



EDCTP

The power of sharing science

EDCTP-WHO kick-off meeting

Development and strengthening of the national health research systems in sub-Saharan Africa

9-10 July 2018, Accra, Ghana



Report

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About EDCTP

The European & Developing Countries Clinical Trials Partnership (EDCTP) is a public–public partnership between 14 European and 16 African countries, supported by the European Union.

EDCTP's vision is to reduce the individual, social and economic burden of poverty-related infectious diseases by affecting sub-Saharan Africa.

EDCTP's mission is to accelerate the development of new or improved medicinal products for the identification, treatment and prevention of infectious diseases, including emerging and re-emerging diseases, through pre- and post-registration clinical studies, with emphasis on phase II and III clinical trials. Our approach integrates conduct of research with development of African clinical research capacity and networking.

The second EDCTP programme is implemented by the EDCTP Association supported under Horizon 2020, the European Union's Framework Programme for Research and Innovation. .

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Summary report

The **kick-off meeting of the project for development and strengthening of the national health research systems (NHRS) in sub-Saharan Africa** took place in Accra, Ghana, on 9-10 July 2018. It was jointly organised by the European & Developing Countries Clinical Trial Partnerships (EDCTP) and WHO Regional Office for Africa (WHO-AFRO). The meeting was hosted by Ghana, an EDCTP participating state, through the Ghana Health Service, Ministry of Health of Ghana.

The meeting was the largest gathering to date of General Assembly members and government representatives of the African member states of the EDCTP Association. It brought together over 50 delegates from the 17 African member states of EDCTP to initiate development of a strategic plan to strengthen NHRS. The delegates included their inter alia: senior government officials responsible for research oversight in their respective countries, the African Union and Regional Economic Communities' officials, EDCTP General Assembly members and Secretariat representatives, as well as WHO-AFRO representatives.

The purpose of the strategic plan is to provide guidance and support to governments for strengthening the capacity of their NHRS. This will optimise national health research production and utilisation, and ultimately, support the achievement of the sustainable development goals (SDGs) and Universal Health Coverage.

Specific objectives of the meeting:

- Development of a conceptual framework for assessment of NHRS in Africa.
- Documentation of tools and guidelines for use of the NHRS barometer developed by WHO-AFRO.
- Implementation of the NHRS barometer by government institutions to conduct surveys to assess the NHRS capacities in the 17 African member countries of the EDCTP Association (16 member countries and one aspirant member country).
- Development of a strategic policy plan to provide guidance to assess and strengthen health research systems capacity in Africa to generate and utilise research that will inform national policies on health.

Expected outputs of the meeting:

- A conceptual framework for the assessment of the NHRS in Africa developed.
- 14 health professionals from the African EDCTP member countries to be trained in the utilisation of the NHRS assessment tool, the NHRS barometer.
- 34 health professionals to be prepared to complete NHRS assessment surveys in the 17 African member countries of the EDCTP.
- Results from NHRS surveys to be presented at a high-level side event during the next meeting of the African Ministers of Health in Dakar, Senegal, August 2018.

Official opening

Dr Leonardo Simão, EDCTP High Representative for Africa, opened the meeting on a positive note by reminding the group of the “*good and great work ahead*” and the main objective of developing better capacities to conduct health research. Dr Simão talked about times when capacity and knowledge of disease prevalence was worse and the strides forward that have been made. He said this should give the group reason to be optimistic and believe that strengthening health systems in the African region “*is doable and achievable*”, despite current challenges.

Challenges:

- Double challenge of epidemiological transition and demographic transition, with infectious diseases and new infections creating an obstacle to wellbeing of populations.
- Lifestyle changes resulting in new diseases and the increase of chronic conditions and traffic accidents.
- This dual burden is exerting enormous pressure on the weak health care infrastructure in most countries in Africa. Therefore, African countries need to invest more towards strengthening their health systems and NHRS, with the objective of developing the best solutions to these challenges.

Dr Anthony Nsiah-Asare, Director of Ghana Health Service, expressed delight that Ghana was hosting the event and spoke of the meeting goal to initiate a process towards development of strategies to provide guidance to governments on health research and NHRS development for all African member countries of the EDCTP. Dr Nsiah-Asare also spoke about the current health research capacity in Ghana. He told the group of the active research Ghana is conducting at all levels of service delivery, but that there is still weakness in national coordination and harmonization of health research at policy level.

Dr Owen Kaluwa, WHO Country Representative for Ghana, discussed the WHO’s role in health research. One of WHO’s six core functions regards research, specifically shaping

research agendas and strengthening knowledge translation. Dr Kaluwa said all guidance provided by WHO is evidence driven and all countries are encouraged to use a strong evidence base for decision-making. Evidence helps us figure out how to act and know what is feasible and affordable. Research is central to this, and therefore to the achievement of SDGs and UHC. Dr Kaluwa noted challenges in health research faced by African regions. There is a high burden of communicable and non-communicable diseases, constrained resources, and weak health systems. Research systems are not currently able to provide what is needed and Dr Kaluwa listed the central reasons for weak NHRS as:

- Lack of coordination capacity by governments leading to duplications and waste of resources.
- Lack of capacity to translate knowledge, which impacts countries’ abilities to use evidence in decision-making.

Dr Kaluwa closed his remarks by urging delegates to “*give this exercise your utmost attention*” and reminding the group of the key purpose of the meeting, which was to discuss how to strengthen NHRS. Dr Kaluwa also reiterated WHO’s commitment to support African member states in strengthening NHRS.

Dr Abraham Hodgson, Director, Research and Development Division, Ghana Health Service, Accra, Ghana, spoke about the objectives and outcomes for the meeting. The overall goal of the meeting was to initiate a process to develop a strategic plan to strengthen NHRS, starting with undertaking a situation analysis using the research barometer. The purpose of the strategy is to provide guidance and support to governments in strengthening NHRS capacity, in order to optimise national research production and utilisation. Ultimately, this will enable effective translation of research results in policy and practices and support the achievement of SDGs. Dr. Hodgson expressed optimism for the work ahead. “*The task is big but the enthusiasm I am seeing and the commitment I am seeing from all of us, I think we should be able to achieve it.*”



Photo (from left to right): Dr Abraham Hodgson, Dr Leonardo Simão, Dr Anthony Nsiah-Asare, Dr Michael Makanga, Dr Owen Laws Kaluwa, Dr Juliet Nabyonga and Dr Joseph Okeibunor.

EDCTP: looking forward

The role of EDCTP in promoting research and development in Africa

Dr Michael Makanga, EDCTP Executive Director, spoke of EDCTP's partnership model and mandate. EDCTP targets HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, diarrheal diseases, respiratory diseases, and emerging and re-emerging diseases. This is done by: supporting collaborative clinical research on medicinal products; capacity building of sub-Saharan countries' abilities to conduct high-quality clinical studies; investing in the development of the next generation of African researchers; and strengthening ethical review capacity and regulatory frameworks for clinical research in sub-Saharan Africa. EDCTP supports all research striving to update and develop guidelines and policies for change of practices. The overall vision of EDCTP is to make contributions towards reducing the social and economic burden of poverty-related diseases in sub-Saharan Africa.

What makes EDCTP unique?

- Flagship program, bringing Europe and Africa together in partnership.
- Recognised international funder on infectious diseases research.
- Pays special attention to developing capacity in countries affected by the diseases in question, and ensures research complies with highest ethics standards.
- Operates according to equal partners model.
- Pays attention to vulnerable populations.
- Covers product-focused implementation research to ensure research results are translated into policies and practice and that there is evaluation of successful interventions in the real-world environment.
- Works with like-minded partners to promote collaborative research and development that is useful for both national and international policies.

EDCTP progress:

- The programme has been running since 2003, the first phase having finished in 2015. Phase two will run between 2014-2024.
- Currently, EDCTP membership comprises 16 African countries and 14 European countries; moreover, Angola and Switzerland are aspirant member countries.
- Tuberculosis and HIV are doing well, malaria is coming up and has new projects waiting to be signed, and emerging infections are also coming up. Figures for vaccines, drugs, and diagnostics are growing as new projects develop. However, there is limited investment in diarrhoeal diseases and respiratory tract infections.
- Networks of excellence have been created and receive support.
- Building capacity for preparedness to tackle emerging and re-emerging diseases through the pan African network and African network for coalition and training

- There are activities involving 51 countries, 35 African countries and 16 European.

EDCTP future:

- Working to diversify funding through thematic calls for research that result in individual projects of different magnitudes.
- Eleven calls for proposals are in the 2018 work plan (of which most are currently open), all member countries are encouraged to make good use of these opportunities.
- Ensuring research and development is advocated for by encouraging individuals to excel in research through, for example, prizes for outstanding scientists and researchers.
- Expected to be part of Horizon Europe, with two preparatory high-level meetings. The first meeting will be in Dakar in August 2018, as a side event of the 68th session of WHO-AFRO regional committee meeting. Dakar is where the results of the Accra meeting and the subsequent survey will be presented. The second high-level meeting will be in Lisbon in September 2018.
- As a way to accelerate time between proposal applications and outcomes, the review process will be reduced to a one stage review for some activities.
- Regarding ethics committees, it is strategically important to focus on the national level and bridge the gap between national ethics committees and national regulatory authorities. In 2019, there will be a collaborative call with the Bill & Melinda Gates foundation to address innovation in terms of system infrastructure and digitising systems.

Dr Makanga also spoke of the way EDCTP focuses on results and the core values of the programme: mission focus, collaboration, and excellence. He especially emphasised the importance of international and national cooperation. Dr Makanga: *"Don't go it alone, look at global partners to make sure we do work that will have greater impact"*. He also discussed the importance of excellence, no matter the environment: *"Whatever is done in Africa should be done to the highest standards and we do not compromise on that."* Dr Makanga concluded on the positive note that *"as the years go by we are getting closer and closer to enabling access to products to the people who need them most."* Finally, he reminded the group of the 11 calls for proposals and expressed great desire for the delegates to encourage the research community in their countries to apply.

Capacity development for health research in Africa

Professor Moses Bockarie, EDCTP Director of International Cooperation (Africa) and Head of Africa Office, noted that, in order to discuss capacity development of NHRS, we need to know where we are in terms of EDCTP's support for health research and health research capacity strengthening in sub-Saharan Africa. He said EDCTP has done well with outcomes and has made progress in scaling up funding for enhancing



Photo: Dr Michael Makanga addresses the delegates of the meeting.



research leadership in Africa, but also spoke of what needs to be done to continue moving forward in capacity development for research.

Avenues for further capacity development:

- Engage governments to enhance the capacity of the institutes they manage.
- Involve more women in research.
- Ensure that as we move forward, we engage WHO guidelines, address issues pertinent to governments, and encourage ownership of interventions for NHRS strengthening by governments.
- Encourage collaboration among African member states, given the varying capacity among countries.
- As funding is scaled up for leadership in Africa, we need to ensure that not all fellows come from well-established universities and institutions.
- Work towards engaging more African countries and addressing the gap in the central African Region.
- Do more to engage countries who have little support for ethical reviews and regulatory systems.
- Use the alumni network for collaboration.
- Explore different approaches to support non-English speaking countries, especially through increased collaboration at all levels.

Prof. Bockarie concluded that the purpose of the meeting was to discuss the avenues strategies for further capacity development highlighted above and, he greatly emphasised the importance of collaboration. *“No country left behind.”*

Opportunities and challenges for African participating states in EDCTP

Dr Leonardo Simão, EDCTP High Representative for Africa, highlighted the main opportunities for African participating states availed by EDCTP through provision of human and infrastructural investments. Grants provide opportunities for synergy and collaboration in research between African countries. However, African participating states still face challenges in health research.

Challenges for African member countries of EDCTP in health research include:

- Create synergy with other interventions, such as in the “one health” approach.
- Providing a platform to complement efforts from other funders in Africa.
- Contributing to research funding in line with existing declarations.
- Suboptimal utilisation and ownership of EDCTP-initiated projects.
- Challenges in the preparation and submission of EDCTP member country work plans, reviews, annual reports, and in proper co-labelling.
- EDCTP not well known by all players in African countries.
- Countries with excellent research capacity are more competitive and receive more EDCTP grants. There is need for more collaboration among countries to promote more participation of countries with weak research infrastructures.
- Many countries do not have articulated research agendas EDCTP can align with.

Discussing the imbalance of investments, challenges to research, and the need to stimulate participation by member countries, Dr Simão also pointed to the need for EDCTP to visit and inform member countries on the opportunities EDCTP offers.

Strategies designed for encouraging participation:

- Dedicated support for the submission of country work plans and the reporting on the planned activities.
- Implementation of easy-to-use online submission and reporting systems, including an online manual and tutorial explaining how to submit and report on work plan projects (Participating States’ Initiated Activities or PSIA) through the EDCTP grant management system.
- Conducting regular mapping of activities and informing General Assembly representatives of the activities going on in their countries.
- Supporting countries in EDCTP activities that are more visible to their local research community.
- Conducting high-level advocacy visits to EDCTP member countries and intergovernmental African policy making bodies.

The national health research systems

Overview of WHO regional strategy on research for health

To set the context for discussion on the WHO regional strategy on research for health (R4H), **Dr Juliet Nabyonga-Orem**, Medical Officer WHO spoke of concerns resulting from the WHO 2014 situation analysis: low output of publications from the African region; only 3.8% of new medicines approved between 2000 and 2011 were for diseases affecting the region; and it was shown that many countries in the region have major challenges training and retaining researchers. The aim of the WHO regional strategy is to foster development of functional national health research systems that generate scientific knowledge for developing technologies, systems and services needed to achieve universal health coverage.

Objectives of the strategy:

- Establish effective governance of research for health
- Build and sustain human, physical, and institutional research capacities
- Strengthen production and use of research to enhance performance of health systems
- Establish sustainable financing for health research
- Establish mechanisms for tracking health research investments.

Priorities for the strategy are centred around policy, planning, governance, and effective coordination and management. Dr Nabyonga spoke about the need to improve efficiency of ethics committees overall, including for research in emergencies as the African region regularly suffers from outbreaks. During such outbreaks, we must have quick ways of obtaining ethical approval for life saving treatments. Regarding policies and planning, Dr Nabyonga highlighted that when we have policies in place, we must ensure implementation.

She continued by breaking down the regional strategy into: resources, producing and using health research, financing, and tracking investments. Resources were discussed, particularly focusing on training researchers, working collaboratively, and mainstreaming research in Ministries of Health for ownership and uptake. With regards to producing and using research Dr Nabyonga discussed the African culture of talking without writing, sharing stories “*by the fireside*”. She encouraged changing this and moving into the publication arena to take African region research to a higher platform. There is still a struggle to make use of research, but Dr Nabyonga expressed a desire to improve the number of countries in the WHO African Region with knowledge translation platform in place from 26% to 100%. On financing, she said R4H is a political commitment and the commitment must be honoured financially. In addition, we must be innovative in raising funds for research. She highlighted the desire to see the number of WHO African countries with a dedicated budget line for research increase from 52% to 72% as set in the Regional research strategy. It was also highlighted that countries should aim to spend at

least 2%–2.5% of their national health budget on research. As a last point on financing, Dr Nabyonga said there is need to track investment in R4H in order to ascertain the level of investment and identify financial gaps. Reducing duplications and improve coordination requires establishment of research observatories and registries. Dr Nabyonga also spoke on roles and responsibilities of countries and emphasised the importance of countries taking responsibility for sustaining resources for research.

Guiding principles of the regional strategy:

- Country ownership is key
- Harmonisation and alignment
- Dignity, integrity and safety of research participants.
- Evidence-based decision making.
- Efficiency in allocation and utilization of R4H resources.
- Partnership among all health-related sectors and disciplines for NHRS strengthening. We need multi sectoral collaboration to achieve SDGs and UHC.

Dr Nabyonga concluded by highlighting the need for high-quality research to tackle the enormous health problems faced by the African region. The “*core component of universal health care is that no one is left behind, creating equity in access to services*”. She said research and evidence-based decisions are able to improve this, which is why it is important to strategise on improving NHRS to facilitate production and use of research.

NHRS assessment tools and previous surveys: the barometer

Dr Joses Kirigia, NHRS Consultant, provided definitions of R4H and NHRS. R4H was described as: “*A systematic process for generating new knowledge using scientific method to identify and deal with health problems.*” NHRS was defined as: “*A NHRS is 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, and/or maintain health status of populations; it should include the mechanisms adopted to encourage the utilisation of research.*” The goals of NHRS were said to be: “*advancement of scientific knowledge and utilisation of knowledge to improve health and health equity.*” There are four NHRS functions and these, plus their sub functions, were explained by Dr Kirigia:

1. Stewardship/leadership and governance: provides oversight to the NHRS process.
 - a. Definition and articulation of a vision for a NHRS
 - b. Identification of appropriate health research priorities
 - c. Setting and monitoring of ethical standards for R4H and research partnerships
 - d. Monitoring and evaluation of the NHRS.
2. Financing: securing and allocating funds for R4H.
 - a. Revenue collection

- b. Pooling (accumulation and management of R4H funds to minimise fragmentation and optimise outputs)
 - c. Efficient and accountable allocation and disbursement.
3. Creating and sustaining resources: develops and sustains human and physical capacities to conduct, disseminate, archive and utilise R4H. This is not just about training people to create human resources for R4H, it encourages creating good environments to work in to minimise “*brain drain*”.
- a. Build, strengthen, sustain and retain human resources for health research
 - b. Build, strengthen, and sustain R4H physical infrastructure.
4. Producing and using R4H: involves production, dissemination, synthesis, utilisation, and archiving.
- a. Produce scientifically valid research outputs
 - b. Translate and communicate research to inform health policy, strategies, plans, practices, and public opinion
 - c. Promote use of research to develop new tools to improve health.

Dr Kirigia gave a brief history of previous NHRS surveys, the first being in 2003 with respondents from 10 countries, then the 2008/9 survey with the same questionnaire for 47 countries, and lastly the WAHO 2017 survey of 4 countries. Dr Kirigia then listed the six steps for developing the barometer:

- Step 1: Delineate the NHRS functions
- Step 2: Delineate the sub functions under each NHRS function
- Step 3: Collect data on each NHRS sub-function
- Step 4: Score the sub-functions
- Step 5: Calculate sub-function indices
- Step 6: Calculate the overall NHRS barometer score for individual country.

Dr Kirigia described why the barometer is important. It is a tool that enables countries to monitor and evaluate the implementation of strategies on R4H and to monitor trends in NHRS development and performance overtime. The barometer helps countries identify gaps and causes of underperformance in NHRS. The “*beauty*” of the barometer is that it can identify

why challenges exist and therefore can inform strategic plan development with policy interventions to close NHRS performance gaps. It allows for benchmarking across EDCTP African member countries and can also model the relationship between NHRS output over time and other sub functions and inputs. It is an important tool for advocacy by the government as well as for researchers to justify research proposals. Lastly, in terms of practically using the barometer, the questions used to collect data are straightforward (yes or no answers) and the calculations are also manageable and similar to those of the human development index.

Impact of current WHO NHRS barometer scores on health research advocacy and commitments in different sub-regions

Mr Herman Awono-Ambene, representative of the Organisation for Coordination for the Fight against Endemics in Central Africa (OCEAC), talked about OCEAC’s use of WHO NHRS barometer scores. The mission of OCEAC comprises coordination of politics and health actions, training, research, expertise, health promotion, and health emergency. OCEAC used barometer scores when looking at Yaoundé, Cameroon and Brazzaville, Congo.

Mr Awono-Ambene identified some challenges for these areas as an example of the potential use for the tool. Gaps were found in governance, specifically research policies and strategies, research regulatory systems, and coordination. Difficulties were also faced in human resources and research capacity development, especially regarding academic research, research facilities, and sustainability of research and career development. The third weak area identified, was publication and translation into policy. There were challenges in knowledge and result sharing, reporting to stakeholders, publications, and links with country expectations.



Photo:
Delegates during the opening plenary of the meeting.

5 In-country surveys and break-out sessions

The second day was primarily for the purpose of having two break-out sessions. Group 1 was for EDCTP General Assembly members and strategic partners to discuss capacity building, engaging countries, and the report for the meeting in Dakar. Group 2 was for technical staff to learn how the WHO barometer works and to discuss recommendations for adjustments. The two groups then reconvened to report on what they had achieved during the break-out sessions. The second day was opened by Dr Nabyong and Dr Kirigia.

Objectives and expected outcomes of in-country surveys

Dr Juliet Nabyonga-Orem, Medical Officer WHO, gave a short talk on objectives and expected outcomes of the NHRS surveys. She reminded the group they must strengthen weak areas and maintain the areas doing well in order to move towards universal health care and achieving the SDG 3 target.

Expected outcomes of in-country surveys:

- Support other countries to move forward.
- Look at the overall scores of the sub functions.
- Monitor at a regional level and tailor support to countries.
- Partners align to a vision and the WHO aligns that vision.
- Commit to developing strategic plans given the results of the assessment.

Reporting of survey results

Dr Joses Kirigia, NHRS Consultant, provided an overview of how to conduct and report on the analysis. He highlighted that the assessment would be used to see what progress has been made since the last 2014 survey. He also noted key suggestions for improving the tool, made during the first day, as context for the break-out session of Group 2.

Key suggestions for improvement of the barometer:

- Governance: add existence of national policy on intellectual property rights and patents as a sub function.
- Governance: for countries with R4H policies and plans, ask if they have been disseminated and are being implemented.
- Financing: ask what all government ministries and departments spent on R4H in 2016/2017 financial year. Target is to request 2% of total health budget to be spent on research. The group in Accra needs to agree on what we report regarding financing sub-functions.
- Financing: track resources going into R4H from all sources. It is not expected to be able to capture this in this exercise given the short timeframe.
- Producing and using research: amend to better reflect use of publications and research.
- Language: EDCTP to ensure translation of the questionnaire in French and Portuguese.
- Individual country analysis as well as a group analysis: group analysis will be useful at regional forums and analyses, but there is a need to help individual countries see how they can

improve and where they stand. The WHO is making plans to support individual countries with this upon request.

Session of Group 1: EDCTP General Assembly members and heads of government delegations

Prof. Bockarie opened this session by noting this was the first time WHO had the opportunity to receive input on the appropriateness of the tool by so many countries. He stressed the importance of this regional meeting for having the African Region's voices better heard. This issue of African countries not being able to attend General Assembly meetings in The Hague was discussed as a point for improvement. It can be expensive and challenging to gain approval for representatives of African member countries to travel to The Hague, but we need to ensure African countries are heard as much as the European.

Dr Thomas Nyirenda, EDCTP Strategic Partnerships & Capacity Development Manager, presented on EDCTP's current capacity building portfolio. He described his presentation as a way to retrieve advice from delegates on how EDCTP can help with the success of the assessment. A major aim of EDCTP is clinical research capacity building, creating and enhancing capacities, and networking in international research. This goal of capacity building for health research is done through strengthening human resources and supporting research environments in ethics and regulatory frameworks, as well as supporting health systems and creating regional networks. Dr Nyirenda also highlighted challenges faced by EDCTP in this arena. The main challenge being how to best involve countries without strong institutions. This challenge is addressed by EDCTP through:

- Fellowship schemes structured to follow the career path of a scientist from junior to the top level.
- Maintaining an alumni network for these fellows via one online platform (<https://edctpalumninetwork.org>)
- Involvement of female researchers. Currently 40% of trainees are female and 34.4% of grants are led by female project coordinators.
- Four EDCTP Regional Networks of Excellence have been created, involving 25 institutions in African countries and 9 in European countries. New consortia for tackling public health emergencies have also been supported, for example, ALERRT and PANDORA-ID-NET.
- Support for strengthening ethics and regulatory affairs, for example by organising trainings in ethics.
- Working with partners such as WHO, Wellcome Trust, NEPAD, AU, and the Bill & Melinda Gates foundation.
- Creating small grants for implementation research in infectious diseases (in partnership with WHO AFRO and TDR).

The recommendations coming out of the session of Group 1 were presented in the form of a draft communique to be endorsed by governments of the EDCTP member countries.

The purpose of this communique was to create a focused message to inform the meeting in Dakar and be taken to ministers and government representatives there.

The recommendations were further discussed in plenary session. The communique is currently a one-page document that will be circulated to all from the Accra meeting for final input before presentation in Dakar. It will be a strategic message to governments asking for support of the assessment.

Session of Group 2: Technical staff

In Group 2 the objectives were to discuss NHRS sub-functions, NHRS sub-function data, sources and supporting evidence data collection methods, and the NHRS survey questionnaire. Dr Kirigia noted that the group went through the questionnaire item by item added some questions and made recommendations:

Additions questions on:

- A national policy on intellectual property rights and patents.
- A program, unity, or department to count human resources.
- The number of R4H patents to be added as an output of research process.

Recommendations:

- Include a glossary of terms for the questionnaire.
- Any revisions made to the questionnaire need to be incorporated in French and Portuguese
- WHO/EDCTP to provide those collecting the data with a letter indicating the purpose of the survey and requesting support.
- The timeline for the assessment should be 10 working days after sending the revised questionnaire.
- South Africa offered to help with the biometric analysis, as they have access to the national database.

Closing remarks

Dr Leonardo Simão concluded the two-day meeting by thanking everyone and expressing his joy that most African states were represented and that the objectives had been achieved; particularly the development of the “*Accra communique*” and the recommendations and training on the barometer for technical staff. He said the barometer is important to evaluate the progress of research systems, and although it is still a work in progress, these contributions made in Accra will help to improve the instrument and help in moving towards the ultimate goal of achieving the SDGs and UHC.

Photo:
Delegates of the meeting in Accra, Ghana.



Key points from discussions and Q&A

Language

Language barriers for non-English speaking countries were raised as a major hurdle for R4H. It was said to be a great challenge for non-English speaking countries to be able to put their “*best foot forward*” when required to read and write complex technical documents in English. A delegate recommended language barriers to be addressed to improve excellence of proposals but also reminded the group that the issue of language is not a unique challenge to EDCTP. Another delegate suggested a potential solution in the form of creating an EDCTP group of French-speaking countries to exchange knowledge. It was also said that language needs to be considered in dissemination strategies and was suggested there be more research journals created in French and Portuguese. The collaboration between African member states and EDCTP may be a good opportunity to do this.

The discussion turned towards the reality of moving forward notwithstanding the language issue, especially in the immediate future. The situation described by several delegates was that in reality, it may be necessary to work in English to be competitive worldwide because most funding agencies work in English. “*You have to learn English as part of your future. The world does not adjust to us, the challenge is for us to adjust to the world.*” It was suggested that the group learn from countries like Canada, or European countries where multiple languages are spoken, and emulate their processes for ameliorating this problem.

Language barriers were heavily discussed during question time. In lieu of this, Dr Makanga made a statement on behalf of EDCTP regarding how EDCTP is moving forward with this. Dr Makanga assured delegates that EDCTP is making steps to improve this pressing issue. One of these steps could be the development of training materials for Master’s in clinical trials in partnership with a university in France. Another EDCTP strategy is funding grant writing activities and trainings in French and Portuguese to enhance applications from these countries, as well as increasing the funding for applications from French and Portuguese speaking countries in sub-Saharan Africa. A third approach is the funding for the regional networks of excellence. The idea of these networks is that they support each other and upcoming centres to improve competitiveness and excellence from all regions. Dr Makanga also highlighted EDCTP’s efforts towards personal development of researchers. There are plans to invest even more in fellowships with the 2019 tandem fellowship scheme. In this scheme, fellows from highly established institutions are to be paired with fellows from upcoming institutions. EDCTP is also working with partners on the language problem, for example, with WHO African region because it has greater flexibility regarding language.

Political environment for R4H

There were several comments from delegates that the gap in research goes beyond language barriers. It was stated that there are countries who are less active in R4H because of the political climate and/or conflicts they face. This is seen as a major reason for imbalance in the amount of proposals submitted per country. It can be difficult to work with governments on R4H if they do not see they have a lot to gain by investing in this area. It was also pointed out that even when researchers in these challenging political situations do receive funding, it can be complicated to access it and retrieve it from the government. In addition, many universities and institutions do not have the capacity to manage this. There was emphasis on helping research institutions struggling with challenging politics in their countries to enhance their proposals. All the countries represented belong to the WHO and therefore all share responsibility for each other. On the other hand, there was a comment that the group had been looking at governments through a critical lens and that we must recognise we are part of them and recognise how much they have already invested into R4H.

Collaboration

Collaboration was a theme discussed in every session. There were many comments regarding helping countries struggling with R4H to improve in innovative ways. Dr Makanga emphasized regional networks as a way to do this but noted this also needs government and regional buy-in to be sustainable. He also mentioned efforts made by EDCTP to help struggling countries, for example, funding for small grants for implementation research and supporting activities that support neighbouring countries. It is important that all African member states come together to discuss how to use EDCTP to best fit research needs and plan for the future. There was a comment that we should all take responsibility for the success, and any failure, of what is being done regarding R4H in the African region. It was also said that in the current situation, we must integrate research into national strategy. All that was presented in this kick-off meeting ties in harmonization but there is not enough advocacy for R4H to do this. Many delegates voiced the need to collaborate on advocacy and have all sectors working together to achieve the SDGs and UHC. For example, the WHO is currently creating a committee to build effective partnerships with the private sector. Dr Nabyonga also commented on the role of collaboration specifically regarding use of the WHO barometer. She said this assessment should be a consultative process and that “*everyone has a role to play.*”

Advocacy for R4H

A big part of improving NHRS was discussed as being related to gaining government and public buy-in for investment. There was discussion over how we can build interest in R4H

and why it is so important. The use of the barometer by all EDCTP member countries, is a form of advocacy. With this assessment, we can advocate for what is needed to improve NHRS and why. The points made about advocacy are related to the discussions on political environment, collaboration, and knowledge dissemination. Dissemination needs improving because this can help advocacy. Too much research is buried in big reports and in scientific language. It was suggested by delegates to work on engaging communicators and media in order to reach communities and raise awareness of the importance of research. Regarding politicians, the investment you receive depends on how research is presented. We need to advocate for research properly. We often forget that we have to help governments choose investments and we must show them how important R4H is. Therefore, the group must work on this together as a priority.

Knowledge dissemination

There is very limited dissemination around R4H and the importance of improving this was brought up by delegates frequently. EDCTP stated its plans to work on this issue by empowering female scientists, requiring projects to have a dissemination strategy to receive funding, and involving affected communities to learn their needs and share results with them. This last point is valid for vaccine-related research and would require human resources trained to speak to vulnerable communities, who are also able to bring this information into high-level spaces. In terms of having research reach politicians, we need to advocate for policy briefs as well as peer-reviewed journals, so we can effectively and informed by evidence communicate to policy makers in order to have them invest in research. It was also said that we need to engage with ethics committees and regulatory authorities early and ensure all research involving clinical trials is registered in a clinical trial register, so everyone has access, particularly for multi-centre trials. A delegate commented that most of the time results are known to researchers only. We need to disseminate results in a way that can be understood by everyone in order to gain buy-in. There was also a point made by a delegate that research is often not presented in an attractive way and we must carefully think about its purpose. Lastly, the R4H strategy was said to be more popular with politicians than technical staff. There was advice given by delegates that the entry point for this strategy shouldn't be ministers, it should be technical people who can take it back to ministers.

Publications and patents

It was repeatedly mentioned by delegates that publications alone cannot reflect the true amount of work done in R4H. It was suggested that patents, or something closer to product production, be added to the assessment. An additional point on the issue of only using publications as an indicator was that it may take years to get results from research with an output of one final publication or there is research which has ongoing publications. A WHO representative agreed that publications are not an adequate indicator of the true output for R4H, but they are used as a proxy indicator. The WHO representative also

agreed patents should be included in the assessment. It was noted that given where we are starting from, any publication, whatever the impact, is a good start, and as the tool evolves we can take it to a higher level. Lastly, there was a comment from a delegate that we need to assess our definition of a publication and we need to consider that there is a lot of research the African region has contributed to without proper mention. Therefore, again, we cannot show the true amount of work on R4H done in the African region.

Budget for health research

There was concern regarding the point made that all countries should aim to spend at least 2% of their total budget on health research. A delegate requested we take a step back, and that in terms of country resources this is a large amount. On the other hand, another delegate noted that we may even be surprised by how many countries are already past the 2% mark and that we need to improve our knowledge of economic figures. Mr Kirigia also spoke on this, saying that we need to gather information on what else is being spent aside from health, what the total budget is; and also, to look at what is being spent on health outside of the Ministry of Health. For example, in some countries the budget for research does not sit with the Ministry of Health, it may be with the Ministries of Science and Technology or Education. However, there were concerns raised by delegates on the feasibility of retrieving budget information from all sectors and that the information that is possible to get may be an indicator, but not an accurate picture of the total amount of resources going into R4H. A WHO representative also reminded the group that the figure of 2% was not a WHO decision, it is a government decision and it is the role of the high-profile health officials in this meeting to act on this.

Role of the Ministries of Finance

It was suggested that ministers of finance should be more involved in R4H strategy. A delegate noted that the Minister of Finance is the allocator for resources, not the Minister of Health, therefore we need to work also with the Minister of Finance to succeed. We need to have figures on what is truly spent on the health sector and the Minister of Finance can provide this. Dr Kirigia commented that we must be able to translate our work into economic language to gain support for funding and that we should be working with economists on this. Dr Simão called for the group to engage health economists and diversify our efforts beyond the the health ministries. *"It is not good enough that we understand amongst ourselves."* He also said we need to talk to people other than the Minister within the Ministry of Finance. Dr Simão urged the group not to go to the Minister with an emotional appeal and expect to achieve our goals. It was recommended to speak with those working for the Minister, as these officials bring proposals to the Minister in economic language, and they are also the ones preparing budgets for approval.

A sense of optimism

Several delegates noted that perhaps we were “*being too hard on ourselves*”. They said it has taken many years to be where we are and “*we want to get this sorted overnight, but this is a process*”. The health research systems are not in good shape and resources are needed but the group was asked to remind themselves of some of the resources that are being invested at the moment. The situation is not hopeless, it requires encouragement and motivation. It was said to be up to those in the meeting to increase awareness for this cause. It is not just the responsibility of EDCTP and the WHO, it is foremost the responsibility of the countries. The country representatives must take the information from this meeting to implementers as well as ministers. We need everyone to support this strategy in order to increase the infrastructure for R4H.



Photo:
Delegates of the meeting in Accra, Ghana.



Annex 1: Meeting concept note

Introduction

The European & Developing Countries Clinical Trials Partnership (EDCTP) is a public–public partnership between institutions mandated by national governments in Europe and sub-Saharan Africa, supported by the European Union. It is among the main funders of clinical research and health research capacity development in sub-Saharan Africa. Since 2014, EDCTP has provided more than 100 million euros annually for capacity strengthening and health research in Africa. Many of these EDCTP-supported activities involve research institutions and universities with a slowly increasing connection to the national health research systems managed by governments.

As an African-European partnership, EDCTP is committed to working with African governments to support addressing two gaps. In many countries there is insufficient overview of research conducted in the country. Consequently, many countries do not have the necessary information and capacity to define the national research agendas.

To help bridge these critical gaps, EDCTP is embarking on targeted strengthening of health research capabilities of African government entities set to take leadership and ownership of the process. This is key to the attainment of Universal Health Coverage and the Sustainable Development Goals (SDGs). EDCTP will work with African government entities and WHO-AFRO to develop a conceptual framework for the development and strengthening of national health research systems. This undertaking will be piloted in African EDCTP participating countries.

In July 2018, the Ghana Health Service, Ministry of Health Ghana, will host a kick-off meeting of policymakers and health professionals from African governments that are members of the EDCTP Association. The delegates, including strategic partners in the African Union and regional economic communities, will meet in Accra, Ghana from 9-10 July as a first step towards developing the conceptual framework.

Objective

The meeting is to initiate a process to develop a strategic policy plan that will outline the relationship between EDCTP programme activities and the development of the national health research systems (NHRS) of the 17 African members of the EDCTP Association. The plan will provide guidance and support to the governments for strengthening the capacity of their health research systems to optimise national research production and utilisation. Ultimately, this will enable the effective translation of research results in knowledge and practices that will support the achievement of the SDGs.

Specific objectives:

1. Development of a conceptual framework for the assessment of the NHRS in Africa.
2. Documentation of the tools and guidelines for the operationalisation of the NHRS barometer developed by WHO-AFRO.
3. Implementation of the NHRS barometer by government institutions to conduct surveys to assess the national health research capacities in the 17 African member countries of the EDCTP Association.
4. Development of a strategic policy plan that will provide guidance to assess and strengthen the capacity of health research systems in Africa to generate and utilise research that will inform national policies on health interventions.

Expected participants:

- Members of the EDCTP Secretariat
- Representatives of WHO-AFRO;
- Members of the EDCTP General Assembly, including government Ministers
- Members of the WHO-AFRO African Advisory Committee on Health Research and Development (AACHRD);
- Representatives of strategic partners in health research in Africa (e.g. NEPAD and Africa CDC);
- Focal points for health research in the Regional Economic Committees (e.g. WAHO, ECSA, EAC, OCEAC, SADC);
- Health professionals with a technical responsibility for research in Ministries of Health, Ministries of Science and Technology, National Health Research Institutes, National Council for higher learning and national ethics committees and regulatory authorities.

Expected outputs:

- a conceptual framework for the assessment of the NHRS in Africa developed;
- 14 health professionals from the African EDCTP Participating States to be trained in the utilisation of the NHRS assessment tool - the NHRS barometer;
- 34 health professionals to be prepared to complete NHRS assessment surveys in the 17 African member countries of the EDCTP African Association;
- government ministers to commit to presenting the results of NHRS surveys during the next meeting of the African Ministers of Health to be held in Dakar, Senegal, in August 2018.

Annex 2: Meeting agenda

9 July 2018

08:30-09:30	Registration	
09:30-10:30	Session 1: Official opening	
09:30-09:50	Welcome remarks and introduction of participants	Chair: Leonardo Simão
09:50-09:55	Administrative and security briefing	Hotel
09:55-10:05	Official remarks by Director General of the Ghana Health Service	Dr Anthony Nsiah-Asare
10:05-10:15	Official remarks by WHO Country Representative in Ghana	Dr Owen Laws Kaluwa
10:15-10:30	Objectives and expected outcome of meeting	Dr Abraham Hodgson
10:30-10:40	Q & A	All
10:40-11:30	Group photo and coffee break	
11:30-12:30	Session 2: EDCTP: looking forward	Chair: Eusebio Macete
11:30-11:50	The role of EDCTP in promoting research and development in Africa: current and future perspectives	Michael Makanga
11:50-12:05	Capacity development for health research in Africa	Moses Bockarie
12:05-12:25	Opportunities and challenges for African participating states in EDCTP	Leonardo Simão
12:25-12:30	Discussion	
12:30-14:00	Lunch	
14:00-16:00	Session 3: NHRS	Chair: Alioune Dieye
14:00-14:30	Overview of WHO regional strategy on research for health	Juliet Nabyonga
14:30-15:30	NHRS assessment tools and previous surveys	NHRS consultant
15:30-16:00	Impact of current WHO NHRS barometer scores on health research advocacy and commitments in different sub-regions	
	EAC (7 min)	
	WAHO (7 min)	
	OCEAC (7 min)	
	SADC (7 min)	Representatives from Regional Economic Committees
16:00-16:30	Coffee break	
16:00-16:45	Discussions (All)	
16:45-17:00	Preparations for day 2	Juliet Nabyonga/NHRS consultant
19:00	Dinner	

10 July 2018

09:00-10:30	Session 1 (All participants including AACHRD)	
09:00-09:30	Objectives and expected outcomes of in-country surveys	Juliet Nabyonga / NHRS consultant
09:30-10:10	Reporting of survey results	Juliet Nabyonga / NHRS consultant
10:10-10:30	Discussion	All
10:30-11:00	Coffee break	
11:00-12:30	Session 2: breakout groups	
	Group 1: GA members and strategic partners including AACHRD	Chair: Moses Bockarie
11:00-11:15	EDCTP Capacity building portfolio	Thomas Nyirenda
11:15-11:30	Discussion	
11:30-11:45	Engaging countries left behind	Moses Bockarie
11:45-12:00	Discussions	
12:00-12:15	NHRS report to Dakar meeting	Leonardo Simão
12:15-12:30	Discussions	
12:30-14:00	Lunch	
11:00-12:30	Group 2: Technical staff	
11:00-11:15	NHRS sub-functions to be surveyed	Joses Kirigia
11:15-11:30	Discussions	
11:30-11:45	NHRS sub-functions data sources & country assessment methods	Joses Kirigia
11:45-12:00	Discussion	
12:00-12:15	NHRS assessment questionnaire	Joses Kirigia
12:15-12:30	Discussion	
14:00-16:00	Session 3 (All)	
14:00-14:30	Report from technical meeting	Consultant
14:00-15:00	Discussion	
15:00-16:00	Summary and recommendations	Moses Bockarie
16:00	Closing	

Annex 3: List of participants

Name	Affiliation	Country
Dr Ayola Akim Adegnika	Centre de Recherches Médicales de Lambaréné (CERMEL)	Gabon
Dr Herman Parfait Awono - Ambene	Health Program & Research Department	Cameroon
Dr Cynthia Bannerman	Ghana Health Service Ethics Review Committee	Ghana
Prof. Anne-Cecile Bissek	Ministry of Public Health	Cameroon
Prof. Moses Bockarie	EDCTP	South Africa
Mr Godwin Asuquo Brooks	Federal Ministry of Health	Nigeria
Dr Janet Byaruhanga	NEPAD	Uganda
Dr Victor Chalwe	National Health Research Authority	Zambia
Dr Mamady Cham	Ministry of Health and Social Welfare	The Gambia
Mrs Rebecca Chukwu	Federal Ministry of Health	Nigeria
Dr Guillaume Compaoré	Centre de Recherche en Santé de Nouna	Burkina Faso
Prof. Abdoulaye Djimé	National Centre of Scientific and Technological Research	Mali
Dr Nilsa de Deus	Instituto Nacional de Saúde, Ministério da Saúde	Mozambique
Prof. Alioune Dieye	University Cheikh Anta Diop of Dakar	Senegal
Prof. Amadou Thierno Gaye	Ministere de l'Eneignement Superieur, de la Recherche et de l'Innovation	Senegal
Mrs Phebian Grante Sagnia	Directorate of Health Research	The Gambia
Mrs Sakina Habou	Ministry of Public Health	Niger
Ms Mariama Nana Halilou	Ministry of Higher Education Research and Innovation	Niger
Dr Abraham Hodgson	Division of the Ghana Health Service	Ghana
Ms Louisa Fresquez Hudson	Medical writer	United Kingdom
Mr Julian Jacobs	JL Communications	South Africa
Mr Ibikunle Adeola Jegede	National Institute for Pharmaceutical Research and Development	Nigeria
Dr Paul E Kazyoba	National Institute for Medical Research (NIMR)	Tanzania
Dr Benard Kikaire	Uganda Virus Research Institute	Uganda
Prof. Joses Kirigia	International Health Economic Consultant	Kenya
Dr Amadou T Konate	Centre National de Recherche et de, Formation sur le Paludisme (CNRFP)	Burkina Faso
Ms Glaudina Loots	Department of Science and Technology	South Africa
Dr Eusébio Macete	Centro de Investigação em Saúde de Manhiça (CISM)	Mozambique
Dr Michael Makanga	EDCTP	Netherlands
Dr Khadija Yahya Malima	Tanzania Commission for Science and Technology (COSTECH)	Tanzania
Mr Donatien Guillaume Mayila	Ministry of Higher Education and Scientific Research	Gabon
Prof. Collen Masimirembwa	African Institute of Biomedical Science & Technology	Zimbabwe
Mr Ramoithui Matshediso	Department of Science and Technology	South Africa
Prof. Souleymane Mboup	Institut de Recherche en Santé, de Surveillance Epidemiologique et de Formations (IRESSEF)	Senegal
Dr Maria Helena Monteiro	National Director Science & Technology	Mozambique
Prof. Jeffrey Mphahlele	South African Medical Research Council (SA MRC)	South Africa
Dr Harriet Nabudere	Uganda National Health Research Organisation	Uganda
Dr Juliet Nabyonga	WHO-AFRO	Zimbabwe

Dr Youssoupha Ndiaye	Ministere de la Sante et de l'Action Sociale	Senegal
Dr Armel Mintsa Ndong	Laboratoire National de Santé Publique	Gabon
Mr Paul Nembo Ngu	Ministry of Health	Cameroon
Dr Thomas Nyirenda	EDCTP	South Africa
Dr Pierre Cyrille Ongolo Zogo	Centre for the Development of Good Practices in Human Health	Cameroon
Dr Ivy Osei	Ghana Health Service	Ghana
Dr Amadou Oumarou	Abdou Moumouni University of Niamey/LASDEL	Niger
Dr Tajudeen Mohammed Raji	African Centers for Disease Control and Prevention	Ethiopia
Dr Issaka Sagara	Malaria Research and Training Center	Mali
Prof. Babatunde L. Salako	Nigerian Institute of Medical Research	Nigeria
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European & Developing Countries Clinical Trials Partnership

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Delegates of the EDCTP-WHO kick-off meeting of the project for the development and strengthening of the national health research systems in sub-Saharan Africa

The power of sharing science