

**HIGH LEVEL MINISTERIAL MEETING ON HEALTH  
RESEARCH**

**REPORT ON THE PREPARATORY MEETING  
HELD IN ABUJA, NIGERIA**

**MARCH, 8 – 10, 2006**

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## **Executive Summary**

The need to achieve health millennium development goals (MDGs) calls for countries' commitments and investments, and innovative research. To this end both the 2004 WHO Ministerial Summit on Health Research in Mexico and the 58<sup>th</sup> World Health Assembly endorsed a plan of action for health research. At an informal session, Ministers of Health during the 55<sup>th</sup> Regional Committee for Africa meeting in Maputo, Mozambique a High Level Ministerial (HLM) meeting on Health Research in Developing Countries, to be held back to back to the Joint Coordinating Board (JCB) meeting of WHO/TDR in Accra in June 2006 was proposed. The Accra meeting was to be preceded by another HLM meeting on Health Research at Abuja, Nigeria in March 2006 to develop an African perspective on health research for achieving sustainable health MDGs in Africa. The outcomes of the Abuja meeting will then be presented at the Accra Meeting

A two-day technical consultative meeting, which was attended by 39 participants from 11 African countries, was held prior to the HLM meeting. Also in attendance were representatives from WHO, UNICEF, World Bank, NEPAD, COHRED, REPRONET-Africa. Participants made country presentations on their current status of health research. The report on Health Research for the Control of Diseases and Development in Africa by a team of consultants was also presented as a background paper.

The following issues emanated from the ensuing discussions:

- Africa is most affected by diseases of poverty and therefore should have greater interest in the international health research agenda, increase its stake in shaping and undertaking research.
- Most African countries have weak health systems which are further undermined by poverty, lack of resources, conflicts and magnitude of disease burden
- Importance of health research in identifying problems, developing effective interventions, policy formulation and implementation and empowering communities.
- Challenges of health research systems especially with respect to qualified personnel, and the need for strengthening, priority setting, coordination, funding, networking, bridging research-policy divide, ethics and partnerships development
- Health research should add to our understanding of the nature of ill-health and public health problems and also to the improvement of health care and service delivery

- Governments should develop goodwill, provide leadership and commit resources to health research

A communiqué was issued by Ministers and Heads of Delegation. In it, the following key domains for health research in Africa and the type of research to address these issues were identified:

#### *Domain of health research*

- Infectious diseases, including malaria, tuberculosis, HIV, AIDS, emerging infections and neglected tropical diseases e.g. that require improved prevention, diagnosis, treatment, control and surveillance;
- Reproductive and sexual health;
- Child Health;
- Non-communicable diseases, including cardiovascular disease, diabetes, cancer, sickle cell disease, injuries etc. ;
- Malnutrition;
- Mental health including drug and substance abuse.

#### *Types of research*

- Health systems research, including operational and implementation research;
- Social sciences research including health economics, health policy research, medical anthropology and sociology and health communications research;
- Biomedical and bioscience research for innovation and product development;
- Epidemiological research.

In it also the Ministers of Health and Heads of Delegations, reaffirmed their commitment and recognized the need for Africa to take advantage of existing research institutions and the greater international commitment in achieving internationally agreed health targets especially health MDGs and agreed to the following:

- To accelerate efforts to develop and implement appropriate and relevant health research policies at national and regional levels;
- To foster collaboration and leadership to promote essential national health research in Africa;
- To strive to ensure the allocation of at least 2% of the national health budget and to further mobilize other resources from national and international sources for health research; and
- To finalize the draft position paper on health research in the African region in consultation with other colleagues through further discussions and actions leading to the WHO Ministerial Conference for Health Research to be held in Africa in 2008.

## Future Plan of Action

The following are the expected actions to be taken after the Abuja meeting:

- A high level meeting of Ministers from Developing countries in Africa, Asia, Middle East, South America) on health research will convene in Accra, Ghana from 15 to 17 June 2006. The outcomes of the Abuja meeting will be presented to this meeting as Africa's position on health research
- The framework for partnership in the conduct and utilization of research to enhance control of diseases in developing countries is to be finalized at the Accra meeting and will feed into the 29<sup>th</sup> JCB of TDR and the TDR Strategy and Vision for 2008 – 2015.
- The outcomes of the Accra meeting will be shared with the wider constituency at 56<sup>th</sup> WHO Regional Committee for Africa to be held in Addis Ababa, Ethiopia from 28 August to 1 September 2006

The deliberations from the Accra meeting shall form a basis for an African perspective on health research to be presented at the WHO Ministerial Summit on Health Research to be held in Africa in 2008

## **Introduction**

Recent widespread discussions have highlighted and necessitated the need for renewed focus on appropriate scientific and technological innovation in order to improve public health to achieve development in African countries.

To this end Professor Eyitayo Lambo, Minister FMH, Nigeria initiated discussions with his counterparts and participants at the 2005 Regional Committee Meeting held in Maputo and proposed a High Level Ministerial meeting on Health Research to be held back to back to the Joint Coordinating Board (JCB) meeting of WHO/TDR in Accra in June 2006.

Professor Lambo then proposed an earlier HLM meeting in Abuja, Nigeria in March 2006 during which Africa's position on health research needs was to be developed. The World Health Organization (WHO) and the UNDP/World Bank/WHO Special Programme for Training and Research in Tropical Diseases (TDR) were approached and both agreed to provide financial and technical support to both meetings.

Country assessment tools were developed at a meeting organised by TDR and held in Geneva in January 2006, which each country was to provide the requisite information to enable a team of consultants produce a provisional draft document on Africa's perspective of its health research needs. The draft document was discussed during the 2-day technical consultative meeting, and finalized and agreed on by Health Ministers during the ministerial meeting held on the third day of the Abuja meeting. The final product would be presented as an African Position for the Accra meeting to be held in June 2006.

### ***Purpose***

The purpose of the Abuja Preparatory meeting was to develop and finalise a background document that would define and advocate health research in Africa. The document would be an African perspective on health research for achieving the targets of the MDGs.

## ***Objectives***

The objectives of the meeting were as follows:

- To exchange experiences and strategies for control of diseases, perspectives on research, research impact on policy and the role of research and technology in development, including public private sector interactions;
- To highlight the significance and importance of health research and associated cooperation for developing countries as a means to achieving the health related millennium development goals and highlight the role of research within the health system;
- To define key areas of research required internationally, regionally, and nationally with an emphasis on diseases of poverty;
- To define research capacity building needs of developing countries and approaches to realize those capacities;
- To define approaches for developing countries to individually and collectively contribute to, and influence, enhanced research for health and human development through coordinated action with international organizations and others.
- To define a process through which developing countries can better and more strongly engage in and contribute to international health research and scientific innovation, with a focus on neglected infectious diseases.

## ***Expected Outcomes***

The meeting was expected to achieve the outcomes;

- To highlight the role of research in health, African health research needs and value of health research in maintaining anticipated gains from achievement of the millennium development goals (MDGs).
- Demonstrate the commitment and ability of developing countries to invest in, develop and create a stake in international health research with a strong focus on issues facing Africa,
- Develop a framework for enhanced partnership and utilization of research for the control of diseases in developing countries.

## **Technical Meeting**

A two-day technical meeting preceded the Ministerial meeting. It was attended by participants from 11 African countries and Development partners including WHO/HQ and TDR and Nigeria. Various country presentations and speakers urged Africa to develop a renewed focus for health research and technology, and strive to collaborate and develop a framework that would enhance and promote the role of health research in the control of diseases in Africa.

The biggest threat to Africa, such as poverty, malnutrition, maternal and infant mortality, and low life expectancy, lack of access to safe drinking water, and sanitation, were considered to require a total transformation of attitudes of both leadership and stakeholders. The need for Africa to break away from the poverty cycle and focus on technology in research and development was also extensively discussed.

Participants called for the implementation of effective and collaborative strategies to reduce the double burden of Africa. These include

- Reduction of the high dependency syndrome, and developing a well-knit agenda and programs backed by carefully tailored strategies that best address the problems of disease and ill health
- Redirecting resources from curative to primary and preventive care, encompassing mass immunization, nutrition, basic hygiene and sanitation
- Bridging the gap between researchers and policy makers
- Developing capacity of African health researchers
- Paying attention to prevalent endemic diseases, especially the neglected tropical diseases
- The need for science and technology and direct investment in research to achieve high impact socio-economic results.

Presenting a draft position document for Africa, the Consultants highlighted key challenges in health research and policy development in Africa. It was noted that in spite of some development, major challenges remain in the following areas:

- Rising morbidity and mortality among women and children
- Inequalities in access to health care
- The affordability and access to disease control tools and technology

- The weak management of human resources for health
- Limited health sector financing
- Weak health systems

The Consultants recommended that the following broad areas be addressed;

- Health systems research
- Health information systems
- Human resources and capacity building
- Biotechnology and biomedical research
- Financing and partnerships (academic, public and private sectors)

### ***General Discussions and Key Issues***

The ensuing discussions focussed on the following broad subject areas:

#### *Health Challenges*

- Poverty and ill-health have become a vicious cycle in Africa - almost half of Africa's population (about 45%) live below the poverty line of less than a USD\$1 a day
- Maternal and Infant Mortality, is a threat to Africa
- Malnutrition is prevalent and account for 45% of child deaths
- Lack of access to safe drinking water, and sanitation
- Re-emergence of eradicated diseases
- Inequalities in access to health
- Low life expectancy
- Increase in non-communicable diseases such as cancers, diabetes, cardiovascular diseases, accidents and mental illness among others
- Weak health systems

#### *Public health issues*

- Unacceptably high maternal mortality rates
- Risk of death in under 5 mortality and over 60 years
- Non-utilisation of technologies and researches
- Poverty and ill-health
- Increase in communicable and non-communicable diseases

### *Health research*

- African Ministers of health should consider health research as a priority and commit funds to it
- Health issues are cross-cutting, and should receive political commitment. This will ensure that health research becomes a national priority.
- Health research has the potential of enhancing new knowledge and technologies for the continent
- Investing in health research will ensure the development of appropriate indicators to assess progress towards the MDGs and other health targets.
- Weak human resource capacity for research

### *Challenges to health research*

- Weak health systems
- Weak link between policy and research
- Lack of harmonisation of health research at both country and regional levels
- Unclear placement and role of Ministries responsible for Health Research
- Lack of human resource capacity for health research

### *Partnership/Networking*

- Information sharing at country and regional levels is vital
- Collaboration with stakeholders and partners is currently inadequate and should be intensified
- Stakeholder participation in health research and policy formulation should be encouraged

### *Capacity building*

- Human resource development and its management is essential
- There is the need to attract health professionals to deprived areas
- There should be technology transfer and information sharing as well as capacity development
- Continuous in-service training should be adopted

### *Research Agenda for Africa*

The following areas for research were identified;

- Child morbidity and mortality should be given prominence in the African Research Agenda
- Effective strategy for Women and HIV/AIDS prevention
- Infectious diseases such as HIV/AIDS, malaria, TB, emerging infectious diseases, neglected diseases such as African trypanosomiasis, buruli ulcer, leishmaniasis and lymphatic filariasis, all require improved prevention, diagnosis, treatment, and control
- Malnutrition, particularly Protein Energy Malnutrition (PEM)
- Development of new drugs through innovative research
- Health systems research, including operational and implementation research;
- Social sciences research including health economics, health policy research, medical anthropology and sociology and health communications research;
- Biomedical and bioscience research for innovation and product development;
- Epidemiological research.

### *Resource mobilisation*

- Limited resources hinder the achievement of the research agenda,
- Lack of commitment on the part of governments and funding agencies to support locally-originated research.
- Evidence-based research findings are needed to convince policy makers and financiers to channel more resources into research.
- Research should be based on needs to ensure its utilization.

## **Ministerial Meeting**

The Ministerial meeting followed the Technical meeting and presented an opportunity for the Health Ministers and Heads of Delegations to re-affirm their commitment to health research. They reiterated that health is wealth and that disease burden is linked to underdevelopment. It was agreed that biomedicine was yet to make significant contribution to the health status of Africans and detailed the rationale and need to invest in health research. They advocated for a framework that will emphasise the concept of a national health research system.

Delivering a technical presentation on Health Research, technology, resources and control of endemic diseases, Prof. Agyeman Badu Akosa, Director – General of Ghana Health Service, reminded the meeting of the great disease burden in Africa and the failure of health systems due to inadequate funding and lack of research. Professor Akosa regretted that despite the critical role, health research has suffered from an overall lack of funding and a huge discrepancy between the allocation of research funding and the diseases or conditions that account for the highest global disease burden. He reminded the meeting of diseases of the poor and lifestyles which contributes significantly to ill health in Africa. He stressed that Africa is plagued not only by a huge burden of disease with the classical double-barrel but also suffers from systems failure, inefficiency, lack of skill and coordination of effort and, low and injudicious use of resources, which by itself describes the right recipe for research as a means of ensuring proper use of low resources. He indicated that strengthening health systems will require adequate funding, and supported the 2% of health expenditure for research, which will address the research funding gaps.

Prof. Akosa also identified the importance of using health research to generate knowledge, which can be utilized to improve the design of health interventions, policies and service delivery.

Dr. Davy Koech, CEO of Kenya Medical Research Institute (KEMRI) presented the report of the two day Technical meeting to the Ministers. The report touched on the three diseases (HIV/AIDS, TB and Malaria) that have taken prominence over other diseases and the need for a new policy direction on neglected diseases. The report also raised a number of public health concerns discussed at the Technical meeting, which included the non-exploitation of technologies and tools that will manage the prevailing ill-health in Africa, the disease burden,

high risk of death among under five and adults of 60 years and above, unacceptable maternal death rates, inequalities in health outcomes and access to care. The report emphasized on the linkage of research to policy and the role of research in attaining the MDGs, as well as research mobilisation strategies, and other key areas of health research.

### *Discussions*

The ensuing discussions re-emphasized some of the issues that had been discussed at the Technical meeting and stressed the need to translate research findings into appropriate policies and utilization. The need for synergy between the Ministries of Health and Science and Technology was emphasised.

The meeting unanimously agreed that donors should be directed to support identified prioritized areas of individual countries and Africa in general and also stressed the need for a permanent solution to eradicate the prominent diseases in Africa.

The Ministerial meeting also raised the following pertinent issues:

- The need to design strategies that have minimum cost implications but greater health benefits to the people
- The need to develop referral point for HIV/AIDS in Africa
- Adopting best practices. The example of Japan's strategies to reduce malaria and other endemic diseases without government support but through basic education and school health, health education and deworming and nutritional programmes
- The need for integration, what and how it should be done was identified as paramount.
- The importance of health research was summarised in the adage that -*"Those who have carefully studied little things create big things"*
- The need to use the High Level Ministerial meeting as a forum for learning and sharing of experiences to roll out issues confronting Africa
- The cost of disease burden in Africa is still unknown and efforts should be made to initiate the process by all countries.
- The need to use every available means to fight disease and poverty in Africa should be the prime focus of all countries

## **Recommendations and Way Forward**

The following recommendation were made at the end of the technical meeting

### *General*

- Systematic analyses of existing health research systems in Africa is needed to provide a platform for enhanced, appropriately focused and prioritized health research. Such analyses should make standardized and comparative assessments on existing institutions, human resources for health research, resource flows, and agenda setting mechanisms and research-to-policy linkages in African countries.
- The Ethical, Legal and Social Implications (ELSI) of research and technology development and transfer in Africa should be facilitated through inter-regional consensus building and coordinating bodies.
- A redefined African perspective of the health MDGs will empower Africa to set agenda for health research
- There should be exploitation of science and technology to prevent and manage ill-health in Africa

### *Health systems research*

- Health systems and social science research should be in line with the African Union's Health Systems Strengthening Programmes in Africa. Strategies for the deployment of health technologies must be informed by health systems research.
- The efficient utilization of technical and other resources available to the health systems requires significant health research.

### *Information system*

- There is a dearth of generated knowledge and its management for routine monitoring and evaluation that can lead to improvement in health care delivery. There is therefore the need for creation of databases as well as for the establishment of health information networks.
- Health research efforts should be closely monitored and evaluated for knowledge generation. As part of a monitoring and evaluation (M&E) system, mandatory national registers for health research will enhance knowledge management and dissemination. All research efforts should be systematically logged by a body e.g. a Medical Research Council.

### *Human resources for health research*

- More human resources for health research are needed to enable African institutions to play a leading role in finding meaningful healthcare solutions. Clear career paths need to be defined with better remuneration packages provided for retention of African scientists.
- Public health with a health research focus should be integrated and strengthened as part of the training curricula for all healthcare professionals.

### *Biotechnology & biomedical research*

- Africa must ensure rigorous R&D for biotechnology innovation on diagnostics, insecticides and repellents, drugs, vaccines, natural products and health prevention technologies.
- Africa must actively participate in those international research initiatives in genomics and biotechnology research that are of African origin and participate in new business driven technologies that promote new innovations.
- A continent-wide policy on collaboration is needed to combine research efforts and funding for biotechnology research and other research areas to ensure that a significant impact can be made in research innovation.

### *Financial resource for health research*

- Effective mechanisms for the monitoring of financial flows for health research in Africa need to be developed.

### *Coordination mechanism*

- There should be a national coordination mechanism that will link education, science and technology and the ministry of health, e.g. a Council
- After declaration of priorities, National Action plans should be developed, that set up annual agenda, review of problems/solutions and evaluation to decide on next steps.

### *Actions by Scientists, Institutions and Networks*

- African health policy makers and scientists have an obligation to contribute to equitable and sustainable solutions to medical and public health challenges.

### *Action by Ministries of Health, Government and Partners*

- There is a need to create national, regional, and Africa-wide mechanisms for directing and channelling national, regional and international donor funding to focus on prioritized health needs. Consideration should be given to private sector research institutions with proven capacity to deliver healthcare solutions in resource poor settings.
- National research agenda setting mechanisms for all types of health research for development should be defined but should remain flexible and dynamic to take advantage of new opportunities.
- At national and international levels, South-South technology transfer agreements and inter-sectoral coordination of science and technology (S&T) activities must be preferentially encouraged to enhance the development of cost-effective health technologies.
- Research units in Ministries of Health can enhance the application of health research in policy.
- Governments need to continue to strive towards the Abuja goals of spending 15% of their national budgets on health and allocation of 2% of that budget to health research.
- Intercontinental trade partnerships in health should focus on Africa and facilitate Africa-based initiatives for health technologies.

### *Partnership for health research*

- R&D efforts must be linked with commercialization opportunities and involve partnerships between academic and private sectors.
- Health research should be the responsibility of Ministry of Health, Ministry of Science and Technology and the Private Sector
- Networking should be used to maximize the limited resources available, through capacity building at the various research centres to eliminate duplication and work with one another, and also create a forum for researchers to collaborate both nationally and internationally
- The experiences of health professionals in the Diaspora should be tapped

## ***Conclusions***

The meeting was an opportunity for African countries to identify mechanisms of reducing the high disease burden in Africa and enhance development through the exchanging of experience, innovative and scientific strategies.

It was also a forum to deliberate on the significance of health research as a means of enhancing the role of health in attaining the health MDGs. Members therefore redefined the health research agenda and committed themselves to develop and create a framework for enhanced partnership and utilisation of research to facilitate the control of diseases in developing countries. Malawi distinguished itself and pledged to commit 2% of its health budget to research.

The Hon. Ministers stressed the importance of research for Africa and pledged their support for health research in general. They unanimously agreed that African governments need to take research seriously through leadership. The Ministers also extensively discussed health research challenges confronting Africa and agreed that existing best practices should be adopted.

They lauded the whole initiative of an Africa position, and emphasised the need for health research and for all stakeholders to resolve to enhance research on the continent.

## **Next Steps**

The next steps after the Abuja meeting were presented;

A high level ministerial meeting of Health Ministers is expected to be held in Accra, Ghana from the 15<sup>th</sup> 17<sup>th</sup> June 2006. A Conference declaration – the ‘Accra Declaration’, highlighting the role of research in achieving the MDG’s and a meeting report articulating the commitment of developing countries to invest in health research, and a strong stakeholdership in international Health research.

A framework for partnership in conducting and utilization of research to enhance control of diseases in developing countries will be finalised and will feed into the deliberations of JCB Meeting and the TDR Strategy for 2008 to 2015 and the WHO Regional Committee for Africa.

The outcome of the Accra meeting will also be shared with the wider constituency at the 56<sup>th</sup> WHO Regional Committee for Africa to be held in Addis Ababa, Ethiopia in August 2006. The deliberations from the Accra meeting shall form a basis for an African perspective on health research at the Global 'Summit' on Health Research to be held in Africa in 2008.

The aim of the Accra meeting is to;

- Exchange experiences, through linking research to policy and strategies for disease control
- Highlight significance of Health Research, Particularly the role of research in meeting the MDGs
- Define Key Areas of Research Required, with clear focus on diseases of poverty
- Define clear agenda for capacity building needs
- Define strategies for cooperation and collaboration among developing countries
- Define processes of engaging and contributing to global health agenda

A work plan and preparation towards the Accra Meeting in June was presented:

23rd March:	Minor LOC Meeting
31st March:	Major LOC Meeting
12th April:	Minor LOC Meeting
2nd May:	Major LOC Meeting
17th May:	Minor LOC Meeting
1st June:	Major LOC Meeting
12th June:	Minor LOC Meeting

### ***Communiqué***

A communiqué (attached) was issued after the Abuja meeting, and released to the press by the two co-chair of the meeting Professor Lambo and Major (Rtd) Courage Quashigah, Ministers of Health Nigeria and Ghana respectively.

## Appendix 1 - Communiqué

# **HIGH LEVEL MINISTERIAL MEETING ON HEALTH RESEARCH IN AFRICA**

8 – 10 MARCH 2006  
ABUJA, NIGERIA

## **COMMUNIQUE**

### **High Level Ministerial Meeting on Health Research**

Convened by the Federal Ministry of Health, Nigeria and the Ministry of Health, Ghana

With support from the World Health Organization (WHO) and  
The Special Programme for Research and Training in Tropical Diseases (TDR)

1. The WHO Ministerial Summit on Health Research in Mexico (2004), the 58<sup>th</sup> World Health Assembly endorsed a Plan of Action for Health Research to achieve the health Millennium Development Goals (MDGs), and the informal consultative meeting between Ministries of Health during the 55<sup>th</sup> Regional Committee in Maputo (2005) called for a renewed vision for and commitment to health research in Africa.
2. A High Level Ministerial Meeting on Health Research in Africa was held in Abuja, Nigeria from 8<sup>th</sup> -10<sup>th</sup> March 2006 to develop an African perspective on health research for achieving and sustaining health MDGs in the African continent. The findings of the meeting will be presented at the High Level Ministerial Meeting on Health Research in Developing Countries to be held in Accra, Ghana in June 2006.
3. There was a two-day technical consultation attended by 39 delegates from the following 11 African countries: Algeria, Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nigeria, Senegal, South Africa and Sudan. Also present were 15 representatives from development partners namely WHO, World Bank, UNICEF, COHRED, NEPAD, REPRONET-Africa. The delegates of the different countries made presentations on the current status of health research in their respective countries.
4. Transforming the vicious cycle of poverty and ill-health to a virtuous cycle of prosperity and good health status requires a change of attitudes starting with committed and dedicated leadership at all levels
5. Discussions on background papers and country situation analyses focused on :

- Weak health systems further undermined by poverty, lack of resources, conflicts and the burden of killer and debilitating diseases;
  - The importance of health research in providing tools for improving health and development by identifying problems, developing new and effective interventions, empowering individuals and communities, and informing policy and action in public health;
  - Strengths, weaknesses, challenges and needs of African health research systems with respect to qualified human resources, institutional strengthening, priority setting, national coordination mechanisms, funding, networking, developing partnerships, translation of research results into policy and action, shared responsibility for ethics in research and roles of research in the attainment of internationally agreed health targets, especially those contained in the MDGs;
  - How health research should contribute to a better understanding of the nature of ill health and public health problems and improve health care and service delivery;
  - How African governments should provide coordinated leadership and influence regional and global health research agendas.
6. We, the Ministers and Heads of Delegations, identified the following key domains for health research in Africa:
- Infectious diseases, including malaria, tuberculosis, HIV, AIDS, emerging infections and neglected tropical diseases e.g. that require improved prevention, diagnosis, treatment, control and surveillance;
  - Reproductive and sexual health;
  - Child Health;
  - Non-communicable diseases, including cardiovascular disease, diabetes, cancer, sickle cell disease, injuries etc. ;
  - Malnutrition;
  - Mental health including drug and substance abuse.
7. We, the Ministers of Health and Heads of Delegations, identified the following types of research to address these issues:
- Health systems research, including operational and implementation research;
  - Social sciences research including health economics, health policy research, medical anthropology and sociology and health communications research;
  - Biomedical and bioscience research for innovation and product development;
  - Epidemiological research.

8. We, the Ministers of Health and Heads of Delegations, reaffirm our commitment and recognize the need for Africa to take advantage of existing research institutions and the greater international commitment in achieving internationally agreed health targets especially health MDGs, agree:

- To accelerate efforts to develop and implement appropriate and relevant health research policies at national and regional levels;
- To foster collaboration and leadership to promote essential national health research in Africa;
- To strive to ensure the allocation of at least 2% of the national health budget and to further mobilize other resources from national and international sources for health research; and
- To finalize the draft position paper on health research in the African region in consultation with other colleagues through further discussions and actions leading to the WHO Ministerial Conference for Health Research to be held in Africa in 2008.

Signed:

**Algeria**

**Cameroon**

**Ethiopia**

**Ghana**

**Kenya**

**Malawi**

**Mozambique**

**Nigeria**

**Senegal**

**South Africa**

**Sudan**

## **Appendix II: Group Work Presentations**

### **Group I**

#### *Defining the Context and Uniqueness of Africa*

The group recognised that most African countries have weak health systems and therefore considered it important to strengthen them to address the MDGs. This could be achieved through health systems research in the following areas:

- Stewardship
- Financing
- Human resources – to identify the cadre of staff are most needed to achieve the MDGs
- Service delivery

The group also considered it important to disaggregate the Millennium Development Goals, the targets and indicators to better address the challenges in the African context and draw attention of the international community to those areas. Research to identify the new indicators should focus on a few areas of the MDGs. Innovative research is needed to address the limited access to services targeting particularly the marginalized and very poor communities.

#### *Importance of health research*

- Provides evidence for policy formulation
- Provides innovations for strengthening the health system
- Devise strategies to retain health professionals in rural areas
- Communication of policies and strategies to end-users
- Bridging the gap between academics with policy makers
- Tracking of the utilization and flow of limited resources in the health sector

#### *Strengthening health research systems*

- This requires action in the following areas:
- Competent researchers
- Priority setting of research agenda
- Efficient coordination of activities
- Funding

- Utilization of research findings
- Shared responsibility for research and ethics

### *Role of research in the attainment of MDGs*

The attainment and sustenance of MDGs - throws up a lot of questions that can be answered by research. The evidence shows that Africa needs human resources to achieve MDGs and the challenge is how to do this – research should help to address this.

- Research on how to acquire reliable health information since no comprehensive vital registration in most African countries do not exist
- Research to develop the optimum integration of interventions needed to achieve the MDGs

### *Cooperation within countries and across the region*

The group identified the creation of a Website for networking and a database of research

### *Resource mobilization*

i) Within the health sector:

- Streamlining of resources available for research
- Implementation of the recommended 2% of national health budget for research

ii) Beyond the health sector - within the country

- Make research more relevant for public and private sector
- Engage civil society in advocating and supporting research
- Encouraged Africans in the Diaspora to provide technical and financial resources
- Advocate for tax rebates for industries contributing to research. An example is Thailand where 5% of profits from tobacco, alcohol and gambling industries are used for health promotion an idea that could be emulated by Africa

Resources from outside the country

- Governments should include research on the agenda when negotiating for funds from external sources such as the GFATM, GAVI
- 2 – 5% of funds for any proposal should be used for research.
- Developing partners should play active role in mobilizing funds for research

## **Group II**

Definition of terms

### *Diseases of poverty means*

- Top ten causes of ill health in developing countries, e.g. malaria, HIV, TB, diarrhoeas,
- Respiratory Tract Infection (RTI),
- Neglected tropical diseases
- Water-borne and related diseases
- Non-communicable diseases (NCD)
- Injuries and malnutrition

### *Key areas for health research*

- Infectious diseases
- Prevention, diagnosis, control and surveillance
- Reproductive and sexual health
- NCD (Cardio-vascular diseases, cancers, SCD, injuries)
- Malnutrition
- Mental health including drug and substance abuse

### **Group III**

African countries should establish functional health research systems using their own human resources, adequate infrastructure, institutions and organizations. The systems should be able to amongst others set its own research priorities, be able to conduct relevant research and have institutional capacity for scientific and ethical reviews, and also ensure that research findings are translated into policy through coordinated action and partnership.

### **Recommended approaches**

#### *Funding research*

- African countries should strive to implement the earlier resolution to dedicate 2% and 5% of their health budget and health aid budget respectively to research while 15% of each country's GDP be devoted to health. To increase health research funding governments should engage local and international partners to mobilize funds for health research.

#### *Capacity building*

The human resource capacity for research should be urgently developed in African countries.

- This should be in terms of increase in the numbers and quality of researchers
- Building research culture in the educational system for products to realize the importance of research.
- Pre- and in- service training in health research should also be a priority.
- Appropriate infrastructure, such as the provision of modern equipment should be provided to enable African scientists conduct good quality research in Africa.
- Health information systems should be strengthened and linked to health research
- African governments through the AU and other regional organizations should recognize and strengthen the network of health researchers in Africa.
- These networks should aim at sustaining the continent's research output and develop new capacity through training. South-South and North-South collaboration should be fostered
- Collaboration between Researchers and Policy makers should also be encouraged to facilitate the transformation of research into policy and action.

#### *Enabling environment*

African countries should promote the necessary political, economic and social climate in which health research can thrive. They should also ensure that health research is supported by relevant legislation. Legislation should provide reasonable autonomy to ensure timely and enhanced productivity

#### *Research agenda setting*

- Governments should clearly define their research priorities based on the specific situation and needs of the country. This should be done after adequate consultation with researchers and the community at large.
- Health systems research should be encouraged by ensuring that there is a research component for every health program.
- African countries should disseminate research results to stakeholders to ensure that they translate into policy and action including through the use of knowledge brokers.

#### *Recommended processes*

- African countries should jointly advocate being part of the international health research priority setting so that the issues of neglected diseases and health systems research can be accorded priority by the international community.
- There should be strong advocacy at all levels by African countries to highlight neglected diseases. The goal of this advocacy which should be at the highest political

level and is to sensitize partners to provide funding and technical support to deal with these diseases.

- African countries should encourage their scientific research institutions to collaborate with similar institutions in developed countries.
- African countries should evolve a mechanism which ensures that international research findings useful to the continent are put to practical use.

### **Group Members**

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*Appendix III - List of Participants*

10 March 2006

FEDERAL MINISTRY OF HEALTH

PREPARATORY MEETING ON POSITION OF COUNTRIES IN AFRICA  
ON HIGH-LEVEL MEETING ON HEALTH RESEARCH  
FOR CONTROL OF ENDEMIC DISEASES AND DEVELOPMENT

8-10 MARCH 2006

TRANSCORP HILTON HOTEL, ABUJA

LIST OF PARTICIPANTS

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