

## Final Report

# **Alignment and Harmonisation in Health Research in Uganda**

- an exploratory meeting

Jointly organised by:

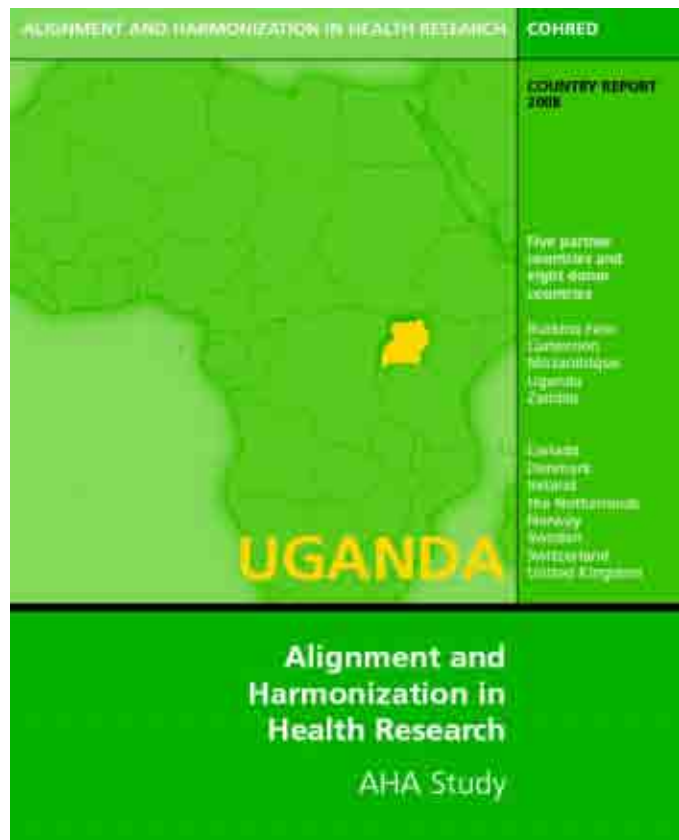
Ministry of Health, Uganda

Makerere University, Kampala, Uganda

Council on Health Research for Development (COHRED), Geneva, Switzerland

Africana Hotel,  
Kampala  
Uganda

11 November 2008



# Alignment and Harmonisation in Health Research in Uganda

An exploratory meeting

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*Final Report prepared by Carel IJsselmuiden (COHRED) on behalf of the three organisers – Final report includes comments made on the draft report by participants.*

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*Draft Report sent out: 13 November 2008*

*Final Report: February 2009*

## 1. Background

Low-income countries face a massive under-investment in health research relevant to their needs. Factors that contribute to this problem include inadequate funding for health research in and by poor countries, limited participation of scientists from developing countries in both international research and the global policy arena, and the lack of funding for health research at the country level. The health research support of development cooperation agencies is often limited, not harmonized between agencies and unaligned with developing countries' health and health research priorities. Donors' ability to effectively align with countries' strategies tends to be restricted by a lack of comprehensive and operational health research policies and strategies, and a failure to include health research in countries' Poverty Reduction Strategies Programmes.

As a multilateral solution to improve aid effectiveness, and in addition to the Rome Declaration on Harmonization of 2003, more than 100 wealthy and developing countries and organizations signed the Paris Declaration on Aid Effectiveness in 2005. Signatories to this international agreement committed to adhere to and increase harmonization, alignment and aid management efforts through a set of monitorable actions and indicators. The partnership commitments are organized around five key principles:

- *Ownership*: Partner countries exercise effective leadership over their development policies and strategies, and co-ordinate development actions.
- *Alignment*: Donors base their support on partner countries' national development strategies, institutions and procedures.
- *Harmonization*: Donors actions are more harmonized, transparent and collectively effective.
- *Managing for results*: Donors and partner countries manage resources and improve decision-making for results.
- *Mutual accountability*: Donors and partners are accountable for development results.

Given that the Paris Declaration is aimed at improving the impact of development aid in general, and was not designed specifically for health research, a group of donors met with COHRED in Cairo in November 2006 to understand the potentials, limitations and implementation of the Paris Declaration principles in the domain of health research support. Following this meeting, COHRED initiated a study on donor alignment and harmonization in health research, for which financial support was provided by Sida/SAREC. The purpose of this study was to understand how the Paris Declaration can be fruitfully employed in the field of health research support, including institutional or project-based research collaboration, as well as other support that is not normally seen as part of 'development aid'. The study, known as the Alignment and Harmonization or AHA Study, includes five African countries: Burkina Faso, Cameroon, Mozambique, Uganda and Zambia; and eight donor countries: Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.

The preliminary study findings that were available by October 2007 served as background material for a consultative meeting on improving donor alignment and harmonization in relation to national health research priorities and systems. This meeting was held in Beijing on 31 October 2007 in conjunction with the Global Forum for Health Research annual meeting, and involved 39 representatives of all the five African countries, eight donors and two major research sponsoring agencies (the Fogarty International Centre of the US National Institutes of Health and the Wellcome Trust) that were not part of the earlier assessment. Uganda's representatives were Dr Francis Runumi, Commissioner of Planning in the Ministry of Health – who also co-chaired this meeting – and Prof Nelson Sewankambo, Principal, Makerere College of Health Sciences.

The report describing alignment and harmonisation in health research in Uganda as well as the report of the five-country AHA study which provides information on all five countries and gives further analysis on the applicability of the Paris Declaration principles to health research were tabled as background information and for use throughout the meeting. Both documents are available from available from: [www.cohred.org/AHA](http://www.cohred.org/AHA).

Following the Beijing meeting and the publication of the AHA reports, it was decided by the three partners in this meeting that a meeting should be held in Uganda to discuss the study findings and deliberate on alignment and harmonisation in health research in Uganda. The meeting of 11 November 2008 is the result of this decision.

## 2. Purpose and Agenda

**PURPOSE of the meeting :** to bring together a small group of decision-shapers (government, research & academia, research donors and sponsors, media) with the aim of:

1. exploring the usefulness, potentials & limitations of, and opportunities & obstacles for alignment and harmonisation ('AHA') in health research in Uganda
2. deciding on practical steps that may be taken by all involved to realise the potentials of AHA in Uganda

**Agenda :**            **co-chairs/facilitators : Prof Francis Omaswa & Carel IJsselmuiden**

- 09:00 – 9:30    **Self-Introduction** of participants (list of participants : see Appendix 1)  
**Welcome :**       Francis Runumi / Ministry of Health  
                         Carel IJsselmuiden / COHRED  
                         Nelson Sewankambo / Makerere University
- 09:30 – 11:00    **Introductory short communications:**  
                         • **Background to Paris Declaration; principles; alignment and harmonisation; the COHRED 'AHA study'** - Carel IJsselmuiden / COHRED  
                         • **Uganda National Health Research Organisation (UNHRO) : a new start** – Sam Okware / UNHRO  
                         • **Alignment and Harmonisation in Uganda : a donor perspective** – Christina de Carvalho Eriksson (Sida Uganda)  
                         **discussion**
- 11:00 – 11:30    break
- 11:00 – 12:30    small group work : (two groups)  
                         **Optimising health research capacity, systems and governance in Uganda – the contribution of 'AHA'**
- 12:30 – 13:30    lunch
- 14:30 – 15:30    **report back from small group :** contributions of 'AHA' to building Uganda's national health research capacity
- 15:30 – 17:00    plenary session :  
                         **What practical steps can be taken to further the 'AHA' agenda in health research in Uganda ? – what, when, how and by whom ?**
- 17:00                Closing: Prof Carel IJsselmuiden, Prof Francis Omaswa, Dr Francis Runumi

### 3. Record of the meeting, including presentations

#### 3.1. Welcoming remarks

- **Prof Francis Omaswa**, African Centre for Global Health and Social Transformation (ACHEST), previously Director-General : Ministry of Health Uganda and Director Global Health Workforce Alliance

Welcomed all present. Mentioned his role in and wish for the establishment of the Uganda National Health Research Organisation (UNHRO) bill while in office in the Ministry of Health. He also pointed out the timeliness of this meeting given the general debates on increasing aid effectiveness, and stressed the importance of locating the AHA in health research debate within the general discussion on Alignment and Harmonisation.

- **Dr Francis Runumi**, Commissioner of Planning, Ministry of Health, Uganda

Emphasized the need for government to have 'evidence-based' inputs into health policy formulation. The timing of this meeting was very appropriate to help structure the link between government and research. Over the years, there had been many discussions on linking health research with national research priorities – in different settings – and with different players. But these discussions did not lead to concerted action. That is why he was very happy when the COHRED 'AHA study' was launched and included Uganda. Both the Ministry and he personally have supported this COHRED work as it has helped to provide structure to the link between research and national health policy formulation. He expressed the expectation that this meeting would result in strategic and concrete steps to help improve health research governance in Uganda.

- **Prof Carel IJsselmuiden**, Director of the Council on Health Research for Development (COHRED)

Referred to the long history of collaboration between COHRED and Uganda – the first Director-General of UNHRO (Prof Raphael Owor) was also the first vice-chairman of the COHRED Board. In 2007, COHRED received a 1-year grant from the Swedish International Development Agency (Sida) for the 'AHA study', and had almost not accepted it because such short-term grants could force COHRED to behave as a 'consultant' rather than as an enabling organisation. Given the importance of the subject and the fact that the application of the Paris Declaration principles to health research had not yet been examined, we decided to go ahead, and continue the process even though funding has now stopped. As a 'southern alliance with key northern partners', COHRED is keen to work with Uganda in optimizing research governance for health, equity and development.

- **Prof Nelson Sewankambo**, Principal : College of Health Sciences, Makerere University, Uganda

Illustrated the need for alignment and harmonisation by pointing out that his presence was required at three other meetings this same day – two of which were research-related. From an academic point of view, it is crucial that there be national health research priorities, and that alignment and harmonisation of donor support should help to make funding available for these 'national' priorities – over and above 'global' research priorities.

### 3.2. presentations and discussion

- **Prof Carel IJsselmuiden: background to the Paris Declaration and its principles – with a focus on alignment and harmonisation; results of the 'AHA study'; how to take this forward to support health research systems strengthening in Uganda ?**

#### Presentation:

**Alignment and Harmonisation  
in health research**  
-  
**the 'AHA study'**



Carel IJsselmuiden  
Alignment and Harmonization in Health Research Meeting  
Kampala, Uganda, 11 November 2008

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**overview**

- introduction
- Paris Declaration 2005
- info on the 'AHA study'
  - findings on alignment and harmonisation in health research
- alignment and harmonisation – what next?
- purpose of today's meeting

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**introduction**

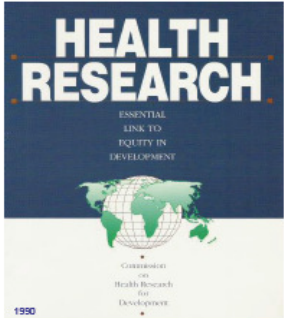
- joint meeting : MOH, Makerere Univ, COHRED
- thanks to : jennifer bakyawa, francis runumi, nelson sewankambo, francis omaswa, and
- other speakers, contributors and participants
- books at the back ... more available as .pdf
  - *synthesis report – 5 countries & 8 donors*
  - *Uganda report*

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**COHRED**

- international NGO with offices in Geneva
  - 'decentralising': Sousse, Mexico, Tashkent, Kampala ...
- 'southern alliance with key northern partners'
  - board membership is 2/3 from LMICs
  - strong links to Africa
  - long history of work for joint benefit – Uganda & COHRED
- funding
  - 'core': Ireland, Switzerland, Canada (IDRC)
  - 'project': Netherlands, Wellcome Trust, Canada, Brazil, EDCTP, Sida ('AHA'); in preparation – South Africa, Tunisia, NEPAD
  - partnerships – including ISHReCA, perhaps UNCST

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**HEALTH RESEARCH**  
ESSENTIAL LINK TO EQUITY IN DEVELOPMENT  
1990  
Committee on Health Research for Development

**Findings:**  
"10/90 Gap"

**Recommendations:**


1. ENHR
2. Global Funding
3. Partnerships
4. Global Platform

**Follow up:**  
NHRS & Research for Health

Available from: www.cohred.org

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**Paris declaration**



**PARIS DECLARATION ON AID EFFECTIVENESS**  
Ownership, Harmonisation, Alignment, Results and Mutual Accountability

I. Statement of Resolve

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## Paris Declaration on Aid Effectiveness - 2005 -

- attempt by governments to improve aid effectiveness
- follows preparatory work – e.g. in Rome Declaration on Harmonization of 2003
- More than 100 developing countries and other organisations signed the Paris Declaration in 2005
- aimed at general development, *not research specifically*

**OECD Pyramid-From donorship to ownership Results**

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3<sup>rd</sup> High Level Forum  
ON AID EFFECTIVENESS

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**Accra High Level Forum**

Search

- Ministerial Meeting on Aid Effectiveness
- Open Declaration
- Organizing the Third HLF
- Preparation Events
- Programme for the Third HLF
- Accra Agenda for Action
- POLITICAL MOVING
- Ministerial Meetings
- Side Events
- Voice of Civil Society
- Logistics

Accra, Ghana  
2 to 3 September 2008

News & Updates:

**ACCRA AGENDA FOR ACTION**

Developing Countries Agree to Improve Aid

COHRED – Council on Health Research for Development

www.odi.org.uk | 100 Brookings Drive | Washington, DC 20037

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**ODI on ...**

**Third High Level Forum on Aid Effectiveness, Accra 2008**

At the Third High Level Forum on Aid Effectiveness, ministers from over 100 countries, heads of bilateral donor organisations, evaluation, development agencies and civil society organisations will review the progress made against the March 2005 Accra Agenda for Action (AAA) agreement to further actions for implementation of international aid delivery.

The forum will cover High Level Ministerial Meetings, a "table-top" for in-a-cave work by countries and their "ambassadors" to solve in-depth discussions. The meeting will conclude with a ministerial statement "Accra Agenda for Action" – this will set the target for implementing the Paris Declaration by 2010.

Evidence gathered to inform the Accra HLF indicates that progress against the PD commitments has been slow. Aid recipients continue to be less aware that aid is not being provided in ways that foster ownership of the development process and the influence donors and countries bring can be a major obstacle. For changes to be made, a series of steps

**Related links**

- [The ODI website](#)
- [ODI Working Paper: Aid Effectiveness](#)
- [ODI Programme - ODI](#)
- [ODI Publications](#)
- [ODI Staff - ODI](#)

**In the internet**

- [Government Document](#)
- [Media News](#)

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**CIVICUS DIALOGUES - SELECTED COVERAGE POST: ACCRA**

Civil society statement to the lead up to the 3rd High Level Forum on Aid Effectiveness

Source: Better Aid, www.betteraid.org

In the lead up to the HLF, CSOs held a Parallel Forum on Aid Effectiveness in Accra with more than 700 participants from over 80 countries. CSOs have consistently set the bar high in recognition of the urgency to accelerate and concrete action from Accra Agenda for Action (AAA) to make any progress towards improving implementation of the Paris Declaration. To this end, CSOs presented at the Parallel Forum signed a statement, which was presented to delegates at the High Level Forum itself. To read the statement, [click here](#). NGOs, civil society, under the banner of Better Aid also coordinated an expression of the current hierarchical structure of the aid system at the HLF. A great many of their comments are available [click here](#).

CSOs, represented by Gisele Mwanakatwe and Antonio Tujan, addressed HLF delegates at a Ministerial dinner on 2<sup>nd</sup> September, and presented the CSO Statement. [How do they speak?](#)

**Paris Declaration, delimiting on democratic governance and social justice says BETROFIT**

Speech by Rose Mwanakatwe, Co-chair, Network for Women's Rights in Ghana (NETROFIT)

NETROFIT is indeed a great pleasure to be participating in Ghana and the role of the web to have this opportunity to connect with you Ministers and Heads of Delegations who as policy makers have responsibility to make those critical decisions that will determine the direction of the Paris Declaration and Aid Effectiveness from Accra at the ongoing High Level Forum 3 just beyond. This space is important for us within civil society because of our commitment and active engagement with the Paris Declaration process on the urgency to deliver on democratic governance and social justice. To read the web of this speech, [click here](#).

**Speech to Ministerial dinner by Antonio Tujan Jr., Chairperson, Reality of Aid Network**

It is a great pleasure to participate in the Government of Ghana and the Working Party on Aid Effectiveness for giving the CSO Platform the opportunity to speak to the Ministerial dinner. We bring the voices of CSOs from around the world that have made unprecedented achievements in the scale and breadth of preparations in the lead up to and here at Accra. You have engaged civil societies, donors, and stakeholders from the countries, organized an research and personal materials to present our analysis on aid effectiveness. All these preparations in the past two years have resulted in unprecedented gains from a mere 18 CSOs present in Paris during HLF2 to the 700 who participated in the ODI Parallel Forum bringing together important CSO organizations from more than 80 countries. To read the rest of the speech, [click here](#).

We need to take stock of the progress made and to build a collective analysis of the AAA. Follow how some of the best analysis of the statement at Accra.

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SEPTEMBER 2-3, 2008 ACCRA, GHANA

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**ACCRA AGENDA FOR ACTION**

Ministers of developing and donor countries responsible for promoting development and Heads of multinational and bilateral development institutions endorsed the following statement in Accra, Ghana, on 4 September 2008 to accelerate and deepen implementation of the Paris Declaration on Aid Effectiveness (2 March 2005).

**This is a moment of opportunity**

1. We are committed to eradicating poverty and promoting peace and prosperity by building stronger, more effective partnerships that enable developing countries to realise their development goals.
2. There has been progress. Fifteen years ago, two out of five people lived in extreme poverty; today, that figure has been reduced to one in four. However, 1.4 billion people—most of them women and girls—still live in extreme poverty, and access to safe drinking water and health care remains a major issue in many parts of the world. In addition, new global challenges—rising food and fuel prices and climate change—threaten to advance against poverty many countries have made.
3. We need to achieve much more if all countries are to meet the Millennium Development Goals (MDGs). Aid is only one part of the development picture. Democracy, economic growth, social progress, and care for the environment are the prime engines of development in all countries. Addressing inequalities of income and opportunity within countries and between states is essential to global progress. Gender equality, respect for human rights, and environmental sustainability are cornerstones for achieving enduring impact on the lives and potential of poor women, men, and children. It is vital that all our policies address these issues in a more systematic and coherent way.

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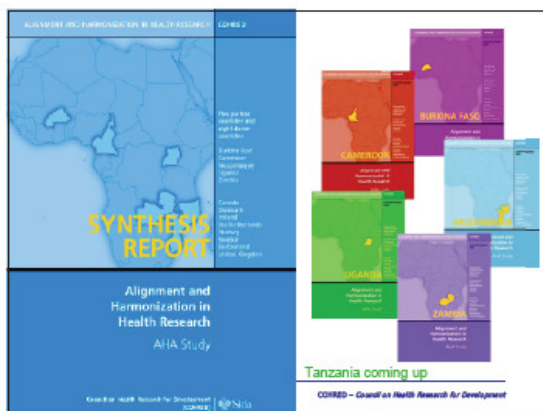
**AHA definitions**

- **alignment:** commitment of donors to base development assistance on partner countries' strategies, institutions and systems
- **harmonisation:** commitment of donors to rationalise their activities to maximize collective efficacy of aid under 'country-ownership and increase transparency and collective action
- *both need to be operationalised further*

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-- 8/35 --





### the 'AHA' study

- discussions started by Sida/SAREC in 2006
- multiple donors and research sponsors involved ('likeminded donors')
- grant to COHRED for 1 year 4/2007 - 6/2008
- Burkina Faso, Cameroon, Mozambique, Uganda, Zambia
- Canada, Denmark, Ireland, Netherlands, Norway, Sweden, Switzerland, United Kingdom
  - *NIHFIC, Wellcome Trust*
- extension – Netherlands provides funding for Tanzania in 2008/9

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### the 'AHA' study

- **methods :**
  - health research system mapping
  - document reviews
  - website searches
  - key informant interviews
  - visits
- **two consultations:**
  - Beijing Nov 2007 (*Global Forum Health Research*)
  - draft reports circulated for comments
- should be process – not 'study' / ongoing – not 'once off'

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### AHA !

- **countries (5)**
  - all have substantial externally funded research
    - but great differences in amount of research done / funded
  - governance in health research in all is weak
    - *basic 'governance' = priorities, policies, management'*
    - all are aware and 'working on it'
    - often fragmented between : MOH, S&T, Education, coordinating bodies; lack of clarity of responsibilities

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### AHA !

- **countries (5)**
  - research financing
    - almost 90% is external
    - internal budget mostly for salary and institutions – not as research 'line item'
    - SWAPs are one source of financing in 4 countries
  - human resources for health research
    - only Mozambique has strategy
    - Zambia had a conference on HRHR in June 2007
    - in Francophone Africa – system modeled on France with differences in conditions of service for researchers in MOH or in S&T/Educ

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### AHA !

- **countries (5)**
  - all 5 are signatories to the Paris Declaration
  - 4/5 have some system in place to facilitate alignment and harmonisation for general aid (incl. Uganda)
  - most African interviewees had little knowledge of Paris Declaration principles

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### AHA !

- donors (8 + 2)
  - all are signatories to the Paris Declaration
  - all but Canada fund some research through SWAp
    - thus facilitating alignment and harmonisation
  - perception of African interviewees –
    - donors do not align with national research priorities
    - financing channels favor northern institutions
    - harmonisation between donors on RFA procedures would help change this
  - donors don't know with what to align
    - If there are no national priorities
    - e.g Sida : uses Makerere University priorities

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### AHA !

- donors (8 + 2)
  - African interviewees aware of Paris Declaration expressed two fears:
    - even less influence of national priorities – (because of *possible block farming*)
    - 'country ownership' being used as reason to pull out too soon
  - donors
    - donors fear that alignment could mean less flexibility
    - research sponsors – that they may not be able to deliver on national priorities given their mandates
      - looking for 'complementarity'

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### AHA !

- donors (8 + 2)
  - harmonisation :
    - as far as this means administrative costs:
      - 'OK' in principle – but little evidence in practice
      - should be done at Institutional level first – before national
      - claim that 'harmonisation' is best done at global level (through global health partnerships)
  - need to expand to all research sponsors
    - often don't know who else is operating in same country
    - those in the study are not main research sponsors
    - private sector needs to be included
  - information from donors is poor
    - 'buried' info (especially if research is part of programmes)
    - Health Research Web = key potential source

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The image shows a screenshot of the 'Health Research Web' website. At the top, there are navigation tabs for 'Home', 'About Us', 'Contact Us', 'Search', 'Help', 'Feedback', and 'Log Out'. Below the tabs is a header for the 'COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRD)'. A central banner reads 'Welcome to Health Research Web' with a sub-header 'Country & W. Countries'. Below the banner is a world map with various countries highlighted in different colors. At the bottom right, there is a footer with the text '©2008'.

### AHA - recommendations

- countries
  - establish 'basic' NHRS
    - priorities, policies, management
    - stable financing, human resources for health research
    - communicate these
  - form mechanism for 'AHA' in (health) research
    - and reduce fragmentation between ministries
    - start dialogue with donors, funders, research sponsors on research system building as part of aid / support / granting

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### AHA - recommendations

- donors
  - make research support part of other AHA efforts
  - support 'basic' NHRS
    - if these don't exist – help getting them going
    - and then ... align !
      - but ... allow 'blue sky' / non-SWAp proposals
  - set up for complementarity
    - with each other
    - with research sponsors – institutions
      - especially from own countries !
  - make information more easily accessible

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**AHA – what next ?**

- Sida funding to COHRED ended
  - but 'study' has become ongoing effort
    - this meeting
    - website
    - extension of study to other countries – e.g. Tanzania
    - 'report card' approach ?
  - donors get together
    - ESSENCE
- What about 'partner countries' ?

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**AHA – what next ?**

- need better understanding of potentials and limitations of alignment and harmonisation in health research
  - this meeting
  - further work – including 'research agencies'
  - concerted efforts in some countries
- *HRWeb*
  - Other 'platforms' ?

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**this Uganda AHA meeting**

- Understand the contribution of (health) research to national development
  - and how 'AHA' can enhance this
- find practical ways to act on this
  - research governance & management
  - coordination between institutions
  - coordination with research donors / sponsors

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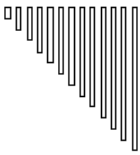
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### **Additional notes:**

- The Paris Declaration on Aid Effectiveness of 2005 and its principles are not well known in the health research domain, and their application has not been examined until now. The 'AHA study' is the first attempt to look at the potentials and limitations of implementation in health research.
- To begin understanding and implementing alignment and harmonisation, both host countries and donors / research funders need to change. Host countries need to strengthen research governance so that alignment can take place. Donors and research funders need to take active steps to communicate among themselves and find areas for complementarity in funding. Both need to establish an ongoing 'AHA' dialogue to increase understanding and begin the process of alignment and harmonisation. Long-term commitment is essential.
- Uganda in specific – can play a major role in operationalising alignment and harmonisation given the large amount of health research done, and the large numbers of donors in the country. At the same time, its research governance mechanism need substantial strengthening in human resources, infrastructure and financing to be able to do this. One of the outcomes of the 'AHA' process should focus on capacitating this.

- **Dr Sam Okware : A new start for the Uganda National Health Research Organisation (UNHRO)**

**Presentation :**




UGANDA NATIONAL HEALTH RESEARCH ORGANISATION: A NEW START

**DR. SAM OKWARE**


DIRECTOR GENERAL  
UGANDA NATIONAL HEALTH RESEARCH ORGANIZATION (UNHRO)

November 2008



**OBJECTIVES OF RESEARCH**

- Improve population Health, Equity and development
- Support evidence based policies and interventions.
- Identify the gaps for improvement.
- Improve the quantity and quality of interventions.
- Be an effective agent of transformation.
- Identify "make or break" factors that influence the effectiveness of interventions.



**IMPROVING HEALTH RESEARCH SYSTEM**

- Human resources for Health Improvement – develop HRH strategy and plan.
- Ensure stable and predicible research funding – align HSSP; donors, harmonize.
- Strengthen collaborative arrangements and networking (dip., donors etc).




**IMPROVE HEALTH RESEARCH COMPONENTS**

- eg. – Research ethics
  - Research communication, including evidence to policy and practice
  - Community demands for research
  - M & E on impact
  - Health Systems research needs
  - Good research contracting
  - Technology transfer arrangements
  - Intellectual property rights
  - Institution building/motivation.



**UTILIZATION OF RESEARCH RESULTS**

- Target: from research to policy/advocacy.
- Strengthen dissemination of research findings (w/shops, publications, mass media, research reports).
- Provide feedback to patients and communities.
- Facilitate dialogue between researchers/policy makers.
- Translate research results into policy briefs.
- Dissemination research results to wide public through mass media.



**CONCLUSION**

- A favourable health policy environment by in transition research to policy.
- Developed health research system available.
- Reasonable mass researchers addressing health research priorities set out in the ENHR plan and HSSP.
- Networking on going national, international, regional) and communities.
- Great potential for research but needs funding, enabling environment, increased partnerships.



**Additional notes:**

- UNHRO (the Uganda National Health Research Organisation) is having a new start with the appointment of Dr Sam Okware as new Director-General. It was made clear by the Ministry of Health that they see UNHRO as the main research governance arm of the government. The purpose of creating it at 'arms-length' of government is to give it more flexibility and to allow it to work in the 'health sector' broadly rather than in the more narrow terrain of the Ministry of Health.
- The UNHRO bill has been revived, and it is presented for discussion with a parliamentary committee still this month (November 2008) in the hope of finalising the bill next year.
- Because financial planning has much longer cycles than decision-making, UNHRO has not yet been resourced. Nevertheless, the Ministry anticipates that action can and should be taken – supported both by the constituencies of UNHRO and by donors and research funders interested in supporting health research in Uganda.

- **Christina de Carvalho Eriksson : Alignment and harmonisation in Uganda – a perspective from Sida.**

**Presentation :**


**Alignment and Harmonisation in Health Research in Uganda**  
the perspective of  
  
**Swedish International Development Agency**

Cristina de Carvalho Eriksson  
Sida/Team Uganda

Alignment and Harmonisation in Health Research in Uganda  
11 November 2008, Kampala, Uganda

**Outline of presentation**

- Swedish policies for development coop.
- Swedish bilateral research cooperation in general
- Swedish bilateral Health and Health research cooperation with Uganda
- Supported efforts for alignment and harmonisation in Health Research




**Swedish Policy for Global Development**

Primary goal:  
***To contribute to an environment supportive for poor people's own efforts to improve their quality of life***




**Sustained capacity**

The basis for research in low income countries will not be built or sustained merely through vertical programmes focussing on particular issues or problems and not contributing to sustaining an institutional basis for research.



**Capacity impact**

Depends on the extent cooperation offers are aligned with research strategies and plans of the institution and on the degree of harmonisation with institutional practice




**Trends weakening chances of building a basis for research**

*Dilution of resources due to rapid expansion of higher education sector*

Fragmentation of efforts due to:

- ▶ push for immediate returns
- ▶ problem oriented research cooperation
- ▶ vertical support programmes



### The Paris Agenda

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- Research Capacity is needed for the implementation of the Paris Agenda for Aid Effectiveness
- The Paris Principles are needed for effective support for Research Capacity



### Overall goal of Swedish bilateral research cooperation

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To increase and improve impact of investments into structures and institutions in low-income countries to ensure that knowledge and research capacities are built on a sustained basis.



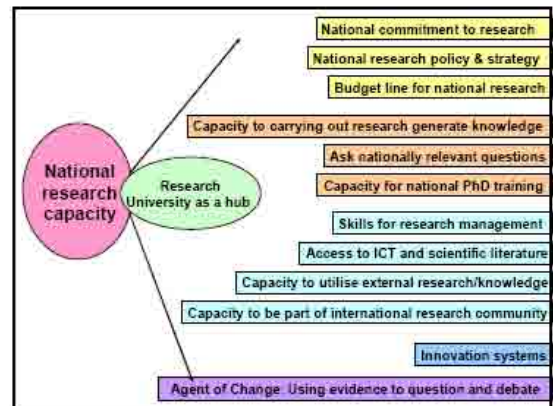
### Aim of Swedish bilateral research cooperation

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**Support low-income countries:**

- to develop national research capacity
- to build up good research environments at public universities
- to educate researchers, and
- to develop methods for planning, prioritization and financing of research

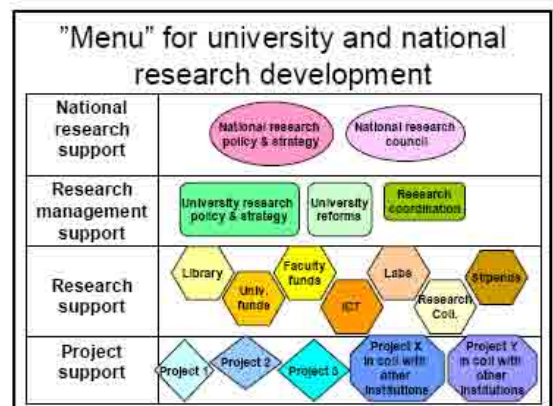
*Looks different in different countries, but is based on needs and relevance for the country.*

### What the Sida bilateral research cooperation is not

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- It is not a research project, but it is driven by research projects.
- It is not issues driven research, but it is intended to train and equip researching universities and the country at large with researchers who can deal with issues of national interest.
- It is not a donor driven research activity, but a concerted long term effort to assist countries to develop the capacities necessary to define and implement research strategies and to develop "the critical mass" of researchers to engage in national, regional and international research activities.

### Swedish Strategy for Development Coop. with Uganda 2009-2013

- **Democratic Governance, Peace & Security**
- **Health**
- **Private sector development/Financial systems/Trade**
- **Research Cooperation**

- **Water & Sanitation (phasing out)**
- **Energy (phasing out)**



### Health Sector support

- Sweden supports health/HIV/AIDS in Uganda through sector budget support and support to civil society organisations since the early 1990's
  - Sexual and reproductive health and rights
  - HIV/AIDS prevention
  - Effectiveness and efficiency in the health sector.
- This support is aligned to the Health Sector Strategic Plan
- Sweden is part of the Health Development Partners group aiming to coordinate all funders to the sector
- Sweden will chair the HDP group in 2009
- ▶ Humanitarian and early recovery in Northern Uganda through UN agencies



### Sida supported research cooperation at Makerere University (2000-2009)

- ▶ School of Graduate Studies
  - Cross-cutting courses
  - Geographical information system lab
  - Biomedical lab
  - University wide research fund
- ▶ Faculty of Agriculture
- ▶ College of Health Sciences (Faculty of Medicine)
- ▶ Faculty of Social Sciences
- ▶ Faculty of Technology (Innovations Systems and Cluster Program)
- ▶ Dept. Mass Communication, Faculty of Arts
- ▶ School of Public Health (Demographic surveillance etc)
- ▶ Dir. of information and communication technology services (DICTS)
- ▶ Library
- ▶ Gender mainstreaming division
- ▶ Research and Financial Management



### Health Research at Makerere University

Research and Research training programs	No. PhD students	Graduated PhD's
<b>Faculty of Medicine</b>		
Molecular Biology of <i>Plasmodium falciparum</i> strains from around Lake Victoria in Uganda	6	1
Clinical Pharmacology of Anti-malarial and Antiretroviral drugs (Medicines Information centre)	7	1
Degenerative Diseases (HPV/NHL)	5	-
Reproductive Health/HIV	7	3
Mental Health in Uganda - Depressive and Psychotic Disorders	8	4
Molecular Biology of <i>Mycobacterium tuberculosis</i> in Uganda	2	-
<b>School of Public Health</b>		
Health Systems Research	4	-

### Institutional support for Health Research at MU

- ▶ Library support
- ▶ ICT (e-mail, Intranet and Internet services)
- ▶ Faculty funds
- ▶ Biomedical laboratory
- ▶ Cross-cutting courses
- ▶ Demographic Surveillance Site in the districts of Iganga and Mayuge
- ▶ Collaborative research with Swedish Universities
- ▶ Regional collaboration with East African Medical faculties

- ▶ Ongoing change in the view of how to pursue postgraduate training to see the importance of supervision and publishing of results, in contrast to non-supervised training and writing of monograph theses
- ▶ Attraction of external research funding



### Donor harmonisation within bilateral research cooperation

- A close collaborative relationship with Norwegian Embassy
- Sharing of information
- Attending each others annual review meetings
- Supporting institutional Stakeholders meetings





## The Path to Bamako 2008

- **Cairo 2006** - Decision to identify ways at country level to increase coordination/harmonisation/alignment in line with the Paris Declaration
- Sida commissioned COHRED to do a mapping study of national health research systems in 5 African countries, the **AHA- study**
- **Beijing 2007** - Sida and COHRED invited the 5 African countries and 8 funding agencies to a meeting during the Global Forum for Health Research Forum 11 to discuss the first results of the pilot study and how to strengthen alignment and harmonisation to best support the African countries



## The Path to Bamako 2008 - cont.

- **Stockholm April 2008** - Funding agencies met to discuss how to contribute to support within countries' system to ensure sustainable development of knowledge and research capacity
- **Copenhagen April 2008** - European Regional preparatory meeting to agree in common position and key messages
  - Strengthening of research capacity with middle and low-income societies
  - Organisation of research with a focus on challenges in terms of working across sectors
  - Identification of specific health challenges such as migration and climate change, i.e. what role can Europe play?
- **Algiers June 2008** - Ministerial Conference on Research for Health in the African Region
- **Bamako 2008**



## ESSENCE- *Enhancing support for Strengthening the Effectiveness of National Capacity Efforts*

Collaborative network between funding agencies providing synergism to address research capacity needs

### Aim:

*To improve impact of investment in institutions and enabling mechanisms that address the identified needs and priorities within national strategies on research for health*

Secretariat hosted in WHO/TDR with core funding initially provided by Sida  
(Contact: [Hannah.Akuffo@sida.se](mailto:Hannah.Akuffo@sida.se))



## ESSENCE

- Shift towards more investments in building a basis for research in partner countries,
- Enhanced understanding of systems for research and options in funding and organising for research for health,
- Enhancing effectiveness in supporting research capacity through alignment with country strategies for research,
- Enhanced coordination of capacity efforts including principles and rules (code of conduct) for external contributions,
- Sharing information with development partners on available grants and other support opportunities,
- Sharing information among funding agencies on funding modalities, priority countries etc.



Thank you!



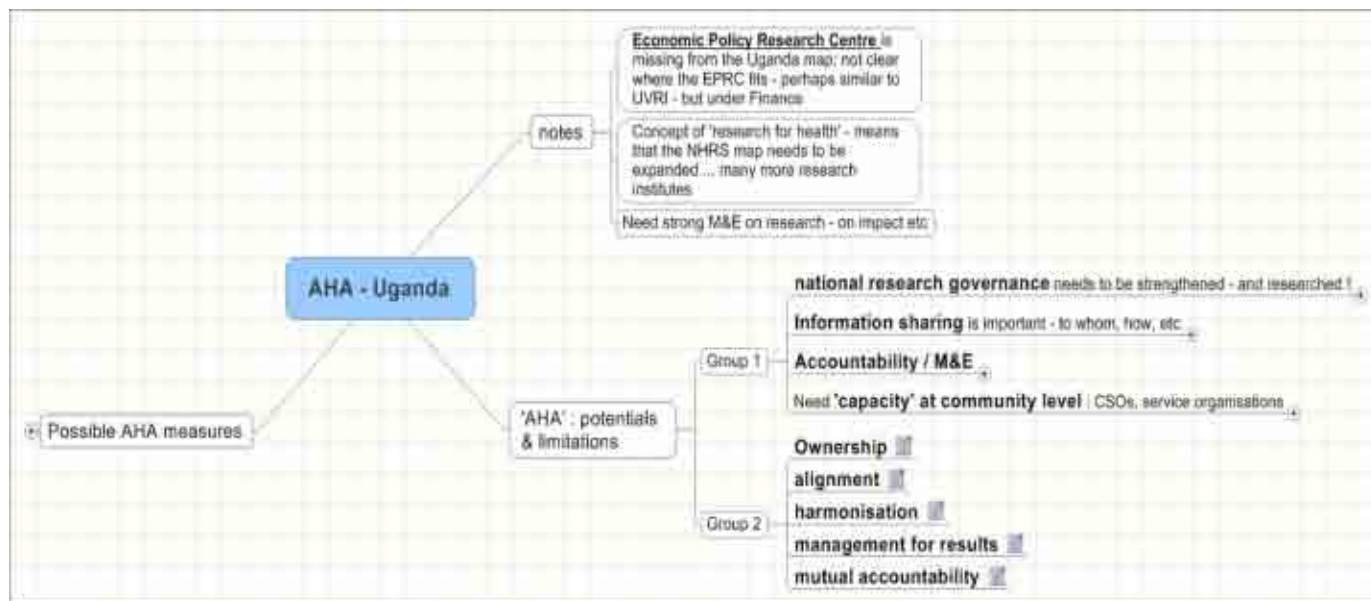
## Discussion on the presentations :

*The chairs led the discussion to focus on the link between alignment and harmonisation ('AHA') and health research. The points below reflect either potentials, challenges or problems that can be addressed through effective alignment and harmonisation:*

- It was agreed by all that the Paris Declaration is a very important mechanism to enhance the impact of international development aid. It is timely that this meeting takes place, and it is very important to see all its principles being applied to health research in Uganda – not only alignment and harmonisation.
- At the same time, many of those present were not aware of the Paris Declaration, and found the meeting agenda excellent to help clarify how it could be applied in Ugandan health research.
- The 'AHA study' was a first study – and a 'base-line' study. It needed to be taken forward now also as a means of 'monitoring and evaluating' implementation of the Paris Declaration in health research.
- It was also felt that there can be great synergy between the principles of the Paris Declaration and the gender movement : through focusing on national priorities such as maternal and child health, and reproductive health – and through development of gender-sensitive indicators.
- The principle of 'ownership' seemed a very difficult issue in health research : given that almost all research funding is externally derived. The government needs to start investing in health research of its own to increase the claim to 'ownership' of the research agenda. 'Ring fencing' funds for health research in basket support could be one mechanism to ensure this.
- The need for increased government investment in health research was brought up by several speakers. Perhaps this group should ask the question 'why government does not invest in health research'.
- All areas of research should be included ('basic, clinical, applied, implementation, etc').
- Grant writing competence to (competitively) access external grants that focus on health priorities in Uganda could help to increase research funding relevant to local health research priorities.
- Everyone agreed that clear and clearly communicated national health research priorities are a priority to facilitate alignment – both by internal and external researchers and research funders.
- The importance of developing ethical review capacity at part of 'research governance' was highlighted.
- It was noted that much research is done in Uganda that is published in Europe or the USA without being 'translated' back for use in Uganda. Researchers must take more explicit responsibility for action after publication.
- One reason why the Ministry of Health is often unable to fund health research in Uganda is the rigidity of financial allocation processes by which the Ministry of Finance allocates funds to government departments. Not only is it a long planning cycle – it also leaves almost no freedom to shift funds with shifting priorities. A process dealing with 'AHA' should also try to address this. (NB. A representative from the Ministry of Finance was invited to this meeting – but could not attend).
- Another governance issue is that the Ministry of Health has no mechanisms by which it can call for proposals, select institutions and monitor quality and implementation. UNHRO will need to help to develop this capacity.

- A strong plea was made to include CSOs and NGOs involved in health care and health research into 'AHA' meetings and debates. One reason is that CSOs can be key in applying the principle of 'managing for results' – by holding researchers and government to account for health research in the country.
- Applying 'AHA' in health research was not obvious – work needs to be done how best to do this, and how to monitor and evaluate it.
- In Uganda there are big gaps in research – including social science research and health services research. 'AHA' needs to support these forms of research as well.
- There is a need to strengthen research communication inside Uganda – both between researchers and research institutions, and among donors and research funders.
- It was noted by donors that among themselves there is almost no communication about research and research funding (as was also found in the 5-country AHA study). This needs improvement.
- Alignment should focus on priorities – but which ones? National or local ? And, whose priorities are these (government, MOH, UNHRO, universities, research institutions) ?
- Uganda has a good health sector strategy and good policies on HIV/AIDS. Both need evidence to support implementation, quality control and monitoring & evaluation. 'AHA' could be key to developing such evidence.
- There needs to be regular communication between stakeholders in health research – both more formal and more informal opportunities are needed. This could also assist in identifying and addressing new priorities. Existing mechanisms (e.g. the Working Group on Monitoring and Evaluation in Research and Development in the Ministry of Health).
- This process can also help to develop a new, more comprehensive, way of looking at research capacity strengthening – that includes 'system' capacity strengthening.
- Although national priorities are needed, a case can also be made for looking at 'sub-regional' priorities in the context of alignment and harmonisation, as many health research priorities may be the same, and capacity in one country can help in another. For example, what happened to 'REACH' initiative ?
  - *(Nelson Sewankambo – chair of the REACH initiative replied: the REACH initiative is stalling because of two bottlenecks: bureaucratic procedures in the East African community, and reduced funding (externally and country contributions)).*
- It was noted that there are two other meetings related to research improvement running in parallel with this 'AHA' meeting : a demonstration of the need for harmonisation in health research.
- A 'research observatory' function could be developed to help in understanding and implementing research governance better.
- 'AHA' process should also deal with keeping Ugandan data in Uganda.
- It was also noted that one motivation for 'AHA' is prevention of 'duplication' : however, duplication may be needed, especially in health services research but also elsewhere, as a means of validation. In other words, not all duplication is unnecessary !

### 3.3. small working groups - proceedings



Prior to the discussion of the first topic (potential and limitations of / possibilities and obstacles for alignment and harmonisation in health research, the following three comments were made for the record:

#### notes

1. It was noted that the **Economic Policy Research Centre** is missing from the Uganda National Health Research System map (*see page 15 of Uganda country report*). Following discussion, the following was agreed :

- i) it is not clear where the EPRC fits in the map, but most likely it is an institute similar to UVRI operating under the department of Finance
- ii) because we should focus on the 'health sector' in its widest sense, and even wider if we consider 'research for health' the Uganda Health Research System map needs to be complemented with many other bodies – like the EPRC – which conduct 'research for health'

2. There needs to be a strong 'Monitoring and Evaluation' (M&E) component in the research sector to be able to show the influence and possible impact of research for health in Uganda and to donors, government, planners researchers and the population at large.

Following this, two groups divided to focus on the potentials and limitations – possibilities and obstacles – and, where possible – current examples of alignment and harmonisation in Uganda. The reports of the two groups are presented below in a format that was minimally edited only :

## **Group 1 Report back**

### **1. national research governance needs to be strengthened - and researched !**

- 1.1 donors can only align if 'there is something to align with' - at different levels; within donors, there may also be differences between goals of country-offices and those set at the head quarters of donor agencies;
- 1.2 harmonisation needs to be done also internally in Uganda among different research groups / initiatives;
- 1.3 donors have their own agendas – there needs to be a way of resolving the 'disconnect' between donor agendas and national agendas; how can this be best done ?
- 1.4 existing structures for research governance exist – there is a need to redefine some of the roles and responsibilities of these institutions in relation to alignment and harmonisation and to build their (institutional) capacities to engage with 'AHA';
- 1.5 organisations with research coordinating functions (e.g. UNCST) need to be strengthened to perform better, especially in follow up of approved projects; given the technical nature of research, such bodies may need to establish technical (advisory) groups; both organisational and human resource capacity needs building to achieve potentials of 'AHA';
- 1.6 how are national research priorities set ? Are research institutions involved ? what is the 'ownership' ? inclusiveness and transparency of process need to be ensured and improved;
- 1.7 we should talk about the 'health sector' which is not only the Ministry of Health; however, even the 'health sector' is not isolated; a crucial challenge is to make linkages with other sectors;
- 1.8 credible, inclusive priority setting is needed that makes links to other sectors
- 1.9 governance strengthening also needs strengthening of infrastructure and financial resources.

### **2. information sharing is very important – to whom, how, etc**

- 2.1. there are limited mechanisms to share information on research in Uganda - e.g. even at district level, the DMO does not know what research is going on;
- 2.2. lack of communication between donors is key issue;
- 2.3. research communication needs to be much stronger; it needs capacity building; researchers do not often involve the media, and give 'selective' info only;
- 2.4. the barriers to information sharing need to be analysed;
- 2.5. it is not realistic that all research happening in Uganda is registered in one place – we may have to define it by level: e.g. village - district / per institution / national (who needs what at which level ?); and there is a need for decentralisation of information sharing.

### **3. accountability – and – monitoring & evaluation**

- 3.1. accountability is a major issue - who monitors that the health research plan is being implemented ? And how do we build capacity for accountability and transparency ?
- 3.2. NB 'Alignment' may be problematic in sensitive issues : if research is done to hold authorities to account it may not receive support from these same authorities; donors may therefore have to keep some funding as 'unaligned' --  
- to make sure this important function is not eliminated in the enthusiasm to 'align and harmonize'.

### **4. there is also capacity needed at community level : CSOs and service organisations**

- 4.1. if 'research for health' is the focus, then CSOs, NGOs, media and other organisations are needed for research to have most impact; funding and planning for capacity building of media and NGOs needs to be included as part of research capacity building; similarly, 'AHA' may need to make funding available for capacity building in research communication, including for 'critical journalism'.

<b>Group 2      Report back</b>
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Group 2 used the principles of the Paris Declaration as framework for discussion:

#### **1. Ownership**

Potential benefits of increased 'ownership' - at all levels, especially decision makers:

- \* more commitment (from highest political leadership)
- \* improved identification of research priorities
- \* enhanced dissemination and utilisation of research results
- \* more accountability to all stakeholders
- \* could lead to more equity - in addressing regional and gender concerns in research
- \* changes are more likely to be sustainable

Obstacles / problems / challenges

- \* inadequate human resources (medical officers, researchers; and quality of training)
- \* limited 'resource envelope' at level of government of Uganda
- \* donor conditionalities
- \* weaknesses in feedback and accountability systems on the side of the implementers : financially and through publications

## 2. alignment

### Potential benefits of increased 'alignment' :

- \* donor funding would respond to Ugandan priorities
- \* more likely to have greater impact of collective action and resources - for example, in terms of achieving MDGs (esp MDG 4)
- \* would work as a catalyst for more resources
- \* would avoid duplication of research studies
- \* more cohesiveness in research fraternity

### Obstacles / problems / challenges

- \* weak institutional framework for alignment
- \* lack of national strategic plan for research (should lead agency be UNCST, UNHRO, NPA, etc ?)
- \* possibly less donor support in case of donors having different priorities from those of Uganda

## 3. harmonisation

### Potential benefits of increased 'harmonisation'

- \* First, it will help in institutional development
- \* rationalisation of donor resources to research programmes
- \* share information and learn from each other (both donors, but also 'internally' - i.e. research projects)
- \* improves accountability
- \* easier reporting and accounting requirements and reduction of administrative costs
- \* avoids duplication in research work & programmes
- \* increases / expands research coverage

### Obstacles / problems / challenges

- \* limited communication among donors
- \* differences in donor interests and priorities
- \* risk of donors setting their own (collective) research agenda - or inappropriately influence Ugandan research agenda
- \* donor rigidity / solidarity
- \* lack of independence
- \* may become 'restrictive' - offering limited access to non-government players

#### **4. management for results**

Potential benefits of increased 'managing for results' :

- \* research results are more likely included into policy
- \* increases efficiency and effectiveness
- \* increases accountability and 'value for money'
- \* encourages gender inclusive research and equity
- \* provides opportunities for more research programmes
- \* better measurement of impact is possible

Obstacles / problems / challenges

- \* setting unrealistic targets
- \* limited involvement of beneficiaries
- \* non-holistic approach to priority setting
- \* perceptions of health may differ
- \* lack of inter-sectoral collaboration in health
- \* lack of incentives and sanctions of achieving results

#### **5. mutual accountability**

Potential benefits of increased 'mutual accountability' :

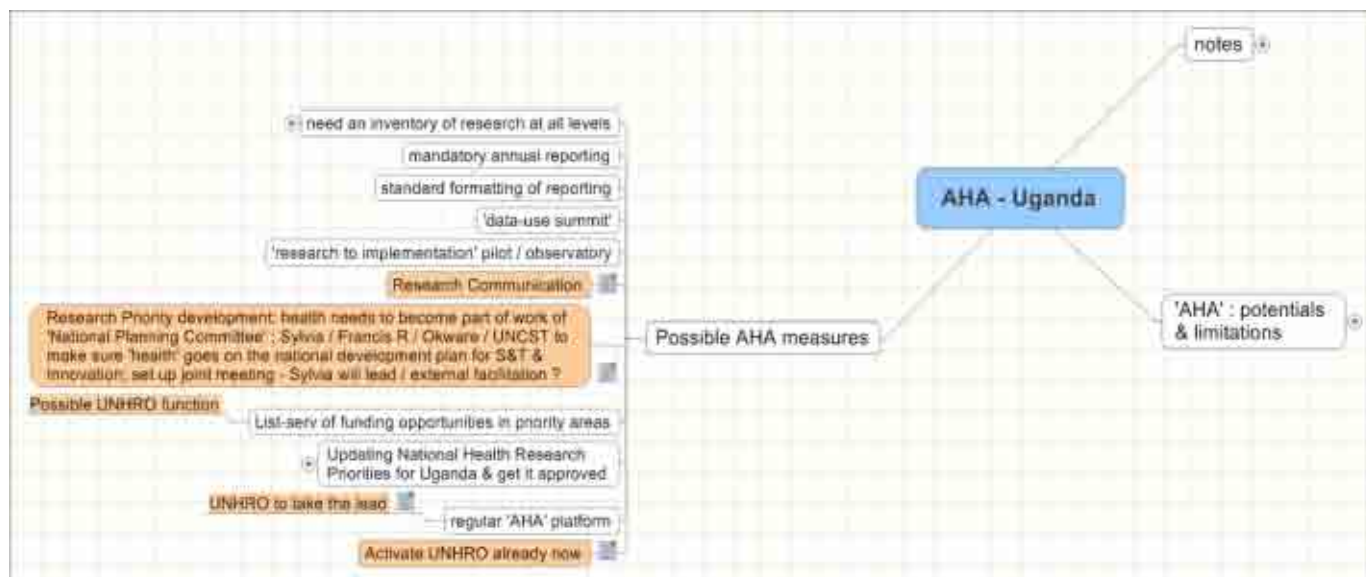
- \* minimizes duplication of research funding
- \* improves financial accountability
- \* provides opportunities for supplementary funding
- \* improves transparency among donors and host country
- \* improves communication between donors and host country

Obstacles / problems / challenges

- \* different management systems (among donors / donors and host country)
- \* conflicting interests between donors and host country
- \* weak civil society ('lack of the 3rd arm') to hold government and donors accountable



## 4. Major observations, conclusions and next steps



The last session of the meeting aimed to identify practical steps that could be taken to advance the potential of alignment and harmonisation in health research in Uganda. The 'mind map' above lists the possible steps and actions that can be taken. In the subsequent discussion, some of these (those highlighted – in orange) were the priority actions to be taken – and for these – responsibility was allocated and deadlines were set.

For clarity's sake, these 'immediately implementable actions' are listed separately at the end of this section of the report. The first part deals with more general suggestions for the next steps.

### Practical actions to advance Alignment and Harmonisation in health research in Uganda:

#### general

#### 1. there needs to be an inventory of research at all levels

- 1.1. UNHRO should link to UNCST call for proposals for a research registration system in Uganda;
- 1.2. there is a problem with capacity to do registration; but 'AHA' can help to support this capacity, e.g. through the use of **Health Research Web's** research registration system facility ([www.cohred.org/healthresearchweb](http://www.cohred.org/healthresearchweb))

- 2. there should be a system of mandatory annual reporting in research projects**
  - 2.1. UNHRO offered to work on this in future
- 3. there should be a standard format for research reporting**
  - 3.1. UNHRO offered to work on this in future
- 4. a 'data-use summit' should be considered**
- 5. consideration could be given to a 'research-to-implementation' pilot site or observatory**

## Practical actions to advance Alignment and Harmonisation in health research in Uganda:

### immediately actionable ideas:

#### 1. 'Research communication' development : a national meeting between major stakeholders is appropriate and timely.

Key issues that were mentioned in the context of the need for such a meeting:

- \* how to get public interested in 'science' ; what is the role and impact of the Health Education unit at Ministry of Health? ; a new initiative on 'community engagement' was starting soon at Makerere University's College of Health Sciences;
- \* perceptions by researchers and policy makers about media as 'writing only to be able to sell papers';
- \* need for training of journalists to become good 'science writers' / 'health writers';
- \* research proposals need to build in a 'communication budget and plan';
- \* media participation should be built into research projects from the start to optimize communication – not as an afterthought;
- \* a module on science communication for science students could be developed and included in research degree training;

**\*\* Arrange a 'RESEARCH COMMUNICATION MEETING' next year: that will include government / academic and research institutions / media / research sponsors and donors / CSOs – NGOs; The Uganda Health Communication Alliance offered to take the lead in convening a team to organize this meeting; Jennifer Bakyawa from COHRED will support this; organisers were cautioned to take note of activities already underway in this field in Uganda, and build on these.  
DEADLINE : July - September/2009**

## 2. Include National Health Research Priorities in new Uganda National Development Plan 2009-2013

Currently, 'health' is not on the priority list for the national or public debates, which are taking place before the end of this year, the outcome of which will be used in addition to what comes out of ministries, to guide the draft ministerial/sectoral plans and priority setting for the National Development Plan. For 'health' and 'health research' to be included, rapid action needs to be taken. The health research priorities and health needs to become part of work of National Planning Authority immediately.

**Sylvia Tekere (NPA) will urgently convene a MEETING WITH THE NPA, MINISTRY OF HEALTH, UNCST, and UNHRO to discuss how best to ensure that 'health' in general is included, and how 'health research' will be adequately included into a national development plan for Science, Technology and Innovation; external facilitation may be needed. DEADLINE : before 30 NOV 2008**

## 3. A list-serv for funding opportunities that fall within the Uganda National Research Priorities can be created

By creating this 'list-serv', a special emphasis can be given to identifying grants that support research in priority areas. It could be sent around as monthly newsletters or otherwise to reach places with low internet access.

**This should become a future function of UNHRO – it can be started as a low cost initiative by collaboration with partner institutions. No deadline was set.**

#### 4. Uganda is to formalise its National Health Research Priorities

Currently, UNHRO has formulated a list of national health research priorities in 2005 (See Uganda AHA study report, page 16). However, the process by which these priorities were set was not inclusive, and priorities have not been endorsed by the Ministry of Health. Therefore, there are no 'formal' national health research priorities in Uganda. Related issues related that were mentioned:

- UNHRO can and should take the lead in national health research priority setting – and (re-) validating the existing list of priorities;
- there needs to be a wider strategic plan for (health) research in Uganda - not just priority setting; the National Planning Authority and Ministry of Health should decide where to locate responsibility for this; UNHRO should be involved in this from the beginning;
- UNHRO should work through the Sector Working Group on Monitoring & Evaluation and Research & Development of the Ministry of Health; after which 'senior management' and 'top management' decisions need to be made to formally accept priorities;

**UNHRO should have Uganda's national health research priorities (re-) validated and published by END MARCH 2009**

On reflection between UNHRO and COHRED the day after the meeting (12 Nov 2008), a modified proposal could be made to enhance impact and inclusiveness:

1. Ask for a rapid endorsement by the Ministry of Health of the current list of research priorities as INTERIM research priorities for 2009; and
2. UNHRO to use this year (in collaboration with COHRED and partners) to update the list of research priorities and obtain more widespread participation and 'ownership'.

#### 5. Formalise an Alignment and Harmonisation Platform for Health Research in Uganda

During the meeting it was generally agreed that 'AHA' is not an event – it is a process. Further meetings need to be scheduled so that specific topics can be discussed in-depth and, over time, lead to an understanding of 'best practices' and how these can be implemented in Uganda.

**UNHRO to take the lead in organising FOLLOW-UP AHA MEETING – with support from Ministry of Health and COHRED. DEADLINE for the first meeting is 28 FEB 2009**

## 6. Re-activate UNHRO now

The Ministry of Health recently appointed Dr Sam Okware as new Director-General of UNHRO, and has revived the tabling of the UNHRO Act – which is expected to be discussed in parliament still in November. UNHRO should become the main health research governance mechanism of the Uganda government – even though its mandate is wider : the 'health sector' rather than the 'Ministry of Health' only.

- \* **The basic decision from MOH : act as if UNHRO already exists;**
- \* **UNHRO needs to start writing proposal and also target extra- budgetary support rapidly. DEADLINE i: END MARCH 2009;**
- \* **Funding for technical assistance for UNHRO is available from MOH; and**
- \* **UNHRO has constituencies, which have resources and can help provide resources for the secretariat – finances or human resources support, for example. UNHRO should call on this during this start-up phase.**

## 5. Closing remarks

- **Carel IJsselmuiden**

Congratulated the participants, and specifically the Ministry of Health and Makerere University for pursuing 'AHA' and this meeting in particular. It had been clear that there is great interest among participants in working further to operationalise alignment and harmonisation, and other principles of the Paris Declaration. COHRED will be glad to assist this process in future where possible. He also thanked Ms Jennifer Bakyawa in particular for the organisational support and the mobilisation and inclusion of the media in this meeting.

- **Francis Omaswa**

Re-emphasized that this was a very opportune time to discuss the operationalisation of the Paris Declaration in health research in Uganda. Health and equity are high on the agenda, and strengthening the national capacity for governance of health research is supported by researchers, policy makers, the Ministry of Health and many other stakeholders.

Uganda needs health system and health research system strengthening, and research is a key factor in this.

- **Francis Runumi**

Closing the meeting, Dr Runumi agreed that it was the right time to discuss health research, health research governance and the application of the Paris Declaration principles to health research in Uganda. This meeting, and the specific actions that will follow, will enable the many different components engaged in 'research for health' in Uganda to get together.

He thanked COHRED for initiating this meeting and for the joint nature of pursuing the 'AHA' debate with Uganda.

The Ministry of Health is now more committed than ever to make a difference and contribute to health research governance and management in Uganda. The revitalisation of UNHRO was a key decision. UNHRO should begin with implementing some of the actionable steps resulting from this meeting, and need not wait till the 'UNHRO bill' was approved. The Ministry is committed to help get the bill approved in the shortest time possible. He also asked that internal and external parties help support UNHRO in achieving its mission.

## Appendix 1 Participants

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## Appendix 2 Useful web-sites and documents

### **Paris Declaration**

<http://www.oecd.org/dataoecd/11/41/34428351.pdf>

**AHA** [www.cohred.org/AHA](http://www.cohred.org/AHA)

### **AHA Synthesis report**

[http://www.cohred.org/AHA/files/resources/Synthesis\\_web.pdf](http://www.cohred.org/AHA/files/resources/Synthesis_web.pdf)

### **Uganda country report**

[http://www.cohred.org/AHA/files/resources/Uganda\\_web.pdf](http://www.cohred.org/AHA/files/resources/Uganda_web.pdf)

**HRWeb** [www.cohred.org/healthresearchweb](http://www.cohred.org/healthresearchweb)

**COHRED** [www.cohred.org](http://www.cohred.org)

**UNHRO** [http://www.health.go.ug/docs/unhro\\_analysis.pdf](http://www.health.go.ug/docs/unhro_analysis.pdf)

**ESSENCE initiative**, contact [hannah.akuffo@sida.se](mailto:hannah.akuffo@sida.se)

### Appendix 3.