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HEALTH RESEARCH: AGENDA FOR THE WHO AFRICAN REGION

Report of the Regional Director

EXECUTIVE SUMMARY

1. Health research is important for health development. This document briefly describes the major issues of health research in the African Region. Based on the recommendations of the Abuja and Accra high-level ministerial meetings, it proposes what needs to be done, and the way forward.

2. Countries should allocate at least 2% of national health expenditures and at least 5% of project and programme aid for research and research capacity building; invest more on research aimed at improving the health system; and ensure a strong national health research system based on an enabling environment for research.

3. WHO and partners will support Member States to build national health research systems; develop capacity to conduct health research; identify health research priorities; evaluate research results; translate knowledge to solve health-related problems by using evidence to inform policy.

4. The Regional Committee is requested to review and adopt the agenda for action proposed in this document.

CONTENTS

INTRODUCTION

1. Health research[1] is important for health development and achieving the internationally-agreed health-related development goals, including those contained in the United Nations Millennium Declaration. The WHO Regional Committee for Africa in 1998 approved the regional Strategic Health Research Plan (Resolution AFR/RC48/R4). It also requested Member States to determine priority research areas, develop research policies and strategies, create an enabling environment for research, and build research capacity.

2. The Fifty-eighth World Health Assembly (2005) endorsed the Mexico Statement on Health Research (Resolution WHA58.34) resulting from the Ministerial Summit held in November 2004. It further urged Member States to increase public funding for research, particularly health systems research; establish or strengthen national health research systems; and promote networks for evidence-based public health.

3. The African Region is preparing to host the Second Global Ministerial Conference on Research for Health in 2008. As part of the preparations for the 2008 conference, high-level ministerial meetings on health research were held in 2006 in Abuja (March), and Accra (June). These meetings discussed critical issues that limit the translation of research into health policy and systems development and identified strategies for using health research for disease control and improvement of public health in countries with high burdens of disease.

4. This document briefly describes the major issues of health research in the African Region. Based on the recommendations of the Abuja and Accra high-level ministerial meetings, it proposes what needs to be done, and the way forward by indicating the potential roles of countries, WHO and partners.

SITUATION ANALYSIS

Issues

5. Despite global advances in science and technology, and extensive investment in research, some of the key questions related to public health are not adequately addressed. Research aimed at improving the health system is under-funded. Few countries allocate sufficient resources for health research. Globally, only 10% of health research funds are allocated to solve the health problems of 90% of the population.[2]

6. Fully functioning national health research systems do not exist in many countries of the Region,[3] nor are supporting policies and institutions in place to formulate the national research agenda. Scientific and institutional review boards and ethical review committees are functionally weak.[4] Management of research projects as well as synthesis, documentation and management of information are not strong. In most cases, research projects may be designed and executed without

[1] Refer to Annex 1 for definitions of health research and national health research systems.
[2] GFHR, *The 10/90 report on health research, 2003–2004*, Geneva, Global Forum for Health Research, 2004.
[3] Pang T et al, Knowledge for better health—a conceptual framework and foundation for health research systems, *Bulletin of the World Health Organization*, 81: 815–820, 2003.
[4] Kirigia JM, Wambebe C, Baba-Moussa A, Status of national research bioethics committees in the WHO African region, *BMC Medical Ethics*, 6:10, October 2005.

involving all the stakeholders, particularly policy-makers, decision-makers and practitioners. The link between research, policy-making and decision-making is weak.

7. In all fields of health, there is evidence and experience that has not been applied for the benefit of populations. Where new products are forthcoming, they are often not evaluated for optimal use in resource-poor settings, nor are they scaled up so that they reach all those in need.[5]

8. Lack of basic health information and ignorance of best practices are critical causes of failures in health systems, including health research systems. Research is often poorly integrated into health information systems which in turn often fail to generate the kind of data that researchers need. Access to health research information is limited, especially for international and regional scientific literature and ongoing studies in Africa.

9. Local and international agencies, donors and lenders collect a wealth of information; however, much of this research is lost or never known because either it is never published in any form, or it is published in grey literature which is not easily accessible. Compared to the formal literature, interventions described in grey literature tend to be more up-to-date, geographically widespread and available in languages other than English.[6]

10. Large-scale migration of health researchers to developed countries has impacted negatively on the quantity, quality and relevance of health research.[7] The social, economic and institutional environment may adversely affect the effectiveness and efficiency of the researchers remaining in-country.

Constraints

11. Constraints on health research in the Region include:

(a) the presence, in some settings, of social, economic and political instabilities that hinder fruitful research enquiry;

(b) high levels of illiteracy and innumeracy and low level of scientific culture, leading to little social appreciation of and demand for research by the public or its representatives;

(c) low level of national economic development, limiting the potential for public funding for health research;

(d) limited access to and use of information and communications technology (computers, Internet etc.).

Opportunities

12. Opportunities include:

(a) increased global and regional awareness of the importance of health research as a result of several global initiatives such as the Commission on Health Research for

[5] Jha P et al, Improving the health of the global poor, *Science*, 295: 2036–2039, 2002.

[6] Batt K, Fox-Rushby JA, Castillo-Riquelme M, The costs, effects and cost-effectiveness of strategies to increase coverage of routine immunizations in low- and middle-income countries: Systematic review of the grey literature, *Bulletin of the World Health Organization*, 82(9): 689–696, 2004.

[7] Awases M et al, *Migration of health professionals in six countries: A synthesis report*, Brazzaville, World Health Organization, Regional Office for Africa, 2004.

Development, Global Forum for Health Research, Alliance for Health Policy and Systems Research;

(b) the trend for increasing funding to international health research from bilateral and multilateral agencies and foundations (such as the Global Fund to Fight AIDS, Tuberculosis and Malaria);

(c) the high profile given to the need for health research as a result of the November 2004 Ministerial Summit on Health Research in Mexico and the subsequent WHA resolution;

(d) the existence of regional research programmes and institutions involved in research on tropical diseases, reproductive health and vaccines; the European and Developing Countries Clinical Trials Partnership; and WHO collaborating centres.

AGENDA FOR THE AFRICAN REGION

13. There is a need to formulate health research policies and strategies to strengthen national health research systems based on a systematic and standardized assessment of existing health research and knowledge systems. Such analyses need to include the governance, stewardship, financing, resource inputs, outputs, dissemination and impact of national health research systems.[8]

14. There is a need to establish or strengthen functional national health research systems in countries by building relevant capacity, developing an enabling environment, establishing mechanisms for setting the research agenda, accessing research information and conducting scientific and ethical reviews.[9]

15. Priority health system research questions that need to be addressed in the Region include: how to develop a sustainable health financing system that is responsive to the needs of the poor; how to train and sustain an adequate number of health workers to deliver health services; how to improve access to safe, effective and affordable interventions; how to develop a sustainable and reliable health information system; how to scale up interventions; and how to better integrate intervention-oriented programmes within the broader health system.[10]

16. Beyond its traditional boundaries of diseases and health outcomes, the health research agenda needs to be expanded to encompass the broad and multidimensional determinants of health and ensure cross-linkages with other sectors. The development and evaluation of appropriate new technology, including the use of traditional medicine and other indigenous knowledge, should also be an important area for the future. Systematic reviews (including the grey literature) and synthesis should be promoted and enhanced.

17. There is a need to more effectively transform research into policy and actions.[11] The need for evidence must be articulated and trusted by local decision-makers. Evidence should be timely, comprehensible, analysed and interpreted in the local context; and decision-makers should participate

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[8] D'Souza C, Sadana R, Why do case studies on national health research systems matter? Identifying common challenges in low- and middle-income countries, *Social Science and Medicine* 62: 2072–2078, 2006.

[9] WHO, *World report on knowledge for better health: Strengthening health systems*, Geneva, World Health Organization, 2004.

[10] Task Force on Health Systems Research, Informed choices for attaining the millennium development goals: towards an international cooperative agenda for health systems research, *Lancet* 364: 997–1003, 2004.

[11] Haines A et al, Bridging the implementation gap between knowledge and action for health, *Bulletin of the World Health Organization*, 82: 724–732, 2004.

in setting objectives, formulating the research agenda and disseminating research results.[12] There is also need for building the capacity of policy-makers, decision-makers and managers to enable them to use research evidence. Ways and means of effectively communicating research results to the public, including the non-literate segment, need to be addressed.

18. Sufficiently adequate resource allocation for health research from public funds is essential if research is to benefit national development. Allocation of more funds is also required from the international donor and lending community. There is need to develop effective mechanisms, structures and processes for allocating research funds and monitoring financial flows for health research.[13]

19. There is a need to develop a critical mass of well trained nationals, with clear career paths and better remuneration packages, in health research and knowledge brokerage to play leading roles in knowledge generation, dissemination and utilization. Curricula for training health professionals should include courses on health research, knowledge management, informatics and data management. There is also a need to reform and strengthen health information systems, including surveys, vital registration, surveillance and service statistics.[14]

20. Current intersectoral, public-private, South-South, North-South, cross-border and other research linkages and networks need to be strengthened and new ones created. Partnerships and networking also apply to collaboration among researchers and policy-makers, funding agencies, health-care providers, NGOs and civil society. Such linkages and networks need to focus on mobilizing and harmonizing support for health research, promotion of innovations, and development and utilization of cost-effective technologies.

21. There is a need to closely monitor and evaluate health research efforts to assess their effects on knowledge generation, sharing and utilization. This will require creation or strengthening of appropriate mechanisms and structures, including the development of national and regional registries and relevant indicators.

ROLES AND RESPONSIBILITIES

22. Countries should:

(a) develop comprehensive national health policies and strategy frameworks that are based on systematic and standardized assessment of existing health research and knowledge systems;

(b) ensure a strong national health research system linked to national priorities based on a favourable enabling environment for research and for collaboration with regional and global research systems;

(c) institute appropriate mechanisms for setting research agenda, and for scientific and ethical oversight of health research;

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[12] AHPSR, Getting research into policy and practice. In: *Strengthening health systems: The role and promise of policy and systems research*, Geneva, Alliance for Health Policy and Systems Research, pp. 51–70, 2004.

[13] GFHR, *The 10/90 report on health research, 2003–2004*, Geneva, Global Forum for Health Research, 2004.

[14] de Savigny D, Kasale H, Mbuya C, Reid G, *Fixing health systems*, Ottawa, International Development Research Centre, IDRC. 2004.

(d) support the translation of research results into policy and action by creating appropriate mechanisms and structures, including promoting networks of researchers, policy-makers and decision-makers for evidence-based public health;

(e) allocate at least 2% of national health expenditures and at least 5% of health project and programme aid for research and research capacity building in line with the recommendations of the Commission on Health Research for Development;[15]

(f) invest more on research aimed at improving the health system;

(g) ensure that priority health system research questions are addressed;

(h) develop and enhance the evidence base for health systems by consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas;

(i) continue to promote innovative research directed towards discoveries in basic knowledge and its transformation into new tools such as drugs, vaccines and diagnostics; promote evaluation research to ensure effective assessment for public health use; implement operational research to asses how discoveries might be optimally utilized and strategically implemented to ensure enhanced access;

(j) expand the health research agenda to include broad and multidimensional determinants of health and ensure cross-linkages beyond its traditional boundaries and categories;

(k) create and strengthen capacity and effective institutions for health research by promoting an environment that attracts the best minds, for example, by providing attractive career structures, incentives, access to information, and opportunities to teach, do research and participate in communities of practice;

(l) monitor and systematically evaluate the integration of health research into the national health and development agenda by developing appropriate health research registries and indicators.

23. WHO and partners will:

(a) promote the messages that research is fundamental to generating knowledge to improve health outcomes and achieve the MDGs and that evidence must inform the design and implementation of health programmes as well as all attempts to reform and strengthen health systems;

(b) advocate for increased funding from governments, donors and lenders for health research and for a balanced distribution of research funds across the entire spectrum of health research;

(c) set norms and standards that apply to all research, including ethical oversight and developing best practices guidelines;

(d) support Member States to build national health research systems, develop capacity to conduct health research, identify health research priorities, evaluate research results, use knowledge to solve health-related problems by following evidence-informed policy;

(e) promote the gathering, synthesizing and disseminating of research results and improve access to reliable, relevant and timely health information;

[15] Commission on Health Research for Development, *Health research: Essential link to equity in development*, Cambridge, MA, Oxford University Press, 1990.

(f) strive to improve the coordination of health research across the various research initiatives within and between countries;

(g) facilitate regional, South-South, North-South and cross-border collaborations and networking to strengthen knowledge creation, sharing and use.

CONCLUSION

24. In order to contribute to health development and achieve the internationally-agreed health-related development goals, including those contained in the MDGs, Member States and their partners need to devote more resources and efforts to research in public health and transform research outcomes into actions.

25. The Regional Committee is requested to review and adopt the agenda for action proposed in this document.

ANNEX

DEFINITIONS

Health research[1]

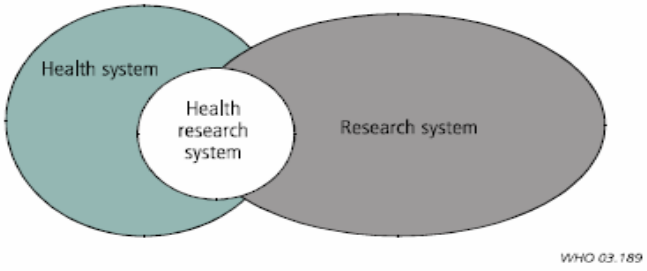
The generation of knowledge that can be used to promote, restore, maintain protect, monitor or conduct surveillance of the health of populations.

It includes biomedical research, which comprises the study of detection, cause, treatment and rehabilitation of persons with specific diseases or conditions, the design of methods, drugs and devices to address these health problems, and scientific investigations in such areas as cellular and molecular bases of disease, genetics and immunology. It also includes clinical research, which is based on the observation and treatment of patients or volunteers; epidemiological research, which is concerned with the study and control of diseases and of exposures and other situations suspected of being harmful to health; social science research, which investigates the broad social determinants of health; behavioural research, which is associated with risk factors for ill-health and disease with a view to promoting health and preventing disease; operational research on health systems and how these can be improved to achieve desired health outcomes, including project or programme evaluation; and research capacity strengthening activities aimed at increasing or strengthening individual or institutional capacities to conduct research.

Health research system[2]

The people, institutions, and activities whose primary purpose in relation to research is to generate high-quality knowledge that can be used to promote, restore, or maintain the health status of populations; it should include the mechanisms adopted to encourage the utilization of research. The definition includes all actors involved in knowledge generation, research synthesis and using research results in the public and private sectors. It exists at the intersection of two larger complex systems—the health system and the research system (Figure 1). The functions of an effective health research system include stewardship (including priority setting, ethical oversight, monitoring and evaluation), financing, creating and sustaining resources, and producing and using research.

Fig. 1. **Locating the health research system at the intersection of the health system and the research system**



Bulletin of the World Health Organization 2003, 81 (11)

[1] Commission on Health Research for Development, *Health research—essential link to equity in development*, New York, Oxford University Press, 1990.

[2] Pang T et al, Knowledge for better health—a conceptual framework and foundation for health research systems, *Bulletin of the World Health Organization* 81: 815–820, 2003.