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EVALUATION OF THE RESEARCH FOR HEALTH AFRICA (R4HA) PROGRAMME

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Introduction

The Research for Health Africa (R4HA) programme was launched in 2010 by the Council on Health Research for Development (COHRED) and the New Partnership for Africa's Development (NEPAD) Agency to help strengthen national capacities of African countries to govern health research and innovation. The programme's overall objectives are to: (a) support African countries to build ownership and optimal utilisation of research for health in order to reduce the burden of disease and increase health equity, reduce poverty, and contribute to the socio-economic development; and (b) strengthen the capacity of African institutions to design and manage national health research and innovation governance systems.

The programme is funded by the Ministry of Foreign Affairs of The Netherlands. It is being implemented in Mozambique, Senegal and Tanzania. By the end of the programme specific expected outputs are:

- National governance and policy frameworks for research for health in place;
- Research for health information systems operational in each of the countries;
- Policy implementation and system development activities which build on the national governance and policy frameworks;
- Sustainable African capacity developed to support research for health systems;
- Evidence on best practices synthesised, disseminated and used;
- Effective management support to programme activities offered by COHRED and the NEPAD Agency.

COHRED and the NEPAD Agency commissioned the Science and Innovation Policy Studies (SIPS) cc to undertake an evaluation of the programme to determine whether the expected outputs are being generated in the mid-term of the programme. The evaluation is aimed at informing the two institutions and their partners in the three countries as to whether the programme is making any difference, whether they are doing the right things and in the right ways, and whether the programme is sustainable. Essentially, the focus of the evaluation is on whether the programme is generating outcomes that were set in the proposal; whether activities, processes and interventions that are being done are well configured and implemented to generate the expected outcomes, and whether the partners are delivering the activities, processes and interventions in efficient and effective ways.

SIPS conducted the evaluation between October and December 2013 by: (a) holding telephone conferences with COHRED and the NEPAD Agency staff to agree on a clear interpretation of the TORs (b) reviewing various programme documents, including the original programme proposal and technical reports that have been submitted to the donor, and also reviewing reports of workshops (c) designing an evaluation framework with key questions and (d) carrying out e-mail, telephone and face-to-face interviews with key stakeholders involved in the programme. A field mission was undertaken to Tanzania. It was not possible to visit Senegal and Mozambique as the key partners in the programme were not available and preferred to be interviewed on phone or by email. A short questionnaire was sent to some of the partners, unfortunately the response rate was poor.

The rest of this document outlines key findings of the evaluation and then makes recommendations on how to improve the effectiveness and sustainability of the programme. It is organized around key themes of relevance of the programme, progress in implementation, management and overall governance, effectiveness and outcomes, and

sustainability. This evaluation established that *the R4HA programme is very relevant and addresses priority needs of African countries*. During the past three years or so the programme has generated a variety of outputs and outcomes. Its main achievements include: (a) stimulation processes to set or formulate health research priorities in the three countries (b) building institutional capacities for designing and using monitoring and evaluation (M&E) frameworks (c) development of information systems for health research and research for health in general (d) stimulation of a process to establish an institutional mechanism to coordinate health research in Senegal, and (e) enhanced collaboration among institutions in the three countries.

The R4HA programme is *a well governed and managed partnership*. COHRED, NEPAD Agency and focal institutions in the three countries have created and nurtured good working relationships characterized by frequent exchange of information and transparent decision-making processes. The partnership can be enlarged with greater involvement of NEPAD Agency's senior executive, and engaging private sector and the NGO communities as well as other actors such as relevant United Nations agencies. Enlarging the partnership will also help to *address the challenge of sustainability of the programme*. One of the key findings of the evaluation is that the programme faces sustainability challenges related to limited direct financial investments from the countries and absence of assured funding beyond 2014.

1. Background

Health research and innovation are very critical for the reduction of the disease burden, health inequity and poverty in Africa. Diseases such as cholera, malaria, tuberculosis, measles, HIV/AIDS, diabetes, cancer, hypertension and dengue kill millions of people in Africa. Africa accounts for 15% of the world's population and about 55% of global deaths from infectious and parasitic diseases. Malaria kills at least 3,000 children per day in sub-Saharan Africa. Ninety per cent of all malaria cases are in sub-Saharan Africa. Globally, the disease kills almost 1 million persons per year. According to the 2012 United Nations AIDS (UNAIDS) report there were 23.5 million people living with HIV/AIDS in sub-Saharan Africa in 2011. There is also a rapid increase in death rates from non-communicable diseases particularly cancer and diabetes in the region. It can be argued that underinvestment in health research is one of the main sources of the high burden of disease on the continent.

Research is the basis for a large body or pool of technological and policy innovations in health. It is fundamental for identifying, understanding and treating diseases. Research is also critical for good policy formulation and implementation as well as the development of strong national health systems. However, most African countries are not adequately investing in and managing research for health. They lack adequate institutional capacities—both normative and organizational—to effectively govern health research and innovation. This is to a large measure the main cause of the relatively weak national health systems of African countries.

African countries are starting to take health R&D in particular and research for health in general seriously. This is manifested in the different policy, programmatic and institutional initiatives that they have been undertaken in the past few decades. At the regional levels, the African Union (AU) and its New Partnership for Africa's Development (NEPAD) Agency have formulated continental strategies and plans, for example one for pharmaceutical manufacturing (the Pharmaceutical Manufacturing Plan for Africa - PMPA). Individual countries are also formulating various policies including those for health research and innovation. Health R&D considerations are also being integrated into national science, technology and innovation policies.

Recent studies show that African research productivity is largely in medical sciences. For this evaluation we used bibliometric analysis in order to identify the importance of health related research in Mozambique, Senegal and Tanzania. Table 1 below shows the share of three health related scientific disciplines (clinical medicine; immunology and microbiology) in the countries' publication profile. The three disciplines together contribute approximately 40% of each country's publication profile. For comparison purposes we also include in the table South Africa. The three disciplines in South Africa contribute only around 20% of the country's research literature. It should also be noted the small size of research in the three countries vis-à-vis South Africa. The latter produces more than five times as much research in clinical medicine as Tanzania and ten times more as the other two countries.

Table 1: Percentage and number of medical research/scientific publications produced by the R4HA countries 2007-2011

Country	Clinical Medicine	Immunology	Microbiology	Total No. of publications
Mozambique	38.70% (209)	8.33 (45)	3.89 (21)	275
Senegal	30.79 (416)	3.85 (52)	5.77 (78)	546
Tanzania	36.47 (941)	4.57 (118)	3.29 (85)	1144
South Africa	16.12 (5662)	2.26 (794)	2.25 (789)	7245

Figures 1, 2 and 3 below show the number of publications of the three health related scientific disciplines in Mozambique, Senegal and Tanzania respectively. The figures indicate that health related research and particularly clinical medicine are receiving more scientific research attention and productivity since the middle of the 2000s.

Figure 2 - Publications in selected disciplines Mozambique

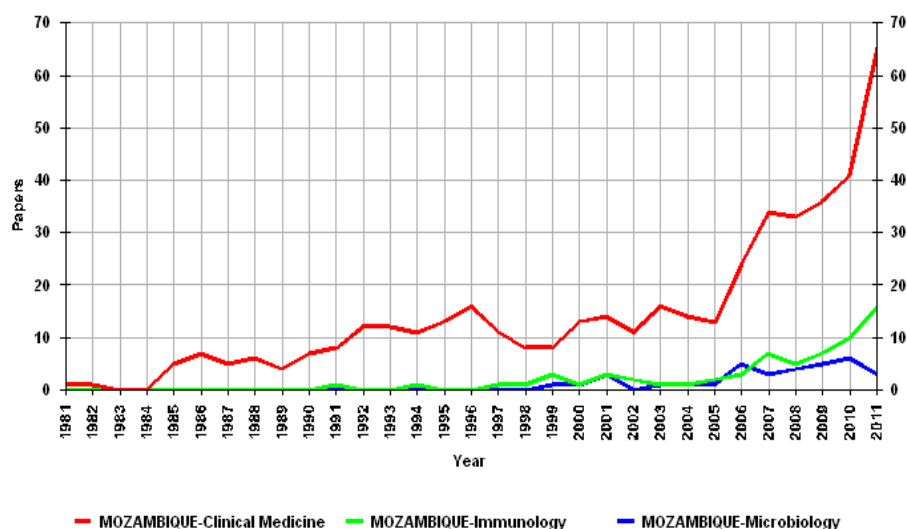


Figure 1 - Publications in selected disciplines Senegal

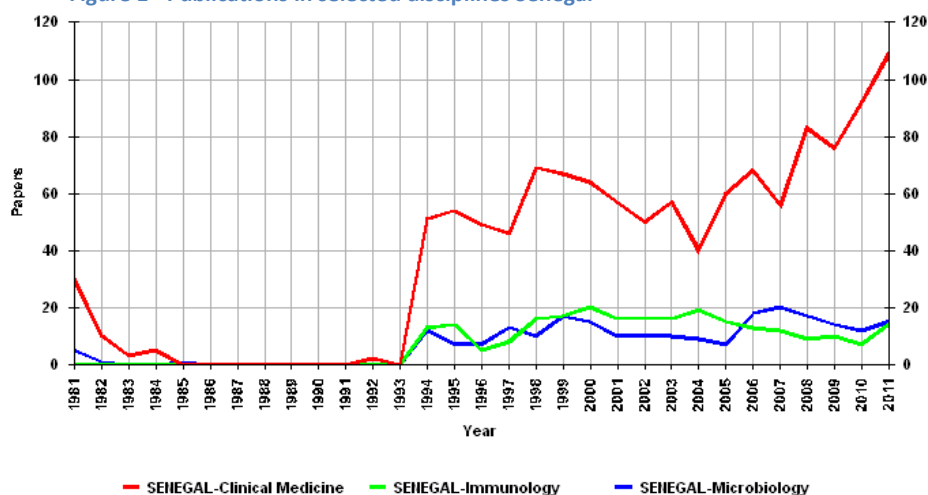
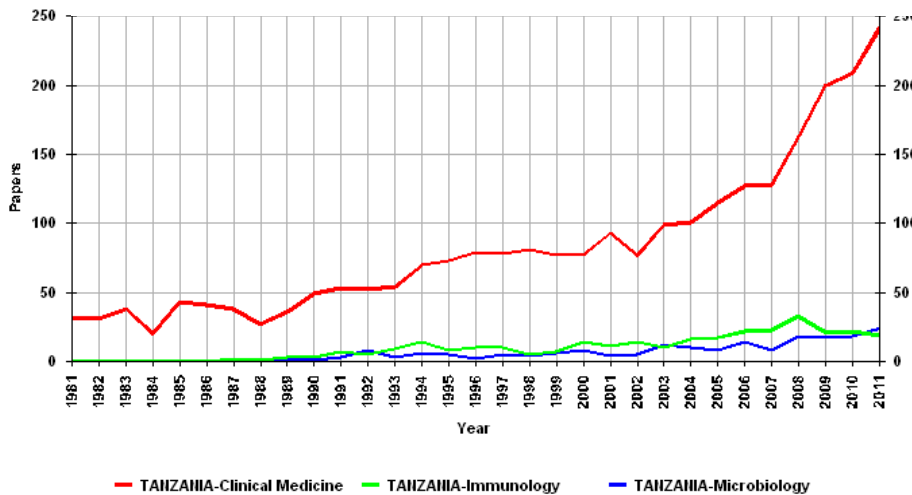


Figure 3 - Publications in selected disciplines Tanzania



There are a number of other studies that also demonstrate that there is increasing scientific productivity (measured through number of journal publications) in medical or health research. In 2010 the

NEPAD Agency and the African Union (AU) released the first African Innovation Outlook 2010 that vividly shows that medical or health sciences receive increasing funding and are areas of high scientific productivity in many African countries.¹

In order to further increase domestic and international investments in health research and enhance scientific productivity as well as health innovation capabilities of African countries, it is important for the countries to have capacities to govern and manage health research and health systems in general. Good governance of health research involves having appropriate institutional arrangements for coordinating research and innovation activities, establishing inclusive mechanisms for priority setting as well as policy formulation and implementation, and establishing and using appropriate policies and regulations to spur and measure research and innovation activities that reduce the burden of disease and increase health equity. In addition, good governance and management of health research are to a large measure dependent on the availability of information and information systems.

1.1. Why Research for Health Africa (R4HA) Programme?

COHRED supports African countries to strengthen their national research systems for health through the improvement of governance of research and innovation. The Research for Health Africa (R4HA) programme, being implemented in collaboration with the NEPAD Agency, aims to address the challenges of strengthening governance of health research and innovation systems in three African countries. The programme's overall objectives are outlined in the third annual technical report² as to:

- (a) "Support African ownership and optimal utilisation of research for health to achieve health and health equity, reduce poverty, and contribute to the socio-economic development of countries, regions and the continent. This programme operates in at least three countries – covering three regional economic communities – with the aim of learning lessons and creating examples for extension and expansion to other parts of the continent."

¹ AU-NEPAD (African Union-New Partnership for Africa's Development) (2010), *African Innovation Outlook 2010*, AU-NEPAD, Pretoria.

²COHRED and NEPAD Agency (2013), Research for Health Africa (R4HA) Programme. Third Annual Technical Report March 31, 2013.

- (b) “Strengthen the existing capacity of African institutions and networks to support the process of capacity building at the governance and policy levels of national research systems.”

The R4HA programme seeks to (a) empower countries and their national health policy-makers as well as practitioners to design and implement appropriate governance frameworks—both normative and agency types—for ensuring that health research is sufficiently funded, well organized and managed to deliver technical and social innovations that reduce the burden of disease and health inequalities (b) promote policy learning among African countries through exchange of information on good practices of governance of health research and innovation, and (c) promote the building of endogenous capacity for research on the governance of health research and innovation in Africa through the establishment of Africa-based centres of excellence.

1.2. Objectives and TORs of the evaluation of R4HA

The overall objective of this evaluation of the R4HA programme is to determine whether the expected outputs are being generated in the mid-term or life of the programme. The evaluation is aimed at informing the two institutions—COHRED and the NEPAD Agency—and their partners in the three countries as to whether the programme is making any difference, whether they are doing the right things and in the right way(s), and whether the programme is sustainable. Essentially the focus of the evaluation is on whether the programme is generating the outcomes that were set in the original programme proposal; whether activities, processes and interventions that are well configured and implemented to generate the expected outcomes, and whether the partners are delivering the activities, processes and interventions in efficient and effective ways.

The TORs articulated three clear interrelated questions that the evaluation should answer. These are paraphrased as: are COHRED, NEPAD Agency, the three participating countries and other stakeholders involved in the implementation of the programme “making any difference”? Are they “doing the right things?”, and Are they “doing the right things in the right ways?”

In order to answer the three questions the evaluation focused on the following:

- (a) ‘Making the difference’—Effectiveness i.e. are the programme activities and outputs helping to strengthen national capacities for governing health research and innovation? Sustainability—are the outputs, processes and interventions replicable beyond the three countries and their institutions in order to ensure that the programme achieves its core outcome?
- (b) ‘Doing the right things’—Relevance i.e. —is the programme as designed relevant to the needs and priorities of African countries? Are the activities being implemented relevant to the attainment of the programme’s goals? Has the programme secured relevant partners and expertise for the attainment of its goals?

- (c) ‘Doing the right things in the right way’ —implementation and governance i.e. Are the programme’s management and governance systems appropriate for the achievement of its goals?

2. Methodology

The evaluation was undertaken by: (a) reviewing reports provided by COHRED (b) designing an evaluation framework with a core set of questions largely drawn from the TORs, and (c) conducting face-to-face, telephone and email interviews of key stakeholders in the three countries and R4HA staff.

A thorough review of programme proposal and technical reports was done in order to enable the evaluation team to design a comprehensive evaluation matrix. The review of country activity progress reports was also conducted to determine the extent to which the activities are aligned to the overall objectives. In addition to the review of R4HA programme documents, a review of other literature was done in order to identify and analyse programmes that are similar to the programme and good or best practices that COHRED, the NEPAD Agency and their partners can learn from these.

Based on the review of the programme's documents and other literature/reports, an evaluation framework with Key Performance Indicators (KPIs), clustered questions and sub-questions, kind or nature of data to be collected, sources of the data, methods of data collection, and methods of data analysis was designed. The framework contained sample questions. The evaluation framework was approved by COHRED. It was used during the field missions and telephone interviews in the three countries in order to ensure that interviews were consistent.

The evaluation team held a conference call with COHRED staff to discuss the TORs, the evaluation framework and the methodology. Names and contacts of interviewees were provided by COHRED. A field mission to conduct interviews was held in Tanzania while telephone and email interviews were conducted with stakeholders in Mozambique and Senegal.

Face-to-face interviews were held with two members of the Group of Advisors while e-mail interviews were held with members who live out of Africa. One member did not respond to the questions because she has never participated in meetings of the Group. However, in general there was a good response from the Group.

There were a number of constraints or limitations to the evaluation. First, one of the SIPS team members (Mr. Albert Manyuchi) fell ill and was unable to fully participate in the evaluation exercise. Time was lost during the search for a replacement for Albert. Mr. Paul Sundi was eventually recruited to replace Albert and to conduct interviews with Francophone speaking stakeholders. Secondly, it took relatively too long to get appointments for interviews with focal points in the countries and most members of the advisory panel as well as from the staff of the NEPAD Agency. It was not possible to get interviews with the Agency's senior management or executive. Thirdly, it was not possible to hold face-to-face interviews in Mozambique and Senegal because the relevant stakeholders were unavailable and some kept changing the scheduled appointments due to busy end-of-year schedules. However, telephone and email interviews were conducted with key R4HA stakeholders in these countries.

3. Evaluation Findings

3.1. Relevance of R4HA — “Doing the Right Things”

The R4HA is among very few programmes that explicitly promote ‘research for health’ in Africa. The notion of ‘research for health’ is premised on the recognition that building and managing health systems involve knowledge and information intensive activities. Even organizing and implementing health R&D require knowledge and information. They involve setting R&D priorities, formulating and implementing policies, making financing decisions, and ensuring the coordination of health R&D activities. Most African governments have adopted the concept of ‘research for health’, for example in the 2008 Bamako Ministerial Forum on Research for Health. Yet very few of them have designed programmatic initiatives to give the concept real practical expression. There are also very few international initiatives that support African countries to engage effectively with or in ‘research for health’.

According to many interviewees for this evaluation, R4HA is the only programme that they know of that is promoting ‘research for health’ in their countries. The concept of ‘research for health’ was not well understood by most of the interviewees until R4HA was launched in their countries. All interviewees for this evaluation consider R4HA to be highly relevant and well aligned to the countries’ national priorities of strengthening health systems. According to one interviewee, the R4HA is unique in filling a gap in the field of management and policy development in health research in Africa. Some of the interviewees suggested that the relevance and even impact of the programme can be enhanced if more national institutions are actively engaged. R4HA outcome mapping training activities were identified or cited as being highly relevant in the three countries.

The relevance of R4HA can also be demonstrated by the growing expressions by other or additional countries to participate in the programme. In 2012 Botswana, Malawi, Namibia and Zambia expressed interest to join the programme. These four countries participated in R4HA knowledge-sharing workshop in Tanzania in November 2012.

3.2. Effectiveness — “Making a Difference”

There are four main expected results from the R4HA programme. These are: (a) established structures for enabling the effective governance and management of research for health in several African countries with priorities set and policies formulated (b) African centres of excellence established to support health research governance and management throughout the continent (c) an African platform for the exchange of expertise on the governance and management of health at national, regional and continental levels, and (d) a package of practical tools, methods and experiences that can be used by any country and institution to optimize the governance and management of health research. These four target results are outlined in various COHRED documents such as ‘Scaling up the Research for Health Africa Programme: A concept note for discussion at R4HA Group of Advisors Meeting March 25, 2013. Also see www.cohred.org/wp-content/uploads/.../Research-for-health-Africa.pdf

The evaluation focused on the extent to which the four results have been met in the past 3 years or so since the programme was launched. Below is an outline of outputs and outcomes generated for each target result.

Target Result: established structures for enabling the effective governance and management of research for health in several African countries with priorities set and policies formulated

There are a number of activities and processes that have been implemented towards the attainment of the target result. These include selecting partner countries and focal point institutions, entering into memoranda of agreements with focal point institutions, and a variety of training workshops on aspects such as priority setting and monitoring and evaluation.

(a) Output 1: *Three countries identified and selected to participate in R4HA and more countries expressing interest to be part of the initiative.* The participating countries were identified from among countries targeted by Dutch funding in Africa, then invited to submit expressions of interest, not the open call process as initially intended. The other criteria for the selection of the three countries—Mozambique, Tanzania and Senegal—were expression of local commitment, being representative of regional outlook and variety of languages in sub-Saharan Africa. Mozambique is in Southern Africa with Portuguese as the national language, Tanzania in Eastern Africa and is English-speaking, while Senegal in West Africa and is French-speaking.

After the selection of the three countries, COHRED and NEPAD Agency worked with focal point institutions: the Commission on Science and Technology (COSTECH) and the National Institute for Medical Research (NIMR) in Tanzania, the Instituto Nacional de Saúde or the National Institute of Health (INS) in Mozambique, and the Ministry of Health and Ministry of Scientific Research in Senegal to develop annual work plans. After the work plans were agreed upon, COHRED and the NEPAD Agency signed Letters of Agreement (or memoranda of agreements) with the focal point institutions in the three countries in 2011.

According to most interviewees in the three countries the Letters of Agreement clearly spell out parties' expectations and obligations. However, in many cases the focal points have not been able to meet their obligations of securing funds from national budgets. They have tended to view or perceive COHRED in general and the R4HA programme in particular as a donor. Local or domestic contributions to the R4HA programme are relatively low.

As stated earlier, Botswana, Malawi, Namibia and Zambia expressed interest to join the programme. This is a demonstration not just of the relevance but also of the effect of the outreach activities of R4HA programme. COHRED has used various forums to raise awareness of and stimulate interest in the programme.

Output 2: National governance and policy frameworks developed

Between 2011 and 2013 COHRED, the NEPAD Agency and partners in the three countries conducted various activities to generate the broad output of developing national governance and policy frameworks. For each country there are various commendable achievements that were made. In Mozambique, COHRED and the INS worked together to initiate a health research priority setting exercise that was implemented by administering a questionnaire and holding a national workshop in Maputo in August 2012. The INS has used the results of the workshop and responses to the questionnaire to draft a national health research policy.

Another significant achievement in Mozambique is the institutionalization of a Monitoring and Evaluation (M&E) framework for the INS based on a R4HA workshop on Outcome Mapping. Before the R4HA workshop the INS did not really have capacity to design an M&E plan. The INS used the workshop to start developing its own capacity for M&E. COHRED continues to provide technical support to the INS to further develop and start implementing an M&E plan.

R4HA programme's achievements in Senegal include support to the process of establishing a national agency for coordinating health research, evaluation of the 2009-2012 national health strategic plan, and initiation of a health research priority setting process. The establishment of agency to be called the Conseil National de Recherche pour la Sante (CNRS) is progressing based on a background study or paper that was prepared with financial and technical support from the R4HA programme. The CNRS is to be established through a ministerial decree at the Ministry of Health.

In Tanzania R4HA programme has supported and catalysed a process to design a national research agenda or strategy. The agenda or strategy has a broader focus on science, technology and innovation and not limited to health research. R4HA, COSTECH and NIMR organized the first priority setting workshop in February 2011. The workshop set the framework for various sub-sector priority setting exercises. To enable COSTECH and NIMR to build national capacity for priority setting and development of research strategy, R4HA supported a training-of-trainers workshop that was organized in Arusha in April 2011. The participants at the workshop were trained on processes and methods of priority setting and were provided with a standardised format to be used in the sub-sector workshops. According to one respondent, "the training on priority setting would certainly not have happened yet for the other sectors without this (R4HA) initiative." Another respondent had this to say about the priority-setting process, "I have found the priority setting experience quite eye-opening and life-changing at a personal level. I now engage with and apply some of the principles with my own family in the home."

Result Target: African centres of excellence established to support health research governance and management throughout the continent

In the original proposal for R4HA programme COHRED and the NEPAD Agency planned to support the establishment of one or two centres of excellence in national health research systems building across Africa. The aim is to build endogenous capacity in Africa to undertake research for and on health policy and health systems in general. The process of establishing new centres and/or identifying existing organizations that would grow into centres of excellence in health research systems support is outlined in the original R4HA proposal. It was anticipated or initially planned to involve:

- (a) Identifying and profiling or mapping of African institutions that are capable of providing technical support to develop capacity for governing and managing health research systems in Africa;
- (b) Conducting "minimal feasibility assessments" of the institutions potential or capabilities to become centre of excellence in national health research systems; and
- (c) Selecting a few institutions and contracting them to implement projects and/or programmes to prove their capabilities to engage in research on related to the R4HA.

Perhaps due to the flexibility built into the implementation of the R4HA programme, the plan of establishing centres of excellence has changed considerably. The three steps or phased approach of mapping, conducting feasibility assessments and engaging or contracting a few selected institutions to implement a project or programme has not been followed. Instead COHRED decided to 'pre-select' the Botswana Innovation Hub to host what is now called COHRED Africa starting in 2012. COHRED and the Botswana Innovation Hub signed a memorandum of agreement for COHRED Africa to be hosted by the Hub and subsequently register it as an independent legal entity in Botswana. Already COHRED Africa has been staffed with experts in area of ethics.

According to the TORs, this evaluation examined whether COHRED Africa Office being created as the African centre of excellence will "best support research for health governance and management throughout the continent". It is really difficult to determine or even prejudge whether the model of establishing a COHRED Africa is the best way of achieving the broad initial goal of growing African centres of excellence dedicated to conducting research and supporting countries to build governance and management systems for health research. This is because of the following factors. *One*, COHRED Africa's programme of work is still being developed. It is only possible to make informed statements about the suitability of the COHRED Africa and whether it will become the African centre of excellence after careful review of its programme of work.

Two, as one interviewee remarked "there seems that there is now confusion between the original idea of establishing one or two African centres of excellence and the new model of having COHRED which is an existing European based organization create its African office to become the centre of excellence." So far there is really lack of clarity as to why the COHRED Africa Office should be the African centre of excellence. According to information on COHRED's website COHRED Africa is "a unit within COHRED that strives to ensure that every African country has a well-developed and sustainable research and innovation system for health in place, by providing technical support and services to strengthen such systems."³

Three, there are concerns among some R4HA stakeholders as to how the decision to establish COHRED Africa Office in Botswana was arrived at. To them it is unclear whether the office is part of the R4HA programme or is a separate COHRED initiative. The R4HA advisory board and partners in Senegal and Mozambique were not involved in the final decision-making on the establishment of COHRED Africa office in Botswana.

There is potential of growing the COHRED Africa office into an agency that can accumulate and use technical expertise to design and implement R4HA like programmes in Africa so that such initiative are really run from the continent. However, it is not necessarily the cost effective model of building and/or transferring capacity and skills to the region. What is required is more than one entity or unit of COHRED that focuses on "transferring capacity and skills to region." A clear multi-institutional strategy for building African endogenous capacity for R4HA type of initiatives is required.

Result Target: An established African platform for the exchange of expertise on the governance and management of health systems at national, regional and continental levels

³ www.cohred.org/about-cohred-africa/

The R4HA programme organized a number of meetings (2011 in Midrand South Africa, 2012 in Cape Town and another in Tanzania in 2012) in which participants from the three partner countries and non-partner countries were able to exchange information and experiences on various aspects pertaining to governance and management of health research systems in Africa. The meetings were once off events. The programme has not established a specific platform for the exchange of expertise. This is mainly because of financial constraints.

Result Target: A package of practical tools, methods and experiences developed and used by countries and institutions to optimize the governance and management of health research

The R4HA programme supported the three countries to develop web-based health research information systems. The support included training staff of the partner institutions in the countries. In Tanzania and Senegal Health Research Web (HRWeb: www.healthresearchweb.org) and Research for Health and Innovation Organizer (RHInno: www.rhinno.net) are developed but not yet fully functional. RHInno is being set up at INS in Mozambique.

Interviewees in Tanzania and Senegal consider RHInno to be very useful. However, there are a number of challenges that are being experienced. These include:

- (a) limited in-house staff capacity to effectively manage the information systems--according to one respondent in Tanzania “the issue of source codes for the software remains unresolved and it limits the extent to which local IT staff and users can adjust the instrument. As the instrument starts being implemented, demand grows and adjustments become necessary, the importance of getting this issue resolved will become more apparent”. In Mozambique, for the RHInno, the university is still behind because it took long to identify and recruit an IT person to work on the project; and also because the website they had was configured differently from what the RHInno would be put on. Now, however, they are ready for internal demonstration of the programme.
- (b) Infrastructural constraints such unreliable supply of electricity.
- (c) There are still some operational/technical problems with the system as well. One respondent in Tanzania noted that “the system also has some technical problems, e.g. with passwords which need constant resetting, a situation that results in researchers spending unnecessarily long periods of time dealing with non-core business. Both IT teams and the IT consultant are aware of the problems, but the challenge is not made any better by time differences and remote collaboration (for example, sometimes it turns out that elsewhere the system might be working perfectly, while in Tanzania it is not working)’. The same respondent noted that ‘there is need to make the system interoperable with other facets of projects, e.g. fund management, document libraries etc, so that research system performance improves overall.”
- (d) Sustainability –In Senegal, the Ministry of Health has a budget that will be dedicated to ensure the sustainability of both the information systems, while in Tanzania it appears that COSTECH is relying on R4HA programme and will possibly seek resources from external donors. For NIMR, one respondent had this to say “The RMIS is part of the NIMR mandate, so there should not be a problem sustaining. However, if it is not customisable, then sustainability of the programme is questionable - as NIMR will need support in running it for many years. It is additional work, but there is no financial burden that it causes for the NIMR. Only the technical issues mentioned earlier which need to be resolved”. The situation is not clear yet in Mozambique as the system is still being developed.

3.3. Partnerships — ‘Doing the right things in the right way’

The R4HA programme was designed and is being implemented as a partnership involving COHRED, the NEPAD Agency and the focal institutions in the three countries. At the management level, the relationship between COHRED and NEPAD Agency works relatively well. There is frequent communication between the programme management team at both COHRED and the NEPAD Agency. NEPAD Agency Senior Programme Officer based in Nairobi Kenya participates in tele-conference meetings with Geneva-based COHRED staff. However, there may have been cases of what some of the interviewees referred to as miscommunication due to lack of clarity of division of responsibilities. The restructuring of the NEPAD Agency secretariat in Midrand in 2011-2012 seems to have led to the organization losing its focus on health programmatic issues in general and the R4HA programme in particular. NEPAD Agency senior executive staff is less engaged in the R4HA.

The limited NEPAD Agency executive level involvement in the governance of the programme and the cumbersome AU Commission recruitment policies caused delays in implementing various decisions. For example, the recruitment of the officer for monitoring and evaluation (M&E) of the programme to be initially based at the Agency was delayed. Eventually, COHRED had to recruit and have the officer based in Geneva.

Greater participation of the executive level of the NEPAD Agency is needed in order to get the agency's level of ownership of the programme to be more pronounced and to guide the mobilization of political support through the AU. The NEPAD Agency's role of mobilizing political support and building African Union (AU) wide constituency for the programme is not clearly defined and executed. There appears to be no clear strategy for the whole management and NEPAD Agency in particular on how to enlarge political support for the programme.

At the national level in the three countries the programme is coordinated by focal points or coordinators. The levels of engagement of national focal points vary from country to country depending on a range of factors. As stated earlier, Tanzania was the first country to be selected and engaged in the programme in early 2011. The focal point or coordination role is shared between COSTECH and NIMR.

The responsibilities of COSTECH and NIMR as joint coordinators are outlined in the MoU between the two institutions to work on R4HA programme. However, from interviews with key actors from both COSTECH and NIMR there is need to have clarity of institutional leadership for the R4HA in the country. Both institutions generally perceive of the programme/COHRED as a donor and tend to act as if they are competing for resources from the programme/COHRED. Some staff of the NIMR are of the view that their institute should be the key or main coordinator of R4HA and argue that COSTECH is forcing the programme to cover more than health research and drive the coverage generally to broader science and technology issues. This has tendency to spread limited resources thinly. The lack of clear institutional leadership for R4HA has delayed the implementation of some activities in the country. For example, the health management information system (RHInn0 and HRWeb) has not been effectively implemented in the country.

In Senegal the focal point/coordinator is the Ministry of Health. The Ministry is effectively coordinating R4HA activities in the country. It engages other national institutions such as the Ministry of Higher Education and Research in the implementation of the

programme. The Ministry of Health is in constant communication with R4HA programme staff at COHRED.

In Mozambique the INS collaborates with University Eduardo Mondlane. According to one respondent “the project has helped strengthen working relationship between ministry of health and Eduardo Mondlane University which was difficult in the past”. However, while the collaboration works well, it can be enhanced through frequent meetings and having a specific person from the University dedicated to the implementation of the programme.

COHRED has established a partnership with the West African Health Organization (WAHO) guided by R4HA programme principles. COHRED provides technical support to strengthen health research systems in the region. The support has been acknowledged by WAHO in a published article.⁴

In all three countries there is less involvement of private sector and Non-governmental Organizations (NGOs). The R4HA programme as a whole has not really directly engaged private sector and NGOs yet these two groups play critical roles in research for health in general and health R&D in particular. In addition to these two groups, the programme could also benefit from enhanced engagement of institutions such as the World Health Organization (WHO) country offices and other United Nations agencies that have presence in the three countries.

3.4. Governance— ‘Doing the right things in the right way’

The overall governance of the R4HA programme is through relatively simple or non-complicated structure that involves management at the level of COHRED and the NEPAD Agency working directly with the focal/coordinating institutions in the three countries.

The programme management team draws advisory services from a Group/Panel of Advisors that bring different or varied expertise and experience to the programme. Three meetings of the Group of Advisors have been held with good attendance in general. One member of the Group has never attended any of the meetings. Some members of the Group recommended that the performance of the Group can be enhanced if a clear protocol on such aspects attendance of meetings is instituted. Such a protocol should also provide procedures on how the meetings are conducted.

Another key actor in the governance of the R4HA programme is the donor: the Ministry of Foreign Affairs of the Netherlands. The Ministry has provided COHRED and the NEPAD Agency adequate flexibility in implementing the programme. This has involved adjusting the programme implementation to suit local or national conditions in the countries. COHRED and the NEPAD Agency have met their contractual obligations to the donor by submitting technical and financial reports. During the second year of programme implementation the Ministry reduced the number of reporting deadlines and no longer requires a mid-year technical report. This is an indicative of the trust that the donor has gained in the way the programme is managed.

⁴ www.health-policy-systems.com/content/11/1/35/abstract

3.5. Funding and Sustainability

In the original proposal for the programme in 2008/2009, COHRED and the NEPAD Agency budgeted for around 6-7 million Euro. The Dutch Ministry of Foreign Affairs provided a grant of 3 million Euro, so about half of the original budget. The programme had to be adjusted. For example, the number of participating countries had to be kept at three and activities such as workshops had to be reduced.

The three participating countries do not make any direct financial contributions to the programme. In fact, they tend to perceive of the R4HA programme as a donor. COHRED and the NEPAD Agency have made various efforts to raise additional resources without success. These efforts have included attempts to engage African Regional Economic Communities (RECs) and raise resources from other donors. The inability to mobilize or raise financial resources for the programme may have been influenced by a range of factors including the following:

- Unfavourable global financial conditions—the programme was developed during a global financial crisis that made donors to cut their budgets for grants, particularly for research in developing countries;
- Lack of an explicit strategy to build political capital—As stated earlier, not much has been done to use platforms such as the African Union and RECs to raise political support for research for health; and
- Limited engagement with private sector in general and foundations in particular—As stated earlier, there isn't much involvement of private sector and private foundations (e.g. Wellcome Trust) in the R4HA programme.

The Dutch Ministry of Foreign Affairs does not intend or plan to provide a new grant or resources for R4HA at the expiry of the current grant at the end of 2014. There are no indications that both COHRED and the NEPAD Agency will secure new grants or resources before the end of 2014. This raises issues about the sustainability of the R4HA programme as a whole and some of the initiatives that have been launched in the three partner countries as well as on-going efforts to establish COHRED Africa. From interviews with stakeholders in the partner countries, there is no indication that focal/coordinating institutions will be able to secure funding from their national governments in order to continue implementing activities that the programme has initiated. The exception may be in Senegal where the Ministry of Health plans to allocate resources for the RHInnO information system in its future budgets. On the whole, the R4HA programme is unlikely to continue post 2014 if financial resources are not secured.

3.6. Limitations and Challenges

There are a number of limitations and challenges that have been experienced during the implementation of the R4HA programme. These include the following:

- Changing national political and policy contexts—the R4HA programme is being implemented in unpredictable changing national political and policy contexts. For example, in Senegal the creation of the CNRS was delayed due to the 2011 elections.
- Staff mobility and potential loss of institutional memory—there have been various changes of staff in the focal institutions in the countries. In Tanzania, for example,

persons were involved in setting up the health information systems moved to other institutions. This may also have happened in the other two countries.

- Institutional bureaucracy—in some cases implementation of activities was delayed largely due to bureaucratic structures of institutions. As one interviewee stated: “Sometimes the hierarchical structures in the institutions caused delays that could have been avoided. At times communication with the country partners was also slow, showing the many competing activities many of these people have to deal with.” Another case is the delay in the recruitment of the M&E officer for the programme due to bureaucracy in the AU/NEPAD Agency
- Managing countries’ expectations—Interest in and demand for the R4HA programme have increased over the past years in both the three partner countries and non-partners that have expressed interest to join the programme. For example in Tanzania COSTECH expanded the scope of the programme beyond research for health to cover a wide range of science and technology issues and sectors. There various changes in goalposts in Tanzania sometimes over-stretching staff capacity in both COHRED and COSTECH.

The R4HA programme’s success in stimulating the interest of more countries has also raised challenges for both COHRED and the NEPAD Agency. In the absence of new and additional resources countries that have formally expressed interest cannot join the programme. COHRED and the NEPAD Agency have to find ways of communicating to these countries without eroding their confidence of the countries in their institutional abilities to deliver.

4. Conclusions and Recommendations

4.1. General Considerations

The R4HA programme has been successful in supporting the three partner countries to lay foundations for strengthening the governance and management of health research systems. It has been instrumental in supporting the countries to undertake priority setting exercises and to start establishing web-based health research information systems. The programme has also enhanced partner institutions' capacities to develop M&E frameworks in the three countries. There are other outputs that have been produced. Partner or focal institutions in the countries rate the programme to be highly relevant and targeting their needs. They have also established good and hopefully enduring partnerships with COHRED and the NEPAD Agency and there is emerging cross-country sharing of information and experiences in governing and managing health research systems.

The success of the programme has raised a number of challenges. These include growing or increasing demand for its services while there are no new and additional financial resources or grants to enable more countries to join the programme. At the end of 2014 the programme (or COHRED and NEPAD Agency) may not have financial resources to continue implementing activities even in the three countries and thus its sustainability is not really assured. There are also challenges associated with limited capacity of both COHRED and the NEPAD Agency to provide technical support to the three countries as well as build political support or constituencies for research for health.

4.2. General Recommendations

There are a number of issues that both COHRED and the NEPAD Agency should consider so that the R4HA programme grows into a new phase or at least the outputs so far generated are sustained in and by the three countries. Options available to the two organizations include: (a) initiating a new process that will involve the three and more countries to design phase two of R4HA and then raise new financial resources for it (b) developing an exit strategy so that at the end of 2014 they transfer responsibilities of financing activities to the countries and then COHRED be available to provide technical services to the countries on contract or consultancy basis and (c) building a new broad-based partnership that involves private sector and NGOs around a few carefully selected country driven initiatives in domains such as health information systems where there is pronounced interest and ownership by the countries.

COHRED and the NEPAD Agency now need to have a clear strategy for first ensuring that the current R4HA programme is well or effectively completed during 2014. For example, they need to support the three countries to fully institutionalize gains made with the development of national research for health information systems such as RHInnO and the M&E frameworks. They also *need to do more to 'show case' the achievements* of the programme within the countries to national governments, country-based donor agencies and political actors such as national parliaments and continental bodies such as the AU and the Pan African Parliament. This requires that both COHRED and the NEPAD Agency design and implement an explicit outreach strategy that may include holding national workshops or using national events to show case R4HA and its achievements.

4.3. Specific Recommendations

One of the objectives of the R4HA programme is to secure or build political support for research for health in general and the programme itself in particular. As stated earlier some efforts, though really limited and not well structured, have been made by both COHRED and the NEPAD Agency to engage political institutions through the RECs. Broad based AU political support for R4HA is however yet to be secured. We recommend that:

1. *Building a political constituency for the R4HA programme:* COHRED, NEPAD Agency and their partners need to devise a clear and long term strategy for building or enlarging African political constituency for health research in general and R4HA in particular. As stated earlier, R4HA is not known to a large part of the African political groups, including in the three countries in which it is currently being implemented. Most of the workshops and related awareness raising events have tended to target government officials and some policy-makers but not political institutions such as national and regional legislative bodies. In the absence of political support and engagement, it is unlikely that an initiative such as R4HA will be able to build sustainable governance framework for health research and innovation. We recommend that:

- (a) COHRED should innovatively engage the NEPAD Agency to secure direct support of AU institutions such as the AU Commission, the Pan African Parliament (PAP) as well as Regional Economic Communities legislative assemblies to hold workshops and/or policy briefings on R4HA.
- (b) NEPAD Agency should provide leadership and ensure that R4HA and research for health issues are integrated into the agendas or programmatic foci of high level ministerial conferences or councils such as the African Ministerial Conference on Science and Technology (AMCOST) and the AU Ministers' Conference on Health.
- (c) NEPAD Agency should endeavour to introduce R4HA programme as whole at the 2014 summits of the AU by having side events such as panels of relevant ministers of health, parliamentary committees for health and science and technology, and other stakeholders involved in domains relevant to research for health,

As stated earlier, the R4HA programme as originally conceived was a relatively ambitious and large scale initiative with a budget of approximately 6-7 million Euros. COHRED and the NEPAD Agency only secured a grant of 3 million Euro and no new additional resources have been raised so far. There is actually a high level of efficiency in implementing the programme. Much more outputs—both tangible and intangible—have been produced with relatively limited resources. However to now maximize impact of the programme during 2014 as the Dutch grant expires, it is prudent for both COHRED and the NEPAD Agency to really focus on those activities that will enlarge country ownership of what has been launched and to invest in only those areas or initiatives that will enable them to attract new financial resources and build political capital. We recommend as follows:

2. *Sharpening focus on a few impact-making activities and managing expectations:* Again as stated earlier COHRED, the NEPAD Agency and country partners *have achieved more with less resources*. Because of resource constraints some of the R4HA laudable high level goals cannot be achieved at least during 2013/2014. Its implementation in the past two years seems to demonstrate that achieving the goals will require more institutional capacities in

COHRED, NEPAD Agency and the countries/national partners. It is advisable for *not to expand R4HA programme scope and take on additional countries*. It is in fact critical to *conduct a thorough reassessment of the specific priorities that the programme focus or support in the three countries*. As stated earlier, in a country such as Tanzania, partners are expecting R4HA to expand scope to cover science, technology and innovation broadly across sectors. There are also requests by other African countries to join the programme yet current capacity seems inadequate. A streamlining of activities will enable the programme to address the operational issues, e.g. with RHInnO in a focused and more effective way.

There are a number of initiatives that were launched under or by the R4HA programme that need careful assessment in terms of their sustainability given current funding status. Prominent is the COHRED Africa Office/African centre of excellence. As stated earlier, it is unclear whether this is a COHRED separate initiative or R4HA activity jointly being implemented with the NEPAD Agency. There was limited engagement of the NEPAD Agency and partner countries in determining the establishment and location of the office. *If the office is to grow into a truly pan African centre of excellence with a remit to promote R4HA type of activities it is critical that African ownership (beyond Botswana) is secured and possibly the centre be endorsed by the AU*. Specific actions that COHRED and the NEPAD Agency may wish to take include:

- (a) Holding a consultative workshop on African centres of excellence in research on the governance and management of health systems and research and innovation in particular. The workshop would aim at first developing a clear conceptual basis of what would constitute an African centre of excellence and then defining policy parameters for such as centre. It would also be used to build African ownership of the process of as well as the overall governance including solicit champions for funding the centre. In addition the workshop should be really used to determine whether the COHRED Africa office would be the ideal institutional arrangement for furthering R4HA type of activities.
- (b) For the consultative workshop recommended above, COHRED and the NEPAD Agency should prepare a succinct background paper that should provide the rationale for establishing the centre, propose elements of the centre's programme of work, governance structure and mechanism, and strategies for mobilizing funding for the centre.

3. Enlarging the R4HA partnership to include private sector and NGOs—As stated earlier, private sector and NGOs are not being actively engaged in R4HA programme activities yet they are key to its effective implementation, particularly as potential sources of expertise and financial resources. We recommend that COHRED and the NEPAD Agency should:

- (a) Conduct a scoping or mapping exercise to identify actors/institutions in the private sector and NGO communities who would be relevant to or are working on R4HA type of activities;
- (b) Develop specific criteria and strategy for identify a few private sector and NGO institutions that would join the R4HA partnership; and
- (c) Start to engage with and involve a few selected private sector and NGO institutions in the implementation of the current R4HA programme and in the design of follow up post 2014.

4. *Strengthening the COHRED-NEPAD Agency collaboration and overall governance of the R4HA programme:* As stated earlier, NEPAD Agency needs to get more involved in the executive decision making processes of the programme and provide leadership for building greater African ownership as well as political leadership of the R4HA. We recommend that the CEOs of both organizations should review the collaboration and establish benchmarked expectations of each institution. The memorandum of understanding or agreement between NEPAD Agency and COHRED should be reviewed. Some of the internal programmatic management issues have taken unnecessarily long while deliverable on goals as such those associated with building political support for research for health and governance of health research and innovation in Africa remain pipe dreams because of lack of active engagement of NEPAD Agency organizations at the executive level.

5. *Enhancing the role of the Group of Advisors*—the Group of Advisors has played an important role in the implementation of the programme over the past three years or so. It is a rich source of expertise and ideas on best to implement the R4HA programme. The Group's contribution to improving the implementation of the programme and design of follow up activities after 2014 can be greatly enhanced if all members attend most meetings or participate through teleconference and other ICT means. We recommend that COHRED and the NEPAD Agency should establish some policies regarding attendance of meetings. For example, any member of the Group who fails to attend three meeting consecutively should be made to resign and/or replaced.

6. *Securing sustainability of R4HA*—In order to ensure that the R4HA programme is sustainable, high level executive leadership is required from both COHRED and the NEPAD Agency. There is an urgent need for the chief executive officers of the two organizations to get actively engaged in fund raising or resource mobilization for the programme. We recommend that:

- (a) The CEOs of the two organizations should start inter-agency discussions and agree on a strategy for fund raising. Each should take responsibility to approach donors and key institutions such as the RECs and the African Development Bank (AfDB) in order to secure resources for the programme;
- (b) The CEOs should jointly write to ministers of health, science and technology, ICT in the three partner countries to introduce to them the programme, its relevance and achievements, and request for their support to secure governments' financial contributions to the activities of the programme in the respective focal institutions; and (d) programme staff in both COHRED and the NEPAD Agency should be encouraged to develop a new proposal and hold a consultative workshop on design of new R4HA programme.

Annex 1. List of interviewees/respondents

Ms Neema Tindamanyire, COSTECH, Tanzania
Dr Flora Tibazarwa, COSTECH, Tanzania
Dr Leonard Mboera, NIMR, Tanzania
Ms Rahma Bashary, COSTECH, Tanzania
Dr Hezron Makundi, COSTECH, Tanzania
Dr Mohsin Sidat, Uiniversity of Eduardo Mondlane, Mozambique
Ms Nilsa De Deus, INS, Mozambique
Dr Francisco Mbofana, INS, Mozambique
Cor Sarr, Dr Samba, Ministry of Health, Senegal
Prof. Tahir Diop, Ministry of Higher Education and Research, Senegal
Dr Jean L. Abdourahim Ndiaye, Cheik Anta Diop University, Senegal
Ms Sylvia De Haan, COHRED, Switzerland
Dr. Carel IJsselmuiden, COHRED, Switzerland
Mr. Emanuel Souvairan, COHRED, Switzerland
Ms Boitumelo Mokgatla-Moipolai, COHRED, Switzerland
Mr. Bruno Coelho, COHRED, Switzerland
Ms Teresa Cullen, COHRED, Switzerland
Prof. Bruno Kubata, NEPAD Agency, Nairobi
Prof. Eric Buch, University of Pretoria, South Africa
Prof. John Mugabe, University of Pretoria, South Africa
Prof. Paulo Ferrinho, Instituto de Higiene e Medicina Tropical, Portugal
Prof. Samuel Martin, Burtonsville MD, USA
Dr. Amabelia Rodrigues, National Institute of Public Health, Guinea Bissau
Mr Marcel de Kort, Ministry of Foreign Affairs, the Netherlands

Annex 2. Evaluation Framework

A COHRED-NEPAD Agency Initiative to strengthen National Governance of Health Research and Innovation in Africa

This framework will be used to guide the evaluation. The questions listed in the framework will be tailored or adjusted to suit specific interviewees. Generic questions regarding impact(s) of the programme also posed to specific interviewees. These will be framed based on the interviewees' knowledge of and/or participation in the programme. The questions will be drawn from the TORs.

Outcomes	Outputs	Key Performance Indicators	Sample/Indicative Questions	Sources of Data/Information
Effective national systems for Research for Health across Africa	1. An established effective political process to select and support country engagement	<ol style="list-style-type: none"> Criteria for engaging and selecting participating countries designed and adopted by COHRED and NEPAD Agency By year 1, at least 2 countries selected and MoUs signed with them By year 2, a third country is participating in the initiative and MoU finalized Situation analysis of governance, policy frameworks and political support for research for health in three countries conducted by year 2 	<ol style="list-style-type: none"> What means and/or activities (e.g. workshops) were undertaken to inform countries of the R4HA initiative? How many workshops and where were they held? How did your country and/or institution get involved in or aware of R4HA initiative? What are the specific forms of support that your country is receiving from R4HA? Does your institution/country have a formal MoU with COHRED/NEPAD? Was there situation analyses of the governance and policy frameworks conducted in the three countries? Did the objective of the programme align with the needs of the partners? How did the programme take into consideration changes in the external environment? 	<p>COHRED and NEPAD Staff as well as workshop reports</p> <p>Country stakeholders</p> <p>Country stakeholders</p> <p>Country stakeholders</p> <p>COHRED and copies of the analysis</p>
Effective national systems for Research for Health across Africa	2. National governance and policy frameworks in research for health in place	<ol style="list-style-type: none"> Built capacity to undertake NHRS assessment in the three countries By third year the participating countries are implementing their national priorities, policy & governance regimes 	<ol style="list-style-type: none"> Was a NHRS assessment conducted? What technical advice or input did the programme provide to the country/institution? How did the programme engage the country in identifying priorities 	Interviews and review of technical reports

Effective national systems for Research for Health across Africa	3. 'Research for Health' information systems operational	<ol style="list-style-type: none"> 1. Establish national HR Web page for the countries by third year 2. Core NHRS documents available on national HR Web pages for the countries 3. By year 4, all major research institutions register projects on project registry for two countries 4. By year 4 all three countries are producing annual M&E reports for research for health 5. Implementation of communications strategy 	<ol style="list-style-type: none"> 1. How has the programme contributed towards improved processes within institutions through the development of management information systems (for instance by moving from paper to electronic systems)? 2. Are the national health information systems in the three countries functional and being utilized to inform policy and planning? Give specific examples. 3. Are annual M&E being produced or likely to be produced in the three countries at the end of the project? 4. What are the specific activities that have been undertaken to design and implement the communication strategy? 	Interviews, technical reports from COHRED and NEPAD as well as from the partner institutions in the three countries
African autonomy in Research for Health and Innovation	4. Policy implementation and system development	By 3rd and 4 th years, Implementation of policy goals (e.g. financing research for health, human resources for research for health) started in at least two countries	<ol style="list-style-type: none"> 1. To what extent and how successfully has the programme contributed towards creating a conducive environment for research and innovation in partner countries? 2. What are the key examples of research system strengthening or optimisation activities that the R4HA initiative has supported and are now being implemented? 	Interviews with national stakeholders in the participating countries, country reports, and interviews with other stakeholders
African autonomy in Research for Health and Innovation	5. Sustainable African capacity developed to support Research for Health systems	One centre for technical support of research for health system development operational and two good potential centres emerging	<ol style="list-style-type: none"> 1. To what extent is this strategy transferring capacity and skills to the region to ensure that future R4HA type of activities can be led from the region? 2. Will the current creation of the African centre of excellence (the COHRED Africa office) best support research for health governance and management throughout the continent? Or what should be done to ensure that the centre becomes one of the key loci of building health governance and management in Africa? 3. What does COHRED and NEPAD Agency need to do in order to establish another similar centre of excellence? 4. To what extent and how successfully has the programme 	Interviews with national stakeholders in the participating countries, country reports, and interviews with other stakeholders

			contributed towards the development of a designated and functioning institutional mechanism charged with analysis of research for health governance statistics?	
African autonomy in Research for Health and Innovation	6. Evidence on best practices synthesised, disseminated and used	<ol style="list-style-type: none"> 1. Production of technical & research reports 2. Learning materials disseminated through initiative webpage and other channels 	<ol style="list-style-type: none"> 1. What are the main examples of the programme's best practices that have been documented and disseminated? 2. In what ways has the current programme created opportunities for learning and exchange within the continent? 3. In what way have the practical tools, methods and experiences helped research institutions optimise their own governance and management of research as a key strategy to improve health, inequity and development? 	Stakeholder interviews, review of technical and progress reports
	7. Effective management support to initiative activities offered by COHRED and the NEPAD Agency	<ol style="list-style-type: none"> 1. No. of management meetings held 2. No. of advisory panel meetings held 3. Frequency of communication 	<ol style="list-style-type: none"> 1. In your view, how effective has the partnership between NEPAD and COHRED been? 2. Did NEPAD and COHRED create the right organisational structure and processes for effective implementation of the Initiative? 3. Has the advisory committee been effective and how? 4. What other institutional mechanisms are available to both NEPAD and COHRED to strengthen their collaboration for R4HA? 5. What lessons can both COHRED and NEPAD Agency learn for future collaborations? 	Interviews with COHRED, NEPAD Agency, members of the advisory panel and national coordinators or teams. Review management minutes.

Annex 3. Terms of Reference

Terms of Reference: Evaluating Research for Health Africa A programme jointly implemented by the NEPAD Agency and COHRED

Introduction and Background

Research for Health Africa (R4HA) is a programme aimed at improving health, development and equity by strengthening capacity for governance of research and innovation in African countries.

The R4HA team works with countries to help them:

- Define national research priorities to establish a national research agenda
- Build a research management information system
- Develop a policy framework
- Strengthen research infrastructure, including research ethics review capacity and infrastructure

R4HA works with institutions in Mozambique, Senegal and Tanzania as they build national systems for managing research and innovation.

In the original Research for Health Africa proposal (written jointly by the NEPAD Agency and COHRED in 2008/2009) the target results for a five-year programme were defined as:

1. The creation of African centres of excellence that can support health research governance and management throughout the continent.
2. To have in place structures enabling the effective governance and management of research for health in several African countries which will have set policies and priorities for research for health.
3. An African platform for the exchange of expertise on management of research and health research – at the national, regional and continental levels; and
4. A package of practical tools, methods and experiences that any country and institution – in Africa and even beyond – can use to optimize their own governance and management of research as a key strategy to improve health, equity and development.

How far have we gotten in reaching those targets?

1. The creation of African centres of excellence: COHRED is in the process of establishing its COHRED Africa office (in Botswana) and staff of that office are actively involved in R4HA. This is the strategy chosen for transferring capacity and skills to the region, ensuring that future R4HA type of activities can be led from the region.
2. To have in place structures enabling the effective governance and management of research for health in several African countries: We are working with three countries. In addition, COHRED is involved in a project with the West African Health Organisation that works with four countries. However, there are many more LMICs in Africa that would need to strengthen their research and innovation system (we have received a formal request from the Botswana Ministry of Health and other potential partners have indicated their interest). The challenge is how to reach out to others and scale up R4HA.
3. An African platform for the exchange of expertise: through the current programme we have managed to create opportunities for learning and exchange (meetings with country partners in Midrand in 2011; Cape Town Forum 2012; and Tanzania November 2012). These activities have been much valued by partners, and have resulted in additional countries expressing their interest to join R4HA. Financially, the activities are supported by R4HA, and will thus cease to happen by mid 2014 unless other resources are found and/or people are willing to cover their own expenses.

4. A package of practical tools, methods and experiences: This is being developed. Action guides for the various system development components are being made available on COHRED's website; papers on experiences with system development will be written this year; and e-based management information systems (for ethics, research projects, research calls) have been developed and are made available to the participating countries.

Purpose of the evaluation

Although the evaluation of this programme is a donor requirement, **the purpose of this evaluation is learning, and not upward accountability.**

The evaluation needs to answer three main questions:

- a) Are we making any difference?
- b) Are we doing the right things?
- c) Are we doing the right things in the right way?

Within these three questions, COHRED and the NEPAD agency would like to learn how we can better improve our approach to research system for health strengthening, and how we can create a new type of relationship with country partners. We would like to ensure that any relationship with our partners is driven by partner demand.

Ultimately, this programme will be deemed successful if the countries involved have all developed strong national research governance that promotes, attracts and uses research as a key tool towards achieving health, health equity and development. This evaluation will look at whether we are on the right track to achieving this long-term goal.

The extent to which R4HA is mirrored in research governance improvement in surrounding countries, and the measure in which other African countries as well as external donors and research sponsors wish to join the programme will constitute a measure of impact and success. Finally, the possible extension of this approach to other sectors – beyond research or beyond health – will be a key success indicator.

Changes in national governance of research for health, development of effective networks to support this process and influence in regional bodies will be the key short term indicators for the overall programme, while country-specific activities and their development and effect are the measures for impact at country level.

Who are we doing this for? Primary intended users and uses

This evaluation will be shared amongst our partners and donors and used for internal planning for future strategy and programmes.

What is going to be evaluated? Key evaluation questions

a) Are we making any difference?

1. Will the current creation of the African centre of excellence (the COHRED Africa office) best support health research governance and management throughout the continent?

- To what extent has this strategy got the potential for transferring capacity and skills to the region ensure that future R4HA type of activities can be led from the region?

2. To what extent and how successfully did the programme contribute towards creating a conducive environment for research and innovation in partner countries?

- What did the R4HA programme accomplish?
- What changes have come about as a result of the programme? Is this being used?
- Would the R4HA partner countries have been at the same level without the programme?
- Do R4HA partner institutions report on improvements in the research and innovation environment as a result of activities initiated by the programme? What type of improvements are they? This should include the varying degrees of changes, with accompanying narrative.
- To what extent and how successfully have R4HA partner countries improved their response to national priorities as a result of activities initiated by the programme?
- To what extent and how successfully has the programme contributed towards the development of a designated and functioning institutional mechanism charged with analysis of research for health governance statistics?
- To what extent and how successfully has the programme contributed toward the development effective national systems for research for health governance (show degrees of transformation).
- How has the programme contributed towards improved processes within institutions through the development of management information systems (for instance by moving from paper to electronic systems)?
- To what extent and how successfully has the programme contributed toward partner institutions having a systematic and comprehensive approach to research and innovation system development?

3. In what ways has the current programme created opportunities for learning and exchange within the continent?

- How have R4HA cross-country meeting activities resulted in changes amongst partners and potential partner institutions?
- What do these changes look like?

4. In what way have the practical tools, methods and experiences helped research institutions to optimise their own governance and management of research as a key strategy to improve health, equity and development?

- How have the tools methods and experience that we have developed helped partner institutions and non-partner institutions with the management and governance of research for health?(These include guides for various system development components, papers on experiences with system development, and e-based management information systems (for ethics, research projects, research calls)
- In what way can the tools, methods and experiences that we are developing help partner institutions to optimise their own governance and management of research as a key strategy to improve health, equity and development?

b) Are we doing the right things?

- Did the objective of the programme align with the needs of the partners?
- How did the programme take into consideration changes in the external environment?

- What are the capabilities and finances of the countries in which we are working?
- Have we been focusing on the right areas in programme implementation in order to contribute towards the objectives of the programme?
- Have we adopted the right strategy for fundraising? (What models should we seek to use? e.g. sales or grant seeking).

c) Are we doing the right things in the right way?

- Have we been using the right planning mechanisms and processes to build the programme activities and objectives around the needs and capacities of the partners?
- Have we created the right organisational structure and processes for effective implementation?
- How effective has the partnership between NEPAD and COHRED been? What lessons can we learn for future collaborations?
- R4HA fundraising strategy: Where should we focus our resources? What approach should we take? (E.g. with partner agencies, regional bodies, go it alone, are we marketing R4HA well etc)
- Have we been effectively communicating the successes and challenges involved in the programme to various stakeholders? Have we been communicating the right messages and in the right ways?
- Recommendations based on all of the above questions.

How is the monitoring and evaluation activity to be done?

The evaluation team is expected to plan and conduct a robust and transparent analysis of the data. We expect the programme will cover our 3 partner countries in the programme: Mozambique, Senegal and Tanzania. The evaluator will be responsible for developing an evaluation plan, including analysis tools, which will be submitted to COHRED and the NEPAD Agency and agreed upon before use.

The evaluator will be responsible for working independently (alone or within their evaluation team, as relevant). COHRED and the NEPAD Agency staff will be available to:

- Consult and provide feedback during relevant stages of the evaluation (design, feedback).
- Provide background and contextual information – for example, through interviews with staff in different countries.

The evaluator will be expected to deliver a written evaluation report and to also verbally report findings to a staff working group, answering questions relevant to the evaluation.

The evaluation should contain suggestions for how COHRED and the NEPAD Agency can improve its work and approach.

Who will be involved in the evaluation?

COHRED and the NEPAD Agency are seeking a qualified and experienced external evaluator(s) to design and lead this evaluation, ensuring quality of process and results. This evaluation involves review and analysis of R4HA's work with national partner institutions in Mozambique, Senegal and Tanzania, and will require the collection of information through surveys and interviews in addition to reviewing information, reports and documents relevant to the programme.

The consultant(s) must demonstrate:

- Excellent technical ability and experience in quantitative and qualitative analysis – and in particular, knowledge and proficiency in different methods of qualitative analysis.

- Demonstrated background and expertise in research for health and innovation in Africa (include details of publications).
- Experience of programme evaluation
- Strong writing ability and ability to produce compelling, concise and high-quality evaluation communications products (reports or otherwise).
- Ability to produce evaluation products in English. Fluency in French is essential. Portuguese desirable.

Information collected through the monitoring of the R4HA programme will be made available to the evaluator. The evaluator will also have access to a COHRED Monitoring and Evaluation Officer.

Milestones, deliverables and timelines

This evaluation is to be undertaken and completed by the 30th September 2013.

1. Develop a detailed evaluation plan and methodology and finalise by end of July 2013
2. Read programme documentation, especially the original funding proposal, the plan and progress reports. Build on the findings of previous evaluations and monitoring of the programme. Make a simple analysis of the budget and how resources have been allocated.
3. Examine (or delve into) the internal logic of the programme and identify the achievable Concern, Task and Purpose. Identify organic indicators (activities and outcomes) that derive from this logic (supplemented by the existing programme logical framework).
4. Talk to key stakeholders and design data collection activities.
5. Collect data using a range of quantitative and qualitative methods and make an initial analysis of the findings.
6. Hold a feedback workshop with the R4HA programme team to share with them the findings and identify recommendations. Do further analysis if needed.
7. Write the draft report.
8. Share with appropriate stakeholders and make changes.
9. Provide the final report (September 2013). The final report should contain:
 - Methodology used, findings, discussion of Issues, conclusions, recommendations, detailed results provided in the Appendices, including tools and instruments.
 - A maximum 2-page Executive Summary which can be circulated independently to non-researcher audiences.
10. Develop a Power Point Presentation of research findings, to be presented to COHRED via telecom, internet or in person in Geneva (September 2013)

Budget

The total budget allocated to this evaluation is 30,000 Euros.

Submitting expressions of interest and questions

The R4HA team invites expressions of interest from individuals and teams with the experience and skills described above. Tenders must include:

- A cover letter of no more than 3 pages introducing the evaluator(s) and how the skills and competencies above are met, with concrete examples as appropriate. Please also use this cover letter to indicate the evaluator/team's availability during the programme period.
- A CV for each member of the evaluation team detailing relevant skills and experience, including contactable referees.

- A preliminary budget
- One or two examples of previous evaluations.

Tenders should be sent to emanuel@cohred.org and received no later than 20 June 2013. Proposals will be reviewed in the third week of June. Selected candidates will then be contacted to discuss the details of the evaluation. A formal decision will then be made and communicated in the first week of July.

Please address all questions to Emanuel Souvairan at emanuel@cohred.org.