

**COUNTRY REPORT
2008**

Five partner
countries and
eight donor
countries

Burkina Faso
Cameroon
Mozambique
Uganda
Zambia

Canada
Denmark
Ireland
the Netherlands
Norway
Sweden
Switzerland
United Kingdom

**Alignment and
Harmonization in
Health Research**

AHA Study

CAMEROON

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This report was prepared by COHRED as a part of its Alignment and Harmonization Study (AHA), under the **Health Research Web** Programme.

The AHA study involves 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 study aims to:

- 1) Provide information on National Health Research Systems (NHRS) of the five African countries; outline strategies for health research funding of the eight donor countries; and discuss alignment and harmonization in relation to health research support.
- 2) Facilitate debate between partners on improving health research support towards national priorities.

The information collected is also published on the **AHA webpage** (<http://www.cohred.org/AHA/>) and **Health Research Web** (www.cohred.org/healthresearchweb).

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List of abbreviations

ABSP:	Association Burkinabaise de Santé Publique (Burkinabé Public Health Association), Burkina Faso
ADB:	African Development Bank
AHA study:	Alignment and Harmonization study
AHSPR:	Annual Health Sector Performance Report
ANRS:	Agence Nationale de Recherche sur le SIDA (National Agency for Research on AIDS), France
ANVAR:	Agence Nationale pour la Valorisation des Résultats de la Recherche (National Agency for Research Utilization), Burkina Faso
AU:	African Union
CAMES:	Conseil Africain et Malgache pour l'Enseignement Supérieur, (African and Malagasy Council for Higher Education), Burkina Faso
CCGHR:	Canadian Coalition for Global Health Research
CCRS:	Conseil des Centres de Recherche en Santé (Council of Health Research Centres), Burkina Faso
CDC:	Centers for Diseases Control and Prevention, USA
CHESSORE:	Centre for Health Science and Social Research, Zambia
CIDA:	Canadian International Development Agency, Canada
CIFRA:	Centre International de Formation en Recherche-Action (International Centre for Training and Action Research), Burkina Faso
CIRCB:	Centre International de Recherche Chantal Biya sur le VIH / SIDA (International Research Center Chantal Biya on HIV / AIDS), Cameroon
CNLAT:	Centre National de Lutte Anti-Tuberculeux (National Centre for the fight against Tuberculosis), Burkina Faso
CNRFP:	Centre National de Recherche et de Formation sur le Paludisme (National Centre for Research and Training for Malaria), Burkina Faso
CNRST:	Centre National de Recherche Scientifique et Technique (National Centre for Scientific and Technological Research), Burkina Faso
COHRED:	Council on Health Research for Development, Switzerland
CSLP:	Cadre Stratégique de Lutte contre la Pauvreté (National Strategic Framework for the fight against Poverty), Burkina Faso
CSO:	Civil Society Organization
CSSM:	Civil Society Support Mechanism, Mozambique
DAC:	Development Assistance Committee
Danida:	Danish International Development Agency, Denmark
DDHS:	Director District Health Services, Uganda
DEP:	Direction des Etudes et de la Planification (Department for Studies and Planning), Burkina Faso
DFID:	Department for International Development, United Kingdom
DGIS:	Directorate General for International Cooperation, Ministry of Foreign Affairs, the Netherlands
DROS:	Division de la Recherche Opérationnelle en Santé (Division for Health Operations Research), Cameroon
DSF:	Direction de la Santé de la Famille (Department of Family Health), Burkina Faso
EAC:	East African Community
EDCTP:	European and Developing Countries Clinical Trials Partnership, the Netherlands
ENHR:	Essential National Health Research
EQUINET:	Regional Network on Equity in Health in Southern Africa, Zimbabwe

EU:	European Union
EVIPNet:	Evidence-Informed Policy Network, WHO
FARES:	Fonds d'Appui à la Recherche en Santé (Fund for Health Research Support), Burkina Faso
FESADE:	Femmes, Santé et Développement (Women, Health and Development), Cameroon
FPAE:	Fondation Paul Ango Ela pour la Géopolitique en Afrique Centrale (Foundation Paul Ango Ela for Geopolitics, Central Africa)
FRSIT:	Forum sur la Recherche Scientifique et les Innovations Technologiques (Forum for Scientific Research and Technological Innovations), Burkina Faso
GAVI:	Global Alliance for Vaccines and Immunization
GEGA:	Global Equity Gauge Alliance
GLOBVAC:	Global Health and Vaccination Research, Norway
GTZ:	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation), Germany
HDPs:	Health Development Partners, Uganda
HIPC:	Heavily Indebted Poor Countries Initiative
HIV /AIDS:	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HPAC:	Health Policy Advisory Committee, Uganda
HR-HR:	Human Resources for Health Research
HSSP:	Health Sector Strategic Plan, Uganda
IAVI:	International AIDS Vaccine Initiative
IDRC:	International Development Research Centre, Canada
IMF:	International Monetary Fund
IMPM:	Institut National de Recherche Médicale et d'Etude des Plantes Médicinales (Institute of Medical Research and Studies on Medicinal Plants), Cameroon
INASP:	International Network for the Availability of Scientific Publications, United Kingdom
INDEPTH:	International Network of field sites with continuous Demographic Evaluation of Populations and Their Health in developing countries
INE:	Instituto Nacional de Estatística (National Institute of Statistics), Mozambique
INERA:	Institut National d'Etude et de Recherche Agricole (National Institute for Agricultural Research), Burkina Faso
INESOR:	Institute of Economic and Social Research, Zambia
INS:	Instituto Nacional de Saúde (National Institute of Health), Mozambique
INSS:	Institut National des Sciences de la Société (National Institute for Society Sciences), Burkina Faso
ITNs:	Insecticide treated bednets
IRD:	Institut de Recherche pour le Développement (Research Institute for Development), France
IRESCO:	Institut pour la Recherche, le Développement Socio-Economique et la Communication (Institute for Research, Socio-Economic Development and Communication), Cameroon
IRSAT:	Institut de Recherches en Sciences Appliquées et Technologies (Institute for Applied Research and Technologies), Burkina Faso
IRSS:	Institut de Recherche en Sciences de la Santé (Institute for Health Sciences), Burkina Faso
ISSP:	Institut Supérieur des Sciences de la Population (Higher Institute for Population Sciences), Burkina Faso
JASZ:	Joint Country Assistance Strategy for Zambia
JRM:	Joint Review Mission, Uganda
JSSB:	Journées des Sciences de la Santé de Bobo-Dioulasso (Health Sciences days of Bobo-Dioulasso), Burkina Faso
MACHA:	Malaria Research Institute, Zambia

MCT:	Ministry of Science and Technology, Mozambique
MDGs:	Millennium Development Goals
MESSRS:	Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique (Ministry of Secondary and Higher Education and Scientific Research), Burkina Faso
MFPED:	Ministry of Finance, Planning and Economic Development, Uganda
MINEFI:	Ministère de l'Economie et des Finances (Ministry of Economic and Finances), Cameroon
MINESUP:	Ministère de l'Enseignement Supérieur (Ministry of Higher Education), Cameroon
MINRESI:	Ministère pour la Recherche Scientifique et l'Innovation (Ministry for Scientific Research and Innovation), Cameroon
MINSANTE:	Ministère de la Santé Publique (Ministry of Public Health), Cameroon
MISAU:	Ministerio da Saúde (Ministry of Health), Mozambique
MMV:	Medicines for Malaria Venture. Switzerland
MoA:	Memorandum of Agreement
MoES:	Ministry of Education and Sports, Uganda
MoH:	Ministry of Health
MoU:	Memorandum of Understanding
MRC:	Medical Research Council, United Kingdom
MS:	Ministère de la Santé (Ministry of Health), Burkina Faso
MSTVT:	Ministry of Science, Technology and Vocational Training, Zambia
MTEF:	Medium Term Expenditure Framework
NAC:	National AIDS Council, Mozambique
NACCAP:	The Netherlands-African partnership for capacity development and clinical interventions against poverty-related diseases
NARO:	National Agricultural Research Organization, Uganda
NCSR:	National Council for Scientific Research, Zambia
NCST:	National Council of Science and Technology, Zambia
NDA:	National Drug Authority, Uganda
NEPAD:	New Partnership for Africa's Development
NGO:	Non Governmental Organization
NHA:	National Health Assembly, Uganda
NHRAC:	National Health Research Advisory Committee, Zambia
NHRS:	National Health Research System
NHSP:	National Health Strategic Plan, Zambia
NIH:	National Institutes of Health, United States of America
Norad:	Norwegian Agency for Development Cooperation, Norway
NUFU:	Norwegian Programme for Development, Research and Education, Norway
OCEAC:	Organisation de Coordination pour la Lutte contre les Endemies en Afrique Centrale (Organization for the Coordination of the fight against Endemics in Central Africa), Cameroon
OECD:	Organization for Economic Cooperation and Development
PADS:	Programme d'Appui au Développement Sanitaire (Programme for Health Development), Burkina Faso
PARPA:	Plano de Acção para a Redução da Proeza Absoluta (Plan for the Reduction of Absolute Poverty), Mozambique
PC:	Population Council, USA
PESS:	Strategic Plan for the Health Sector, Mozambique
PMCTC:	Prevention of Mother to Child Transmission of HIV/AIDS
PNSD:	Plan National de Développement Sanitaire (National Plan for Health Sector Development), Burkina Faso
PROSAUDE:	National Research Fund, Mozambique
PRSP:	Poverty Reduction Strategy Paper

PSN:	Politique Sanitaire Nationale (National Health Policy), Burkina Faso
PSRS:	Plan Stratégique de Recherche Scientifique (Strategic Plan for Scientific Research), Burkina Faso
REACH:	Regional East African Community Research
REACT:	Strengthening fairness and accountability in priority setting for improving equity and access to quality health care at district level in Tanzania, Kenya and Zambia
REDS:	Network for Ethics, Rights and HIV/AIDS, Cameroon
SAG:	Sector Advisory Group, Zambia
SDC:	Swiss Agency for Development and Cooperation, Switzerland
SERSAP:	Société d'Etude et de la Recherche en Santé Publique (Society for Studies and Public Health Research), Burkina Faso
Sida/SAREC:	Swedish International Development Agency / Department for Research Cooperation, Sweden
SOMANET:	Social Science and Africa Medicine Network, Kenya
STDs:	Sexually Transmitted Diseases
STELA:	Secrétariat Technique pour l'Efficacité de l'Aide (Technical Secretariat for Aid Effectiveness), Burkina Faso
SWAp:	Sector Wide Approach
SWG:	Sector Working Group, Uganda
TB:	Tuberculosis
TDRC:	Tropical Diseases Research Centre, Zambia
TORCH:	Tororo Community Health, Uganda
TWG:	Technical Working Group, Uganda
UCRI:	Uganda Cancer Research Institute, Uganda
UCSF:	University of California, San Francisco, United States of America
UEM:	Universidade Eduardo Mondlane (Eduardo Mondlane University), Mozambique
UFR / SDS:	Unité de Formation / Recherche en Sciences de la Santé (Training Unit / Research in Health Sciences), Burkina Faso
UFR / SEG:	Unité de Formation / Sciences Economiques et de Gestion (Training Unit / Economy and Management Sciences, Burkina Faso)
UFR / SVT:	Unité de Formation / Recherche en Sciences de la Vie et de la Terre (Training Unit / Life and Earth Sciences), Burkina Faso
UNAIDS:	Joint United Nations Programme on HIV / AIDS, Switzerland
UNCRL:	Uganda Natural Chemotherapeutics Research Laboratories, Uganda
UNCST:	Uganda National Council for Science and Technology, Uganda
UNDP:	United Nations Development Programme
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNHRO:	Uganda National Health Research Organization, Uganda
UNFPA:	United Nations Population Fund, USA
UNICEF:	The United Nations Children's Fund
USAID:	United States Agency for International Development
UTRO:	Uganda Trypanosomiasis Research Organization, Uganda
UVRI:	Uganda Virus Research Institute, Uganda
WB:	World Bank
WHIP:	Wider Harmonization in Practice, Zambia
WHO:	World Health Organization
WHO/TDR:	UNICEF-UNDP-World Bank-WHO Special Programme for Research and Training in Tropical Diseases, Switzerland
WHO/HRP:	UNDP-UNFPA-WHO-World Bank Special Programme of Research, Development, and Research Training in Human Reproduction, Switzerland
ZAMPHOR:	The Zambian Forum for Health Research

Executive summary

Alignment and harmonization of donor support to low and middle income countries is essential to improve the effectiveness of development aid and may be useful in improving impact of health research support. Alignment refers to the donor commitment to base development assistance on partner countries' strategies, institutions and processes. Harmonization is the commitment by donors to rationalize their multiple activities in ways that maximize the collective efficacy of aid under country ownership. The Alignment and Harmonization Study (AHA Study) analyzed the practices and potentials of alignment and harmonization in health research, using the principles of the Paris Declaration on Aid Effectiveness¹. The study involved 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), and was conducted between May 2007 and June 2008. Health research system mapping, document reviews, web searches and key informant interviews were used to collect data.

National Health Research System in Cameroon

The Government of Cameroon is interested in organizing the health research system in a way that enables it to provide evidence that supports the health sector reform process, thereby contributing to constant improvements in the quality and provision of health care and services in Cameroon.

Three ministries are involved in the governance and management of health research in Cameroon: 1) the Ministry for Scientific Research and Innovation (Ministère de la Recherche Scientifique et l'Innovation – MINRESI), 2) the Ministry of Public Health (Ministère de la Santé Publique – MINSANTE) and, 3) the Ministry of Higher Education (Ministère de l'Enseignement Supérieur – MINESUP).

While academic research is coordinated by the MINESUP, operational research is coordinated by the MINRESI through the Division for Research and Programme Policy (Division de la Politique de la Recherche et de la Programmation) and the MINSANTE through the Division for Health Operations Research (Division de la Recherche Opérationnelle en Santé – DROS) established in 2003. More specifically, DROS' mission is to coordinate health research actors and activities, define priorities, conduct clinical research studies, promote research within hospitals and operations research in the domains of disease control, reproductive health and food and nutrition, and disseminate research results.

Given its recent implementation, DROS is still in the process of organizing and coordinating health research and the exact division of responsibilities between the MINRESI and the MINSANTE is not yet clearly defined.

In addition to an ethical clearance, all health research projects must obtain administrative approval from the MINSANTE through DROS.

1 The Paris Declaration on Aid Effectiveness, OCED, 2005, <http://www.oecd.org/dataoecd/11/41/34428351.pdf>

Health research is conducted by the six state Universities that are attached to the MINESUP, research institutes that are under the auspices of MINRESI or MINSANTE, international research institutes, private universities, and NGOs.

Although Cameroon does not currently have a health research strategy in place, subsequent to a consultative process DROS, with the assistance of COHRED, produced a draft strategy (Document d'Orientation de la Recherche en Santé) that has yet 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, national health research priorities have yet to be defined. The DROS is currently involved in efforts to set a national health research agenda that includes national health research priorities.

Cameroon directs approximately 0.7% of its health budget, representing 0.1% of the total budget, towards health research. This leaves health research highly dependent on external funds.

Currently, Cameroon lacks a unified policy or strategy for research capacity development. Within the MINSANTE, training in research methodologies for medical doctors at the provincial and district levels is being organized. In addition, a training programme within the Faculty of Medicine and Biomedical Sciences of the University of Yaoundé has been launched with the support of the MINSANTE.

For each project that it approves, DROS requests quarterly or biannual progress reports and a final activity report, as well as dissemination of findings at the local and central levels. Nonetheless, the dissemination of findings does not appear to be as systematic as it should be. DROS is currently working on the definition of new dissemination systems. It has already initiated the implementation of networks consisting of an interactive platform for information sharing between actors involved in health research in Cameroon. The network is built around specific themes related to major health problems or concerns in the country.

In addition to a National Ethics Committee, Cameroon has four institutional Committees that are registered at the DROS. Cameroon needs to strengthen the functioning of the National Ethics Committee and improve its coordination with the institutional Research Ethics Committees.

Donors Alignment and Harmonization in Cameroon

Although Cameroon is a signatory of the Paris Declaration on Aid Effectiveness, generally interviewees were not very familiar with its content and principles.

According to most interviewees, donors align with national priorities as they fund national priority programmes. With regards to bilateral projects, beneficiary institutes and NGOs in Cameroon indicated that donors tend to involve them in project design to ensure that projects are adapted to the local context and needs. Nonetheless, they report that donors' criteria for financing eligibility are often restrictive and do not allow NGOs to have an optimal and sustainable access to funds. They also emphasized that the financial management of projects tends to be assumed by institutions in the North.

There is currently no mechanism in place for alignment and harmonization for health research. There is, however, a Multi Donor Committee (Comité Multi-Bailleurs – CMB) which was set up in 2003 to follow the Enhanced Heavily Indebted Poor Countries Initiative (HIPC)². Since the Paris Declaration on Aid Effectiveness, this Committee has

² The Heavily In-debt Poor Countries (HIPC) initiative set up in 1996 by the rich nations through the IMF and World Bank calls for the reduction of external debt through write-offs by official donors. It was set up for the poorest of nations, for whom, according to the World Bank, the debt of the HIPC countries was, on average, more than four times their annual export earnings, and 120 percent of GNP

been evolving into a structure for discussing coordination among donors. It is composed of France, Germany, the Netherlands, Canada, USA, Japan, Belgium (until 2008), the World Bank, the International Monetary Fund (IMF), the European Union (EU) and the United Nations Development Programme (UNDP), which has a delegated cooperation³ with the rest of the United Nations in Cameroon. The CMB is in the process of creating a Permanent Secretariat with a President who would serve as the focal point for discussions with the Government.

An interesting point that highlights the need for alignment emerged from the interviews. While research activities undertaken by donors' technical agencies for the improvement of their programs can result in findings that are of interest from a national public health perspective, they do not have the human and financial capacities to develop this research and disseminate its findings.

Issues to be considered

National Health Research System in Cameroon

- Validation of the health research strategy document would facilitate an increased coordination for health research at the Government level (between the MINRESI and the MINSANTE) and the development of a priority agenda for health research at the national level.
- Strengthening of the National Ethics Committee's functioning or the establishment of an ethics committee at every institutional level and the adoption of a national code of ethics would improve the ethical review process. Clarification of the position of civil society associations involved in the ethical review process should also be considered.
- The implementation of a framework for dialogue between researchers and policymakers could contribute to increased utilization of research findings. Increased dialogue between research institutes would contribute to a better collaboration and an increased dissemination of research findings. Consolidation of the existing forums such as le Salon Médical International or the implementation of a new framework for discussions between stakeholders involved in health research are options.
- The development of research capacity at provincial and district levels would increase the quality and extent of research in Cameroon.

Donors Alignment and Harmonization in Cameroon

- Definition of a common agenda and national health research priorities to which donors will then be able to align, would stimulate harmonization of health research at the country level.
- Increased Government leadership in the dialogue with donors within the framework of the multi-donor committee (CMB) would support improved donor alignment and harmonization.
- Setting up a Sector Wide Approach (SWAP)⁴ to fund health is currently under discussion in Cameroon. This approach would facilitate donor harmonization and coordination.

³ The definition of delegated cooperation by OECD/DAC is as follows: "...when one donor (a "lead donor" acts with authority on behalf of one more other donors (the "delegating" donors or "silent partners"). The level and form of delegation vary, ranging from responsibility for one element of the project cycle for a specific project to a complete sector programme or even a country programme".
http://www.oecd.org/department/0,2688,en_2649_33721_1_1_1_1_1,00.html

- The strengthening of the financial management capacity of research institutes and civil society organizations in Cameroon would contribute to the transfer of projects management from the North to the South.
- The definition of less restrictive criteria for financing eligibility would allow civil society organizations to have better and more sustainable access to external funds.

4 SWAP: « All significant funding for the sector supports a single sector policy and expenditure programme, under government leadership, adopting common approaches across the sector and progressing towards relying on Government procedures for all funds”. The core elements of a SWAp:

1. All significant funding agencies support a shared, sector wide policy and strategy
2. A medium term expenditure framework or budget which supports this policy
3. Government leadership in a sustained partnership
4. Shared processes and approaches for implementing and managing the sector strategy and work programme, including reviewing sectoral performance against jointly agreed milestones and targets
5. Commitment to move to greater reliance on Government financial management and accountability systems

Mick Foster, 2000, “Experience with implementing Sector Wide Approaches”, ODI

1. Introduction

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 support, 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 study findings served as background material for a consultation on how to improve and increase donor alignment and harmonization to national health research priorities and systems that was held in Beijing on 31 October 2007 in conjunction with the Global Forum for Health Research meeting. The meeting involved 39 representatives of all the five African countries, eight donors and two major research sponsoring agencies (the Forgyarty International Centre of the US National Institutes of Health and the Wellcome Trust) that were not part of the earlier assessment.

The study findings will also provide the Governments of the five African countries with information relevant to the design of their health research policies and strategies.

This three-part report presents the AHA study data for Cameroon:

- Chapter 3 provides an overview of the national health research system (NHRS) in Cameroon. It includes information on the NHRS governance and management including legislation and policies, priorities, and financing and human resources related to health research. It also provides case studies of health research institutions and civil society organizations involved in health research.
- Chapter 4 provides an overview of health research funding, with particular attention to the donor countries involved in the AHA study in Cameroon.
- Chapter 5 looks at the adherence to the the Paris Declaration in relation to health research support in Cameroon.

This information should help inform the health research support planning efforts of other donor and partner countries.

The synthesis report of the AHA study (available from: www.cohred.org/AHA) provides information on all five countries, as well as further analysis on the applicability of the Paris Declaration principles to health research.

2. Methods

Study objective and methods

The primary objective of the AHA study was to examine national health research systems and priorities in the five African countries, as well as the policies and activities of eight donor countries as they relate to the funding and the alignment and harmonization of health research.

The methodology for data collection consisted of:

1. Telephone and personal interviews of key informants among the eight donors and among the following constituencies in Cameroon:
 - Government
 - research institutions
 - NGOs
 - donor representatives in the country.

Representatives from different constituencies were interviewed to provide an objective overview of the NHRS and donors' alignment and harmonization in Cameroon. In addition, interviews were designed to collect data that would better integrate the diverse perspectives of the different sectors charged with coordinating, undertaking and funding health research at the country level.

2. Desk review of key documents received from donors and stakeholders in the country.
3. Internet searches.

A draft of the country report was reviewed by the interviewees.

Data collection in Cameroon

Interviews were conducted from 1st September to 8 September 2007.

Twenty seven stakeholders were interviewed including two representatives from the Government (MINSANTE), four representatives from national priority programmes attached to the MINSANTE, nine representatives from research institutes, eight representatives from NGOs, two representatives from multilateral agencies, one representative from technical cooperation agency, and a representative from a network. (see Annex 1 – list of stakeholders interviewed).

Interviews took place in Yaoundé.

Internet searches were conducted from August 2007 to May 2008.

Study limitations

During the course of the study it became clear that of the eight donors involved in the AHA study, only Canada currently has active ongoing projects in Cameroon. Therefore, alignment and harmonization have been reviewed in general terms without specifically focusing on the eight donors.

Interviews were not conducted with representatives from the Ministry for Scientific Research and Innovation and the Ministry of Higher Education. These Ministries are involved in the governance and management of the NHRS of Cameroon and their point of view would have been valuable.

3. National Health Research System in Cameroon

3.1. NHRS governance and management

The Government of Cameroon is interested in organizing the health research system in a way that enables it to provide evidence that supports the health sector reform process, thereby contributing to constant improvements in the quality and provision of health care and services in Cameroon.

Three ministries are involved in the governance and management of Health research in Cameroon:

- The Ministry of Public Health (Ministère de la Santé Publique – MINSANTE) ;
- The Ministry for Scientific Research and Innovation (Ministère de la Recherche Scientifique et l'Innovation – MINRESI) ;
- The Ministry of Higher Education (Ministère de l'Enseignement Supérieur – MINESUP).

While academic research is coordinated by the MINESUP, operational research is coordinated by the MINRESI through the Division for Research and Programme Policy (Division de la Politique de la Recherche et de la Programmation) and the MINSANTE through the Division for Health Operations Research (Division de la Recherche Opérationnelle en Santé – DROS) implemented in 2003.

DROS' mission includes:

- The coordination of health research actors and activities;
- The definition of priorities according to a consultative process with all actors;
- The conduct of clinical research studies;
- The promotion of research within the hospitals, and operations research in the domains of disease control, reproductive health, and food and nutrition;
- The dissemination of research results.

In addition to an ethical clearance, all health research projects must obtain administrative approval from the DROS.

Given its recent implementation just a few years ago, DROS is still in the process of organizing and coordinating health research. Therefore, the exact division of responsibilities between the MINRESI and the MINSANTE is not yet clearly defined.

In the past, the MINSANTE worked with the Strategic Commission for Health Research (Commission Stratégique pour la Recherche en Santé) to act as a multidisciplinary consultative body. Due to financial constraints the Commission could not meet in 2007.

Health research is carried out by:

- State Universities and private universities that fall under the auspices of the MINESUP:
 - University of Yaoundé 1.
 - University of Yaoundé 2.
 - University of Douala.
 - University of Buéa.
 - University of Dschang.
 - University of Ngaoundéré.
 - Catholic University of Central Africa.

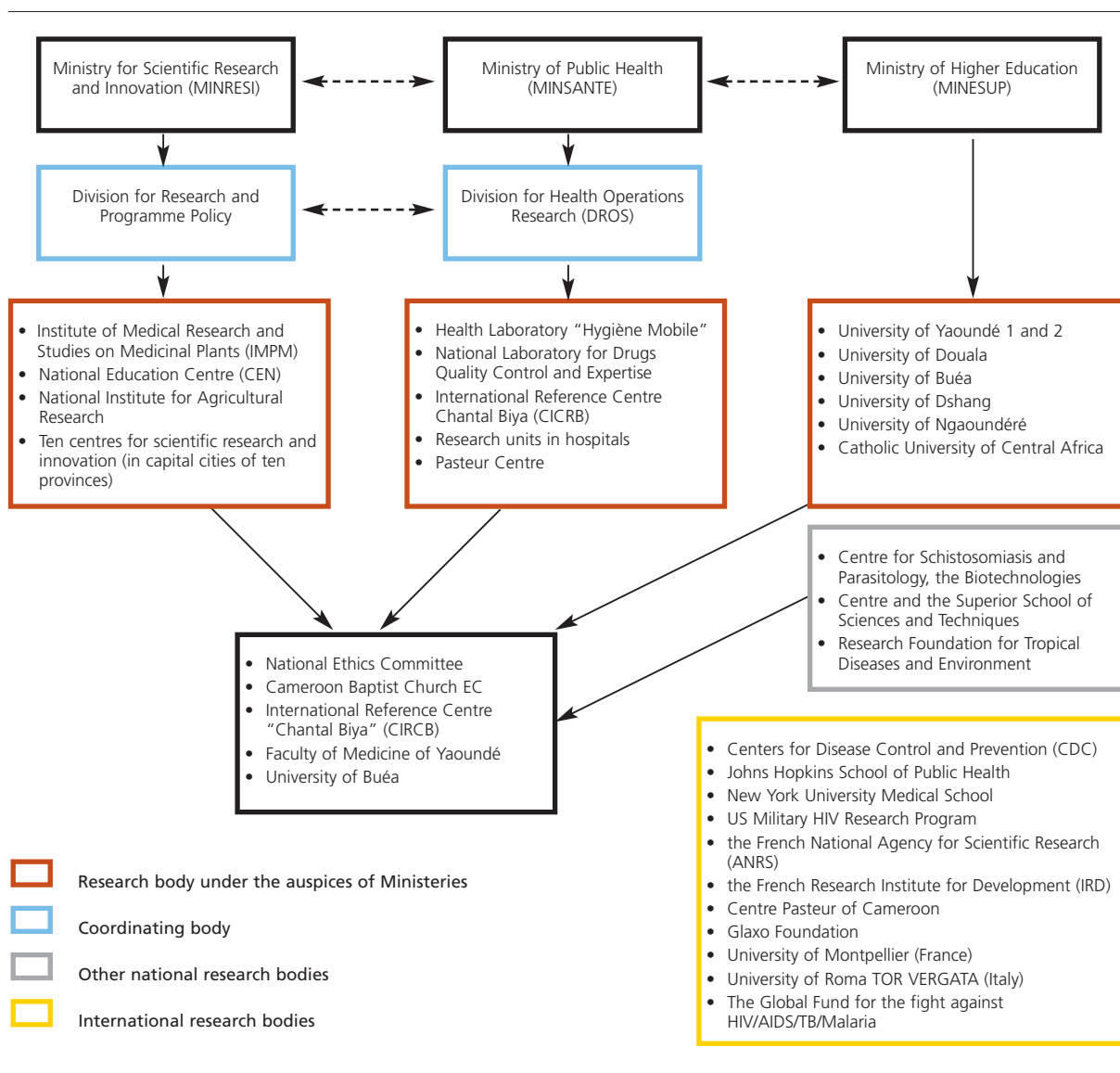
- Research institutes that are under the auspices of the MINRESI:
 - Institute of Medical Research and Studies on Medicinal Plants (Institut National de Recherche Médicale et d'Etude des Plantes Médicinales -IMPM) comprised of four research centres (1) CRM: Centre for Medical research; 2) CRAN: Centre for Research on Food and Nutrition; 3) CRPMT: Centre for Research on Traditional Medicine and Medicinal Plants; and, 4) CRESAR: Centre for Health Research of the Army.
 - National Education Centre (Centre National d'Education – CEN) for the social and human sciences aspects.
 - Ten centres for scientific research and innovation that have been established in capital cities of the ten provinces since 2004.
 - National Institute for Agricultural Research (Institut National d'Etude et de Recherche Agricole)
- Research institutes that are under the auspices of the MINSANTE:
 - Health Laboratory "Hygiène Mobile".
 - National Laboratory for Drugs Quality Control (Laboratoire National de Contrôle de Qualité des Médicaments).
 - International reference Centre Chantal Biya for research on prevention and management of HIV/AIDS (Centre International de Référence "Chantal Biya" - CICRB).
 - Research units in hospitals.
 - Centre Pasteur du Cameroun.

These public structures interact with other national research institutes such as the Centre for Schistosomiasis and Parasitology, the Biotechnologies Centre, and the Research Foundation for Tropical Diseases and Environment.

They also interact with international private or public research agencies such as the Centers for Diseases Control and Prevention (CDC) Atlanta, Bloomberg- Johns Hopkins School of Public Health, the New York University Medical School, US Military HIV Research Program, the French National Agency for Scientific Research (ANRS), the French Research Institute for Development (IRD), University of Montpellier (France), University of Roma Tor Vergata, The Foundation Mondiale Recherche et Prévention Sida, and the Glaxo Foundation.

See figure 1 for the organization of the health research system in Cameroon.

Figure 1: The National Health Research System in Cameroon



3.2. Health research legislation and policies

Cameroon's Poverty Reduction Strategy Paper (PRSP)⁵ recognizes the role of research and innovation in the fight against poverty.

The updated 2007 – 2015 health sector strategy adopted in 2007 will be aligned with specific components of the Millennium Development Goals (MDGs) related to health, development and poverty reduction. In addition to disease control programmes, institution building, and improvement of health care provision and services, the health sector strategy makes health research a strategic and operational priority.

In 2004, a sectorial strategy for research and innovation was drafted by the MINRESI with DROS as the focal point for health research during the elaboration process.

5 Cameroon: Poverty Reduction Strategy Paper, International Monetary Fund, 2003, <https://www.imf.org/external/pubs/ft/scr/2003/cr03249.pdf>

With the assistance of COHRED, a health research strategy document (Document d'Orientation de la Recherche en Santé) was drafted by the DROS, involving the MINSANTE, the MINRESI, the MINESUP, research institutes, and NGOs involved in health research. The document is currently undergoing Government validation.

3.3. National health research priorities

The MINRESI identified health research priorities with the IMPM during a Symposium on medical research organized in 2001. The identified priorities were:

- HIV / AIDS
- Malaria
- Emerging diseases
- Traditional medicine
- Alimentation and nutrition

These priorities led to specific research programmes for the IMPM but have not been updated since 2001. The agenda has not been used much by other ministries.

In terms of priority setting by the MINSANTE, several consultative meetings organized by the DROS since 2005 have led to identification of research priorities focusing on HIV/AIDS and mycobacterial diseases. Health research priorities have also been identified during the policy drafting exercise of national programmes to control diseases. A consolidated national health research agenda has not been elaborated to date. The recent Memorandum of Agreement (MoA) with COHRED includes activities to establish mechanisms for setting and managing the national health research agenda.

To identify health research priority themes, researchers must look at priority programmes. In past years, Cameroon has identified major public health problems for which priority programmes have been implemented. These programmes include:

- National Programme against HIV / AIDS
- National Programme against malaria
- National Programme against schistosomiasis and helminthiasis
- National Programme against tuberculosis
- National Programme against onchocerciasis
- National Programme against lymphatic filariasis
- National Programme for the eradication of the Guinea worm
- National Programme against leprosy
- National Programme against human African trypanosomiasis.
- National Programme against Cancer
- National Programme against Diabetes and Hypertension
- National Programme against blindness
- National Programme against drugs and toxicomania

Health research priorities exist within these priority programs as shown in the table below.

Table 1. Priority programmes' research priorities

Public health problems	Research priorities
HIV / AIDS	<p>HIV / AIDS research constitutes the sixth strategic orientation of the National Plan against HIV / AIDS (2006 – 2010)⁶.</p> <p>The research priorities are:</p> <ul style="list-style-type: none"> • Prevention with a focus on methods over which women can have a control (i.e.: microbicides) • HIV / AIDS vaccine research and especially research directed towards children of infected mothers as a top priority for health research • Treatment <p>The National Strategic Plan against HIV / AIDS (2006 – 2010) highlights that HIV / AIDS research priorities have not been financed to date.</p>
Malaria	<ul style="list-style-type: none"> • Resistance to drugs and insecticides • Drug efficacy
Tuberculosis ⁷	<ul style="list-style-type: none"> • Widespread epidemiological studies on Tuberculosis • Resistance • Studies to develop Information, Education and Communication (IEC) strategies • Studies to assess strategies in place to fight tuberculosis • Studies to assess the social and economic impact of tuberculosis in order to design and advocacy strategy
Cancer	<ul style="list-style-type: none"> • Incidence and prevalence • Cancer prevention • Early detection • Improving treatment • Improving palliative care • Organization of services
Schistosomiasis and helminthiasis ⁸	<ul style="list-style-type: none"> • Identification of limits and constraints faced during the implementation of the strategic programme • Identification and anticipation of factors contributing to the improvement of the strategic programme (alternative drugs / traditional medicine, etc.)

While health research priorities have been defined at the programme level, an overall agenda based on a national consultative process involving all the actors involved in health research does not exist. DROS has set out to accomplish this in the coming months.

6 National AIDS Control Committee Central Technical Group, *National Strategic Plan against HIV / AIDS* (2006 – 2010), Ministry of Public Health, 2006

7 National Programme against Tuberculosis, *National Strategic Plan against Tuberculosis* (2003 – 2007), Ministry of Public Health 2003

8 National Programme against Schistosomiasis and Helminthiasis, *Strategic Plan* (2005 – 2010), 2005, Ministry of Public Health

3.4. Health research financing

Due to scarce resources, the Government of Cameroon allocates little funding to health research. For the most part, research in Cameroon is supported by bilateral and multilateral organizations.⁹

The national budget dedicated to health research is about 0.7% of the health budget representing 0.1% of the total budget. This falls far short of the Commission on Health Research for Development's 1990 recommendation that 2% of national health expenditures be spent on health research.¹⁰

In 2006 the MINSANTE directed 200,000,000 FCFA (400,000 USD) towards health research through subventions to research institutes and the Faculty of Medicine.

The running budget of the DROS is approximately 90,000,000 FCFA (180,000 USD). In 2006, the overall health budget was 71,432,518,218 FCFA (154,500,600 USD).

In 2006, the overall budget for the MINRESI was 5,826,069,414 FCFA, from which approximately 300,000,000 FCFA (600,000 USD) were dedicated to health research.

Data from the Ministry of Higher Education are not available.

External funds constitute the main source of funds for health research in Cameroon. In 1998/1999 they represented 82% of total health research financing.¹¹

3.5. Human resources for health research

According to the DROS there is no official census of health researchers in Cameroon. DROS indicated that there are currently around 200 people who have a Master's Degree that allows them to undertake health research in universities.

The table below shows the number of research staff of some of the research institutes visited.

Only a few research institutes, such as the CIRCB, offer a career plan.

Table 2. Human Resources of some research institutes and NGOs

Research Institute and NGOs	Number of staff	
	Male	Female
CICRB	8	9
Biotechnologies Centre	8	15
IMPM / CRESAR	38 / 2	32 / 4
IRD	10	10
IRESKO (NGO)	5	1
Foundation SHEMA (NGO)	4	1
REFOTDE	10	10
FPAE	8	8
Centre Pasteur du Cameroun	10	10

9 N. Ali, C. Hill, A. Kennedy, C. IJsselmuiden, What factors influence national health research agendas in low and middle income countries? Perspectives of health research from six countries and 11 international agencies, Record Paper 5, COHRED, 2006

10 Commission on Health Research for Development, Health Research – Essential link to equity in Development , Oxford University Press, 1990

11 Dr. G. N. Mbanga, Dr. M. T. Sama, Tracking resource flows for health research and development (R&D) in Cameroon, COHRED, 2002

3.6. Health research institutions

Approximately thirty organizations (research institutes and NGOs) are carrying out health related research in Cameroon. Health research institutes operate under the auspices of either the MINSANTE or MINRESI, or are international.

Six health research centres were visited in the area of Yaoundé. Their main health research activities are listed in table 3.

Table 3. Priority programmes' research priorities

Research Institutes	Main health research activities	Major sources of financing
CIRCB (Centre International de Référence "Chantal Biya")	<p>All research projects must be related to HIV / AIDS</p> <ul style="list-style-type: none"> • Vaccine research on HIV / AIDS with a focus on infected mothers and infants • HIV / AIDS Tuberculosis • Hepatitis B virus and HIV co-infection • HIV/ AIDS and malaria • Genetic Diseases • Health systems 	<p>MINSANTE Italy UNESCO Clinton Foundation</p>
IMPM (Institut de Recherches Médicales et d'Etudes des Plantes Médicinales)	<ul style="list-style-type: none"> • HIV / AIDS • Malaria • Emerging diseases • Traditional medicine • Medicinal plants • Nutrition 	<p>MINSANTE International Atomic Agency Japan European Union</p>
LSHM (Laboratoire de Santé Hygiène Mobile)	<ul style="list-style-type: none"> • HIV / AIDS • Malaria • Sexually transmitted diseases • Hepatitis 	<p>MINSANTE Global Fund Canada</p>
Biotechnologies Centre	<ul style="list-style-type: none"> • HIV / AIDS • Malaria • Tuberculosis 	<p>WHO Gates Foundation European Union NIH</p>
ANRS Site in Yaoundé Central Hospital	<ul style="list-style-type: none"> • HIV / AIDS 	<p>France</p>
Centre Pasteur du Cameroun	<ul style="list-style-type: none"> • HIV/AIDS • Food safety • Tuberculosis 	<p>France</p>

All of the research institutes visited reported that their research activities are in line with the priority programmes in Cameroon but that they also orient their research according to funding opportunities. Some institutions try to keep a link with their expertise and the priority programmes when they apply call for external funds (i.e.: CIRCB always links its projects to HIV / AIDS).

Despite some existing collaboration between research institutes—such as the CIRCB that works closely with the CRESAR—most interviewees indicated that there is insufficient interaction and information sharing between all research institutes. This limitation is compounded by the fact that many institutes undertake research in the same fields, mainly HIV / AIDS, malaria and tuberculosis.

3.7. Organized civil society in health research

Five NGOs were visited in Yaoundé and in the rural area around the city. They are listed along with some of their research projects in Annex 2.

NGO capacity is quite fragmented in terms of number of researchers and infrastructure. For some—such as the Shemka Foundation¹² or “Femmes, Santé et Développement” (FESADE)—the research they undertake is often limited and entirely dependent on external funds.

The Paul Ango Foundation¹³ (FPAE)—a centre for research, exchange and dissemination on different issues related to development and politics—conducts health research, as part of its activities. The centre hosts researchers from foreign institutes with which it collaborates on projects, as well as Cameroonian researchers attached to other institutes or to Universities. FPAE sets research priorities according to its expertise and its definition of Cameroonian priorities. All FPAE research activities result from applications to “open calls”.

The Institute for Research on Social and Economic Development and Communications (IRESCO)¹⁴ conducts several projects related to health research through application to “open calls”. IRESCO distinguishes itself by training each of its researchers and collaborators on ethics. IRESCO intends to promote the importance of research in the fight against HIV / AIDS, and facilitate the dissemination of research findings among researchers working in different constituencies.

While all interviewees apply to “open calls” and recognize that health research in Cameroon has a donor-driven orientation, their projects remain within the research priorities fixed in the national priority programmes. They indicated that donors tend to involve them in project design to ensure that projects are adapted to the local context and needs. Nonetheless, they suggest that donor criteria for financing eligibility is often restrictive and does not allow NGOs to have an optimal and sustainable access to funds. They also stressed that the financial management of the projects tends to be assured by the North, a situation that may be explained by a lack of management capacity and skills in the South.

All of the NGOs interviewed mentioned DROS' positive role in the promotion of health research in Cameroon. Some of them had benefited from trainings organized by DROS on the methodology for protocols design and on ethics.

3.8. Regional organizations and networks

Cameroon is a member of the New Partnership for Africa's Development (NEPAD), a leading organization in Africa that aims to promote health research as stated below:

“Research in general and operational research specifically must be recognized as necessities for improving health systems performance and not as luxuries. In consequence, health systems need to budget for and support research that provides evidence for use by policy – and decision makers at all levels. Appropriate arrangements have to be made to ensure that results of research can indeed influence health policy and practice”¹⁵.

12 <http://www.shemkafoundation.org/>

13 <http://www.fpae.net/fpae/presentation-1.html>

14 <http://www.iresco.org>

15 NEPAD Health Strategy : <http://www.nepad.org/2005/files/documents/129.pdf>

Cameroon has been a member of EVIPNet Africa¹⁶ since its launch in March 2006. EVIPNet (Evidence-Informed Policy Networks) is a program to promote the use of health research in policy- and decision-making and practice. A partnership between policy- and decision-makers and researchers, EVIPNet aims to facilitate decision-making and policy implementation through the use of the best quality and safest scientific evidence available globally and locally.

Currently, EVIPNet Africa is in an initial planning phase in which countries create their concept for partnerships between researchers and policy-makers, develop their teams and host workshops in each country to identify priorities. This phase is supported by the Health Systems division of the Swedish International Development Cooperation Agency (Sida) and WHO. The other African countries involved are: Angola, Burkina Faso, Central African Republic, Ethiopia, Mozambique, Niger and Zambia.

Cameroon also hosts the Head Office of the Organisation pour la Coordination pour la lutte contre les Endémies en Afrique Centrale (OCEAC), a technical body of the Central Africa Economic and Monetary Community (CEMAC) including a research institute known as Institut de Recherche de Yaoundé that is specialised in Malaria research, human African trypanosomiasis and HIV/AIDS. Member states are Chad, Central Africa Republic, Gabon, Congo Brazzaville, Equatorial Guinea and Cameroon.

3.9. Dissemination of research findings

For each project approved, DROS requests monthly progress reports and a final report of the activities undertaken, as well as dissemination of the findings at the local and central levels. DROS is currently working on the definition of a more systematic approach to dissemination. It already initiated the implementation of networks for information sharing between actors involved in health research in Cameroon. The network is built around specific themes related to major health problems or concerns in the country:

- HIV / AIDS
- Reproductive Health
- Social Sciences
- Mycobacterium
- Non communicable diseases

The network consists of interactive platforms through which participants can exchange their research findings and any information of interest. Participants have been identified by the DROS and include health researchers operating in research institutes or NGOs, and donors. Each platform is animated by a DROS employee who sends a monthly newsletter to keep members informed of the latest news in their field of interest.

DROS is also organizing the "Salon International de la Médecine" that should bring together all of the actors involved in health and health research.

Apart from progress reports and final reports, interviewees mentioned the following dissemination tools:

- Publications in international scientific journals;
- Workshops / Conferences;
- Lectures at University.

16 <http://www.who.int/rpc/evipnet/africa/en/index.html>

The results of a study¹⁷ undertaken over the period 1990 – 2001 showed considerable differences in judgment between researchers, decision-makers, and commissioning bodies regarding existing practices and desirable usage for translation of research findings into policy. These differences reflected the lack of connection between academic concerns and policy prospects, and a research funding structure that separated problem definition from solution implementation.

It appears that the situation has not evolved as, in effect, most of the researchers interviewed for the AHA study said: *“we do not feel concerned about this issue. Our only objective is to be published”*.

Nonetheless, the results of the research undertaken by the Biotechnologies Centre on the resistance to insecticides obliged the National Malaria Committee to modify its message on prevention as the study revealed the ineffectiveness of the product that was promoted by the Committee. In addition, a study on obstetrics fistulas initiated by UNFPA resulted in the inclusion of this health problem in the health sector strategy.

DROS is analyzing findings to determine which information is of interest to policy makers, and to produce technical notes to facilitate the reading of scientific results.

3.10 Ethics

To get the required administrative authorization from DROS, each health research project must first obtain an ethical clearance.

The clearance can be obtained from either the National Ethics Committee (implemented in 1987) or from one of four other Research Ethics Committees that have been approved and registered at the DROS. These Research Ethics Committees are linked to the Cameroon Baptist Church (CBC), the International Centre “Chantal Biya” (CIRCB), the Faculty of Medicine of Yaoundé and the University of Buéa. The Cameroon Bioethics Initiative (CAMBIN), a branch of the Pan African Bioethics Initiative (PABIN), is establishing an Ethics Committee, as well as capacity building activities. The MINRESI is currently in the process of creating an Ethics Committee.

Most interviewees agreed that the functioning of the National Ethics Committee should be improved. According to the MINSANTE, many health research projects are still undertaken without any ethical and / or administrative clearance.

Civil society is also quite involved in the ethical process, particularly in the REDS¹⁸ through GTIA (Groupe de Travail Inter Associatif sur la recherche biomédicale)—a working group on research ethics. The group is composed of representatives from eight community based associations working in the field of HIV / AIDS. It provides ethics recommendations on projects that researchers submit to the group. For instance, all projects undertaken by the French National Agency on Research against HIV / AIDS (Agence Nationale de Recherche contre le Sida – ANRS) are submitted to the REDS for recommendations prior to submission to the National Ethics Committee. The REDS also looks at the extent to which projects are linked to the preoccupations and needs of Cameroon’s population. Finally, the REDS ensures that study findings are disseminated among study participants.

The REDS also has the ability to provide information to or acquire information from DROS about projects that are, in its estimation, unethical.

Some research institutes (i.e. CIRCB) and NGOs (i.e. IRESCOM) organize ethics training for their researchers.

17 Mbock C.G.; Ngo-Mpeck M-L.; Kom D.; Zambo Belinga J-M, Policy utilisation of research results in Cameroon, International Social Science Journal, Volume 56, Number 1, March 2004 , pp. 37-45(9) The study is based on a questionnaire survey administered to a sample of 200 researchers, decision-makers, and research-commissioning bodies, complemented by interviews.

18 The REDS is a grouping of community based associations working in the field of HIV / AIDS.

4. Health research donors in Cameroon

Donor countries' health research support in Cameroon

Canada is the only AHA donor country funding health research in Cameroon. Current projects funded by Canada (IDRC) appear in Table 4.

The major donor countries supporting health activities (and to some extent health research) in Cameroon are:

- Germany (through GTZ/KFW)
- France
- Italy
- Belgium (Belgium will stop its development assistance to Cameroon in 2008)
- Canada
- United States (through USAID).
- Japan
- China

Multilateral organizations supporting health development include:

- WHO
- World Bank
- European Union
- UNFPA
- UNICEF
- African Development Bank.
- GAVI
- UNESCO
- Islamic Development Bank
- Global Fund for the fight against HIV/AIDS, Tuberculosis and Malaria

Global Health donors and NGOs supporting health development include:

- Bill & Melinda Gates Foundation
- Clinton Foundation
- CARE international
- Helen Keller International
- MSF (Médecins Sans Frontières - Switzerland))
- Aide aux Lépreux Emmaus Suisse
- Plan International
- Sight Savers
- Carter Centre

In Cameroon, international aid represents on average 7% of the total health sector financing. Donors either fund health system development or implementation of national priority programmes. Each of them has a particular field and zone of intervention. Table 5 below shows some examples of donors' interventions¹⁹:

Table 4. Health research projects currently funded by Canada (IDRC) in Cameroon

Projects	Beneficiary in Cameroon	Budget
Institutionalizing ecosystem approaches to human health in West and Central Africa	Université d'Abomey-Calavi (Benin)	647,900 CAD\$ (667,000 USD)
Mastering sanitation in an urban ecosystem in Yaoundé	Université de Yaoundé	355,500 CAD\$ (366,000 USD)

Table 5: Examples of Donor's zones and fields of intervention

Donors	Zones of intervention	Fields of intervention
French cooperation	Center, coastline, North	Fight against communicable diseases including HIV/AIDS, health system strengthening
Italian cooperation	East, North	Primary health care, HIV/AIDS (infrastructure and equipment)
GTZ/KFW	Coastline, NorthWest, SouthWest	Primary health care, reproductive health, HIV/AIDS, social marketing for health, essential drugs, biomedical maintenance
World Bank	Centre, coastline, South, North, West	Nutrition, fertility, primary health care in urban areas, HIV/AIDS
UNICEF	Adamaoua, North, all provinces	Primary health care, fight against the Guinea worm, fight against nutrition deficiency

¹⁹ National Programme against Tuberculosis, National Strategic Plan against Tuberculosis (2003 – 2007), Ministry of Public Health 2003

Nevertheless, overlap of activities does occur, often as the result of insufficient coordination at the Government level.

The major donor countries supporting health research activities in Cameroon are presented in table 6.

Table 6: Donors funding health research

Donors	Projects	Amounts
Bilateral Agency		
France	ANRS projects	500,000 Euros (715,000 USD)
Italy	Infrastructure and projects at the CIRCB	2 million Euros (2,8 million USD)
Canada	Project CRI Laval University	100,000 USD
United States (USAID)	CDC and Johns Hopkins research activities	1 million USD over the past two years
Multilateral Agency		
WHO (through TDR)		500,000 USD over the past two years
European Union		Before 2005, the budget for health policy and systems research was close to 200,000 Euros per year (285,000 USD)
UNFPA	Research on obstetrical fistula	expenditure close to 100,000 USD during the past two years
UNESCO	Support to the CIRCB	Close to 100,000 USD
UNICEF (cosponsor TDR)	No data	No data
World Bank (cosponsor of TDR)	No data	No data
Global Health donors and NGOs supporting health development		
Helen Keller International	Introducing zinc supplementation	30,000 USD
MSF	Support to research on Buruli Ulcer	30,000 USD
Aide aux Lépreux Emmaus Suisse	Support to research on Buruli Ulcer	50,000 USD

5. Adherence to the Paris Declaration on Aid Effectiveness in relation to health research support

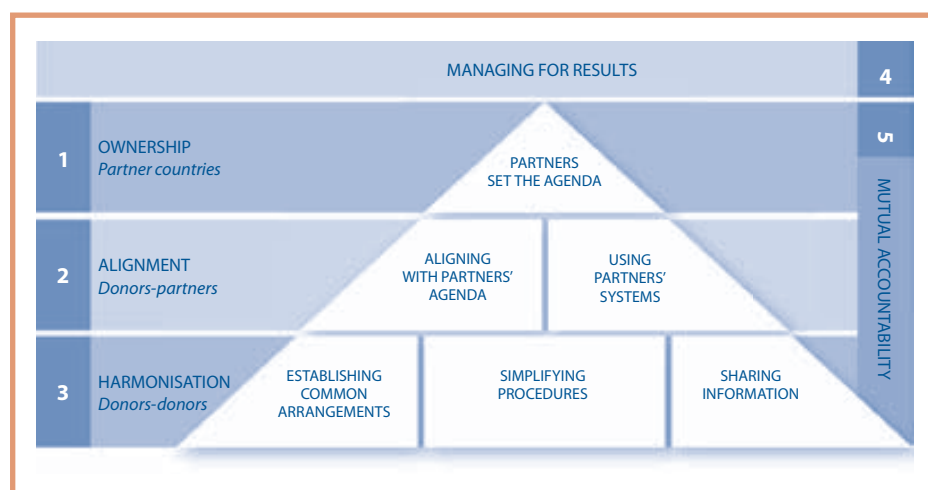
5.1. The Paris Declaration on Aid Effectiveness

The second High-Level Forum on Aid Effectiveness, held in Paris on 2 March 2005, brought together development officials and ministers from 91 countries, 26 multilateral organizations, as well as representatives of civil society and the private sector²⁰. The main outcome was the Paris Declaration on Aid Effectiveness. The Declaration was the culmination of various events including Monterrey (2002), the first High-Level Forum in Rome (2003), and the Marrakech Round Table on Managing for Results (2004)²¹.

The four broad areas of the Rome and Marrakech commitments can be schematically depicted in a pyramid (see Figure 2). The Paris Declaration added the principle of mutual accountability. The principles of *ownership*, *alignment* and *harmonization* are the main organizing principles of this report.

Various indicators exist to measure the progress made in aid effectiveness. Twelve indicators from the Paris Declaration²² and some of the indicators used by the Development Assistance Committee (DAC) Task Team on Harmonization and Alignment in various surveys^{23, 24} were adapted to health research support for the AHA study.

Figure 2: The Aid Effectiveness Pyramid



Source: OECD/DAC

20 OECD, <http://www.oecd.org/dac>

21 Aid and Harmonization website, <http://www.aidharmonization.com/>

22 Indicators of Progress, Paris Declaration on Aid Effectiveness, <http://www.oecd.org/dataoecd/57/60/36080258.pdf>

23 DAC / OECD, Survey on Alignment and Harmonization, Paris, 2004, http://www.oecd.org/document/61/0,3343,en_2649_3236398_31659517_1_1_1_1,00.html. The findings of the survey were used to report progress to the Second High-Level Forum on Harmonization and Alignment of Aid Effectiveness (early 2005) where the Paris Declaration on Aid Effectiveness was signed.

24 OECD / DAC, Aid Effectiveness, 2006 Survey on Monitoring the Paris Declaration, Overview of the Results, Paris, 2006 <http://www.oecd.org/dataoecd/58/28/39112140.pdf>

5.2. Ownership

Ownership – that is, a country's ability to exercise effective leadership over its development policies and strategies – is critical to achieving effective implementation of the Paris Declaration. In compliance with the indicators developed by OECD-DAC, this report uses six criteria adapted for health research support to assess the degree of ownership in Cameroon. These criteria can be formulated as questions.

Does Cameroon have:

- Well defined priorities and an operational health research strategy to guide aid coordination?
- A significant and operational budget for health research?
- Adequate human resources to conduct health research?
- An agenda for harmonization and a process for coordinating aid?
- A framework for encouraging dialogue between Government and donors?
- The capacity for managing aid?

In general, as shown by the World Bank reports in the aid effectiveness review on Cameroon, *“Government leadership in external partner coordination and development assistance management has been weak, with responsibilities split between MINPLADAT and MINEFI. The Direction de la Coopération Économique et Technique (DCET) is not playing a strong enough role, and inter-ministerial coordination is still largely ineffective”*²⁵. At the sector level, however, the Government has started playing a more active role in coordinating external partners. For example, the Commission mixte de suivi, chaired by the MINSANTE, coordinates all external partner support in the fight against HIV/AIDS.

Although Cameroon currently lacks an operational health research strategy to guide coordination of donors' aid, the DROS of the MINSANTE, with the assistance of COHRED, is actively working on the design of such a strategy.

The national budget dedicated to health research is approximately 0.7% of the health budget, representing 0.1% of the total budget. This falls far short of the Commission on Health Research for Development's 1990 recommendation that 2% of the national health expenditures be spent on health research.

Cameroon lacks a national monitoring system that measures progress towards the achievement of policy objectives.

Cameroon does not have an agenda on harmonization or a process for coordinating aid. Nonetheless, in the field of HIV / AIDS, in 2006 the National AIDS Control Committee adopted the Strategic Plan for HIV / AIDS vaccine research in Cameroon²⁶, which included the following objectives:

- The establishment of a strong national platform for promotion, facilitation and coordination of HIV/AIDS vaccine research in Cameroon.
- The promotion and coordination of national and international partnerships for vaccine research in Cameroon.

The Government has recognized international partnership—especially with UNAIDS, WHO, AAVP and all the other partners of HIV/AIDS vaccine research—as indispensable. This collaboration will be extended to all institutes such as CIDA, Sida/SAREC, IAVI, NIH,

25 The World Bank, *Aid Effectiveness Review – Cameroon*, Washington, 2006 and on going <http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/STRATEGIES/CDF/0,,contentMDK:20919987~menuPK:2540090~pagePK:139301~piPK:139306~theSitePK:140576,00.html>

26 National AIDS Control Committee, *Strategic Plan for HIV / AIDS vaccine research in Cameroon*, July 2006, Ministry of Public Health

CDC, US Military HIV Research Program etc.. This partnership will take the form of a convention or protocol agreement between the Government and promoters of vaccine research projects and should clearly define the missions, roles and especially the financial responsibilities of each of the actors and partners before the beginning of some vaccine trials on Cameroonian territory. Within the National AIDS Control Committee, the National HIV/AIDS Vaccine Research Commission (NCHRA) will act as a technical, scientific and operational multi-sector organ, creating a real platform for the coordination, promotion and facilitation of vaccine research and an interface between the administrative bodies, promoters, researchers and the communities involved in vaccine research in Cameroon. The draft for this collaboration is currently under review.

5.3. Alignment

Alignment is the term used to describe donor commitment to base development assistance on partner countries' national strategies, institutes and processes. This report uses three criteria to assess the degree of donor alignment in Cameroon:

- Do donors align on Cameroon's national health research priorities?
- Do donors align on Cameroon's systems and procedures?
- Do donors align in their support for capacity development?

Although many donors fund research on HIV / AIDS, the National Strategic Plan for HIV / AIDS 2006 – 2010 stresses that the priority themes related to HIV / AIDS have not been funded to date.²⁷

Designed in 2006, this strategic plan for HIV / AIDS vaccine research is the result of a process that began in November 2002 with the organization of the first conference on the development of a vaccine research project in Central Africa. It is a collaboration and partnership between the Government, research centres such as CDC, US Military HIV Research Program, and the WHO - UNAIDS special programme for the promotion of vaccine research in Africa (African AIDS Vaccine Program).

5.4. Harmonization

Harmonization is the term used to describe a commitment by donors to rationalize their multiple activities, to maximize the collective efficacy of aid under country ownership. This report uses four criteria to assess the degree of donor alignment in Cameroon:

- Do donors have common arrangements?
- Do donors have delegated cooperation?²⁸
- Do donors conduct joint missions?
- Do donors share information and analysis?

Setting up a Sector Wide Approach (SWAp)²⁹ to fund health is currently under discussion in Cameroon. This approach would facilitate donor harmonization and coordination. 90% of the preparatory work is being financed by Germany. Donors are still in the process of coming up with a common vision for the SWAp.

²⁷ Comité National de Lutte contre le Sida, Plan Stratégique National de Lutte contre le VIH / SIDA 2006 – 2010, 2006, Ministère de la Santé Publique)

²⁸ Donors make full use of their respective comparative advantage at sector or country level by delegating, where appropriate, authority to lead donors for the execution of programs, activities and tasks.

In 2003, a Multi Donor Committee (Comité Multi-Bailleurs – CMB) was set up to follow the Enhanced Heavily Indebted Poor Countries Initiative (HIPC)³⁰. Since the Paris Declaration on Aid Effectiveness, this Committee has been evolving to become a structure for discussions on donor coordination. It is composed of France, Germany, the Netherlands, Canada, USA, Japan, Belgium (until 2008), the World Bank, the International Monetary Fund, the European Union and the United Nations Development Programme (UNDP), which has a delegated cooperation with the rest of the United Nations in Cameroon.

The Committee meets twice a month with a rotating presidency to discuss donor fields of intervention: Education, Forest and Environment, Infrastructure, Public Finances, and Health. The partners share information, organize joint missions and fund some common activities through basket funds.

In 2006, an order from the Prime Minister initiated an evaluation of all support provided by donor countries. Once this is complete, the CMB plans to start a dialogue with the Government with the intention of improving aid coordination by gaining a better understanding of the roles and missions of the Government structures involved in aid management. Donors expect this process to strengthen Government involvement and leadership in the coordination of aid. Following a retreat in April 2006, the CMB decided to map all the themes discussed in the meetings, create a Permanent Secretariat with a President who would be the official focal point for discussions with the Government, and implement an Internet based system to facilitate communication between the partners.

Monthly health financing meetings with all of the partners take place in WHO buildings.

A group composed of all the partners involved in the financing of HIV / AIDS activities meets every three months in order to improve coordination of their activities and between all partners and the National Committee for the fight against HIV/ AIDS (Comité National de Lutte contre le Sida).

The strategic plan for HIV / AIDS research vaccine mentioned earlier, will be implemented through the establishment of a National Commission for Research on HIV/AIDS Vaccine (NCRHA). This commission will bring together those who conduct research on HIV/AIDS (UNAIDS, WHO, IAVI, AAVP, OCEAC, AU, MERCK, CDC, Johns Hopkins, IRD, ANRS, MINESUP, MINRESI, MINSANTE, IMPM, Centre Pasteur, EDCTP) to determine cohorts; identify human, material and financial resource needs; and mobilize for the implementation, monitoring and evaluation of this plan.

In February 2005, the World Bank and France organized a meeting in Yaoundé with other external partners, with the aim of launching a discussion on ways to strengthen alignment and harmonization efforts. This led to the establishment of an informal working group on harmonization, alignment and results, which includes Canada, the EC, France, Germany and the World Bank.

29 SWAP: « All significant funding for the sector supports a single sector policy and expenditure programme, under government leadership, adopting common approaches across the sector and progressing towards relying on Government procedures for all funds”. The core elements of a SWAp:

1. All significant funding agencies support a shared, sector wide policy and strategy
2. A medium term expenditure framework or budget which supports this policy
3. Government leadership in a sustained partnership
4. Shared processes and approaches for implementing and managing the sector strategy and work programme, including reviewing sectoral performance against jointly agreed milestones and targets
5. Commitment to move to greater reliance on Government financial management and accountability systems

Mick Foster, 2000, “Experience with implementing Sector Wide Approaches”, ODI

30 The Heavily In-debt Poor Countries (HIPC) initiative set up in 1996 by the rich nations through the IMF and World Bank calls for the reduction of external debt through write-offs by official donors. It was set up for the poorest of nations, for whom, according to the World Bank, the debt of the HIPC countries was, on average, more than four times their annual export earnings, and 120 percent of GNP

5.5. Managing for results

The Paris Declaration asks partner countries and donors to work together to manage resources on the basis of desired results, and to use information to improve decision making. The report uses one criteria to assess this principle:

- Has Cameroon established a cost-effective results-oriented reporting and assessment systems?

No information has been obtained on this issue.

5.6. Mutual accountability

Mutual accountability implies that donors and partner countries are accountable to each other for the use of development resources. This requires Governments to improve their accountability systems and donors to be transparent about their contributions. The report uses one criteria to assess this principle:

- Has Cameroon a mechanism permitting joint assessment of progress in implementing agreed-upon commitments on aid?

No information has been obtained on this issue.

6. Conclusion

Cameroon is currently in the process of strengthening its national health research system (NHRS) through the implementation of the Division for Health Operations Research (DROS) within the Ministry of Public Health. DROS is charged with improving the coordination of health research and is responsible for promoting health research in the country. It faces the challenge of enhancing coordination between the three ministries (MINRESI, MINSANTE, MINESUP) involved in health research in the country.

Research priorities exist within each national priority programme related to the major health problems in Cameroon. However, a national health research agenda has yet to be defined.

One constraint that Cameroon faces is extreme dependence on external funding of health research due to a shortage of public expenditures directed towards research.

Efforts to improve results dissemination and utilization are underway. An increased dialogue between all stakeholders involved in health research should contribute to this effort. The DROS undertook an initiative to improve the situation by implementing interactive platforms to allow exchanges between actors.

The implementation of a SWAp for health financing would contribute to donor alignment and harmonization. This approach is still under discussion. The establishment of a multi-donor committee (CMB) could facilitate this process for health research. Government leadership is important to help optimize the dialogue with donors and facilitate donor alignment and harmonization in relation to health research support.

The Synthesis Report of the AHA Study (available from: www.cohred.org/AHA) provides a further analysis of the opportunities and challenges for alignment and harmonization in health research support, building upon the results of all five country studies collectively.

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Websites

Aid and Harmonization website

<http://www.aidharmonization.com/>

Development Assistance Committee (DAC) / Organization for Economic Cooperation and Development (OECD)

<http://www.oecd.org/dac>

EVIPNet – Evidence-Informed Policy Network

<http://www.who.int/rpc/evipnet/en/>

EVIPNet Africa

<http://www.who.int/rpc/evipnet/africa/en/index.html>

Paul Ongo Foundation

<http://www.fpae.net/>

Indicators of Progress, Paris Declaration on Aid Effectiveness,

<http://www.oecd.org/dataoecd/57/60/36080258.pdf>

International Development Research Centre (IDRC)

http://www.idrc.ca/index_en.html

New Partnership for Africa's Development (NEPAD)

<http://www.nepad.org/>

Institute for Research, Socio-Economic Development and Communication (IRESCO)

<http://www.iresco.org>

Organization for Economic Cooperation and Development (OECD)

<http://www.oecd.org>

Shemka Foundation

<http://www.shemkafoundation.org/>

The United Nations Millennium Development Goals (MDGs)

<http://www.un.org/millenniumgoals/>

The World Bank

<http://www.worldbank.org>

United Nations Development Programme (UNDP)

<http://www.undp.org>

United Nations Population Fund (UNFPA)

<http://www.unfpa.org>

World Health Organization (WHO)

<http://www.who.org>

Annex 1

List of stakeholders Interviewed

Structure	Name and Position
Government	
Division of Health Operations Research Ministry of Public Health	Pierre ONGOLO ZOGO Director
	Jean-Marie FOU DA Research Officer
Research Institutions	
IMPM (Institut de Recherches Médicales et d'Etudes des Plantes Médicinales)	Tom AGBOR EGBE Deputy Director General
CIRCB (Centre International de Référence 'Chantal Biya')	Marcel MONNY LOBE Director
	Odile OUWE MISSI OUKEM Deputy Director
	Judith TORIMIRO Researcher
CRESEAR (Centre de Recherche pour la Santé des Armées)	Eitel MPOUDI NGOLE Director
LSHM (Laboratoire de Santé Hygiène Mobile)	Francois Xavier MBOPI KEOU Administrator and Head
Biotechnologies Centre	Wilfred NBACHAM Director
	Jude BIGOGA Researcher
IRD (Institut de recherche pour le Développement)	Jean-Loup BOEGLIN Researcher

Structure	Name and Position
NGOs	
FPAE (Fondation Paul ANGO ELA)	Kalliopi ANGO ELA Administrator and Head
	Marie-José M. ESSI Researcher
	Joseph OWONA NTSAMA Researcher
	Fred EBOKO Researcher (IRD Researcher)
IRESKO (Institut pour la Recherche, le Développement Socio-Economique et la Communication)	Gédéon YOMI Deputy Coordinator
The Shemka Foundation	Jean Calvin NAMA NTSE Delegated Administrator
FESADE (Femmes Santé et Développement)	Damaris MOUNLOM Administrator and Head
RECAP+ (Réseau Camerounais des Associations des Personnes Vivant avec le VIH / SIDA)	MACHOUSSI Executive Secretary
National Priority Programmes	
PNLP (Programme National de lutte contre le Paludisme)	Etienne FONDJO Chief of the Department "Operational Research"
	Celestin KOUAMBENG Chief of the Department "Training and Research"
	Simon Fozo KWAKE Chief of the Department "Control, monitoring and evaluation"
PNLS (Programme National de Lutte contre le Sida)	Louis MENYENG Chief of the Department "Acces to drugs"
Network	
REDS (Réseau sur l'Éthique, le Droit et le Sida)	Calice TALOM YOMGNE Ethics and Research Programme Officer
Multi-lateral agencies	
UNDP	Mathilde SANZONE TRAORE
UNFPA	UNFPA representant
Technical Cooperation Agency	
GTZ	Gerd EPEL Head Technical Advisor

Annex 2

List of NGOs visited with some of their health research projects

NGO	Date	Donor	Project	Budget in FCFA	Budget in USD
Institut pour la Recherche, le Développement Socio-Economique et la Communication (IRESCO)	July 2007	OCEAC/PPSAC-IRESCO/FOCAP	Enquêtes et sondage CAP et stigmatisation et discrimination des PVVIHS dans 03 pays de la sous région CEMAC	97.008.350	194,016
	July 2007	CDC (USA)	Enquête qualitative: Rapid qualitative assessment study of community perceptions of HIV research initiation and conduct in South-West, Littoral and Centre provinces in Cameroon	7.265.000	14,530
	December 2006	OCEAC/PPSAC	Etude de faisabilité d'une marque régionale de préservatif	40.225.776	80,451
	September 2006	Alliance	Etude d'évaluation du Programme FPP au Maroc	7.908.600	15,817
	June 2006	UNFPA	Recherche opérationnelle en vue de l'introduction des distributeurs automatiques de préservatifs dans les lieux accessibles et acceptés par les jeunes	1.700.000	3,400
	April 2006	CARE	Enquêtes et sondages : Projet de développement rural des provinces de l'Est et de l'Adamaoua	8.521.500	17,043
	2004-2006	FHI	Accompagnement anthropologique aux essais cliniques sur ténofovir	219.475.250	438,950
Fondation Paul Ango (FPAE)	2006-2008	ANRS (France)	La problématique de l'accès aux médicaments contre le sida au Cameroun. Enjeux, avancées, limites et perspectives de la décentralisation d'une offre de soins		67,500 50,000
	2007-2010	France	Les recompositions de l'action publique: A partir de la lutte contre le sida. Approche interdisciplinaire pour une recherche opérationnelle en santé en Afrique (Cameroun, Burkina Faso, Bostwana)		(for 2005– 2008)
Fondation Shemka	2006	Yale University (USA)	Etude sur les réfugiés et le VIH / Sida au Cameroun		

Annex 3

NHRS framework

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)

FRAMEWORK FOR DEVELOPING A NATIONAL HEALTH RESEARCH SYSTEM

USING HEALTH RESEARCH TO IMPROVE POPULATION HEALTH, HEALTH EQUITY, AND DEVELOPMENT.

► The starting point for strengthening a country's health research system is to have a **clear picture of the current state of health research** – and the areas where development should be targeted.

► Using this view, countries can apply various approaches, tools and methods to start **a strategy of system strengthening**.

Stage of development	Actions needed
Basic requirements - socio-political environment	
0. Political commitment to health research	Advocacy, awareness, data and discussion.
0. Political & socio-economic climate human rights	human rights respect & investment friendly.
Level 1 needs – a research-conducive environment	
COHRED's framework, developed in work with many developing countries.	
1. Credibly set and regularly updated health research priorities	Priority setting and updating
2. Health research policy framework	Developing policies/policy framework for research and health research
3. Research management office/mechanism	Exploring mechanisms and structures appropriate to countries' existing structures and aspirations for research.
Level 2 needs - Research implementation	
4. Human Resources for Health Research	Developing a medium and long-term HR-HR strategy and plan.
5. Stable, predictable research financing	Developing medium-long term health (health) research financing mechanisms, including donor alignment and harmonization.
Level 3 needs – Optimizing the system	
6. Improving health research system components	for example: - Research ethics. - Research communication, including evidence to policy & practice. - Peer review vs committee review. - Merit-based promotion system. - Community demands for research. - Monitoring & evaluation of impact . - Health systems research needs. - Good research contracting . - Technology transfer arrangements. - Intellectual property rights. - Institution building.
Level 4 needs – Integrating the national system internationally	
7. Collaborative arrangements	- bilateral - regional - international - organisations - donors / research sponsors

www.HealthResearchForDevelopment.org

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