



COUNTRY REPORT
2008

Five partner
countries and
eight donor
countries

Burkina Faso
Cameroon
Mozambique
Uganda
Zambia

Canada
Denmark
Ireland
the Netherlands
Norway
Sweden
Switzerland
United Kingdom

BURKINA FASO

Alignment and Harmonization in Health Research

AHA Study

BURKINA FASO

COUNTRY REPORT
2008

Alignment and Harmonization in Health Research

AHA Study

Five partner
countries and
eight donor
countries

Burkina Faso
Cameroon
Mozambique
Uganda
Zambia

Canada
Denmark
Ireland
the Netherlands
Norway
Sweden
Switzerland
United Kingdom

Acknowledgements

This report was prepared by COHRED as a part of its Alignment and Harmonization Study (AHA), under the **Health Research Web** Programme.

The AHA study involves five African countries (Burkina Faso, Cameroon, Mozambique, Uganda and Zambia) and eight donor countries (Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom).

The study aims to:

- 1) Provide information on National Health Research Systems (NHRS) of the five African countries; outline strategies for health research funding of the eight donor countries; and discuss alignment and harmonization in relation to health research support.
- 2) Facilitate debate between partners on improving health research support towards national priorities.

The information collected is also published on the **AHA webpage** (<http://www.cohred.org/AHA/>) and **Health Research Web** (www.cohred.org/healthresearchweb).

A special thanks goes to all partners from the five African countries and the eight donor countries for their support in compiling the information included in this report.

AHA Project team

Carel IJsselmuiden, Director COHRED and project leader; Sylvia de Haan, Head Projects and Programmes, COHRED; Sandrine Lo Iacono, Project Officer, COHRED.

In collaboration with partners, country surveys were conducted by Sandrine Lo Iacono for Burkina Faso, Cameroon, Mozambique and Uganda; Caroline Nyamai Kisia for Uganda and Zambia; Hashim Moomal and Cristiano Matshine for Mozambique.

Editorial support was provided by Colleen Smith.

Financial support for the entire project was provided by Sida / SAREC.

Key Words:

Alignment and harmonization, national health research systems, Burkina Faso, Cameroon, Mozambique, Uganda, Zambia, Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland, United Kingdom, Paris declaration on aid effectiveness, investment in research

ISBN

92-9226-017-0

Copyright and Fair Use

The Council on Health Research for Development (COHRED) holds the copyright to its publications and web pages but encourages duplication and dissemination of these materials for non-commercial purposes. Proper citation is requested and modification of these materials is prohibited. Permission to make digital or hard copies of part or all of this work for personal or classroom use is granted without fee and without a formal request provided that copies are not made or distributed for profit or commercial purposes and that copies bear this notice and full citation on the first page. Copyright for components of publications that are not owned by COHRED must be honored and permission pursued with the owner of the information. To copy otherwise, to republish, to post on servers, or to redistribute to lists, requires prior specific permission from COHRED.

COHRED is interested in tracking the use and effectiveness of its published information, and receiving feedback from readers. Readers interesting in providing input or interacting with COHRED on its published materials please contact cohred@cohred.org

Table of contents

List of abbreviations	4
Executive summary	8
1. Introduction	11
2. Methods	13
3. National Health Research System in Burkina Faso	14
3.1 NHRS governance and management	14
3.2. Health research legislation and policies	16
3.3. National health research priorities	17
3.4. Health research financing	18
3.5. Human resources for health research	19
3.6. Health research institutions	20
3.7. Organized civil society in health research	20
3.8. Regional organizations and networks	22
3.9. Dissemination of research findings	23
3.10 Ethics	23
4. Health research donors in Burkina Faso	24
5. Adherence to the Paris Declaration on Aid Effectiveness in relation to health research support	26
5.1. The Paris Declaration on Aid Effectiveness	26
5.2. Ownership	27
5.3. Alignment	28
5.4. Harmonization	28
5.5. Managing for results	30
5.6. Mutual accountability	30
6. Conclusion	31
Bibliography and websites	32
Annex 1: List of stakeholders interviewed	34
Annex 2: List of health priority problems for research	36
Annex 3: List of projects financed by donors involved in the AHA study	37
Annex 4: NHRS framework	40

List of abbreviations

ABSP:	Association Burkinabaise de Santé Publique (Burkinabé Public Health Association), Burkina Faso
ADB:	African Development Bank
AHA study:	Alignment and Harmonization study
AHSPR:	Annual Health Sector Performance Report
ANRS:	Agence Nationale de Recherche sur le SIDA (National Agency for Research on AIDS), France
ANVAR:	Agence Nationale pour la Valorisation des Résultats de la Recherche (National Agency for Research Utilization), Burkina Faso
AU:	African Union
CAMES:	Conseil Africain et Malgache pour l'Enseignement Supérieur, (African and Malagasy Council for Higher Education), Burkina Faso
CCGHR:	Canadian Coalition for Global Health Research
CCRS:	Conseil des Centres de Recherche en Santé (Council of Health Research Centres), Burkina Faso
CDC:	Centers for Diseases Control and Prevention, USA
CHESSORE:	Centre for Health Science and Social Research, Zambia
CIDA:	Canadian International Development Agency, Canada
CIFRA:	Centre International de Formation en Recherche-Action (International Centre for Training and Action Research), Burkina Faso
CIRCB:	Centre International de Recherche Chantal Biya sur le VIH / SIDA (International Research Center Chantal Biya on HIV / AIDS), Cameroon
CNLAT:	Centre National de Lutte Anti-Tuberculeux (National Centre for the fight against Tuberculosis), Burkina Faso
CNRFP:	Centre National de Recherche et de Formation sur le Paludisme (National Centre for Research and Training for Malaria), Burkina Faso
CNRST:	Centre National de Recherche Scientifique et Technique (National Centre for Scientific and Technological Research), Burkina Faso
COHRED:	Council on Health Research for Development, Switzerland
CSLP:	Cadre Stratégique de Lutte contre la Pauvreté (National Strategic Framework for the fight against Poverty), Burkina Faso
CSO:	Civil Society Organization
CSSM:	Civil Society Support Mechanism, Mozambique
DAC:	Development Assistance Committee
Danida:	Danish International Development Agency, Denmark
DDHS:	Director District Health Services, Uganda
DEP:	Direction des Etudes et de la Planification (Department for Studies and Planning), Burkina Faso
DFID:	Department for International Development, United Kingdom
DGIS:	Directorate General for International Cooperation, Ministry of Foreign Affairs, the Netherlands
DROS:	Division de la Recherche Opérationnelle en Santé (Division for Health Operations Research), Cameroon
DSF:	Direction de la Santé de la Famille (Department of Family Health), Burkina Faso
EAC:	East African Community
EDCTP:	European and Developing Countries Clinical Trials Partnership, the Netherlands
ENHR:	Essential National Health Research
EQUINET:	Regional Network on Equity in Health in Southern Africa, Zimbabwe

EU:	European Union
EVIPNet:	Evidence-Informed Policy Network, WHO
FARES:	Fonds d'Appui à la Recherche en Santé (Fund for Health Research Support), Burkina Faso
FESADE:	Femmes, Santé et Développement (Women, Health and Development), Cameroon
FPAE:	Fondation Paul Ango Ela pour la Géopolitique en Afrique Centrale (Foundation Paul Ango Ela for Geopolitics, Central Africa)
FRSIT:	Forum sur la Recherche Scientifique et les Innovations Technologiques (Forum for Scientific Research and Technological Innovations), Burkina Faso
GAVI:	Global Alliance for Vaccines and Immunization
GEGA:	Global Equity Gauge Alliance
GLOBVAC:	Global Health and Vaccination Research, Norway
GTZ:	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation), Germany
HDPs:	Health Development Partners, Uganda
HIPC:	Heavily Indebted Poor Countries Initiative
HIV /AIDS:	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HPAC:	Health Policy Advisory Committee, Uganda
HR-HR:	Human Resources for Health Research
HSSP:	Health Sector Strategic Plan, Uganda
IAVI:	International AIDS Vaccine Initiative
IDRC:	International Development Research Centre, Canada
IMF:	International Monetary Fund
IMPM:	Institut National de Recherche Médicale et d'Etude des Plantes Médicinales (Institute of Medical Research and Studies on Medicinal Plants), Cameroon
INASP:	International Network for the Availability of Scientific Publications, United Kingdom
INDEPTH:	International Network of field sites with continuous Demographic Evaluation of Populations and Their Health in developing countries
INE:	Instituto Nacional de Estatística (National Institute of Statistics), Mozambique
INERA:	Institut National d'Etude et de Recherche Agricole (National Institute for Agricultural Research), Burkina Faso
INESOR:	Institute of Economic and Social Research, Zambia
INS:	Instituto Nacional de Saúde (National Institute of Health), Mozambique
INSS:	Institut National des Sciences de la Société (National Institute for Society Sciences), Burkina Faso
ITNs:	Insecticide treated bednets
IRD:	Institut de Recherche pour le Développement (Research Institute for Development), France
IRESCO:	Institut pour la Recherche, le Développement Socio-Economique et la Communication (Institute for Research, Socio-Economic Development and Communication), Cameroon
IRSAT:	Institut de Recherches en Sciences Appliquées et Technologies (Institute for Applied Research and Technologies), Burkina Faso
IRSS:	Institut de Recherche en Sciences de la Santé (Institute for Health Sciences), Burkina Faso
ISSP:	Institut Supérieur des Sciences de la Population (Higher Institute for Population Sciences), Burkina Faso
JASZ:	Joint Country Assistance Strategy for Zambia
JRM:	Joint Review Mission, Uganda
JSSB:	Journées des Sciences de la Santé de Bobo-Dioulasso (Health Sciences days of Bobo-Dioulasso), Burkina Faso
MACHA:	Malaria Research Institute, Zambia

MCT:	Ministry of Science and Technology, Mozambique
MDGs:	Millennium Development Goals
MESSRS:	Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique (Ministry of Secondary and Higher Education and Scientific Research), Burkina Faso
MFPED:	Ministry of Finance, Planning and Economic Development, Uganda
MINEFI:	Ministère de l'Economie et des Finances (Ministry of Economic and Finances), Cameroon
MINESUP:	Ministère de l'Enseignement Supérieur (Ministry of Higher Education), Cameroon
MINRESI:	Ministère pour la Recherche Scientifique et l'Innovation (Ministry for Scientific Research and Innovation), Cameroon
MINSANTE:	Ministère de la Santé Publique (Ministry of Public Health), Cameroon
MISAU:	Ministerio da Saúde (Ministry of Health), Mozambique
MMV:	Medicines for Malaria Venture. Switzerland
MoA:	Memorandum of Agreement
MoES:	Ministry of Education and Sports, Uganda
MoH:	Ministry of Health
MoU:	Memorandum of Understanding
MRC:	Medical Research Council, United Kingdom
MS:	Ministère de la Santé (Ministry of Health), Burkina Faso
MSTVT:	Ministry of Science, Technology and Vocational Training, Zambia
MTEF:	Medium Term Expenditure Framework
NAC:	National AIDS Council, Mozambique
NACCAP:	The Netherlands-African partnership for capacity development and clinical interventions against poverty-related diseases
NARO:	National Agricultural Research Organization, Uganda
NCSR:	National Council for Scientific Research, Zambia
NCST:	National Council of Science and Technology, Zambia
NDA:	National Drug Authority, Uganda
NEPAD:	New Partnership for Africa's Development
NGO:	Non Governmental Organization
NHA:	National Health Assembly, Uganda
NHRAC:	National Health Research Advisory Committee, Zambia
NHRS:	National Health Research System
NHSP:	National Health Strategic Plan, Zambia
NIH:	National Institutes of Health, United States of America
Norad:	Norwegian Agency for Development Cooperation, Norway
NUFU:	Norwegian Programme for Development, Research and Education, Norway
OCEAC:	Organisation de Coordination pour la Lutte contre les Endemies en Afrique Centrale (Organization for the Coordination of the fight against Endemics in Central Africa), Cameroon
OECD:	Organization for Economic Cooperation and Development
PADS:	Programme d'Appui au Développement Sanitaire (Programme for Health Development), Burkina Faso
PARPA:	Plano de Acção para a Redução da Proeza Absoluta (Plan for the Reduction of Absolute Poverty), Mozambique
PC:	Population Council, USA
PESS:	Strategic Plan for the Health Sector, Mozambique
PMCTC:	Prevention of Mother to Child Transmission of HIV/AIDS
PND5:	Plan National de Développement Sanitaire (National Plan for Health Sector Development), Burkina Faso
PROSAUDE:	National Research Fund, Mozambique
PRSP:	Poverty Reduction Strategy Paper

PSN:	Politique Sanitaire Nationale (National Health Policy), Burkina Faso
PSRS:	Plan Stratégique de Recherche Scientifique (Strategic Plan for Scientific Research), Burkina Faso
REACH:	Regional East African Community Research
REACT:	Strengthening fairness and accountability in priority setting for improving equity and access to quality health care at district level in Tanzania, Kenya and Zambia
REDS:	Network for Ethics, Rights and HIV/AIDS, Cameroon
SAG:	Sector Advisory Group, Zambia
SDC:	Swiss Agency for Development and Cooperation, Switzerland
SERSAP:	Société d'Etude et de la Recherche en Santé Publique (Society for Studies and Public Health Research), Burkina Faso
Sida/SAREC:	Swedish International Development Agency / Department for Research Cooperation, Sweden
SOMANET:	Social Science and Africa Medicine Network, Kenya
STDs:	Sexually Transmitted Diseases
STELA:	Secrétariat Technique pour l'Efficacité de l'Aide (Technical Secretariat for Aid Effectiveness), Burkina Faso
SWAp:	Sector Wide Approach
SWG:	Sector Working Group, Uganda
TB:	Tuberculosis
TDRC:	Tropical Diseases Research Centre, Zambia
TORCH:	Tororo Community Health, Uganda
TWG:	Technical Working Group, Uganda
UCRI:	Uganda Cancer Research Institute, Uganda
UCSF:	University of California, San Francisco, United States of America
UEM:	Universidade Eduardo Mondlane (Eduardo Mondlane University), Mozambique
UFR / SDS:	Unité de Formation / Recherche en Sciences de la Santé (Training Unit / Research in Health Sciences), Burkina Faso
UFR / SEG:	Unité de Formation / Sciences Economiques et de Gestion (Training Unit / Economy and Management Sciences, Burkina Faso)
UFR / SVT:	Unité de Formation / Recherche en Sciences de la Vie et de la Terre (Training Unit / Life and Earth Sciences), Burkina Faso
UNAIDS:	Joint United Nations Programme on HIV / AIDS, Switzerland
UNCRL:	Uganda Natural Chemotherapeutics Research Laboratories, Uganda
UNCST:	Uganda National Council for Science and Technology, Uganda
UNDP:	United Nations Development Programme
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNHRO:	Uganda National Health Research Organization, Uganda
UNFPA:	United Nations Population Fund, USA
UNICEF:	The United Nations Children's Fund
USAID:	United States Agency for International Development
UTRO:	Uganda Trypanosomiasis Research Organization, Uganda
UVRI:	Uganda Virus Research Institute, Uganda
WB:	World Bank
WHIP:	Wider Harmonization in Practice, Zambia
WHO:	World Health Organization
WHO/TDR:	UNICEF-UNDP-World Bank-WHO Special Programme for Research and Training in Tropical Diseases, Switzerland
WHO/HRP:	UNDP-UNFPA-WHO-World Bank Special Programme of Research, Development, and Research Training in Human Reproduction, Switzerland
ZAMPHOR:	The Zambian Forum for Health Research

Executive summary

Alignment and harmonization of donor support to low and middle income countries is essential to improve the effectiveness of development aid and may be useful in improving impact of health research support. Alignment refers to the donor commitment to base development assistance on partner countries' strategies, institutions and processes. Harmonization is the commitment by donors to rationalize their multiple activities in ways that maximize the collective efficacy of aid under country ownership. The Alignment and Harmonization Study (AHA Study) analyzed the practices and potentials of alignment and harmonization in health research, using the principles of the Paris Declaration on Aid Effectiveness¹. The study involved five African countries (Burkina Faso, Cameroon, Mozambique, Uganda and Zambia) and eight donor countries (Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom), and was conducted between May 2007 and June 2008. Health research system mapping, document reviews, web searches and key informant interviews were used to collect data.

National Health Research System in Burkina Faso

Two ministries are involved in the governance and management of health research in Burkina Faso: the Ministry of Secondary and Higher Education and Scientific Research (Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique-MESSRS) and the Ministry of Health (Ministère de la Santé) – MS.

The MESSRS is responsible for scientific research through its National Centre for Scientific and Technological Research (Centre National de Recherche Scientifique et Technique – CNRST), which coordinates research at the national level. Within CNRST, the Institute for Health Sciences (Institut de Recherche en Sciences de la Santé – IRSS) is responsible for the coordination of health research.

The MS Department for Studies and Planning (Direction des Etudes et de la Planification - DEP) is responsible for coordinating health research undertaken by research institutes that fall under the auspices of the MS.

Both ministries are members of the Council for Health Research Centres (Conseil des Centres de Recherche en Santé – CCRS), a consultative body established in 2005 to create a dialogue between research institutes.

Burkina Faso defined strategic orientations for national health research through its Strategic Plan for Scientific Research (Plan Stratégique pour la Recherche Scientifique - PSRS) in 1995, and through its National Health Policy (Politique Sanitaire Nationale - PSN) in 2000. In 1997, the Essential National Health Research (ENHR) process identified forty health problems as national health research priorities.

Nevertheless, research institutions indicate that national health research priorities had not been properly defined and disseminated. They advocate for a harmonization on health research activities that would allow for the design of a national action plan on

1 The Paris Declaration on Aid Effectiveness, OCED, 2005, <http://www.oecd.org/dataoecd/11/41/34428351.pdf>

health research. In line with this objective, during the year 2007, the MS through the DEP updated the priority health problems and defined health research themes in relation to those problems. A process for designing a new Strategic Plan for Scientific Research is currently underway with the support of IDRC.

Given the current challenges of coordination and harmonization between the MESSRS and the MS, research institutions tend to formulate their own priorities according to funding opportunities. Burkina Faso is highly dependent on external funds (Between 70% and 90% according to the interviewees). Essentially, the ministries' budgets are allocated to salaries and infrastructure maintenance and neither MESSRS nor MS directly fund health research projects. In June 2007, however, the Government approved a new budget line for health research (Fonds d'Appui pour la Recherche en Santé – FARES) in the MS budget, which Parliament should vote on in 2008. Its anticipated funding levels are 40 000 000 CFAF (82 000 USD).

While awaiting a national action plan for health research, some research institutions are working on defining their research agendas and seeking funding in alignment with these agendas.

The presence of two governing bodies (the MESSRS and the MS) present challenges to equitable access to career development opportunities. Currently, researchers attached to MESSRS have the right to progress within the CAMES (Conseil Africain et Malgache pour l'Enseignement Supérieur) framework; whereas researchers attached to the MS do not.

A National Ethics Committee was established in 2005. An ethical code for health research has yet to be established, however, and research institutions tend to submit their projects to their own ethical committees rather than to the national Committee.

With regards to dissemination of health research findings and their translation into action, most respondents indicated a need for better use of existing dissemination mechanisms.

Donors Alignment and Harmonization in Burkina Faso

Although Burkina Faso is a signatory of the Paris Declaration on Aid Effectiveness, interviewees were generally unfamiliar with the content of its principles.

Health and some health research are financed through a "basket fund" also called "Programme d'Appui pour le Développement Sanitaire" (PADS) that facilitates coordination and harmonization between donors (France, Germany, Sweden, the Netherlands, the World Bank and the United Nations Population Fund—UNFPA). A secretariat to improve effectiveness among the donors (Secretariat technique de l'efficacité de l'aide - STELA) was implemented in 2005.

Canada, Denmark, Sweden, the Netherlands and the United Kingdom are the countries that support/have supported health research in Burkina Faso. With the exception of Canada and to some extent Sweden, the financing channel favours Northern institutions as primary recipients. Projects tend to be aligned with donors' priorities. This can be explained, in part, by the fact Burkina Faso does not provide a clear and well defined agenda on health research priorities.

Although donors and WHO meet frequently to discuss health sector issues in Burkina Faso, alignment and harmonization are not among the priority topics. Interviewees indicated that these meetings are not yet optimally used to enhance alignment and harmonization.

Issues to be considered

National Health Research System in Burkina Faso

- Increased coordination of health research at the Government level (between the MESSRS and the MS) would help support the development of a priority agenda for health research to which donors would be able to align their efforts.
- Increased coordination at the Government level would also help address issues posed by the existence of different career development opportunities.
- Increased coordination between institutional Research Ethics Committees and the national Research Ethics committee should also be considered.
- Dissemination of research findings could be stimulated through the design and implementation of a systematic dissemination mechanism and a common format for restitution of research findings.

Donors Alignment and Harmonization in Burkina Faso

- Harmonization of health research at the country level will be stimulated by the definition of a common agenda and national health research priorities to which donors can align their programming. The "Council of Health Research Centres" could play a role in developing such an agenda.
- The establishment of a mechanism for discussion on harmonization and alignment between donors and stakeholders involved in health research is essential. The frequent meetings organized by WHO with the donors to discuss health sector issues may be an option.
- Donors could increase harmonization within their procedures for "open calls" (ie: application and reporting formats).
- Research institutions in Burkina Faso, rather than their Northern counterparts, should increasingly become the primary recipients of projects financed by external donors.

1. Introduction

Low-income countries face a massive under-investment in health research relevant to their needs. Factors that contribute to this problem include inadequate funding for health research in and by poor countries, limited participation of scientists from developing countries in both international research and the global policy arena, and the lack of funding for health research at the country level.

The health research support of development cooperation agencies is often limited, not harmonized between agencies and unaligned with developing countries' health and health research priorities. Donors' ability to effectively align with countries' strategies tends to be restricted by a lack of comprehensive and operational health research policies and strategies, and a failure to include health research in countries' Poverty Reduction Strategies Programmes.

As a multilateral solution to improve aid effectiveness, and in addition to the Rome Declaration on Harmonization of 2003, more than 100 wealthy and developing countries and organizations signed the **Paris Declaration on Aid Effectiveness** in 2005. Signatories to this international agreement committed to adhere to and increase harmonization, alignment and aid management efforts through a set of monitorable actions and indicators.

The partnership commitments are organized around five key principles:

- *Ownership*: Partner countries exercise effective leadership over their development policies and strategies, and co-ordinate development actions.
- *Alignment*: Donors base their support on partner countries' national development strategies, institutions and procedures.
- *Harmonization*: Donors actions are more harmonized, transparent and collectively effective.
- *Managing for results*: Donors and partner countries manage resources and improve decision-making for results.
- *Mutual accountability*: Donors and partners are accountable for development results.

Given that the Paris Declaration is aimed at improving the impact of development aid in general, and was not designed specifically for health research support, a group of donors met with COHRED in Cairo in November 2006 to understand the potentials, limitations and implementation of the Paris Declaration principles in the domain of health research support.

Following this meeting, COHRED initiated a study on donor alignment and harmonization in health research, for which financial support was provided by Sida/SAREC. The purpose of this study was to understand how the Paris Declaration can be fruitfully employed in the field of health research support, including institutional or project-based research collaboration, as well as other support that is not normally seen as part of 'development aid'.

The study, known as the Alignment and Harmonization or AHA Study, includes five African countries: Burkina Faso, Cameroon, Mozambique, Uganda and Zambia; and eight donor countries: Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.

The study findings served as background material for a consultation on how to improve and increase donor alignment and harmonization to national health research priorities and systems that was held in Beijing on 31 October 2007 in conjunction with the Global Forum for Health Research meeting. The meeting involved 39 representatives of all the five African countries, eight donors and two major research sponsoring agencies (the Forgarty International Centre of the US National Institutes of Health and the Wellcome Trust) that were not part of the earlier assessment.

The study findings will also provide the Governments of the five African countries with information relevant to the design of their health research policies and strategies.

This three-part report presents the AHA study data for Burkina Faso:

- Chapter 3 provides an overview of the national health research system (NHRS) in Burkina Faso. It includes information on the NHRS governance and management including legislation and policies, priorities, and financing and human resources related to health research. It also provides case studies of health research institutions and civil society organizations involved in health research.
- Chapter 4 provides an overview of health research funding, with particular attention to the donor countries involved in the AHA study in Burkina Faso.
- Chapter 5 looks at the adherence to the the Paris Declaration in relation to health research support in Burkina Faso. This information should help inform the health research support planning efforts of other donor and partner countries.

The synthesis report of the AHA study (available from: www.cohred.org/AHA) provides information on all five countries, as well as further analysis on the applicability of the Paris Declaration principles to health research.

2. Methods

Study objective and methods

The primary objective of the AHA study was to examine national health research systems and priorities in the five African countries, as well as the policies and activities of eight donor countries as they relate to the funding and the alignment and harmonization of health research.

The methodology for data collection consisted of:

1. Telephone and personal interviews of key informants among the eight donors and among the following constituencies in Burkina Faso:
 - Government
 - research institutions
 - NGOs
 - donor representatives in the country.

Representatives from different constituencies were interviewed to provide an objective overview of the NHRS and donors' alignment and harmonization in Burkina Faso. In addition, interviews were designed to collect data that would better integrate the diverse perspectives of the different sectors charged with coordinating, undertaking and funding health research at the country level.

2. Desk review of key documents received from donors and stakeholders in the country.
3. Internet searches.

A draft of the country report was reviewed by the interviewees.

Data collection in Burkina Faso

Interviews were conducted from 19 July to 27 July 2007.

Nineteen stakeholders were interviewed including four representatives from the Government (MS), nine representatives from research institutions, two representatives from NGOs, one representative from a donor country (the Netherlands), one representative from a project funded by a donor country (Canada), and two representatives from the World Health Organization (see Annex 1 – list of stakeholders interviewed).

Interviews took place in Ouagadougou, in Bobo Dioulasso and in Nouna.

Internet searches were conducted from May 2007 to May 2008.

Study limitations

The fact that representatives from MESSRS were not interviewed is a study limitation, as this Ministry is involved in the governance and management of the NHRS of Burkina Faso. Nonetheless representatives from research institutions operating under the auspices of the MESSRS have been interviewed.

Most of the interviewees were unable to provide financial data regarding either the national budget or bi-lateral and multi-lateral funds for health research. With the exception of the Department of Traditional Medicine and Pharmacopeia of the IRSS, the ISSP and the Centre of Nouna, it was not possible to obtain progress reports, which would include such financial information.

3. National Health Research System in Burkina Faso

3.1. NHRS governance and management

In Burkina Faso, two ministries have health research responsibilities – the Ministry of Secondary and Higher Education and Scientific Research - MESSRS, and the Ministry of Health - MS.

Since the adoption of the National Plan for Scientific Research (Plan Stratégique de Recherche Scientifique - PSRS) in 1995, the institutional capacity for health research has been strengthened through the establishment of research institutions attached either to the MESSRS or the MS.

Ministry of Secondary and Higher Education and Scientific Research (MESSRS)

Scientific research is the responsibility of the MESSRS. The following health research institutions fall under the auspices of the MESSRS:

- National Centre for Scientific and Technological Research (Centre National de Recherche Scientifique et Technique - CNRST)
- Ouagadougou University
- Bobo Dioulasso University
- Koudougou University
- Higher Institute for Population Sciences in Ouagadougou (Institut Supérieur des Sciences de la Population - ISSP)

The CNRST is in charge of coordinating research at the national level². The CNRST, which is at the heart of the national framework for scientific research has the following mission:

- Contribute to the design and implementation of the national policy for scientific research;
- Promote research dedicated to solving constraints related to development;
- Coordinate and control all activities and structures linked to scientific research that are attached to the MESSRS;
- Elaborate and implement research programmes.

The CNRST is composed of four institutes, each of which handles a different field of research. The Institute for Health Sciences (IRSS) is the institute that coordinates research for health within the CNRST.

Also attached to MESSRS, the Unit for Training and Research in Health Sciences (Unité de Formation et de Recherche en Sciences de la Santé - UFR/SDS) of Ouagadougou University is responsible for capacity development and the development of research activities related to health.

Ministry of Health (MS)

Within the MS, the Department for Studies and Planning (Direction des Etudes et de la Planification - DEP) is responsible for coordinating health research activities that fall under the auspices of the MS. Any health research project undertaken by a health or research institute attached to the MS must be submitted to the DEP for approval.

² Direction des Etudes et de la Planification, Profil pays de la recherche en santé du Burkina (PPRS), Ministère de la Santé, Ouagadougou, 2005.

Health Research Institutions under the auspices of the MS include:

- National Centre for Research and Training for Malaria (Centre National de Recherche et de Formation sur le Paludisme - CNRFP)
- Muraz Centre in Bobo Dioulasso
- Health Research Centre of Nouna
- International Centre for Training and Action Research (Centre International de Formation en Recherche Action - CIFRA) in Ouagadougou
- Faculty Hospital, Regional Hospitals
- Central Divisions of the Ministry
- Regional Divisions for Health
- Health Districts
- National School of Public Health in Ouagadougou
- National Public Health Laboratory in Ouagadougou

Other Health Research Structures

Some structures involved in health research are not attached to either ministry (MESSRS or MS). These include:

- Training institutes;
- Research structures with an international status;
- NGOs: Population Council, Save the Children Netherlands;
- Consulting groups: SER SAP (Société D'Etude et de la Recherche en Santé Publique) Interconsult ;
- National Ethical Committee: Even though Burkina Faso does not have a National Ethical Code for health research, a National Ethical Committee was established in 2002 in order to facilitate the authorization procedures. Every health research project should be submitted to the Committee for approval.

Coordination within the NHRS

All interviewees, including representatives from the DEP, indicated that the major problem in the research sector, including health research, is the coordination between the CNRST / IRSS and the DEP. As stated by an interviewee "There is health research in Burkina Faso but there is no health research system". This situation leads to:

- Insufficient collaboration between the MESSRS and the MS but also within the ministries themselves.
- A fragmentation of health research with each research institution undertaking research activities according to its own priorities, donor's priorities and/or researchers' field of interest without any coordination with the Ministries and other research institutions.

At the institutional level, almost all research institutions have boards and scientific committees (SC) in which representatives from the ministries and/or other research institutions can be members (i.e. IRSS member of the SC of the Centre Muraz / DEP member of the SC of the IRSS and Centre Muraz). The SC can also be composed of an international audience (i.e. Centre Muraz and Centre de Nouna).

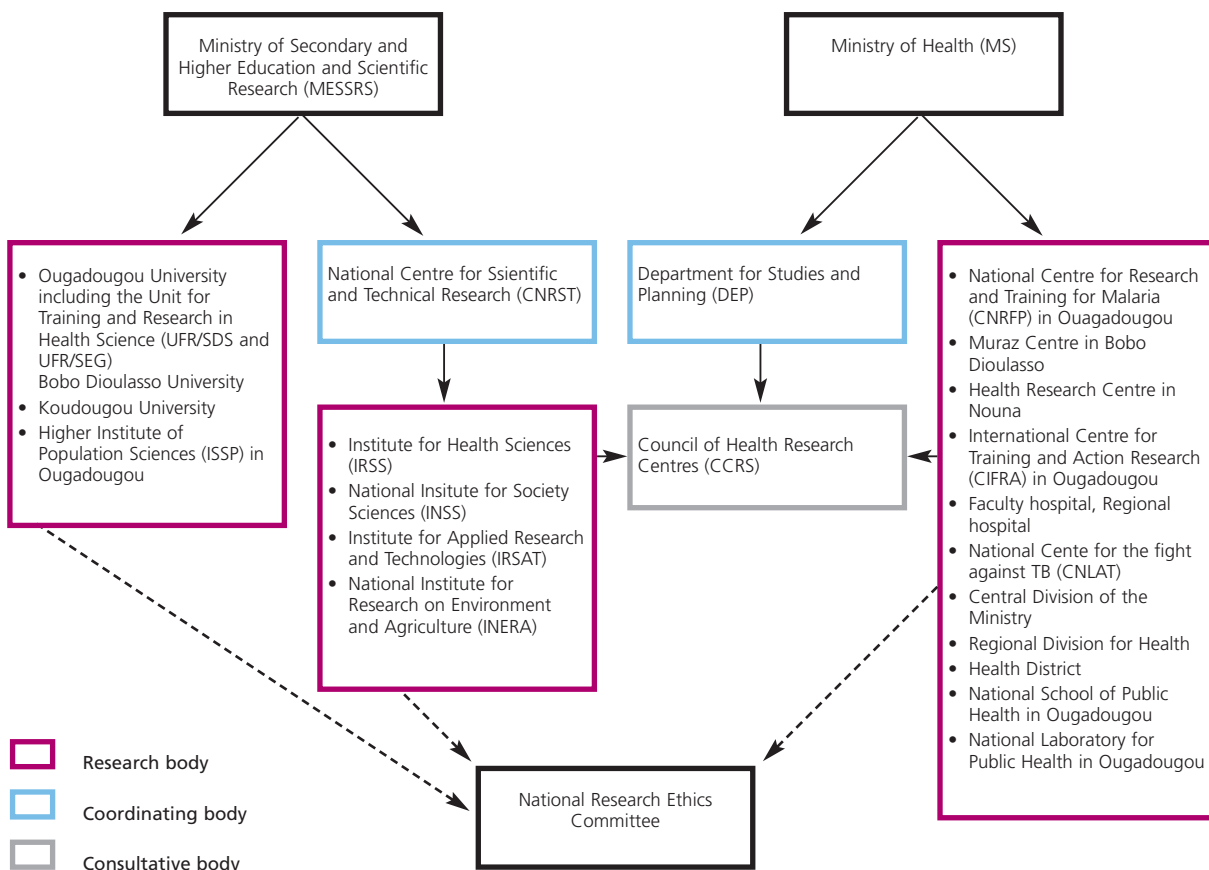
The main responsibilities of these committees are to:

- Define priorities;
- Evaluate the feasibility of projects;
- Select projects;
- Monitor projects progress.

Since 2005, a Council for Health Research Centres (Conseil des Centres de Recherche en Santé—CCRC) has been implemented as a consultative body to facilitate coordination of health research at the national level between health research centres, IRSS and the DEP. Despite the presence of this new council, almost all stakeholders interviewed perceive a lack of coordination and common orientation for health research, and do not see the council as fully operational and effective yet.

See figure 1 for the organization of the health research system of Burkina Faso.

Figure 1: The National Health Research System in Burkina Faso



3.2. Health research legislation and policies

Burkina Faso has neither a legal text nor a national ethical code for health research. The Strategic Plan for Scientific Research³ (Plan Stratégique de Recherche Scientifique - PSRS), adopted by the Government on October 18th 1995, represented a turning point in the country's research orientation. The PSRS federates scientific research at the University level.

The result of consultations undertaken with the key stakeholders involved in research, the PSRS identified health as one of four priority domains for research. (The other domains being agriculture, technology, and human and social sciences) The PSRS states:

"Scientific research is indispensable for the social and economic development of Burkina Faso";

"Scientific research is lacking resources to properly ensure its functions";

"The provision of further resources for scientific research will have to be planned according to a strategic plan".

Considering the health status of the country, the PSRS highlighted the need for promotion by the MESSRS of health research in three directions:

1. Better knowledge of the main pathologies affecting the country;
2. Epidemiological surveillance;
3. Traditional medicine and pharmacopeia.

An on going process for designing a new Strategic Plan for Scientific Research is currently underway with the support of IDRC.

The Government formulated the National Health Policy⁴ (Politique Sanitaire Nationale - PSN) in 2000, and the National Plan for Health Sector Development⁵ (2001-2010) (Plan National de Développement Sanitaire - PNDS) in 2001. The PNDS is the instrument for implementing the PSN. The MS is in charge of implementation of the PNDS through a series of three-year plans.

The overall objective of the PSN is to *"improve the health status of the population in Burkina Faso"*. In addition, the PSN identifies priority problems linked to the Millennium Development Goals (MDGs) and the health objectives of the New Partnership for Africa's Development (NEPAD), and formulates strategic orientations through which health research can contribute towards their achievement:

1. To increase health services access;
2. To improve the quality and use of health services;
3. To optimize the management of human resources for health;
4. To improve financial access to health services;
5. To reduce the spread of HIV / AIDS;
6. To promote vulnerable groups' health;
7. To strengthen the institutional capacity of the Ministry of Health.

3.3. National health research priorities

After 1995, the formulation of national priorities for research, including health research; and the strengthening of the institutional framework marked the research development process in Burkina Faso.

In addition to the strategic orientations outlined by the PSRS in 1995, additional health priorities were identified in 1997 through a symposium on Essential National Health Research (ENHR) organized by the MS in collaboration with COHRED and attended by stakeholders involved in health research. The purpose of the symposium was to formulate a list of priority health problems. The resulting list consisted of twenty "horizontal" problems and twenty "vertical" problems aimed at orienting health research (Annex 2).

Since 1997, there had not been significant national level efforts to re-formulate national health research priorities. However, during the year 2007 the MS through the DEP updated the priority health problems and defined health research themes in relation to those problems. The objective of this effort is to elaborate a national plan for the development of health research.

Additionally, orientations for health research pertaining to specific health issues may emerge from issue specific plans such as the National Multisectorial Plan for the fight against HIV / AIDS (Plan National Multisectoriel) that is attached to the Presidency, and vertical programmes such as those designed to combat malaria and Tuberculosis. By way

3 CNRST, *Plan Stratégique de Recherche Scientifique*, MESSRS, Ouagadougou, 1995.

4 Ministère de la Santé, *Politique Sanitaire Nationale*, Ouagadougou, 2000
<http://www.sante.gov.bf/SiteSante/plans/psn.html>

5 Ministère de la Santé, *Plan National de Développement Sanitaire*, Ouagadougou, 2001.

of example, the National Plan for the fight against Malaria (Plan National de Lutte contre le Paludisme - PNLD) provides priority directions for research.

Despite the existence of national health research priority problems, most stakeholders interviewed do not believe that clear national health research priorities have been properly defined and/or disseminated as the existing priorities are fragmented among different plans and programs. When referring to national health research priorities, research institutes attached to the MESSRS mainly refer to the PSRS while those attached to the MS refer to the PSN. This serves as another example of the need for improved institutional links and coordination between the MESSRS and the MS.

Currently, research institutions tend to formulate their own priorities with their scientific committees according to funding opportunities coming from Northern donors. There is a current trend within some research institutions to work on the definition of a research agenda based on what they consider to be health research priorities for Burkina Faso; and, in the near future, to limit their search for funding to projects that are in line with this agenda.

All interviewees expressed the need for better coordination and harmonization at the country level to facilitate the development of a common strategic plan and a national research agenda to which donors could align.

3.4. Health research financing

The respondents to the study did not provide recent financial data and indicated that figures for mobilization and use of resources for health research most probably remained the same as the findings of the study on resource flows undertaken in 2003⁶.

The health budget in Burkina Faso represents on average 8.10% of the national budget.

The average annual amount of funds mobilized for health research activities during the year 1999 and 2000 was evaluated at 1 754 152 488 CFAF (3 588 200 USD). This amount represented 0.43% of the expenditures of the national health budget corresponding to that period. This is short of the goal of 2% of national health expenditures to be spent on health research as recommended by the Commission on Health Research for Development in 1990⁷.

The national contribution of this amount varied from 33% to 35% of the overall budget for health research. The specific contribution of the MS was low at between 7% and 10% of the total funding for health research.

The MESSRS provides approximately **70 000 000 CFAF (145 000 USD)** annually to the CNRST for research.

In June 2007, a new line for health research called 'Fond d'Appui pour la Recherche Santé' (FARES) was approved in the MS budget. The funding level is expected to be approximately **40 000 000 CFAF (82 000 USD)** and should be allocated to:

- Support projects that are in line with the national health research priorities;
- Strengthen the coordination of health research at the national level;
- Capacity development.

Although limited in terms of funding, this line item indicates political willingness to support health research.

⁶ Dr. Celestin Traore and Dr. Alain D. Zougba, Tracking resources flow for health research and development in Burkina Faso (1999 – 2000), Ouagadougou, 2003.

⁷ Commission on Health Research for Development, Health Research – Essential link to equity in Development , Oxford University Press, 1990.

The analysis of sources of health research and development funds made by the 2003 study revealed a significant contribution of external financing varying from 67% to 69%. These funds were mainly provided by external research partner institutions through bilateral and multilateral co-operation (49% to 51%). The multilaterals primarily consist of the United Nations Agencies, including WHO, UNICEF and UNFPA in particular.

According to the interviews with research institutions representatives undertaken in July 2007, the percentage of external funding of their activities can be estimated at between 70% and 90%.

It is interesting to note that the private sector (apart from Pharmaceutical companies) seems to be involved in health research funding (Examples are Volkswagen in Nouna and Nestle in IRSS).

3.5. Human resources for health research

Although the number of researchers grows constantly, an important demand for researchers to enable implementation of the various research programs still exists. In 2005, approximately 950 staff were involved in research at the research institutions level⁸.

Most of the researchers in the research institutions visited were men. However, interviewees mentioned that some of the donor countries —France and the Netherlands in particular— ask for gender equality among the research staff working on the projects they fund.

One of the main issues mentioned by all stakeholders is inequities in career development. The CAMES (Conseil Africain et Malgache pour l'Enseignement Supérieur) is the framework within which researchers evolve and progress. There is a fragmentation between researchers attached to the MESSRS who can evolve within the CAMES process, and those attached to the MS who are not part of the CAMES. Each year a certain number of researchers submit their files to CAMES for a determination of whether they can move to the next grade according to CAMES defined norms. CAMES is the only institution that can validate diplomas for those who have graduated overseas.

This fragmentation in career development tends to lead to a situation where researchers attached to the MS lose motivation and look for capacity development opportunities financed by external funds. These researchers may opt out of returning to the country when benefiting from training abroad or may choose to leave Burkina Faso. Some interviewees suggested that researchers and research institutions attached to the MS should benefit from a dual supervision (MESSRS and MS and a specific status that would allow them to teach at University and to benefit from career development within the CAMES (i.e. Yalgado Hospital, a university hospital that belongs to the MS where it is possible for researchers to develop their career within the CAMES process).

The Council of Health Research Centres developed a protocol of agreement between the research centres attached to the MS (represented by the General Secretary for Health) and the CNRST (represented by the General Director) that was transmitted to research institutions for amendments in 2006. It is worth noting that none of the interviewees mentioned this protocol.

Capacity development of national researchers remains a Government priority. Trainings are organized within the research institutions attached to the MESSRS. In 2004, the total number of students trained by the UFR / SDS (Unité de Formation et de Recherche en Sciences de la Santé) and the UFR / SVT (Unité de Formation et de Recherche en Sciences

8 Direction des Etudes et de la Planification, *Profil pays de la recherche en santé du Burkina (PPRS)*, Ministère de la Santé, Ouagadougou, 2005.

de la Vie et de la Terre) was 200 and the number of researchers trained in “research methodology” by the IRSS in collaboration with the UFR / SDS was 20. 78 national and foreign researchers were trained by the CIFRA.

One issue mentioned during the interviews is that the lack of harmonization on “research methodology” training in Burkina Faso may be limiting common knowledge of research methodology.

3.6. Health research institutions

Research institutions in Burkina Faso are attached either to the MESSRS or the MS (see figure 1).

Table 1 lists the main health research activities of some of the research institutes.

Based on the policy documents (PSRS and PSN) and the list of health priority problems identified in 1997 during the ENHR process, it appears that most of the research undertaken by the research institutes mentioned is aligned with national priorities. Despite the commonly held opinion that coordination should be improved and a common agenda should be established, the current research already seems to focus on priority health areas.

Table 2 presents the number of researchers involved in health research, for some of the main research institutes in Burkina Faso.

In general, research institutions do not consider national health research priorities to be properly defined and disseminated, as they refer to different policy documents, depending on the Ministry to which they are attached. Therefore, they tend to formulate their own priorities mainly according to funding opportunities.

Exceptions are the National Institute for Statistics and Demography (Institut National de la Statistique et de la Démographie - INSD) and the Institute for research on Health Sciences (IRSS). Charged with undertaking “exploratory research” through the production of surveys, INSD designs its work plan in collaboration with the Government through INSD priorities established according to the Poverty reduction Strategy Paper. Every three years, each research institute of the CNRST organizes a workshop involving MESSRS representatives to design the IRSS action plan and consider whether its projects are in line with national priorities.

3.7. Organized civil society in health research

The AHA study included the NGO Population Council⁹ (PC) and an interview with an officer of a former Burkina Faso project of the NGO Axios¹⁰.

The Population Council is an international, nonprofit, nongovernmental organization that conducts research worldwide to improve policies, programs, and products in three areas: HIV and AIDS; poverty, gender, and youth; and reproductive health. Population Council’s main health research activities in Burkina Faso are oriented towards reproductive health.

As “service provider” PC does not own funds, but provides expertise and skills to funders to conduct research, thus generally aligning on funders’ priorities. Nonetheless, the PC representative in Burkina Faso considers all projects to be aligned to the country’s priorities, as each project for which PC applies is initially submitted to the Department for Family Health (Direction de la Santé de la Famille - DSF) to ensure that the project is in line with the MS priorities related to reproductive health. PC is part of a concertation framework composed of the MS, donors and NGOs, that meets twice a year to discuss

9 <http://www.popcouncil.org/>

10 <http://www.axios-group.com/>

Table 1. Main health research activities per research institute

Research Institutions	Main health research activities
The Institute for Health Sciences (IRSS)	<ul style="list-style-type: none"> • Clinical research / Epidemiology (Malaria / HIV/AIDS / Tuberculosis / Trypanosomiase / Cancer / Drugs) • Traditional pharmacopeia • Health systems • Nutrition • Health promotion
Traditional Medicine and Pharmacopeia Department	<ul style="list-style-type: none"> • Health systems/ Traditional medicine • Traditional pharmacopeia • Health promotion
Muraz Centre (Bobo Dioulasso)	<ul style="list-style-type: none"> • Clinical research / Epidemiology (HIV/AIDS / Malaria / Tuberculosis) • Epidemiology and vaccinology
Health Research Centre in Nouna	<ul style="list-style-type: none"> • Demographic surveillance • Public health • Clinical research / Epidemiology (Malaria / HIV/AIDS) • Environment and health

Table 2. Human capacity of some health research institutes

Research Institutions	Number of researchers involved in health research	Gender	
		Male	Female
Institute for Health Sciences (IRSS)	40	-	-
Traditional Medicine and Pharmacopeia Department	20	15	5
Muraz Centre (Bobo Dioulasso)	40	-	-
Health Research Centre in Nouna	9	8	1
National Centre for Research and Training against Malaria (CNRFP)	22	19	3
Superior Institute for Population Sciences (ISSP)	5	1	4

implementation of the DSF Action Plan. One of the major donors to PC is UNFPA. The UNFPA Action Plan is aligned with the Burkina Faso Poverty Reduction Strategy Paper (PRSP), which ensures that their projects are fully in line with Ministry's priorities.

The Axios project involved national authorities and was related to HIV / AIDS—a priority problem in Burkina Faso. Axios specializes in the delivery of healthcare programs in developing countries. It focuses on the following areas: antiretroviral therapy for

HIV/AIDS, integrated voluntary counseling and testing, mobilization for orphans and vulnerable children, prevention of mother-to-child transmission of HIV, cancer initiatives and drug delivery and chronic disease management. The main Axios project was related to strengthening Health Care Systems. In partnership with the government, local NGOs and communities, Axios has implemented interventions with funding from the Abbott Fund. The project is now closed.

3.8. Regional organizations and networks

Burkina Faso is a member of the New Partnership for Africa's Development (NEPAD)—a leading organization in Africa to promote health research as stated below:

*"Research in general and operational research specifically must be recognized as necessities for improving health systems performance and not as luxuries. In consequence, health systems need to budget for and support research that provides evidence for use by policy – and decision makers at all levels. Appropriate arrangements have to be made to ensure that results of research can indeed influence health policy and practice"*¹¹.

The National Health Policy of Burkina Faso is partly aligned to NEPAD's health objectives.

Burkina Faso has been a member of Evidence-Informed Policy Networks—EVIPNet Africa¹² since its launch in March 2006. EVIPNet is a program to promote the use of health research in policy- and decision-making and practice. Ultimately, EVIPNet is a partnership between policy-makers, decision-makers and researchers to facilitate decision-making and policy implementation through the use of the best quality and safest scientific evidence available globally and locally.

EVIPNet Africa is in a current initial planning phase in which countries create their concept for partnerships between researchers and policy-makers, develop their teams and host workshops in each country to identify priorities. The Health Systems division of the Swedish International Development Cooperation Agency (Sida) and WHO support this phase. The other African countries involved are: Angola, Cameroon, Central African Republic, Ethiopia, Mozambique, Niger and Zambia.

The health research Centre in Nouna considers its membership in the INDEPTH network¹³ useful and effective for dissemination of research findings. INDEPTH is an international platform of sentinel demographic sites that provides health and demographic data and research to enable developing countries to set health priorities and policies based on longitudinal evidence.

INDEPTH's objectives are to:

- Initiate and facilitate cross-site, longitudinal health and social studies and impact assessments in severely resource constrained populations;
- Disseminate study findings with all external stakeholders to maximize impact on policy and practice;
- Foster and support capacity building and cross-site collaborations among INDEPTH member sites;
- Facilitate the process for donors to fund multi-site health and social research projects in the developing world and especially Africa and Asia.

11 NEPAD Health Strategy : <http://www.nepad.org/2005/files/documents/129.pdf>

12 <http://www.who.int/rpc/evipnet/africa/en/index.html>

13 <http://www.indepth-network.org/>

3.9. Dissemination of research findings

All stakeholders interviewed commented on the lack of a systematic dissemination mechanism between the ministries and the research community, and among the research community itself. Significant efforts must be made to make research findings more visible.

Dissemination mechanisms exist but they are not used in the most efficient manner.

These mechanisms are:

- The Forum for Scientific Research and Technological Innovations (Forum sur la Recherche Scientifique et les Innovations Technologique – FRISIT) that was approved by Decree on September 18th 1995. It is organized every two years by the MESSRS and the Ministry for Trade and Industry.
- Association for Health Sciences of Bobo Dioulasso (Association pour les Sciences de la Santé de Bobo Dioulasso) which replaced the Health Sciences days of Bobo (Les Journées des Sciences de la Santé de Bobo) in 2004. It brings together national and international researchers at its meetings, which usually meets every two years before the FRISIT.
- The National Agency for Research Utilization (Agence Nationale pour la Valorisation de la Recherche – ANVAR), the body that should be used to promote and disseminate research findings but is not yet functioning optimally.
- The Scientific Days of Nouna (Les Journées Scientifiques de Nouna), which were put in place in 2004.

Other methods of disseminating research findings include:

- Progress reports and publications (in French and English)
- Dissemination workshops (“Atelier de restitution”)
- Television (Muraz Centre)
- Radio (CNRFP)
- Networks (INDEPTH / Health Research Centre of Nouna)

In 2004 – 2005, the DEP took the initiative, with the support of the World Bank, to produce a CD that compiles all research projects undertaken in Burkina Faso since 1965. The information was not well disseminated, however, as most of the interviewees were not aware of it.

Difficulties with dissemination results in difficulties in ensuring the impact of research findings on policy making. Examples of studies that have influenced policies are rare. The importance of such efforts is demonstrated by the study on plasmodia strains resistance to anti malarial medicines that led to adoption of another scheme for malaria treatment in the country.

Even when research findings are disseminated, there is no follow up to evaluate their translation into action. The need to improve the dissemination of research findings and to design a monitoring system to evaluate their impact on policies is clear.

3.10 Ethics

A national Research Ethics Committee was established by Decree in 2005 but currently there is no ethical code for health research in Burkina Faso. Each project should be submitted to the National Research Ethics Committee for approval but this does not occur systematically as most research institutes have their own Ethical Committee. This can be a source of confusion.

4. Health research donors in Burkina Faso

Donor countries' health research support in Burkina Faso

The Netherlands and Sweden, along with France, Germany, the World Bank and UNFPA fund "basket funds" known as the "Programme d'Appui au Développement Sanitaire" (PADS). Health and some health research are funded by PADS, which is actually a tool to implement the PNDS. The Netherlands leads this "Basket Fund" and has a delegated cooperation¹⁴ with Sweden.

It was not possible to obtain information on the percentage of the PADS budget used for health research, as the 'basket fund' globally finances plans of action, rather than separate activities.

Canada, Denmark, the Netherlands, Sweden and the United Kingdom have supported or still support health research projects in Burkina Faso that are not part of the PADS. Except for projects funded by Canada and to some extent Sweden, the primary recipients of these projects are Northern institutions.

Apart from the donors involved in the AHA study, the main donors in Burkina Faso are: France, Germany, Belgium, USA, European Union, UNFPA, WHO, World Bank, and the Gates Foundation.

Canada (IDRC)

Canada funds several health research projects in Burkina Faso. Canada was often mentioned by interviewees as a donor that involves its counterpart throughout the process of project design, implementation and management. (see Annex 3 for project details).

Denmark (Danida)

Danida does not currently fund health research in Burkina Faso but did fund health research programmes as follows:

- A survey on health at the National Institute for Statistics and Demography (INSD).
- In the 1990's HERA¹⁵ (Health Research for Action) activities related to training and human resources development in health research (evaluation of basic training curricula of paramedical personnel; support to long-term health manpower planning at national level; development of a master plan for the national public health school; curriculum development for health staff).

14 The definition of delegated cooperation by OECD/DAC is as follows: "...when one donor (a "lead donor" acts with authority on behalf of one more other donors (the "delegating" donors or "silent partners"). The level and form of delegation vary, ranging from responsibility for one element of the project cycle for a specific project to a complete sector programme or even a country programme".
http://www.oecd.org/department/0,2688,en_2649_33721_1_1_1_1_1,00.html

15 HERA (health research for action) is an international multidisciplinary team of public health professionals, epidemiologists, pharmacists, anthropologists and health economists with experience in both industrialised and low-income countries. HERA Ltd is a private company, established in 1990 and registered in Belgium. While liaising with a network of experts, research organizations, and public health institutions in low income and industrialised countries, HERA operates independently of political and financial interest groups. The HERA team brings together a broad spectrum of expertise in health and development, research, programming, and policy

Sweden (Sida / SAREC)

Sida's support is mainly directed at research capacity building in the country's two universities in Ouagadougou and Bobo – Dioulasso, as well as the National Centre for Scientific and Technological Research (CNRST). Sida does not fund health research but focuses on Natural Resource Management (NRM) and on how changes in the Sahelian eco-system threaten food security.

The overall budget for the research collaboration with Burkina Faso for the period 2004 – 2008 is 66 000 000 SEK (9 900 000 USD) with allocations of 14 000 000 SEK (2 095 000 USD) for 2007 and 12 000 000 (1 795 000) for 2008. 12 000 000 SEK (1 795 000) are devoted to improving the ICT infrastructure at the applying institutions.

Sida recently organized a prospective mission to the INSD to evaluate technological support needs particular to research.

The Netherlands

The Netherlands fund part of health research through the SWAp for health.

UK (DFID)

DFID is currently funding two multilateral projects that include Burkina Faso. (see Annex 3 for project details).

5. Adherence to the Paris Declaration on Aid Effectiveness in relation to health research support

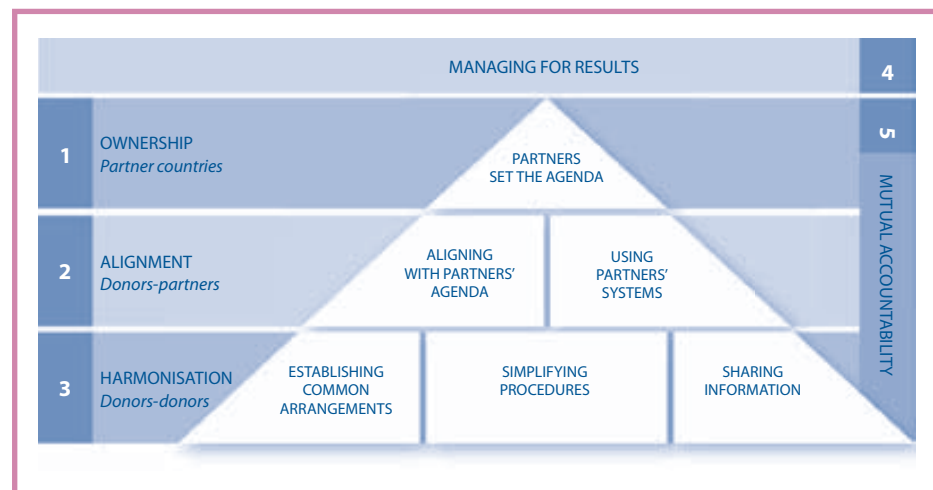
5.1. The Paris Declaration on Aid Effectiveness

The second High-Level Forum on Aid Effectiveness, held in Paris on 2 March 2005, brought together development officials and ministers from 91 countries and 26 multilateral organizations, as well as representatives of civil society and the private sector¹⁶. The main outcome was the Paris Declaration on Aid Effectiveness. The Declaration was the culmination of various events including Monterrey (2002), the first High-Level Forum in Rome (2003) and the Marrakech Round Table on Managing for Results (2004)¹⁷.

The four broad areas of the Rome and Marrakech commitments can be schematically depicted in a pyramid (see Figure 2). The Paris Declaration added the principle of mutual accountability. The principles of *ownership*, *alignment* and *harmonization* are the main organizing principles of this report.

Various indicators exist to measure the progress made in aid effectiveness. Twelve indicators from the Paris Declaration¹⁸ and some of the indicators used by the Development Assistance Committee (DAC) Task Team on Harmonization and Alignment in various surveys^{19,20} were adapted to health research support for the AHA study.

Figure 2: The Aid Effectiveness Pyramid



¹⁶ OECD, <http://www.oecd.org/dac>

¹⁷ Aid and Harmonization website, <http://www.aidharmonization.com/>

¹⁸ Indicators of Progress, Paris Declaration on Aid Effectiveness, <http://www.oecd.org/dataoecd/57/60/36080258.pdf>

¹⁹ DAC / OECD, Survey on Alignment and Harmonization, Paris, 2004, http://www.oecd.org/document/61/0,3343,en_2649_3236398_31659517_1_1_1_1,00.html. The findings of the survey were used to report progress to the Second High-Level Forum on Harmonization and Alignment of Aid Effectiveness (early 2005) where the Paris Declaration on Aid Effectiveness was signed.

²⁰ OECD / DAC, Aid Effectiveness, 2006 Survey on Monitoring the Paris Declaration, Overview of the Results, Paris, 2006 <http://www.oecd.org/dataoecd/58/28/39112140.pdf>

5.2. Ownership

Ownership – that is, a country's ability to exercise effective leadership over its development policies and strategies – is critical to achieving effective implementation of the Paris Declaration. In compliance with the indicators developed by OECD-DAC, this report uses six criteria adapted for health research support to assess the degree of ownership in Burkina Faso. These criteria can be formulated as questions.

Does Burkina Faso have:

- Well defined priorities and an operational health research strategy to guide aid coordination?
- A significant and operational budget for health research?
- Adequate human resources to conduct health research?
- An agenda for harmonization and a process for coordinating aid?
- A framework for encouraging dialogue between Government and donors?
- The capacity for managing aid?

Burkina Faso is currently in the process of redefining its national health research priorities that had followed from the forty national health problems identified in 1997. The country does not currently have an operational health research strategy but with the support of IDRC, a new research strategic plan is being drafted.

The budget for health research is limited. The data of the 2003 Survey on health research resource flows in Burkina Faso indicated that the amount for health research represented only 0.43% of the national health budget expenditures. This is less than the 2% of national health expenditures that was recommended to be spent on health research by the Commission on Health Research for Development in 1990. In June 2007, however, a new line for health research called "Fond d'Appui pour la Recherche Santé" (FARES) was approved in the MS budget. The amount should be approximately 40 000 000 CFAF (82 000 USD).

Although an agenda for harmonization and a process for coordinating aid for health research is lacking, current financing of the health sector through a basket fund allows for considerable progress towards the alignment and harmonization of donors.

A Technical Secretariat for Aid Effectiveness (Secretariat Technique de l'Efficacité de l'Aide - STELA) was established in 2005. It was formed by the World Bank, UNDP and the European Commission. STELA's mission is to:

1. Identify obstacles to a better harmonization.
2. Work in close collaboration with the Government National Coordinator who is attached to the Ministry of Finance.

With the exception of occasional round table meetings chaired by UNDP and the Government to discuss development assistance with donors, no official framework exists to facilitate discussion between the Government and donors on aid for health research.

As harmonization and alignment measures are implemented, donors are increasingly relying on partner country systems and procedures to manage and coordinate aid. This requires robust administrative systems in the partner country. Even though the World Bank Review highlights significant improvement of public financial management since 2002, capacity for financial management of aid can still be strengthened. To this end, the global audits of the "basket fund" known as PADS will:

- Make more visible the weaknesses of some national procedures for management of aid;
- Allow government and donors to identify the need for institutional capacity building fundings.

5.3. Alignment

Alignment is the term used to describe donor commitment to base development assistance on partner countries' national strategies, institutions and process. This report uses three criteria to assess the degree of alignment of the donors in Burkina Faso:

- Do donors align on Burkina Faso's national health research priorities?
- Do donors align on Burkina Faso's systems and procedures?
- Do donors align in their support for capacity development?

Most of the interviewees estimate that donors do not align on what they consider to be Burkina Faso's health research priorities. Therefore, they adapt their proposals according to donors' priorities and "open calls". They note that Burkina Faso should first proceed to an internal harmonization to define a common agenda for health research on which the donors could then align.

The NGO Population Council was the only organization that considered whether their projects aligned with the country's priorities.

Some donors mentioned that headquarters do not allow the Embassies enough time to set up a plan defining strategic orientations that would be fully in line with the priorities of the country.

No information was obtained on donors' alignment on country's systems and procedures related to health research support.

The Paris Declaration commits donors to providing more coordinated support to capacity development. However, harmonization between donors for the funding of institutional capacity building activities appears to be insufficient. The Netherlands is suggesting creating a donor pool for providing technical assistance for capacity building at the institutional level. This approach would require:

- The donors to have a common vision on this issue;
- The Government to identify its capacity building needs and priorities at the ministry level.

5.4. Harmonization

Harmonization is the term used to describe a commitment by donors to rationalize their multiple activities in ways that maximize the collective efficacy of aid under country ownership. This report uses four criteria to assess the degree of donor harmonization in Burkina Faso:

- Do donors have common arrangements?
- Do donors have delegated cooperation?²¹
- Do donors conduct joint missions?
- Do donors share information and analysis?

Funding of part of the health sector by a Sector Wide Approach (SWAp) "basket fund" also called "Programme d'Appui pour le Développement Sanitaire" (PADS), facilitates coordination and harmonization between the donors who contribute to this fund (France, Germany, Sweden, the Netherlands, the World Bank and UNFPA). The Netherlands acts as leader of the PADS, thereby reducing the transaction costs between the Government and

²¹ Donors make full use of their respective comparative advantage at sector or country level by delegating, where appropriate, authority to lead donors for the execution of programs, activities and tasks.

every country and reinforcing transparency of the relations. Additionally, the Netherlands has a delegated cooperation with Sweden, which means that Sweden is fully represented by the Netherlands .

Donors are involved in the process of monitoring and evaluation of the PADS through the Monitoring Committee (Comité de Suivi), which is also composed of the MS, other ministries and civil society organizations. Its activities consist of:

- Bi-annual meetings;
- Field visits followed by meetings to share comments and come up with recommendations;
- Meetings with the central divisions and the health districts that are the primary recipients of the PADS;
- Joint reporting;
- Joint and global audits.

Donors also participate in the Board (Comité Directeur) of the National Plan for Health Sector Development (2001-2010) - PNDS and in its six sub-commissions (Sectorial approach, Monitoring indicators, Human capacity, Institutional capacity, Decentralization and Private sector).

In addition to the Committees and meetings to which donors are invited to participate, under WHO guidance, the MS and the donors meet every three months to discuss the health sector. Nonetheless, according to the donors, alignment and harmonization should be discussed in greater depth within this framework.

The Technological Secretariat for Aid Effectiveness (STELA) created in 2005 should also contribute to increased donor harmonization.

An equivalent process for health research support does not exist to date.

Table 3. The Sector Wide Approach (SWAP)²²

“All significant funding for the sector supports a single sector policy and expenditure programme, under government leadership, adopting common approaches across the sector and progressing towards relying on Government procedures for all funds”

The core elements of a SWAp:

1. All significant funding agencies support a shared, sector wide policy and strategy;
2. A medium term expenditure framework or budget which supports this policy;
3. Government leadership in a sustained partnership;
4. Shared processes and approaches for implementing and managing the sector strategy and work programme, including reviewing sectorial performance against jointly agreed milestones and targets;
5. Commitment to move to greater reliance on Government financial management and accountability systems.

²² Mick Foster, 2000, “Experience with implementing Sector Wide Approaches”, ODI

5.5. Managing for results

The Paris Declaration asks partner countries and donors to work together to manage resources on the basis of desired results, and to use information to improve decision making. The report uses one criteria to assess this principle:

- Has Burkina Faso established a cost-effective results-oriented reporting and assessment systems?

A framework for monitoring progress of aid for health exists within the framework of the PADS but there is no specific monitoring for health research projects.

5.6. Mutual accountability

Mutual accountability implies that donors and partner countries are accountable to each other for the use of development resources. This requires Governments to improve their accountability systems and donors to be transparent about their contributions. The report uses one criteria to assess this principle:

- Has Burkina Faso a mechanism permitting joint assessment of progress in implementing agreed-upon commitments on aid?

Mutual accountability is also monitored within the framework of the PADS. There is no mutual accountability system specific to health research projects.

6. Conclusion

Since 1995, the National Health Research System in Burkina Faso has evolved significantly. Strategic orientations for health research were formulated, an institutional framework was developed, and in 1997 forty national health problems for which priority health research themes must be defined were identified.

More recently, a Council for Health Research Centres was established to facilitate better coordination in health research and the Government has approved a new fund for health research. In addition, DEP initiated an on going process for the re-formulation of national health research priorities and the identification of related research priority themes.

Despite these positive initiatives, Burkina Faso still faces several challenges as it endeavours to strengthen its NHRS and make it more efficient and operational.

The coordination between the MESSRS and the MS must be improved. Research findings need to be disseminated through systematic mechanisms and monitored after their restitution in order to facilitate their translation into policies and actions. Regarding human capacity, a new framework could allow all researchers to benefit from career development. Eventually, the NHRS should be able to reduce its dependence on external funds, which are not always adequate and in line with national health research priorities.

In the absence of a harmonized agenda for health research at the country level, it is currently difficult for donors to be in compliance with the Paris Declaration on Aid Effectiveness in relation to health research support. Nevertheless, both donors and stakeholders involved in health research indicate the willingness to strengthen the NHRS, enhance its transparency and the decision making with regards to alignment and harmonization.

The Synthesis Report of the AHA Study (available from: www.cohred.org/AHA) provides a further analysis of the opportunities and challenges for alignment and harmonization in health research support, building upon the results of all five country studies collectively.

Bibliography and websites

Bibliography

- Centre National de Recherche Scientifique et Technique (CNRST) (1995). *Plan Stratégique de Recherche Scientifique*. Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique, Ouagadougou
- Centre de Recherche en Santé de Nouna (2006). *Rapport d'Activités 2006*. Ministère de la Santé. <http://www.sante.gov.bf/SiteSante/plans/tbrdocbase.pdf>
- Commission on Health Research for Development (1990). *Health Research – Essential link to equity in Development*, Oxford University Press
- DAC/OECD (2004). *Survey on Alignment and Harmonization*, Paris. http://www.oecd.org/document/61/0,3343,en_2649_3236398_31659517_1_1_1_1,00.html
- DAC/OECD (2006). *Aid Effectiveness, 2006 Survey on Monitoring the Paris Declaration, Overview of the Results*. Paris <http://www.oecd.org/dataoecd/58/28/39112140.pdf>
- Direction des Etudes et de la Planification (2005). *Profil pays de la recherche en santé du Burkina (PPRS)*. Ministère de la Santé, Ouagadougou
- Institut de Recherche en Sciences de la Santé (IRSS) / CNRST (2002). *Deuxième Plan Triennal (2002 – 2004)*, Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique, Ouagadougou
- IRSS/CNRST (2005). *Rapport d'Activités de Recherche 2005*. Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique, Ouagadougou
- IRSS/CNRST (2006). *Rapport d'Activités de Recherche 2006*. Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique, Ouagadougou
- Ministère de la Santé (2000). *Politique Sanitaire Nationale*. Ouagadougou <http://www.sante.gov.bf/SiteSante/plans/psn.html>
- Ministère de la Santé (2001)., Plan National de Développement Sanitaire. Ouagadougou <http://www.sante.gov.bf/SiteSante/plans/pnds.html>
<http://www.un.org/millenniumgoals/>
- Ministère de la Santé (2003). Table ronde des bailleurs de fonds du Plan National de Développement Sanitaire (PNDS) 2001 – 2010. Ouagadougou
- New Partnership for Africa's Development (NEPAD) (2003). *Stratégie Sanitaire* <http://www.nepad.org/2005/fr/documents/54.pdf>
- OECD (2005). *The Paris Declaration on Aid Effectiveness*. Paris <http://www.oecd.org/dataoecd/11/41/34428351.pdf>
- C. Traore and A. D. Zougba (2003). *Tracking resources flow for health research and development in Burkina Faso (1999 – 2000)*, Ouagadougou
- World Bank, *Aid Effectiveness Review – Burkina Faso*, Washington, 2006 <http://siteresources.worldbank.org/CDFINTRANET/Overview/21192388/BurkinaFasoFINALDecember52006.doc>

Websites

- Aid and Harmonization website
<http://www.aidharmonization.com/>
- Axios
<http://www.axios-group.com/>

- Centre de Recherche en Santé de Nouna
<http://www.crsn-nouna.org>
- Centre Muraz
<http://www.centremuraz.bf/Francais/>
- Danish Ministry of Foreign Affairs (Danida)
<http://www.um.dk/en>
- Development Assistance Committee (DAC) / Organization for Economic Cooperation and Development (OECD)
<http://www.oecd.org/dac>
- EVIPNet – Evidence-Informed Policy Network
<http://www.who.int/rpc/evipnet/en/>
- EVIPNet Africa
<http://www.who.int/rpc/evipnet/africa/en/index.html>
- INDEPTH Network
<http://www.indepth-network.org/>
- Indicators of Progress, Paris Declaration on Aid Effectiveness,
<http://www.oecd.org/dataoecd/57/60/36080258.pdf>
- Institut Supérieur des Sciences de la Population (ISSP)
<http://www.issp.bf/>
- International Development Research Centre (IDRC)
http://www.idrc.ca/index_en.html
- Ministère de la Santé
www.sante.gov.bf
- Ministère des Enseignements Secondaire, Supérieur et de la Recherche Scientifique (MESSRS)
<http://www.messrs.gov.bf/SiteMessrs/recherches/inss.html>
- New Partnership for Africa's Development (NEPAD)
<http://www.nepad.org/>
- Organization for Economic Cooperation and Development (OECD)
<http://www.oecd.org>
- Population Council (PC)
<http://www.popcouncil.org/>
- Research for Development / Department for International Development (DFID)
<http://www.research4development.info/>
- Swedish International Development Agency (Sida) / Department for Research Cooperation (SAREC)
<http://www.sida.se/>
- The United Nations Millenium Development Goals (MDGs)
<http://www.un.org/millenniumgoals/>
- The World Bank (WB)
<http://www.worldbank.org>
- United Nations Development Programme (UNDP)
<http://www.undp.org>
- United Nations Population Fund (UNFPA)
<http://www.unfpa.org>
- UK - Department for International Development (DFID)
<http://www.dfid.gov.uk>
- World Health Organizations (WHO)
<http://www.who.org>

Annex 1

List of stakeholders interviewed

Structure	Name and Position
Government	
Secrétariat Général / Ministère de la Santé	Jean Gabriel OUANGO Secretary General
Direction des Etudes et de la Planification	Sié Roger HIEN Director Salimata KI Chief of the Health Research Department P. Aboulaye NITIEMA Chief of the Secretariat of « le Plan National de Développement Sanitaire » (PNDS)
Research Institutions	
INSD (Institut National de la Statistique et de la Démographie)	Bamory OUATTARA Director General
ISSP (Institut Supérieur des Sciences de la Population)	Banza Baya Co-Director
Centre Muraz (Bobo-Dioulasso)	Potiandi Serge DIAGBOUGA Director General Seydou OUATTARA Researcher
Centre de Recherche de Nouna	Ali SIE Director General
IRSS (Institut de Recherche en Sciences de la Santé)	Jean-Noel PODA Sub-Director
IRSS / Département Médecine Pharmacopée traditionnelles / Ouagadougou University	Pierre GUISSOU Director
UFR / SDS (Unité de Formation / Recherche en Sciences de la Santé)	Laurent OUEDRAOGO University Professor
CNRFP (Centre National de Recherche et de Formation sur le Paludisme)	S. Bienvenu SIRIMA Researcher Co-Director

Structure	Name and Position
NGOs	
Population Council	Gisèle KABORE Research Coordinator
Axios	Rosine K. SAMA Project Officer
Donors	
Embassy of The Netherlands	Renet Van der Waals Chief of the Department for Cooperation
Canada	Abel BICABA SER SAP Director of the "Société d'Etude et de Recherche en Santé Publique"
WHO	
	Youssef GAMATIE Medical Officer Inter Country Support Team for West Africa
	David KIELEM Project Officer

Annex 2

List of health priority problems for research

Vertical priorities	Horizontal priorities
1. Paludisme	21. Mauvais accueil par le personnel de santé
2. Diarrhées – vomissements	22. Couverture sanitaire insuffisante
3. MST / SIDA	23. Comment améliorer la qualité des soins
4. Méningite	24. Manque de personnel de santé
5. Malnutrition	25. L'automédication très élevée
6. Hypertension artérielle	26. Organisation des soins d'urgence
7. Rougeole	27. Hygiène alimentaire dans les rues et les marchés
8. Pneumopathie	28. Problèmes d'accouchements à domicile
9. Parasitoses intestinales	29. Non décentralisation des moyens
10. Tuberculose	30. Pauvreté des populations
11. Jaunisse	31. Manque de moyens pour les évacuations
12. Fièvre typhoïde	32. Problèmes des premiers soins avant ordonnance
13. Hémorroïdes	33. Problèmes d'accessibilité des services de santé
14. Avortements	34. Coûts élevé des produits pharmaceutiques
15. Maux d'yeux	35. Manque d'eau potable
16. Poliomyélite	36. Manque de motivation du personnel de santé
17. Choléra	37. Manque d'hygiène et de service d'hygiène
18. Ver de Guinée	38. Participation communautaire insuffisante
19. Dermatoses	39. Plateau technique chirurgical faible
20. Fièvre jaune	40. Jeunesse et inexpérience des agents de santé

Annex 3

List of projects financed by donors involved in the AHA study

CANADA (IDRC)

Title / Year	Objectives	Primary recipient	Budget	Comments
Action research on exempting communities from paying health services in Burkina Faso 2006 – 2009	To test a health care financing innovation that would exempt the poor from payment for primary health care services	Montreal University	264,088 CAD\$.	The recipient in Burkina Faso is not mentioned on IDRC website
Institutionalization of an ecosystemic approach for human health in West and Central Africa		Université d'Abomey-Calavi (Bénin)	647,900 CAD\$	
Public Policy and protection against exclusion - Phases I, II, III		Ecole nationale supérieure de statistique et d'économie appliquée ; Association Burkinabé de Santé Publique ; Cabinet d'Etudes HYGEA ; CHUM	664,392 CAD\$	
Avian Flu: Educational kit		Ecole Inter-Etats des sciences et médecine vétérinaire (Sénégal)	17,500 CAD\$	
Subsidies for emergency obstetric care 2006		1st year: University of Montréal 2nd year: ABSP (Association Burkinabaise de Santé Publique)	88,000 CAD\$	This project can be considered good practice as project design and implementation were fully in line with the Paris Declaration. This three year project was initiated in Burkina Faso by ABSP. The 40 000 000 CFAF funds were channelled in two different phases The University of Montreal was the recipient during the first phase. During the second phase IDRC contracted directly with ABSP who jointly coordinated the project with Montréal University.

CANADA (IDRC)

Title / Year	Objectives	Primary recipient	Budget	Comments
Experimentation of a vaccinal strategy for infants from 0 to 11 in Nouna district 2006 – 2010	To contribute to the improvement of the vaccine coverage of children from 0 to 11 years in Nouna District	University of Montréal	5,300 CAD\$ for 2006	The project is a four year project initiated by the Centre of Nouna and developed in close collaboration with Montréal University
Equity and access to HIV / AIDS care in Burkina Faso 2002 – 2004	<p>1.To increase access to treatment for HIV infection (includes strengthening research capability and appealing to community participants currently active in caring for persons with HIV)</p> <p>2.To use the results of the study to develop and manage projects aimed at increasing access to treatment by the most destitute</p>	Jewish General Hospital Medical Research / Montréal	63,000 CAD\$.	The recipient in Burkina Faso is not mentioned on IDRC website

UNITED KINGDOM (DFID)

Title / Year	Objectives	Primary recipient	Budget	Comments
Multilateral project Initiative for Maternal mortality Programme Assessment (IMMPACT) – 3 countries: Burkina Faso, Ghana and Indonesia / 2002 - 2009	<p>1. To enhance methods and tools for measuring maternal mortality and other relevant outcomes</p> <p>2. To establish new evidence on cost effective strategies to reduce maternal mortality and severe morbidity that are supportive of, and supported by, health systems and communities</p> <p>3 .To strengthen capacity in developing countries for evidence based decision making and for rigorous outcome evaluation</p>	Dugald Baird Centre for Research on Women's Health of the University of Aberdeen.	Total cost to DFID: 7,500,000 £	<p>The project is co-financed with the Bill & Melinda Gates Foundation and the US Agency for International Development (USAID)</p> <p>The recipient in Burkina Faso is not mentioned on DFID website</p>

UNITED KINGDOM (DFID)

Title / Year	Objectives	Primary recipient	Budget	Comments
Multilateral project Achieving MDGs 4 & 5: Strategic research to develop evidence-base for policy for mother and infant care at facility and community level – 7 countries: Bangladesh, Burkina Faso , Ghana, Malawi, Nepal, UK and Northern Ireland / 2005 - 2010	<ol style="list-style-type: none"> To explore opportunities for improving integrated mother and infant care delivery through preparatory research and consultation with policymakers in partner countries; To provide population-based evidence on interventions to improve the survival of women and infants through (i) community interventions and (ii) health services delivery; To provide the evidence base for policy making by documenting the contexts in which these integrated service and community interventions work. 	Institute of Child Health	Total cost to DFID: 2,499,395 £	<p>The project is co-financed with the Bill & Melinda Gates Foundation and the US Agency for International Development (USAID)</p> <p>The recipient in Burkina Faso is not mentioned on DFID website</p>
Renforcement des services sociaux et sanitaires pour satisfaire les besoins en santé reproductive des adolescents au Burkina Faso / 2002 - 2003	<ol style="list-style-type: none"> To strengthen adolescents' participation rights To improve adolescents' quality of life in the districts of Bazega and Gourma 	Population Council	The amount disbursed by DFID is 100,000 USD	The project is co-financed with UNFPA.

Other donors**United States National Institutes of Health (NIH)**

Title / Year	Objectives	Primary recipient	Budget	Comments
Genetic Association Mapping of Malaria Resistance in Anopheles gambiae, 2007	Not available	University of Minnesota (USA)	Not available	
WADA (West Africa Database on Antiretroviral Therapy) Collaboration, 2007	Not available	University of Bordeaux II (France)	Not available	
Building international capacity for cigarette product monitoring	Not available	Roswell Park Cancer Institute Corp. (USA)	Not available	
Testing and Counseling for HIV: A Multi-Site Study, 2006	Not available	World Health Organization	Not available	
Epidemiology and Burden of Neurocysticercosis in Burkina Faso, 2006	Not available	University of Oklahoma, Health Sciences Centre (USA)	Not available	

Annex 4

NHRS framework

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)

FRAMEWORK FOR DEVELOPING A NATIONAL HEALTH RESEARCH SYSTEM

USING HEALTH RESEARCH TO IMPROVE POPULATION HEALTH, HEALTH EQUITY, AND DEVELOPMENT.

► The starting point for strengthening a country's health research system is to have **a clear picture of the current state of health research** – and the areas where development should be targeted.

► Using this view, countries can apply various approaches, tools and methods to start **a strategy of system strengthening.**

Stage of development	Actions needed
Basic requirements - socio-political environment	
0. Political commitment to health research	Advocacy, awareness, data and discussion.
0. Political & socio-economic climate human rights	human rights respect & investment friendly.
Level 1 needs – a research-conducive environment	
COHRED's framework, developed in work with many developing countries.	
1. Credibly set and regularly updated health research priorities	Priority setting and updating
2. Health research policy framework	Developing policies/policy framework for research and health research
3. Research management office/mechanism	Exploring mechanisms and structures appropriate to countries' existing structures and aspirations for research.
Level 2 needs - Research implementation	
4. Human Resources for Health Research	Developing a medium and long-term HR-HR strategy and plan.
5. Stable, predictable research financing	Developing medium-long term health (health) research financing mechanisms, including donor alignment and harmonization.
Level 3 needs – Optimizing the system	
6. Improving health research system components	for example: - Research ethics. - Research communication, including evidence to policy & practice. - Peer review vs committee review. - Merit-based promotion system. - Community demands for research. - Monitoring & evaluation of impact . - Health systems research needs. - Good research contracting . - Technology transfer arrangements. - Intellectual property rights. - Institution building.
Level 4 needs – Integrating the national system internationally	
7. Collaborative arrangements	- bilateral - regional - international - organisations - donors / research sponsors

www.HealthResearchForDevelopment.org

COHRED

COHRED

Council on Health Research for Development

1-5 Route des Morillons

1211 Geneva, Switzerland

Tel + 41 22 591 89 00 - Fax + 41 22 591 89 10

E-mail: cohred@cohred.org

www.cohred.org