



**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

UGANDA

COUNTRY REPORT
2008

Alignment and Harmonization in Health Research

AHA Study

Five partner
countries and
eight donor
countries

Burkina Faso
Cameroon
Mozambique
Uganda
Zambia

Canada
Denmark
Ireland
the Netherlands
Norway
Sweden
Switzerland
United Kingdom

Acknowledgements

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).

A special thanks goes to all partners from the five African countries and the eight donor countries for their support in compiling the information included in this report.

AHA Project team

Carel IJsselmuiden, Director COHRED and project leader; Sylvia de Haan, Head Projects and Programmes, COHRED; Sandrine Lo Iacono, Project Officer, COHRED.

In collaboration with partners, country surveys were conducted by Sandrine Lo Iacono for Burkina Faso, Cameroon, Mozambique and Uganda; Caroline Nyamai Kisia for Uganda and Zambia; Hashim Moomal and Cristiano Matshine for Mozambique.

Editorial support was provided by Colleen Smith.

Financial support for the entire project was provided by Sida / SAREC.

Key Words:

Alignment and harmonization, national health research systems, Burkina Faso, Cameroon, Mozambique, Uganda, Zambia, Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland, United Kingdom, Paris declaration on aid effectiveness, investment in research

ISBN

92-9226-020-0

Copyright and Fair Use

The Council on Health Research for Development (COHRED) holds the copyright to its publications and web pages but encourages duplication and dissemination of these materials for non-commercial purposes. Proper citation is requested and modification of these materials is prohibited. Permission to make digital or hard copies of part or all of this work for personal or classroom use is granted without fee and without a formal request provided that copies are not made or distributed for profit or commercial purposes and that copies bear this notice and full citation on the first page. Copyright for components of publications that are not owned by COHRED must be honored and permission pursued with the owner of the information. To copy otherwise, to republish, to post on servers, or to redistribute to lists, requires prior specific permission from COHRED.

COHRED is interested in tracking the use and effectiveness of its published information, and receiving feedback from readers. Readers interesting in providing input or interacting with COHRED on its published materials please contact cohred@cohred.org

Table of contents

List of abbreviations	4
Executive summary	8
1. Introduction	10
2. Methods	12
3. National Health Research System in Uganda	13
3.1 NHRS governance and management	13
3.2. Health research legislation and policies	15
3.3. National health research priorities	16
3.4. Health research financing	17
3.5. Human resources for health research	18
3.6. Health research institutions	18
3.7. Organized civil society in health research	23
3.8. Regional organizations and networks	24
3.9. Dissemination of research findings	24
3.10 Ethics	24
4. Health research donors in Uganda	25
5. Adherence to the Paris Declaration on Aid Effectiveness in relation to health research support	27
5.1. The Paris Declaration on Aid Effectiveness	27
5.2. Ownership	28
5.3. Alignment	29
5.4. Harmonization	30
5.5. Managing for results	30
5.6. Mutual accountability	31
6. Conclusion	32
Bibliography and websites	33
Annex 1: List of stakeholders interviewed	34
Annex 2: List of projects financed by donors involved in the AHA study	36
Annex 3: NHRS framework	38

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 Uganda

The Uganda National Council for Science and Technology (UNCST) oversees all research in the country. The Uganda National Health Research Organization (UNHRO) is intended to be an autonomous body specifically charged with overseeing and coordinating health research in the country. It is currently working as an interim body of the Ministry of Health, while awaiting formal establishment through an Act of Parliament. Coordination mechanisms between these entities are not entirely clear and health research activities in the country tend to be fragmented.

Even though the Government of Uganda recognizes health research as a critical tool for evidence based policy and decision-making, legislation specific to health research is currently not in place. UNHRO has drafted a Health Research Policy and a National Health Strategic Plan but these have not yet been finalized.

Uganda has gone through two Essential National Health Research (ENHR) plans (1993-1995 and 1997-2001). Since 2005, a new list of national health research priorities has been set up through a consultative process with expert groups led by UNHRO. Those priorities were not formally endorsed by the Ministry of Health.

Effective communication of health research results remains a challenge. Research findings are not widely disseminated. No formal systematic mechanism tracks research conducted and key research findings, or ensures that policy makers have access to research findings for decision-making purposes.

Most funding comes from external funders, as evidenced by estimates that attribute well over 90% of health research funding to external sources. The funds are sent directly to the research institutions, usually without explicit requirements that research be aligned to national priorities. The Government's research budget is primarily used for salaries and maintenance of the infrastructure of the national health research institutes.

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

Donors Alignment and Harmonization in Uganda

Among the eight donor countries involved in the AHA study, Canada, Ireland, Norway, Sweden and the United Kingdom are the countries that support health research in Uganda. Denmark mainly provides health sector budget support.

Uganda has a system in place with structures and processes for alignment and harmonization for health support in general, but not for health research support in particular.

Generally, interviewees demonstrate a low level of knowledge of the Paris Declaration even though they conceptually understand and desire alignment and harmonization.

Issues to be considered

National Health Research System in Uganda

- The need for enhanced coordination of health research at the Government level is an issue. Defining and implementing a Strategic Plan for Health Research that includes a clear process for communicating, monitoring and revising the national health research priorities, will facilitate improved coordination.
- Lack of mechanisms for tracking research undertaken in order to avoid duplication of effort is another important concern. A systematic dissemination mechanism for research findings encouraging translation into policy and action will help address this issue.

Donor Alignment and Harmonization in Uganda

- Consideration should be given to how donor alignment to the country's health research priorities can best be ensured. Where donors fund research institutions directly, requiring alignment to country priorities may help accomplish this objective.
- Increasing consultation between donors and the health research stakeholders including researchers, communities and policymakers, may be a useful strategy for improving alignment and harmonization.
- The need for greater transparency in funding merits attention. Strategies such as open calls for proposals to allow all interested parties to participate in an open competitive process may prove effective.

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, 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.

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

- Chapter 3 provides an overview of the national health research system (NHRS) in Uganda. 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 Uganda.
- Chapter 5 looks at the adherence to the the Paris Declaration in relation to health research support in Uganda.

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 Uganda:
 - 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 Uganda. 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 Uganda

Interviews were conducted from 1st August to 4 August 2007. A second round of interviews took place from 3 March to 7 March 2008.

Eighteen stakeholders were interviewed including five representatives from the Government (Ministry of Health, the Ministry of Finance, Planning and Economic Development and the Uganda Council for Science and Technology), five representatives from research institutions, one representative from a network involved in health research, five representatives from donor countries (Belgium, Canada, Denmark, Sweden and the United Kingdom) and one representative from a multilateral agency (WHO).

The interviews took place in Nairobi, Kenya and in Kampala, Uganda. All interviewees were very cooperative and available.

Internet searches were conducted from June 2007 to May 2008.

Study limitations

Most interviewees were unable to provide human resource data, especially details regarding age and gender distribution, as well as financial data regarding either the national budget or bi-lateral and multi-lateral funds for health research. Reports presenting the full details of interviewees' health research projects were not available.

3. National Health Research System in Uganda

3.1. NHRS governance and management

In Uganda, two Ministries are involved in the management of health research – The Ministry of Health (MoH) and the Ministry of Finance, Planning and Economic Development (MFPED). Two statutory bodies are also involved in the management structure – The Uganda National Council of Science and Technology (UNCST) that falls under the MFPED and the Uganda National Health Research Organization (UNHRO) which is awaiting formal establishment through an Act of Parliament.

UNCST is the key body that oversees all research in the country. It acts as a clearinghouse for information on research and experimental development taking place in scientific institutions, research and development institutions and centres. UNCST registers and issues permits to conduct research in Uganda. UNCST clearance is required for any research conducted in the country. This allows for documentation of research and development activities in all sectors of the economy, which in turn facilitates UNCST's national advisory role on research and development and the integration of research into national development processes.

UNCST registers research projects under seven categories corresponding to the different fields of Science and Technology: Social Sciences and Humanities, Health Sciences, Natural Sciences, Information and Communication Sciences, Physical Sciences, Industrial and Engineering Sciences and Agricultural and Allied Sciences. UNCST works with sector specialist committees that oversee research in their respective areas. UNHRO is expected to fulfil this role for the health sector.

UNCST has thirty two members. The Ministry of Health and other key ministries are represented. The Council meets twice a year to review research activities and discuss findings. The sector specialist committees have nine members each and are chaired by a Council member. These committee chairs review research and findings relevant to their sector and then communicate them to the Council, which in turn communicates this information to the relevant people. The Council has an Executive Committee that meets on a monthly basis. When UNHRO is formed, UNCST will be represented in UNHRO's Board.

The National Drug Authority (NDA) works with the UNCST to evaluate research that involves clinical trials of drugs or vaccines, and evaluates the drugs to be used before permits for such trials can be issued.

Health related research activities in the country, however, are currently fragmented². The need to set up an autonomous coordinating body to specifically oversee and coordinate health research in the country has been recognized since 1995. The proposed body—UNHRO—is to be set up through an Act of Parliament. The process for accomplishing this is at an advanced stage, as the Bill is currently before Cabinet and is expected to be approved in the near future and passed on to Parliament for debate and final approval.

In the meantime, UNHRO functions in an interim capacity as a body of the MoH.

2 Health Sector Strategic Plan II, Volume I, page 70

Once formally established, UNHRO will have the mandate to develop a coordination framework for health research in the country. Its key functions will include³:

- Evolve and set up an ethical code of conduct for health research in Uganda;
- Identify, set and guide the formulation of National Health Research Policies and development of a National Health Research Plan;
- Facilitate consultations with policy and decision-makers, researchers of different disciplines and communities in the identification of health research priorities, which are consistent with the National Health Research Plan;
- Facilitate dialogue between policy makers, researchers of different disciplines, health providers and communities to ensure that research is relevant to the needs of the people and findings are utilized by relevant stakeholders;
- Strengthen the national health research capacity in research institutions including the Ministry of Health and communities and support development of quality human resource infrastructure that is capable of responding to the essential research demands of the country;
- Register, renew and coordinate different types of health research in the country and promote multidisciplinary and intersectoral research collaboration in a bid to establish national health research, which is consistent with the National Health Plan.

A National Health Research Policy document is in an advanced stage of development as the result of an UNHRO led process. A Health Ethics Committee and National Guidelines for Research Involving Humans as Research Participants⁴ developed by UNCST are in place.

UNHRO is responsible for coordinating and tracking health research activities. It is responsible for linking with the different stakeholders to determine which organizations are involved in what research, the funds they have received, who they collaborate with, and the publications they have produced, including published studies and reports. UNHRO produced a report on these issues – An Analysis of Institutions Doing Health Research in Uganda – in 2000. This was to be done every five years, but the 2006 report has yet to be published. UNHRO is to establish and regularly update a database of health research in Uganda that will include all health research proposals, ongoing health research activities, results and reports.

Organizations involved in health research are supposed to report to UNHRO. Currently some do and others do not. Since the UNHRO cannot officially operate as a research regulatory body until the Bill is passed, it is difficult to enforce reporting at the moment.

The MoH lacks a department that deals specifically with health research. The MoH has a Research Working Group, whose secretariat is situated in UNHRO. This is supposed to be a technical working group that advises the MoH on implementation of policy and planning for health research. A policy analysis unit is responsible for dissemination of health policy.

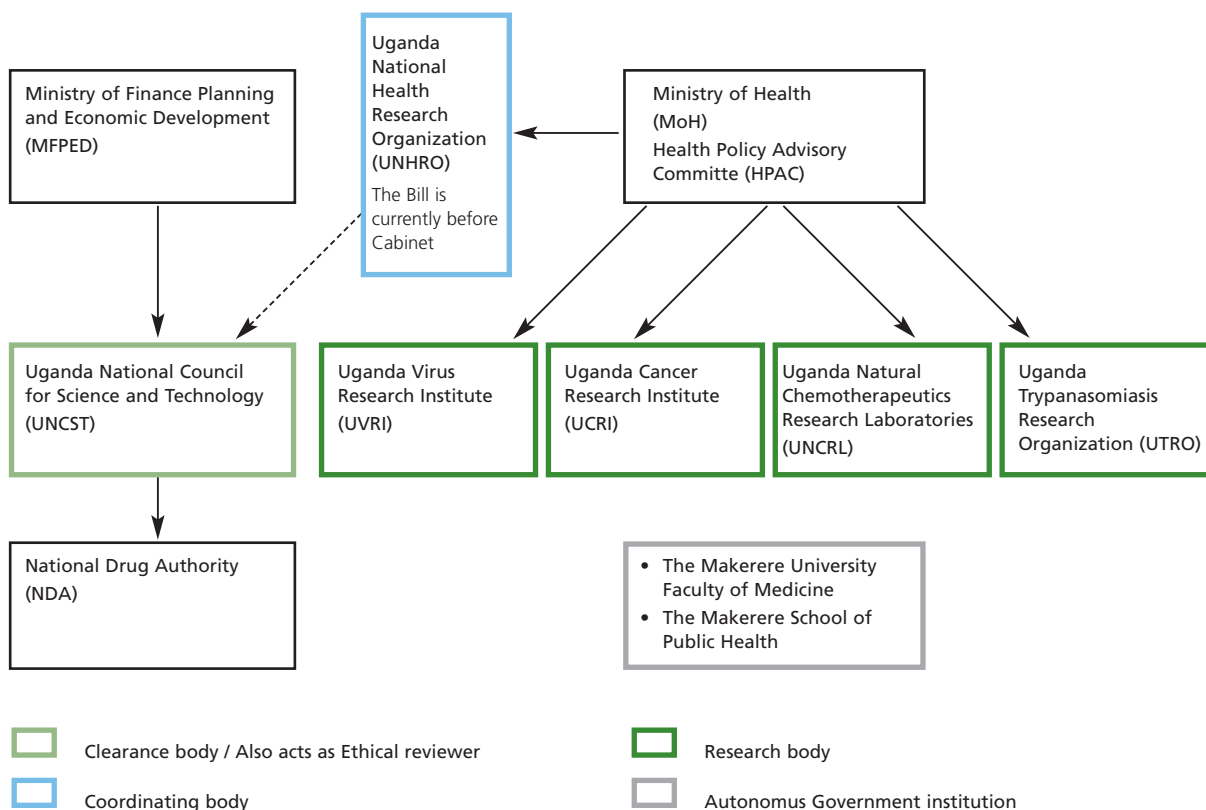
Within the MoH, each division does its own research. Currently, there is no link between the departments. A proposed Research Unit within the Planning Department is expected to help streamline this situation.

See figure 1 for the organization of the Ugandan health research system.

3 UNHRO Research priorities 2005 – 2010. Health Research and Development brochure.

4 The Republic of Uganda. UNCST (2007). National Guidelines for Research involving Humans as Research Participants. Uganda.

Figure 1: The National Health Research System in Uganda



3.2. Health research legislation and policies

Uganda lacks legislation that deals specifically with health research. The legal and regulatory system in place encompasses all health actions and actors in the health system for both the public and private sectors. It covers the framing of all the laws, regulations and policies governing the health sector, as well as the means of ensuring compliance with them. The Health Sector Strategic Plan (HSSP) II outlines strengthening of public sector oversight while promoting private initiatives for and on behalf of the population⁵.

The MoH recognises that the aspirations of the National Health Policy cannot be attained without the support of an effective legal and regulatory framework. In the HSSP I period, the process of identifying, amending, repealing and applying the relevant laws was carried out. The procedures for requesting legislation from the Solicitor General were circulated to all departments, divisions and units of the Ministry. The MoH constituted a Legislation Task Force to deal with matters concerning policies and proposed Bills awaiting legislation. Inadequate facilitation (human, financial and material resources) of the regulatory bodies (Commissions, Authorities, Professional Councils and the Health Inspectorate) was the major constraint making the fulfilment of their respective mandates, including enforcement of the laws and regulations a challenge⁶.

5 Health Sector Strategic Plan II, Volume I, page 70

6 Health Sector Strategic Plan II, Volume I, page 70

UNCST was established in 1990 through an Act of Parliament – CAP 209 of the Laws of Uganda. UNSCT has specific responsibilities for research and development oversight under Sections 4 and 5 of the UNCST Act (CAP 209). The responsibilities are stated as follows⁷:

- a) To advise and coordinate the formulation of an explicit national policy on all fields of science and technology;
- b) To act as a clearing house for information on research and experimental development taking place in scientific institutions, centres and other enterprises and on the potential applications of their results;
- c) To work in close co-operation with and coordinate all scientific and technological activities of persons, institutions, sectors and organizations.
- d) To establish specialized committees, research councils, organizations and experimental and developmental activities or other scientific and technological services.

The National Drug Authority (NDA) was established in 1993 by Parliament through the National Drug Policy and Authority Act (CAP 206). The key role of NDA 'is to promote the health of the human and animal population of Uganda through use of safe, efficacious and good quality medicines and also protect them against the use and effects of poor quality, fake, expired and otherwise unacceptable medical items (both human and veterinary pharmaceuticals), irrational use of drugs and unscrupulous, unethical promotion of medical items including herbal drugs'⁸.

As already mentioned, the UNHRO Bill has yet to be enacted into law.

The Government of Uganda recognizes health research as a critical tool for evidence based policy and decision-making. The Health Sector report for 2005/06 page 93 states, with regard to health research, *'It provides an informed basis for guiding and rationalising implementation of the health sector strategic plan. Health research is a vital element for evolving rational approaches for solving specific health problems many of which have multi-factorial causes embracing social, behavioural and economic determinants. Evidence based management of health reforms is essential to the improvement of healthcare delivery.'*

Uganda does not currently have a national health research strategic plan or a specific health research policy. However, UNHRO has developed a draft plan and policy.

3.3. National health research priorities

In 1990, Uganda embraced the concept of Essential National Health Research (ENHR) and implementation of the ENHR strategy started in 1991. An Ad-hoc committee on ENHR was set up in the UNCST to plan and oversee the activities of the ENHR strategy. It developed the mechanisms for research priority setting, which were followed by the development of an ENHR plan. Uganda has gone through two ENHR plans (1993-1995 and 1997-2001). Since 2005, a new list of national health research priorities has been set up through a consultative process with expert groups led by UNHRO. These priorities were not yet formally endorsed nor acted upon by the Ministry of Health.

The priorities are based on the national health priorities identified in the Health Sector Plan and consist of nine priority research areas:

1. Water, sanitation and environment
2. Maternal, child health and nutrition
3. HIV/AIDS

7 Research Registration and Clearance Policy and Guidelines. UNCST. March 2007. page 1

8 Republic of Uganda (2006). Health Sector Performance Report.

4. Malaria
5. Tuberculosis (TB)
6. Other communicable diseases
7. Non-communicable diseases
8. Health policy and health systems
9. Drug use studies

The process by which the priorities are arrived at is very important, and was identified as a major point of weakness by interviewees. Currently there is no clearly defined process for determining the priorities, reviewing progress towards addressing them, and continuously reviewing and revising them. Interviewees recommend development of a strategic plan for health research that includes a clear process of defining, communicating, monitoring and revising the health research priorities.

Recently the expert group on HIV/AIDS has proceeded with re-defining and setting its own health research priorities.

3.4. Health research financing

The national budget allocated to health research comes from the money allocated to health. The total Government of Uganda (GoU) expenditure on health as a percentage of total GoU expenditure in the 2005/06 financial year was 8.3%⁹. The overall per capita expenditure on health was 15 USD with a GoU:Donor contribution ratio of 31:69 against a budgeted ratio of 47:53¹⁰. This is lower than the costed basic package of services of USD 40 per capita¹¹—the costing set by the WHO Commission for Macro-Economics and Health, which is comparable to the estimate by the Uganda Health Financing Strategy. This insufficient allocation of resources to the health sector leads to a low allocation of resources to health research, which has to compete for the funds with other essential health care delivery services.

The money allocated to health research in Uganda from the national budget consists mainly of money allocated to the country's four main research institutes, and pays for government staff and maintenance of the research institutes. The Medium Term Expenditure Framework (MTEF) budgeted figure for 2005/2006 was 0.254 billion Uganda shillings (152,000 USD) out of the 508.16 billion Uganda shillings (303 million USD) health care budget¹². This constituted a small percentage of the total research institutes' expenditure.

Most health research funds are external funds from donors. UNHRO's analysis in the year 2000 indicated that less than 1% of health research funds came from the Ugandan Government. Data from the UNCST about research conducted in 2004-2005 indicates that only 12 out of 192 projects originated from the Ministry of Health while an inventory of studies on malaria, HIV/AIDS and TB showed that the majority of research undertaken between 1997-2002 was on HIV and was mainly funded by external donors. UNCST estimates suggest that out of the total health research funding in Uganda in 2005/2006, the percentage of health research funds allocated by the Ugandan Government is 5 to 10%.

The main donors for health research include: the USA government through the Centers for Disease Control and Prevention (CDC) and the National Health Institutes (NIH); USA Foundations, especially the Gates Foundation and the Rockefeller Foundation; Sweden

9 Annual Health Sector Performance Report. Financial Year 2005/2006 page 14.

10 Annual Health Sector Performance Report. Financial Year 2005/2006 page 61

11 Annual Health Sector Performance Report. Financial Year 2005/2006 page 61.

12 Ministerial Policy Statement 2006/2007 page 93, 97

(Sida/SAREC); UK (DFID); Canada (IDRC); Denmark (Danida); the Netherlands (DGIS); Norway (Norad); WHO; World Bank and UNICEF. The actual amounts for money given directly to the institutions are not known by the Ministry of Health, and can only be found through the respective institutions.

According to the UNCST 2005 report, a total estimated approved budget of 40,854,995 USD for research projects was registered in that year, of which 24,176,281 USD was in the health sciences¹³. Money from the eight study countries totalled 395,192 USD, of which 203,785 USD was from Sweden (Sida/SAREC), and 191,407 USD was from the UK (MRC and DFID)¹⁴.

3.5. Human resources for health research

Although no national human resources for health research strategy exists as yet, a Human Resource for Health Policy for Uganda was launched in financial Year 2005/06. The development of the Human Resources Strategic Plan was initiated in the financial year 2006/07.

The responsibility of the pre-service training of health workers lies with the Ministry of Education and Sports (MoES). The Ministry of Health retains a role in defining the standards and in guiding the MoES in the cadres and number to be trained. The training programmes within the main medical academic institutions do provide capacity building for health research. However, the capacities for training remain insufficient to meet the human resource needs for the health sector¹⁵.

3.6. Health research institutions

Four key government research institutes currently fall under the MoH:

- The Uganda Virus Research Institute;
- The Uganda Cancer Research Institute;
- The Uganda Natural Chemotherapeutics Research Laboratories;
- The Uganda Trypanosomiasis Research Organization (to be converted to the Tropical Diseases Institute).

The Joint Clinical Research Center is another research institute that is jointly run by the Government and the Military, with external collaborative links.

Several academic institutions are involved in health research. Key among them are:

- The Makerere University Faculty of Medicine;
- The Makerere School of Public Health.

In-depth interviews were held with representatives of the Uganda Virus Research Institute, the Dean of the Makerere University Faculty of Medicine, and the Director of the Makerere School of Public Health.

¹³ These figures indicate the total budgets of the research projects registered that year, and not their budget for that one year. Ref: UNCST registration status report for 2005 (January 01 to December 31 2005).

¹⁴ UNCST registration status report for 2005 (January 01 to December 31 2005)

¹⁵ Health Sector Strategic Plan II, Volume 1, page 53

The Uganda Virus Research Institute

The Uganda Virus Research Institute (UVRI) is a national institute functioning under the MoH. Its research priorities are viral infections— HIV/AIDS; emerging and re-emerging viral infections—ebola, marburg, influenza; and parasitology— malaria and schistosomiasis. The institution's health research priorities were determined by senior staff of the institute who met and agreed on the priorities through consultations and meetings. These meetings take place regularly— in 2007, for example, they have held four meetings. The UVRI has now agreed to have an advisory committee to advise on this and other matters.

The UVRI's health research priorities are in line with the national health research priorities, and the institute was part of the process of developing the national health research priorities list. It was a member of the UNHRO-led steering committee, which helped formulate the health research priorities 2005 - 2010.

The Institute receives its core funding from the Ugandan Government. The budget allocation from the Ugandan Government mainly pays for staff and infrastructure maintenance – grounds, facilities etc. Staff must seek funds to support the Institute's research programmes.

The Institute has six core divisions: General Virology, Immunology, Arbo-virology (including emerging and re-emerging viral infections), Entomology, Epidemiology, Data Management and Administration.

The Institute has various programs with diverse funding sources. Some of the current research programmes include:

- MRC programme funded by the UK government which includes 10 to 15 projects and funding of approximately £18 million a year (35 million USD).
- CDC funded programme that also includes 10 to 15 projects and funding of 30 million USD a year. It consists of an Influenza program, a Plague program and several HIV programs, which include field stations.
- A programme funded by the Wellcome Trust. This is primarily an HIV/AIDS programme with several components: helminthiasis and HIV and survival of people living with HIV/AIDS; survival of children of HIV infected mothers; and prevention of mother to child transmission of HIV/AIDS (PMCTC) programs.
- International AIDS vaccine programme (IAVI) - which includes HIV vaccine trials.
- Quality Control Program for HIV/AIDS – funded by the US Government through CDC under a separate co-agreement.
- Malaria programme – funded by the Government of Uganda.
- Influenza programme – funded by the US government as a separate co-agreement with the US government and CDC.
- Rakai Health Sciences Programme – jointly run with National Institutes of Health (NIH) and Johns Hopkins, and funded at 10 million USD a year. This is an HIV/AIDS programme that has been following the natural history of HIV/AIDS, and was part of the male circumcision studies that led to the recent WHO/UNAIDS guidelines on male circumcision as an additional preventive tool for HIV/AIDS.
- WHO National/Regional laboratories for vaccine-preventable diseases funded at approximately 500,000 USD to 600,000 USD a year. The UVRI provides quality control, vaccine potency testing and confirmation of diagnosis e.g. measles and flaccid paralysis.

Of the eight donor study countries, only the United Kingdom—through the MRC—is funding the UVRI. At approximately £18 million a year (35 million USD), this funding comprises approximately 30% of the Institute's total funding. US Government funding constitutes about 40%, and WHO funding about 3 to 5%. Overall, external funding sources provide approximately 99% of the Institute's research funds.

The UVRI has collaborative links with a number of Northern research institutions, and 80 to 90% of their overall research work in 2005-2006 consisted of international collaborative health work. The key partners are Johns Hopkins, The London School of Hygiene and Tropical Medicine, IAVI, and the Leopold Tropical Institute in Belgium.

The UVRI has a total staff complement of approximately 800 with 130 full time researchers. Of the researchers, approximately 90% devote at least 10% of their time to research, and 60% are male. 20 to 30 researchers are foreign, 50% of whom are male.

Of the 130 researchers, approximately 30 have PhDs. Of these, 20 are male and 10 female. With regard to education levels, approximately 20 of the researchers at URVI have MDs, 30 have Masters, and 50 have bachelors.

Sixty percent of the researchers are between 35 and 45 years of age, and 25% between 45 and 60. Six researchers have left the Institute in the last 5 years, three retired and three left because their programmes ended and further funding was not available. No researchers have left for Northern Institutions. UVRI researchers receive similar pay to outside researchers, since the programmes are externally funded.

In several instances, UVRI research has resulted in Government action, including the Niverapine PMCTC therapy that is now standard practice; the use of Septrin (Cotrimoxazole) as a once daily dose for prophylactic treatment in people with HIV infection; and a simple filtration mechanism for drinking water using a cloth to reduce infection for PLWHAs. More recently, the UVRI was part of the study team whose results led to the WHO guidelines on male circumcision for the prevention of HIV/AIDS.

The Makerere University School of Public Health

The Makerere University School of Public Health is a national academic institution. A management team at the School is responsible for its day-to-day management, and the University Council of Makerere University, which is an autonomous government institution is charged with its overall management.

The School's health research priorities are infectious diseases, malaria, TB, HIV/AIDS, non-communicable diseases, and health systems strengthening research. These priorities were arrived at through a strategic planning process, which resulted in the Strategic Plan 2006/07 – 2010/11¹⁶. An annual retreat to work through the strategic plan and identify strategic goals in training, research and services is embedded in this process and was last held in August 2006. These meetings facilitate regular reviews and updates of the strategic plan.

The School was part of the process of setting up national health research priorities for 2005 –2010, and its priorities are in line with country priorities. Feedback from the School suggests, however, that the national priorities are overly broad.

The School is also involved in advocacy for health research, resource mobilization for its own research, knowledge generation (budgets of about 1- 2 million USD), and capacity building and development. The School, in collaboration with COHRED, has a specific programme on knowledge translation, with funding of approximately 35,000 USD. It has its own Institutional Ethical Review Board, registration with NIH, and a Federal-wide Research Number.

The School accesses most of its research funding through responses to calls for proposals. Its main source of research funds is the USA – the Gates Foundation, NIH, CDC, and the Rockefeller Foundation. Other sources of research funding include Sweden

16 Makerere University Institute of Public Health. Strategic Plan 2006/07 – 2010/11. Providing Leadership in Public Health.

(Sida/SAREC), the European Union (EU), WHO and the World Bank. Its main research projects include clinical trials of HIV vaccine, the circumcision trials, and health systems strengthening research where the School has four projects currently running, as well as two social science research projects. The circumcision trial was a multi-site trial funded at approximately 20 million USD.

Some of the School's research projects and funding sources from the eight study donor countries include:

1. Sweden (Sida/SAREC) – HIV/AIDS - The Mayuge Cohort Study – 866,382 USD.
2. Canada (IDRC) – Nutrition programme in refugee camps -120,000 USD.
3. UK (DFID) – Training programme - 100,000 USD.
4. Irish Aid – Information calling centre for HIV treatment - 26,000 USD.

The School has collaborative links with a number of Northern Institutions, including Johns Hopkins; the Leopold Institute of Tropical Medicine in Antwerp, Belgium; and the School of Karolinska in Sweden. 100% of the School's funded research work in 2005–2006 consisted of collaborative research. With the exception of students doing research work as part of their academic requirements, collaborative research is the key source of research funding. There is no explicit requirement by the School's donors to align research to national priorities.

The School has 55 academic staff, and 35 research fellows hired by the research programmes who assist with teaching. 65% of the staff is male. Approximately 75% of the staff devote at least 10% of their time to health research, although only 10% are actively involved in writing and securing grants. 75% of the staff are MDs and 7 staff, all of whom are male, have PhDs. None of the PhDs are foreigners. Approximately 10 staff have Masters and 8 have Bachelors degrees. Information on age distribution is not available. No health researchers have left the School in the past 5 years, though one died in July 2007.

The main mode of disseminating research findings to policy makers is through workshops, as the use of written reports proved ineffective. The absence of a single example of research results that have led to government action is a significant study finding, and a frustration to the School. Even the circumcision trial results that led to the formulation of international guidelines by UNAIDS/WHO have yet to be translated into policy in Uganda.

A general comment about European funding for research (in comparison to American funding) is that the amounts tend to be small and tied to requirements to partner with a European Institution, which further reduces the amount eventually available.

Other comments made by interviewees included:

"African governments can generate research priorities but as long as they don't put in money then the research done will be the ideas of the funders eg on things like the hemorrhagic fevers that are a threat to their health".

"Money for research is mainly from taxpayers of donor countries, and this means that research here will focus on their research priorities – you don't give money – you don't get the say. For researchers, with funding being a key challenge, research will continue to be done in the areas where funding is available".

The Makerere University Medical School

The Makerere University Medical School is a national academic institution. Its health research priorities, arrived at through faculty research committee consensus, are infectious diseases, HIV/AIDS/TB/malaria, reproductive health, degenerative diseases and mental health. There is no clearly defined or ongoing process for defining the Medical School's research priorities.

The Medical School participated in the process of setting up national health research priorities and sat in meetings organized by the Ministry of Health and UNHRO as part of this effort. The Medical School's priorities are in line with the country priorities.

The Medical School has also been part of the process of health research policy formulation. It has participated, through UNHRO, in the recent health research policy development effort. Over the last two years, it was also extensively involved in the process for review of the Guidelines for Research involving Human Subjects conducted by UNCST, and the Dean of the Medical School chaired this taskforce.

Some of the Medical School's research projects and funding sources from the eight study donor countries include the following:

- Netherlands (NACCAP) – PhD capacity Building – 2.45million Euro.
- Sweden (Sida/SAREC) – supports five sub-programmes in the Medical School:
 - Research in molecular biology of Plasmodium falciparum strains from around Lake Victoria;
 - Clinical pharmacology of anti-malaria and other drugs;
 - Degenerative diseases;
 - Reproductive health and HIV/AIDS;
 - Profiles of depressive illnesses in the Lake Victoria Region.

The total budget provided for the period 2005 – 2009 is SEK 39 million (6 million USD).

- Denmark (Danida) – Tororo Community Health (TORCH) project – amount not available.
- Canada (IDRC) – Regional East African Community Research (REACH) Policy Initiative - 400,000 USD.
- Norway - Norwegian Programme for Development, Research and Education (NUFU) – amount not available.
- Ireland (Irish Aid) – a Pharmacokinetics project - amount not available.

The Medical School has other funding of unspecified amounts from the following sources:

- WHO – for AIDS/TB and Health Systems;
- Exxon Mobile – Malaria;
- Carnegie Corporation – Gender, poverty and other general topics;
- Wellcome Trust – TB;
- Rockefeller Foundation – HIV/AIDS/TB/Health Systems;
- European and Developing Countries Clinical Trials Partnership (EDCTP) – HIV/AIDS - TB;
- Gates Foundation – AIDS/HIV/TB;
- NUFFIC Netherlands – Education Research;
- NIH, CDC, USAID – HIV/AIDS, TB, Malaria.

The Medical School's three most important funding sources were listed as NIH, Sida and Norad, but their contribution as percentage of total income was difficult to estimate.

Sida does stipulate that the proposed research projects align with the overall Makerere University Strategic Plan and with national priorities such as the Poverty Eradication Action Plan. Most of the other agencies do not have a similar requirement.

The Medical School has collaborative links with a number of Northern Institutions, including Johns Hopkins University, Case Western University (CWRU) in USA, University of California San Francisco (UCSF) in USA, Karolinska Institute, and Yale University. Generally, the agreements are broad and may refer specifically to the priority research area(s), which the two institutions have agreed upon. They tend to focus on research and education, and often fall within the institutional research priorities and the national priorities.

Less than 10% of the Medical School's funded research work in 2005 –2006 consisted

of collaborative research. Collaborative research was mainly funded in the areas of TB prevention, transmission, and treatment with CWRU (funded at over 5 million USD); HIV/AIDS – PMTCT with Johns Hopkins University (more than 5 million USD in funding); and malaria drug resistance with UCSF (funded at over 1 million USD).

Local funding is mainly for students' research work (both graduate and undergraduate), and the amounts are small.

The Medical School has approximately 210 staff (76% male) and 14 foreign researchers (10 male, 4 female). Approximately 40% of the staff (70 male, 15 female) devote at least 10% of their time to health research.

The table below presents a summary of qualifications. The vast majority of the staff have a Masters level of education. Of the 18 PhD holders, over 80% are male.

Qualifications	Male	Female
Bachelor level	22	12
Masters level	120	35
MD level	3	0
PhD level	15	3

Age distribution is not available. None of the staff active in health research has left the School in the past five years.

The main mode of dissemination of research findings to policy makers is through national dissemination conferences and workshops. Dissemination is also accomplished through journal publications such as the Faculty's Africa Health Sciences journal, other regional and international journals, and a number of policy briefs. Results from the anti-malaria drug resistance to Chloroquine and Fansidar studies led to national policy change in malaria treatment. Results from Nevirapine studies on prevention of mother to child transmission of HIV influenced national policy on the use of this drug.

3.7. Organized civil society in health research

Non-governmental organizations are not very involved in health research. Most of them focus on implementing programmes, and most of their research activities consist of baseline surveys and follow-up monitoring and evaluation surveys. In the course of collecting data for this study, snowballing techniques were used to get information on which NGOs were involved in health research. Of the four NGOs mentioned as being key in health research, two have not had any health research activities in more than two years, mainly due to a lack of funding. One could not be traced as its listed telephone numbers did not go through, and it could not be found at its given physical location. The last of the four has been involved in operational research, mainly around testing of herbal treatments for HIV/AIDS.

3.8. Regional organizations and networks

Uganda is an active participant in the development of the East African Health Research Council under the East African Community. It is also involved in development of the REACH (Regional Capacity for Evidence-based Health Policy in East Africa) Initiative.

Uganda is part of the African Health Research Forum (AfHRF), and two research teams participated in the Forum's health research leadership programme. Its research and academic institutions are involved in several collaborative projects with institutions from many parts of the world.

3.9. Dissemination of research findings

There is no formal process through which policy makers access health research findings for decision-making purposes. While fora in which scientists share their results and disseminate their findings do exist, lack of a formal mechanism for informing policy was identified as a big gap. One of the policy makers interviewed stated, "When we hear there are some good findings we invite them to tell us about that". Interviewees recommend the establishment of a formal structure for feeding research into policy through dissemination of any research findings to policymakers. They also recommend that policy analysts and policy makers attend these scientific meetings to become familiar with new research findings that are relevant to policy. Interviewees also referred to the role the MoH can play in identifying areas for research, identifying priorities, and participating in selecting topics for research.

Currently the East Africa Community (EAC), through the REACH-Policy initiative, is attempting to inventory research that has been conducted and analyze how it can be used by policy makers.

The MoH planned on having the School of Public Health as their research arm, so that the School could look at health research findings as they emerged and advise MoH on their policy implications. The fact that this did not materialize left a big gap that needs to be addressed. Interviewees recommended that a formal process and structure be put in place to ensure that health research findings and their policy implications are communicated to the relevant policy makers within MoH and other pertinent ministries.

3.10 Ethics

A Health Ethics Committee and National Guidelines for Research Involving Humans as Research Participants are in place. Institutional Ethics Committees exist and include the Scientific Ethical Committee of the UVRI and the Medical School Ethical Committee of the Mbarara University of Science and Technology.

4. Health research donors in Uganda

Donor countries' health research support in Uganda

Of the eight study donor countries, Canada (IDRC), Sweden (Sida/SAREC), Norway (NUFU), United Kingdom (DFID), and the Netherlands (DGIS) were identified as funding health research in Uganda. Denmark (Danida) mainly provides health sector budget support. Ireland has pulled out of health sector support, and Switzerland does not support health in Uganda.

The USA was identified as the single largest funder of health research in the country. This includes both USA government funds (through CDC and NIH), and Foundation funds (especially the Gates Foundation and the Rockefeller Foundation). American universities also conduct collaborative research with Ugandan academic and research institutions.

The European countries also jointly fund health research through the EDTCP.

Sweden (Sida/SAREC)

The overall goal of the Sida research support to Uganda is to assist Uganda in its endeavour to promote research for attainment of new knowledge. Makerere University, as the only tertiary institution for local PhD training and research, has been identified as the most appropriate focus of this support. This is seen as a strategic contribution to the overall capacity for research in Uganda. The specific goal is to concentrate efforts on the main public research university supporting structures that enhance research, particularly the development of local postgraduate research training. The aim of the programme is to support an environment that is conducive for research and research training. The support to individual research projects within faculty based research and research training programmes through collaboration with other universities in Sweden or elsewhere is a tool to achieve these goals.

Sida aligns its support with the Makerere University's Strategic Plan including its specific research policies and strategies.

Sida provided Uganda, through Makerere University, during the pilot phase from September 2000 to December 2001 with a total of SEK 15 million (2.3 million USD). In the three year agreement period 2002-2004 the university received SEK 96 million (15 million USD) plus an additional SEK 7.5 million (1.2 million USD) that was earmarked for the Faculty of Technology. As for the period 2005 – 2009 the total budget is SEK 181 million (28 million USD).

Health related research programmes are mainly performed at the Faculty of Medicine, at the Institute of Public Health and to some extent at the Faculty of Social Science.

Sida and the Embassy of Norway have been sharing information regarding activities at Makerere University. A close working relationship has been built up and considering the goal of both Sweden and Norway to support the university's strategic plan there is a move to work in closer collaboration. An arrangement has been set up where Sida and Norway attend each other's annual review meetings. Norway and Sida contributed (in 2004) to a consultative meeting at the university where discussions were initiated between the various partners contributing to the university's capacity development.

Denmark (Danida)

Since 2000, all programs funded by Denmark have been based on priorities identified by the Government of Uganda. All activities are in line with specific sector investment plans such as the Health Sector Strategic Plan. The sector investment plan of the Government serves as the blueprint for Danida funding, resulting in a top-up approach to identified priorities. Under this model, Danida practices budget support and also funds the Poverty Action Fund.

A budget line for research exists within the overall support provided. Actual funding, however, depends on whether the government includes it in its budget. Occasionally, Danida will consider proposals from research institutions, but it prefers to fund research through government.

An annual work plan is arrived at through a series of consultations involving the Health Policy Advisory Committee (HPAC) and other fora.

Danida aid is predictable and represents a long-term commitment since it is administered in 5 year cycles. The Danida HSPS III for the period of July 2005 to June 2010 totals 393.75 million DKK (82 million USD), with the 2006 component funded at 91.035 million DKK (19 million USD)¹⁷. Documentation and Research has a specific line item allocation of 1 million DKK per year. Danida uses government structures for accountability and reporting to ensure that money allocated is used as intended.

Norway (The Norwegian Programme for Development, Research and Education - NUFU)

Norway currently funds a health related research project at the Makerere University on "Essential nutrition and child health in Uganda". The total budget allocated is 3 495 000 (641,000 USD).

Further information regarding the projects and programs funded by the donors involved in the AHA study can be found in Annex 2.

¹⁷ DANIDA Health Sector Programme Support Phase III (July 2005 – June 2010) to Uganda Health Sector Strategic Plan Phase II (2005/06 – 2009/2010). Page 98, 99.

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

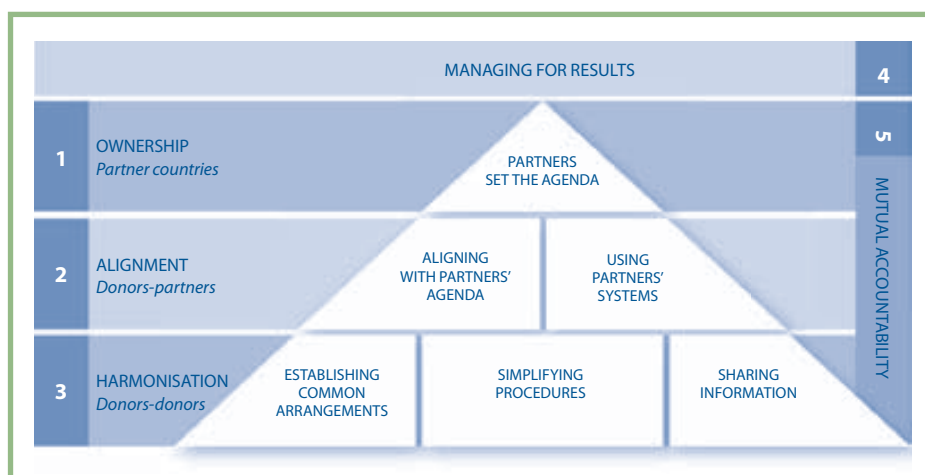
5.1. The Paris Declaration on Aid Effectiveness

The second High-Level Forum on Aid Effectiveness, held in Paris on 2 March 2005, brought together development officials and ministers from 91 countries and 26 multilateral organizations, as well as representatives of civil society and the private sector¹⁸. 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)¹⁹.

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 Declaration²⁰ and some of the indicators used by the Development Assistance Committee (DAC) Task Team on Harmonization and Alignment in various surveys^{21, 22} were adapted to health research support for the AHA study.

Figure 2: The Aid Effectiveness Pyramid



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

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

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

21 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.

22 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 Uganda. These criteria can be formulated as questions.

Does Uganda 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?

UNHRO defined, through a consultative process, a national health research agenda to which donors could align. However, this national agenda has not been formally endorsed by the Ministry of Health.

Health research in Uganda is highly dependent on external funds. There is at the time a limited operational budget for health research coming from domestic sources.

The Uganda National Health Policy and the Health Sector Strategic Plan are implemented through partnerships described under the broad framework of the Health Sector Wide Approach or SWAp. Under this framework, the Government of Uganda, through the Ministry of Health, has the lead role and responsibility for delivering the outputs of HSSP. Various other partners have defined roles to play and contributions to make. To govern these relationships, a series of memoranda of understanding or other formal arrangements—such as government regulations, policy documents and contracts—are in place or under development²³.

In 2003, the Ministry of Finance, Planning and Economic Development authored the Partnership Principles between the Government of Uganda and its Development Partners²⁴. It consists of eight sections that detail: 1) general principles for the partnership; 2) the government's preferred modalities of support from the development partners; 3) undertakings by the Government of Uganda; 4) reflecting development assistance in the budget; 5) global funds; 6) working more effectively at the sector level; 7) joint sector reviews/missions; and, 8) consultative group meeting. It also includes a calendar of major processes and missions.

The revised Memorandum of Understanding (MOU) between the Government of Uganda and the health development partners (HDPs) spells out the obligations of the main parties and describes the structures and procedures established to facilitate the functioning of the partnership. Key structures and processes include:²⁵

- The Health Policy Advisory Committee (HPAC) which provides overall policy guidance to the sector. The HPAC Working Groups carry out functions assigned by HPAC. There are nine technical working groups, including one on health research and development. The HPAC meets every month and consists of government officials, donors, civil society representatives and the private sector.

23 Health Sector Strategic Plan II, Volume I, page 21

24 Partnership Principles between Government of Uganda and its Development Partners. Ministry of Finance, Planning and Economic Development. September 2003.

25 Health Sector Strategic Plan II, Volume I, page 21, 22

- The annual GoU/Development Partners Joint Review Missions (JRM) which enable monitoring of sector performance. The JRM receives the Annual Health Sector Performance Report and determines whether overall performance has been satisfactory. JRM also sets strategic priorities for the following year, by identifying priority technical programmes, agreeing upon undertakings (or key process outputs) and determining broad allocations for the budget cycle. The HPAC Secretariat ensures that the participants receive electronic copies of the relevant documents for each Joint Review Mission in a timely manner.
- The Health Sector Working Group (SWG), established under the auspices of the Ministry of Finance, Planning and Economic Development, which focuses on the budget cycle and managing the approval and alignment of project inputs. New projects should follow GoU standards, guidelines and systems and be fully aligned with HSSP II priorities.

The National Health Assembly (NHA), which first convened in 2003, was created to provide an annual forum for the broader health partnership (central and local governments, civil society, and development partners) to review sector policy, plans and performance. It provides an effective medium for wider consultation, political mobilization for health, and for consensus development among stakeholders. Consultative and advisory in nature, the NHA convenes annually with the MoH providing the secretariat. As part of HSSP II, the scope and mandate of the NHA will be clearly defined and its organization improved so as to derive maximum benefit from the effort.

The health development partners (HDP) are responsible for their own coordination through the HDP group, which provides a forum for information sharing, consensus building, and collating and coordinating responses to government. It is intended to reduce transaction costs for all parties, especially government partners. The lead agency role is rotated on an annual basis.

5.3. Alignment

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

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

Under the SWAp, donors pool their funds in a common basket with budget support as the preferred mode of funding. In the past, each donor had its own appraisal mission. This model has been replaced by a single joint review mission that prepares one annual report for all donors (except for the USA which does not abide with this arrangement and spends its money outside of the budget support framework).

Sida/SAREC when supporting Makerere University does align on University's Strategic Plan including its specific research policies and strategies. It also aligns on University's budget cycle and funding is provided in a predictable way.

5.4. Harmonization

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

- Do donors have common arrangements?
- Do donors have delegated cooperation?²⁶
- Do donors conduct joint missions?
- Do donors share information and analysis?

The SWAp facilitates the use of common arrangement, delegated cooperation, joint missions and information sharing in the field of health. However there are no similar activities in relation to health research although Sida and the Embassy of Norway have been sharing information regarding activities at Makerere University.

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

Aid given through the Government for health research is managed in the same way, and as a part of, the aid given for general health services. The structures in place for the HSSP II consist of: Joint Review Missions (JRM), the National Health Assembly (NHA) and the Health Policy Advisory Committee (HPAC). The HSSP II was developed through an intensive and iterative process that involved all key stakeholders in health development in Uganda. Developed in the context of the Millennium Development Goals and the Poverty Eradication Plan, HSSP II's indicators are closely aligned with the MDGs and Poverty Eradication Action Plan (PEAP) Monitoring Framework, and the targets set reflect the global and national targets²⁷. All the detailed work of the nine Working Groups has been compiled to form Volume II of HSSP II, which was prepared by health sector stakeholders and contains details of the HSSP II. Both volumes of the HSSP II are used during implementation. One of the nine Working Groups specifically focuses on Health Research and Development.

26 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.

27 Health Sector Strategic Plan II, Volume 1

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

A mutual accountability mechanism is in place for aid to the health sector in general, but accountability measures particular to health research do not exist.

The Annual Health Sector Performance Report (AHSPR) was institutionalized during the HSSP I, and has been very useful in highlighting areas of progress and challenge in the health sector²⁸. During the HSSP II, the Report is expected to continue playing an important role in Health Sector Monitoring. The different levels of health services delivery are expected to compile their reports, which should be used by these levels to critique their own performance, and then submitted to the national level for compilation of the AHSPR by the end of August every year. The AHSPR is the agreed document for monitoring HSSP II and should be used by all stakeholders for this purpose. The AHSPR is presented by the MoH to health sector stakeholders and discussed at the Joint Review Mission held in October-November every year.

In the HSSP II, Volume I the Government of Uganda states that *'The different roles and responsibilities of the government (at various levels) and the development partners will be further elaborated in the MoU for HSSP II implementation, which will be built on the MoU of the HSSP I and lessons learnt during HSSP I implementation'* and that *'Regular assessment of performance against these roles and functions will be carried out – quarterly, by HPAC and the Inter-agency Coordination Committees, and annually by the Joint Review Mission. It is particularly required that expenditure information by the Donor Projects and Global Initiatives (where, how much, alignment with HSSP and annual priorities) should be made regularly available'*.

6. Conclusion

The UNCST oversees all research in the country, and works with sector specialist committees that oversee research in their respective areas. The UNHRO is expected to fulfil this oversight role for the health sector.

Charged with meeting the need for greater coordination of health research in Uganda, UNHRO has been set up as a body of the Ministry of Health. It has, however, been constrained by a lack of funds and the necessary capacity and legal mandate to carry out this task.

Establishment of a Research Unit in the Planning Department of the Ministry of Health, with a designated focal point for health research has been proposed. A National Health Research Policy document is in an advanced stage of development, and a Health Ethics Committee and National Guidelines for Research Involving Humans as Research Participants are in place. An analysis of institutions doing health research in Uganda was done in 2000, and national health research priorities for 2005 – 2010 have been defined and are available.

Nonetheless, coordination and communication of health research still remain significant challenges. The national health research priorities are not widely disseminated, and the process through which they have been set is not entirely clear. Likewise, research findings are not widely disseminated, and a formal mechanism to ensure that policy makers have access to research findings for decision-making purposes is not in place.

Funding for health research still remains a challenge. Most funds come from external sources and are sent directly to the research institutions, usually without explicit requirement that research be aligned to national priorities. A mechanism to track research conducted and key findings does not exist.

Greater attention to alignment to the country's health research priorities is needed, even in cases where funds are disbursed directly to research institutions. In such cases a requirement for alignment to the country's priorities may be necessary. Increasing consultations between donors and the health research stakeholders including researchers, communities and policymakers, may be a useful strategy. Increasing communication regarding available health research funding, preferably through open calls for proposals to allow all interested parties to participate in an open competitive process, may be another strategy that merits consideration.

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.

Bibliography and websites

Bibliography

- Danish Ministry of Foreign Affairs (Danida) (2005). Ministry of Health Uganda. Danida Health Sector Programme Support Phase III (July 2005 – June 2010) to Uganda Health Sector Strategic Plan Phase II (2005/06 – 2009/2010). Ref. No. 104. Uganda. 810-300. May 2005.
- Makerere University Institute of Public Health. Annual Report 2005/2006.
- Makerere University Institute of Public Health. Strategic Plan 2006/2007 – 2010/2011 - Providing Leadership in Public Health.
- Ministry of Finance, Planning and Economic Development (2003). Partnership Principles between Government of Uganda and its Development Partners. September 2003.
- Ministry of Health (1999). The Republic of Uganda. National Health Policy. September 1999.
- Ministry of Health. Health Sector Strategic Plan II 2005/06 – 2009/2010. Volume I.
- Ministry of Health (2006). Ministerial Policy Statement 2006/2007. By Hon. Dr. Stephen Malinga, MP. Minister of Health. June 2006.
- Ministry of Health (2007). Ministerial Policy Statement 2007/2008. By Hon. Dr. Stephen Malinga, MP. Minister of Health. June 2007.
- The Republic of Uganda (2005). Health Policy Statement 2005/2006. By Hon. Jim K. Muhwezi, MP. Major General (rtd). Minister of Health. June 2005.
- The Republic of Uganda (2006). Annual Health Sector Performance Report. Financial Year 2005/2006. October 2006.
- UNCST (2005). Research Registration Status Report for 2005 (January 01, 2005 to December 31, 2005).
- UNCST (2007). National Guidelines for Research Involving Humans as Research Participants. Uganda. March 2007.
- UNHRO (2000). An Analysis of institutions doing health research in Uganda – Year 2000. Entebbe; 2000 http://www.health.go.ug/docs/unhro_analysis.pdf (accessed June 1, 2008)
- UNHRO. Research Priorities 2005 – 2010. Health Research and Development brochure

Websites

- Aid and Harmonization website:
<http://www.aidharmonization.com/>
- OECD:
<http://www.oecd.org/dac>
- Indicators of Progress, Paris Declaration on Aid Effectiveness:
<http://www.oecd.org/dataoecd/57/60/36080258.pdf>
- The Paris Declaration on Aid Effectiveness, OCED, 2005,
<http://www.oecd.org/dataoecd/11/41/34428351.pdf>

Annex 1

List of stakeholders Interviewed

Structure	Name and Position
Government	
Ministry of Health	Francis Runumi Commissioner Health Services and Planning Grace Mulindwa Principle Medical Officer in Planning
Uganda National Health Research Council (UNHRO)	Raphael Owor
Uganda National Council of Science and Technology (UNCST)	Julius Ecuru Secretary Leah Nawegulo Senior Officer in charge of Research Registration
Research Institutions	
Makerere University, Medical School	Nelson Sewankambo Dean E. T. Katabira Deputy Dean, Research
Uganda Institute of Virus Research	Julius Luthwama Also Secretary to UNHRO
Institute of Public Health	David Serwadda Director
Uganda Cancer Institute	Jackson Orem Director

Structure	Name and Position
NGOs	
Center for Basic Research	Ms. JUSTIN Administrator
Network	
Network of Uganda Researchers and Research Users - NURRU	Anthony Turyahebwa
Donors	
Belgium	Marc Denys Current Chair of the Health Development Partners Group
Danida	Peter Ogwal Health Advisor
Ireland	Susan Fraser Project Coordinator, Research Matters
Sweden	Gloria Kempaka Mugambe Health Economist
United Kingdom	Alastair Robb DFID Representative
WHO	
	William Mbabazi NPO/Surveillance

Annex 2

List of projects financed by donors involved in the AHA study

Donor agency	Partnership or beneficiary Research Institute	Projects / Programmes	Amount
Canada (IDRC)			
IDRC Regional Office for Eastern and Southern Africa (ESARO) Liaison House, 2nd and 3rd floors, State House Avenue, P.O. Box 62084, 00200 Nairobi, Kenya Tel: (+254 + 20) 2713160/61 Fax: (+254 + 20) 2711063 Email: vngugi@idrc.or.ke	Makerere University School of Public Health	Nutrition programme in refugee camps	USD120,000
	Makerere University Medical School	REACH-Policy Regional Capacity for Evidence-based Health Policy in East Africa	USD 400,000
Denmark (DANIDA)			
Embassy of Denmark Plot No. 3, Lumumba Avenue P.O.Box 11243 Kampala Uganda Tel: +256 (0) 31 2263 211 Fax: +256 (0) 31 2264 624 Email: kmtamb@um.dk Dr. Peter Ogwal Health Advisor	Child Health and Development Centre (CHDC) -Makerere University Medical School	TORCH project Started in 1994, with a multi-disciplinary approach to build research training around a long term research commitment to one district (Tororo) which could be followed up for ten to fifteen years and including other districts. The project encompasses both basic and applied research, with an emphasis on involving local institutions and health workers, and being responsible to local research needs in relation to the health care system. It seeks the involvement at all stages of the research, and dissemination of results at various levels, from the Ministry of Health, down to local councils and health units, in order to facilitate the use of research results.	Not available
Ireland (Irish Aid)			
Irish Aid Embassy of Ireland PO Box 7791 Kampala Uganda Telephone: +256 41 344 348 Fax: +256 41 344 353 Email: irishaid@starcom.co.ug Web: http://www.irishaid.gov.ie/index.asp	Makerere University School of Public Health	Information calling centre for HIV treatment	USD 26,000
	Makerere University Medical School	Project on Pharmacokinetics	Not available

Donor agency	Partnership or beneficiary Research Institute	Projects / Programmes	Amount
Netherlands (NACCAP)			
Anna van Saksenlaan 51 2593 HW The Hague The Netherlands Postal address P.O. Box 93120 2509 AC The Hague The Netherlands Tel :+31 (0)70 344 0907 Fax: +31 (0)70 381 9874 Email naccap@nwo.nl	Makerere Univesity Medical School	PhD capacity Building	Not available
Norway (SIU) (NUFU Programme)			
Postboks 7800 N-5020 Bergen Norway Tel: (+47) 5530 8800 Fax: (+47) 5530 8801 Email: siu@siu.no Web: http://siu.no/en/	Makerere Univesity Medical School	The NUFU-programme supports the development of sustainable capacity and competence for research and research-based higher education in developing countries relevant to national development and poverty reduction, and contributes to enhanced academic collaboration in the South and between South and North	Not available
United Kingdom (DFID)			
DFID Uganda 3rd Floor, Rwenzori Courts, Plot 2 Nakasero Road, PO Box 7306, Kampala, Uganda Tel: +256 41 331000 Fax:+256 41 348732 Web: http://www.dfid.gov.uk/	Makerere University School of Public Health	Training programme	USD 100,000
UK - Medical Research Council (MRC)			
Medical Research Council 20 Park Crescent London W1B 1AL Tel: +44 (0)20 7636 5422 Fax: +44 (0)20 7436 6179	Medical Research Council Programme on AIDS - Uganda Virus Research Institute (MRC/UVRI)	10 to 15 projects including research on AIDS. Research activities of the Unit currently comprise five main areas: Observational Studies Programme; an Intervention Research Programme; a Research Programme; a Social Science; a Basic Science Programme.	USD18 million a year
Sweden (Sida/SAREC)			
Embassy of Sweden, Kampala P.O.Box 22669, Kimathi Avenue, Impala House Flr. 6 Kampala, Uganda Tel: +256-41-236636 Alt. Tel: 256-41-236031 Fax: + 256-41-341393	Makerere University School of Public Health	HIV/AIDS - The Mayuge Cohort Study	USD 850,000
	Makerere Univesity Medical School	16 projects	USD 500,000

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: <ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - bilateral - regional - international - organisations - donors / research sponsors

www.HealthResearchForDevelopment.org

COHRED

COHRED

Council on Health Research for Development

1-5 Route des Morillons

1211 Geneva, Switzerland

Tel + 41 22 591 89 00 - Fax + 41 22 591 89 10

E-mail: cohred@cohred.org

www.cohred.org