

Council on Health Research for Development (COHRED)

What factors influence national health research agendas in low and middle income countries?

Perspectives of health research stakeholders from six countries and 11 international agencies.

Country perspectives

- Cameroon
- Philippines
- Cuba
- The Gambia
- Lao PDR
- Nicaragua

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Key messages from the study

What factors influence health research agendas in developing countries?

Health research in many developing countries faces two major challenges: a lack of clarity on national health research priorities; and the undue influence of international health research programmes, that fail to take account of these health research needs.

Many national health and research communities lack clear health research directions, mechanisms and agendas - and the research governance and management systems needed to develop, communicate and implement them. On their side, international health and health research programmes and donors can distort country research agendas and undermine national research systems. These global health partners pay insufficient attention to national health priorities as they design and implement their programmes. Consequently, health research in developing countries is often not aligned with health research priorities in these countries.

These are the findings of a study by the Council on Health Research for Development (COHRED) with New York University on the health research practices and perceptions of health ministries and research communities in six developing countries and 11 international health programmes and donor agencies. The study addresses the question: *what are the key factors that influence health research agendas in Low and Middle Income Countries?*¹

Through specially designed interviews with national stakeholders and international health programme and donor representatives, the study elicited recommendations on specific actions that would lead to a more equitable balance between actual health and health research priorities and the allocation of health research funding in Cuba, Cameroon, The Gambia, Lao PDR, Nicaragua, and Philippines.

The insights derived from the study highlight the need for health research systems driven by strong country priorities, and identify obstacles that prevent the countries studied from realizing this objective. Qualitative methods supported the identification of themes that emerged across countries, and suggest strategies that could help improve national health research agendas in Low and Middle Income Countries (LMICs) at large. This Record Paper describes the actions required on the part of all health research players to maximize the benefits of limited health research funding in developing countries.

Respondents from the study profiled in this Record Paper identify five important influences that shape health research agendas in developing countries:

- **Governance and management capacity determine country research systems.** Inadequate systems in low and middle income countries to set, communicate and implement national health research priorities result in weak or non-existent country research agendas.
- **Project funding shapes national research agendas.** A chronic lack of funds for national research systems and dependence on foreign funding result in a disproportionate external influence on national health research agendas.

¹ This *Record Paper* summarizes the study by the **Council on Health Research for Development (COHRED)**: Ali N, Hill C, Kennedy A, IJsselmuiden C. *What are the factors that influence national health research agendas?* The full study is available on www.cohred.org/publications/recordpapers

- **Donor practices influence national health research priorities.** - International health programmes and donor practices such as loose internal policies regarding country focus, ingrained (often inflexible) funding practices on the type of activities they fund, and inadequate project management and evaluation result in insufficient attention to countries' health research priorities.
- **Inequitable partnerships erode countries' research capacity.** Donor projects and international health programmes often distort national health systems research agendas and erode the capacity of countries' researchers and research systems.
- **Information sharing is critical to effective research programmes.** A lack of effective communication mechanisms impedes the ability of LMICs to identify and incorporate relevant data, information and approaches into their health and health research planning and programmes.

1. Introduction

This Record Paper presents the results of a collaborative study conducted as part of the Capstone Programme by researchers at the New York University Robert F. Wagner School of Public Service (NYU) and the Council on Health Research for Development (COHRED). Through specially designed interviews with national stakeholders and international health programmes and donor representatives, the study elicited recommendations on specific actions that would lead to a more equitable balance between actual health research priorities and the allocation of health research funding. Cuba, Cameroon, The Gambia, Lao PDR, Nicaragua, and the Philippines were selected as case study countries.

The insights derived from the study highlight the need for health research systems driven by strong country priorities, and identify obstacles that prevent the countries studied from realizing this objective. Quantitative and qualitative methods supported the identification of themes that emerged across countries, and suggest strategies that could help improve national health research agendas in LMICs at large. Study respondents reveal specific actions that various health research players can take to maximize the benefits of limited health research funding in developing countries.

1.1 Background

Scarce funding for health research is a problem that affects many countries, and is particularly acute for low-income countries. Recent studies reveal that research activity within these countries declined between 1992 and 2001.² Low-income countries suffer from the double constraints of limited financial resources to fund necessary research themselves, and the low priority given to their national health problems by the global research community.³ These constraints have contributed to the global disparity between disease burden and research funding, that is termed the '10-90 gap'. To help close this gap it is essential that health research done in low-income countries addresses their national research needs.

² Paraje G, Sadana R, Karam G. Increasing international gaps in health-related publications. *Science* 2005;308:959-960

³ Ad Hoc Committee on Health Research Relating to Future Intervention Options. *Investing in health research and development*. Geneva: World Health Organization, 1996. Commission on Health Research for Development. *Health Research: Essential Link to Equity in Development*. Oxford: Oxford University Press, 1990. Trouiller P, Olliaro P, Torreele E, Orbinski J, Laing R, Ford N. Drug Development for Neglected Diseases: *A Deficient Market and a Public-Health Policy Failure*. *Lancet* 2002;359:2188-2194

Studies on the financing of health research in resource-poor settings have shown that although the majority of funds for domestic health research come from national sources. This is mostly used to support research infrastructure, whereas the majority of funding for research projects comes from foreign sources.⁴ Given the influence that research commissioning agencies have on resource allocation decisions, there is a risk that the health research conducted in low-income countries is unduly influenced by the priorities of the major international health research funders at the expense of local research priorities and needs.

1.2 Methods

The study used a qualitative study design to explore key informants' in-depth accounts of their perceptions of the overall health research environment, their interactions with various actors involved in the health research sectors, key factors influencing health research agenda setting, and recommendations that might help to improve health research priority setting processes in LMICs.

The study took place over seven months, from October 2005 to April 2005. The researchers collected qualitative information based on series of semi-structured interviews conducted with national and international stakeholders. Interviews were conducted with a purposive sample of respondents from, at the national level, Ministries of Health and the research community, and at the international level, foundations, and bilateral and multilateral agencies. Further participants were identified using a 'snowball' approach. Case study countries were Cameroon, Cuba, The Gambia, Laos, Nicaragua, and the Philippines. Countries were selected to reflect a geographical spread of experience and range of health research system infrastructure. The sampling process identified a sample-frame of 42 stakeholders, and interviews were conducted with 11 of 25 at the national level, and 12 of 19 from the international level. Giving an overall response rate of 52%.

Two surveys were developed and employed. Both surveys focused on influences on national priority-setting frameworks. The first survey was designed to capture the perspectives of in-country stakeholders (Annex 1). The second survey was tailored to international research commissioning agencies (Annex 2). The aim of the interviews was to determine key factors that influence health research agenda development, and to elicit recommendations to improve priority setting and the current health research environment in each country studied.

Interview topics for in-country stakeholders included: the existence of a formal national health research plan; funding activities; relative influences of various actors; research collaboration; information dissemination; and health research capacity. Topics addressed in interviews with international research commissioning agencies and foundations included thoughts on funding countries' research priorities and needs, their relative influence, overall funding process, and recommendations for mechanisms that would facilitate funding of priority setting. The semi-structured interview design allowed for some discussion of peripheral issues raised by respondents.

Two NYU graduate student researchers conducted the interviews. Prior to the interview, each respondent was notified that all responses would remain confidential, and that they would have an opportunity to confirm the content of the interview transcript before it was

⁴ Commission on Health Research for Development. *Health research essential link to equity in development*. Oxford: Oxford University Press, 1990. Kitua AY, Swai GBR, Urrio T. *Fund Flows to Health Research Institutions in Tanzania*. Dar es Salaam: Tanzania National Health Research Forum, 2002.

included in the analysis. Interviews, which lasted 45 to 60 minutes, were conducted in person or by telephone. Some respondents chose to fill out the interview transcript via email. Notes taken by both NYU researchers during the interview were subsequently compared for accuracy and then compiled into one transcript. Respondents' corrections or additions to the transcripts were added prior to the final analysis.

Both researchers were involved in initial interview transcript coding which was based on 34 codes. Analysis progressed through stages of data reduction, data display, and drawing conclusions. Discussions between the researchers, rereading of interviews, and construction of data matrices for each interview contributed to development of the study results.

2. Case Studies

2.1 Cameroon: External funding undermines internal coordination

Due to scarce resources, the government of Cameroon has allocated little funding to health research. For the most part, research in Cameroon is supported by bilateral and multilateral organizations. This results in donor-driven - as opposed to priority-driven - research agenda.

Respondents indicated that health research in Cameroon is characterised by a lack of coordination between and among key health research players. Three Ministries are primarily involved in health research activities: Ministry of Public Health, Ministry of Animal Husbandry and Fisheries, and Ministry of Scientific Research. These ministries are unaware of each other's research projects, a situation that contributes to the lack of clearly defined national health research priorities.⁵ In addition, priorities for individual research institutions are set internally, rather than in collaboration with other institutions.

Local health research priorities are rarely taken into consideration in international agency research commissioning processes. According to one national researcher, the government's inability to fund research, "leaves the scientists at the mercy of external funding agents whose priorities determine the priority areas of the researchers."

Tensions between the Ministry of Public Health and researchers prevent a comprehensive approach to national health research. Some researchers believe that the Ministry feels threatened by their knowledge, and does not want them to "encroach" on its powers. Under the influence of external funding, topics chosen by researchers are often out of sync with national priorities as pressure to follow funding is significant. In instances where researchers are not confident of their grant writing abilities, they turn to conducting research 'subcontracted' by external scientists, thereby responding to a donor need - as opposed to the national needs perceived by national researchers and government agencies alike.

Improved communication between Ministry of Public Health and researchers, along with national funding of priority research, could help alleviate these problems. A local hub of the health research database, SHARED, is currently being established with the help of the

⁵ Cameroon is currently developing a national health research policy to direct improvement of its national health research system. Work on setting national health research priorities will start in 2007.

Ministry of Public Health. This could be an important vehicle for facilitating information sharing among researchers and decision makers.

2.2 Philippines: a well functioning system - with some challenges

When compared with other LMICs, the Philippines is characterized by a “reasonable amount of internal funding, better infrastructure, higher health expenditures per capita and more institutional capacity”⁶. Nonetheless, as the Philippines sets and implements national health research priorities, it faces challenges similar to those confronting other LMICs.

National health research priorities in the Philippines are set through both top-down and bottom-up collaborative and participatory processes.⁷ The Department of Health (DOH), the Department of Science and Technology (DOST), the Philippine Council for Health Research and Development (PCHRD) - an agency within the DOST - and the Department of Education are the primary practitioners and consumers of health research. With support from the Philippines ENHR office, the Philippines has been in the process of creating and refining a national health and health research agenda since 1991.⁸

The DOH has increasingly taken responsibility for health systems research as part of the recently introduced Health Sector Reform Agenda, and health research decision-making was recently devolved to local levels. While this shift has increased opportunities for direct interface between international agencies and local government, and has the potential to build local capacity; inefficiencies may result if agencies sidestep the national DOH to fund local-level priorities. As regional health centers acquire more capacity, it is crucial that priorities and projects are not set and funded in a vacuum. Otherwise, devolution may ultimately contribute to fragmentation of the national health research priority-setting process.

International research commissioning agencies continue to influence the national health research agenda. While national stakeholders generally described the current health research system environment as positive, funders’ requests for research proposals are usually focused on very specific research and it is often only by chance that an agency’s mandate falls in line with local or national priorities.

The Secretary of Health is perceived to be “a champion in terms of health research, especially in terms of health systems research [versus basic research]” but in practice, budget constraints limit the DOH’s capacity to fund priority research, as the majority of the budget is allocated for staff salaries.⁹

The availability of two online databases was identified as a key factor influencing health research agenda setting. The SHARED and PCHRD databases currently serve as primary portals for linking researchers in the Philippines to national and international health research resources, some of which has not been published in international journals. These databases are essential to effective priority setting as they help provide access to volumes of national health research, but they can also be problematic. An estimated 80% of national health research is not published in international journals. Respondents attributed this to the fact that it falls short of international standards. Access to local research will help

⁶ Stated by an international funder in the study interview

⁷ *National Health S&T Priorities (Draft): 1999-2004*. Philippine Council for Health Research and Development.

⁸ An initial set of national health research priorities were developed in 1991 through consultations with the Philippines ENHR office. Working primarily with the DOH, and with technical assistance from COHRED and the International Development Research Center (IDRC), the ENHR office focused its work on how to improve the service and delivery of the DOH. Building on the National Health Science & Technology Priorities 1999-2004, the National Health Science & Technology Priorities 2005-2010 (currently in the planning stages).

⁹ The Secretary has since moved to WHO.

support national priority setting, but the degree to which it does so is related to the quality and reliability of the information housed in these databases.

2.3 Cuba: A self-determined and largely self-funded national health research agenda

Cuba receives little support for health research from international donors and programmes. Despite this situation, or perhaps in response to it, Cuba has become effective at defining national health priorities and managing a health research system that supports them. This approach provides useful lessons for other LMICs.

Respondents interviewed in the study confirmed that priority-setting for - and commitment to - health research in Cuba are supported at the highest levels of government. This is due, in part, to the limited access Cuba has to essential medicines from the international market. Since research is primarily state-funded, national stakeholders determine the direction it takes.

Stakeholders include national scientists, the Ministry of Public Health (MPH), the Cuban biomedical industry, the Academy of Science and the State Council (the 'ultimate' decision-making body in Cuba).

The independent nature of biomedical funding and agenda-setting is increased by the Cuban pharmaceutical sector's exports of nationally developed drugs to other LMICs. The main drivers of Cuba's biomedical research priorities are the national strategic needs determined by the State Council. Strategic needs focus on the development of drugs needed to combat ill health in Cuba that cannot be purchased affordably, or at all, on the international market.

For the past ten years, national health research priorities in Cuba have been set through a number of collaborative efforts involving stakeholders from all levels of the national system. However, evidence suggests that - in terms of funding - national strategic priorities determined by the State Council to develop drugs that cannot be purchased affordably, take precedence over these more broadly determined health research priorities.¹⁰

The primary platform for the exchange of views and experience is the biannual national Science and Technology Conference where all health research stakeholders gather to discuss achievements and strategies for addressing existing health research gaps. This meeting also attempts to link the work of local health districts to the national research agenda and identify the overall problems that should be addressed in the national health plan. According to an interviewee, this effort to build the agenda from the bottom up, while laudable, is an idea that currently exists more on paper than in practice.

2.4 The Gambia: a well structured environment, but dominated by a foreign research institute

Priority-setting for health research in The Gambia typically falls under the Ministry of Health or to the UK Medical Research Council (MRC) laboratory that is based here. Requests to fund programs are channelled through these organizations. The Ministry of Health is the main driver for health systems research while the MRC conducts biomedical research. Among multilateral and bilateral research commissioning agencies with a presence in The Gambia, the MRC - the UK's most important public investment in medical

¹⁰ *Final Report: Workshop on National Essential Research in the Context of the National Health Research System.* City of Havana, Cuba: June 26-28, 2001. Council on Health Research for Development (COHRED).

research in any developing country - plays a particularly significant role as it serves as the primary research arm in the country.

No health systems assessments have been conducted in The Gambia. One national respondent characterized the MOH as a “gatekeeper” that channels research perceived as useful into the review process. A national respondent mentioned that queries are usually referred to the MRC, since it is the primary research arm of The Gambia. The MRC presence suggests that there is a significant investment in building national research capacity, yet national respondents still point to a great deal of reliance on international researchers in The Gambia.

Health research priorities are set based on common problems defined from a local perspective, such as malaria, AIDS, pneumonia, and TB. Attracting funding to conduct critical research on health concerns other than communicable diseases is reported as being a formidable challenge.

In The Gambia’s fairly structured health research environment, funders’ programme choices are influenced by their historical presence and longstanding relationships with decision-makers in the country. National stakeholders raised concerns about the extent to which donors determine the direction of research, and representatives of international research commissioning agencies acknowledged that programme choice depends on funding streams. One respondent stated that “the influence on the direction of research is often determined locally. If the funder is interested it happens; if not it does not”.

2.5 Lao People’s Democratic Republic (PDR): Capacity building as a first step

The overall health research environment in Lao PDR is described as weak, and the quality and skill levels of health personnel are low.

Continued efforts to build capacity are essential, given the weakness of the health research environment. The International Development Research Centre (IDRC) in Canada, an international research funder, has made great strides towards improving the health research environment in Lao PDR by supporting workshops on basic research methods for health personnel; awarding small grants and field supervision for those with feasible proposals arising from the workshops; and by offering training in data analysis and report writing, “train-the-trainers” exercises and similar activities.

In December 2002, Health Ministers from Cambodia, Laos, and Vietnam gathered to “sign a Declaration to pursue regional coordination on the health issues.”¹¹ This collaboration resulted from the European Commission’s programme on malaria control and provided experience in priority setting. The five year project aimed to “...assist the national health organizations in their efforts to decrease malaria morbidity and mortality rates by providing financial, technical and communications support for operational activities, which involved identifying research priorities.”

Despite the country’s weak health research infrastructure, a lot of collaborative work is being done. Respondents identified a clear need for additional training programs to increase in-country health research capacity, and for conferences and international publications to foster improvements in the research environment.¹²

2.6 Nicaragua: An absence of funding undermines the plan

Nicaragua has fairly comprehensive priority setting mechanisms in place. In 1994, the national government approved a ten-year National Health Plan that outlined health priorities. While health research is supposed to be coherent with health priorities defined

¹¹ http://www.delttha.cec.eu.int/en/news_2002/Ccam_health_con_en.htm

in the National Health Plan 2004-2015, in contrast to their Cuban counterparts, national health researchers in Nicaragua receive almost no funding from the State.

The State does not have the budget to fund health research and the Ministry of Health appears to have little influence on the definition and support of research activities. Public universities are funded through the national budget and do not receive specifically designated funds for health research. Consequently, external funding still drives the research agenda and a high priority is still placed on biomedical research.

With the National Health Plan in nascent stages of development and implementation, and the large grants awarded by funding agencies, researchers face heavy incentives to “follow the funding”. Researchers in Nicaragua who focus on local priorities, find that their work receives little exposure in international publications. As a result, they tend to focus on studies that are likely to be published in international journals, at the expense of local priorities. Often, priority local research is only disseminated by the local press and at local scientific events. These factors have significant potential to distort health research priorities at the national level.

3. Critical Findings

3.1 Governance and management capacity determine country research systems

A lack of clear national health research priorities impedes countries' ability to conduct pertinent research and attract relevant research funding. Countries need to better establish and manage their health research priorities. They also need to refine their ability to effectively communicate their health research agenda and engage international programmes and donors in a dialogue on national priorities.

Capacity strengthening is critical to improve organizational structures so they can accomplish the complex task of setting, communicating and implementing the country's health research agenda. Respondents highlighted the chronically insufficient financing of ministries of health, despite the ministries' pivotal and often multifaceted role as a commissioner, consumer, and implementer of health research.

None of the national stakeholders interviewed were aware that any kind of health research capacity assessment had been conducted in their country. They also expressed frustration with researchers' and international funders' failure to place sufficient emphasis on health systems research. Though far from adequate at this point in time, interviewees from several multilateral organizations did mention efforts to move small fractions of resources from biomedical into systems research.

Improved communication between researchers and decision makers is central to effective priority setting: This is vital if research production is to result in improved population health and reduced health inequities. Several country respondents called for better incentive structures to link researchers and decision makers, and further action by their respective health ministries to commission research that is better aligned to national priorities. Some respondents felt that having clear country priorities helps attract national budget funds and advances reforms to demand increased productivity and relevance of the local research community.

Even in countries where national health research priorities have been formally defined, respondents pointed to the lack of funding and mechanisms for collaboration based on those priorities.

3.2 Project funding shapes national research agendas

Respondents commented that the majority of project funding in countries was from foreign sources. This results in considerable external influence on national health research agendas. Recent figures from Tanzania, for example, show that national funds are used to support the national research infrastructure.¹³

Donors' priorities are often different from those of countries, even where they may address the same health issues. This results in the commissioning of research that fails to provide the essential information needed by local decision makers to manage national health systems, improve population health and reduce inequities.

A number of the study's country respondents feel that few international funding schemes are open or easily accessible to LMICs. For example, the US NIH process - in addition to being highly competitive - is lengthy and complex, putting less experienced developing country researchers at a disadvantage. In the case of the Global Fund, funds are offered for operational research but information on how countries can participate is not readily available.

Nothing prevents researchers and institutes in developing countries from raising funds from international programs to support their national research agenda. But comments from respondents reveal that this will only become a reality if the research community invests in building researchers' skills to tap funds and write grant proposals so they can compete internationally.

3.3 Donor practices influence national health research priorities

Donors and global health programmes that are active in developing countries need to take better account of country needs and priorities when planning work at the national and regional level.

The study finds that most international players do have a stated 'country focus' and many have a policy or process for engaging with countries' priorities. In practice, however, international programmes tend to stick to their existing agendas, and rarely consider country needs in a systematic way when planning country health research investments or trials.

Responses from international agency stakeholders reflected little or no attention to local health research priorities in their research commissioning processes. Some respondents reported, and appeared frustrated by the fact, that the organization they work for chooses health research projects based on the organization's historical presence in specific regions. These organizations rarely fund unsolicited projects. Projects may be prioritized by funding agencies according to where they believe they have a comparative advantage, rather than in alignment with country research priorities.

Donor respondents described the processes used by their agencies to tailor research to local needs. One said country needs were considered: *"not as a formulaic process. But in most places we work, we ask scientists to come with proposals or we hold meetings with scientists where they talk to us about what they see are the priorities."* This may be considered as consulting with 'countries'. But in practice, such an approach is far from effective. Scientists are but one group of national health and health research stakeholders who must be consulted if countries' health research needs are to be rigorously identified.

Limited project management capacity - in particular database limitations and a lack of attention to project evaluation - make it difficult for agencies to precisely track the amount of funding spent on health research, or demonstrate the accountability,

¹³ Kitua, Tanzanian Health Research Forum 2002.

effectiveness or impact of their investments at the local/regional level. The Commission on Health Research for Development identified this issue as a problem in 1990. It would appear that donor agencies have made little progress in dealing with it over the past 15 years.¹⁴

One criterion for choosing projects mentioned by two funding agencies was the ability to make gains toward achieving the Millennium Development Goals. According to the Rockefeller Foundation, “this umbrella approach has influenced many of the bilateral donors.”¹⁵ Slowly but surely, multilateral stakeholders are promoting more health systems research, including areas such as human resource capacity, as an integral component to the achievement of MDGs in LMICs.

Improper application of MDGs, however, can skew national priorities. For example: does it make good sense for a Low Income Country like Uzbekistan to list malaria as a national health research priority when there were only 33 cases of the disease in 2003?¹⁶ Nonetheless, some countries have successfully used the umbrella of the MDGs to attract donor attention to their own priorities. Viet Nam provides a useful example. Its poverty reduction priorities are linked to national needs, based on the ‘*Viet Nam Development Goals*’, which are shared with partners to guide its development programs, investment and the design of all projects¹⁷.

3.4 Inequitable partnerships erode countries’ research capacity

The study indicates that failure of programmes and donors to sufficiently engage countries at the programme design level has a detrimental effect on the skill base of a country’s research cadre.

Much international programme funding for ‘national research’ takes the form of subcontracting. Country respondents felt that, under these programmes, the researcher has little opportunity to participate in actual research work. A common scenario is the hiring of national researchers for large multi-center trials, where their participation is limited to data collection. In this role, they have little opportunity to enhance their skills and their country’s research knowledge. Nor will they benefit from participating in a study’s design, analysis, synthesis or reporting - as their northern counterparts do this work.

Unfortunately, this echo of the ‘colonial model of partnership’ highlighted by Costello - where foreign researchers favour efficacy trials of novel interventions over applied studies to improve the implementation of proven interventions¹⁸ - is still common practice in the interface between national researchers and international health programs.

The Cuban example serves as a counter point. With little or no external support from international programmes and donors, Cuba has had to develop a strong internal approach to national health research. Of the countries studied, Cuba has developed the most effective approach pursuing national health research priorities that correspond to national needs.

3.5 Information sharing is critical to effective research programmes

¹⁴ Commission on Health Research for Development. Health research essential link to equity in development. Oxford: Oxford University Press; 1990.

¹⁵ Whyte, Amy. *Landscape Analysis of Donor Trends in International Development*. Human and Institutional Capacity Building: A Rockefeller Foundation Series. Issue 2, 2004.

¹⁶ WHO World Malaria Report, 2005

¹⁷ Source: Klaus Rohland. Vietnam Cuts Poverty by 50% in Past Two Decades. 2005.

¹⁸ Costello, BMJ 2000.

Respondents consistently cited on-line databases, conferences and workshops as cost-effective and beneficial ways of disseminating health research findings and sharing information among their regional, national, and international peers and policy makers. These resources were the most frequently mentioned factor by national stakeholders, as critical to effective priority setting.

Increasing exposure to the 'volumes of unpublished studies' carried out by national researchers through online resources was frequently recommended as a strategy to improve health research priority setting.

Donors and international programme respondents described their capacity building efforts as support of individual researchers - universities or institutions in particular - rather than as the development of multi-stakeholder coordination and information sharing networks called for by national stakeholders.

Nearly all stakeholders recommended further funding of conferences and workshops. Regional training networks, supported by a number of donors, provide a 'suite of support mechanisms to the professionals being trained' and have been documented as a sustainable capacity-building approach. One such network, the Economy and Environment Programme for Southeast Asia, operates in Lao PDR and is supported by over ten bilateral, multilateral, foundation, and private-sector agencies. This network has been found in studies to be both effective and efficient at building research capacity.¹⁹

4. How countries, international donors and programmes can take action: strategies for developing national health research agendas that address priority health needs

Responses to the study suggest specific actions required of all health research players to maximize the benefits of limited health research funding in developing countries.

Countries must establish, manage and effectively communicate health research priorities. This requires improved organizational structures and information mechanisms to facilitate collaborative efforts among national researchers, and between national researchers and international health programmes and donors. To set and support national health research priorities, countries must:

- Develop strong and accountable governance and management systems for setting, evaluating, and communicating national health research priorities.
- Establish a communication process for engaging with donors and health programmes around the national health research agenda.
- Develop a strategy to strengthen research and research management as part of the national research agenda. Address this in negotiation with donors and health programmes.
- Build fund raising skills in core members of the national research community. Be informed of innovative funding approaches of other countries.
- Develop links between researchers and decision makers that reinforce the message: 'improved research = improved health'
- Share information on research among national, regional and international peers and policy makers through conferences, workshops and on-line research portals.

International programmes and donors must develop internal procedures that ensure attention to national priorities in project design, funding, implementation and review; and

¹⁹ Whyte, Amy. *Landscape Analysis of Donor Trends in International Development*. Human and Institutional Capacity Building: A Rockefeller Foundation Series. Issue 2, 2004.

create equitable partnerships that enhance national research capacity. To accomplish these goals they must:

- Support partner countries' research priorities, build country research management capacity and improve access to research funding.
- Set and adhere to a clear process for engaging with countries on their priorities when planning a project or fund allocation.
- Review past funding tendencies, and correct research funding practices that do not account for country priorities.
- Communicate funding rules and requirements from countries' perspectives.
- Engage in building partners' proposal development skills. Ensure that access to project funds by southern partners is truly equitable.

Facilitate sharing of research findings by funding conferences, workshops and on-line information portals.

Annex I

Participant responses will not be attributable and transcripts will be made available for review by respondent before inclusion in the final report.

“NYU/COHRED Health Research Priorities in Developing Countries Project”

Interview guide – country perspective

Interviewee:

Country:

Organization:

Title:

Date:

Time:

Interviewer:

Note taker:

1. Please tell us about your role at _____ organization.
2. Is there a formal national health research plan in (country)?
 - If yes, what are the health research priorities?
 - If no, what should the national priorities be?
3. Which internal and external organizations help fund current health research activities in (country)/ (your institution?)?
4. Now we would like to find out more about the relative influence of each stakeholder (e.g. foreign funders, national funders-where they exist, ministries of health, other ministries, researchers-medical school and university, health care providers, community) involved on the health research conducted. (note also if specific stakeholders have *no* influence)
 - How much interaction do you have with the health ministry or other institutions (collaborations)? What level of input does the Ministry of Health have in the research process?
5. Can you describe what kind of health research is conducted, i.e. basic research, communicable, non-communicable, health systems? What is mostly done?
6. To what extent do funders get involved in the procedures or practices for setting health research priorities and securing funds? Please tell us more about this.
7. Who are the stakeholders involved at each stage of the research process?
8. What assessment has been done on your health research capacity? We would like to hear about research priority setting at your institution and overall.
9. What is the role of your organization in coordinating external funding?
10. How are the results of research projects disseminated?
 - Where are the results reported (is access to publications limited to donors or the MOH, or are publications more accessible than this)?
 - How do others (e.g. researchers, organizations) get access to the reports if they want them?
11. What coordination or mechanism to exchange information regarding health research has taken place?
12. Additional Comments

Participant responses will not be attributable and transcripts will be made available for review by respondent before inclusion in the final report.

Annex 2

“NYU/COHRED Health Research Priorities in Developing Countries Project” Interview guide – funder perspective

Interviewee:

Organization:

Date:

Time:

Interviewers: Nadia Ali, Cayce Hill

1. How does (organization) support health research in the following countries?
 - The Gambia
 - Cameroon
 - the Philippines
 - Laos
 - Cuba
 - Nicaragua
2. What influences your choice of research programme areas?
3. What efforts have you made to address countries' priorities and needs? Taking into account country priorities, how do you decide what to fund?
4. When you fund research projects, what exactly are you funding? i.e. employee's salaries, project expenses, other?
5. What level of influence do you feel you have on the health research conducted? If so, how?
6. Describe the process of funding a research project.
 - Once you decide to make the grant, do you help tailor projects according to the funding sources you have, or fully accept an agency's grant proposal as is?
 - If their proposal seems unreasonable, do you help them set realistic goals?
7. Approximately what percentage of your organizational budget is dedicated to the following areas of health research:
 - development
 - health
 - research
 - developed countries
 - developing countries
8. What would facilitate your funding processes? What would help you to be more effective as a donor at the country-level?
9. Additional comments:

Annex 3

Overall interviewee response rate

Description of sample/response rate

The total sample consisted of researchers, decision-makers, multilateral and bilateral agencies, NGOs, national and international research funders, and foundations. The overall response rate for the study was 52%. Of the 44 stakeholders to whom requests for interviews were sent, 23 were interviewed, 5 respondents declined, and 17 did not respond. Four stakeholders agreed to an interview, but were unavailable on the day of the scheduled interview and unable to reschedule for a future date. Table 1 demonstrates the overall response rate according to the respondent's organizational perspective. Note that the totals provided in this overall response rate table do not correspond exactly to country-specific response rates as some international research commissioning agencies provided responses relevant to more than one country.

TABLE 1: Overall Interviewee Response Rate

<u>Stakeholder</u>	<u>Contacted</u>	<u>Declined</u>	<u>No Response</u>	<u>Interviewed</u>	<u>Response rate</u>
International Research Commissioning Agencies & Foundations	9	0	3	6	67%
Multilateral/bilateral	10	1	6	6	60%
National decision-makers	6	1	2	3	50%
National NGO	4	0	1	2	50%
Researcher	15	3	5	6	40%
TOTAL	44	5	17	23	52%*

*average total response rate percentage