

National Health Research

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Better health research systems for developing countries. Practical and policy approaches.

What factors influence health research agendas in developing countries?

Health research systems in many developing countries face two challenges:

- A lack of clarity on what are the country's priorities for health research.
- The undue influence of international programmes, that take insufficient account of countries' specific needs for health and health research.

Countries can improve the effectiveness of their national health research systems by taking a sharper focus on defining national health research priorities, and working with international health research partners to ensure that their funds are allocated to support the priorities.

Council on Health Research
for Development (COHRED)

Lack of coordination between countries and global health initiatives harms national research agendas

Countries should define research priorities. Donors and global health partners should take note of these and better align their activities with countries' agendas.

Two factors hinder the development of effective health research agendas in many developing countries. National health and research communities lack clear national health research directions, mechanisms and agendas and the research governance and management systems needed to develop, communicate and implement them. On their side, international health and health research programmes and donors can distort country research agendas and undermine national research systems. These global health partners pay insufficient attention to national health priorities as they design and implement their programmes.

These are the findings of a study by the Council on Health Research for Development on health research practices and perceptions of health ministries and research communities in six developing countries and eleven international health programmes and donor agencies¹. The study addresses the question: *What are the key factors that influence health research agendas in Low and Middle Income Countries?*

Scarce funding for health research affects many countries. But the situation is particularly acute for developing countries as they suffer the double constraints of limited financial resources to fund necessary research themselves, and the low priority given to their national health problems by the global research community. The insights revealed in this study highlight the need for health research systems that are driven by strong country priorities, and the obstacles that developing countries face in making this a reality. This report explains what actions are needed by all health research players to maximize the benefits of limited health research funding in developing countries.

The perceptions and observations gathered from this qualitative analysis highlight concerns on the deficiencies of current practices in managing health research systems. It flags four key areas for improvement:

- Inadequate systems in Low and Middle Income Countries to set, communicate and implement national health research priorities result in weak

or non-existent country research agendas. Poor research agendas, in turn, limit developing countries access to relevant health research funding.

- Insufficient attention to countries' health research priorities by international health programmes and donors. This is caused by loose internal policies regarding country focus, ingrained (often inflexible) funding practices on the type of activities they fund, and inadequate project management and evaluation.
- Donor projects and international programmes can distort national health research agendas and erode the capacity of countries' researchers and research systems. Guidelines of the Paris Declaration on Aid Effectiveness² should be followed.
- The chronic lack of funds for national research systems and dependence on foreign funding result in disproportionate external influence on health research agendas in developing countries.

1. Cameroon, Cuba, the Gambia, Laos, Nicaragua and the Philippines, Bill and Melinda Gates Foundation, World Bank, World Health Organization, Population Council, Swedish International Development Agency Department for Research Cooperation (Sida-Sarec), Wellcome Trust and Rockefeller Foundation. Input was also received on the Global Forum for Health Research and Tropical Disease Research Special Programme of WHO, World Bank, and UNDP.

2. The Paris Declaration, endorsed on 2 March 2005, is an international agreement in which over 100 Ministers, Heads of Agencies and other Senior Officials committed their countries and organisations to increase efforts in harmonisation, alignment and managing aid for results with a set of monitorable actions and indicators. <http://www.oecd.org>

Low governance and management capacity hinders development of sound country research systems

A lack of clear national health research priorities, backed by policies and a system to manage the research agenda, impedes countries' ability to conduct relevant research and attract necessary research funding. Countries need to better establish and manage their health research priorities. They also need to refine their ability to effectively communicate their health research agenda - both internally and externally - and engage international programmes and donors in a dialogue on national priorities.

Country respondents highlighted the chronically insufficient financing of ministries of health despite their pivotal and often multifaceted role as a commissioner, consumer, and implementer of health research. Capacity strengthening is critical to improve organizational structures so they can accomplish the complex task of setting, communicating and implementing the country's health research agenda.

Improved communication between researchers and decision makers is central to effective priority setting. This is vital if research production is to result in improved population health and reduced health inequities. Several country respondents called for better incentive structures to link researchers and decision makers, and for further action by their respective health ministries to commission research that is better aligned to national priorities. Some respondents felt that having clear country priorities helps attract national budget funds and advances reforms to demand increased productivity and relevance of the local research community.

Even in countries where national health research priorities have been formally defined, respondents pointed to the lack of funding and mechanisms for collaboration based on those priorities. Respondents consistently cited on-line databases, conferences and workshops as cost-effective and beneficial ways of disseminating health research findings.

Action points for countries: Set and support national health research priorities

- **Priorities.** Set national health research priorities through a credible and inclusive process.
- **Policy.** Establish a health research policy to guide the national effort.
- **Research Management.** Create a structure for managing health research so the country can act on knowledge it generates; ensure proper communication channels between all research producers, users and beneficiaries.
- **Financing.** Have a financial plan in place that ensures the strategy can be put into action.

Action points for international health programmes, donors, sponsors and collaborators:

- **Commit to terms of the Paris Declaration** on Aid Effectiveness for effective coordination and performance of donor and country actions.
- **Align with partner countries' research priorities.** Encourage countries to build research management capacity and improve access to research funding. If there are no national health research priorities, make this a requirement for funding and cooperation.
- **Harmonize support with other donors** to engage with countries on their health research priorities when planning a project or fund allocation.
- **Improve project management and performance evaluation** at the project and programme levels for health research.
- **Facilitate sharing of research findings** by funding conferences, workshops and on-line information portals.

Donors need to improve project management and pay attention to countries' health research priorities

For their part, donors and global health research programmes that are active in developing countries need to take better account of country needs and priorities when planning work at the national and regional level.

The study finds that most international players do have a stated 'country focus' and many have a policy or process for engaging with countries. But in practice, international programmes tend to pursue business as usual, rarely considering country needs in a systematic way when planning country health research investments or trials.

“The Philippines have developed sophisticated information networks and portals to regional and national databases. National stakeholders hope that improving electronic technologies and online research databases will lead to more shared learning and results-based policy making at the national level.”

International funders' requests for research proposals (RFPs) are usually focused on very specific research and it is often only by chance that an agency's mandate falls in line with local or national priorities.”

Research Manager, Philippines

Responses from members of international agencies reflected little or no attention to local health research priorities in their research commissioning processes. Some respondents reported, and appeared frustrated by the fact, that the organization they work for chooses health research projects based on its historical practices in specific regions. Furthermore, projects may be prioritized by funding agencies according to where they believe they have a comparative advantage, whether in health research financing or access to high-level stakeholders, rather than in alignment with country research priorities.

Donor respondents described the processes used by their agencies to tailor research to local needs.

“Funders do not take national health research priorities into account, and instead researchers must comply with funder policy.”

Opinion Leader, Cameroon

One said country needs were considered: “*not as a formulaic process. But in most places we work, we ask scientists to come with proposals or we hold meetings with scientists where they talk to us about what they see are the priorities.*” This may be considered as consulting with 'countries'. But in practice, such an approach is far from effective. Scientists are but one group of national stakeholders who must be consulted if countries' health research needs are to be properly identified.

Limited project management capacity – in particular database limitations and a lack of attention to project evaluation – makes it difficult for agencies to track precisely what amount of funding is spent on health research, or demonstrate the accountability, effectiveness or impact of their investments. This issue was identified as a problem by the Commission on Health Research for Development in 1990. It would appear that donor agencies have made little progress in dealing with it over the past 15 years.³

“Priority-setting for and commitment to health research in Cuba occurs at the highest levels of government. Because the research is primarily state-funded, national scientists and the Ministry of Public Health have relatively more control over the direction that research takes.”

Research Manager, Cuba

One criterion for project selection mentioned by two funding agencies was the ability to make gains toward achieving the Millennium Development Goals. This too can skew national priorities. For example why should a low income country like Uzbekistan list malaria as a national health research priority when there were only 33 cases of the disease in 2003?⁴

3. Commission on Health Research for Development. Health research essential link to equity in development. Oxford: Oxford University Press; 1990.

4. WHO World Malaria Report, 2005

However some countries have successfully used the umbrella of the MDGs to attract donor attention to their own priorities. Viet Nam provides a useful example. Its poverty reduction priorities are linked to national needs, based on the 'Viet Nam Development Goals' which are shared with partners to guide its development programmes, investment and the design of all projects.⁵

“Agencies have indirect, but considerable influence on the health research agenda setting process. Because many Low and Middle Income Countries have limited health research budgets, funders are more likely to influence whether or not research even happens in the first place.

Another way in which this 'indirect' influence manifests itself is through an agency's ability to bring major national stakeholders to the table at once. It is a result of their access to all departments and ministers (of health, finance, agriculture, etc.).”

Funding Agency Representative

Inequitable partnerships erode country research capacity

The study indicates that the failure of programmes and donors to sufficiently engage countries at the programme design level has a detrimental effect on the skill base of a country's research cadre.

Much international programme funding for 'national research' takes the form of subcontracting. Country respondents felt that, with these programmes, the researcher has little opportunity to participate in actual research work. A common scenario is the hiring of national researchers for large multi-center trials. Here, their role is limited to data collection, with no participation in a study's design, analysis, synthesis or reporting, which are done by their northern counterparts. This approach gives southern researchers little opportunity to enhance their skills and their country's research base.

Unfortunately, this echo of the 'colonial model of partnership' highlighted by Costello – where

foreign researchers favor efficacy trials of novel interventions over applied studies to improve the implementation of proven interventions⁶ – is still common practice in the interface between national researchers and international health research programmes.

“A large amount of time is devoted to meet the needs of donors who act as though they should be the primary and only focus.”

Researcher, Gambia

Project funding shapes national research agendas. No locally-controlled project funds; no national research agenda

Respondents commented that the majority of project funding in countries was from foreign sources. This results in considerable external influence on national health research agendas. Recent figures from Tanzania, for example, show that national funds are used to support the national research infrastructure, and that project funding comes from foreign sources.⁷ One researcher commented that local scientists are “...at the mercy of external funding agents whose priorities determine the priority areas of the researchers.”

Donors' priorities are often different from those of countries, even where they may address the same health issues. This results in the

“Researchers in Nicaragua who focus on local priorities usually receive little exposure in international publications. As a result, they will focus on studies that they are certain will be published by these journals. This distorts the health research priorities at the national level. Priority local research is often disseminated only by the local press and at local scientific events.”

Multilateral Agency Official, Nicaragua

5. Rohland, Vietnam Cuts Poverty by 50% in Past Two Decades. 2005.

6. Costello, BMJ 2000.

7. Kitua, Tanzanian Health Research Forum 2002.

commissioning of research that fails to provide the essential information needed by local decision makers to manage national health systems, improve population health and reduce inequities.

A number of the study's country respondents feel that few international funding schemes are open or easily accessible to Low and Middle Income Countries. For example, the US NIH process, in addition to being highly competitive, is lengthy and complex, putting less experienced developing country researchers at a disadvantage. In the case of the Global Fund, funds are supposedly offered for operational research but information on how countries can participate is not readily available.

In theory, nothing prevents researchers and institutes in developing countries from raising funds from international programmes to support their national research agenda. But comments from respondents reveal that this will only become a reality if the research community invests in building researchers' skills to tap funds and write grant proposals so they can compete internationally.

Cuba's approach⁸

A self-determined and largely self-funded national research agenda

Cuba receives little support from international donors and programmes for health research. Despite this, it has become effective at defining national health priorities and managing a health research system that supports them. This approach provides useful lessons for other low and middle income countries.

Respondents interviewed in this study confirmed that priority setting for and commitment to health research in Cuba are supported at the highest levels of government, in part due to the limited access Cuba has to essential medicines from the international market. As research is primarily nationally funded, national stakeholders determine the direction it takes.

Stakeholders include, national scientists, the Ministry of Public Health (MPH), the Cuban

Study Interview Topics

Country interviews

- Formal national health research plan
- Active national and international research funders
- Relative influences of various actors (Ministry of Health, Donors, etc.)
- Research activity and governance
- Information dissemination
- Health research capacity

International Research Funding Agencies and Foundations

- Perspectives on funding countries' research priorities and needs
- Relative influence of research commissioning agencies and foundations
- Overall funding process
- Recommendations for mechanisms that would facilitate funding of priority setting.

“Health research priorities are required to be coherent with national health priorities as defined in the National Health Plan 2004-2015. However, unlike the situation in Cuba, national stakeholders receive almost no health research funding from the State.”

Researcher, Nicaragua

8. For background, see: Health in Cuba; International Journal of Epidemiology Volume 35, Number 4 – August 2006
<http://ije.oxfordjournals.org/cgi/content/abstract/35/4/817>

biomedical industry, the Academy of Science and the State Council (the highest decision-making body in Cuba).

The independent nature of biomedical funding and agenda-setting is increased by the Cuban pharmaceutical sector's exports of nationally-developed drugs to other low and middle income countries. The main drivers of Cuba's biomedical research priorities are the national strategic needs determined by the State Council. Strategic needs focus on the development of drugs needed to combat ill health in Cuba that cannot be purchased

“ Funders should have their priorities more aligned with those of the country's to provide effective interventions, through the use of evidence-based research. ”

Opinion leader, Cameroon

affordably, or at all, on the international market. National health research priorities in Cuba have been set for the past ten years through a number of collaborative efforts involving stakeholders from all levels of the national system. However, evidence suggests that – in terms of funding – national strategic priorities take precedence over these health research priorities.

The primary platform for the exchange of views and experience is the biannual national Science and Technology Conference. Here, all health research stakeholders gather to discuss what has been achieved in health research in Cuba and how to address the existing gaps. This meeting also attempts to link the work of local health districts to the national research agenda and identify the overall problems that should be addressed in the national health plan. This effort to build the agenda from the bottom up, while laudable, is an idea that currently exists more on paper than in practice, according to one respondent.

“ The influence on the direction of research is often determined locally and if the funder is interested it happens, if not it does not. ”

Researcher, Gambia

Methods

This policy briefing has been synthesised from a qualitative study based on series of semi-structured interviews conducted with national and international stakeholders. Interviews were conducted with a purposive sample of respondents from, at the national level, Ministries of Health and the research community, and at the international level, foundations, and bilateral and multilateral agencies. Further participants were identified using a 'snowball' approach. Case study countries were Cameroon, Cuba, the Gambia, Lao PDR, Nicaragua, and the Philippines. Countries were selected to reflect a geographical spread of experience and range of health research system infrastructure. The sampling process identified a sample-frame of 42 stakeholders, and interviews were conducted with 11 of 25 at the national level, and 12 of 19 from the international level. Giving an overall response rate of 52%.

This work is part of a programme of cooperation between COHRED and the New York University Capstone Masters Program. It links to the COHRED Next Generation initiative, which encourages interest and excellence in research for health among young researchers in the north and south.

“ National Health research priorities are required to be integrated in national socio-economic development plans. Donor agencies should align their technical and financial support to the country's priority needs. ”

Health Research Opinion Leader, Lao PDR

About the National Health Research series

The National Health Research series synthesises analysis, substantive reports and publications to highlight action points that can improve research for health in developing countries. The publication shares lessons across countries, regions and projects. It aims to be a reference for practical information on improving health research systems.

National Health Research is facilitated by the Council on Health Research for Development (COHRED). It synthesises the results of work done by COHRED with country partners, and accepts requests from all authors and organisations to have their work summarised in this series. All material published in National Health Research is subject to a rapid review, at the time of publishing, by an external specialist in health research systems.

The series seeks to inform and encourage action among health research stakeholders, including: developing country policy makers and government officials, health researchers and research managers in the north and south, managers and health professionals in international development agencies, in NGOs and the media.

Full study report and data available at www.cohred.org/publications/nationalhealthresearch

