Report of the Fifth African ENHR Network Meeting, Ghana, 03-07 October 1998

1. Acknowledgement

The African ENHR Network focal point extends sincere thanks to COHRED for making the meeting a success by providing all the funds needed; to the government of Ghana for hosting the meeting in their country; the Ghana organizing team and to all the participants for their valuable contributions to the meeting.

2. Objectives & Expected Outcomes

2.1 Objectives

- to review ENHR Network activities over the past year;
- to receive and discuss country reports on ENHR activities; and to share country experiences in the following areas
    - Priority Setting
    - Capacity Development
    - Research to Policy/Action/Practice efforts
    - ENHR Mechanisms
    - ENHR at the district level;
- to develop national as well as regional Plan of Work for 1999;
- to discuss country input for the COHRED-working groups/task forces and for the 1999 conference;
- to facilitate networking of the research networks in Africa and exchange information.

2.2 Expected Outcomes

- an updated and documented overview of developments, constraints and future challenges in the implementation of ENHR in the participating countries;
- an operational plan of work and budget for regional ENHR activities over the next year, which reflects the consensus of all participating countries, to be submitted to the COHRED Board for approval;
- specific suggestions for
    - Capacity Development for ENHR
    - Essential District Health Research;
- a specific plan of work to ensure input from the African Region at the 1999 ENHR Meeting;
- a report for the COHRED Board. The report may be made available to other ENHR stakeholders.

3. Participants

The following countries were represented: Benin, Burkina Faso, Ivory Coast, Egypt, Ethiopia, Ghana, Guinea, Kenya, Malawi, Mali, Mauritius, Nigeria, Senegal, Swaziland, South Africa, Tanzania, Uganda, Zambia, Zimbabwe. The meeting was also attended by a representative of the Regional Prevention of Maternal Mortality Network (RPMM), WHO/AFRO, and Health Systems Research for Reproductive Health and Health Care Reforms in the Southern African Region. The full list of participants can be found in Annex 2.

4. Opening Session

The Volta Regional Director of Health Services welcomed all the participants to Sagokope and wished them fruitful deliberations.

The WHO/AFRO representative, Dr. Mena Mo, emphasised the need for countries to use results of research to guide policies for the development of the populations. Countries should therefore include research in their priority agenda.

Dr. Yvo Nuyens, COHRED Co-ordinator, commended the efforts ENHR member countries are putting into the promotion of the Essential National Health Research for the development of their people. He stressed that COHRED continues to exist because of the good work carried out by the member Countries.

Prof. R Owor, the focal point for the African ENHR Network, told the participants that each country, however poor it is, is capable of planning and doing research for the development of its people. He was happy to note that many countries had been incorporated into the ENHR network, which is an achievement. With networking there is sharing of experiences and skills.

The Hon. Deputy Minister of Health, Ghana, who was the guest of honour, was pleased to know that the ENHR network had increased to over 20 countries. He drew specific attention to the imbalance in resource allocation between developing and developed countries and pointed out that the ENHR movement has gone far in helping to address this problem. His opening speech can be found in Annex 3.

5. Regional Networking: Review of Last Year's Activities

Prof. Raphael Owor, the Regional Focal Point for ENHR in Africa, gave a brief outline of the network activities carried out during the year. These activities included the strengthening of the Network Secretariat, two meetings of the African Mentoring Team, an assessment of electronic facilities in the region, research on the role of universities in ENHR, ENHR in District Development, and the participation of African countries in the activities of COHRED's Task Forces and working groups.

The Network Secretariat is currently housed in the offices of the Uganda National Council for Science and Technology (UNCST), a secretariat that co-ordinates health research in Uganda. COHRED has strengthened the secretariat by providing the services of Ms. Griet Onsea and Dr. Binta Diallo. Both of them are fluent in French and this will facilitate the participation of francophone countries in the activities of the Network.

The Mentoring Team consists of the Focal Point, African Members of the COHRED Board. To reduce expenses, the Mentoring Team meets whenever there is an opportunity created by another meeting.
The functions of the Mentoring Team include: supporting national efforts, promoting ENHR in new countries, identifying a common research agenda, reviewing network activities, computing a central pool of data from the countries, disseminating information, making a plan of work for the network and drawing the annual budget, keeping in touch with International Health Development, and acting as an equity watch. In 1998, 2 meetings of the Mentoring team took place, i.e. in Kampala, Uganda on 21 March and in Geneva, Switzerland on 24 June.

COHRED has formed a number of Task Forces and Working Groups and a number of African countries are participating in their activities:

- a Monograph on Priority Setting is being used by countries in the process of setting their research priorities;
- Uganda and Ghana are in the process of analysing their research capacity for ENHR.

At the 2000 Global ENHR Meeting, Africa will present an analysis of ENHR activities since the publication of the Commission Report in 1990. Professor M. Mugambi has agreed to make this analytic study.

6. Sub-Regional Networking: Summary of the Meeting of French-Speaking Countries

Following a joint COHRED/WHO/IDRC mission in 1995 regarding ENHR activities and after several consultations with 6 French-speaking countries (i.e. Benin, Burkina Faso, Ivory Coast, Guinea, Mali and Senegal), the need to create a sub-regional network for francophone countries emerged. It was therefore decided to make use of the Fifth African ENHR Networking Meeting to organise a two-day sub-regional meeting for francophone countries to discuss, among other things, the objectives and functions of a sub-regional network. Consequently, representatives of the 6 countries mentioned above, met in Ghana on the 3rd and 4th of October 1998.

During the meeting, countries gave an overview of ENHR country-activities, which showed that all participating countries are interested in organising and developing ENHR, but that each country is in a different phase of implementation. Therefore, the need to learn from one another and work together emerged and subsequently, participants agreed to create a sub-regional network for the French-speaking African countries.

The main objective of the newly created sub-regional network, is to *strengthen ENHR in the French-speaking African countries in view of their rapid and harmonious integration in the regional networking.*

Its principal function will be to *advocate integration of the sub-regional network within the overall African Networking so as to enhance communication between francophone and anglophone countries, and as to strengthen research capacity through a multidisciplinary approach at the national and regional level.*

On agreeing upon this, participants discussed possible statute, structure and functioning of the sub-regional network, and came up with the following recommendations:

- Dr. Binta Diallo should, for the next coming 11 months, be based in Ghana;
- after this transitory period in Ghana, the countries should identify a suitable place (country) for the network;
- member countries should make all necessary arrangements to accommodate the network in the near future;
- a committee, consisting of Dr. Diallo and one representative of each country, should be constituted to put the sub-regional network in place;
- every opportunity should be taken to advocate for ENHR to other French-speaking countries in Africa.

The full report is presented in Annex 4, including the Action Plan for the Sub-Region (Annex 5).

7. Country Reports

Countries gave an overview of last year's ENHR activities, addressing the seven ENHR strategies, the in-country activities and experienced constraints. Nineteen country reports were presented. Highlights of last year's activities and the Plan of Work for the next coming year are given in Annex 8. The full reports are given below.

6.1 Benin

ENHR in Benin

1991:
- national survey to define priority problems
- October: national meeting, selecting 30 priority problems in the following areas:
    - health and social sector,
    - agriculture, economy and environment,
    - education and communication
- ENHR mechanism:
    - national unit with 7 permanent and 6 non-permanent members
    - 6 units at district level
    - 77 local units have been established (one unit per sub-prefecture)

1992:
- local units are put in place
- workshop to evaluate research protocols

1993:
- five-year plan developed
- training in research methodology for local units
- statute and regulations of ENHR elaborated
- proposal for the publication of an ENHR journal

1994/1995:
- lack of finances for research activities at district level
- frequently changing manpower at local and district level
- deficiency in the vertical co-ordination from national to local level and in the follow-up of activities

1996:
- the national unit makes a call for submission of research papers
- reactivation of the national unit

1997:
- participation in the ENHR workshop of Ouagadougou
- follow-up decisions:
    - improve team-co-ordination
    - revise the priorities of 1991
    - organise ToT sessions
    - actualise 5-year plan
- review of planned activities which have not yet been executed

1998: resume activities with support from WHO
- workshop to evaluate research protocols with 6 teams of medical doctors
- 3 training workshops for doctors in research methodology
- survey including doctors who participated in the different training workshops. Objective: to identify the cause of their weak participation in research activities (in terms of organisation)

Perspectives

Advocacy and Promotion
target population in 1999: teachers in training institutions and district medical officers
➢ Needs: documentation

ENHR Mechanism
regular meetings with the MOH, Faculty of Health Sciences, CREDESA and visit to HRU/Accra
➢ Needs: financing visit HRU/Accra

Priority Setting
revise priorities through a survey
➢ Needs: financing

Capacity Development
- training workshop in ENHR methodology
- write-up of manual
- long-term training

➢ Needs: financing and experts

National Networking
- reactivation of district and local units

➢ Needs: financing visits

Financing
- national financing: weak, but at disposal
- projects submitted to donors should include research component

➢ Needs: donor support

Evaluation
evaluation of planned activities and research projects (number of research projects developed and conducted, or in the process of conduction)
➢ Needs: external evaluation

Constraints and Strengths

Constraints
- weak research capacity (level and number of researchers)
- nominations of actors (destabilisation of the system)
- deficiency in co-ordination
- weak utilisation of the available government funds

Strengths
- positive political will
- existing institutions
- support of WHO
- inter-state communications

Approaches and necessary support for implementing ENHR

Training
- training in ENHR methodology
- protocol-evaluation
- introduction of ENHR in the curricula of training institutions

Administration
- career paths for researchers (statute, promotion)
- national ENHR price
- periodical meetings of researchers, policy makers and donors

Financing
- part of the budget
- contributions to ENHR projects
- donors

Dissemination of Research Results
- ENHR days
- ENHR journals

6.2 Burkina Faso

Situation Analysis

In the 50's and 60's, several authors seemed to believe that health research didn't really have an impact on medical practice. Today, the role and place of researchers in the evolution of medical practice and health programmes is well known. In our country, we still need to put a lot of efforts and develop new strategies to reorganise and strengthen health research activities. Currently, health research in the national plan is characterised by

- insufficient co-ordination
- scattered activities
- dispersed researchers

At the level of the MOH, a lot of research is going on, but in a dispersed and scattered way. Research is mostly done at all levels of the health system on such or such health aspect, but the projects take place in an isolated way, based on research protocols which are not always reliable. Moreover, the results (if there are any) are only known by the researchers themselves and their donors. More and more, certain partners start recognising the need to rely on research results, a recognition which results sometimes in organising dissemination workshops.
At ministerial level, there was a gap concerning the organisation of health research, a legal frame to outline research and researchers was non-existent. It is in this unfavourable context that the MOH decided to create a Health Research Bureau within the DOH.

Institutions involved in Research

Within the Ministry of Secondary Education, Higher Education and Scientific Research (MESSRS) we have:

- the National Centre for Scientific and Technological Research (CNRST), consisting of the following institutions:
    - The Institute of Environmental and Agricultural Research (INERA)
    - The Institute of Social Sciences (INSS)
    - The Institute of Health Sciences Research (IRSS)
- the Faculty of Health Sciences (FSS)
- the Faculty of Science and Technology (FAST)

Within the Ministry of Health

- Central Level
    - Board of Pharmaceutical Services (DSPh)
    - Board of Family Health (DSP)
    - Board of Preventive Medicines (DMP)
    - Board of Training and Planification (DEP)
- National Level
    - National Centre against Malaria (CNLP)
    - National Nutrition Centre (CNN)
- District Health Boards
- National Hospital Boards (both)
- District Hospital Centres (most of them)

Other Research Structures

- ORSTOM
- OCCGE (centre Muraz)
- CIRDES
- UERD

This list is non-exhaustive and needs some updating, not only in number, but also with other information, such as the type of research done, research domains, methodology etc.

Human Resources

Given the available data, it is difficult to estimate the human resources available for health research. At the highest level their are researchers employed, but we ignore their number and qualification. Nevertheless, data collected at the level of the MOH reveal that the majority of medical doctors do research (about 30 in our sample composed of 18 provinces, 4 central boards and 4 other institutions). There are also pharmacists, state nurses, assistants, consultants, etc. who do research. Expatriate health researchers are numerous, but it is impossible to give their exact number. More information on health personnel active in research-activities is available in the Strategic Health Plan, e.g.

- the Centre Muraz has 15 researchers
- IRBET 23 researchers and 5 assistants

This information needs to be updated though.

Statute for Researchers

Research is not taken very serious and does not receive enough financial resources in Burkina Faso. It would be interesting to encourage young researchers to start a career dedicated to research. But this requires not only favourable conditions for them, but also responsibility from the elder generation. A statute for researchers exists, but is unfortunately not common. Dissemination to a larger scale would definitely motivate health personnel to show interest in research.

Financial Needs and Resources

Several donors finance health research, but in an unco-ordinated and scattered way, so it's difficult to give an overview of financial resources for health research. Data collected at the level of the MOH indicate the following sources: UNFPA, the National Budget, OCCGE, WHO/TDR, the French Mission, World Bank, RFA, Danida, USAID, the Italian Co-operation, Medicus Mundi, the Sahel Institute, NGOs etc. Financing is however insufficient. A better research co-ordination and the assurance of resources flowing to priority problems, could partly solve this insufficiency.

Training Needs and Research Projects

Training Needs

Most of those who do research never had a proper training in research methodology, resulting in weak performances. Data processing is often done manually because the person in charge is not familiar with the techniques of analytical work. Field workers have already expressed interest in several kinds of training (e.g. research methodology, informatics, statistics, English). To the extent of providing training courses, it is advisable to do a survey on the research capacity needs of health personnel.

In 1997, the Health Research Bureau of the MOH (with support from the university of Ouagadougou) organised a training workshop on EPI-INFO for central-level personnel. A training workshop on research methodology for a broader audience is programmed for 1998 and several other workshops will take place in 1999. To strengthen research capacity, the following long-term trainings have been identified:

- Public Health: Ph.d
- Organisation of Health Services: Ph.d
- Biostatistics: DEA

Principal Activities of Researchers
Based on the data of the DOH and the Strategic Plan Document, most health research is focused on epidemiology and health systems. Indeed, of the 115 most common research themes, 49 concern epidemiology, 48 health systems, followed by nutrition, evaluation and pharmaceuticals. These results can be explained by the fact that the data only represent the regional health services, the hospitals in Bobo, Banfora and the central services. More in-depth and broader analysis is therefore needed.

Research Results
One of the biggest problems related to research is situated at the level of its results. Actually, everybody complains about the problem of dissemination, but this is not the only problem one can see at the level of research results. Due to underestimation of the budget, incompetence's etc. financing is often not even sufficient for the publication of results and the data are not (or too late) utilised. There's also the problem of research application and even of weak results. But the most know problem is the one of dissemination. It is true that research results are hardly or not disseminated. Also in Burkina Faso, there are not more the 2 or 3 forums for disseminating research results to a certain extent, i.e.:

- the scientific journals of Houet,
- the yearly journals of the MOH, disseminating research results in MCH/FP,
- the Research Forum on Sciences and Technological Innovation (FRSIT), organised twice a year by MESSRS (the themes change every year and are not necessarily on health).

Therefore time has come to create new and durable dissemination channels, in order to avoid waste of resources, duplication, etc. We should also question the importance of the research results. Some do research for research; how to use these results? How is the topic chosen; is this based on donor-preferences or on real priority health problems? Such questions need an answer before we can solve the problem of research-utilisation. In view of this, the MOH organised some activities to:

- put in place a research mechanism,
- strengthen institutional resources,
- define national research priorities.

The Health Research Bureau co-ordinates all these activities with sustained support from CNRST, IRSS, the university, WHO, UNFPA, and COHRED.

<u>Progress in the field of ENHR since the 1st Symposium on ENHR</u> (3-7 February 1997, Ouagadougou)

- Adopted an inter-ministerial decree on the creation and functioning of a follow-up committee of the symposium.
- Establishment of the Follow-Up Committee, consisting of 20 members (from ministries, organisations, research institutes, NGOs, …). This committee embraces several working groups:
    - a working group to establish an ENHR-mechanism,
    - a working group responsible for the legal frame of an ENHR Ethics Committee,
    - a working group on resources and technical input for ENHR in Burkina Faso

  These three groups already produced some provisional documents on their work.
- In June 1997, a workshop on research priority questions was held. The resulting document has been distributed to all relevant parties.

<u>Planned Activities for 1998 and 1999</u>

- Workshop (4-5 November 1998) to finalise and adopt the documents of the follow-up committee;

- 2 national workshops on research methodology (1999), in collaboration with the Institute of Health Sciences Research;
- ToT in research methodology;
- adoption of a Plan to develop ENHR in Burkina Faso (end 1998);
- Duty travels to the districts (Health Research Bureau);
- Protocol development trainings at district level;
- Study travel to Ghana and Guinea in 1999.

Constraints

- co-ordination of activities hardly exists
- insufficient resources (especially financial and human)
- non-utilisation of research results
- research activities are dependant on cooperation of other ministries (MESSRS)
- weak institutional capacities (BRS, IRSS)
- weak intersectoral collaboration
- lack of a legal frame
- no networks existing
- unawareness of availability of statute for researchers
- researchers lack motivation

Conclusion

Health research does not get a lot of attention from policy makers and others in the health sector. But since 1994, their is a tendency to strengthen the process of research-development. This is shown by:

- the adoption of the strategic plan
- the creation of IRSS
- the creation of the Health Research Bureau
- the First ENHR Symposium
- the adoption of a priority list
- etc.

6.3 Ivory Coast

General research context

The context is not much different from the one in most West-African French-speaking countries. It is characterised by:

- research done in different research institutions, but without national co-ordination;
- lack of institutionalisation of research (except from university structures);
- research results which are not disseminated and thus not frequently used;
- problem of research financing in most of the institutions;
- lots of research projects initiated by developed countries, which don't necessarily correspond with real community concerns.

Context of ENHR

ENHR is a new concept in Ivory Coast and should be integrated in the dynamics of the National Plan for Health Development for the period 1996-2005. The main goal of this plan is to improve the health status of the population for a better (qualitative and quantitative) distribution of health services. This plan will be important for all kinds of research related to health. This political will to integrate health research in policy and action is translated at the central level of the DOH in the creation of a deputy director of applied research, in charge of the co-ordination of health research and serving as interface between national and international researchers.

To stimulate the process of integrating ENHR, the deputy director, responsible for applied research, made a study travel to Ghana, a country with significant experience in ENHR. During this visit, it was agreed with COHRED to send Dr. Diallo as consultant to Ivory Coast and to become, as requested by the government, a member of COHRED.

Favourable conditions for ENHR

Political Plan

- creation of a research unit
- financing for research
- redefinition of the mission of INSP to assist the MOH
- university participation in health-policy meetings
- more community involvement in health actions

Institutional Plan

- the Ministry of Scientific Research defined a career-profile for non-university researchers
- recent integration of a research methodology course in the curricula of future health personnel

Constraints

As for research in general, constraints at institutional, human, logistic and financial level are to be foreseen

Perspectives

The initiation of ENHR in 1999 will arise from a National Symposium for the identification of national population needs. To succeed in this important activity, Ivory Coast will need technical support and to a lesser extent financial and logistic support from COHRED.

To strengthen research capacity, the following activities are planned:

- ToT
- decentralisation of training to the district level
- strengthening of human and logistic power for the deputy director and other institutions involved
- study travels

6.4 Egypt

SUCCESS STORIES AS OUTCOMES OF APPLIED RESEARCH IN EGYPT

Recommendation of:

- Use of long acting penicillin every two weeks as prophylactic for rheumatic fever (1970s)
- Use of one oral dose of praziquantil for treatment of schistosomiasis (late 1970s)
- Diagnosis of rift valley fever in Egypt (late 1970s)
- Community-based survey on schistosomiasis in lower Egypt 1983, 1989
- Field survey on shistosomiasis control quality in Suez Canal Governorates (1991)
- National maternal Mortality survey (1993) Data Base on MMR
- Additional of HB vaccine to EPI package (1994), also measles vaccination in two doses (9m, 15 mouth), 1997

NATIONAL INSTITUTES DEALING WITH HEALTH RESEARCH IN EGYPT

Medical Research Council of the National Academy of Science, Research and technology (NAST)

This academy was established 50 years ago. The medical research section is among other sections dealing with various research areas. It develops a five year national health research plan. The plan 1998 - 2002 is the latest plan based on:

- National needs assessment
- Prioritisation process
- Research capacity
- Budget for contract research
- Monitoring and evaluation mechanism

Centre for Field and Applied Research.

This centre was established 45 years ago affiliated to the Ministry of Health and Population (MOHP). It started as a training centre for human resource for health, then it became engaged in operational research related to health delivery system. Later its activities lie in applied and field research dealing with priority health problems and environmental impacts. It is serving the MOHP.

In 1997, a health system research unit was created within this centre with as main objectives:

- Supporting decision making mechanism
- Planning of cost effective studies
- Development of health management indicators
- Advocacy of NGOs and Community mobilisation

National Population Council

- An autonomous body dealing with promotion of population policy, supporting and implementing population and family planning research.
- The council was established nearly 40 years ago and was upgraded to act as a Ministry for Population. Later the Ministry of Health was joined to the Ministry of Population to be Ministry of Health and Population (MOHP)
- The national Population Council is still functioning as a supportive body to population policy, services and research

Ministry of Higher Education, Medical Research Institutes

These institutes were established 40 years ago by the Ministry of Education as scientific bodies promoting research in special medical areas:

- In Cairo:
  a) Institute of Teudor Bilhaz dealing with research on Bilharziasis
  b) Institute of Opthalmology, dealing with research on eye diseases
  c) National Centre for Research, its medical unit and environment unit are dealing with medical and environmental research.

- Institute of Medical Research (Alexandria) dealing with various aspects of medical research.

National Specialised Councils:

These councils were established 20 years ago by the government to provide venue for high expertise to work together in areas of common interest.
A unit for health and population services is involved in the study of improving the health policy and the utility of health services.
It also serves to disseminate information to decision makers.

National Institute for Nutrition:

An autonomous body promoting national research in the area of nutrition and nutritional problems.

Professional NGOs

implementing community based research according to local needs e.g.

- Egyptian Community Medicine Association
- Egyptian Medical Women Association
- Egyptian Breast Milk Society
- The Society for Health Research for Development.

CURRENT RESEARCH AREAS INCLUDED IN THE NATIONAL RESEARCH PLAN OF THE EGYPTIAN NATIONAL ACADEMY OF SCIENCE AND TECHNOLOGY (1998 - 2002)

- Health systems research
- Evaluation of urban/rural maternal and child health services
- Epidemiology of priority diseases and health services in remote areas
- Pathogenic microorganisms and drug resistance
- Prevention and disability control of children accidents, IEC programmes
- Disaster management
- Local drug industry development
- Outcomes and impacts of environmental sanitation programmes on the problem of schistosomiasis
- Geriatric needs, life and health care

RESEARCH PRIORITIES IMPLEMENTED BY THE CENTRE FOR FIELD AND APPLIED RESEARCH (MINISTRY OF HEALTH AND POPULATION) DEALING WITH HEALTH PROBLEMS

- Schistosomiasis
- Diarrheal Diseases
- Tuberculosis
- Acute Respiratory Infections
- Hepatitis B Virus
- Diabetes Mellitus
- cardo-Vascular Diseases
- Vector Borne Viral and Ricketsial Diseases

6.5 Ethiopia

ENHR Activity Report for the year 1997/1998:

ENHR component areas	achievements	constraints	solutions
Promotion & Advocacy	National Workshop		
ENHR Mechanism	funds secured from government	manpower at the secretariat	request sent to the concerned government body
Priority Setting			
Capacity Development	funds partially secured from government	resources (manpower and finances)	prepare project to solicit funds
Networking	• various meetings held • computer and Internet training given to regional health bureaux		
Evaluation			
Resource Mobilisation	• funds secured from government to conduct regional ENHR workshop • COHRED sponsored national workshop	limited funding	project preparation

6.6 Ghana

Health Reforms

Ghana started a process of Health Reforms in 1995. One of the outcomes of the process was the production of a policy document, The Medium Term Health Strategy. The document, among other things, defined a clear role for health research. To operationalise the role assigned to health research, The Health Research Unit started a process comprising an evaluation of health research in the country. This was done in 1996. One of the outcomes was that capacity for health research had improved but still had a lot of room for improvement.

The other part of the process was a series of consultations, which resulted into the production of a document on the policy guidelines for health research development in the country. The other outcome was the redefinition of the research agenda for the country. The Medium Term Health Strategy document had identified reasons for the poor performance of the health sector. These were not in the interventions that were implemented but cross - cutting issues that influenced them. If these were addressed, then there is bound to be improvement in the sector. The cross-cutting issues are:

- Access to health services
- Quality of health services
- Efficiency in the use of resources
- Linkages in the health sector, and
- Health financing and health technology assessment.

These cross-cutting issues have been adopted as the research priorities for the country.

Ghanaian - Dutch Co-operation

Following the production of guidelines for research development in Ghana, the Dutch research community showed interest in research in Ghana. After a series of consultations, a co-operation for research was formed between the two. A one-year plan of work was developed with the emphasis on reviewing the mechanisms for research development and also on a plan for research capacity development. A series of consultations is now taking place with the aim of developing a 5-year development plan for this co-operation.

As part of COHRED's global interest in research capacity development, a team in Ghana is currently studying the issue in the country.

Plan

There is a plan for a national consultative meeting soon after the ENHR African Networking meeting to discuss on the way forward for this Ghanaian-Dutch Co-operation. At this meeting, the following will be discussed:

- The national research agenda
- Research capacity development, and
- The mechanisms for implementing the Ghanaian-Dutch research co-operation.

It is hoped that the will set the right direction for ENHR in this country.

6.7 Guinea

Introduction

The Republic of Guinea started implementing ENHR in 1992, with the technical and financial support of the Task Force and TDR/WHO. The goal of this process is to redynamise health research in function of health development. It requested and accomplished joint and concerted action from policy makers, researchers and the community.

The Guinean experience in ENHR concerns:
- Priority Setting
- ENHR Mechanism
- Utilisation of research results
- Community participation
- health research capacity development

Priority Setting

A situation analysis, done in 1992 in the 4 regions of the country, identified community concerns in health and the health sector. In November 1992, a workshop was held in Conacry which brought together more then 150 national and international participants. At the workshop, priority problems have been identified as follows:
- 10 priority health problems
- 10 priority problems re. the modern health system
- 10 priority problems re. the traditional health system

The workshop also recommended to direct health research towards these identified priority problems.

ENHR Mechanisms

At the workshop, the following co-ordination-structures have been proposed:
- a Consultative Committee (CC), created in 1992,
- A National Ethics Committee for Health Research (CNERS) which is still in the process of establishment by government,
- a technical Co-ordination Service (STC), assured by the Research and Documentation Service (SRD) of the Statistics, Training and Information Service (SSEI),
- thematic teams in health research: to date, there are 4 research teams, but they are not very operational.

Utilisation of Research Results

The major problem re. research utilisation lies in the publication of most research results abroad. The central level is not always aware of research activities in the field and reports mostly don't reach the Ministry of Public Health

Health Research Capacity Development

To strengthen health research capacity, the elaboration of modules for ToT and the composition of multidisciplinary teams for training, are ongoing activities. In the meantime, participation in research training workshops in Guinea as well as abroad have taken place and scholarships for post-graduate trainings are granted thanks to external sources.

Health research institutions are poorly functional. Since 1997, the National Institute for Public Health (INSP) and the Centre for research Training in Rural Health (CFRSR) in Maférinyah are in the process of reactivating their research-, training-, information-, and documentation-activities. The Ethics Code for Health Research, integrated in the National Health Code, was adopted in 1997.

In 1993 a workshop was organised to elaborate the 5-year (1993-1997) ENHR-plan, but activities remain weak. Therefore, an evaluation done in 1995 could identify the weaknesses in ENHR in Guinea:

- health research training is insufficient,
- health research activities are poorly co-ordinated,
- insufficient financing for ENHR,
- insufficient promotion of ENHR,
- health research results are not utilised.

Constraints

Institutional and operational constraints and difficulties have hindered the right way of implementing ENHR in Guinea, i.e.:

- individualism of health researchers,
- weak exchange of experiences and ideas in matters of health research,
- insufficient documentation and information on research,
- low capacity of health researchers,
- lack of financial and material resources at the level of research implementation.

Conclusion

The political will to stimulate health research activities is present in Guinea. The government and partners in development have put efforts in the establishment of the National Institute of Public Health and the Centre for Research Training in Rural Health (Mafèrinyah).

However, to improve the health research capacity, there is a need to strengthen the competencies of researchers, assure the financing of research activities, assure institutional support of co-ordination structures and policy makers, and support a sub-regional network.

6.8 Kenya

Background to ENHR in Kenya

ENHR was formally initiated in Kenya in June 1991 after a national health research convention held in Nyeri in June 1991. Following a task force recommendation, Kenya set up the National Health Research & Development Centre (NHRDC), in December 1993, as the national mechanism to co-ordinate health research in the country. The Secretariat is located at the Kenya National Council for Science and Technology (NCST). NHRDC works closely with all the national health research institutions in the country in strengthening their capacity to carry out research and to ensure that ENHR is implemented.

Priority Setting

One of the first activities of the ENHR process in Kenya was to set priorities in health research. Since public investment in research is constrained by limited resources, it is important to identify high priority areas. A priority-setting process was followed in which all stakeholders were involved. The final top priority areas were agreed on as follows:

- Maternal and Child health including family planning
- Water, sanitation and environmental health
- Health care delivery systems
- STDs including AIDS

The National Health Research Plan

The current plan was initiated in 1994 and runs out at the end of 1998. The three research programmes under NHRDC are:

- Biomedical Sciences Research, based at Kenya Medical Research Institute (KEMRI)
- Clinical Epidemiology Research, based at Kenyatta Hospital and the Medical School
- Health Systems Research, based at Ministry of Health

The broad objective of the Biomedical Sciences Research programme is to manage, co-ordinate and evaluate biomedical research in order to facilitate improvement in the management and control of diseases. The Clinical/Epidemiological programme aims to develop research into clinical practice and decision making. The health policy and systems research programme aims to utilise research to improve the health of Kenyans by strengthening the management and co-ordination of health care of Kenyans. Although each of the programmes runs independently, meetings are often held to ensure co-ordination.

Networking Health Researchers in Kenya

Since its inception in 1993, the National Health Research & Development Centre has organised various networking meetings in which Kenyan researchers working in different institutions but doing similar work have been brought together to share experiences and discuss their findings. Up to 20 different research programmes in five institutions have been brought together. Information networking in health research was also supported by Carnegie Corporation of New York in 1997. The aim of the project was to develop an efficient and effective system to collect, analyse and disseminate health research in Kenya in a manner that would facilitate and sustain productive networking between researchers, policy makers and the community.

Recent Activities 1997 - 1998

1. Preparation of monograph on ENHR in Kenya
This effort was supported by the Council on Health Research for Development (COHRED) and had the aim to publish material on ENHR progress in Kenya from inception to date. It gives a comprehensive write up on organisational structure and functional arrangements for ENHR in Kenya.

2. Strengthen Institutional Capacity of NHRDC Board
During the last Board meeting, the Board was expanded to include effective community participation in the ENHR process. New members include The Kenya Catholic Secretariat, Kenya Medical Women Association, Kenya Community Development Foundation and two other individuals. This was in preparation for the next health research plan.

3. Assessing Sustainability of NHRDC
Aga Khan Foundation has provided support for this activity. The aim of the exercise is to carry out institutional analysis of NHRDC to assess its current and future capacity to implement ENHR. The expected output will be recommendations and strategic plans on the way forward for the Centre. The project ends when the new plan is to be launched in November 1998.

4. Concept Papers Meeting for Health Research
The National Health Research & Development Centre feels that by addressing priority fields identified, researchers were carrying out ENHR. NHRDC invited researchers to submit concept papers for funding. Using local experts, up to 40 of the original 70 were short-listed. These have been published and circulated to donors. The response from donors has not been overwhelming.

5. Macro-economic Adjustment Policies, Health sector Reform and the Impact on Access to, Utilisation and Quality of Health Care in Kenya (An IDRC Initiative)
The NHRDC has put together a multidisciplinary team of researchers who since December 1997 have put together and refined a proposal for implementation in Kenya. After three meetings and various inputs from IDRC, it seems that this will now start and the study will go on for another 18 months. NHRDC has also put together other teams e.g. malaria group Gender sensitive TDR Initiative.

6. The Second National Health Research Plan for ENHR in Kenya
NHRDC is currently organising a national convention to review the ENHR process in Kenya (which has been on-going since 1991) with a view to come up with a new strategic plan for Health Research to prepare Kenya for the next millennium. Five task forces have been formed which are expected to meet regularly and hold mini workshops which will then come up with plans in the following areas:

- Situation Analysis on Health Research in Kenya
- Decentralisation and the role of health research in the district
- Data for Decision making, information, networking in health research
- Capacity Development for health research
- Financing and planning health research
- Provision of Health Services including alternative medicine.

7. Consultative/Advocacy meetings with ENHR partners
NHRDC continues to hold regular meetings with other local ENHR partners. The Secretariat has been involved in National Project Framework Plans with the following UN agencies: UNDP, UNEP, UNICEF. ENHR priorities are included in the write-ups.
NHRDC has also gone to researcher level meetings with local health researchers to ensure ENHR is implemented, e.g. KEMRI, IPR etc. We have also visited the provincial health offices in two towns to try and involve them in decentralisation/reform activities.

8. Monitoring Activities
NHRDC continues to be involved in strengthening other ENHR activities in the African Region through Dr. M.S. Abdullah.

Constraints

- Funding
- Leadership (due to frequent changes)
- Personnel

Expected Outputs

- Partnership strengthening
- Operational National Health Research Plan 1999 - 2004
- Improved and strengthened role of the National Health Research & Development Centre.

6.9 Malawi

Promotion & Advocacy

The ENHR initiative is in the process of being introduced in Malawi. Mechanisms for advocacy have not yet been put in place. However Management of the Ministry of Health and Population is aware of the importance and role of ENHR in National Development. This has been made possible through contacts which the Malawi delegation has had with members of COHRED. The first contacts, on the side of top Management, were made in May, 1995 when the Malawi delegation to the World Health Assembly in Genera held discussions with COHRED Consultants on the possibility of the Council on Health Research for Development (COHRED) assistance in developing a strategic plan for health research in Malawi.

At the end of 1995 COHRED sent another consultant to Malawi to assess the relevance and applicability of ENHR strategy in Malawi. The consultant called on management of the Ministry and briefed them on the role of the ENHR strategy in the promotion of health development. Malawi's participation in the inter-country ENHR networking meetings has also in a way helped to advocate for ENHR to top management who approve such participation. This year's participation at this meeting of the chairman of the National Health Sciences Research (Ethics) Committee, will also help in our efforts to further advocate for ENHR. This committee is comprised of members from the government, Christian organisation, National Research Council, University of Malawi, College of Medicine, Kamuzu College of Nursing and some NGO's.

Priority areas

A list of research priority areas has not yet been drawn. A tentative working group has been formed to work out the modalities of forging a head with the exercise. The working group has come up with activities and a budget that will assist in coming up with this list. Donors within the country were approached to assist in the exercise. Some have responded and other have not. Those who have responded have not pledged any assistance. The Council on Health Research for Development (COHRED) which pledged to support this exercise during the 1997 networking meeting in Arusha was also approached for assistance. COHRED has pledged to support part of the activities and has also pledged to cover about 38% of the budget. More organisations are to be approached for support in this important exercise. As soon as we get funds we plan to embark on the exercise before the end of this year or early next year.

Research Capacity

It was planned that training in Health Systems Research should be extended to training institutions. It was planned that in 1997/98 the tutors at the Malawi college of Health Sciences should be trained. The aim of this exercise is to encourage the inclusion of Health Systems Research in the curricula of these institutions. This exercise would help to equip paramedical students with research skills and thus finally extend these skills to health centres. Five people participated in a two week training of trainers workshop in Health Systems Research in Maseru, Lesotho in June, 1998. This was organised by the World Health Organisation (Afro).

Networking

The Library and Documentation Centre of the Research Unit is now equipped with an e-mail. This was made possible with support from GTZ, Zimbabwe. It is hoped that this development will encourage networking with research centres both in and out of the country. It will also help in literature search.

Information & Documentation

The Ministry of Health Library and Documentation Centre (in the Research unit) was in 1997 designated the Dissemination Centre for Malawi under the Information and Communication Programme of the Commonwealth Regional Community Secretariat. The goal of the Information Dissemination and Communication Programme is to strengthen the capacity within the region to collect, synthesise, repackage and disseminate information from the member countries and elsewhere to select audiences in a bid to promote use of research findings and information generated from project activities in policy formulation and in improving the delivery of health services. The Project is funded by SARA (Support for Analysis and Research in Africa).

The services of the Ministry of Health and the Dissemination Centre included gathering information on reproductive health and nutrition, producing and distributing documents, producing and delivering dissemination seminars and conference presentations, information and document gathering, reproduction and distribution. Two bibliographies have been produced by the centre i.e. bibliography and nutrition and bibliography on reproductive health information.

Utilisation of Research Findings

The Research Unit organised a dissemination workshop. This workshop was organised to facilitate dissemination of research findings by researchers. The deputy Minister of Health and Population opened this workshop. In his opening address the deputy Minister assured delegates that this activity would continue to be on the yearly calendar of the Research Unit. The delegates included heads of departments in the Ministry of Health, Christian Organisations, University of Malawi, WHO and journalists.

Constraints

1. There is need for funds to start the ENHR process.
2. There is need to strengthen the position of the Research Unit in the Ministry of Health in form of capacity building i.e. training and recruitment of more staff.
3. There seems to be lack of appreciation of the importance of research on the part of some members of top management in the Ministry of Health. There is need to further sensitise them on the importance of Research as a management tool.

6.10 Mauritius

Background Information

The Republic of Mauritius consists of the main Island of Mauritius and the Island of Rodrigues. The Island of Mauritius is situated in the South East Indian Ocean, 800 km off the east coast of Madagascar. It covers an area of 1865 square kilometres with a population of 1 089 668 inhabitants in 1996.

Over the last twenty years, Mauritius has undergone major structural changes from agricultural mono-crop economy with rapid population growth, high unemployment and low per capita income to a situation characterised by a fairly stable population, quasi-full employment and a diversifying economy with the emergence of new sources of income from the export manufacturing sector and tourism.

Concurrently, the health status of the Mauritian population has undergone sustained and significant improvements. Life expectancy at birth has improved, the total fertility rate has declined and the main causes of morbidity and mortality have shifted from infectious to chronic and degenerative diseases.

Public health care services are provided free of charge to the population. The island of Mauritius is divided into five health regions, each with a catchment population of about 200 000 inhabitants. Rodrigues Island is considered as the sixth health region with a population of about 35 000 inhabitants. Each health region has its regional referral hospital with a network of health centres which provides primary health care services. The public health system in Mauritius, in addition to the 5 regional hospitals, comprises 3 district, 1 psychiatric and 4 specialised hospitals, 26 area health centres and 106 community health centres.
In the private health sector, at the end of 1996, there were 12 nursing homes (private clinics) with a total of 416 beds.

Research Unit of the Mauritius Institute of Health

Research activities (essentially HSR) were started in Mauritius in 1988 under the MOH. In 1989 with the setting up of the Mauritius Institute of Health, an autonomous body run by a Board of Directors, research activities became part of the major activities of the institute.

At the time of its inception, the research unit was manned by a Director, a Co-ordinator and three research Assistants. In 1992, three Research Officers were recruited to reinforce the personnel. However, many of them since left and at present the Research Unit is staffed with two Research Officers. An epidemiologist who was a French ‘co-opérant’ provided technical assistance to the Unit till very recently. The Unit has the necessary office equipment, documentation, computers and transport facilities.

In 1994, the Research Unit was reorganised in a new set up where in addition to studying operational problems in the health delivery system, activities were extended to other areas of research like evaluative research, participatory research, socio-behavioural research and prevalence surveys on communicable and chronic diseases.

The aim of the Unit is to assist in decision-making with particular reference to health status in the community, to the provision of health services and to health care interventions.

Overview of ENHR activities

Advocacy and Promotion of Research

Ten years after the beginning of research activities in Mauritius, research culture has gradually improved among policy makers, health service providers and the communities. Factors which have contributed are:

a) continuous sensitisation of policy makers and health personnel through meetings and personal consultations on the need and value of research;
b) some past completed research projects which have had direct impact on health programmes: the proof of the pudding is in the eating;
c) other ministries and agencies have commissioned research studies to the Research Unit of the institute. This has allowed the Unit to gain trust and support.

The trainers providing basic training to the paramedical staff have already been sensitised for possible inclusion of a research module in their respective curricula. Some of these disciplines already have some exposure to HSR during training, but it is necessary to include research in the curricula of all grades of personnel and further involve students in research work during their training period.

Identification of Priority Areas for Research

In the absence of explicit guidelines to define health research priorities, the priority setting process has not been systematic and regular. So far research projects have been selected on criteria like urgency, relevance to national health plan, felt needs, the burden of disease, or analysis of health statistics and other health indicators.

All stakeholders have not always been involved in formulating the research agenda, though some efforts have been made in the past to have consultations in order to get a broad consensus in the formulation of research agenda. However, some partners or groups like the private sector and the community have not been consulted at all.

Some research projects (mainly biomedical and laboratory research) have been carried out by other researchers outside the institute, but again they are not all based on the information needs, but rather on the interests of researchers or are sometimes academic-oriented.

Long term clear mechanisms to strengthen the priority setting process have to be established to make it an ongoing broad-based participatory process.

Utilisation of Research Results

To promote utilisation of results and recommendations, the Unit

a) organises dissemination meetings,
b) distributes copies of reports to all sectors concerned,
c) assists in the elaboration of action plans with the participation of all those who have to implement it and have to act to make it work.

In spite of all these, it is noted that there is no optimal use of research results. Mechanisms to enhance utilisation of research and to translate research recommendations into policies and actions have to be further strengthened. In this context it is envisaged to disseminate research results in other forms such as organisation of Annual Research Day/Week and have follow-up of implementation of recommendations.

Funding

At present there is no item in the national health budget allocated to health research and the research activities conducted so far have nearly all been financed by external agencies like WHO, UNFPA, UNICEF etc. The major contribution by government so far has been in the form of payment of salaries to research officers at the institute and their support staff.

However, to sustain research initiatives, we cannot continue depending on international aid and resources would be needed from local partners and the national government. The latter should make provision for some item for ENHR in its annual national budget.

Capacity Building and Networking

With the support of WHO, a critical mass in HSR has been created, constituting of 28 persons (mostly health personnel) who have been fully trained in HSR methodology. Among them 9 have also attended a ToT-course.

In addition, a group of about hundred doctors serving in the public sector have been trained in epidemiology, statistics and research methodology during the diploma course in public health run at the institute.
However, there is no optimal use of the people trained in research. The majority have gone to their previous routine duties where their skills as researchers are not used. Such people can still use research in their day to day work and can sometimes be used to support ongoing research work. The Research Unit of the MOH is in fact encouraging medical and paramedical staff of the Ministry to come forward with proposals in priority areas of research. The unit will look for funding and give necessary technical and logistic support for their implementations.
Members of permanent research staff of the institute have attended short-term training courses to improve their skills in bio-statistics and medical social sciences with the collaboration of Bordeaux II University, France.
The number of research officers has to be increased, at the same time broadening the multi-disciplinary research base. A long-term training plan to improve and upgrade the skills of the permanent research staff has to be worked out so that in the future the Unit can address the various research needs and undertake more challenging research work in the fields of policy research, economic research, epidemiological research, and quality assurance. A good career path is also necessary to attract and maintain skilled researchers in the Unit.
Linkages with other institutions and agencies involved in ENHR both at local, regional and global levels have been established, e.g. Mauritius Research Council, University of Mauritius, Joint HSR Project for Eastern and Southern Africa, etc. However it is felt that such networking has to be further strengthened in order to have more opportunities for sharing of experiences and expertise and for more international collaboration towards capacity building and in research in common priority areas.

At the local level, researchers from other bodies and disciplines have to be brought together with the Research Unit of the institute taking the lead role.

Conclusion

This review has given useful insights in identifying the constraining factors, allowed us to draw lessons, both positive and negative from past experience and helped us in elaborating some essential guidelines for sustained efforts in the development of ENHR.

6.11 Nigeria

Background

The Federal Republic of Nigeria is administered in 36 States and the Federal Capital Territory of Abuja. There are 774 Local Government Areas in the Country. The 1991 census figure put the population of the Country at 88.9 million in that year. In 1998 the population is estimated at about 100 million people. According to the 1996 National Report, our population structure comprises 43.4% in the 0-14 age group; 52% in the 15-59 years and the aged i.e. 60 years and above make up 4.6%. Women outnumber men in the 15-59 years age range, while the reverse occurred in the over 60 years. (The Federal Office of Statistics). Infant and maternal mortality rates are very high at 114/1000 and 800/100,000 live births respectively. Life expectancy is short at 56 years only down in recent years from above 60 in the 1980s. The population growth rate is 2.8; literacy rate is 56%; GDP is 103.2 billion Naira with a GDP growth rate of 2.2.

Health Research in Nigeria

Considerable health research activities have been going on in Nigeria since the turn of this century. It was later institutionalised with the establishment of the National Institute for Medical Research (NIMR) in 1908 in Yaba, Lagos. It is now carried out in 36 universities within the country with great emphasis given to Health Research by the 14 medical schools in the country and three health related research institutes namely - Nigerian Institute for Medical Research, Yaba, (NIMR), The National Institute for Pharmaceutical Research and Development (NIPRD) Idu, Abuja and The National Institute for Trypanosomiasis Research, (NITR) Kaduna whose mandate also includes Onchocerciasis Research.

Sundry other bodies, notably Non-Governmental Organisations (NGOs) in the very recent years carry out different survey activities on behalf of different international agencies such as the World Health Organisation (WHO), United Nations Development Programme (UNDP), United Nations Fund for Population Activities (UNFPA), USAID, DFID, European Union and UNICEF. The Private Sector, notably the Pharmaceutical Industries are also involved in research for drug development. The Federal Ministry of Health is the main consumer of the results that emanate from the above diverse activities.

The Federal Ministry of Science and Technology, through its Department of Health Sciences, co-ordinates the above diverse activities and ensures that the results are available to the relevant Federal Ministries. It was in recognition of this responsibility that the FMST in collaboration with the Federal Ministry of Health organised the International Conference on Health Research Priorities for Nigeria in the Nineties and strategies for their achievement. A top priority recommendation of the 1991 conference was that a National Health Information System should be established immediately, to collect and collate health data from the different establishments and institutions in the country. This was in order to provide a basis for mature rational decisions on health matters. The Federal Ministry of Health immediately afterwards initiated action on this recommendation by setting up the National Health Management Information System (NHMIS) as a division in the Ministry.

The National Health Management Information System consists of the provision of appropriate infrastructure, the establishment of mechanisms and procedures for collection and analysing health data to provide needed information:

- to assess the state of the health of the population,
- to identify major health problems,
- to set priorities at the local, state and national levels,

- to monitor the progress towards stated goals and targets of the health services,
- to provide indicators for evaluating the performance of the health services and their impacts on the health status of the population,
- to provide information to those who need to take action, those who supplied the data and the general public.

Activities post Arusha Conference of 1997

On his return to Nigeria in July 1997, after an absence of about 4 years, Prof. E.M. Essien, the past Director and Chief Executive Officer of NIMR resumed dialogue with some key Government officials including the Honorable Minister of Science and Technology and the Honourable Minister of Health, on the advantages of aligning our National Health Research Philosophy and strategy with those of the Essential National Health Research (ENHR). He canvassed and obtained endorsement and co-operation on ENHR approach to Health Research, by the head of the National Institute for Medical Research (NIMR) Prof. L.A. Salako, and the Director/Chief Executive Officer of the National institute for Pharmaceutical Research and Development (NIPRD), Prof. C.O.N. Wambebe. He also advocated for understanding and appreciation of the benefits of ENHR approach at different meetings of scientist in the country.

In 1998 his various efforts at mobilising relevant Federal Government officials in support of ENHR paid off. Officials of the Department of Health Sciences, Federal Ministry of Science and Technology were convinced of the ENHR benefits and with co-operation from appropriate officials in the Federal Ministry of Health, The Department organised the first broad based consultative meeting on modalities to move the ENHR programme forward again. The Consultative Meeting of relevant experts was organised on July 6th 1998 at the National Institute for Medical Research, Lagos. Far reaching agreements were reached on the ways and means of securing Government Commitment for the ENHR programme.

As a result of renewed consultations on the merits of ENHR during the year under review, a consultative meeting on the ways and means to reintroduce the ENHR concept and activities into the ongoing health research spectrum of activities in the country was organised on July 6th 1998 at the Nigerian Institute of medical Research, Lagos.

The meeting endorsed the ongoing effort on collection, collation and publication of health data currently being implemented by the National Health Management Information System (NHMIS) of the Federal Ministry of Health. It was noted that the effort was a priority activity that had earlier been identified by the ENHR conference in the country in 1991 and endorsed by the National Health Summit in 1995.
It was agreed that the Federal Ministry of Science and Technology, Health Division will steer ENHR through the process till government commitment to the concept of ENHR in promoting applied health research is obtained.

Other plans to promote and implement the concept were also agreed upon.

Plans for 1999:

1. 1st Quarter
    - conclude the advocacy among key stakeholders and obtain government's approval for the ENHR mechanism in Nigeria
    - provide budget line for ENHR mechanism
2. 2nd Quarter
    - establish the secretariat at the Nigeria Institute of Medical Research
    - formally launch the ENHR co-ordinating body
3. 3rd-4th Quarter
    - commencement of inventory of researchers and other resources for health research in Nigeria
    - continuation of inventory
    - production of inventory of researchers and other resources for health research in Nigeria. Assistance will be sought from COHRED in this exercise.

Future Plans

It is our plan to sensitise all the stake holders in the country to the concept of Essential National Health Research. Promotion and advocacy will be directed at various researchers and research organisations at the level of University, Research Institutes relevant Federal and States ministries and other establishments. This will be followed by the adoption of the ENHR philosophy in the country by the Federal Government of Nigeria.

Formal launching of ENHR in Nigeria is scheduled to take place between the second and third quarters of next year after we have put in place the necessary infrastructure for the programme such as the establishment of a national secretariat for ENHR in Nigeria.

Subject to availability of funds, the National Secretariat intends to compile a National Directory of Health Researchers and Research organisations operating in Nigeria. This will enhance our collaborative efforts at the National level and maximise the use of existing resources within the country. At this point in our efforts to implement ENHR in Nigeria, we wish to invite the Council on Health Research for Development (COHRED) to assist us in whatever way they deem fit to enable the ENHR processes to move on a smooth path.

6.12 Senegal

Introduction

In 1996, Senegal had an estimated population of 7 313 671 inhabitants. It is a young population: more then 56% is aged under 20. The population growth is a result of a mortality decline and a slightly declining fertility (from 7,1 children per woman in 1975 to 6,0 in 1992/1993, the birth rate is estimated at 47 per 1000. Mortality remains high, despite a decline in the last years. The total mortality rate is 18 per 1000 and life expectancy at birth is 54 years. A yearly population growth of 2,7% reflects a fairly rapid demographic growth. Infant mortality declined, showing regional disparities: 54,5 per 1000 live births in urban areas versus 87,7 per 1000 live births in rural areas. Maternal mortality, estimated at 850 pour 100 000 live births, has seen a significant decline up to 510 per 100 000 live births.

This tendency of mortality decline is a result of the PHC-policies. This policy of community participation in health, together with some administrative changes, have facilitated the integration of the ENHR strategy in Senegal.

The creation of a sub-regional network for ENHR asks for a short overview of our country-activities and national priority questions. These developments will help us identify the constraints in which a sub-regional network could contribute to solve them.

Institutional frame for ENHR

Since 1979 Senegal has a Board for Research, Planification and Training (DRPF), with a division specifically responsible for research.

The objectives of this division are:
- co-ordination of research activities,
- stimulate research,
- mobilise financial resources for research programmes,
- guide research projects,

This division has three bureaux:
- bureau of medical research
- bureau of pharmaceutical research
- bureau of clinical care

With the disappearance of DRPF, the division becomes a bureau in charge of research and gets a technical board in charge of research questions. The new functions of this bureau are:
- identify priority research concerns,
- develop a national research programme,
- define co-ordination mechanisms for research,
- establish an ethical and legal frame for research,
- define a research training programme,
- assure dissemination of research results,
- search for research financing.

ENHR activities

Several ENHR activities have taken place in 1998, i.e.:

1. consultations on the establishment of ENHR teams at national, regional and district level, in order to identify the different stakeholders (among which the community);
2. a sensibilisation seminar for health administrators (directors, project managers and donors);
3. a documentation unit will be established in December 1998;
4. after field consultations with a multi-disciplinary team, sensibilisation workshops at regional and district level will be organised in January 1999.

To date, research activities have enabled to clarify and resolve several health problems, but lots of priority health problems remain unsolved.

Priority Questions

Several studies done at the national level as well as by donors reveal priority problems in the field of health research. Of utmost importance is the strengthening of intervention capacity of the Research Bureau who is in charge of co-ordinating and stimulating health research. To this extent it is advisable:

- to ascribe sufficient credits to the structure to correct the weak level of activities,
- to strengthen the training of health personnel through study travel which allows for exchange of experiences,
- to make available logistic means for follow-up of field research activities.

These means would facilitate:

- the organisation of research methodology training workshops,
- the elaboration of a training guide suitable for all researchers,
- the creation of a data bank for and on all researchers,
- allocate means to stimulate the quality of research, and to deepen and refine the national action plan for research.

Difficulties and constraints

Health personnel engaged in research faces a shortage of financial, material and logistic means. Also the unavailability of basic documents and referential bibliographies seems to be deficient for health researchers.

Other difficulties include:

- insufficient collaboration between research centres,
- non-systematic follow-up training,
- problems in the field of research utilisation,
- shortage of funding,
- insufficient co-ordination between the different financial resources;
- quasi in-existence of a research culture at all levels of the health system.

It should be mentioned that these necessities call for the creation of a sub-regional network to enable exchange of experiences, bring researchers together and facilitate thematic networking.

6.13 South Africa

Background

The direction of ENHR in South Africa is to a large extent dictated by the socio-political and health policy changes taking place in South Africa in the last years. The health system was previously characterised by fragmentation in the health system, inequitable distribution of services and finances, uncoordinated research infrastructure, and lack of representativity. Policy, legislative and health sector reform has therefore been an important thrust of the Department of Health. The areas of focus include (1) improved access to health care, (2) improved quality of care, (3) efficient use of resources and financing, (4) focus on priority areas to reduce morbidity and mortality.

ENHR

South Africa feels that ENHR initiatives support the Nations Health Development Strategy. Research in South Africa is co-ordinated by a Directorate in the Department of Health which will be established to perform this function. The main focus of work in the last year has been with regard to

1. strengthening health systems and policy research (directed at informing policy and programme people in relation to access, quality of care, etc.);
2. develop and strengthen appropriate co-ordination mechanisms and structures;
3. address research funding and priority research issues.

What has been done?

The following are but some highlights of activities that have taken place in South Africa in the last year:

- Priority Setting (PS): priority areas for ENHR have been established prior to this period. In the last year, the focus around PS has been to translate priority areas into more specific need driven priority questions. It was observed that a large number of studies were being conducted in priorities, but they were not necessarily essential to health development in South Africa at present. This year, a set of Health Systems Research questions along with priority research questions were financed and circulated. A second activity was to have a series of consultative meetings with researchers such as the ones of MRC to discuss directly their programmes towards priority areas. Legislation and agreements between government and these organisations is being revisited for leverage in directing research towards priority areas. This process is still ongoing.
- Capacity Building: whilst South Africa has a fairly well developed capacity for research, a great deal of capacity development still requires to take place. In particular previously black universities and institutions require more capacity development. African researchers have been disadvantaged and capacity development for research in South Africa aims to redress this inequity. Numerous workshops and training sessions have been held by Wits University, University of the Western Cape, Centre for HSR-University of Bloemfontein, Health systems Trust, etc. The Department of Health has also been conducting courses in all 9 provinces. South Africa would like to strengthen capacity not only to conduct research, but also to co-ordinate research. Towards this end, the support team for co-ordination in the Department of Health is undergoing a programme to strengthen co-ordination.
- ENHR Mechanism: Mechanisms to strengthen ENHR in South Africa have enjoyed considerable attention in the last year. Amongst these activities are the establishment of a national committee for clinical trials and ethics management, strengthening of the clinical trials committee of the Medicines Control Council and developing the regulatory framework and documentation for the establishment of the national Ethics Committee. Additional provincial research committees have been established. These structures are already being

seen to strengthen ENHR mechanisms and capacity. The ENHR Committee which we expect to be established after a final stage of consultation, will further strengthen co-ordination of ENHR activities.

- Networking: numerous networks are available in South Africa and electronic mail is an important vehicle for this.
- Financing: Government has continued to allocate a considerable budget to research organisations. Other sources of funding are also available. Researchers are being encouraged to source research funds where possible.
- Evaluation: South Africa has felt it premature to conduct a full scale evaluation of the process at this stage.

Challenges/Concerns

The main challenge facing the ENHR process is the sheer difficulty experienced in co-ordinating ENHR activities. Many South African researchers and some of their donor/international partners are not accustomed to a culture of co-ordinating and working with government. This makes the work of the focal point extremely difficult. Mechanisms are being discussed to find solutions to the co-ordination difficulties.

6.14 Swaziland

Swaziland is undertaking major reform in response to the rapid changes in the economic environment. These reforms include The National Development Strategy which awaits approval by the King, pending the development of the implementation plan. The Public Sector Management Programme has been instituted to improve the effectiveness of the civil service, and is at the stage of reviewing the personnel stock in relation to the mandate.

In consistency with the reforms, the health sector has just completed a major research which sought to investigate the situation and identify areas needing attention. Through this study a lot of areas have been identified for research. These areas include epidemics, policy and institutional reforms.

The Ministry has begun to implement the recommendations of the Health Sector Study report through two policy studies, i.e. Health Service Policy Study and Social Welfare Services Study. The studies were completed and preparation of the policy documents is underway.

Promotion & Advocacy

The Minister for Health and other senior health personnel have been sensitised on health research and consensus.

National Mechanism

The Ministry of Health and Social Welfare is in the process of setting up a Health Research Unit. A person to co-ordinate the unit has been identified. The government post for the co-ordinator's position is still being negotiated. Technical assistance has been sought from WHO. In the absence of a co-ordinator research is being co-ordinated by a committee comprising the Planning Unit, Health Information Unit and the epidemiology unit.

Priority Setting

The Ministry has created an inventory of research that has been undertaken and is in the process of making a database of required research. A consultancy to assist with priority setting has been deferred due to the consultant's busy schedules.

Capacity Building

- 25 health officers have been trained in health research. All these officers have contributed and continued to support the setting up of a Research Unit.
- 3 programme managers attended a workshop on research and have since conducted a qualitative research on "Adolescent Health".
- 2 officers have attended a course on SPSS to strengthen the capacity to analyse research data.

Networking

E-mail and Internet are available at the planning unit. Some programme managers have Internet.

Evaluation

The initiative has not been taken on this one. It is perceived as a premature undertaking at this juncture.

Resource Mobilisation

Resources have been identified at WHO and there is potential assistance from the Italian Co-operation and other donors.

Utilisation of Research Findings

All completed research has been discussed in workshops and adoption of recommendations considered.

6.15 Tanzania

The concept of Essential National Health Research in Tanzania was initiated in 1991. In 1992 the first workshop on ENHR was conducted from 24 - 26 February in Arusha. It was attended by forty nine participants from a diversity of disciplines and national and multinational organisations, donors, representatives of Ministries from Tanzania and the neighbouring countries as well as the private sector and community representatives.

The workshop objectives were:

- Identify Tanzania's leading health problems;
- Make a strategic plan of priority research areas to address the identified health problems;
- Recommend research needed to contribute to the realisation and improvement of the recently adopted Tanzania Health Policy;
- Suggest research needed for strengthening management of the health system;
- Receive for discussion an inventory of past, current, and planned future health research;
- Identify intersectoral areas for research collaboration;
- Describe constraints hampering health research in Tanzania and suggest ways of overcoming them;
- Suggest means of improving the local communication and utilisation of research results;
- Discuss mechanisms for promoting/marketing research culture;
- Examine ways and means of establishing linkages between Tanzania researchers, research clients and policy/decision makers.

Recommendations of the workshop were:

Guidelines/Policy

- To develop an Essential National Health Research Policy;
- To develop an Essential National Health Research Plan;
- Formation of a Task Force to work on the details of the National Health Research Policy and Plan and to co-ordinate all health research in the country;
- That health research in Tanzania should be geared towards promoting PHC activities;
- That health research should address itself to priority areas;
- That health research findings should be utilised by the community.

Strengthening Health Research Capacity

The problem of meagre research manpower, facilities and budget must be overcome if high level research is to be carried out in the country.

Role of various Tanzanian Institutions in Health Research

Since each institution has its mandate derived from the Act of Parliament that established it, there should be effective co-ordination between the institutions to ensure harmonisation of the activities of the various institutions.

Linkages

In order to ensure collaboration among researchers, involvement of policy makers and community participation, there should be:

- researcher-researcher linkages
- researcher-policy/decision and administrators linkages
- researcher-client linkages.

Research Inventories
There should be an inventory of review of manpower, research activities, financial resources and facilities at regular intervals and an effective mechanism for dissemination of this information should be established.

Progress Made
Following the recommendations above, the following progress has been made.

NO.	RECOMMENDATION	PROGRESS MADE AND ACHIEVEMENTS
1.O	**Guidelines/Policy**	
1.1	The development of an Essential National Health Research Policy	Not done
1.2	The development of an Essential National Health Research Plan	Not done
1.3	The formation of a Task Force to work on the details of the National Health Research Policy and Plan and to co-ordinate all health research in the country	Completed 1993
1.4	That health research in Tanzania should be geared towards promoting PHC activities	Being implemented (accepted)
1.5	That health research should address itself to priority areas	Being implemented (partially)
1.6	That health Research findings should be utilised by the commuity	Being implemented (Health Research Bulletin)
	Strengthening Health Research Capacity	
2.0	The problem of meagre research manpower, facilities	
2.1	and budget must be overcome if high level research is to be carried out in the country	Partially done through HRUTF. Requires setting stronger strategies and good networking.
	Role of various Tanzanian Institutions in Health	
3.0	**Research**	
	Since each institution has its mandate derived from the Act of Parliament that established it there should be effective co-ordination between the institutions to ensure harmonisation of the activities of the various institutions.	Poor co-ordination. Strategies for improving collaboration being developed.
	Linkages	
4.0	researcher-researcher linkages	
4.1	researcher-policy/decision and administrators linkages	Good
4.2	researcher-client linkages.	Poor
4.3	**Research Inventory**	Moderate (Health Research Bulletin)
5.0	There should be an inventory or review of manpower, research activities, financial resources and facilities at regular intervals and effective mechanism for dissemination of this information established.	Moderate (Research Programme in place)

Constraints
- Poor co-ordination stemming from poor relationships and networking between partner institutions.
- Relationships between institutions not clearly spelled.

- Lack of capacity building strategies.
- Plan of activities and vision not well defined.
- Lack of funds for ENHR activities.

Future Plan and Strategies

Plan1: Defining clearly the relationship between NIMR, MOH and other stakeholders in relation to Essential National Health Research. Produce a brochure for ENHR, by March 1999, showing relationship, objectives and planned activities by March 1999.

Strategy
Individual and Group discussions between the Secretariat and concerned groups to define the relationships. Present the defined roles in the upcoming network meeting in Ghana and subsequently in the planned Priority Setting Meeting in January, 1999.

Status
Discussions with MOH have taken place. Also discussions with Muhimbili University College for Health Sciences (MUCHS). Discussions with other groups continue. Initial draft developed and discussed with MOH and MUCHS. Presentation to the Network meeting will take place.

Plan 2: Formation of the National Essential Health Research Co-ordinating Committee.

Strategy
Review the formation of the previous Task Force and propose candidacy to the ENHR Co-ordinating Committee for discussions and approval during the upcoming research body reconstitution and Priority setting workshop in Co-ordinating Meeting in January 1999.

Status
Proposal in place. To be approved in the upcoming Research Co-ordination Meeting in December 1998. Discussion with interested groups still ongoing.

Plan 3: ENHR body reconstitution and Priority Setting workshop January, 1999. Develop maps showing Regional and District health status and priority problems.

Strategy
To have a dynamic process. First to have discussions with all interested groups on the proposed ENHR co-ordinating committee to fit in with best consensus and present it at the Reconstitution and Priority setting workshop - January 1999. Request MOH to provide priority areas of research. Request all DMOs to present 10 priority disease areas for research, 10 health systems problems and 5 social cultural problems that have negative impact on health. Discuss these priority areas and at the same time invite NGOs and other group to present their priorities so as to come up with common priorities. The process will continue through focus group discussions and other approaches to get community felt needs.

Status
MOH has already provided 6 research priority areas. A task force of MOH is making efforts to increase the list to at least10 areas. Letters have already been sent out to all District Medical Officers (DMOs) requesting them to provide the above mentioned lists. Reports from all Regional Medical Officers (RMOs) containing regional priorities have already been requested and received. Funding to be requested for further activities.

Plan 4: Initiate capacity building activities for ENHR.

Strategies
While concrete plans will be formulated by the ENHR Co-ordinating Committee (Steering Committee) two such workshops are planned for 1999.

- Research Methodology Workshop - August 1999.
- Health Management and Financing Workshop - November 1999.

Status
In plan - Full proposal to be developed and funds to be solicited.

Plan 5: Make a public announcement of the ENHR policies.

Strategy
Announcement to be made in the upcoming Annual Joint Scientific Conference for Medical Research (NIMR) - February 1999 and in any other opportunity that may arrive.

Status
Draft Policy exists

Plan 6: Set out short term and long term plan for ENHR. Plans to include capacity building, advocacy and utilisation of research results.

Strategy
ENHR co-ordinating committee to ensure the formulation of a Task Force to accomplish this activity.

Status
The tentative short term plan (1 year) for 1999 is in place. The long term plan to be developed by May 1999. This short but ambitious plan will suffice, to initiate and put more vigour in the ENHR process and if the activities are accomplished, put Tanzania on the match towards enhancement of better population health and development through research.

Plan 7: To Strengthen Health Research Capacity.

Strategy
Training courses/workshops to be conducted and funding to be solicited. Review also the status of HSR/ENHR in research institutions in Tanzania and increase advocacy for ENHR.

Status
Two training workshops set for 1999. Secretariat to establish a Task Force to work on long term plans. Tentative short term plans already established. Secretariat to make a survey of institutions undertaking HSR/ENHR and make plans for advocacy.

Plan 8: Role of various Tanzanian Institutions in Health research to be clarified and co-ordination - enhanced/improved.

Strategy
to set a National ENHR Co-ordinating Committee.

Status
Revisiting the previous set task force in progress. Proposal for the Co-ordinating Committee established. To be discussed in Research Co-ordinating Committee and in Priority Setting Workshop January 1999.

Plan 9: Strengthening linkage between researchers, research institutions and client

Strategy
Establish mechanisms for ensuring collaboration between researchers (Health Research User's Trust Fund) and information dissemination material (Health Research Bulletin).

Status
Established. Requires strengthening in terms of funding, advocacy and improve participation in the dissemination of information.

Plan 10: Establish Research Inventory

Strategy
Strengthen the existing research inventory and ensure constant updating.

Status
Ongoing activity.

6.16 Uganda

Advocacy

- There is continuous dialogue between the ENHR group and senior officials of the MOH.
- A meeting of community physicians was held to discuss how they could participate in the ENHR process at district hospitals and community levels.
- After four years of consultations, Uganda National Health Research Organisation (UNHRO) launched the *Guidelines for conduct of Health Research involving Human subjects in Uganda*. This document is to be debated widely by researchers, policy makers, lawyers and the public in general before it is refined.
- These guidelines have been introduced and discussed by Directors in District Health Services at a meeting of the Directors.
- The first issue of the UNHRO Newsletter has been published. We hope to produce it every six months and then progress to quarterly.

Research Capacity Development

As part of a COHRED initiative, Uganda has started a process of an in-depth analysis of its capacity to implement the country ENHR Plan. Emphasis will be put on developing capacity at the district level. A summary of this analysis will be communicated at a later session.
Besides the Research Capacity Development, Uganda will also collaborate with COHRED in the analysis of Community Participation in the ENHR process.

Development of Uganda National Health Research Organisation

As reported last year, the process of establishing UNHRO as a statutory body is still in progress. The MOH is holding a number of consultative meetings with different stakeholders.
The secretariat of UNHRO will soon be moved from Entebbe to Kampala so that it is more accessible to most health researchers in the country.

Constraints

We require more funding to support the implementation of our ENHR Plan. Funds are needed to support our capacity development initiative and to support research projects.

Acknowledgement

We acknowledge support from: (a) the Ministry of Health, Uganda, (b)Uganda National Council for Science and Technology, (c) Council on Health Research for Development,, (d) International Health Policy Programme, (e) INCLEN inc., (f) IDRC Canada.

6.17 Zambia

Background

The Ministry of Health in Zambia has undergone restructuring leading to

a) streamlining staffing and operations of the ministry with the primary duty of policy formulation and advocacy;
b) creation of the Central Board of Health (CBOH), which is the technical arm of the MOH, with District Health Boards as supporting units. Its operations aim at giving policy direction. The Central Board of Health is accountable to the Minister of Health.

The government commissioned HSR for development in 1991, emphasising the importance of research in health development on equity and social justice.
The first plan for HSR runs from 1996-2000, reviewed annually, and consists of the following:

1. formulation of HSR advisory committee,
2. conducting consensus workshops in HSR among central and provincial stakeholders,
3. strengthening district capacity building for research,
4. strengthening research networking and utilisation of research findings within the health and research institutions,
5. enhancing utilisation of research findings for health programme interventions,
6. equipping central level to support district capacity building.

The CBOH is content with the achievements made to date.

ENHR in Zambia

There has been two COHRED missions to Zambia investigating the necessary groundwork to institutionalise ENHR: The first mission was in 1995 and the last one in 1997.

The following recommendations re. *policy framework and co-ordination of research* were put forward:

- Research in Zambia has not been co-ordinated for some time. The National Council for Scientific Research (NCSR), which had the mandate to do so, has not been effective.
- Outside the COHRED mission recommendations, the government has since taken away the mandate from the NCSR which is now primarily a research institution renamed National Institute for Scientific and Industrial Research. An autonomous National Science and Technology Council is being constituted to undertake the following:
    a) regulating scientific research and technology development,
    b) advise government on scientific and technology policies,
    c) initiate special project,
    d) provide an independent forum linking government, industry and research systems,
    e) identify, promote and publish national priorities in research and development,
    f) recommend the establishment of any new research institutions.

6.18 Zimbabwe

Advocacy and Promotion

1. During 1997/98 the Medical Research Council of Zimbabwe (MRCZ) continued to produce its newsletter which is published our times per year. The four volumes were widely distributed to the different stakeholders (policy makers, researchers and opinion makers which include the media and members of parliament. Manpower turnover in the secretariat of the MRCZ has affected the efficiency of operation of newsletter production and in the work of the task force for promoting an Essential National Health Research (ENHR) agenda for the country. The second volume of the database of planned, ongoing and completed research is still to be finalised.
2. Visits to Health and Medical Institutions were conducted by the ENHR focal Point Dr. Chandiwana and the MRCZ Liaison Officer Mrs. Matangaidze and other MRCZ Council members in February 1998. The main purpose of the visits were: (i). To provide the institutions with information on Institutional Review Committees (IERC) which were to be set up to monitor the MRCZ approved research projects. (ii). To introduce the concept of focal points as a vehicle of extending ENHR for decision making in implementation of health programmes. (iii). To familiarise researchers on research resources available in the country and encourage them to participate in the annual Medical Research Day/National Conference on Health Research co-ordinated by the Medical School and the Blair Research Institute.
3. A seminar on Co-ordination and Support for Medical Research was held in Bulawayo, 20 February 1998. Over 50 health professionals attended , the meeting chaired by Dr. Chandiwana, MRCZ Secretary/ENHR Focal Point with the Guest of Honour being Vice-Chancellor of the University of Zimbabwe and Chairman of MRCZ Professor Graham Hill. This Seminar was organised by the MRCZ and sponsored by the Zimbabwe Reinsurance Corporation (ZIMRE) through the Medical and Acturial Medical Research Foundation (MARF). The main purpose of the seminar was to bring to light to the researchers from Matabeleland North and Matabeleland South of the existence of the MRF which hand funds to support research training programmes in priority areas in medical and acturial sciences as well as discuss issues, problems that researchers were facing in promoting the agenda of ENHR in their respective work places.
4. The 4th joint National Health Research Conference for Development/Medical Research Day was once again co-organised by the Blair Research Institute and the Medical School of the University of Zimbabwe from 15 and 16 October 1998. This forum has proved popular with the users of research products (health professionals, policy makers, donor agencies, UN agencies such as WHO, members of parliament and the public, schoolchildren etc.) It also provides a forum for scientists to have their research evaluated by peers and discussion entered with the public how research priorities are set.

Furthermore, to promote and coordinate ENHR at Institutional level and promote a locally relevant priority setting process, the Blair Institute and the MRCZ are promoting and supporting the establishment of focal points with Internet facilities at operational (provinces and districts)and also at policy level (top management team at head office). The aim is to keep programme managers and policy makers knowledgeable of research finding relevant for programme implementation or policy formulation and also to obtain their views on priority areas for research. In this regard the policy making committee of the Ministry "planning pool" offers great potential for developing an iterative process with central based heads of department on issue which need to be researched on and how best the research findings can be implemented. The Task Force on ENHR of the Medical Research Council of Zimbabwe is another such mechanism which extends all research in the country and makes available to users and decision makers for health development. The head of the MOHCW is an ex officio member of this

MRCZ and the director of the MOHCW's Blair Institute its secretary and this provides an effective communication link which however has not being fully exploited. and this level.

Other research mechanisms for ENHR in the country and for the region include the Africlen based in the department of Medicine, the SIRDC's Biotechnology Research Institute, the department of Community Medicine, the Traditional Medicines Research Foundation, the Regional Centre in Reproductive Health and the Biomedical Research and Training Institute for the SADC region. There is potential to establish more research organisations to increase the critical mass of scientists and ENHR activities in the country for improved evidenced based health care.

ENHR Mechanism

The ENHR Task Force which is a subcommittee of MRCZ[1], has now been established as per recommendation of the ENHR Convention held in 1995. Its main purpose is to maximise dissemination of research for the benefit of institutions involved in conducting research in addition to the community and the country at large. The Task Force, which has a membership of professionals drawn from the Medical School, Planning Commission, Ministry of Agriculture and the Blair Research Institute will look into the health needs and appraise the Minister of Health and Child Welfare on areas to which resources should be channelled ensuring that the mandate is adhered to, allowing flexibility within a framework of consultations. It will meet as and when necessary.

Priority Setting

A National Convention was held in 1995 and accordingly a list of priorities is available which serves as guideline for research to be conducted in the country and for funding. To date, there is a continued programme of training through HSR workshops which use the priority list for the selection of research topics.

Capacity Building

Using the HSR training methodology during 1997, 42 health managers were trained. The establishment of focal points at district and provincial level means continuous training is possible to build a critical mass of researchers. In addition, the Blair Institute is undertaking studies on critical indicators for effective utilisation of research; the resources available for research and how they flow to scientists; how to effectively involve communities and opinion makers such as the media in promoting
research for health development; how to ensure policy makers can be mobilised for health development through utilisation of research findings; and sustainability issues for long term research capacity building in the country.

Networking

Networking will be continued through collaborative studies/research projects with local, regional and international organisations and institutions. For example the Blair Institute hosts the Afronets project supported by GTZ and also Blair/MRCZ is the national focal point of the SHARED project which is supported by the EU.

Electronic networking is through the Afronets which is hosting web sites for the Blair Institute, the Medical Research Council and other local organisations. Blair itself has a local area network with its own server but the plan is to extend services to all districts as well as headquarters departments and policy makers. Currently the MOH's

[1] MRCZ is prime mover of ENHR in the country

minister, his deputy as well as head of ministry and deputies are on full Internet with linkages to the Blair Institute. The aim is facilitate horizontal linkages using the informality of e-mail to both the policy level, the district level and with international collaborating agencies and donors.

Evaluation:

A nation-wide HSR Programme Evaluation Exercise, just completed by researchers at the Blair Research institute is providing useful insights into the research process and some components relevant to the ENHR programme are included in the report. It is anticipated that the newly formed Institutional Ethical Review Committees (IERCs) will also serve as a mechanism of evaluations of the ENHR programme in the various institutions in the country on a continuous basis.

Resource Mobilisation:

The Blair Research Institute is currently providing small operational grants to the value of Z$30 000 to 50 000 (about USD 1500) to be used for setting up of focal points to promote the concept of Essential National Health Research.

The grant maybe used for computer acquisition, E-mail software, stationery and communication costs. Blair Research has also provided Z$134 000 to the MRCZ to assist in the updating of its Database on planned, ongoing and completed researches. In addition the funds can be used to publish the newsletter, support the Task Force on ENHR and the work of the IERCs in following up the recommendations of the 1996 workshop on Ethics in medical research.

There was continued mobilisation for resources for health research with special emphasis to attract local private companies. During 1997 ZIMRE, a locally reinsurance company had set aside $5 million to be administered by a local foundation; Medical and Acturial Research Foundation (MARF) for supporting researchers conducting research in the Medical and Acturial areas. Old Mutual, Zimbabwe had also continued to support work on AIDS Clinical Trials. The MRCZ had also received a donation of Z$55 000 from the WHO/AFRO Regional Office to assist in its operational costs for promotion of health research in the country.

Information and Documentation:

Currently an update of the 1996 MRCZ Health Research Database is being done. GTZ is also supporting the production costs of the MRCZ Newsletter which is in its 6th volume.(produced 4 times per year). The newsletter is under the guidance of a panel of editors with logistical support provide by the liaison officer of the Medical research
Council. A new officer has been appointed following the departure of the previous incumbent.

Dissemination of Research Findings:

This is done through the organisation of the Blair Research Day in conjunction with the Medical Research Day where researchers can communicate about research. Researchers are also invited to present their research findings at the Planning Pool Meeting which are chaired by the Permanent Secretary and with membership Heads of Departments of the Ministry of Health and Child Welfare. This year we are recommending the incorporation of Rainwater Harvesting Technology into our Rural Water and Sanitation Programmes after very successful research have been conducted by the Health Technology Team of the Blair Research Institute.

Key-issues of ENHR in Zimbabwe

Benefits:
a) funding is not a major constraint, we have been able to attract local sponsors
b) the establishment of several focal points

Shortfalls:
a) utilisation/dissemination of research is not yet optimal
b) inadequate ENHR managerial skills in health research institutes

Pitfalls
a) staff turnover is high

8. Scientific Presentations on Research to Policy/Action/ Practice

The Mentoring Team for the African ENHR Network suggested to have a scientific session during the Ghana Meeting to discuss research papers based on priorities of the countries and on which on can ask questions relevant to the ENHR-philosophy. Five countries presented research papers that have been completed and for which steps have already been taken in implementing it. These papers are summarised below.

8.1 Research put to Action: A case for Uganda

The Ministry of Health together with the Institute of Public Health, Makerere University, is running a Masters of Public Health Programme. The students are assigned to Districts as their field sites where they spend approximately 75% of their training time. Many studies have been carried out by these students and most of the results have been put to action or use in the districts where the research is designed, developed and done. Examples of these studies include:

Surveillance of Measles in Mbarara District:
The findings of these studies have led to the establishment of more outreaches in the district; Enrolment of children into primary schools requires presentation of a completed immunisation card; repair and replacement of fridges located at health centres.

Measles Surveillance in Katulaga Mpigi District:
Because of the findings of this study, the District Health Management Team, has approved and funded a programme for immunisation campaign in the District and establishment of several outreaches.

Tuberculosis case finding, a case of laboratory diagnosis in Tororo District:
Following the results of this study, several health units in the district with qualified medical personnel have been facilitated to perform ZN tests and to carry out examinations and Health education programmes for the community.

8.2 The role of Research in influencing Policy and Action: Examples from Zimbabwe

The starting point of the paper is that research is critical to a country like Zimbabwe which has introduced Health sector reforms following the introduction of macro-economic adjustment policies in the 1990s. The paper describes how the Equity in Health policies brought about by independence in 1980 were associated with heavy investments in health, education and other social sector leading to increased equity and massive gains in health status of the majority of the people. However, by the second decade declining resources to the health sector (exacerbated by drought and the AIDS epidemic) led to declining health status especially for the poor and indices like infant mortality rate and maternal mortality rate have significantly increased. In this context research studies into the functioning of the health system provide a framework for basing policy decisions and approach in tackling health problems affecting the people. A review of the research being carried out at the Blair Research Institute and that documented in the database of the Medical Research Council of Zimbabwe indicate that relevant essential national health research (ENHR) is taking place in the country. Although coordination is still weak some of this research is already influencing policy and action at the programmematic and operational levels and examples of such research are provided. To ensure national decisions are based on factual and analytical data some of this research should be reaching cabinet level. There is need to consult policy makers on the research question if they are to see research as a viable avenue for

decision making. Greater emphasis should be on linking research with policy and action so as to provide greater support to the
health system and ensure that research recommendations are implemented and further evaluated.

Research	Activity	Action
Parasite susceptibility to antimalarials.	Delineate epidemic zones for malaria and effectiveness of choloroquin and other anti malarials	EDLIZ malaria policy
Sustainability of bilhazia	Pilot Integrated control methods	Basis of national schisto control policy
Novel Public Health Technologies	Blair VIP Rain water Harvesting	GOZ rural sanitation policy based on research
Evidence based decision making for contracting out of services, user fees	To contract out or note cost of collecting user fees	GOZ Selective in contracting out (e.g Abolish user fees in rural areas)

Role of Research:
Blair Research increases its functions as research wing of MOH to improve the Health of the people of Zimbabwe through scientific research.

Priority Research Programmes

PRIORITY	NUMBER
Vector Borne Diseases (malaria, schistosomiasis)	20
Infections Diseases (Tuberculosis, HIV/AIDS, diarrhoel diseases)	5
Health Systems and Policy (Public health technologies, health systems development; capacity development and health	10

1990 to Present:

Problems:
- declining Resources available to health sector
- how morale in Health sector Decline in equity
- Health Sector reforms introduced

Actions:
- Decentralisation to districts
- Health financing (Health Services Fund)
- Management strengthening
- Contracting out of services

Challenges:
- Inadequate information for basing new decisions
- Inadequate resources and poor terms of trade

8.3 From Research to Policy/Action/Practice in South Africa

The presentation focused on several points concerning research being translated to practice and action, i.e.
- ensure that research does not become an end in itself;
- as structures are set up, the focus should be on outcome;
- important issues to note re. outcome based research:
    - priority areas and questions should be relevant,
    - the methodology of research should be good and worth extrapolation,
    - integration of findings into planning and policy development is a creative process. Mechanisms, structures etc. need to be worked out carefully;
- when one examines the policy and planning cycle, it is quite clear that there is a critical role that research plays at various points in the policy and planning cycle;
- in the context of planning and policy it is clear that Health Systems Research is of critical importance and all research will by definition be essential.

8.4 Malaria as a health problem in the first six months of life in Urban West Africa

Deaths from malaria are thought to occur mainly in children aged 6 months old and above, whereas those aged under 6 months are believed to be relatively immune to malaria because of protection acquired in utero from mothers. These old observations formed the basis of the current opinion that in malaria-whole-endemic countries of West-Africa, severe malaria is a problem only after the age of six months. However, available evidence suggests that severe forms of clinical malaria might in fact occur more frequently at the age of 6 months and below than was previously thought. An ongoing study in Lagos, Nigeria, has examined 1401 children among whom 466 were aged 6 months and below and the others aged up to 24 months.
It was found that compared to the older children, the proportion of children with malaria parasitaemia, geometric means parasite density and clinical findings like anaemia, enlargement of liver and spleen and deterioration in clinical signs like vomiting were equally distributed in children under and those above 6 months of age.
The results so far suggest that malaria is equally a health problem in children 6 months old and below as it is among older children and that clinicians tend to misdiagnose this condition. Doctors at the hospital where the study was undertaken, have been alerted to the significant contribution of malaria to infant morbidity. Screening in these children is being vogorously pursued and when found treated.

8.5 Family Planning in North Gondar, Ethiopia: knowledge, attitude and practice among the general population

This community based study assessed the current contraceptive utilisation pattern, knowledge and attitudes towards family planning (FP) among 1659 systematically selected females(15-49 years of age) from 3 urban and 9 rural clusters of North-Gondar Zone, North Western Ethiopia. Currently 26.5% of urban and 2% of rural women are using modern contraceptives(Oral contraceptive pills (OCP), condoms, intra-uterine devices(IUD) and surgical methods, yielding an overall contraceptive prevalence rate (CPR) of 8.6%. Of the total population, 404/446(90.6%) and 823/1213 (67.8%) have heard of at least one method of family planning in urban and rural areas, respectively. Totally, 775 of the women believe that rapid population growth is harmful, 80.5% approved FP, 92.4% believe spacing is useful and 65.5%claim to be entitled to FP. Only 5.1% of the respondents favored legalization of abortion , of which the majority were urban inhabitants ($p<0.0001$). For the future, 56.8% of the women would like to start using birth control measures and OCP being the most preferred method. According to the respondents, the major reasons for none utilisation of FP were no desire to take, inaccessibility and desire for more children. Knowledge of FP methods was associated to practice ($p<0.0001$). Favourable attitude towards FP was also correlated with high FP practice ($r=0.56$; 95%CI =0.52 -0.59). Promotion of community based FP distribution and strengthening of conventional family planning services are strongly recommended.

8.6 The Strategic Health Research Plan for Kenya: from Research to Action

Kenya spends a considerable amount of financial and human resources in health research, but there is increasing evidence that the information that emanates from the research is not effectively utilised. The main reason for this is that the research that is carried out was not in the first place commissioned by health care workers, and neither was it targeted to the community.
Systematic enquiries into the level, pattern, structure of diseases and morbidity and mortality trends constitute research. Enquiry into the functioning of the entire health care system also constitutes important elements of research. A health research plan ensures therefore, that research is carried out in a planned fashion. The two national conventions organised by National Health Research & Development Centre (NHRDC) in 1991 and 94 were to set priorities in health research and to set up a strategic health research plan for Kenya, respectively.

Utilisation of Research Results:

- Research results into new material things
- Results leading to new techniques, practices and processes
- **Research for Action**:

Policy makers believe in vast amounts of applicable research information and discoveries printed in documents in our research institution. In reality only a small part of the research has direct practical use and utility value. The best kind of research that can be utilised by policy planners is that whose value is clear and practical from conception. This is where the concept of Essential National Health Research comes in. Unfortunately the reliability of survey data may not be high, but a broad overview of the health status nationally/ or by locality can only be determined this way. Planners know for example that AIDS related deaths are out of control in certain population groups. Also diarrhoeal diseases are the leading cause of death of the under five in Kenya and other countries in the Sub-Saharan African Region. Similarly, mental illness is rising to uncomfortable levels in our countries. This kind of information should be utilised when allocating resources voted for health.

The National Health Strategic Plan:
NHRDC is planning to review the ENHR process in Kenya since inception in 1990 and to come up with a new strategic plan for Health Research to prepare Kenya for the next millennium. The intended convention is to take place in November/December 1998.

Objectives of the Convention:
- To review the national health research priorities
- To review the first national Health Research plan:
    - To build consensus among stakeholders on the ENHR process;
    - To harmonise and network various government and public institutional health research activities;
    - To consider trends in investment and financing of health research presently and plan for future action;
    - To consider ways of dissemination and utilisation of health research findings and plan for future action.

Expected Outcomes of workshop:

- Research must be targeted to achieve a specific goal in a country or community, addressing a perceived need;
- Partnership & ownership for all ENHR stakeholders;
- A National Health Research Operational Plan 1999-2004;
- Improved and strengthened role of NHRDC;
- Plan to create and develop awareness on financial and management skills among researchers;
- Create and develop awareness on research issues and role in national development among policy planners;
- Strengthened communication linkages particularly between researchers and policy planners.

9. Capacity Development for ENHR (CD/ENHR)

The past months, case studies re. CD/ENHR have been carried out in Uganda and Ghana. At the meeting, both countries presented the preliminary findings of this exercise and this was followed by group work in which participants contributed to the ongoing work of the Advisory Committee as well as future country case studies by making recommendations for further steps. Uganda presented results of a capacity development case study that was carried out between March and May 1998 while Ghana presented their progress in the process of developing instruments for capacity assessment.

Uganda's capacity development case study included interviewing key-informants (producers, users and funders of health research), on-site visits of research organisations/institutes, analysis of secondary data and conduction of a National Capacity Development Workshop.
The areas covered in the Uganda case study included researchers, coverage of priority areas, perception of the existing research environment, research results dissemination, the use of research findings, and networking and collaboration (both internal and external).
The Uganda experience has provided an important opportunity to learn about capacity development for ENHR. Some initial "lessons" can be identified:

- Although a general framework for ENHR capacity development may be useful across countries, it is likely that the analysis, and therefore the resulting plan, for ENHR capacity development will be very country-specific;
- While the health research capacity in Uganda is quite considerable (in terms of the number of individuals with appropriate training, and organisations engaged in research), it is a major challenge to co-ordinate the research contributions of organisations and individuals in order to contribute to national research priorities;
- Factors in the "external enabling environment" play a significant role in determining the extent to which competent and committed national researchers are able to use their abilities to the maximum; included are factors such as funding (including salaries), infrastructure support, and professional isolation. More attention needs to be paid to the influence of external "actors" (funders, researchers, international networks) on the evolution of a sustainable national health research system.

The **Ghana** team first solicited input from stakeholders to come up with a range of capacities needed to carry out research. A list of desired capacities was developed after brainstorming and was sent to researchers from different institutions, NGOs, donors and universities to gather the consensus on the desired capacities. The instruments were then developed based on this list of desired capacities and pilot tested in the Upper East Region. The instruments covered desired capacities within the following areas: skills of researchers, skills of policy makers, skills of communities, capacities of/within research institutions, and factors in the so-called enabling environment.
In a next step, gaps between desired capacities and findings from the field have been identified.

To discuss capacity development strategies, participants were divided in four working groups. The group discussions came up with the following **recommendations**:

1. The instruments developed in Uganda and Ghana should be used to develop standard instruments for all the countries with some degree of flexibility;
    - A task force be formed immediately to carry out the exercise of developing a standard instrument
        - there will be a core group comprising of two people each from Uganda and Ghana and one from Kenya
        - the task force will meet twice (i.e. in December 1998 in Uganda, in March 1999 in Ghana)
        - each time any of the two countries is hosting, three other people are expected to joint the task force as facilitators/resource persons;
    - the first meeting in Uganda should come out with a draft of the standardised instruments;
    - the development of the instrument should be finished within six months. The task force should merge the instruments and send the draft to COHRED and the Mentoring Team for distribution to the member countries within three months;
    - member countries should send their comments on the draft back to the Mentoring Team within two months (end of February) and these should be accompanied by country budgets for capacity assessment;
    - the task force should finalise the instruments within one month after getting country comments (Ghana, March 1999);
    - the member countries should use the instrument and report on their progress in the next Networking Meeting.
2. At country-level, efforts should concentrate on
    - training of researchers at all levels, including community researchers;
    - support of research institutions at all levels to better understand and implement ENHR;
    - increasing awareness of policy makers;
    - increased community involvement, through appropriate information- and communication channels.
3. The Mentoring Team and COHRED should play an important role in mobilising resources and in advocating ENHR to international institutions, organisations and donors.

10. ENHR at District Level (EDHR)

Last year, COHRED commissioned a small working group to document and analyse experiences in sub-national/district level health research. This working group, consisting of 6 country participants and the Regional Focal Point held a two-day brainstorming workshop in Uganda, March 1998. Recommendations of this workshop were presented at the Regional Meeting and participants made comments and gave additional input.

Dr. Okello presented highlights of the workshop, which main objectives were to share experiences in district based health research, identify the major barriers/obstacles, and to propose strategies to address the obstacles. The major lessons learnt from the district workshop are summarised in Box 1 below; strategies to address the problems identified are presented in Box 2.

Box 1: Emerging issues

1. limited awareness of the values of research at all levels
2. limited capacity for research
3. limited resources for research
4. how to bring providers/community as partners in research
5. research leadership and management
6. the role of established research institutions in ENHR development at the district level
7. rapid turnover of personnel
8. lack of a decentralised research support mechanism

Box 2: Strategies for dealing with emerging issues

- Awareness Creation: National consultative meeting to address ENHR at the district level; followed by district awareness meetings
- Capacity Development:
    - Research training Programme for the district
    - In-service training on research methods
    - Improving research skills
    - Creating partnership
    - Improving leadership and management skills
    - Traditional HSR training
    - Review of curriculum in training institutions
    - Attachment of researchers to the district
    - Study community dynamics and suggest entry points for district research
    - There are some resources around already. It would be useful to bring together a list of resource materials on district level research
- Resources for Research:
    - Sensitise donors to inject funds for research directly to the districts
    - Encourage districts to access donor funds as well as using existing district funds for research
    - District System Development to promote decision making at the district level
- Rapid turnover of personnel:
    - Short term:
        - Target mid-carrier personnel who are already settled in the district as partners
        - More focus on non physician health workers
    - Medium term:
        - Contract system could be tried
        - More carefully designed incentives for district attachment system
    - Long term:
        - Districts should have the power to retain their staff where required
- Decentralised Research support mechanism:
    - Ethical clearance at district level
    - Peer review process at district level
    - Prioritising mechanism and drawing district research plan
- Role of existing institutions in ENHR Development and existing human resources:

- Universities should reward those engaged in district research activities
- Fostering dialogue with institutions to review change of curriculum to include community based research
- Feedback of research results to the districts
- Co-ordination of various institutional research activities to address the health problems of the districts

With this in mind, participants were asked to sit together in four groups and think a bit more about EDHR. Their recommendations include:

- The national ENHR core team should encourage the process of decentralisation of research management;
- other countries with different ENHR mechanisms should do similar studies. Three French-speaking countries are interested in doing this study;
- COHRED should support any country interested in carrying out this study.

11. ENHR Mechanism

Dr. Abdullah's presentation was based on a Working Group draft paper (WG on Promotion, Advocacy and the ENHR Mechanism), which will eventually lead to the development of a set of 'learning instruments' intended for use by countries who wish to adopt the ENHR concept in the future. Different countries have adopted a variety of mechanisms for promoting ENHR. These mechanisms have varying characteristics that have helped, or sometimes hindered, the implementation of ENHR. This presentation highlighted some of the key factors that enhance or constrain the effectiveness of a country's ENHR mechanism.

The **key message** from the paper was that the most important things for countries to remember is that the establishment of the mechanism is the beginning -and not the end- of the process of supporting ENHR. Mechanisms need to be flexible and dynamic in order to respond to changing country circumstances (See Annex 6).

Other **important messages** included:

- There is no *right* way for implementing an ENHR mechanism - what works in one country, may not work in another.
- Do your homework and know the country context before implementing a possibly inappropriate mechanism.
- Gaining political support for ENHR is imperative because of its emphasis on the poor.
- Ensure a common vision for ENHR within the country - individual (and conflicting) interests are counterproductive to your cause.
- Make use of 'prime movers', but don't make them indispensable.
- Build on what already exists in the country, provided it has credibility.
- Make sure the mechanism is robust in the event of political change through a high degree of autonomy from the MOH, if appropriate, or a governing board with broad presentation.
- Create clear, credible products recognisable to users and investors of health research.
- Market 'value-added' utilities, e.g. explicit focus on the poor, enhanced interaction with many actors in the policy arena, well-defined link with action for equity.
- Focus on demand for health research as much as supply through a greater interaction with research users such as health service managers, advocacy groups, legislators and the media.
- Attract multiple investors in order to avoid being constrained to one output. This will also help ensure sustainability of the mechanism.
- Make use of external resources and knowledge -thereby gaining credibility, creating relationships with other countries with similar experiences and the possibility of gaining access to a wider range of funding opportunities.

During the discussions on ENHR mechanisms it was floated that the issue of co-ordination is a very important one. There is therefore need for specific studies to address the issue of research co-ordination in various countries.

12. Priority Setting

In 1997-1998, three countries initiated, in collaboration with COHRED, a process of setting health research priorities at the national level. Country-representatives reported on this exercise, indicating how far they got, future plans and difficulties met. These presentations, including matters arisen from the audience.

Malawi

In Malawi, a tentative group has been formed which is very active and also has a budget. The group intends to conduct focus group discussions in three regions. These three districts will be selected randomly from these regions from which Health facilities will be sampled. After analysing the findings, a national meeting will be convened with all the stake holders, i.e. NGOs, Government Institutions, Universities and Colleges. The purpose of the meeting will be to discuss the results and to come up with research priorities.

The main constraint is funding, but COHRED had pledged to some funding.

Comments:

- The process should be accelerated and Malawi should also use this chance to develop a National Mechanism.
- The activities should be incorporated into the national plan.

Zambia

Zambia has a decentralised health system, i.e. priorities are set at district level. With the assistance of COHRED, Zambia has carried out some groundwork to hold priority setting workshops before the end of 1998, and to hold a National Convention on ENHR by all stakeholders. The creation of a Council of Science and Technology will help with the co-ordination.

Comments:

- Should have wider consultations with all the relevant ministries.
- Efforts should be made to disseminate the research priorities once set up.
- The priorities could be made broader at national level and probably in more detail at institutional level.

Swaziland

Swaziland has used a statistics inventory for setting priorities. They are currently having major reforms in Government and economy.

Comments:

- Priority setting should be made a continuous exercise.
- Priority Setting should take advantage of the current political support.
- A national mechanism should be put in place during the reform, taking the advantage of the commitment of the Ministry of Health.

13. University & ENHR

Background

Three categories of strategies, to achieve the global goal of **"Health for all by the year 2000",** have emerged since it was adopted at Alma Atta in 1978. These are:

- Health service reforms, e.g. Primary Health Care
- Research innovations, e.g. Operations Research and Essential National Health Research (ENHR).
- Health Professional Education Reforms, e.g. Problem Based Learning (PBL) and Community-Oriented Curriculum

The three are mutually supportive of each other.

A land mark in the continuing Health Professional Education (HPE) reform was the formation of the Network of Community Oriented Educational Institutions of Health Sciences (the Network) in 1978. Member institutions of the Network share experiences and support each other's efforts to produce graduates who are adequately equipped to effectively deal with the **Priority Health Problems (PHP)** of the populations they serve. To this end the Network has taken the following steps:

- Set up a task force to identify PHP upon which to plan appropriate HPE programmes. The task force realised that the available information was mainly based on hospital records (and, therefore, did not address wider population issues) or was out dated. The task force, therefore, recommended the use of ENHR to find the required information.
- Realised that the schools could not carry out ENHR on their own. They needed the participation of Governments and Communities. The network, therefore, started a pilot project: the **University Partnership Project (UPP)** in 1989 to bring together University, Government and Community for the purpose of carrying our ENHR [From 1993 to 1996 the Faculty of Medicine, Makerere University participated in the UPP]. An Essential feature of the project was "the involvement of students in ENHR **as an integral part of their training** not just as data gatherers".

Student involvement is important for the following reasons:

- It is a potent method of changing attitudes in favour of evidence based decision making in the delivery of health care and handing over the culture from one generation to the next.
- It is an effective tool for learning (by the students) about PHP of the population.
- Students are an abundant, energetic, enthusiastic, well educated and renewable resource for ENHR.

After the expiry of the University Partnership Project (INCLEN/CEU) participating schools in Africa meeting in Harare in 1996 expressed a desire to document the experiences gained from involving students in ENHR.. with a view to drawing up joint plans for the future.

Objectives of the study

The main objectives of the study was to answer the following questions:

- How Educational Institutions of Health Sciences (Schools) were involving students in ENHR.?
- Those that were involving students in ENHR., how were they doing so and what challenges were they facing?
- What lessons have been learnt in trying to involve students in ENHR. and what should the future direction be?

Methodology

The author drew up a question and submitted it to COHRED for facilitation. The questionnaire was mailed, faxed, sent by courier and e-mailed to Deans of several schools and ENHR co-ordinators in Africa.

The questionnaire addressed five major themes:

- Curriculum followed: type, recent changes and management.
- Funding: sources and levels
- ENHR.: National adoption of the strategy, co-ordination and presence of a National Research Agenda,
- Student involvement in ENHR.: timing, duration, method and supervision
- Results of ENHR.: utilisation and benefits.

Results

The response was limited. Only six schools responded, namely: Makerere University, University of Zimbabwe, Muhimbili College of Health Sciences - University of Dar Es Salaam, Moi University, Mauritius Institute of Health and Mbarara University of Science and Technology. They varied in age from 9 to 75 years. The results are presented under the above mentioned themes:

1. Curriculum followed - type, recent changes and management:
The older schools like Makerere retain more of the traditional (didactic) methods of instruction while the newer ones like Moi University have adopted innovative methods such as Problem Based Learning and Community Based Education. However, all of them have started experimenting with other educational strategies.

2. Funding - sources and levels:
In all cases the schools are funded by Government. However, many of them have started attracting funds from private sources and fees from private students. This trend is good as it promotes sustainability and allows flexibility.

3. ENHR - National adoption of the strategy, co-ordination and presence of a National Researcher Agenda:
The ENHR strategy has been adopted in all the countries in which these schools are located. Each of them has an ENHR co-ordinating body which also sets a National Health Research agenda. In all, except one (Muhimbili), the schools enjoy good working relationships with the co-ordinating body and participates in the setting of the National Research Agenda. Four of the schools use the National Research Agenda to guide student selections of research projects for their dissertations.

4. Student involvement in ENHR. varies in many ways; it is:

- Mandatory in some and voluntary in others;
- Brief (5 weeks) in some and long (2 years) in others;
- Individual in some and in groups in others;
- Co-ordinated by IPH in most and by a special Faculty Committee in Moi;
- Funded by episodic donations in some and by Government, Community and student fees in others.

5. Results of ENHR. have been used to:

- Modify the curriculum by Zimbabwe and Mbarara Universities. They also improved the research output of the institutions.
- Inform policy makers and led to the modification of policy and service in

Zimbabwe, Tanzania and Mauritius.

- Improve community awareness of health issues through better targeted health education, in Zimbabwe, Mauritius and by Mbarara University.

Discussion: Lessons Learned

1. Level of response

The limited response may have been due to many factors such as:

- The ENHR strategy may not be widely appreciated and adopted in Africa
- Communication between African countries and schools is still problematical.
- It is possible that remote administration of questionnaires is associated with low response rates.

2. Curriculum

There is considerable curriculum unrest in the schools surveyed. All are involved in a healthy search for better and more cost effective health profession educational strategies. Such efforts need to be nurtured and directed.

3. Funding

The government is the main source of fund for curricular activities. However, since most African countries are poor, governments do not have money to adequately fund student involvement in ENHR. The level of funding will also depend on how much the Government appreciates the value of such involvement. It is, therefore, good to note that other sources of funding are being attracted.

4. ENHR in Africa

The ENHR strategy has been adopted in all the five countries from which responses were received. All have co-ordinating body with which the schools co-operate in setting the National Research Agenda. This is worth encouraging.

5. Student involvement in ENHR

Involvement of students in ENHR is taking place in Africa. The way students are involved in ENHR is, however, extremely variable. It would be greatly beneficial if African health professional educational institutions (all of which are beset by shortage of resources) worked together to design common strategies for reform in health profession educational and for involving students in ENHR. It would then be easier to evaluate their impact and support each others' efforts.

6. Results of ENHR.

It is good to note that results of ENHR. are useful and are already being used to formulate policies and redesign educational and health service delivery programmes.

Recommendations

The following recommendations are proposed:

1. Communication between African Institutions of Health Sciences should be improved and an annual forum, in which they can share experiences and ideas about which direction innovations in HPE and involvement of students in ENHR should take, be established.

2. Funding for curriculum and student involvement in ENHR activities should be argumented.

3. Greater efforts should be made to spread appreciation and adoption of ENHR more widely in Africa.

COHRED can play a leading role in making the above recommendations a reality.

14. Networking the Networks

The ENHR concept stresses the importance of international collaboration in research as an essential effort to complement national efforts. A balanced ENHR Programme will identify opportunities for information exchange, training and research collaboration. In this process there are many advantages in South-to-South Collaboration. The African ENHR Networking Meeting is an example of South-to-South collaboration, providing an opportunity for countries to exchange experiences and at the same time providing an opportunity to facilitate networking of the research networks in Africa and promote co-operation in health research in the region.

Regional networking was fostered through the participation of a representative of the Regional Prevention of Maternal Mortality Network (RPMM), WHO/AFRO, and Health Systems Research for Reproductive Health and Health Care Reforms in the Southern African Region.

Ms. Angela Kamara, Regional Director of the RPMM Network, gave a brief presentation on this network. She explained RPMM is a network of NGO's and teams in Sub-Saharan Africa, a complete African entity, comprising a cohort of multidisciplinary African experts in the field of maternal mortality. Stress is put on promotion of multi-disciplinary and multi-sectoral teamwork, and regional and international collaboration. Discussions are going on to collaborate with COHRED/UNDP in the francophone countries.

WHO/AFRO expressed interest in collaboration with the Network and COHRED, particularly in the francophone countries (See Annex 7). A Memorandum of Understanding between COHRED and WHO/AFRO was signed.

Fostering communication between ENHR focal points was a favourite topic of the meeting. As a result of these discussions focal points from each country are to be connected via email, to a discussion group where communication and the sharing of experiences can occur outside of the annual ENHR meetings.

Also on this topic, Dieter Neuvians from AFRO-NETS presented a session on the use of email and Internet for communication. Launched in November 1996, AFRO-NETS (African Networks for Health Research & Development) is an electronic conference with the main purpose to exchange information between the different networks active in Health Research for Development in the Eastern and Southern African Region. By this, better collaboration between the networks is expected in the fields of capacity development, planning and conducting research, transformation of research into action, etc. AFRO-NETS intends to avoid duplications and save scarce resources. The conference also serves as a forum for announcing meetings, training courses and other items of interest to the network. In addition, research proposals, research results and other documents are being stored at the central computer, from where they can be retrieved via e-mail. The use of AFRO-NETS was strongly encouraged to facilitate communication among all ENHR partners.

15. 2000-Conference: ENHR at Country Level: 10-Year Reflections/Progress

Prof. Mugambi who is to lead the assessment of the progress of ENHR at country level, presented his thoughts on the issues that should be covered in the assessment. The following are the suggested areas:

1. Health Profile of Country

- Key characteristics
- positive changes
- no change/worsening situation
- what is seen as needed for improvement

2. Status of health research in the pre-commission era

- organisational arrangements
- resource: human/financial (other)
- nature/types of research
- contribution to health development

3. Commission findings

- Contribution of country to findings
- relevance to country
- which findings are most pertinent
- how were the findings received/perceived

4. Introduction of the ENHR Concept/Strategy

- is the strategy anything new
- when/who/how introduced
- interpretation/understanding of concept
- reception/acceptance/rejection: by who
- relevance or irrelevance
- potential value to health development

5. Development of ENHR in the country

- progress to date
- key achievements
- actual tasks performed
- constraints encountered/how minimised
- outcomes attributed to ENHR (e.g. direction/funding networking, utilisation etc.)
- other attributable outcomes
- multisectoriality/transdisciplinary
- capacities/confidence/participation
- decentralisation/linkages
- resource mobilisation
- **negatives**
  - which/why
  - dilution of research
- equity issues
- unmet dreams/disappointments
- support for ENHR: Local/international
- unique approaches to research

6. Roles of government/donors to ENHR development

- national governments
- other local support
- Task Force and COHRED
- other international groups/agencies

7. Future directions of ENHR in the country

- is concept still valid
- what is the alternative to ENHR
- how can ENHR be strengthened

8. Ways of promoting health research in the country

- what are the main constraints
- how can support for health research be increased
- will ENHR contribute to health development

9. Contribution of country to international research

- regional involvement in ENHR
- global involvement/contribution
- Value (if any) of regional/international involvement (to country)
- Promotion of region/global effort

10. Key elements necessary for further development of ENHR

- which are they
- are they in place
- if not, what are the plans
- new strategies (if any) in view of past experience

11. Critiques (independent views from)

- policy maker(s)
- community representative(s)
- researcher(s)

12. Regional ENHR activities

- development
- Networks
- Reports etc.

The suggested areas were agreeable to the participants and the following recommendations were made:

- The assessment should include a synthesis of the key lessons learnt in Africa and also the work of the task forces;
- Prof. Mugambi should provide the suggested areas in a more detailed form for circulation to the member countries;
- the sub-regional network should help in the co-ordination of the exercise;
- the first draft of the report should be sent to COHRED by June/July 1999;
- the second draft should be ready by the next Networking meeting.

16. Regional Plan of Work

The following plan of work was agreed upon:

Promotion & Advocacy
- country-visits to the six francophone countries as well as other countries interested in ENHR;
- Health Ministers to be invited to the next Networking Meeting.

ENHR Mechanism
- francophone countries to visit countries with well-established mechanisms;
- support national efforts to set up an ENHR mechanism.

Priority Setting
- assist Senegal, Ivory Coast, Mali, Zambia, Swaziland and Malawi in the process of priority setting;
- assist Benin, Kenya and Guinée in reviewing their priority list.

Capacity Development
- develop guidelines re. CD/ENHR to be distributed to the countries;
- francophone countries would like to
    - organise two sub-regional workshops to develop protocols for common research projects;
    - discuss with other research networks possible ways of developing common training sessions.

Dissemination and Utilisation of Research Results
- identify dissemination channels;
- make recommendations re. the utilisation of research at a national level;
- follow up on the use of research at policy level.

Evaluation
- on the issue of country case studies;
- assist in the evaluation of the national ENHR process and mechanism.

Financing
- advocate to potential donors for the financing of national ENHR activities;
- assist countries in the 'selling' of their national ENHR plans.

Network
- Collaboration:
    - with COHRED Task Forces/Working Groups, i.e. CD/ENHR, Community Participation, Critical Indicators, Priority Setting, Research to Policy, Advocacy & Mechanism, Resource Flows, and 2000 Conference;
    - WHO/AFRO expressed interest in collaboration with the Network and COHRED, particularly in the francophone countries. A Memorandum of Understanding between COHRED and WHO/AFRO was signed.
- At the 2000 Global ENHR Meeting, Africa will present an analysis of ENHR activities, including lessons learned, since the publication of the Commission Report in 1990;
- country activities will be further stimulated, guided and provided with technical input;
- country profiles will be further documented;
- the African Mentoring Team should meet regularly;
- francophone countries to finalise documents re. the sub-regional network.

Required input from the Regional Focal Point for country-activities can be found in Annex 9.

Annexes

Annex 1: Agenda

Date	Time	Activities	Chairs	Presenters
Sunday 4th October 1998	8.00-16.00	Arrivals and Registration of delegates		
	17.00-20.00	Opening Ceremony ***Welcome Reception***		
Monday 5th October 1998	8.00-8.30	Review of Regional Activities	S. Adjei	R. Owor
	8.30-8.45	Summary of the Meeting of French-Speaking Countries		B. Diallo
	8.45-10.30	Country Presentations *(10 minutes per country)*	Swaziland Malawi Kenya Burkina Faso Mauritius Tanzania Côte d'Ivoire Zambia Egypt	
	10.30-11.00	***Coffee Break***		
	11.00-13.00	Continuation of Country Presentations	Benin Zimbabwe Nigeria Guinea South Africa Mali Uganda Ethiopia Senegal Ghana	
	13.00-14.00	***Lunch Break***		
	14.00-16.00	Scientific Presentations on Research to Policy/Action/ Practice:	D. Okello	
	1.	*Research put to Action: A case for Uganda*		W. Bazeyo S. Chandiwana
	2.	*The role of Research in influencing Policy and Action: Examples from Zimbabwe*		L. Makubalo
	3.	*From Research to Policy/Action/Practice in South Africa*		BM. Afolabi
	4.	*Malaria as a health problem in the first six months of life in Urban West Africa*		I. Shabbir
	5.	*Family Planning in North Gondar: knowledge, attitude and practice among the general population*		Dr. Mwanzia
	6.	*The Strategic Health Research Plan for Kenya: from Research to Action*		
	16.00-16.30	***Coffee Break***		
	16.30-17.00	University & ENHR		S. Luboga
Tuesday 6th October 1998	8.00-9.00	Capacity Development in Uganda Ghana	Vic Neufeld	 S. Luboga K. Ekumah

	9.00-9.30	ENHR in District Development		D. Okello
	9.30-11.00	Group Discussions on ENHR in District Development CD/ENHR		
	11-11.30	***Coffee Break***		
	11.30-12.45	Group Reports		
	12.45-14.00	***Lunch Break***		
	14.00-14.30	ENHR Mechanism	S. Chandiwana	M. Abdullah
	14.30-15.30	Priority Setting in Malawi Zambia Swaziland		B. Matatiyo T. Sukwa S. Shongwe
	15.30-16.00	***Coffee Break***		
	16.00-17.00	Consultation meetings		
Wednesday 7th October 1998	8.00-9.00	Networking the Networks	Dr. Makubalo	
	9.00-10.00	1999-Conference		M. Mugambi
	10.00-10.30	***Coffee Break***		
	10.30-11.30	Regional Plan of Work	Prof. Owor	
	11.30-12.30	Administrative Matters		
	12.30-12.45	Closing Remarks		

Annex 2: Participants

BENIN

Mr César Akpo
Doyen
Faculté des Sciences de la Santé
Université Nationale du Bénin
01 BP 188
Cotonou
tel. 229/ 30 25 13 or 229/ 30 40 95
fax 229/ 30 40 96

Mr Saadou Issifou
chercheur
CREDESA
CNHU/CUGO
01 BP 1822
Cotonou
tel. 229/ 35 70 19 or 229/ 30 42 69
fax 229/ 35 70 20
credesa@leland.bj

BURKINA FASO

Ms Arlette
Sanou
Conseiller Technique
Ministère de la Santé
BP 7009
Ouagadougou
tel. 226/ 32 41 85
fax 226/ 30 66 54
arlette.sanou@sante.gov.bf

Mr Hilaire Tiendrebeogo
Directeur Général
IRSS/ CNRST
03 BP 7192
Ouagadougou
tel. 226/ 36 40 54
fax 226/ 36 28 38

Mr Zina Yacouba
Programme Officer
Planification et Recherche
OMS
BP 7019
Ouagadougou
tel. 226/ 31 65 09
wr@fasonet.bf

Mr Alain Dominique Zoubga

Bureau Recherche en Santé
DEP/Santé
BP 7009
Ouagadougou
tel. 226/ 324 662 (office)
tel. 226/ 303 177 (home)
fax. s/c CNLP 226/ 310 477
cnlp@fasonet.bf

COTE d'IVOIRE

Ms Nebout Christine Adjobi
Directeur Régional de la Santé du sud 2
Abidjan
tel. 225 / 47 18 48
tel. 225/ 22 60 43
fax. 225/ 47 18 48
mspdceis@africaonline.co.ci

Ms Jeanne Alimata.Diarra-Nama
Directeur
Institut National de Santé Publique
BP V 47
Abidjan
tel. 225/ 22 42 86
fax 225/ 22 57 92

Mr Akpa Bernard Otch
Sous-Directeur des Etudes et des Recherches Appliquées
DNCEIS
Ministère de la Santé Publique
BP V4
Abidjan
tel. 225/ 32 33 17
tel 225/ 22 74 12
mspdceis@africaonline.co.ci

Mr Koffi Zamblé
Médecin Chef de District
BP 519
Tiassalé
tel. 225/ 575 026 (office)
tel. 225 / 575 169 (office)
tel. 225/ 575 042 (home)
fax. 225/ 22 51 91
mspdceis@africaonline.co.ci

EGYPT

Ms Olfat Farag
Public Health
Mansoura University
1 El-Higaz Square, Heliopolis

Cairo
tel. 202/ 241 40 42
fax. 202/ 50/ 34 82 03
mheapop2@idsc1.gov.eg

Mr Hosny Tammam
Undersecretary for Primary Health Care
Ministry of Health
Cairo
fax. 202/ 355 39 66
mohpe@hotmail.com

ETHIOPIA

Mr Hailemichael Gebreselassie
Deputy Director
Ethiopian Health and Nutrition Institute
PO BOX 5654 / 1242
Addis Ababa
tel. 251/ 1/ 13 98 42
fax. 251/ 1/ 754 744 or 752 533
enhr1@telecom.net.et

Mr Shabbir Ismail
Associate Professor
Community Health Department; Medical Faculty
Addis Ababa University
PO BOX 9086
Addis Ababa
tel. 251/ 1/ 157 701
fax. 251-1-754 744
rhr.aau@telecom.net.et

Mr Yemane Teklai
Head Health Department
Ethiopian Science and Technology Commission
PO BOX 2490
Addis Ababa
tel. 251/ 1/ 511 344
fax. 251/ 1/ 518 829
estc@telecom.net.et
ncic@padis.gn.apc.org

GHANA

Mr Sam Adjei
Director
Health Research Unit
Ministry of Health
PO Box 184
Accra
tel. 233/ 21/ 230 220
fax. 233/ 21/ 226 739
gpcd@ighmail.com

Mr Eric Amuah
School of Public Health
University of Ghana
Legon
tel. 233/ 21/ 500 388
fax. 233/ 21/ 500 388 or 226 739
gsph@ghana.com
gpcd@ighmail.com

Mr Kodjo Ekumah
Centre for Development Studies
University of Cape Coast
Cape Coast
fax. 233/ 42/ 32 982

Ms Bertha Garshong
Health Research Unit
Ministry of Health
PO Box 184
Accra
tel. 233/ 21/ 230 220
fax. 233/ 21/ 226 739
gpcd@ighmail.com

GUINEA

Mr Thierno Souleymane Diallo
Chef Service Statistique, Etudes et Information
Ministère de la Santé
BP 585 ou 3503
Conakry
tel. 224/ 21 62 88
fax. 224/ 41 35 49

Ms N'nah Djénab Sylla
Chef Section Recherche et Documentation
Ministère de la Santé
BP 585
Conakry
fax. 224/ 41 35 49

KENYA

Mr Mohamed Abdullah
National Health Research and Development Centre (NHRDC)
PO BOX 20707
Nairobi
tel. 254/ 2/ 74 06 07
fax. 254/ 2/ 74 74 17
fax. 254/ 2/ 24 64 26
abdullah@AfricaOnline.co.ke
nhrdc@ken.healthnet.org

Ms Rispa Oduwo
ENHR Coordinator
National Health Research and Development Centre (NHRDC)
P.O. Box 20707
Nairobi
tel. 254/ 2/ 336 173
fax. 254/ 2/ 246 426 (direct) or 747 417 or 330 947
nhrdc@ken.healthnet.org

Mr Mutuma Mugambi
PO BOX 2382
Meru
tel. 254/ 164/ 30 742 or 20 656 or 20 895
fax. 254/ 164/ 30 387 or 20 291 or 30 162
kemu@ken.healthnet.org

Mr James Mwanzia
Director of Research
Directorate of Research
Ministry of Research and Technology
PO Box 64129
Nairobi
tel. 254/ 2/ 219 420
fax. 254/ 2/ 215 349
fax. 254/ 2/ 24 64 26
jmwanzia@ken.healthnet.org

MALAWI

Mr Thomas Bisika
Centre for Social Research
University of Malawi
PO BOX 278
Zomba
tel. 265/ 522 622/800
fax. 265/ 522 578/760
csr@malawi.net
tbisika@unima.wn.apc.org

Mr B.F.L. Matatiyo
Research Officer
Health Technical Support Services

Ministry of Health and Population
PO BOX 30377
Capital City; Lilongwe 3
tel. 265/ 78 30 44
fax. 265/ 78 31 09
BFL_MATATIYO@mlw.healthnet.org

MALI

Mr Siné Bayo
Directeur Général
Institut National de Recherche en Santé Publique (INRSP)
BP 1771
Bamako
tel. 223/ 21 19 99
fax. 223/ 21 19 99

Ms Soumare Absatou N'Diaye
Département Santé Communautaire
INRSP
BP 1771
Bamako
tel. 223/ 21 19 99
fax. 223/ 21 19 99

MAURITIUS

Mr S.A.G. Ameerbeg
Research Officer
HSR Unit
Mauritius Institute of Health
Powder Mill, Pamplemousses
tel. 230/ 243 3772
fax. 230/ 243 3270
mihealth@intnet.mu

Mr Premduth Burhoo
Research Officer
HSR Unit
Mauritius Institute of Health
Powder Mill, Pamplemousses
tel. 230/ 243 3772
fax. 230/ 243 3270
mihealth@intnet.mu

NIGERIA

Mr B.M. Afolabi
Nigerian Institute of Medical Research
Fed. Min. Of Science and Technology
6, Edmond Crescent
P.M.B. 2013 Yaba
Lagos
tel. 234/1/ 774 4723

library@rcl.nig.com

Mr R.O. Barrow
Director of Health Sciences
Fed. Min. Of Science and Technology
Shehu Shagari Way
Abuja
tel. 234/ 9 / 523 52 06
fax. 234/9 / 523 39 03

Mr E.M. Essien
Haematology Department
University of Ibadan
14, Amina Way
Ibadan
tel. 234/2/810 46 83
fax. 234/2/810 00 11
sysop@nga.healthnet.org
emessien@aol.com

SENEGAL

Mr A. Issa Dieng
Conseiller Technique charge des questions de recherche et de population
Ministère de la Santé
Building Administratif
Dakar
tel. 221/ 821 57 61
fax. 221/ 822 26 90

Mr M. Mohamadou L Mane
chercheur
Bureau Recherche
Ministère de la Santé
Building Administratif
Dakar
tel. 221/ 821 57 61
fax. 221/ 822 26 90

SWAZILAND

Mr Simon Kunene
Malaria Control Unit
Manzini
tel. 268/ 538 04 or 520 41
fax. 286/ 546 97
cooithis@realnet.co.sz

Ms Lungile Simelane
Health Planner
Health Planning Unit
Ministry of Health and Social Welfare
PO Box 5
Mbabane
tel. 268/ 44 409 (Office)
tel. 268/ 44 793 (Home)
fax. 268/ 45 113 (Office)
cooithis@realnet.co.sz

SOUTH AFRICA

Ms Lindiwe Makubalo
Health Systems Research and Epidemiology
Department of Health
Private bag X828
Pretoria 01
tel. 27/ 12/ 312 07 74
fax. 27/ 12/ 328 62 99
makubal@hltrsa2.pwv.gov.za

TANZANIA

Mr Saidi Egwaga
Head Tuberculosis and Leprosy Control Unit
Ministry of Health
Dar es Salaam
tantci@intafrica.com

Mr Andrew Kitua
Director General
National Institute for Medical Research (NIMR)
PO BOX 9653
Dar es Salaam
tel. 255/ 51/ 130 770 or 131 864
fax. 255/ 51/ 130 660 or 131 864
nimr@twiga.com
nimr@costech.gn.apc.org

UGANDA COUNTRY PARTICIPANTS

Mr William Bazeyo
Senior Lecturer
IPH
Makerere University
PO BOX 22864
Kampala
tel. 256/ 41 250 494
fax. 256/ 41 344 652
delasi@imul.com

Mr Paul Ekwaru
UNHRO
PO BOX 49
Entebbe
tel 256/ 42 20 385/6
fax. 256/ 42 20 483
rakai@entebbe.uu.imul.com

Mr Sam Luboga
Department of Anatomy
Makerere University
PO BOX 7072
Kampala
tel. 256/ 41/ 58731 or 57 505 or 56 661 or 531 815
fax. 256/ 41/ 245 597 or 259 146 or 530 022

Mr David Okello
Clinical Epidemiology Unit; School of Medicine
Makerere University
PO BOX 7072
Kampala
tel. 256/ 41/ 543 104
tel. 256/ 41/ 255 578
fax. 256/ 41/ 530 022
dokello@uol.co.ug

UGANDA REGIONAL FOCAL POINT

Ms Binta Diallo
UNHRO
PO BOX 49
Entebbe
tel. 256/ 42 20 385/6
fax. 256/ 42 20 483
rakai@entebbe.uu.imul.com

Ms Griet Onsea
UNHRO
PO BOX 49
Entebbe
tel. 256/ 42 20 385/6
fax. 256/ 42 20 483
rakai@entebbe.uu.imul.com

Mr Raphael Owor

Faculty of Medicine
Makerere University
PO BOX 7072
Kampala
tel. 256/ 41 531 730
fax. 256/ 41 530 022
uncst@uga.healthnet.org

ZAMBIA

Ms Likezo Mubila Mungomba
Lecturer
Department of Biological Sciences
University of Zambia
Great East Road Campus; PO Box 32379
Lusaka
tel. 260/ 1/ 291 679 (home)
tel. 260/ 1/ 294 806 (office)
fax. 260/ 1/ 253 952
LMungomba@natsci.unza.zm

ZIMBABWE

Mr Steve Chandiwana
Blair Research Institute
Ministry of Health and Child Welfare
PO BOX CY 573
Causeway; Harare
tel. 263/ 4/ 792 747/9
fax.263/ 4/ 792 480 or 703 585
chandiwana@healthnet.zw

Ms Shungu Mtero
Blair Research Institute
Ministry of Health and Child Welfare
PO BOX CY 573
Causeway; Harare
tel. 263/ 4/ 792 747/9
fax.263/ 4/ 792 480
mtero@blair.gov.zw

PARTICIPANTS from networks and WHO

Ms Angela Kamara
Regional Prevention of Maternal Mortality (RPMM) Network
PO Box 1177
Mamprobi
Accra
Ghana
tel. 233/ 21/ 763 284
fax. 233/21 / 763 285
rpmm4ak@africaOnline.com.gh

Mr Mena Mo
Regional Office for Africa
WHO
PO Box BE 773
Harare
Zimbabwe
tel. 263/ 4/ 70 69 51 or 70 74 93
fax. 263/ 4/ 79 12 14

Mr Dieter Neuvians
GTZ
AFRO-NETS
PO Box 2406
Harare
Zimbabwe
tel. 263/ 4/ 733 696
fax. 263/ 4/ 733 695
neuvians@harare.iafrica.com

COHRED

Ms Lucinda Franklin
Researcher for COHRED's Working Group on Promotion, Advocacy and ENHR Mechanisms
Health Systems Trust
504 General Building
Cnr Smith & Field Sts
Durban 4001, South Africa
tel. 27/ 31./ 307 2954
fax. 27/ 31/ 304 0775
lucinda@healthlink.org.za

Ms Sylvia de Haan
Research Officer
COHRED
c/o UNDP, Palais des Nations, 1211 Geneva 10
Switzerland
tel. 41/ 22/ 917 8558
fax. 41/ 22/ 917 8015
cohred@cohred.ch
technical@cohred.ch

Mr Vic Neufeld

Technical advisor to COHRED
70 Chedoke Avenue
Hamilton, Ontario L8P 4N9
Canada
tel. 1/ 905/ 526 8761
fax. 1/ 905/ 526 9365
neufeld@mcmaster.ca

Mr Yvo Nuyens
Coordinator
COHRED
c/o UNDP, Palais des Nations, 1211 Geneva 10
Switzerland
tel. 41/ 22/ 917 8558
fax. 41/ 22/ 917 8015
cohred@cohred.ch
manager@cohred.ch

Annex 3: Speech delivered by the Hon. Deputy Minister of Health (Ghana)

I wish on behalf of the Minister of Health, the Government of Ghana and on my own behalf to welcome you once again to this all important meeting, being organised for the first time in Ghana.

This meeting in my view constitutes an important forum for exchange of ideas, views and experiences, aimed at strengthening research capacity in our various countries of which the importance cannot be over emphasised.

Recently a forum was held in Geneva under the auspices of WHO to address what has come to be known as "the 10/90 Disequilibrium". At the core of this is the attempt to readress the imbalance in resource allocation for research between developing and developed countries. Even though 90% of the problems being addressed in research are found in the south, they have access to only 10% of the resources.

Global attention to this 'disequilibrium' was first drawn by the report of the commission set up to investigate health problems world wide. The commission's report that led eventually to the ENHR movement has gone far in helping to address the problems.

One factor in the equation is the lack of national capacity to take a leading role in research for development. There is therefore an urgent need for developing countries to get their own research agenda based on their own health problems, policies and strategies and to develop their own research agenda based on their own health problems, policies and strategies and to develop their own mechanism for conducting research, disseminating research findings and above all feeding the results into policy formulation and programme development.

We in Ghana are taking steps that will enable us to take control of research. The development of research has long been established in Ghana. However, most of the efforts had been donor-driven and there was very little direct influence by the MOH on research. In 1990, the MOH of Ghana started to get involved by setting up the Health Research Unit, within the Policy Division at the Headquarters' level.

One of our key strategies has been to develop activity at that level, not only to feed results into policy, but also to be able to dialogue with researchers locally and internationally.

At the minimum, it was important to establish that as policy makers and programme people we are not intimated by chi-square, regression analysis and the like. We also wanted to establish that as the ultimate user to research findings, it is important for us to be the ones asking the research questions. It is important that researchers provide answers to questions that we have asked instead of them insisting that we use the answers to questions we have not asked. To us this was absolutely necessary.

Ladies and gentlemen, having established the acceptance by the research community, it was important to also establish that credibility at the international level and to be in a position to dictate the types of research being done in this country. Mr. Chairman, at the moment the health sector has embarked on an ambitious reform process. There are many questions to which we are seeking answers. There are many activities that we have to test out and we need to evaluate our interventions and strategies. Research as a tool to be used is essential to us and requires priority attention.

Particular emphasis at the district level will be emphasised in the coming years as part of our programme of work.

Mr. Chairman, distinguished ladies and gentlemen, Ghana, like most African countries, is at a critical point in her development. Whilst the rest are making strides in all aspects of development, we continue to bear the brunt of diseases, ignorance and poverty. Through civil strife, instability and economic problems abound, evidence-based decision making is at its lowest ebb. It is in this context and environment that research becomes important. However, it is important to demystify research too to be used to produce the evidence for policy decisions. If we achieve this, we will go a long way to assist our countries on their path to socio-economic emancipation.

Mr. Chairman, I would like to end by encouraging all participants to take the task they are confronted with, with all seriousness and dedication and I have no doubt whatsoever in mind that you will succeed. I wish you a very fruitful and productive meeting.

Thank you for your attention.

Annex 4: Report of the Meeting of French-Speaking Countries (Benin, Burkina Faso, Ivory Coast, Guinée, Mali et Senegal, 3-4 October 1998)

Introduction

Dr Yvo NUYENS, COHRED co-ordinator, opened the conference with a short presentation on the history of ENHR. He pointed out that ENHR emerged from the conclusion that health problems, though very important, are not sufficiently addressed through research, because of lack of resources and associated organisational problems. ENHR is essential research, aimed at improving the state of health of the people. ENHR is national in that it involves all relevant stakeholders, i.e. policy makers, researchers, health personnel and the community. And this research is directed, not only towards improved health, but also towards improved development. Therefore, stress is put on the utilisation of research results.

Overview of ENHR country-activities

This overview included the following:

- evolution of ENHR in the country
- constraints and successes
- strategies for putting ENHR in place

Following these presentations, all participating countries showed interest in organising and developing ENHR, but each country is in a different phase of implementation.
Five points were highlighted:

- The necessity to develop activities for promoting and advocating ENHR
- The necessity to develop national research capacity, for researchers (training of short, mid- and long duration) as well as the strengthening of resources (documentation, access to electronic facilities)
- The necessity to put in place an operational national ENHR network (structures and co-ordination
- The constraints are many and diverse: insufficient resources (human, financial, material), weak co-ordination, insufficient research culture at all levels of the health system, etc.
- The successes are: political will for ENHR, the existence of research institutes, institutional support, improved communication between researchers from different countries.

The presentations were followed by a plenary session in which the need to clarify the ENHR concept emerged. Therefore, Prof. Owor explained the main characteristics of ENHR, ie. that ENHR is a strategy which involves the people, and most in particular the most vulnerable, to actively participate in improving their health status. Starting from priority health concerns, this strategy involves researchers, policy makers, health personnel and the people.

National Action Plans and Needed Support from COHRED

In their presentations, country representatives indicated priority activities for the following year and required input from COHRED. Their needs include technical assistance, funding, documentation and electronic communication means-

Consultation on the creation of a French-speaking network for ENHR

Participants agreed on the need to create a sub-regional network for the French-speaking countries. The following issues were put forward:

Justification

- The organisation of health services is similar in the different French-speaking countries;
- These countries have a lot of common health problems;
- These countries have in common that they run behind the English-speaking countries re. ENHR
- Mobilising political and financial support is much easier at the regional level;
- The network could be a frame for exchanging experiences
- There is a common political will to join efforts for the development of ENHR in Africa
- It is necessary to unite appropriate information on health problems as to engage populations in the process of long-term development.

Functions of the Network

- Develop common research projects which are directed towards health problems and development (research projects involving several countries)
- Strengthen research capacity and the establishment of institutes, through multi-disciplinary support to national networks
- Promote dissemination and utilisation of information on ENHR-activities
- Promote collaboration with research and training institutes
- Put particular attention to the training of young researchers
- Promote inter-country exchange of experiences
- Promote and develop regional ENHR programmes
- Support countries find the right incentives for researchers
- Promote integration of the sub-regional network into the African network
- Promote the involvement of other French-speaking African countries

Structure of the Network

- General Assembly of all member countries
- Executive Secretariat (3 members)

Financing of Activities

- contributions of member countries
- governmental and international allowances
- donations
- ENHR Network activities
- all other sources approved by the General Assembly

Finalising the Country Plans of Work

At the end of the first day, country-participants sat together to finalise their national plans of work for the following year, taking into account what they learnt that day.

Action Plan for the year 1998-99 for the Sub-Regional Network for French-speaking Countries

Based on the National Action Plans, the Sub-Regional Network plans its activities in the following way:

Promotion and Advocacy

- country visits to the six francophone countries as well as other countries interested in ENHR (i.e. Niger, Tchad and Congo)
- assist in country-activities for promoting and advocating ENHR

ENHR Mechanisms

- study visit to Kenya with one participant of each of the 6 countries
- assist countries in organising national meetings
- support national efforts to set up an ENHR Mechanism

Priority Setting

- Assist Senegal, Ivory Coast and Mali in the process of priority setting
- assist Benin and Guinea in reviewing their priority list
- assist in any other priority setting country activities

Capacity Development

- organise two sub-regional workshops for protocol development for common research projects
- discuss with other research networks possible ways of developing common training sessions
- assist in country activities for research capacity development

Dissemination and Utilisation of Research Results

- identify dissemination channels (magazines, scientific journals, conferences,…)
- make recommendations re. the utilisation of research at the national level
- follow-up on the use of research at policy level
- follow-up on the establishment of an electronic communication network

Evaluation

- on the issue of country case studies
- assist in the evaluation of the national ENHR process

Financing

- advocate to potential donors for the financing of national ENHR activities
- assist countries in the selling of their national ENHR plans

Network

- finalise documents on the sub-regional network
- participate in activities of the African Mentoring Team
- strengthen thematic networks for ENHR in the sub-region by organising meetings

Annex 5: Action Plan for the Sub-Regional Network

	Benin	**Burkina-Faso**	**Ivory Coast**	**Guinea**	**Mali**	**Senegal**	**Niger**	**Tchad**	**Congo**	**inter pays**
Nov		workshop to finalis. Plan and structures - advocacy - sell Plan	establishment ENHR group	follow-up on comm. Participation case-study (Susan W.)	- establishment ENHR group - *advocacy	start priority setting process *advocacy				
Dec	review priorities - *advocacy, sell plan			review priorities - *advocacy, sell plan		plan study travel to Ghana or Guinea				congress SAGGO
Jan			start process		start process		promo			Visit Kenya
Feb						visit region		prom		
Ma	- ENHR training in thematic networking	preparation of African Networking Meeting *advocacy in Bobodiou		Restitution of results on comm. participation	advocacy for national consensus				prom	finalise network document
Apr					follow-up on process					review national action plans
May										
June		meet members of thematic networks	National Symposium			National Symposium				meeting with RSS
July	+					meet members of thematic networks				
Aug					Symposium					
Sep				Form thematic ENHR Networks						6th African ENHR Networking Meeting

* advocacy: at different interventions, towards national and international institutions, training and research institutes, NGOs …

Annex 6: Roles of Key Partners in ENHR

1. NEED FOR A NATIONAL MECHANISM

A. ENHR ELEMENTS

- ADVOCACY AND CONSENSUS BUILDING
- PRIORITY SETTING PROCESSES
- NETWORKING
- CAPACITY DEVELOPMENT
- COMMUNITY INVOLVEMENT
- RESOURCE FLOWS
- MONITORING/EVALUATION

B. COORDINATE GLOBAL INITIATIVES

2. FACTORS ENHANCING/CONSTRAINING NATIONAL MECHANISMS

- PERSONALITIES LEADING ENHR
- PRIME MOVERS
- POLITICAL COMMITMENT
- SUSTAINABILITY OF MECHANISM
- CORE SUPPORT TO MECHANISM FROM GOVT
- LEADERSHIP STABILITY FOR ENHR

3. CAN MECHANISM PROVIDE EQUITY IN HEALTH?

- INVOLVE ALL STAKEHOLDERS
- PLACE EQUITY AT THE CENTRE OF EFFORTS
    - FOCUS ON HR
    - FUNDING FLOWS
    - EMPHASIS ON HR
    - PRIORITY SETTING
    - MONITORING OF HEALTH PLAN

4. MECHANISM TO INTEGRATE ENHR PLANS

WITH:

- HEALTH PLANS
- NATIONAL DEVELOPMENT PLANS

- ENGAGE ALL ARMS OF PLANNING
  - GOVERNMENT
  - MOH/PLANNING
  - UN AGENCIES
  - DONORS
  - COMMUNITY

5. MECHANISM AS AN EFFECTIVE AGENT OF CHANGE

- THINK BEYOND INSTITUTIONAL ARRANGEMENTS

- GET OPERATIVES TO COOPERATE
  - GET POLITICAL SUPPORT AT THE TOP
  - PROVIDE SUPPORT TO STAKEHOLDERS
  - ENGAGE ALL RESEARCH USERS

- SUPPORT PRIORITY RESEARCH

- ENHANCE UTILISATION OF RESULTS

6. MECHANISM TO PROVIDE SYSTEMS SUPPORT TO ENHR

- CLEARLY DEFINED ROLE OFMECHANISM IN THE COUNTRY

  - POLICY DIRECTION
  - STRATEGIC PLANNING OF HEALTH RESEARCH
  - MARKETING ENHR
  - TECHNICAL SUPPORT TO INSTITUTIONS/RESEARCHERS
  - FUNDING OF RESEARCH (LOCAL & INTERNATIONAL)
  - PACKAGING OF RESULTS (ACT AS CLEARING HOUSE)
  - GENERATE DEMAND FOR HR
  - BROKERAGE ROLE DRAWING ON REGIONAL, INTERNATIONAL EXPERTISE

7. FLEXIBLE MECHANISM ABLE TO RESPOND TO CHANGE

  - FREQUENT MONITORING OF EVENTS

  - ANALYTIC CAPACITY / NEEDS ASSESSMENT

  - CREATE STRATEGIC ALLIANCES

  - EXPLORE WINDOWS OF OPPORTUNITY

  - BUILD ON WHAT EXISTS

  - BUILT IN ROBUSTNESS / SUSTAINABILITY

8. MECHANISM TO PROVIDE SUSTAINABILITY FOR ENHR

- CLEAR VISION
- CREDIBLE PRODUCTS
- VALUE-ADDED UTILITIES
  - equity
  - consensus
  - cohesiveness
  - holistic
- FOCUS ON SUPPLY AND DEMAND
- ATTRACT MULTIPLE INVESTORS
- MAKE USE OF EXTERNAL RESOURCES
- OBTAINING POLITICAL COMMITMENT OF STAKEHOLDERS:
  - GOVT
  - INTERNATIONAL INVESTORS
  - OTHER STAKEHOLDERS (INSTITUTIONAL, COMMUNITY)

Annex 7: Short Remarks by Dr. Mena Mo, WHO/AFRO

Honourable Minister of Health, Mister President, Representatives of COHRED, Ladies and Gentlemen, it is a great honour to me to say some words on behalf of the World Health Organisation, who is grateful for participating at the 5th African ENHR Networking Meeting. WHO is sincerely thankful for COHRED's invitation to attend this meeting.

It is not necessary to stress the importance of health research; your presence is a clear indication of it. However, it is important to indicate the need of health personnel as well as policy makers at all levels for reliable information to orient their policy and decisions in a rational and equitable way. Ideally, this information should emerge from research, but this is often not the case as research isn't perceived a priority concern in most African countries. Time has come for African countries to utilise research results for the guidance of their health politics and optimise the use of available resources in order to improve the health status of their people. For this purpose, countries should put in place operational research structures and mechanisms.

Since 10 year, WHO- who was already active in English-speaking East and Central Africa- wishes to extend its approach to French-speaking West and central Africa. Accordingly, countries requested WHO/AFRO at a Regional Committee in 1997, to work out a Strategic Research Plan. In order to respond to this request, WHO/AFRO proposes a Strategic Plan for the period 1999-2003, with the following objectives:

- To assist member countries in the development of national health research capacity;
- To assist member countries in putting in place appropriate mechanisms for assuring adequate financing, efficient co-ordination and efficient research;
- To assist member countries in the utilisation of research results for their priority health problems.

The pillars of this strategy are:

- Promotion for mobilisation and sustainability of political commitment;
- Strengthening of research capacity through training;
- Strengthening of mechanisms and support for research;
- Technical support;
- Development of national and regional networks.

To this extent, WHO depends on the collaboration of all its partners, like COHRED. With the presence of WHO at this conference, we want to express our interest in research and, above all, our wish to develop a supportive research approach which is integrated, or at least in harmony with partner approaches as to avoid duplication of country-activities, contradictory messages and possible waste of scarce resources. It would be advisable if COHRED's and WHO's member countries would help in realising this goal.

Considering the affirmative dedication of all participants, I am in advance convinced of the success of this important meeting.

Thank you for your attention.

Annex 8: Country Activities 1998-1999 and Required Input from the Regional Focal Point

8.1 Benin

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy		• revitalise ENHR • adopt a Plan of Work for the year 1998-1999 • advocacy towards the faculty of Health Sciences and towards the DOH	• financial support • documentation
ENHR Mechanism	• feasibility studies in the field of the re-activation of the health system at district level	• initiate several ENHR teams • revise the mechanism	• financial support • documentation • meetings with DNSP, FSS, CREDESA
Priority Setting		• revise priorities	• financial support • technical support
Capacity Development	• 3 workshops on research methodology • participation in 2 workshops on research methodology re. tropical diseases	• train teachers in ENHR methodology • training of health personnel and teachers • feasibility study for the creation of a National Research Institute for Public Health • connecting research institutes to Internet	• long-term training • training in ENHR • connection to Internet
Networking		• meetings with policy makers and directors at national, district and university level	• establishment of ENHR-teams
Financing		• round table with possible donors	• donor-mobilisation
Evaluation	• evaluation workshop on research protocols (6 teams of medical doctors) • preparation of a survey on participation of health personnel in research	• evaluation of plan of work	• external evaluation
Others		• publication of activity reports, ENHR manuals and ENHR journals	• connection to Internet

8.2 Burkina Faso

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• participation in the scientific days of Bobodioulasso re. promotion and advocacy on ENHR • participation in the 2nd Forum on Scientific Research and Technological Innovations (FRSIT)	• elaboration and dissemination of information on ENHR • participation in the next coming scientific days of Bobo • FRIST to adopt ENHR	• financing • documentation
ENHR Mechanism	• establishment of a follow-up committee on the national symposium on ENHR • elaboration of three constitutive documents, i.e. development plan for ENHR, creation of ethical committee, creation of a central co-ordinating body for ENHR	• national workshop to adopt the ENHR plan • connection to Internet (BRS)	• study travel to Ghana and Guinea • documentation • financing • technical support
Priority Setting	• publication and dissemination of the ENHR-priority list	• review priorities according to district needs	• integration in research and programmes • documentation
Capacity Development	• training in epidemiology (10) and statistics/informatics (1) • supervision of activities	• Training of Trainers (40) • training in research methodology (10 researchers) • supervision of activities • equipment for a central co-ordination structure	• long-term training • strengthening co-ordination • financing
Networking		• identification of potential networking structures • set up of thematic networks	• thematic networking • technical support
Financing	• elaboration of a document re. possible funding strategies	• round table with possible donors	• establishment of a long-term mechanism • financing • technical support
Evaluation	• participated in the evaluation of research projects at the Department of health	• follow-up on research projects	• technical support
Others		• dissemination and utilisation of research results	• connection to Internet

		• dissemination of the ‘Actes du Symposium’	• equipment of research office

8.3 Ivory Coast

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• study travel to Ghana • participation in the creation of a sub-regional network for ENHR	• constitution of a multidisciplinary and multisectoral group as think tank for the feasibility of ENHR • visits to different research institutions and ministries to advocate for ENHR • workshop for all stakeholders to promote ENHR and elaborate a possible plan of work	• lack of national financial resources • resource mobilisation
ENHR Mechanism			• consultant
Priority Setting		• implementation of field activities to collect information on priority needs	• technical support to improve the national capacity for setting priorities • financial support
Capacity Development	• study travel to Ghana • Training of Trainers	• Training of Trainers in ENHR and qualitative research methodology • study travels • training of health personnel and teachers	• ToT in ENHR-methodology • training in qualitative research methodology • financial support
Networking			
Financing		• mobilisation of national and international resources	• financing at the national level
Evaluation			
Others		• publication of activity reports • connection to the Internet • dissemination of ENHR documents and country-experiences	• documentation

8.4 Egypt

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• development of country ENHR plan by National Academy	• National Conference • sensitisation of senior decision makers for utilisation of research findings through national seminar • workshops at district level to create awareness of district personnel	• inadequate opportunities for the enforcement of ENHR • information exchange • participation in regional meetings
ENHR Mechanism	• needs assessment by research and services organisations	• needs assessment activities at district level	• limited co-ordination between research and service organisation • research co-ordinating mechanism • technical support
Priority Setting	• conducted by MRC and the Field and Applied Research Centre (MOHP)	• analysis and planning of activities	• insufficient response of researchers and institutes to community needs • training opportunities to researchers
Capacity Development	• vertical health programme areas • training workshops • establishment of Health Research Unit	• instalment of computers at district level • workshops for district health personnel, assisted by local universities	• mere is needed in research infrastructure • training in methodology and evaluation • technical support for human resource development
Networking	• participation in Arabic Research Meetings • local meetings in research institutions	• government, • international agencies DD, • schistosomiasis projects	• weak regional networking • exposure to regional and international events
Financing	• support from international agencies	• proposal of insurance of national budget line for research	• inadequate funds allocation to resources • funding channels to research
Evaluation	conduction of community survey for evaluation of vertical programme		• weak research finding dissemination • weak quality assurance mechanism • technical support
Others	• publication of results of field survey in CDD, ARI, FP, SC, National Reports, Research guide from Applied Field Research centre and Brochures from		

	National Academy of Science and Technology		

8.5 Ethiopia

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• National Workshop	• meeting with regional government officials, social sectors' heads, regional health research and higher learning institutions	
ENHR Mechanism	• funds secured from the Ethiopian government	• establish ENHR committees in five regions	• manpower at the Secretariat of the National ENHR Committee
Priority Setting		• regional health research priority identification	
Capacity Development	• training in research methodology		• resources in terms of manpower and finances
Networking	• various meetings held • computer- and Internet training to Regional Health Bureaux	• inter-regional ENHR committee linkages	
Financing	• government funds secured to conduct regional ENHR workshop • COHRED sponsored National Workshop		• limited funding
Evaluation			
Others			

8.6 Guinea

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy		• sensibilisation workshop for medical doctors and researchers	• financial support
ENHR Mechanism		• creation of an Ethics Committee for health research • re-activate the Consultative Committee	• lack of resources for the development of national research
Priority Setting		• workshop to revise health research priorities	• financial support
Capacity Development	• training in research methodology (19 medical doctors) • establishment of 17 libraries at district level • participation in a case study on community participation (COHRED) • creation of a National Institute of Public Health • re-activate the 'Centre de Formation et de Recherche en Santé Rurale'in Maférinyah • adoption of the documents for application of the Ethics Code	• study travel to Benin • training in research methodology (25 trainers, 80 researchers) • continue training in research methodology in the research groups and universities • make the Public Health Institute operational	• lack of critical mass • technical support • financial support
Networking		• reactivate thematic networking	• lack of communication means • logistic support
Financing		• round table	• technical support • financial support
Evaluation			
Others		• mapping of potential research capacity in the country • establishment of an electronic communication network at national/local level	• dissemination and utilisation of research results

8.7 Kenya

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• research institutes at Centre level and researcher level to continue • regular meetings with other local ENHR partners		• financial support for consensus building and advocacy meetings
ENHR Mechanism	• increased capacity, equipment, personnel	• increasing capacity, equipment and personnel	
Priority Setting	• planned review of first priorities	• National Meeting	• planning review • mobilise resources
Capacity Development	• ENHR lectures in research methodology courses		• continue and implement training • mobilise resources
Networking	• exchange of information on current research, etc. • regular meetings of various research programmes • NHRDC involved in the strengthening of ENHR in the African Region	• 2 national meetings	• organise 3rd National Network Meeting • mobilise resources
Financing	• lobbied for increased support	• regional donors meeting	• mobilise resources for activities
Evaluation	• end of term external evaluations • internal review of NHRDC	• dissemination workshop	• mobilise resources
Others	• continue looking for events apart from Carnegie • further utilise email already in place • receive other national ENHR visitors • concept papers meeting for health research • build in cost of research findings dissemination in research proposals • publication of a monograph, concept papers, 2nd strategic plan, proceedings of convention	• print and publish	

8.8 Malawi

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy			• top management and their needs • send a consultant to further sensitise management
ENHR Mechanism	• research unit within the MOH	• National Convention Meeting	• ENHR mechanism should be within the existing research unit of the MOH
Priority Setting		• set priority areas	• lack of funds is affecting this activity: identify sources of funding
Capacity Development	• 5 people trained in training of HSR	• training in health sciences and research methodology	• HSR training • research unit of the MOH is weak in terms of research capacity: assisting in the strengthening of the unit through training both of coordinating office and researchers in general
Networking	• email installed		• lack of electronic facilities • provision of a computer set
Financing		• government/external	• lack of funding from the government • regional consultant
Evaluation			
Others	• two bibliographies on nutrition and reproductive health		

8.9 Mali

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy		• creation of a formation structure • creation of different research programmes • creation of a HSR unit • visits to institutions	financial support
ENHR Mechanism		• adoption of regulations for INRSP • adoption of a specific statute for researchers • connection to Internet	• co-ordination of ENHR at the national level: consultant • financial support • documentation
Priority Setting		• exchange of experience • different consultations with the community to evaluate the functioning of community health centres • dissemination of results • publications	• financial support
Capacity Development	• training in epidemiology • district health courses	• continue training of researchers • strengthen the information centre of INRSP • formation of health personnel at district level re. research methodology • study travels	• long-term training • financial support • study travels
Networking	• sub-regional networking meeting in Dakar	• strengthen collaboration with other national research institutes • strengthen sub-national INRSP-centres • strengthen exchange with district health personnel • intensify exchange with ASACO	• establishment of a national focal point for ENHR • financing • technical support
Financing	• government funding for health research	• funding from government, external sponsors and NGO's	• external financing
Evaluation		• Bamako 10 years later	
Others		• briefing on every activity	• research utilisation

8.10 Mauritius

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• dissemination meetings of 4 research projects on Reproductive Health	• consultation meeting with COHRED supported consultant	• ENHR/HSR yet to be incorporated in curricula for training of all grades of health personnel
ENHR Mechanism		• a coherent ENHR policy to be established • National Convention	• a coherent ENHR policy to be established
Priority Setting			• long-term broad based ongoing mechanisms need to be set up
Capacity Development	• training of multidisciplinary team (24 health personnel in PHC setting trained)		• need to improve and upgrade skills of permanent research staff
Networking			• need to strengthen linkages with local as well as foreign institutions
Financing	• creation of fund (UNFPA, UNICEF, EEC, MOH, French Co-operation)		• provision needs to be made in the National Health Budget
Evaluation			
Others			• a Research Ethics Committee needs to be established. Some groundwork has already been done

8.11 Nigeria

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• consultations and consultative meetings		• obtain government's approval for the ENHR Mechanism
ENHR Mechanism	• set up national framework to implement revised existing work plan	• formally launching of an ENHR co-ordinating body • establishment of the Secretariat at the Nigeria Institute of Medical Research	
Priority Setting			• continue the implementation of priorities already set
Capacity Development	• reorient relevant existing capacity to ENHR philosophy (ongoing)		• it will be necessary to strengthen capacity for identified communicable diseases • financial support for training
Networking		• establishment of a collaboration mechanism • Directory of resources	• establishment/upgrading of communication facilities • financial support
Financing	• domestic, government and international agencies	• create a budget line	• support to supplement government's support
Evaluation		• establishment of a co-ordinating body	
Others	• National Health Management Information System (NHMIS) • data collection tables for NHMIS	• production of the Directory of Resources for health research in Nigeria	

8.12 Senegal

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• sensibilisation seminar	• national and regional seminars on ENHR • creation of a documentation unit on ENHR • visits to institutions and donors	• financial support • technical support
ENHR Mechanism	• feasibility study on ENHR groups at national and sub-national level	• rehabilitation of ENHR committees • reinforce the promotion of ENHR at all levels	• financial support • technical support
Priority Setting		• 1 national, 10 regional ENHR workshops	• financial support • technical support
Capacity Development		• 5 workshops in research methodology • 4 study travels • 4 scientific meetings	• lack of basic equipment (documentation, logistic support, finance): financial support • follow-up and continuance not systematic: technical support
Networking	• sensibilisation workshops		• lack of collaboration between research institutes • technical support • financial support
Financing		• sensibilisation of government, donors, NGO's and others	• co-ordination of funding • financial support • technical support
Evaluation		• semestrial evaluation of ENHR activities	• financial support • technical support • documentation
Others		• establishment of a documentation unit on ENHR	• research utilisation • cost of research is high • lack of research culture at all levels in the health sector

8.13 South Africa

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy			
ENHR Mechanism	• establishment of a national committee for clinical trials and ethics management, • strengthening of the clinical trials committee of the Medicines Control Council, • developing the regulatory framework and documentation for the establishment of the national Ethics Committee, • additional provincial research committees have been established. These structures are already being seen to strengthen ENHR mechanisms and capacity.	• The ENHR Committee which we expect to be established after a final stage of consultation, will further strengthen co-ordination of ENHR activities.	• The main challenge facing the ENHR process is the sheer difficulty experienced in co-ordinating ENHR activities. Many South African researchers and some of their donor/international partners are not accustomed to a culture of co-ordinating and working with government. This makes the work of the focal point extremely difficult. Mechanisms are being discussed to find solutions to the co-ordination difficulties.
Priority Setting	• translation of priority areas into more specific need driven priority questions • a set of Health Systems Research questions along with priority research questions were financed and circulated • series of consultative meetings with researchers such as the ones of MRC to discuss directly their programmes towards priority areas. Legislation and agreements between government and these organisations is being revisited for leverage in directing research towards priority areas. This process is still ongoing.		
Capacity Development	• Numerous workshops and training sessions have been held by Wits University, University of the Western Cape, Centre for HSR-University of Bloemfontein, Health systems Trust, etc. • The Department of Health has been conducting courses in all 9 provinces. • South Africa would like to strengthen capacity not only to conduct		

	research, but also to co-ordinate research. Towards this end, the support team for co-ordination in the Department of Health is undergoing a programme to strengthen co-ordination.		
Networking	• numerous networks are available in South Africa and electronic mail is an important vehicle for this.		
Financing	• Government has continued to allocate a considerable budget to research organisations. • Other sources of funding are also available. • Researchers are being encouraged to source research funds where possible.		
Evaluation			
Others			

8.14 Swaziland

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• MOH and senior health personnel have been sensitised on health research	• national convention meeting	
ENHR Mechanism	• Health Research Unit in the process of being set up (Ministry of Health & Social Welfare)	• planning meeting to develop a proposal for ENHR process	
Priority Setting	• start process	• priority setting consultative meeting	
Capacity Development	• 25 health officers and 3 programme managers trained		
Networking	• installation of email and Internet		
Financing	• request funding for ENHR activities from government and donors (WHO, Italian Co-operation)		
Evaluation			
Others	• dissemination of research findings through workshops and meetings		

8.15 Tanzania

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy		• to produce 2 issues of the health research Bulletin	• financial support for publications
ENHR Mechanism		• establish ENHR Co-ordinating Committee • ENHR reconstitution meeting	• lack of adequate representation by policy makers and the community
Priority Setting		• workshop	• not enough community involvement • support a meeting to re-examine priorities
Capacity Development	• training workshop	• research methodology workshop • Health Management & Financing workshop	• a thorough assessment of capacity is needed at country level to identify groups
Networking			• networking at national level should be increased: support the establishment of a newsletter to increase information-flow
Financing	• mobilising funds from HRUTF	• fund raising for ENHR through donor agencies, NGOs etc.	
Evaluation	• evaluation carried out September 1998	• evaluation of ENHR	• annual evaluation should be done at national level
Others	• continued publication of the Tanzania Health Research Bulletin	• brochure on ENHR in Tanzania • establishment of a newsletter • continue publication of Health research Bulletin	

8.16 Uganda

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• district level efforts to continued • continuous dialogue between the ENHR group and senior officials of the MOH • meeting of community physicians • UNHRO launched the *guidelines for conduct of health research involving human subjects in Uganda* • first issue of UNHRO newsletter	• students to participate in the whole ENHR process • one-day forum on research to policy • continuation of UNHRO newsletter	
ENHR Mechanism	• UNHRO secretariat operational	• establishment of UNHRO as a statutory body	
Priority Setting		• focus on EDHR	
Capacity Development	• HSR in districts • Research Capacity Development exercise, together with COHRED	• implementation of the CD/ENHR plan of work • training at district level	
Networking		UNHRO database: • inventory of researchers • inventory of research projects • inventory of possible funders	
Financing			
Evaluation			
Others			

8.17 Zambia

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• consultation among stakeholders	• consultative meeting with stakeholders	• internal consultation and awareness creation • financial assistance
ENHR Mechanism	• COHRED visit to institutionalise ENHR	• planning meeting • task forces to implement plans • National Convention	• National Convention: financial assistance
Priority Setting	• Task Force Meeting	• Meeting	• Country Workshop: financial and technical assistance
Capacity Development			
Networking			
Financing			
Evaluation			
Others			

8.18 Zimbabwe

	Activities conducted in 1998	*Planned Activities for 1999*	*National Priority Concerns and Requested Support from the Region*
Promotion & Advocacy	• promote at community level and advocacy in health research training institutions • newsletter of MRC published 4 times a year • Blair research Day • Blair Scientific Conference • Annual Medical Research Day		
ENHR Mechanism	• formation and endorsement of the ENHR Task/ Co-ordinating Body to be drawn from MRCZ/Planning Commission, MOH, Child Welfare in Central Statistics Office, Ministry of Finance • introduce ENHR focal points at sub-national level		• inadequate ENHR managerial skills in health research institutes
Priority Setting	• PS-process completed • continued programme of training through HSR workshops which use the priority list for selection of research topics		
Capacity Development	• formation of Ethical Review Committees • strengthen research in ENHR using the existing HSR focal points in provinces, districts, central hospitals, city health departments, university, NGOs and private institutions • 42 health managers trained in HSR	• evaluation of capacities for ENHR • focal points (14) research support	
Networking	• collaborative studies and research projects with local, regional and international organisations/institutions • Blair/MRCZ national focal point of the SHARED project • electronic networking through Afro-nets • home page Blair and MRC created • email and Internet services extended to policy makers at HQ and Ministry	• dissemination of information at focal points and institutional departments	
Financing	• government and donors		
Evaluation	• through IERC • evaluation of HSR		
Others	• health research database		• utilisation of research

	• BRI newsletter • continued regular publication of research data e.g. MRCZ newsletter		not yet optimal • staff turnover is high