



Research for Health Systems Strengthening in West Africa



Workshop Report

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DAKAR, SENEGAL



West African
Health Organization
Organisation Ouest
Africaine de la Santé



MINISTÈRE DE LA SANTÉ
ET DE LA PRÉVENTION



SENEGAL



COHRED
Council on Health Research for Development

Organising Institutions

Council on Health Research for Development (COHRED)
Ministry of Health and Prevention of Senegal
West Africa Health Organisation (WAHO)

Key Words

Research for Health Systems, Governance, Management, Investment, West Africa, Guinea Bissau, Liberia, Mali, Sierra Leone, Ministry of Health, Priority Setting, Mapping, Policy, Decision Making, Report, Meeting, Workshop

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This Workshop report on Research for Health System Strengthening in West Africa was written on the basis of the rapporteur's contribution, under the supervision of the Executive Committee of the Workshop composed by WAHO, the Ministry of Health and Prevention of Senegal, and COHRED.

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List of Acronyms

| | |
|---------------|---|
| COHRED | Council on Health Research for Development |
| ECOWAS | Economic Community of West African States |
| GEH | Governance, Equity and Health |
| HRWeb | Health Research Web |
| IDRC | International Development Centre - Canada |
| INASA | Guinea Bissau National Public Health Institute |
| NEPAD | New Partnership for Africa's Development |
| HR | Health Research |
| R4H | Research for Health |
| TDR | Research and Training in Tropical Diseases Research / World Health Organization |
| WAMU | West African Monetary Union |
| WAHO | West African Health Organization |
| WHO | World Health Organization |

Key Messages from the Workshop

1 INCREASED INVESTMENT IN RESEARCH FOR HEALTH

Countries acknowledge the need to invest in research for health. A key action is to advocate for governments and international partners to make operative the commitment made at various fora to dedicate 2% of health budgets or the recommended 5% of project external health programmes funds to research for health.

2 COMMITMENT TO WORK ON RESEARCH FOR HEALTH SYSTEM STRENGTHENING

Countries defined the key research for health system areas that urgently need development action, namely:

- strengthening of system foundations (research policy, research management, research priority setting);
- strengthening of system strategies related to research financing and human resources development for research;
- strengthening of other key system components, particularly in relation to research information management system.

3 VALUE OF REGIONAL COLLABORATION

Countries identified common problems that would best be addressed through collective action. Development of research ethics systems and ethics training were identified as key areas to be addressed regionally.

4 ETHICAL VALUES IN RESEARCH FOR HEALTH ACTIVITIES

Participants stressed the interest to work towards the development of a framework and guidelines, to make sure that all research for health activities involving human subjects respect ethical values.

Executive Summary

Background

Following a cluster community approach, a workshop on 'Research for Health System Strengthening in West Africa' was held in Dakar, Senegal, from 16th to 18th March 2011. The workshop was jointly organised by the West African Health Organization (WAHO), the Ministry of Health and Prevention of Senegal, and the Council on Health Research for Development (COHRED), with the participation of Guinea Bissau, Liberia, Mali and Sierra Leone, as well as the International Development Research Centre - Canada (IDRC). Financial support for the workshop was provided by the Special Programme for Research and Training in Tropical Diseases Research (TDR) of the World Health Organization.

This workshop takes root on the 'WAHO research for health meeting' jointly organised by WAHO, COHRED and IDRC in Ouagadougou, Burkina Faso, in December 2009. An assessment of the research for health (R4H) situation in 14 West African countries was carried out throughout this meeting. The assessment conclusions pointed at important regional research for health systems deficiencies, namely in coordination, governance and management structures, policy framework, utilisation of research results, research capacity development, political support to research for health, and availability of financial resources for research. The results of the assessment made explicit an overwhelming need for support particularly in Guinea Bissau, Liberia, Mali and Sierra Leone.

The Dakar workshop was convened to respond to the clear need for research for health system strengthening in the four countries identified as a priority during the Ouagadougou meeting. More specifically, the Dakar workshop aimed at designing action plans tailored to each country while at the same time identifying shared problems that could be tackled through collective strategies. Action plans resulting from this workshop are to be implemented throughout a four-year project financed by IDRC and WAHO, with technical facilitation provided by COHRED.

The Dakar workshop aimed at setting the basis for strengthening research for health systems in four West African countries, namely Guinea Bissau, Liberia, Mali and Sierra Leone. Specifically it focused on:

- reviewing existing research for health systems in each of the participating countries;
- exchanging ideas, best practices, and frameworks for action, for improved governance and management of research for health and collaboration between countries; and
- promoting the development of strategic plans of action for research for health system development in each of the participating countries.

Countries' plans of action

Guinea Bissau lacks a national research for health system and research coordination is weak. However, a new research body, the National Institute of Public Health (INASA) created in 2008, is expected to bring the stamina for defining and implementing development actions. The country presented a five-year work plan setting goals and activities with a tentative chronology starting from the R4H system mapping of the broad issues for creating the basis for good governance such as law and regulation, priority setting, ethics committee building, advocacy for sustainable funds. It also proposes a capacity building process, including financial management and accountability, communication, networking and monitoring the use of research results.

Liberia adopted a National Health Policy and National Health Plan for the period 2007-2011 which aims at strengthening the existing health research division for the better coordination of all research activities, establishing an ethics committee, strengthening human resources research capacity, and improving financing for research aligned with national research priorities. Issues that are most critical to research for health in the country are: to promote a culture of use of research findings among policy and decision makers; mobilise funding for health research; set up a national ethics committee; and establish a national agenda for governance. Other important activities, essential to build the system, relate to R4H system mapping, priority setting and development of a research information management system to be supported through Health Research Web (HRWeb).

Mali's Strategic Plan for National Health System Strengthening is complementary to the National Health Research Policy Plan of Action. It is a long-term vision to improve the health system and ultimately reduce disease incidence and mortality. Starting from the current health status, an inadequate coordination of the health system and poor resource allocation, four priority issues have been identified: foundation of the health research coordination committee, improvement of the ethical committees, funds mobilisation strengthening, and ultimately achieving a better dissemination and use of research findings. Training of human resources and infrastructure building or renovating are key targets too, along with the development of computer-based systems and networking, as well as advocacy to dedicate 2% of the national health budget and 5% of donor funds for health programmes to research.

Sierra Leone introduced the country's strategic work plan for research for health covering the period from March 2011 to December 2014. Priorities were set up aiming at developing a health research policy and plan, strengthening ethics review and human resources for R4H, and mobilising financial resources for R4H. Each priority is then translated into organising, training, and capacity building, advocacy and communications activities, along with timelines and needs in terms of technical and financial support.



Way forward

Country activities - within the context of the project funded by IDRC and WAHO on research for health system strengthening in the four West-African countries, will be launched following official approval by respective Ministers of Health and WAHO's Director General. Participants have thus been urged to do the groundwork for the identification of key country partners and to study and suggest other possible activities to keep the project alive. Finally, participants were encouraged to give full reports to their governments to ensure follow-up action.

While it is understood that mapping is a continuous process, country representatives to the workshop committed themselves to complete and finalise the drafts developed during the workshop, as these will be key for defining targeted actions in each of the countries.

The decision was taken to hold a yearly meeting to ensure the benefit of exchange among countries that face very similar challenges. The first such opportunity is a WAHO meeting to be convened in Liberia in November 2011, with a day devoted to the 15 ECOWAS countries.

Introduction

Common concerns in research system development in low income countries essentially relate to lack of resources; lack of control in setting national research priorities; poor research policy framework; weak career development pathways for researchers; and unpredictable research financing. The 'cluster community approach' proposes that partnerships between countries sharing a similar problematic could be an effective way of tackling such concerns. These partnerships aim at enabling growth beyond national boundaries, facilitating networking, and allowing resource mobilisation at a regional and even global level.

Following a cluster community approach, a workshop on 'Research for Health System Strengthening in West Africa' was held in Dakar, Senegal, from 16th to 18th March 2011. The workshop was jointly organised by the West African Health Organization (WAHO), the Ministry of Health and Prevention of Senegal, and the Council on Health Research for Development (COHRED), with the participation of Guinea Bissau, Liberia, Mali and Sierra Leone, as well as the International Development Research Centre - Canada (IDRC). Financial support for the workshop was provided by the Special Programme for Research and Training in Tropical Diseases Research (TDR) of the World Health Organization.

This workshop takes root in the WAHO 2009-2013 strategic plan for health research promotion¹ and on the 'WAHO research for health meeting' jointly organised by WAHO, COHRED and IDRC in Ouagadougou, Burkina Faso, in December 2009. An assessment of the research for health situation in the 14 West-African participating countries was carried out throughout the meeting. The meeting conclusions pointed at important regional research for health systems deficiencies in coordination, governance and management structures, policy framework, utilisation of research results, research capacity, political support to research for health, and availability of financial resources to research. The results of the assessment made explicit an overwhelming need for support in Guinea Bissau, Liberia, Mali and Sierra Leone.

The Dakar workshop was convened to respond to the clear need for research for health system strengthening in the four countries of the sub-region. More specifically, to design action plans tailored to each country while at the same time identifying shared problems that could be tackled through collective strategies. Action plans resulting from this workshop will be implemented throughout a four-year project financed by IDRC and WAHO, with technical facilitation provided by COHRED.

1. The WAHO 2009-2013 strategic plan aims at facilitating health research in all the countries of the Economic Community of West African States (ECOWAS), and includes strengthening governance structures, strengthening capacities of health research institutions and researchers, financing health research and helping in the dissemination and use of health research results.

Workshop Goals

The Dakar workshop aimed at setting the basis for strengthening research for health systems in four West African countries, namely Guinea Bissau, Liberia, Mali and Sierra Leone. Specifically, it focused on:

- reviewing existing research for health systems in each of the participating countries;
- exchanging ideas, best practices,

and frameworks for action, focusing on the improved governance and management of research for health and collaboration between countries;

- promoting the development of strategic work plans for research for health system development in each of the participating countries.

Workshop Expected Results

- **Increased awareness:** a wider group of key players in West Africa understand the potential benefits of strengthening research for health systems of countries and know about available specific tools to facilitate the process.
- **Exchange of information:** a wider group of key players in West Africa is aware of the project to be initiated by WAHO and COHRED, and can contribute to the discussions on the main challenges and opportunities to strengthen research for health systems in the region.
- **Report:** make available a compilation of experiences, needs and examples captured throughout

the workshop that will form the basis for WAHO-COHRED project implementation, and will be useful to others interested in research system strengthening.

- **Work plans:** country-specific (Guinea Bissau, Liberia, Mali, Sierra Leone) activities leading to strengthening research for health systems, to be supported by WAHO-COHRED until 2014.
- **Networking:** use the workshop to discuss current problems related to strengthening research for health systems among colleagues from the region; development of new partnerships and informal networks.

Workshop Topics and Format

The topics of the workshop were:

- Research for Health System Development
- Research for Health System Assessment
- Research Governance and Management
- Research for Health Priority Setting
- Research for Health Information Management System

The meeting format was based on active participation, interactive discussions and working groups. Plenary sessions were aimed at defining the thematic context in which discussions and working groups would then evolve (see Annex 5 for the workshop programme).

The meeting was held in English and French with simultaneous interpretation in both languages. It hosted 20 professionals with a special interest in research for health system development in West Africa (see Annex 6 for detailed list of participants).

Presentations and Discussions

1 Opening Ceremony

A welcome was made by Dr Samba Cor Sarr, Head of the Studies and Research Division, on behalf of the Senegalese Minister of Health and Prevention. He underlined the political authorities' commitment to support all activities conducive to improving research for health systems, and stated that research should be put in the context of local realities and specificities, with full respect of human rights.

Dr Issiaka Sombié, research officer of the WAHO Information and Research Unit, presented some words from WAHO's Director General, encouraging inter-institutional collaboration through the West African Health Research Network (WAHRNET). He underlined WAHO's commitment to support capacity building and project funding.

Ms Sue Godt of IDRC reaffirmed the organisation's commitment to support the vulnerable members of the population. She emphasised the importance of "following the problem, not the technology", leading to an approach geared towards finding the solutions and identifying root causes. IDRC clearly acknowledges the roles and responsibilities of each party, the idea being to let each country in the project build up its own research for health system according to national priorities.

Ms Sylvia de Haan, Deputy Director of COHRED, presented the workshop background and underlined what was expected from the three-day event, in terms of research mapping, and work planning geared towards system development.

Pr Bruno Kubata, representing NEPAD, reiterated the African Heads of States' commitment and, in the name of Dr Mayaki, Chief Executive Officer of the AU, he stated the importance of an African ownership of such development – that is, through a process set up in Africa, by Africans themselves. He emphasised that the potential in Africa is not fully used nor even realised. Considering existing weaknesses in the field of research for health, he suggested ways forward in terms of definition of priorities, financing of research policies and development of management mechanisms for governments and institutions. Pr Kubata explained the purpose of the 'Research for Health Africa'² project that is being carried out by COHRED and NEPAD, which aims at supporting up to seven countries, among which Senegal, in strengthening their research for health systems.

Participants introduced themselves and communicated their expectations from the workshop. A shared expectation among all participants was that during these three-day exchanges, everyone would benefit from each other's experiences. Through learning about better practices implemented somewhere else, participants would be able to adapt them in their country or institution. Specific expectations were expressed by countries like Mali and Guinea Bissau, whose representatives awaited advice, support and collaboration. Though foreign assistance was found very useful, many participants underlined the necessity to build up autonomous capacities, especially in order to deal with problems of little or no interest to foreign donors.

2. Research for Health – Africa. Supporting country research management. An initiative of COHRED (Council on Health Research for Development) and NEPAD (Agency of the African Union)
<http://www.healthresearchweb.org/common/r4ha.php?lg=en>

COHRED, WAHO and IDRC representatives in turn expected these countries to take steps forward. Many issues such as alignment and harmonisation between institutions and

approaches, as well as research financing, were raised which were addressed in the presentations of the three-day sessions.

2 Setting the Scene

WAHO's contribution to research for health in ECOWAS Member States takes root on the organisation's strategic Plan 2009-2013, which highlights priority areas that range from human resources training to fighting diseases such as tuberculosis, HIV/AIDS, and malaria, as well as promoting traditional medicine, infrastructure and nutrition. The organisation is also instrumental in mobilising sustainable funding resources and "allocating them accountably". The activities promoted by WAHO are based on a vision that focuses on priority diseases in the sub-region, improving governance of research, and dissemination of research results.

In December 2009 WAHO organised a three-day meeting in Ouagadougou that initiated a mapping on the current status of governance and management of research for health in the 14 participating West African States³. The mapping included the review of countries' research policy frameworks, research priorities, and research financing strategies. The assessment pointed at major deficiencies in coordination, governance and management structures, policy framework development, utilisation of research results,

capacity development, political support to research for health, and availability of financial resources. More specifically, the results of the assessment made explicit an overwhelming need for support in Guinea Bissau, Liberia, Mali and Sierra Leone. As an immediate measure, it was recommended to call up governments and international partners to translate into action their commitments to dedicate 2% of Health Ministries' budgets and 5 % of all externally funded programmes and projects to research for health.

In November 2010 WAHO launched the West African Health Research network (WAHRNET) involving 30 health research centres and 21 medical schools from 14 ECOWAS countries. The network aims at supporting the dissemination of research results and the strengthening of countries' R4H systems.

Dr. Sombie presented the general project outline and the expected outcomes. He also explained the mechanisms by which WAHO would provide support to the project development, and technical partners would engage with countries.

2.1 Senegal case study

Senegal's 2009 - 2012 Strategic Plan aims at promoting the status of Senegalese researchers at home and from the diaspora. The importance given to research issues in Senegal has led to an institutional change in the Ministry of

Health and Prevention. Concrete initial actions have been the promotion of the Research and Studies Division to a full ministerial direction, and approving the creation of a National Research Council. The Division has moved from

3. All ECOWAS countries were present, except Ghana.

four priority areas in 2001 to five more in 2004, covering nine priority focus lines.

Currently, the system is developing activities aimed at capacity building and promoting the use of results in health care and policies, including actions with the industrial sector, intellectual property promotion, dissemination tools and international partnerships. These actions are in turn targeted into specific sub-programmes starting with base-line studies and field enquiries to fight specific diseases or strengthen epidemiological control. This extends further to family planning and health education, traditional medicine, among others. Some weaknesses exist in the funding system for research for health, though there has been an extension of funds dedicated to research

protocols which passed from 100 to 400 million CFA Francs, and substantial assistance still comes from partners like UNICEF, USAID and WAHO.

With strong political support, ways are being developed to enhance the use of research results and coordination between ministries, institutes, the future National Research Council, the Ministry of Higher Education, regional university centres, and scientific research and other bodies involved, to meet upcoming challenges in research for health. Ways include strengthening the institutional framework and the data dissemination system, namely to develop a national integrated research web within Health Research Web (HRWeb) and the Research for Health Africa (R4HA) Initiative.

2.2 Discussion

During the discussion session, the lack of public implication in research was raised as a real problem in many cases. While research is a national autonomy issue, it is not given the right treatment when it comes to resource allocation. The recommendation is to develop advocacy to draw the public authorities' awareness and interest in research. A representative from Mali questioned the effectiveness of commitments made by countries at various fora to dedicate 2% of health budgets or the recommended 5% of project external health programmes funds to research for health, which in turn relates to the broader question of governance.

The problem of fragmented research is of genuine concern. Many universities and other institutes lead their activities in isolation, due to a lack of internal organisation and poor or non-existent mapping of the use of funds from international cooperation. In this regard, lack of political will, difficulties in allocation of research

funds, and the need for partners to assist in organising the process are all factors affecting the situation.

In Senegal's universities, the 1,300 PhD level researchers need to join their efforts in a coordinated and prioritised system to make gains in terms of impact, to be more population-need oriented, and to contribute effectively to the country's overall development. Researchers may also be isolated because there is no centralised body in charge of coordination. In Guinea Bissau, there are few people working as 'pure full time researchers', since many are at the same time civil servants, physicians or teachers, and have less time to devote to research. The discussion also focused on how donor country oriented research can be biased to respond to the money provider's point of view and priorities, instead of the country's population needs.

All participants agreed that the most important issues are:

- The widely expressed need for Africans to lead their own research activities, to better take into account their populations needs.
- Organising and developing R4H systems, including institutional framework, leadership development, decision-making process on priority setting, and researchers' motivation, to optimise systems' potentials.
- Integrating regional and international communities through networking, in order to share and disseminate research results for optimal use.
- Countries should avoid, as much as possible, having research guided solely by external funding sources.
- States should be instrumental in financing research by making their commitments effective and giving proper focus to research. This is especially important in contexts where governments face poverty issues and must meet conventions; for example, all West African ministries will soon be subjected to the WAMU recommendation on result-based management in the realm of what is called a middle-term expenditure framework.

3 Strengthening Research for Health Systems in West Africa

The second part of the workshop dealt with countries' R4H system development. Practical approaches to system mapping, governance and management strengthening, priority setting

and research information management systems were presented, with specific examples from Guinea Bissau and Senegal.

3.1 Conceptualising Research for Health System Strengthening

Starting from the fact that “few countries are achieving their potential benefits from research for health”, the COHRED presentation focused on the main causes of this, ranging from fragmented research activities to poor communication, and on the need to identify the best conditions for an efficient system. The suggestion was to work in coordination with what already exists and reduce the competition for scarce resources. Each country needs to first develop arguments to gain political support, reflect on the imperatives for developing research systems governance and management, and set up its own research for health priorities.

Once these foundations are achieved,

the system should propose strategies for sustainable research for health financing. Monitoring and evaluation, ethics review, research dissemination, and networking are aspects that are equally critical for the system's development. The system's assessment process is of high importance, especially mapping the system, profiling human and financial resources, and analysing performance and evaluation of efforts made, as it will inform the formulation of efficient development strategies. Using examples from Paraguay and Tanzania, and underlining the benefits of R4H system development, the basics were set for a mapping exercise that countries were to develop during the workshop.

3.1.1 Countries R4H system mapping

Guinea Bissau, Liberia, Mali and Sierra Leone presented their R4H system mapping, which revealed specificities in the bodies involved and levels of funding from public sources and partners.

In Guinea Bissau research is conducted only under the aegis of the Ministry of Health and the Ministry of Education.

Liberia classifies its projects according to research capacity, with the involvement of the Ministries of Health and Social Welfare, Education and Agriculture. Country intellectual property issues are dealt with by the Ministry of Commerce.

In Mali both the President and the Prime Minister's offices are involved in an array of important programmes such as the HIV/AIDS national committee that is directly attached

to them. The specificity being the number of institutes and programmes which report to only two bodies: the Ministry of Health and the Ministry of Higher Education and Scientific Research.

In Sierra Leone, many bodies are involved in research but not directly related to the Ministry of Health, as is the case in the three other countries. Four other departments have research activities, namely the Ministry of Education, Science and Technology, the Ministry of Agriculture, Forestry and Food Security and the Ministry of Energy and Power, as well as numerous Commissions, directorates or programmes, but no research institutes.

In all cases, funding comes essentially (almost exclusively in Guinea Bissau) from donors and external partners. Civil Society Organisations are involved in all four countries (see Annexes 1-4 for draft country maps).

3.2 Governing and Managing Research for Health

Using an interactive method which questions definitions, the difference between the terms 'research governance' and 'research management' was explored to raise awareness on who is managing and what is to be managed in R4H systems. Governance ensures that the right things are done, while management is about methods, practices, situations and conduct. The different steps to the building up of a management system begin with political commitment to R4H, policy definition, and priority setting.

Research on needs, peer motivation, ethical review system, communication and intellectual rights are among the imperatives for optimising the benefits of a developed R4H system. It is beneficial for the research management

to provide a strategic vision, to promote coordination, better use of results, and monitoring and evaluation mechanisms. Defined as the cornerstone of any functional research, good coordination was shown as being what allows a country to see the links between research results and the health system.

Some examples from both Latin America and Africa demonstrated that the process is context-specific and thus ends up in different models which vary from country to country. At the same time, each R4H system interacts with other systems such as education, science and technology, environment, political climate, etc. Ethical issues are also to be taken into consideration.

3.2.1 Discussion

The roles of governance and research itself should be differentiated, as it is understood that the issue is to conduct “research for health, not health research”⁴. Coordination is the key to linking all actors, government, institutions and individual researchers, to benefit populations. In practice, lack of means is such that those in charge are rather managers and not decision makers – a situation that can explain the biased vision and the isolation of researchers. Due consideration should be given to all issues that can interfere negatively on health, be it environment, education or economics.

Work of ethical committees should not slow down research or discourage researchers. Such bodies should be reinforced as they can contribute to regulation and decision making processes and give advice to political authorities, thus speeding up their reaction. In Liberia, the lack of funds and the absence of any agenda for R4H are slowing down service delivery.

Mali’s too heavy machinery should be made lighter and given more autonomy, while

training in ethics and funding reinforcement is needed. The same goes for Sierra Leone with its 18-member ethical committee who are paid fixed fees, except for students. One Liberian representative questioned the expertise being solely in the hands of a committee which “operates on its own time, and can be hindered by conflicts of interest”. The Malian representatives questioned resource allocation to research as it essentially comes from foreign partners, which opened an intense discussion over ethical issues. Liberian representatives were particularly interested, and it was considered important to liaise with the Pan-African bioethics initiative. The initiative aims at strengthening ethical awareness and discussion across the continent, and it focuses on developing strong national ethical review systems as well as providing regional good clinical practice standards and training.

There is a need to work on a regionally targeted basis and the four countries were requested to liaise in matters of ethics, especially for training purposes.

3.3 Setting Priorities in Research for Health

Priority setting is a key component of policy definition and starts from the current situation in any given country. Viewed as a whole, the priority setting process essentially follows a management procedure. As illustrated by the Tanzania example, based on available data, a situational analysis helps to understand the current environment and status of research in the country. Through the examples from Brazil and the Philippines, the demonstration was made on how to select the issues to

focus on, including ethical standards, and partnership agreements. Examples from Argentina, the Caribbean and South Africa were used to illustrate the next step of deciding on relevant methods for identifying and ranking priorities. The example of Tunisia illustrated the development of a plan of work to manage the priority setting process, which must take into account people’s responsibilities, range of activities, timelines and budgeting. Finally, the implementation phase would allow the

4. The “research for health” concept proposes a broader perspective on the use of research, and implies that to impact on health, national efforts on research, science & technology, and innovation need to be multi-sectoral.

evaluation of outcomes of the priority setting effort that will be reviewed periodically as research priorities may change in time. Flexibility is essential and it is important to make sure

that the process is inclusive country-wide, that action follows priority setting and that monitoring is properly conducted for process adjustments and priorities updates.

3.3.1 Guinea Bissau case study

Guinea Bissau engaged, with COHRED's technical support, in a priority setting effort with the objective "of establishing an agenda that can guide the conduction of research and help evidence-based decisions". In January 2008 the country set broad priorities on the basis of the National Plan for Health Development II. The plan defines national health system priorities and strategies for 2008 - 2017.

The research priority setting process builds on these health priorities. It used the Delphi interactive method based on two rounds of questionnaires, and covered research areas on health determinants, including social and

economical indicators, communicable and non communicable diseases, financing and human resources in the health system, traditional medicine, reinforcement of research capacity, and environmental issues. Thus six main areas were identified, with up to 10 main topics in each of them. The process has, however, been confronted with many setbacks, namely low response rates (20 % only), lengthy process and lack of real motivation. Some strategies for improving future participation are to further sensitise the concerned stakeholders, increase personal contacts and establish clear deadlines, once a permanent coordinator is identified.

3.3.2 Discussion

It was clear through the various examples presented that only those in charge of the sector can define research priorities and main issues to be covered. Institutes that deal with field work may only give a list of activities that are often not the most relevant ones to the country's needs. As to the case of Guinea Bissau, the Liberian representatives questioned the level of assistance received as well as the low rates (20 %) of answers to the questionnaires. Guinea Bissau's Public Health Institute, leader of the priority setting effort, is growing and gaining support in terms of technical assistance but

receives limited funds from the government. The questionnaires were standardised and had been sent many times and to all actors, partners and donors, as well as civil servants. The low response rate might be in part attributed to the prevalence of an oral tradition in African societies, where written inquiries are not systematically followed. Furthermore, the lack of technological development in remote areas makes the use of online accessibility to questionnaires difficult, thus limiting potential participation in the process.

3.4 Managing research information through Health Research Web (HRWeb)

HRWeb is “a web-based, interactive platform aimed at improving health, equity and development through research”, a research information management system initiated and powered by COHRED. After an introduction on how the platform is structured, Senegal demonstrated its practical involvement in HRWeb. This simple multiple entry web site works through clicks on the world map divided into five regions: Africa, Europe, the Americas, Asia and Australia. Research information categories within the site are listed as follows: Governance and Policies; National Priorities for Health Research; Key Institutions/Networks; Regulation and Ethics review of Research; Research Financing and Partnerships; Civil Society Organisations; Health Research Projects and Publications; Information Resources.

HRWeb can accommodate as much information and as much transparency as each user would

like. Users are government bodies, research institution sponsors and donors, the media and all informed citizens at large. HRWeb can be consulted freely, while editing is left to individual countries’ designated civil servants or institutional representatives. The platform makes also possible the setting up of ‘wiki’ type collaborations among interested individuals, as a way to increase knowledge of the system and its users.

In view of improving ownership of the country page and information presented, Senegal has established a direct access from the Ministry of Health’s website to the Senegal HRWeb page. This configuration allows the Ministry of Health of Senegal to deliver information on research for health that is hosted in an external platform. HRWeb is to be completed by individual countries to give a full picture on research for health worldwide.

3.4.1 Discussion

HRWeb could help resolve the isolation of researchers. It should therefore be extended to all actors, institutes and research bodies. Each country is asked to choose a coordinator in order to have a reliable official in charge of feeding their national page and keeping updates. Senegal, for example, has decided to set up a network of focal points in all individual institutes for comprehensive coverage and data relevancy.

There is, however, a need to address the validation issue, the necessity to have markers to distinguish between information that comes from officially validated sources, and other documents or evidence of unchecked origin. If official bodies are responsible for the editing, this should guarantee data quality.

4 Research for Health System Strengthening Work Plans 2011 - 2013

4.1 Guinea Bissau

Guinea Bissau lacks research for health system structures, has not developed a national research policy and research coordination is weak. However, a new research body, the National Institute of Public Health (INASA) created in 2008, is expected to bring the stamina for defining and implementing development actions. The country presented a three-year work plan setting goals and activities

with a tentative chronology starting from the mapping of governance issues such as law and regulation, priority setting, ethics committee building, advocacy for sustainable funds. It also proposes a capacity building plan, including financial management and accountability, communication, networking and monitoring the use of research results (see Annex 1 for Guinea Bissau's draft work plan).

4.2 Liberia

Liberia adopted a National Health Policy and National Health Plan for the period 2007-2011 which aims at strengthening the existing health research division for the better coordination of all research activities, establishing an ethics committee, strengthening human resources research capacity, and improving financing for research aligned with national research priorities. Issues that are most critical to research for health are to promote a culture of use of

research findings among policy and decision makers; mobilise funding for health research; set up a national ethics committee; establish a national agenda for health governance, and management and coordination. Other important activities, essential to build the system, deal with R4H system mapping, priority setting and use of HRWeb (see Annex 2 for Liberia's draft work plan).

4.3 Mali

Mali's Strategic Plan for National Health System Strengthening is complementary to the National Health Research Policy Plan of Action. It is a long term vision to improve the health system and ultimately reduce disease incidence and mortality. Starting from the current health status, an inadequate coordination of the health system and poor resource allocation, four priority issues have been identified: foundation of the health research coordination committee, improvement of the ethical committees, fund mobilisation strengthening, and ultimately

achieving a better dissemination and use of research findings. Training of human resources and infrastructure building or renovating are key targets too, along with the development of computer based systems and networking, as well as advocacy to dedicate 2% of the national health budget and 5 % of donor funds for health programmes to research (see Annex 3 for Mali's draft work plan). Evaluation of the first three years will determine the relevance of readjusting the work plan and continuation for two more years.

4.4 Sierra Leone

Sierra Leone introduced the country's strategic work plan for research for health covering the period from March 2011 to December 2014. Priorities were set up aiming at developing a health research policy and plan, strengthening ethics review and human resources for R4H, and mobilising financial resources for R4H.

Each priority is then translated into organising, training, and capacity building, advocacy and communications activities, along with timelines and support needs in terms of technical assistance or funding (see Annex 4 for Sierra Leone's draft work plan).

4.5 Discussion

Beyond the wider question of how West African countries can influence global agendas, the discussion centred on:

- How to avoid “brain and body drain”. A strategy to deal with training abroad and the risk of trainees remaining in a foreign country is to select research candidates that are already running research projects in their home countries, and offer them the chances to resume their projects once their training period abroad is finalised. Another perspective presented was to “train, motivate and retain”.
- It is important to keep a realistic perspective on the amount and size of projects that a country can commit to run. And for such projects, it is essential to clarify governance, management and operational aspects, to maximise the projects chances of successful completion.
- Activities focusing on training for R4H management, resources mobilisation, results extension, as well as timely planning of activities “to ensure preparation and implementation” are crucial.
- Some countries experience difficulties mobilising public money, for example Mali, where research is mostly financed by foreign partners and no funds are available for research training.
- The networking issue also needs to be more explicitly addressed as to “what would be better done together”.

On the basis that “health is politics”, there was some discussion about the importance of national R4H systems laws and regulations – what political support and what financing is needed. Development best starts by setting good system's foundations first. It is necessary

to clearly separate between governance and management, and capacity building and strengthening. Including capacity building in writing proposals is important to ensure fairer contracts with donors.

5 Way Forward

The Dakar workshop was organised following the 'cluster community approach', which proposes that partnerships between countries sharing a similar problematic could be an effective way of tackling such concerns. These partnerships aim at enabling growth beyond national boundaries, facilitating networking, and allowing resource mobilisation at a regional and even global level.

The 'cluster community approach' proved to be very useful and stimulating in this particular context. It led to the development of a positive group dynamic, key for the successful implementation of the planned activities in the four years to come.

Country activities - within the context of the project funded by IDRC and WAHO on research for health system strengthening - in the four West-African countries will be launched following official approval by respective Ministers of Health and WAHO's Director General. Participants have thus been urged do the ground work for the identification of key country partners, and to study and suggest other possible activities to keep the project alive. Participants were encouraged to give full reports to their governments to ensure follow-up action.

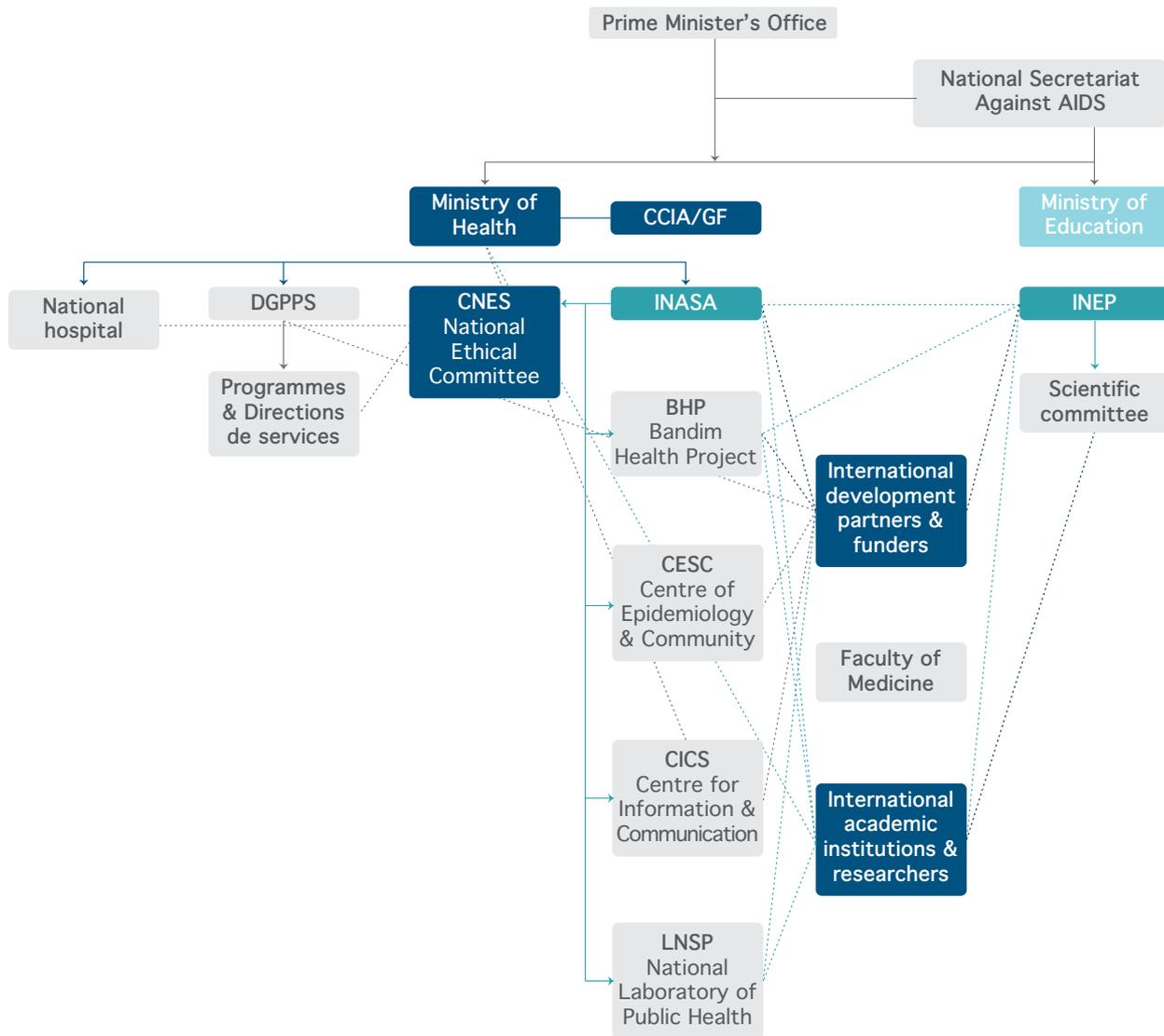
While it is understood that mapping is a continuous process, country representatives to the workshop committed themselves to complete and finalise the drafts developed during the workshop, as these will be key for defining targeted actions in each of the countries.

The decision was taken to hold a yearly meeting to ensure the benefit of exchange among countries that face very similar challenges. The first such opportunity is a WAHO meeting to be convened in Liberia in November 2011, with a day devoted to the 15 ECOWAS countries.

Annex 1

Guinea Bissau Research for Health System

Guinea Bissau's draft research for health system map, as at March 2011



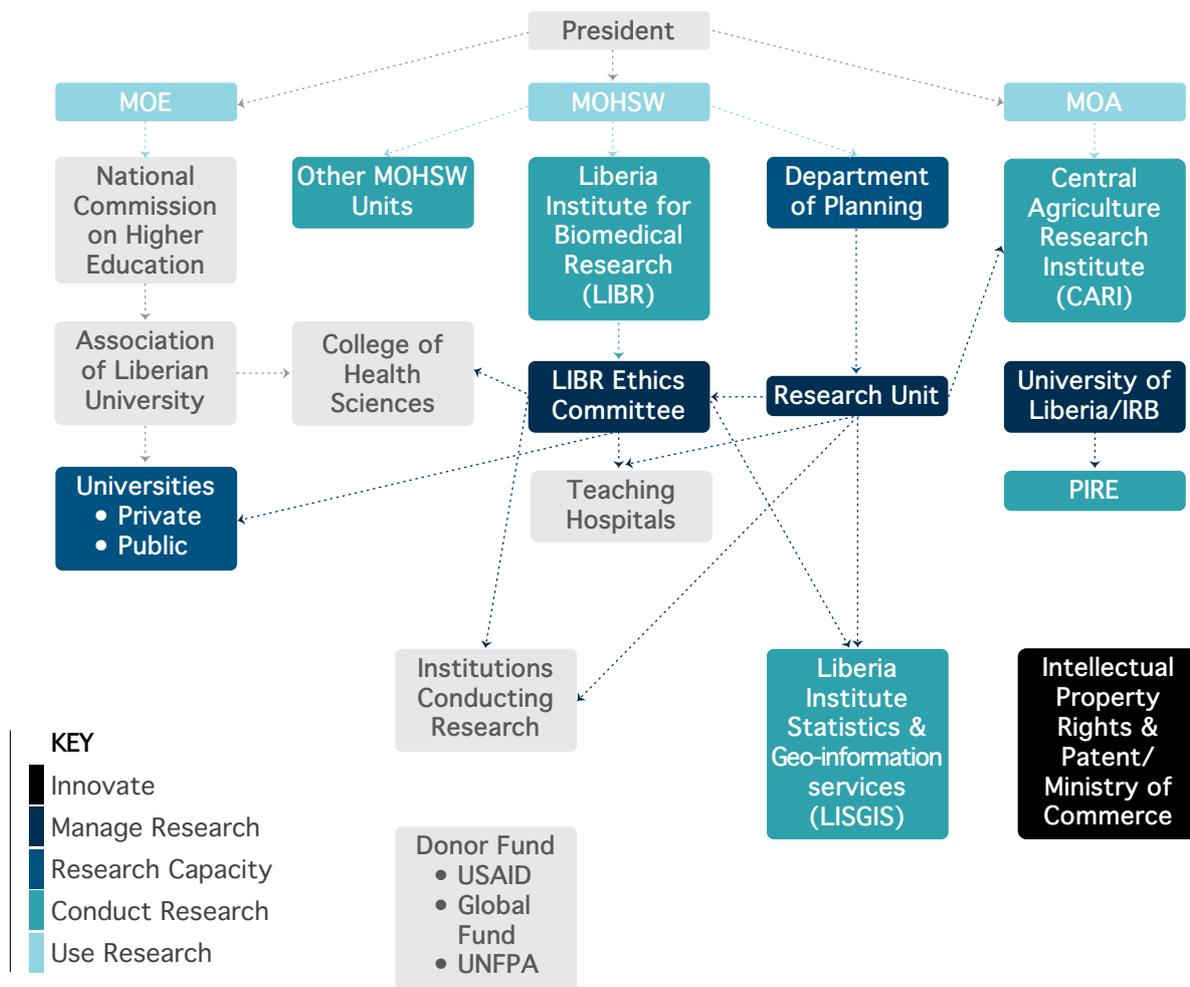
Guinea Bissau's draft work plan for research for health system strengthening

| Goal | Activity | 2011 | | | 2012 | | | 2013 | | |
|--|---|------|--|--|------|--|--|------|--|--|
| Create the basis for good governance | Finalise the mapping of the RHS | | | | | | | | | |
| | Create & approve legislations on research for health (policy, regulations) | | | | | | | | | |
| | Finalise the priority setting process & elaborate a national agenda | | | | | | | | | |
| | Prepare & submit a proposal to EDCTP for strengthening of the ethics committee | | | | | | | | | |
| | Advocate for national funds for research for health (internal & external) | | | | | | | | | |
| | Develop strategies & mechanisms for sustainable funding | | | | | | | | | |
| Capacity building in specific management areas | 2 masters in research management | | | | | | | | | |
| | Short training in research management (3 persons X 2) | | | | | | | | | |
| | Training on proposal writing (6 persons) | | | | | | | | | |
| | Strengthening of financial management & accountability | | | | | | | | | |
| Develop translation of results into policy & actions | Strengthening the Centre for Communication & Information for Health/INASA | | | | | | | | | |
| | Technical support for defining strategies & procedures for translation of results into action | | | | | | | | | |
| | Implement the strategies & procedures | | | | | | | | | |
| | Creation of internal network for R4H | | | | | | | | | |
| | Creation of inter-country working group on at least one common issue related to R4H | | | | | | | | | |
| M&E | Evaluation of the project | | | | | | | | | |

Annex 2

Liberia Research for Health System

Liberia's draft research for health system map, as at March 2011



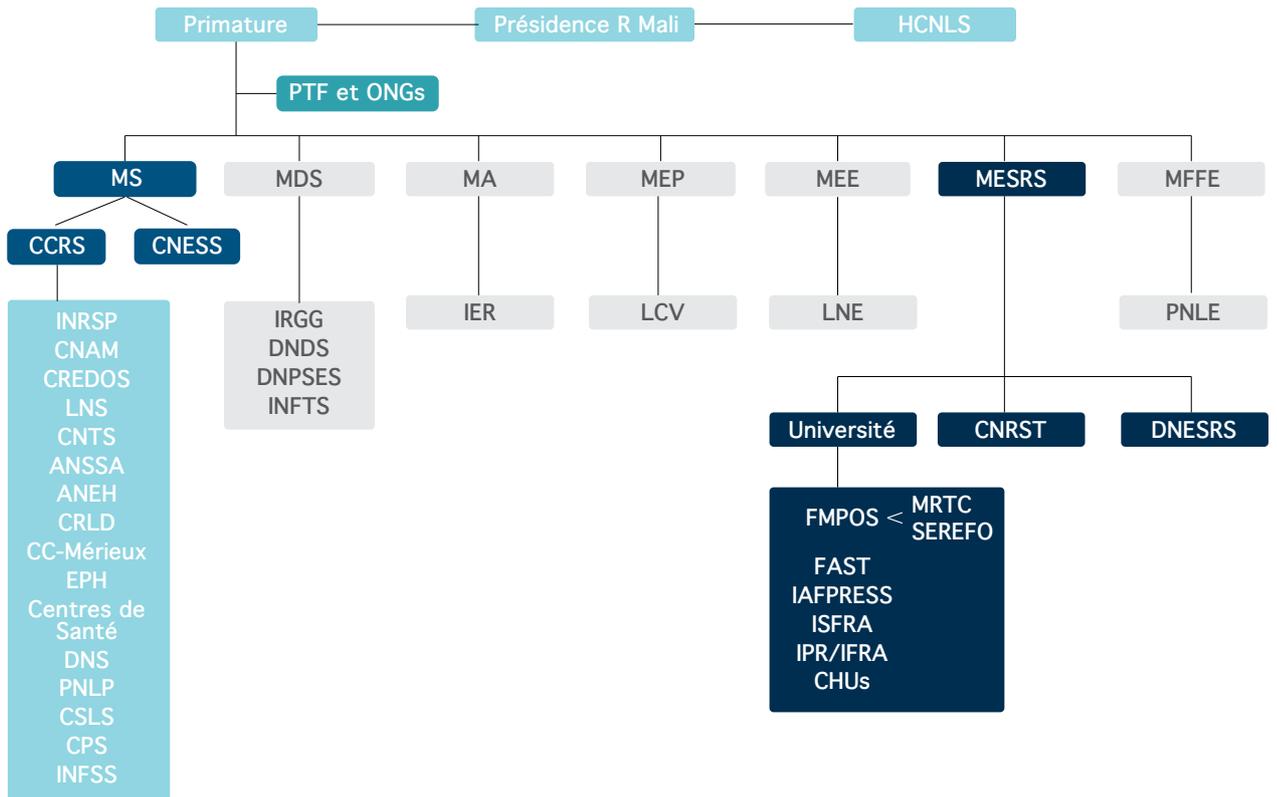
Liberia's draft work plan for research for health system strengthening

| Activities | 2011 | | | | 2012 | | | | 2013 | | | |
|--|------|----|----|----|------|----|----|----|------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Attend consultative meeting on Research for Health Systems Strengthening | | | | | | | | | | | | |
| Finalise mapping of Liberia's Research System <ul style="list-style-type: none"> • Profiling (Names, addresses, contacts of researchers & Institutions) • Inventory of equipment in-country for research • Confirm number of IRBs and Ethics Committees • Identify funding sources (Local & International) | | | | | | | | | | | | |
| Convene a consultative meeting of researchers, research institutions, govt. agencies, academic institutions, funders/donors, technical assistants on governance and management for research in health | | | | | | | | | | | | |
| Institutionalise the use of the Health Research Web | | | | | | | | | | | | |
| Critical issue - Develop and submit proposal to EDCTP for the establishment of a National Ethics Committee | | | | | | | | | | | | |
| Critical issue - Establish a national agenda for governance, management and coordination of research for health | | | | | | | | | | | | |
| Establish priorities for research and finalise the national work plan for research in health | | | | | | | | | | | | |
| Critical issue - Set up the National Ethics Committee | | | | | | | | | | | | |
| Critical issue - Identify and secure funding for research for health | | | | | | | | | | | | |
| Build capacity of researchers and institutions for research for health | | | | | | | | | | | | |
| Critical issue - Engender a culture of the use of research findings by decision and policy makers | | | | | | | | | | | | |

Annex 3

Mali Research for Health System

Mali's draft research for health system map, as at March 2011



Mali's draft work plan for research for health system strengthening

| Objectives | Implementation strategies | Activities | 2011 | 2012 | 2013 | 2014 | 2015 |
|------------|---------------------------|------------|------|------|------|------|------|
|------------|---------------------------|------------|------|------|------|------|------|

Research for health system and policy

| | | | | | | | |
|--|---|---|--|--|--|--|--|
| Improve research for health system performance | Training of researchers | Provide short-term trainings | | | | | |
| | | Provide long-term trainings (Masters and PhDs) in epidemiology, biostatistics, analyses software, district health management, family medicine, project management, etc. | | | | | |
| | | Creation of a public health school | | | | | |
| | Research financing | Advocate, especially when budgetary decisions are taking place, to bring the state to allocate 2% of health budget to research | | | | | |
| | | Advocate with partners to encourage allocation of 5% of health project budgets to health research | | | | | |
| | | Mobilize research funds from international bodies | | | | | |
| | Construction and renovation of infrastructure | Build new infrastructures | | | | | |
| | | Renovate / update existing laboratories | | | | | |
| | Equipment | Provide health districts with computer material | | | | | |

| Objectives | Implementation strategies | Activities | 2011 | 2012 | 2013 | 2014 | 2015 |
|------------|---------------------------|------------|------|------|------|------|------|
|------------|---------------------------|------------|------|------|------|------|------|

Research for health system and policy

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Improve research for health system performance | Networking, communication and publications | Institutionalise scientific meetings | | | | | |
| | | Provide institutional access to Internet/ Intranet | | | | | |
| | | Promote online-health and medical informatics | | | | | |
| | Monitoring and evaluation of research activities | Organise technical and scientific assessments of research structures | | | | | |
| | | Monitor the national research for health system strengthening plan | | | | | |
| | Information management | Build databases | | | | | |
| | | Foster utilisation of research results | | | | | |
| | | Establish the research for health coordination committee | | | | | |
| | | Create the house of research for health | | | | | |

| Objectives | Implementation strategies | Activities | 2011 | 2012 | 2013 | 2014 | 2015 |
|------------|---------------------------|------------|------|------|------|------|------|
|------------|---------------------------|------------|------|------|------|------|------|

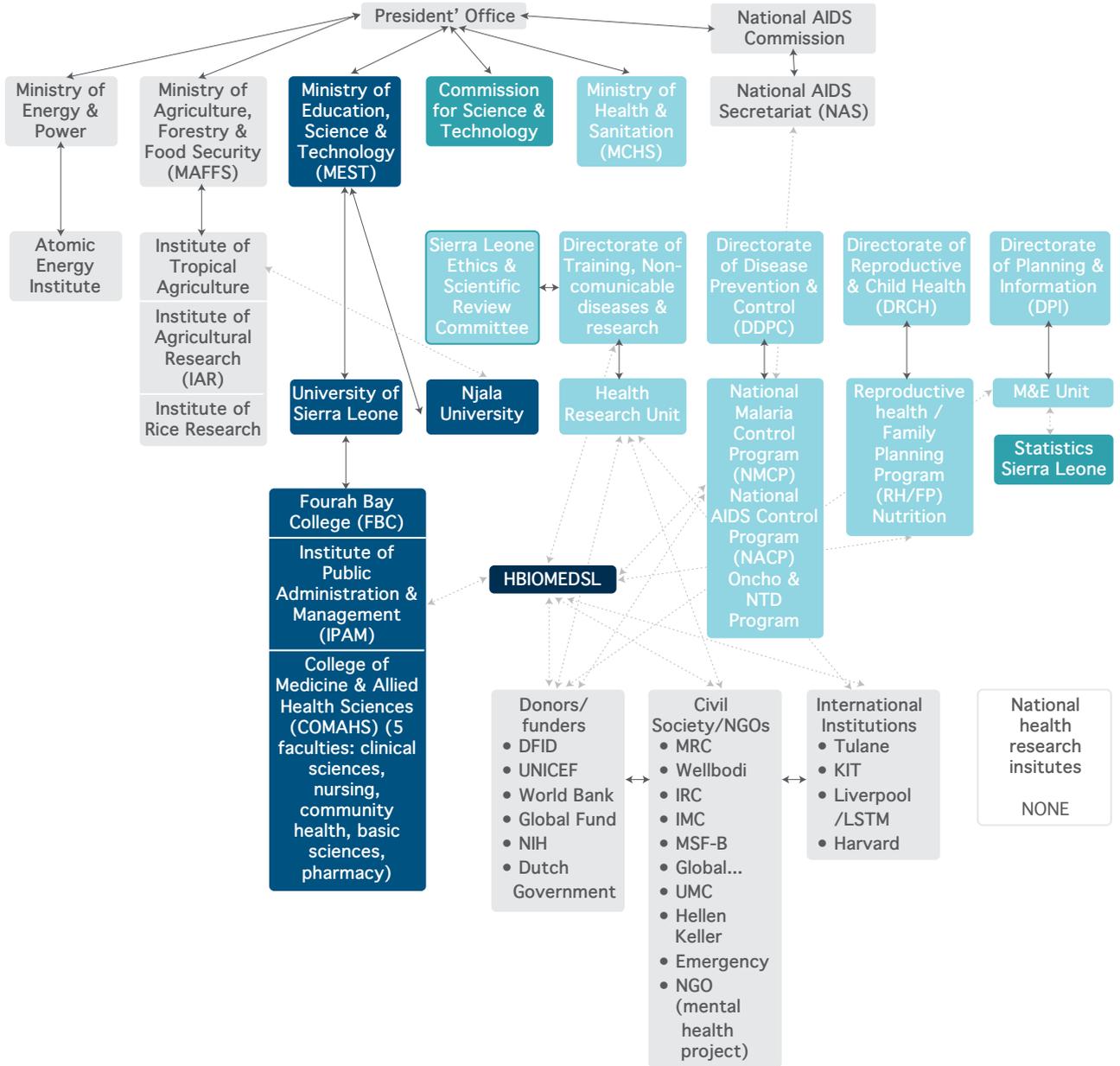
Medical research

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| Contribute to reducing morbidity and mortality | Training of researchers | Provide short-term trainings | | | | | |
| | | Provide long-term training (Masters and PhD) in epidemiology, biostatistics, software analysis, ethics, scientific writing, clinical research, molecular biology, bio safety, genetics, genomics, etc. | | | | | |
| | | Provide mentoring of young researchers | | | | | |
| | Construction and renovation of infrastructure | Build molecular biology laboratories | | | | | |
| | | Build bio safety laboratories (BSL1-3) | | | | | |
| | Equipment | Establish technical platforms (genomics, proteomics, bioinformatics, modelling, laboratory informatics equipment, etc.). | | | | | |
| | Networking, communication and publications | Subscribe institutions to national and international journals | | | | | |
| | | Promote / develop national scientific journals | | | | | |
| | Information management | Create an outsourcing centre | | | | | |

Annex 4

Sierra Leone Research for Health System

Sierra Leone's draft research for health system map, as at March 2011



Sierra Leone's draft work plan for research for health system strengthening

| Broad Activity | Sub activities | Timeline | Support Needed | Lobbying/Advocacy required | | |
|----------------|----------------|----------|----------------|----------------------------|-----|------|
| | | | | Responsible | Who | What |

PRIORITY 1- Develop Health Research Policy and Plan

| | | | | | | |
|--|---|-------------------------|-----------|---|--|------------------------------------|
| Development of draft policy and strategic plan | Select core team in MOHS / key partners | April 2011 | none | DTNR | not needed | |
| | Situational analysis of research for health (other policies, capacity, research done, research institutions etc) - mapping, analysis, profiling - including draft research priorities collection | May - July 2011 | TA, funds | DTNR, key partners (HBIOMEDSL, CHRAIC, WHO), TA | DPs, HNGOs, Researchers (HBIOME DSL) | Sensitisation situational analysis |
| | Core team makes zero draft policy and strategic plan (including knowledge into action, advocacy, information sharing incl. health research web etc.) | June - August 2011 | funds | core team | not needed | |
| Constitute multisectoral task force | Secretariat of the process is the Research Directorate in MOHS | | none | DTNR | | |
| | Select (next to core team) other members from MOHS (HMIS, Service Delivery) and other entities: Statistics, Higher Education, Justice, NGO community, Academia, DPs (WHO, UNDP, UNICEF, UNFPA, bilaterals etc), Professional / Regulatory bodies, Parliamentary Health Committee and make TOR | August 2011 | none | DTNR + core team | Minister, Parliamentary health committee | Dev. of policy |
| Develop final draft of the policy | Make a draft 1 of the policy and the strategic plan | August - September 2011 | TA, funds | task force | | |

| Broad Activity | Sub activities | Timeline | Support Needed | Lobbying/Advocacy required | | |
|-----------------------------------|---|-----------------------------|----------------|----------------------------|---|--------|
| | | | | Responsible | Who | What |
| Develop final draft of the policy | Consultative stakeholders meeting (wider audience) - to get input on draft 1 of policy and strategic plan (2-3 days) - research priority setting (1-2 days) | October 2011 | TA, funds | DTNR + core team + TA | | |
| | Make a final draft of the policy and the strategic plan | November 2011 | TA, funds | DTNR | | |
| | Consultative stakeholders meeting (wider audience) to validate the final draft of policy and strategic plan | December 2011 | TA, funds | DTNR + core team + TA | | |
| Cabinet approval for policy | Submit policy to minister and to parliament / cabinet with a cabinet paper | December 2011 | none | DTNR | Parliamentary health committee and wider parliament, cabinet, ministers | Policy |
| | Launch policy and strategic plan | Tentative March 2012 | Funds | MOHS | | |
| Capacity building | Organise Capacity building for proposal and grant writing | March 2011, then every year | TA, funds | DTNR, HBIOMEDSL | | |
| | Incorporate capacity building for proposal and grant writing and research implementation into health training curricula (doctors, CHOs, midwives, nurses etc.) | 2011-2012 | TA, funds | DTNR + TA | | |
| | Organise Capacity building for non-research management (admin, finance etc) of research projects | Sep-11 | TA, funds | DTNR, HBIOMEDSL | | |

| Broad Activity | Sub activities | Timeline | Support Needed | Lobbying/Advocacy required | | |
|-----------------------------|---|----------------------|--------------------------|--|---|--------|
| | | | | Responsible | Who | What |
| Capacity building | Training on writing for publication | 1x/ year training | TA, funds (KIT for 2011) | DTNR, key partners (HBIOMEDSL, KIT) | | |
| | Establish and support MSc/ PhD courses for research for health in Sierra Leone universities | 2011-2014 | TA, funds | DTNR, key partners (WHO, WAHO/ COHRED, etc.) | | |
| Cabinet approval for policy | Submit policy to minister and to parliament / cabinet with a cabinet paper | December 2011 | none | DTNR | Parliamentary health committee and wider parliament, cabinet, ministers | Policy |
| | Launch policy and strategic plan | Tentative March 2012 | Funds | MOHS | | |

PRIORITY 2 - Strengthen Ethics Review

| | | | | | | |
|-------------------|--|-------------------|-------------------------------|-----------------------|---|-----------------------|
| Capacity building | Needs assessment to identify capacity gaps in research/ethics committees | May/June 2011 | TA (WHO/ COHRED/ WAHO), funds | DTNR + TA | MOHS/Govt, proposal writing to EDTCP and other funding agencies | Resource mobilisation |
| | Adapt guidelines for research/ ethics committees | Jul-11 | TA, funds | Ethics committee + TA | | |
| | Capacity building of research / ethics committees members | 1x/ year training | TA, funds | DTNR + TA | | |
| | Support for functioning of ethics committee | Ongoing | funds | DTNR + key partners | | |

PRIORITY 3 - Strengthen Human Resources for Health Research

| | | | | | | |
|-------------------|--|-----------------------------|-----------|-----------------|--|--|
| Capacity building | Organise Capacity building for proposal and grant writing | March 2011, then every year | TA, funds | DTNR, HBIOMEDSL | | |
| | Incorporate capacity building for proposal and grant writing and research implementation into health training curricula (doctors, CHOs, midwives, nurses etc.) | 2011-2012 | TA, funds | DTNR + TA | | |

| Broad Activity | Sub activities | Timeline | Support Needed | Lobbying/Advocacy required | | |
|-------------------|--|-------------------|--------------------------|--|-----|------|
| | | | | Responsible | Who | What |
| Capacity building | Organise Capacity building for non-research management (admin, finance etc) of research projects | Sep-11 | TA, funds | DTNR, HBIOMEDSL | | |
| | Training on writing for publication | 1x/ year training | TA, funds (KIT for 2011) | DTNR, key partners (HBIOMEDSL, KIT) | | |
| | Establish and support MSc/ PhD courses for research for health in Sierra Leone universities | 2011-2014 | TA, funds | DTNR, key partners (WHO, WAHO/ COHRED, etc.) | | |

PRIORITY 4 - Mobilise Finances for Research for Health

| | | | | | | |
|---|--|---------|-----------|----------|--|--|
| Advocate for 2% of national health budget | Develop / adapt advocacy tools | Ongoing | TA, funds | DTNR, TA | | |
| | Identify advocacy champions | | | | | |
| | Advocacy with national level | | | | | |
| Advocate for 5% donor funds for health | Develop / adapt advocacy tools | | | | | |
| | Identify advocacy champions | | | | | |
| | Advocacy with DPs | | | | | |
| Advocate for use of health program funds already in country / available for research (e.g. Global Fund) | Develop mechanisms of communication between research unit and other programs in MOH | | | DTNR | | |
| | Orientation for program managers in MOH on research | | | | | |
| | Identification of operational/ implementation bottlenecks in the respective programs, develop research questions / proposals to address these problems | | | | | |

Annex 5

Workshop Programme

Wednesday, 16 March

REGISTRATION 8:00 - 9:00 Participants' registration at venue

OPENING - Chair: I. Sombié

| | | |
|---------------|---|--------------|
| 9.00 - 11.00 | Welcome speech | |
| | Ministry of Health Senegal | S. C. Sarr |
| 10' each | WAHO | I. Sombié |
| | IDRC | S. Godt |
| | COHRED | S. de Haan |
| | NEPAD | B. Kubata |
| 50' | Participants introductions | Participants |
| | Personal introductions, meeting expectations | |
| 20' | Discussion | All |
| 11.00 - 11.30 | Coffee break | |

SETTING THE SCENE - Chair: G. Kanoute

| | | |
|---------------|--|-----------|
| 11.30 - 12.00 | Strengthening Research for Health Systems in West Africa | I. Sombié |
| | background, project objec- tives, expected results, work ap- proach | |
| 12.00 - 13.00 | Case study | |
| 40' | Senegal | S. C.Sarr |
| 20' | Discussion | All |
| 13.00 - 14.00 | Lunch break | |

STRENGTHENING RESEARCH FOR HEALTH SYSTEMS (Introduction) - Chair: A. B. Faye

| | | |
|---------------|--|------------|
| 14.00 - 16.00 | Research for Health System and Policy Development | |
| 60' | Conceptual framework | F. Becerra |
| 60' | Discussion | All |
| 16.00 - 16.30 | Coffee break | |

STRENGTHENING RESEARCH FOR HEALTH SYSTEMS (Country maps) - Chair: I. Sombié

| | | |
|---------------|--|-----------------------|
| 16.30 - 18.30 | Mapping countries' systems Guinea Bissau Liberia Mali Sierra Leone | Country group work |
| 19.30 - 22.00 | Dinner | |

Thursday, 17 March

STRENGTHENING RESEARCH FOR HEALTH SYSTEMS (Country maps) - Chair: I. Sombié

| | | |
|---------------|--|----------------------------|
| 9.00 - 10.00 | Presentations of country maps | Country representatives |
| 15' each | Guinea Bissau group Liberia group Mali group Sierra Leone group | |
| 10.00 - 10.30 | Discussion | All |
| 10.30 - 11.00 | Coffee break | |

STRENGTHENING RESEARCH FOR HEALTH SYSTEMS (Research Management) - Chair: D. A. Bash-Taqi

| | | |
|---------------|--------------------------|--------------|
| 11.00 - 12.00 | Research Management | |
| 30' | Introduction | D. Marais |
| 30' | Discussion | All |
| 12.00 - 13.00 | Priority Setting | |
| 20' | Introduction | G. Montorzi |
| 20' | Guinea Bissau experience | A. Rodrigues |
| 20' | Discussion | All |
| 13.00 - 14.00 | Lunch break | |

STRENGTHENING RESEARCH FOR HEALTH SYSTEMS (Health Research Web) - Chair: G. Kanoute

| | | |
|---------------|---------------------|------------|
| 14.00 - 15.00 | Health Research Web | |
| 20' | Introduction | F. Becerra |
| 40' | Senegal experience | S. C. Sarr |
| 15.00 - 16.00 | Discussion | All |
| 16.00 - 16.30 | Coffee break | |

STRENGTHENING RESEARCH FOR HEALTH SYSTEMS
(Planning action) - Chair: N. Kargbo, Jr.

| | | |
|---------------|---------------------------|-----------------------------------|
| 16.30 - 18.30 | Development of work plans | Country group work and networking |
| | Guinea Bissau | |
| | Liberia | |
| | Mali | |
| | Sierra Leone | |

Friday, 18 March

STRENGTHENING RESEARCH FOR HEALTH SYSTEMS
(Planning action) - Chair: L. L. Bawo

| | | |
|---------------|---|-----------|
| 9.00 - 10.30 | Presentation of work plans and feedback | Countries |
| 15' | Guinea Bissau | |
| 15' | Liberia | |
| 15' | Mali | |
| 15' | Sierra Leone | |
| 30' | Discussion | All |
| 10.30 - 11.00 | Coffee break | |

CLOSING - Chair: F. Becerra

| | | |
|---------------|----------------------------|------------|
| 11.00 - 13.00 | Conclusions | |
| | Way forward | |
| | Closing remarks | |
| | Ministry of Health Senegal | S. C. Sarr |
| | WAHO | I. Sombié |
| | IDRC | S. Godt |
| | COHRED | S. de Haan |
| 13.00 - 14.00 | Closing Lunch | |

Annex 6 Workshop List of Participants

Country representatives

| LAST NAME | FIRST NAME | INSTITUTION | COUNTRY | EMAILS | TELEPHONES |
|-------------|------------|--|-----------------|--------------------------|--|
| BASH - TAQI | Donald A. | Director of Post graduate training, NCDs and Research, Ministry of Health | Sierra Leone | dabashtaqi@yahoo.com | 00232 76 603 256 00232 33 603 256 |
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| JALLOH-VOS | Heidi | MRC Sierra Leone | Sierra Leone | hjallohvos@hotmail.com | 00232 33 57 00 89 00232 76 68 43 37 |
| JAO | Mamadu | Director do Instituto Nacional de Estudos e Pesquisa do Ministério da Educação | Guinea - Bissau | mamajao@gmail.com | 00245 67 441 25 |
| KANOUTE | Gaoussou | Chef du DER des Sciences Pharmaceutiques à la Faculté de Médecine, Pharmacie et Odontostomatologie | Mali | pgkanoute@yahoo.fr | 00223 66 74 24 48 00223 76 45 70 01 |
| KARGBO, Jr | Nyanquoi | Liberia Medical and Dental Association | Liberia | phdiliberia@yahoo.com | 00231 69 207 01 |
| KONTE | Almamy | Directeur de la Recherche Technologique | Senegal | akonte@ucad.sn | 00221 33 821 52 75 00221 77 182 23 67 |
| KUBATA | Bruno | The New Partnership for Africa's Development (NEPAD) | Kenya | bkkubata@nepadst.org | 00254733665210 |
| MARAIS | Debbie | COHRED Research & Development Officer | South Africa | marais@cohred.org | 0027 33 260 61 35 |
| MONTORZI | Gabriela | COHRED Programme Officer | Suisse | montorzi@cohred.org | 0041 22 591 89 11 |
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