated by the Ministry of Higher Education, operational research is coordinated by the Ministry for Scientific Research and Innovation and the Ministry of Public Health through the Division for Health Operations Research (DROS). The DROS, through a consultative process and supported by COHRED, is in the process of defining a health research strategy. The draft strategy still needs to be validated.

Cameroon has defined health research priorities within each national priority programme related to the major public health problems in the country. However, an overall national health research agenda has not yet been developed, but efforts have started to develop such an agenda.

Health research is highly dependent on external funds. There is no active harmonization between donors in relation to health research support but a Multi Donor Committee was set up in 2003.

**Mozambique**

The Ministry for Science and Technology coordinates all research. The scientific council for health research (operating under the Ministry of S&T) is composed of various actors (including civil society) and tasked with developing the health research agenda. It is considered that the Ministry of Health should not be in charge of developing the health research agenda as it is too closely involved in the issues. There is a political will in the country to scale up research.

The Ministry of S&T has a national fund for research and national health research priorities are part of national research priorities of the Ministry. The Ministry’s Human Resources plan for Science and Technology includes a component for health research.

The Eduardo Mondlane University recently developed a unit for donor harmonization. This is one attempt in the process of better coordinating research.

**Uganda**

The coordination of all research in the country is ensured by the Uganda National Council of Science and Technology. Efforts are ongoing to establish the Uganda National Health Research Organisation (UNHRO) as the legal entity for the coordination of health research. However, the legalisation of UNHRO is taking time. Despite the existence of UNCST a lot of research conducted in the country is not yet well coordinated. At the Ministry of Health level, there is no directorate or department with responsibility for health research, and research is not featuring prominently.

Health research is mainly funded by external funds. The Ministry of Health has a budget line for research, but no resources are allocated to this. The president of Uganda has taken a personal interest in supporting research, and set up a presidential fund for research which is coordinated by him. Another initiative started this year is the millennium science initiative, with allocated funding of 30 million US.

UNHRO has defined national health research priorities but they remain very broad and they have not been validated by the Ministry of Health. There are concerns that research in not featuring prominently, and research results are not considered in health plans. In the absence of a clear plan and clear coordination of health research, it is difficult to ensure alignment and harmonization.
**Zambia**
Zambia is working towards providing an enabling environment for health research. It focuses on developing a health research policy and strategic plan, and on developing guidelines for Research Ethics Committees, and for conducting research in traditional medicine.

The current challenges for health research in the country are that research is driven by researchers (including international organisations) and their priorities, that there is not yet a legal framework existing, that research capacity is low and research results not known nationally.

Recently a unit was created within the Ministry of Health to start improving the coordination of health research. There is an increase in funding from the government, but external funds still make up 90% of all research funds. Tracking these resource flows may become easier with the new structure in place.

The next steps for strengthening research in the country are the development of an effective system for providing health research funds through the ministry of finance, and the development of a system for alignment and harmonization of donor research funds to national priorities.

See also annex 4 for the full presentation on Zambia.

More detailed information for the five countries national health research systems can be found in the AHA study country reports.

**Discussion**

The discussion following the presentations from African country perspectives focused on two main issues: coordination of health research and funding mechanisms for health research.

*Coordination*

The key questions here were how coordinated do countries want to be and how coordinated donors expect them to be?

The question was asked to what extent coordination in research is happening in OECD countries, and whether the issue is coordination for content or coordination for structures of research.

The fact is that there is a tension on the one hand between countries’ governments who are calling for more coordination and researchers in countries who do not want to be coordinated. On the other hand donors are looking for flexibility. One of the suggestions was that coordination should not mean that all funding needs to flow through government (i.e. it must be possible to receive research funds without involvement of government).

The understanding of coordination differs per country. In Zambia, the national health research council that is to be developed should facilitate coordination. It is foreseen that this body's recommendations are binding: it will decide which research is going to be conducted, on which priority areas and how the results of research will be communicated.

Coordination can also take place at the regional level. East Africa illustrates two recent initiatives that show potential: REACH (involving 5-countries in East Africa) facilitates knowledge translation between the countries in the region, and recently the East African Research initiative has been reestablished.
**Funding mechanisms**

Although research is increasingly seen as an essential component for development (see for example Uganda where the president set up his own fund for research) there is insufficient financing. There are no detailed figures on health research expenditure and the type of projects that this is spent on, and no systematic recording systems exist at country level or at donor level. Such information would help illustrate better the current gaps in research funding.

Some suggestions were discussed that may facilitate increasing resources to health research. Health research could be included in general development plans, such as poverty reduction strategies. Another way would be to support Health research through general basket funds for health (through the SWAp). In Burkina Faso the SWAp now starts to include the research centres (functioning under the Ministry of Health) and also action research that is taking place at the district level. However, if health research is to be included in SWAp it is important to ensure that resources are dedicated to research. In general, there is a need to define the percentage of funds that is earmarked to research (through whatever mechanism). Ring-fencing funds for research is needed. The issues whether research should have a specific budget line rather than being part of health SWAp’s was also discussed, both to ensure that the funding for research does not disappear but also given the multidisciplinary nature of research to address health issues, encompassing e.g. social and basic sciences.

2. Research funding agencies

From the AHA study the following general observations can be drawn regarding funding agencies (see for full presentation annex 5):

**Data and information availability:**
- Although donors and research sponsors keep data by projects and programmes, the data is not readily available for health research.
- The study did not identify evidence that agencies map the existing situation before engaging in funding. Agencies do not know who else is operating in countries nor use this knowledge in their programme development. Information availability is better at the country level than at headquarters.
- There is no systematic exchange / database / platform for research sponsors

**Funds:**
- The ‘alignment and harmonisation’ concepts are designed for ‘aid’ not for ‘research’. But research agencies provides bulk of research funding at country level and are interested in understanding how they can play their part in alignment and harmonisation
- The external funding for research is much higher than national/domestic funding. This leads to a cynicism in countries that priority setting will have any effect, as priorities are seen to be determined by external funders.
- Building funding into ‘basket’ funding may be one way of addressing this – but it does not always work, and countries do not yet use this road sufficiently

**Research capacity building**
- Consideration should be given to individual, institutional, (health) research system, and national / socio-economic and political capacity building. In addition
- research system capacity building implies developing political will for research; defining the priorities, policies and management infrastructure for health research; developing stable and predictable funding mechanisms and a human resources strategy for health research; and after this work on optimising the system (including its focus on health equity)
- international partners can support this, and can also work on ‘fair research contracting’, and good partnership conditions.
- Before investing in research, funding agencies should consider key system aspects needed – and make this part of investment (‘niche for aid agencies’?)

**Canada**
There is no general strategy for coordinating aid and research in Canada. There is no coordination mechanism nor is there information available on the total level of funding to research in the country. However, the coordination between CIDA, IDRC, and CGCHR has recently improved. At federal level a Global Health Research Initiative has been started. The disadvantage of this Initiative is that for many projects a Canadian partner must be involved.

At the international level, the coordination between bilateral agencies is often difficult because of changing political situations in the countries (i.e. the collaboration between IDRC and SDC was affected by this). Strong personal relationships are needed to make it work.

IDRC as an institution does not align to national priorities. Alignment can happen through: 1) a national research clearance body (such clearance can take a long time); 2) appraisal of the project; 3) development of research programmes which are informed by mapping of a research area, and thus respond to identified priority areas. It may also happen that IDRC is deliberately not aligned: for example during the Apartheid time in South Africa the supported research was not in line with priorities of government. IDRC tries to harmonise by engaging in partnerships with other agencies and donors, and by jointly funding projects (i.e. Equinet).

**Denmark**

There is some coordination mechanism within Danida and with institutions in Denmark. DANIDA has identified the need to build upon the country needs, and bilateral mechanisms are in place that can respond to that.

DANIDA is currently in the process of redefining its strategy, and more information re health research funding strategies will become available in the coming months.

**Ireland**

In Ireland there are two main streams of funding: one directed towards global health and the other supporting partnerships between Irish research institutions and local partners.

Irish Aid does not have a research strategy yet (nor is this existing in Ireland). The funding is driven by Irish Aid priorities but these are closely aligned to national priorities. If priorities exist at country level, Irish Aid would be able to better use this in its research calls. There is a need for a clearing house for research results (also needed in Ireland)

**The Netherlands**

The Netherlands has a general research strategy on development issues which was drafted in 2005. This strategy is not specific for health and health research related issues.

There is a fragmentation in terms of research support and in policies for such support. This has been acknowledged and a Platform on Global Health Policy and Health Systems Research created in 2007. This platform has as function to advise the government on health issues and to coordinate research activities in the Netherlands. The platform involves people from ministry, funding agencies, NGOs and research institutions.

Another challenge is the lack of data regarding expenditures on health research. Again this is acknowledged and there is a will to change this and become more transparent.

**Norway**

There are many players in Norway involved in health research funding. NORAD’s focus is development aid, and it has some responsibility in funding health research. Others that fund health research are universities and the National Research Council. Information from all these different players is not easily accessible.

Currently a paper is being prepared on health research and development. It is meant to provide a platform for all actors and may result in a general health research strategy.
Harmonisation is mainly practiced by supporting many global initiatives, jointly with other funding agencies. An own research portfolio for Norway, linking to global health initiatives is still debated, and currently focuses on support towards MDGs 4 and 5.

**Sweden**

Sida/SAREC has a general research policy and a research strategy will be developed during 2008. In addition Sida/SAREC is currently revisiting its health research priorities, an exercise that will end in a position paper. In its bilateral research cooperation, Sida/SAREC focuses on national research capacity development in which the research university is considered as a hub to develop capacity and to develop an enabling environment for research (see also Annex 6 for presentation on national research capacity). Research capacity involves skills to carry out research, but also capacity to develop commitment to research and a culture for research, capacity for analysis, evaluation and utilisation of research, and the capacity to be part of the international research community. Sida/SAREC provides support to research management, research programs, policies and structures.

Sida/SAREC's position is that it is important for donors to agree to support capacity building, building a research community, and to be clear on what is meant by this.

**Switzerland**

Switzerland has a general research policy but there is no strategy or policy on how to fund health research in developing countries. Around 50 Million USD per year are spent on research, of which 20 million is spent on health research. Detailed data on how on this funding is dispatched is not available. The financing is done through the Ministry of Foreign Affairs but the Ministry of Education now starts seeing benefits of funding research in the South.

Resources are currently mainly directed to WHO, the Global Forum, COHRED, global initiatives and networks. In addition, capacity building at institutional level is supported (i.e. Ifakara Centre in Tanzania). Switzerland also runs its own PhD programs, but this is not generating the expected impact. One reason for this could be that the Southern partners involved are not integrated in their national health research systems.

SDC attempts to harmonise with other aid partners (i.e. in Tanzania) and also in the development of a joint M&E framework (i.e. ICDDR,B).

**The United Kingdom**

Internal funding for health research is quite complex as it is provided through three government sectors as well as the NGO sector (i.e. Wellcome Trust). External funds for health research come from the Medical Research Council, DFID, and the NGO sector. The Department of Health does not fund internationally.

The Wellcome Trust spends around 10% of its resources on external research. The Trust is a research agency not a development agency, and is not explicitly aligned with research priorities in countries. Funding goes to people in country and the expectation is that they ensure their work is aligned to national priorities. Capacity building is a requirement for most grants, and the Trust expects commitment from countries to continue what was started.

**NIH**

The United States fund health research in developing countries through the CDC, USAID, the NIH (including Fogarty) and the Department of Defense. All the funding from Fogarty goes towards developing countries.

NIH is investigator driven. Only ten percent of funding is allocated in response to requests for proposals. There is no focus on specific countries. The total funding for international grants was 300 million USD in 2004 – 2005, of which 40% went to developing countries directly. The top 5 countries receiving NIH funding are Brazil, China, Costa Rica, South Africa, and Thailand.

There is an interest in NIH to think, jointly with development agencies, about institutional capacity development.
More detailed information on funding agencies can be found in the synthesis report of the AHA study.

3. General discussion

The general discussion focused around three questions:

- Is there a need to make the case for a research community in low income countries?
- What needs to be done at country level to strengthen national health research systems?
- What needs to be done at donor level to strengthen national health research systems?

Is there a need to make the case for a research community in low income countries?

A research community can ensure implementation of existing knowledge and can develop country specific research to address local issues. A research community, rather than individual researchers, is needed to ensure continuity and utilisation, to ensure cost-effectiveness, to do the research that is less fundable, and to increase independence (of donors and pharmaceutical industry). There is a need for capacity in the country. External funds for health research can catalise the development of a research community and can catalise investment. External funds can also reduce brain drain.

The case for research and a research community in low income countries has been made. Action is now needed.

What needs to be done at country level to strengthen national health research systems?

Political commitment to research is essential. When political will is in place, research policies can be developed, priority setting processes (stimulating dialogue between researchers and policy makers) initiated and governance systems for research can be strengthened. Systems are needed to foster good practice, and much will depend on personal relationships.

The example of a national research fund in Mozambique (established by the Ministry of S&T) was seen as a good starting point to create a culture for research in the country. But other actors (private sector, NGOs) can also play a role in creating this culture.

Leadership of the coordination for research needs to be taken in the South, especially when noticing the lack of coordination within donor countries. For this institutional capacity building is needed. With good institutional capacity building, partners in the south can engage in partnerships and negotiations on an equal basis. They can also develop communities of good research practice. The key question is then how to do institutional capacity building? This requires both financial and technical support from international partners and donors (ie: IDRC currently financing Burkina Faso to draft a coordinated health research plan).

Partner countries in the South could include research in their Poverty Reduction Strategy Programmes (PRSPs). This would not guarantee government investment in research but it is considered essential to facilitate dialogue with donors.

What needs to be done at research funding agency level to strengthen national health research systems?

Funding information is very difficult to obtain. To improve knowledge about funding amounts and focus, a registration tool for funding activities could be developed. The recipient of a grant could be asked to register basic information on a project for which funding is received. Making such information publicly available helps national partners and donors to improve management of the research activities. Health Research Web has started including this information.

Research-funding agencies can be asked to work together at country level to support the strengthening of that countries’ national health research system. The support of local embassies is crucial. Sweden now has a
person in Tanzania with the mandate to coordinate donor efforts in higher education and research in the country. Embassies, however, often do not see this as their mandate, and negotiation with embassies is crucial.

The lack of capacity from donors to follow up adequately on projects funded was identified as a problem.
4. Key issues from the AHA study so far

1. **Coordination vs Flexibility**
   
   Low and middle income countries want better coordination of international health research and health research financing. Funding agencies, on the other hand, may want coordination but also express the need for flexibility to fund areas of their own priority. However, neither ‘coordination’ nor ‘flexibility’ have been adequately defined, and it is likely that governments, researchers and donors all have a different understanding of what it implies.

2. **Harmonisation – does it happen at global, at national level or both?**
   
   Some development agencies state that harmonisation happens at global level, for example by contributions to Global Health Initiatives. It is not clear whether ‘harmonisation’ at global level supports national health research system development, contributes to alignment at the national level, and, in general, is in line with the intentions of the Paris Declaration on Aid Effectiveness.

   To include health research support with SWAp’s could also be a way to reach harmonisation among donors. However, there was some consensus that research should have a specific budget line rather than being part of health SWAp’s, to ensure that the funding for research does not disappear within the overall support for the health sector as well as to ensure that other disciplines necessary to address health issues, e.g. social and basic sciences are receiving attention.

3. **Complementary actions between research sponsoring agencies and development agencies**
   
   Health research sponsors – like the Wellcome Trust and NIH/Fogarty International Center – express their wish to explore closer links to bilateral funding / development agencies to seek complementarity in support of national health research system development, especially around institutional capacity strengthening and the need for joint learning on how best to develop institutional capacity.

4. **Basic requirements to achieve alignment and harmonisation**
   
   - **At country level** there is a need to develop national health research policies, national priorities and to strengthen the overall governance system for health research in countries. Technical support, and exchange between countries, will facilitate this process. With the basic structures in place, negotiation with external funding agencies will be easier. Currently research priorities are still largely set outside the country, by research funding agencies, donors and global health initiatives. Countries need to voice their own research needs much stronger.

   - **Research funding agencies** need to take note of national priorities and policies and state explicitly whether they will respond to these priorities. Not all research-funding agencies want to align. Some agencies indicate to be investigator driven and it is the investigators responsibility to align to national priorities.

   Both better understanding of the basic requirements to achieve alignment and harmonisation, and on how countries can be supported to put these (?) structures, polices... in place is essential – as is support to actually implement these requirements.

5. **Alignment and harmonisation – in the context of health research**
   
   The concepts of alignment and harmonisation were defined for use in development aid generally. There is a need for a better understanding of the purpose, limitations, potentials, and operationalisation of alignment and harmonisation in the context of health research. For example, one key objective could be the creation of a stable financing mechanisms for health research and new ways of securing funding for health research and to achieve stability of funding need to be explored.

6. **Information on funding of health research and of health research development**
   
   Useable data and information on funding of health research at the level of low and middle income countries is hard to get. Neither recipient countries nor funding agencies have integrated data that can be used for mapping, comparative analyses or complementarity assessment. Systematic recording systems of funding is crucial in identifying current funding gaps and in measuring the extent of alignment and harmonisation.
# ANNEX 1: Meeting Agenda

**Alignment and Harmonisation in relation to Health Research** – *current situation, opportunities and challenges*

_Date: 31 October 2007, Beijing_

**Venue: Meeting room 118**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.00 – 2.15</td>
<td>Introduction to the meeting and its objectives</td>
<td>Berit Olsson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Francis Runumi</td>
</tr>
<tr>
<td>2.15 – 2.30</td>
<td>Introduction of participants</td>
<td>All</td>
</tr>
<tr>
<td>2.30 – 2.40</td>
<td>Introduction to AHA study &amp; key findings on national health research systems of the five African countries</td>
<td>Sandrine Lo Iacono</td>
</tr>
<tr>
<td>2.40 – 3.20</td>
<td>African country perspectives on alignment and harmonisation in health research:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cameroon</td>
<td>- Marie-Jose Essi</td>
</tr>
<tr>
<td></td>
<td>- Mozambique</td>
<td>- João Fumane</td>
</tr>
<tr>
<td></td>
<td>- Uganda</td>
<td>- Nelson Sewankambo</td>
</tr>
<tr>
<td></td>
<td>- Zambia</td>
<td>- Viktor Mukonka</td>
</tr>
<tr>
<td>3.20 – 3.30</td>
<td>Summary research funding agencies in relation to alignment and harmonisation</td>
<td>Carel IJsselmuiden</td>
</tr>
<tr>
<td>3.30 – 4.15</td>
<td>Comments and future perspectives from research funding agencies on alignment and harmonisation in health research:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Canada (IDRC, CIDA, CCGHR) , Denmark (Danida), Ireland (Irish Aid) , The Netherlands ( DGIS) , Norway ( NORAD ) , Sweden (Sida/SAREC), Switzerland (SDC), United Kingdom (DFID, Wellcome Trust), others</td>
<td></td>
</tr>
<tr>
<td>4.15 – 4.45</td>
<td>Coffee break</td>
<td>All</td>
</tr>
<tr>
<td>4.45 – 6.30</td>
<td>Discussion:</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>- Understanding alignment and harmonisation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What needs to be done at country level?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What needs to be done at research funding agency level?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What practical next steps can we take?</td>
<td></td>
</tr>
<tr>
<td>From 7 pm</td>
<td>Dinner (Western restaurant)</td>
<td>All</td>
</tr>
</tbody>
</table>
ANNEX 2: Participants List

Burkina Faso

Pierre Innocent Guissou
Directeur
Chief Traditional Medicine and Pharmacopeia – IRSS / CNRST
Université de Ouagadougou - UFR
Ouagadougou
Email: jp_guissou@yahoo.fr
pierre.guissou@univ-ouaga.bf

Salimata Ouedrago
Ministry of Health
Ouagadougou
Email: salimata_ki@yahoo.fr

Cameroon

Marie-José M. Essi
Enseignant - Chercheur
Faculté de Médecine et de Sciences Biomédicales
Université de Yaoundé
Yaoundé
Email: mariejoseessi@yahoo.fr

Mozambique

Maria da Conceição L. Dias
Unit for Donor Harmonization
University Eduardo Mondlane
Maputo
Email: mdias@rei.uem.mz

João Manuel Carvalho Fumane
Director
National Institute of Health
Maputo
Email: j.fumane@tvcabo.co.mz

Uganda

Francis Runumi
Commissioner Health Services Planning
Ministry of Health
Kampala
Email: frunumi@yahoo.co.uk

Nelson Sewankambo
Dean and Professor of Medicine at the Faculty of Medicine
Makerere University
Kampala
Email: sewankam@infocom.co.ug
Zambia

Viktor Mukonka
Director of Research and Public Health
Ministry of Health
Lusaka
Email: vmukonka@gmail.com

TJ Ngulube
Centre for Health, Science and Social Research (CHESSORE), Zambia
Email: chessore@zamnet.zm
thabalejackngulube@yahoo.com

Canada

Garry Aslanyan
Senior Health Advisor
Policy Branch
Canadian International Development Agency (CIDA)
Gatineau, Quebec
Email: garry_aslanyan@acdi-cida.gc.ca

Vic Neufeld
Canadian Coalition for Global Health Research
Email: neufeld@mcmaster.ca

Christina Zarowsky
Program Manager - Governance, Equity and Health
Program and Partnership Branch
International Development Research Centre
Ottawa
Email: czarowsky@idrc.ca

Denmark

Jens Byskov
DBL – Institute for Health Research and Development, University of Copenhagen
Email: jbyskov@dblnet.dk

Kirsten Havemann
Senior Advisor for Health
DANIDA
Email: kirhav@um.dk

Ireland

Ruairí Brugha
Head
Department of Epidemiology and Public Health
Royal College of Surgeons in Ireland
Email: rbrugha@rcsi.ie

Diarmuid O'Donovan
Senior Lecturer
Department of Health Promotion
National University of Ireland
Galway
Email: diarmuid.odonovan@nuigalway.ie
The Netherlands

Geert van Etten
Netherlands Platform Global Health Policy and Health Systems Research
Email: gmvetten@xs4all.nl

Norway

Ingvar Theo Olsen
Global Health and AIDS department
NORAD
Email: ingvar.olson@norad.no

Sweden

Berit Olson
Director
Department for Research Cooperation - SAREC
Stockholm
Email: berit.olsson@sida.se

Viveka Persson
Research Advisor
Division for Human Sciences for Social Development
Department for Research Cooperation - SAREC
Email: viveka.persson@sida.se

Switzerland

Daniel Mäusezahl
Epidemiologist, Senior Health Advisor
Federal Department of Foreign Affairs, FDFA
Swiss Agency for Development and Cooperation, SDC
Thematic Resources Department / Social Development Division
Bern
Email: daniel.maeusezahl@deza.admin.ch

United Kingdom

Ruth Branston
Wellcome Trust
London
Email: r.branston@wellcome.ac.uk

Sally Davies
Director for Research & Development
Department of Health
London
Email: sally.davies@dh.gsi.gov.uk

Arjan de Haan
DFID, China
Email: A-Dehaan@dfid.gov.uk
Council on Health Research for Development (COHRED)

Jennifer Bakyawa  
COHRED project officer  
Email: bakyawa@cohred.org

Martine Berger  
Senior health advisor  
Email: berger@cohred.org

Michael Devlin  
Head Knowledge Sharing, Advocacy and Communication  
Email: devlin@cohred.org

Sylvia de Haan  
Head Projects and Programmes  
Email: dehaan@cohred.org

Carel IJsselmuiden  
Director  
Email: carel@cohred.org

Sandrine Lo Iacono  
Project Officer  
Email: loiacono@cohred.org

Hashim Moomal  
COHRED consultant  
South Africa  
Email: moomal@icon.co.za

Other Invitees:

Abbas Bhuiya  
ICDDR,B  
COHRED Board member  
Email: abbas@icddrb.org

Chad Gardner  
WHO  
Email: gardnerc@un.org

Ania Grobicki  
Head Secretariat  
Bamako 2008  
Email: grobickia@who.int

Karen Hofman  
Director  
Division of Advanced Studies and Policy Analysis  
Fogarty International Center  
National Institutes of Health  
USA  
Email: hofmank@mail.nih.gov

Stephen Matlin  
Executive Director  
Global Forum for Health Research  
Geneva, Switzerland
Email: stephen.matlin@globalforumhealth.org

Rob Ridley
Director
TDR
Email: ridleyr@who.int

Ritu Sadana
EIR/WHO
Geneva
Switzerland
Email: sadanar@who.int

Gill Samuels
Chair
Global Forum for Health Research

**Apologies:**
Barbro Carlsson, Sweden
Julius Ecuru, Uganda
Paul Fife, Norway
Anno Galema, the Netherlands
Judith de Kroon, the Netherlands
Jacques Laruelle, Belgium
Diarmuid McClean, Ireland
Pascoal Mocumbi, EDCTP, The Netherlands
Pierre Ongolo-Zogo, Cameroon
Finn Schleimann, Denmark
Harry van Schooten, the Netherlands
Jaime Sépulveda, Gates Foundation
Val Snewin, Wellcome Trust
Johanna Spreeuwenberg, the Netherlands
Jimmy Withworth, Wellcome Trust
Annex 3: Introduction to AHA study & key findings on national health research systems of the five African countries

COHRED

**Donor Alignment and Harmonization in relation to Health Research - The AHA Study**

*Special Consultative Session*

Donor Alignment and Harmonisation in relation to Health Research
Current situation, opportunities and challenges

31 October 2007, Beijing
Global Forum for Health Research - Forum 11 - Beijing, 29 October - 2 November 2007

Sandrine Lo Iacono

The Alignment and Harmonization Study
Background

A group of donors met in Cairo in 2006 to understand the potential, and limitations of the implementation of the Paris Declaration in Aid Effectiveness in relation to health research support
The Paris Declaration on Aid effectiveness

- Multilateral solution to improve aid effectiveness
- Complement The Rome Declaration on Harmonization of 2003
- More than 100 wealthy and developing countries and organizations signed the Declaration in 2005

The AHA Study

Within this context, Sida / SAREC provided financial support to COHRED to undertake a study on Alignment and Harmonization in relation to Health Research support involving 8 donor countries and 5 African partner countries

8 donor countries:
- Canada
- Denmark
- Ireland
- Netherlands
- Norway
- Sweden
- Switzerland
- United Kingdom

5 partner countries:
- Burkina Faso
- Cameroon
- Mozambique
- Uganda
- Zambia
The AHA Study
Objectives

- To provide a better understanding of the National Health Research Systems (NHRS) in five African partner countries
- To provide a better understanding of 8 donor countries’ strategy when funding health research
- To provide a first assessment of the implementation of the Paris Declaration Principles in relation to health research support
- To encourage further discussion on when and how to optimize research support to low and middle income countries

Is the Paris Declaration applicable to health research support?

The AHA Study
Methodology

From June to October 2007:

- Telephone and personal interviews of key informants among the eight donors and among the following constituencies in the five African countries: 1) Government 2) Research institutions 3) NGOs and 4) Donor representatives in the countries
- Desk review of key documents received from donors and stakeholders in countries
- Internet and other literature searches
The AHA Study
Limitations

- **Time was a key limitation in this study** (study started only in earnest in May 2007 - final version will be available in April 2008)
- **Country NHRS assessments could not be exhaustive**
- **Difficulties to obtain:**
  - *Financial data* regarding either the national budget or bi-lateral and multilateral funds for health research
  - Full *details of health research projects from donors*
  - A clear picture of *donor country strategies* related to funding health research

COHRED – Council on Health Research for Development

---

Key Findings (1)

**National Health Research Systems (NHRS)**

- The governance and management structures for health research in each of the five African countries is fragmented and not coordinated between two or three different ministries including the Ministry of Health (in all countries), the Ministry of Science and Technology (Cameroon, Mozambique, and Zambia), the Ministry of Higher Education (Burkina Faso and Cameroon) and the Ministry of Finance (Uganda)

- None of the five African countries has currently a specific operational Health Research strategy/policy

**But**

- **Cameroon** is in the process of drafting such a strategy with the assistance of COHRED
- **Zambia** has a draft that is near completion

COHRED – Council on Health Research for Development
Key Findings (1)

**National Health Research Systems (NHRS)**

- The governance and management structures for health research in each of the five African countries is fragmented and not coordinated between two or three different ministries including the Ministry of Health (in all countries), the Ministry of Science and Technology (*Cameroon, Mozambique, and Zambia*), the Ministry of Higher Education (*Burkina Faso and Cameroon*) and the Ministry of Finance (*Uganda*).

- None of the five African countries has currently a specific operational Health Research strategy/policy.

**But**

- *Cameroon* is in the process of drafting such a strategy with the assistance of COHRED.
- *Zambia* has a draft that is near completion.

Key Findings (3)

- Except *Mozambique*, the four other countries do not have a human resources strategy for health research.

**But**

- *Zambia* organised in 2006 a conference on Human Resources for Health Research.

*A lot has still to be done to strengthen National Health Research Systems but there are already encouraging examples of the political willingness to move to that direction.*
DONOR ALIGNMENT 
AND 
HARMONIZATION IN HEALTH RESEARCH IN 
ZAMBIA

Dr. Victor Mukonka 
Director Public Health and Research 
Ministry of Health 
Zambia

BACKGROUND

Policy Environment
Zambia is working towards providing an enabling environment:
♦ Drafted National Health Research Policy
♦ Drafted National Health Strategic Plan
♦ Constituted National Research Ethics Committee
♦ Developed Guidelines for conducting Research in Traditional Medicine
BACKGROUND CONT’D

Health Research Structure

Zambia National Health Research Structure (figure here)

CURRENT PRACTICES IN FUNDING HEALTH RESEARCH IN ZAMBIA

Major Sources of Funding

- Bilateral: USA, NORAD
- Countries providing Health Research funds - Canada (IDRC), UK (DFID), Sweden (SIDA/SAREC), Norway (NUFU)
- Government.
CURRENT PRACTICES CONT’D

About 90% of the Health Research funds is external
- Donor funds for research goes directly to external funded projects/programmes
- External Health research funds not co-ordinated by MOH
- Total inflow of research funds not known
- Research outputs/outcomes general owned by funders

CHALLENGES AND OPPORTUNITIES IN HEALTH RESEARCH IN ZAMBIA

- Operationalization of the National Health Research Policy and Strategic plan.
- To increase allocation to Health Research
- To Align external funding to national health research priorities
- Develop sustainable health research system
  1. Political and Donor goodwill
  2. Funding opportunities - Global Funding, PEPPFAR
WAY FORWARD

- Develop an effective system for providing health research funds through the ministry of finance.
- Develop a system for alignment and harmonization of donor research funds to national priorities.
COHRED

Donor Alignment and Harmonization in relation to Health Research - The AHA Study

Special Consultative Session
Donor Alignment and Harmonisation in relation to Health Research
Current situation, opportunities and challenges

31 October 2007, Beijing
Global Forum for Health Research - Forum 11 - Beijing, 29 October - 2 November 2007

Research Sponsors’ perspectives

The Paris Declaration on Aid effectiveness

• Multilateral solution to improve aid effectiveness
• Complement The Rome Declaration on Harmonization of 2003
• More than 100 wealthy and developing countries and organizations signed the Declaration in 2005

OECD Pyramid-From donorship to ownership
Managing for Health
Development Results
AHA study: research sponsor perspectives

• ownership and alignment:
  – needs research agenda’s which are often not there
  – even if an agenda – may be disregarded
    • ‘credibility’
    • institutional mandates / limitations / own agenda
  – needs a ‘research system’ – i.e. a governance and management structure

• harmonisation:
  – misunderstood as ‘amalgamation’
    • but focuses on ‘common arrangements, simplifying procedures and sharing information’ – i.e. reducing transaction costs for receiving government / institution
  – interest of all we interviewed in ‘harmonisation’
    • agencies involved in the study
    • including agencies normally not seen as ‘aid agencies’ but as ‘research funders’
      – pending clarification of how this relates to institutional mandates / administrative limitations
AHA study: research sponsor perspectives

• general observations: data & info

  – donors / research sponsors keep data
    • by project / programme / donor agency –
    • but this is not readily accessible for health research
  – not encountered evidence of ‘mapping’ before starting
    • agencies don’t know who else is operating in countries in research – or – don’t use this knowledge
      – at country level better than at HQ
  – there is no systematic exchange / database / platform for research sponsors

AHA study: research sponsor perspectives

• general observations: funds

  – ‘alignment and harmonisation’ designed for ‘aid’ not for ‘research’
    • but ‘research agencies’ provide bulk of research funding
    • and are interested to understand how they can play their part
  – external funding for research is >>>> national funding
    • cynicism in countries that priority setting will have any effect
    • tension between institutional funding and donor funding from same country sources
  – building funding into ‘basket’ funding not always good
    • countries don’t use this road sufficiently
• general observations: other
  
  – research capacity building
    • individual
    • institutional
    • (health) research system
    • national / socio-economic and political
  
  • international
    – e.g. ‘fair research contracting’, partnership definitions

• general observations: other
  
  – research system capacity building
    • political will
    • priorities
    • policy
    • management infrastructure
  
    • stable, predictable financing mechanisms
    • human resources for health research (HR-HR) plan
  
    • then - optimising system / enhancing performance (incl for health equity)
AHA study: research sponsor perspectives

• general observations: other

– in health research - no effort to define purpose / goal / changed state of ‘alignment and harmonisation’

– even if ‘ad hoc’ – before investing in research, one should consider key system aspects needed – and make this part of investment ('niche for aid agencies' ?)

– consequently, in combination with lack of accessible information;
  • difficult to sent goals, develop benchmarks
  • difficult to monitor and evaluate

• ideas for the way forward

– need to get more clarity on the meaning and operationalisation of ‘alignment and harmonization’

– and on ‘limitations’ … why / when is it not the road to go (especially ‘alignment’) ?

– data & info … system information
The AHA Study and Health Research Web

Information from the AHA Study will be posted on Health Research Web

http://www.cohred.org/HealthResearchWeb/
AHA study: research sponsor perspectives

• ideas for the way forward

– funding:
  • need to make system building explicit in funding –
    – collaboration ‘research’ and ‘aid’ agencies? (‘internal harmonization’?)
  • need to have better data system, benchmarks and M&E
  • need to have a platform to evolve this debate
    – HRWeb discussion – Wellcome Trust – Cape Town 15\textsuperscript{th} Nov
  • ‘map before you step’
  • use current goodwill in ‘research agencies’ …

COHRED – Council on Health Research for Development

• ideas for the way forward

– countries need:
  • priorities, policy, management
  • financing strategy and HRHR plan
    – how to develop ‘ownership’ in view of external funding?
      » countries: start funding, use PRS etc
      » research sponsors: build capacity

– this meeting is not ‘enough’
  • how to pursue?
  • clarifying ‘Paris Declaration’ related to health research
  • many other issues …
National Research capacity

- National research policy & strategy
- Culture of inquiry
- Budget line for National research
- National commitment to research
- Improved teaching - critical minds
- Skills for carrying out research
- Asking nationally relevant questions
- Capacity for analysis
- Capacity to generate own knowledge
- Capacity for evaluation
- Capacity to utilise external research/knowledge
- Innovation systems
- Agents of Change: Using evidence to question
- Capacity to be part of international research community

University Research capacity

- University policies and strategies
- Culture of inquiry
- Capacity for local PhD examination
- Dedicated university budget for research
- Improved teaching - critical minds
- University mechanisms for innovation
- Mechanisms of research communication
- Mechanisms to encourage & reward research
- Skills for research management
- Well trained Researchers
- Access to scientific literature, laboratories
- Access to Information Communication Technology
**Why the need for a research community?**

- They undertake studies, which *enhance understanding of local conditions* and resources, provide facts and evidence for *policy formulation* and strategic interventions.
- They may identify, transform, test, improve and *disseminate international scientific findings to society*.
- Research universities are *key partners to industry in innovation*. Such partnerships may increase production and offer employment opportunities.

---

**Research community, cont.**

- Universities supply the *expertise for analysis and evaluation* to guide design of service delivery in e.g. education, health and social security.
- They provide the country representatives with *evidence based arguments in international negotiations* on aid, terms of trade, conventions and concessions.
- In the free media and together with civil society organisations, universities *contribute to debates on controversial issues*.
- Not the least important, research based university education *increases the quality of learning and competencies of the students*. When entering for jobs in the public and private sectors these students *improve society’s capacity to analyse and find solutions to poverty reduction*. 