

Health research for development in Senegal - a summary

Senegal is located in West Africa, south of the Sahara, on the Atlantic Coast. It covers a territory of 197,161 km², with a population of 9 million people. The population growth rate is 2.7%, with 56% under 20 years of age and 47% under 15. 40% of the population lives in an urban environment. The country is divided into 10 regions and each region into 3 departments.

The health system is a pyramid, characterized by a gradual strengthening of health management capacity from bottom to top. The population is represented by health committees and by the local community. In 1961 medical regions, equivalent to the administrative regions, were created. In 1991 the Ministry of Health (MOH) reinforced its policy of decentralization by dividing the country into 55 districts. The district is now recognized as the operational unit. Each district has a population of some 250,000 people and is built around 15-20 health centres or regional hospitals.

Before independence health research was entrusted to the French military authorities. It was only in 1966 that the Government set up, with the help of UNESCO, an Inter-ministerial Council for Scientific Research and an Office for Scientific and Technical Affairs. The Council was responsible for all research in the country, but was short-lived. It was replaced by the Ministry for Scientific and Technical Research, which assumed responsibilities for the coordination of scientific and technical activities and the promotion of technological development. Its strategy consisted of reinforcing existing research centres and institutes and creating new research structures. It also made use of new technologies.

In 1979 The Directorate for Research, Planning and Training was set up within the MOH. Its functions were the coordination of research, encouraging research, mobilization of resources for research and the management of research projects. There were three offices in the Research Department: the Office for Medical Research; the Office for Pharmaceutical Research; and the Office for Nursing Care.

When the Directorate was abolished, the Research Department continued to operate as a research office, but with new functions as follows:

- Identify priority axes for research;
- Develop a national programme for research;
- Define the mechanisms for coordinating research;
- Set up an ethical and legal framework;
- Define a research training programme;
- Ensure the dissemination of research;
- Seek funding for research.

In 1998 the reshuffle of the MOH resulted in the creation of a new Department for Studies, Research and Training. Its main functions were to provide technical support for government departments, national services, medical regions and the districts in carrying out research, and to coordinate research activities in general.

Senegal has recently adopted the ENHR strategy, which provides strong support for its National Health Research Programme. The 1990s were a decisive turning point in the history of health in the country. In the field of policy and planning, the period witnessed reforms, reflected in a number of legal instruments, such as the Declaration of National Health Policy (1990), the Human Resources Development Plan (1992), the Regional and Departmental Plans for Health Development (1992-1995), the National Hygiene Development Plan for the Decade (1995) and the National Health Research Plan 2000. All these reforms were undertaken on the basis of research that was financed from external sources.

In the field of biomedical and pharmaceutical research, important research was linked to a vaccine for AIDS with the support of foreign partners. The themes most frequently chosen were malaria, AIDS and therapeutic trials.

There was a notable growth of research training activities for the health system and operational research. The period witnessed improvements in financing and in assuming responsibility for the implementation and coordination of research projects. National studies were carried out in financing, decentralization and evaluation of health services, and in hospital reforms.

In 1998-1999 a series of training courses were initiated for the heads of medical districts, for primary care supervisors, and supervisors of health care for mother and child. But supply fell far short of demand, for lack of finances and logistics. From 1998 onwards the MOH allocated important budgetary resources to staff training in operational research methodology. 200 staff a year benefited from the programme, which consisted of national and regional workshops of 10-15 days. Staff of the MOH have also benefited from training in the framework of cooperation with COHRED.

Research activities were poorly coordinated by the Office for Research Training up to 1998. As of 1999 a new dimension in coordination was introduced with the establishment of the Directorate for Studies Research and Training. This was reflected in a ministerial decision to set up a Committee of Ethics and an Advisory Committee, to strengthen the Directorate with new resources, and to introduce operational plans for the medical regions and district. But coordination remained unsound because of the delay in signing the agreements to create the Committees, the lack of material and human resources and the absence of a framework for national cooperation.

The need for a national agenda for research priorities was recognized. Background studies were commissioned and regional workshops were held to identify national needs and priorities. The results of the studies were endorsed in April 2000 and the strategies which emerged from the exercise currently guide the National Health Research Programme.

In the area of financing research in general and health research in particular, it was noted that of the total funds for medical research in the year 2000 the State contribution represents no more than 4%. 63% comes from the World Bank, 8% from WHO and 4% from UNFPA. These figures do not include funds provided for projects on biomedical subjects and AIDS. Nonetheless, the MOH enjoys a continual growth in its budget, thanks to the partners in the Plan for Integrated Health Development (PDIS), who are determined to support the development of health and operational research in the country.

Health research for development has a number of assets. There is a flourishing environment of national and international institutions in the country. There is strong political will in support of health research and support from development partners. The PDIS approach has made it possible to attract funds for research, and national and regional seed money to promote research by creating a culture of research at the district level.

There are also a number of shortcomings which must be addressed in the coming years. They relate to the lack of coordination, the absence of an agenda for research priorities, the lack of importance attributed to research, poor dissemination of research findings, the lack of financing, the absence of a status for researchers, the low level of interest among the people in research and the absence of a national agency to evaluate the results of research.