

**COUNTRY REPORT  
2008**

Five partner  
countries and  
eight donor  
countries

Burkina Faso  
Cameroon  
Mozambique  
Uganda  
Zambia

Canada  
Denmark  
Ireland  
the Netherlands  
Norway  
Sweden  
Switzerland  
United Kingdom



**MOZAMBIQUE**

**Alignment and  
Harmonization in  
Health Research**

AHA Study



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

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

The study aims to:

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

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

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## **Key Words:**

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

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## List of abbreviations

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

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

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

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

# Executive summary

Alignment and harmonization of donor support to low- and middle-income countries is essential to improve the effectiveness of development aid and may be useful in improving impact of health research support. Alignment refers to the donor commitment to base development assistance on partner countries' strategies, institutions and processes. Harmonization is the commitment by donors to rationalize their multiple activities in ways that maximize the collective efficacy of aid under country ownership. The Alignment and Harmonization Study (AHA Study) analyzed the practices and potentials of alignment and harmonization in health research, using the principles of the Paris Declaration on Aid Effectiveness<sup>1</sup>. The AHA study involved five African partner countries (Burkina Faso, Cameroon, Mozambique, Uganda and Zambia) and eight donor countries (Canada, Denmark, Ireland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom), and was conducted between May 2007 and June 2008. Health research system mapping, document reviews, web searches and key informant interviews were used to collect data.

## National Health Research System (NHRS) in Mozambique

The governance of health research is vested largely in the Ministry of Health (MISAU) and the Ministry of Science and Technology (MCT). The MISAU, through its National Institute of Health (INS), plays a coordinating role for research in the health sector. The MCT is the institution responsible for overseeing all scientific research in Mozambique. Aiming to implement its mandate with regard to HIV/AIDS research coordination and alignment, the MCT established an overall research coordination system and mechanism, aligning the research agenda and priorities for this particular field of health research.

Mozambique has a number of legislations, policies and strategic documents in place that can help guide research in the health sector. These policy-framework tools are developed by the MISAU, the National Aids Council (NAC), and the MCT.

Although a broad national health research priority-setting process with wide representation, has not yet taken place in Mozambique, priority-setting is happening with HIV/AIDS research. In April 2008, the MCT convened a National Consultative Conference to define the HIV/AIDS research agenda. The conference involved a broad range of national and international stakeholders.

While all salaries in public universities and research institutes are paid out of the government budget, most research project funding comes from foreign sources. In 2002, foreign funds accounted for over 70% of research funding in the health sciences, and these funds continue to dominate health research funding in the country.

Civil society is actively engaged in policy dialogue with the government and has a long tradition of activism, grassroots mobilization and potential for influencing directives. Good examples exist of involvement of civil society in health research. Partnership between non-governmental organizations (NGOs) and the government facilitate dissemination and use of research results. However, research dissemination remains, in general, a weakness.

The MISAU hosts the National Bioethics Committee. The MCT will start relying on this Committee to review HIV/AIDS research, thus strengthening inter-sectoral collaboration.

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

### Donors alignment and harmonization in Mozambique

All eight donor countries involved in the AHA study are supporting health and/or health research in Mozambique. Detailed information on health research expenditures are difficult to obtain. The Common Fund and the Sector Wide Approach (SWAp) mechanism adopted to support the health sector do not allow for monitoring of resources for health research. The lack of financial data and program data, and the lack of a national research agenda make it difficult to monitor and evaluate alignment and harmonization of external resources towards national priority areas. An exception is the agenda-setting and coordination being developed around HIV/AIDS research, which facilitates multi-sectoral collaboration as well as alignment and harmonization.

For general health sector support and support for poverty-reduction strategies, joint donor mechanisms have been established, which have improved the predictability of financing, and facilitated joint monitoring and reporting systems. These developments have improved alignment and harmonization within the health sector in Mozambique.

#### Issues to be considered:

- The overall coordination of health research in the country could be improved, for example, through the development of an integrated national strategy for health research. Such overall coordination may help ensure that health research agendas and research resources focus on priority health problems and help facilitate the development of an inclusive process of health research priority-identification.
- At the moment, the National Institute for Health is, for the first time, in the process of developing a sectoral strategic plan. This represents an excellent opportunity to address the mandate of this institution in regard to health research. The process initiated by the MCT for HIV/AIDS research can be adopted as a practical example of how to engage people and institutions, at both national and international levels, to develop and implement a broader health research agenda, with management systems, well-defined priorities, and adequate funding.
- Defining a common agenda and national health research priorities to which donors can align their programming will stimulate harmonization of health research at the country level.
- To facilitate increased alignment around government ownership, capacity-development needs will need to be identified and addressed in a more focussed manner.
- While there are marked improvements in the way donors work together in Mozambique, the questions remain: How can policymakers make the best use of established mechanisms for health research, and how can they ensure that health research remains a priority area.

# 1. Introduction

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

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

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

The partnership commitments are organized around five key principles:

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

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

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

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

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

This three-part report presents the AHA study data from Mozambique:

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

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

## 2. Methods

### **Study objective and methods**

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

The methodology for data collection consisted of:

- Telephone and personal interviews of key informants among the eight donors and among the following constituencies in the five African countries:
  - Government
  - Research institutions
  - NGOs
  - Donor representatives in the countries

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

- Desk review of key documents received from donors and stakeholders in the country
- Internet searches

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

### **Data collection in Mozambique**

The first round of interviews were conducted from 13 September to 20 September 2007. The second round of interviews took place from 9 June to 13 June 2008.

Twenty-six stakeholders were interviewed, including ten respondents from the Government (Ministry of Science and Technology (MCT), Ministry of Health (MISAU), and the National AIDS Committee), four from research institutions (Eduardo Mondlane University), five from NGOs and seven from donor countries (including the Netherlands, Denmark and Ireland). (see Annex 1 for a full list of interviewees.) The interviews took place in Mozambique's capital city, Maputo.

Internet searches were conducted from August 2007 to May 2008.

### **Study limitations**

Most of the interviewees were unable to provide financial data regarding either the national budget or bi-lateral and multi-lateral funds for health research.

While a comprehensive assessment of health research institutions, in general, and across Mozambique's ten provinces would have contributed to information on national capacity needs, this was beyond the scope of this pilot study.

## 3. National Health Research System in Mozambique

### 3.1. NHRS governance and management

#### Ministry of Health (MISAU) and the National Institute of Health (INS)

The Ministry of Health, through its National Institute of Health, coordinates research for the health sector. Efforts are particularly oriented towards implementation of the Strategic Plan for the Health Sector.

The INS has multiple roles and responsibilities. It manages the national health research program, the health information system, the surveillance and epidemiological unit, and routine data processing. Other key roles of the INS are to develop capacity for health personnel, and to manage and generate information and data to inform ministry intervention at both planning and operational levels. Beyond all this, the INS is responsible for the management of two sub-centres, Centro de Investigação de Saúde da Manhiça (Health Research Centre Manhiça) and Centro de Pesquisa do Chokwe (Research Centre Chokwe), which operate with relative autonomy and receive funding from external donors. (MISAU, 2008)

In order to manage these many roles and responsibilities, the INS is undergoing significant transformation.

#### Ministry of Science and Technology (MCT)

The Ministry of Science and Technology is the institution responsible for overseeing all scientific research in Mozambique. Its mandate is to develop legal and normative mechanisms and to coordinate science and technology-related activities in the public sector to ensure effective implementation of national policies in the area of science and technology.

Established in 2005 through Presidential Decree No. 13/2005, of 4 February, the MCT was defined as a 'central-level state body (...) that determines, regulates, plans, coordinates, develops, monitors and evaluates activities in the area of science and technology.' Its attributes and competencies are more specifically defined in Presidential Decree No. 17/2005, of 27 April:

- Formulate policies and strategies for development of science and technology;
- Regulate, set standards, and coordinate science and technology development;
- Promote scientific research and technological innovation;
- Promote dissemination of science and technology;
- Promote local knowledge and its dissemination;
- Promote the protection of intellectual property rights;
- Promote methodologies of research and technological innovation based on professional ethical values, to ensure benefits to the country's economic, social and cultural development;
- Promote development through the introduction of new technologies and planning;
- Coordinate research activities and develop monitoring, evaluation and analysis systems.

Under its mandate, the MCT has been developing a number of policies, strategies, and other mechanisms that reflect both the government's vision and the objectives, strategies and activities aimed at promoting research in the country. The most important of these are the National Science and Technology Policy (2003) and the National Science, Technology and Innovation Strategy (2006).

The latter provides the strategic framework for Science and Technology (S&T) in the country and defines three pillars:

1. Applied research that contributes towards socioeconomic development and welfare of the population;
2. Research that contributes towards improvement of education and technology transfer and innovation;
3. Research that promotes national interests and competitiveness of national technological products.

The National Science, Technology and Innovation Strategy identifies key strategic areas, including crosscutting issues and essential technologies for the development of the country.

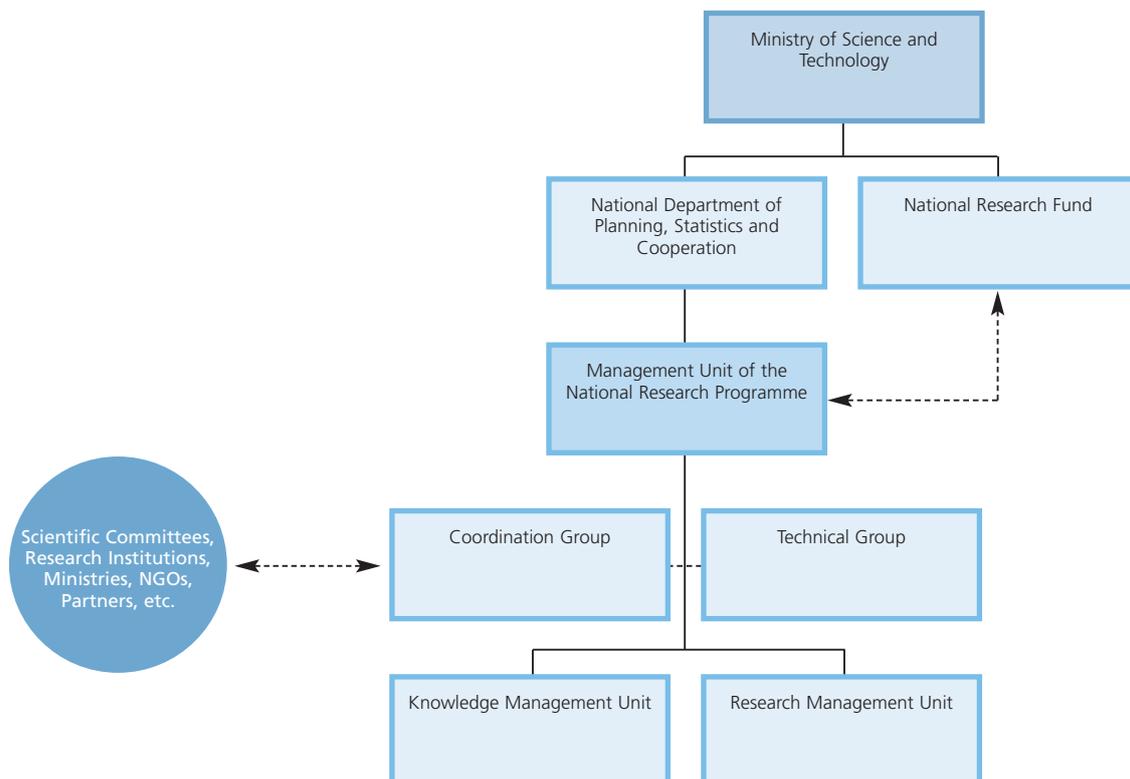
In addition, the document describes the areas, initiatives and activities still to be promoted and implemented by the MCT in the fight against HIV/AIDS. These include:

- Strengthening the national HIV/AIDS prevention and control program;
- Creating new opportunities in strategic areas for controlling the epidemic.

Aiming to implement its mandate with regard to HIV/AIDS research coordination and alignment, the MCT established an overall research coordination system and mechanism, aligning the research agenda and priorities for this particular field of health research. The structure of the system designed by the MCT is illustrated in Figure 1.

**Figure 1: Mozambique National HIV/AIDS Research System**

Source: Ministry of Science and Technology (2008)



The MCT thus plays a key role in coordinating a harmonized response to HIV/AIDS demands. Through a multi-sectoral coordination group and a multi-sectoral technical group, the MCT will lead the research management unit and the knowledge management unit, both of which are under development. Two donors (the Danish International Development Agency (Danida) and Irish Aid) are already supporting this effort, and the MISAU and the National AIDS Council have seats on the multi-sectoral coordination group. Technical groups will be convened based on research project proposal requirements.

Steps adopted by the MCT to establish this coordination system for HIV/AIDS included:

- Advocating for recognition of its role as a regulatory body for Science, Technology and Research, including for cross-cutting issues such as HIV/AIDS;
- Establishing a multi-sectoral working group, including donors and UN representatives, to push for research advancement;
- Conducting an assessment study on existing research projects, priorities and gaps;
- Chairing a national conference (April 2008), to discuss the assessment report and to (re)define research priority subjects and thematic areas;
- Establishing a coordination mechanism for HIV/AIDS research management;
- Promoting a roundtable discussion with donors to mobilize resources for research and establish an understanding with the National AIDS Council to fund research;
- Organize the logistics for launching calls for proposals.

### National AIDS Council

The National AIDS Council is the coordinator of the HIV/AIDS response in Mozambique. Under the National Strategic Plan on AIDS (PEN II) 2004–2008, strategic objective number seven is to focus on promoting operational research to build well-informed and evidence-based knowledge about all aspects of the epidemic.

### 3.2. Health research legislation and policies

Four policy directives determine and drive the Mozambican health research initiatives:

- The 2001 Strategic Plan for the Health Sector
- The Action Plan for the Reduction of Absolute Poverty
- The National Science, Technology and Innovation Strategy
- The National AIDS Strategy

Each is briefly described, below.

The 2001 Strategic Plan for the Health Sector (known as PESS 2001-2005-2010) was formally approved by the Council of Ministers and endorsed by all partners of the Sector Wide Approach (SWAp). This Strategic Plan is the reference document for government and partners to prioritize funding and interventions for the health sector. Parallel to this, MISAU has developed the National Strategic STI/HIV/AIDS Plan 2004 -2008, which focuses on strengthening HIV/AIDS delivery capacity. This plan includes indications on the need to conduct operational and evaluation research.

The Plano de Acção para a Redução da Pobreza Absoluta – PARPA II – 2006-2009 (Action Plan for the Reduction of Absolute Poverty ) outlines a strategy to achieve the country's development goals in line with the Millennium Development Goals (MDGs) and with the broad objectives of Agenda 2025<sup>2</sup>. The Action Plan is seen as the operational plan

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2 Agenda 2025 was completed in December 2003 and is more fully described under civil society initiatives (see 3.7)

for the Government's Five Year National Development Plan (2005-2009). In this plan, there is no particular reference to research, other than the need to develop operational research to deepen the understanding on poverty determinants.

The National Science, Technology and Innovation Strategy 2005-2015, which was approved by the Council of Ministers in June 2006, accords the MCT the official mandate to coordinate and strengthen research in all areas related to the government's policy of poverty reduction.

The National AIDS Strategy 2005-2009 (PEN II) recognizes that research is one of seven sub-strategies within the AIDS strategy (Government Decree 10/2000, articles 3e and 6d). The overall HIV/AIDS strategy is aligned with Mozambique's Plan for the Reduction of Absolute Poverty (PARPA), and the plan of action is aligned with Mozambique's Strategic Plan for the Health Sector (PESS).

### 3.3. National health research priorities

A rigorous and inclusive essential national health research priority-setting process has not yet taken place in Mozambique.

Within the health sector, the INS is the responsible institution to lead health research prioritization efforts. In its 2007 annual report, the INS presented a list of subjects and topics to be investigated as part of the planned research agenda for 2008. There is no clear link between this agenda and the PESS.

HIV/AIDS research priority-setting is happening, however. In April 2008, the MCT convened a National Consultative Conference to define the HIV/AIDS research agenda. The conference involved a broad range of national and international stakeholders.

HIV/AIDS research priorities defined at this conference are:

- Transversal themes (see Table 1)
- Prevention
- Advocacy
- Treatment and care
- Stigma and discrimination
- Others

**Table 1. Transversal themes for HIV/AIDS priority research topics**

<b>1</b>	<b>HIV prevalence and incidence</b> Driving factors, provincial variations, socio-cultural and economic determinants
<b>2</b>	<b>Socio-economic impact of HIV/AIDS and the role of the public sector, the private sector and NGOs</b>
<b>3</b>	<b>HIV/AIDS and gender</b>
<b>4</b>	<b>Cost-effectiveness of implemented HIV/AIDS initiatives</b>

Source: MCT, 2008

### 3.4. Health research financing

Detailed financial data for health research expenditure in Mozambique is not available.

For the health sector in general there are four common funds—in addition to the sector state budget—which are financed by external donors. These are the:

- National Research Fund (PROSAUDE)
- Common Fund for Medicines
- Provincial Common Fund
- HIV/AIDS Common Fund

Of these, PROSAUDE is the largest (USD47 million in 2006), representing 47% of the total amount of the common funds and 13% of the total financing available for the health sector in 2006. While PROSAUDE is financed by ten donors, 97% of the fund is financed by six donors alone. The Global Fund to fight AIDS, TB and Malaria provides 50% of the funds. The UK's Department for International Development (DFID), the Flemish Cooperation, the Canadian International Development Agency (CIDA), the Netherlands and the EU provide 47%. The remaining four donors (Agence Française de Développement (AFD), Danida, the Swiss Agency for Development and Cooperation (SDC) and the United Nations Population Fund (UNFPA) provide 3% of the funds.

As noted above, the other three common funds are: the Common Fund for Medicines, the Provincial Common Fund and the HIV/AIDS Common Fund. The latter is managed by the National AIDS Council and is financed by the general state budget, the World Bank, CIDA, Danida, DFID, Irish AID, Sida and the Global Fund.<sup>3</sup>

The only specific research fund (although it is not only oriented towards health research) is the Fundo de Investigação Sobre Pobreza (Fund for Poverty Research), managed by the MCT. A competitive programme, this fund aims to promote research that contributes to knowledge improvement and an understanding of poverty in Mozambique.

While all salaries in public universities and research institutes are paid out of the government budget, most research project funding comes from foreign sources. In 2002, foreign funds accounted for over 80% of research funding in the social sciences and humanities, 70% in the health sciences, 51% in engineering and earth sciences, 56% in agricultural sciences and 100% in forestry.<sup>4</sup>

### 3.5. Human resources for health research

The Science and Technology Policy of 2003 acknowledges that "insufficiency of mechanisms and incentives to ensure quality, the valueing and development of academic and research critical mass does not motivate scientific publication, and contributes to the drain and dispersion of highly qualified staff, thus weakening performance and development of research institutions".

Capacity development of national researchers remains a government priority. A regional consultation meeting in 2004<sup>5</sup> makes the following case for capacity development:

'Successful research will require the availability of a critical mass of nationals trained in the various disciplines (epidemiology, biomedical, clinical, social sciences, health systems research, etc.) and working in an appropriate institutional framework. Directories and inventories of existing trained personnel should be available to managers, policy makers and donors. There is a need to organize specialized training in research management, leadership and in informatics and data management. Such mechanisms as health research advisory committees, institutional review panels, ethics committees and planned meetings for the dissemination of research results are critical for sustaining the research culture'.

Mozambique already has a strategic plan for the development of human resources for Science, Technology and Innovation in general, that has been approved by the Council of Ministers (29 March 2006). Intended to address the need for well trained researchers, the plan calls for a stepped approach to meeting its full target of 6595 researchers by 2025 (there were 470 researchers in 2002).

3 Ernst and Young (2006). Review of the PAP's Performance in 2005 and PAP's PAF Matrix Targets for 2006. Final report. London

4 Ministry of Science and Technology (2006). National Science, Technology and Innovation Strategy 2005-2015 (MOSTIS).

5 Mwanzia J.N. (2004). Regional Consultation on Health Research to Achieve the Millennium Development Goals, 14-16 April 2004, Brazzaville, Congo.

### 3.6. Health research institutions

Mozambique has 16 public scientific and technological research institutes (see table 2).

Government sector	Institution	Types of Activities
Ministry of Transport and Communication	<ul style="list-style-type: none"> <li>- National Institute of Hydrogen and Navigation (Instituto Nacional de Hidrografia e Navegação - INAHINA)</li> <li>- National Institute of Meteorology (Instituto Nacional de Meteorologia - INAM)</li> </ul>	<ul style="list-style-type: none"> <li>Applied research, monitoring and evaluation</li> <li>Applied research and monitoring</li> </ul>
Ministry of Health	<ul style="list-style-type: none"> <li>- National Institute of Health (Instituto Nacional de Saúde - INS)</li> <li>- Health Research Centre Manhica (Centro de Investigação de Saúde da Manhica - CISM)</li> <li>- Regional Health Development Centre (Centro Regional de Desenvolvimento Sanitário - CRDS)</li> </ul>	<ul style="list-style-type: none"> <li>Basic and applied research</li> <li>Basic and applied research, monitoring and evaluation</li> <li>Monitoring and evaluation</li> </ul>
Ministry of Agriculture (MINAG)	<ul style="list-style-type: none"> <li>- Agricultural Research Institute (Instituto de Investigação Agrária- IIAM)</li> <li>- National Centre for Cartography and Telegraphy (Cenacarta-Centro Nacional de Cartografia e Teledeteção)</li> </ul>	<ul style="list-style-type: none"> <li>Applied research, monitoring, evaluation and development programme</li> </ul>
Ministry of Fisheries	<ul style="list-style-type: none"> <li>- Institute for the Development of Small Scale Fishery (Instituto de Desenvolvimento de Pesca de Pequena Escala - IDPPE)</li> <li>- Fishery Research Institute (Instituto de Investigação Pesqueira - IIP)</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation, and development programme</li> <li>Applied research and monitoring</li> </ul>
Ministry of Public Works & Housing	<ul style="list-style-type: none"> <li>- Engineering Laboratory of Mozambique (Laboratório de Engenharia de Moçambique - LEM)</li> </ul>	<ul style="list-style-type: none"> <li>Engineering and applied research</li> </ul>
Council of Ministers	<ul style="list-style-type: none"> <li>- National Institute of Statistics (Instituto Nacional de Estatística - INE)</li> </ul>	<ul style="list-style-type: none"> <li>Applied research</li> </ul>
Ministry of Education and Culture	<ul style="list-style-type: none"> <li>- National Institute for Educational Development (Instituto Nacional de Desenvolvimento de Educação - INDE)</li> <li>- Institute for Social-Cultural Research (Instituto de Investigação Sócio-Cultural - IISC-ARPAC)</li> <li>- Eduardo Mondlane University (Universidade Eduardo Mondlane - UEM)</li> <li>- University of Pedagogy (Universidade Pedagógica - UP)</li> <li>- Institute for International Relations (Instituto Superior de Relações Internacionais - ISRI)</li> </ul>	<ul style="list-style-type: none"> <li>Applied research</li> <li>Applied research and evaluation</li> <li>Basic and applied research and evaluation</li> </ul>

Source: Ministry of Science and Technology (2006)

### National Institute of Statistics (INE)<sup>6</sup>

The National Institute of Statistics (INE) regularly conducts household surveys (the last of which was conducted in 2002-2003), participatory poverty assessments (which have been conducted every two years since 2001), and rural participatory diagnoses (which are conducted in intervening years). The INE is also responsible for national accounts statistics and some sector statistics. In 2003, INE completed a Demographic and Health Survey with data disaggregated by wealth index quintile. The latest population census was conducted in 1997. Data provided by sectoral agencies and line ministries are complemented by the Questionnaire of Indicators of Well-Being, which is undertaken on an annual basis. The INE is one of the key members of the multi-sectoral technical group, with the responsibility to conduct HIV surveillance data.

The government has prepared a national statistical development strategy, with the support of a multi-donor Trust Fund for Statistical Capacity Building, managed by the World Bank.<sup>7</sup> A strengthened national statistics institute is integral to health research output. It serves as an official source of diverse socio-demographic data and health data that can complement national health informatics systems. Births and death data are linked. In addition, such a resource serves to achieve objectives of regional networks and policymakers in providing a basis for analysis across countries.

### Universities

Mozambique has 15 universities, seven of them public. Almost all university research is carried out in the public universities, which employ over 60% of the lecturers with masters degrees and about 80% of those with doctorates. Almost all of the research is funded by external foreign sources, which influence significantly the type of research pursued. The Eduardo Mondlane University (UEM) contributed about half of the 240 research publications that were published during the period 1997 to 2003, followed by the National Institute of Health and Hospitals, which contributed about one-fourth. The total number of university students in Mozambique increased from 4,100 in 1991 to 19,620 in 2005. For UEM, the increase was from around 3,000 to 10,000 during the same period.<sup>8</sup> Of note is the recent establishment of a Donor Harmonization unit at the UEM.

### 3.7. Organized civil society in health research

Civil society is actively engaged in policy dialogue with the government and has a long tradition of activism, grassroots mobilization and potential for influencing directives. A long-term vision statement for the development of Mozambique, Agenda 2025, was prepared in 2003 by a civil society group. Known as the Committee of Advisors, the group involved the umbrella organization NGO-20, party representatives, churches and various associations. The Committee used a participatory process for the vision development, and was supported by the United Nations Development Programme (UNDP) and other partners, including the World Bank. The Committee of Advisors, formally disbanded, has remained active as an informal advocacy group after the completion of Agenda 2025 and is advocating stronger links between Agenda 2025, PARPA, the PESS and the budget.

6 [www.ine.gov.mz](http://www.ine.gov.mz)

7 National Institute of Statistics (INE). Strategic Plan of National Statistics System, 2003-2007

8 SAREC (2006). Continued Bilateral Research Collaboration with Mozambique, 2006-2009

National non-governmental organization (NGOs) are also involved in the conduct of research. Organizations, such as the Foundation for Community Development and the Mozambican Network for HIV/AIDS (MONASO), conduct baseline studies and rapid appraisals under the monitoring and evaluation component of their projects/programs. Also, they participate in research projects coordinated by government institutions and other NGOs.

Foreign NGOs also conduct studies related to their projects and programs and usually cooperate with public institutions and community associations. Some organizations, such as Family Health International (FHI), participate in research projects coordinated by the MISAU. Partnerships between NGOs and government facilitate the use of research results.

### **3.8. Dissemination of research findings**

There are few peer-reviewed scientific journals in Mozambique. Statistics on research results are sparse. UEM has, since the late 1990s, published a biannual report of its faculties' research results (*Revista Medica de Mozambique*). Public research institutes have published annual reports which provide some research data.

Development information is increasingly made available on the Internet. The government has launched a number of websites and portals. Significant development information is posted in Portuguese and in English.

The Department of Planning and Cooperation of MISAU is developing plans and strategies to strengthen the Health Information System. This is integral to dissemination of scientific information to achieve behaviour change, policy change and an archive of evidence.

Despite these efforts, most interviewees identified research dissemination as a weakness of the system. Most research is conducted for obtaining academic degrees in foreign universities or is produced by international institutions operating outside Mozambique.

### **3.9. Ethics**

The MISAU hosts the National Bioethics Committee, which is comprised of specialized staff in health and medicine. The Committee guides research directly related to the MISAU, but there is no information on how institutions conducting research establish their relationships with this committee. The health sciences research proposals of the UEM may be reviewed by the MISAU Bioethics Committee, but this is not mandatory. The Ministry of Science and Technology (MCT) has an ethics policy outlined in its overall strategic plan. However, this is not yet operational. For HIV/AIDS research, the MCT intends to use the National Bioethics Committee. This approach will empower the existing ethics review structures, and strengthen the multi-sectoral approach adopted for the HIV research coordination mechanism.

## 4. Health research donors in Mozambique

The health sector was financed by the State Budget (USD108 million), common funds (USD 98 million) and vertical funds (USD 141.5 million), for a total of USD 347.5 million in 2006. On the whole, in 2006 aid represents 69% of the funds made available to the health sector.

### The Netherlands

The Netherlands Embassy in Mozambique provides sector-wide support to the MISAU. The transferred funds are used by the MISAU for the implementation of the Strategic Plan for the Health Sector (PESS). In addition, the Netherlands provides, through its embassy, support for capacity-building initiatives in the form of masters and doctorate programs.

### Canada

The areas of focus for Canadian bilateral support in Mozambique are education (which receives half of the overall bilateral programming), agriculture and rural development, HIV/AIDS and governance. Gender equality, environmental sustainability, capacity building and HIV/AIDS are systematically integrated throughout all programming. The commitment for 2002–2007 channelled through SWAp-pooled funds totals Canadian\$20 million<sup>9</sup>. In 2003-2004, the Canadian International Development Agency's (CIDA) overall contribution to Mozambique amounted to approximately Canadian\$48 million. Additional CIDA support reaches Mozambique through other non-bilateral channels, such as the Canadian Partnership Branch (CPB), multilateral and regional organizations and the Canada Fund for Africa. The CPB provides significant financial support to the international cooperation programs of more than 20 Canadian organizations active in Mozambique. These include colleges, universities, companies, NGOs, cooperatives, unions, professional associations and other institutions. Between 2000 and 2005, the CPB delivered approximately Canadian\$14 million in aid to Mozambique.

### Denmark (Danida)<sup>10</sup>

The Danish International Development Agency (Danida), under its Health Support Program<sup>11</sup> (2007-2011) is committed to supporting the multi-sectoral response to HIV/AIDS through the National AIDS Council and the MISAU, using the existing common fund mechanism to provide financial and technical assistance to support implementation of operational research and capacity-building initiatives, defined on the National Strategies and Annual Plans (PESS and PEN II). The indicative budget available for HIV/AIDS operational research is 35 millions DKK, for the five-year period. Danida is supporting the alignment and harmonization effort led by the MCT, aiming at developing the national research agenda for HIV/AIDS.

9 A CCIC Briefing Note: Recent Trends in Canadian Aid to Sub-Saharan Africa. Accessed on 14 July 2008 from: [http://www.ccic.ca/e/docs/003\\_acf\\_2004-10\\_subsaharan\\_africa\\_aid\\_trends.pdf](http://www.ccic.ca/e/docs/003_acf_2004-10_subsaharan_africa_aid_trends.pdf)

10 Donors/ development partners exploring the use of governance assessments in the light of the Paris declaration. Accessed on 14 July 2008:

<http://www.danidadevforum.um.dk/en/servicemenu/News/DonorsDevelopmentPartnersExploringTheUseOfGovernanceAssessmentsInTheLightOfTheParisDeclaration.htm>

11 Danida (2007). Programa de Apoio ao Sector de Saúde e ao Combate ao HIV/SIDA (H-HSPS Fase IV , 2007-2011). Maputo, Moçambique.

### Sweden (Sida/ SAREC)<sup>12</sup>

The Swedish International Development Agency/Department for Research Cooperation (Sida/SAREC) has identified the need to strengthen national universities to increase research training and to strengthen production and dissemination of scientific knowledge. The commitment to capacity development is widely defined and comprises: the training of PhD students, the building of laboratories and modern library facilities, the setting up of local research funds and mechanisms for allocating priority among research proposals, and dialogue on reform of universities and national research systems. Sida/SAREC is a main contributor to the UEM, together with Italy and the Netherlands, among others. Sida/SAREC funds 30 research projects under the current agreement with UEM, as well as various forms of institutional support to improve research capacity. Most of the support goes to the science and engineering faculties.

In addition to the support to UEM, Sida/SAREC provides, since 2005, support to the MCT for the implementation of its Science, Technology and Innovation strategy. The budget for this Science and Technology initiative for 2007-08 is 9 MSEK (USD1.4 million).

Sida/SAREC's objectives for the long-term collaboration with Mozambique are to:

- Support the development of national research capacity through relevant research;
- Build up a critical core of researchers, who can then take responsibility for local graduate research programs.

In the medium-term, development of a research university is a starting point for building a national research system. Sida's support is mainly directed at research capacity building at UEM, which is responsible for most of the nation's research capacity in terms of quantity and diversity.

Sida, in league with other donors, is also providing support to the National AIDS Council and, through UNFPA, to programmes focusing on the sexual and reproductive health of the young. Sida helps to finance Save the Children's efforts to alleviate the effects of the HIV/AIDS epidemic amongst orphaned and vulnerable children, and provides support to four NGOs in the Niassa province seeking to prevent the spread of the disease.

### United Kingdom (DFID)<sup>13</sup>

The United Kingdom aid programme to Mozambique was reviewed by DFID's Evaluation Department in 2006. DFID is a leading player in the group of more than 20 external bilateral and multilateral agencies that support education in Mozambique. DFID has, with Ireland, set up a new Civil Society Support mechanism which will finance a broad cross-section of civil society organizations, including those at the grass roots, in activities related to governance and accountability. DFID will continue to support the largest civil society network (the Group of 20) to monitor the delivery of the PARPA and will continue to finance the high-profile anti-corruption watchdog, the Centre for Public Integrity.

DFID plans to increase funding to the National AIDS Council as its capacity and its small grants management scheme increases.

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<sup>12</sup> [www.sida.se](http://www.sida.se)

<sup>13</sup> <http://www.dfid.gov.uk/pubs/files/mozambique-education-factsheet.pdf>

#### Norway<sup>14</sup>

Norwegian aid is channelled largely through its arrangements with Austral Consultoria e Projectos (a Mozambican consultancy firm) and Cruzeiro do Sul (a Mozambican research network). Norway also supports Mozambique's Centre for the Study of Democracy and Development.

#### Ireland<sup>15</sup> (Irish Aid)

Mozambique is now Ireland's largest country programme with a budget this year of Euro 43 million (USD61.5 million). Irish Aid's central goal is to assist the government of Mozambique in the implementation and monitoring of its poverty-reduction plan, the PARPA. The programme targets those sectors which have the greatest impact on poverty—health, HIV/AIDS, education, rural development and rural infrastructure. A prominent theme throughout is a recognition of the centrality of cross-cutting issues such as HIV/AIDS, governance and gender equality. Irish Aid is supporting the alignment and harmonization effort led by the MCT, aiming at developing the national research agenda for HIV/AIDS.

#### Switzerland

Switzerland's new Mozambique cooperation strategy (2007-2011) focuses on three areas that are closely linked: economic development, local governance and health. In all three areas, Switzerland is working at the following levels: at the local level (especially in rural areas in northern Mozambique), at the decentralized level (districts and provinces) with local government, and at the national level (with central government institutions). Particular importance is given to cooperation with civil society and NGOs, as well as to decentralization efforts.

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14 <http://www.nn.no/english/sider/trafficking.html>

15 [http://www.dci.gov.ie/country\\_article.asp?article=155](http://www.dci.gov.ie/country_article.asp?article=155)

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

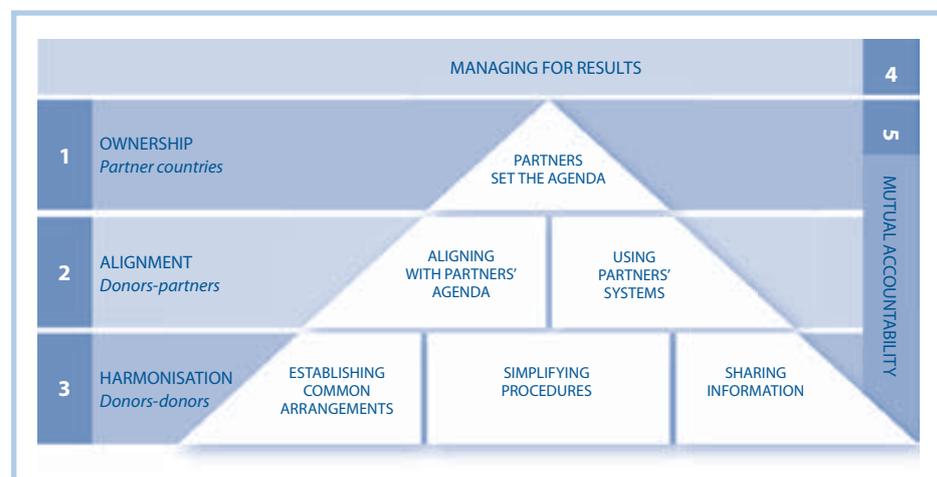
### 5.1. The Paris Declaration on Aid Effectiveness

The second High-Level Forum on Aid Effectiveness, held in Paris 2 March 2005, brought together development officials and ministers from 91 countries and 26 multilateral organizations, as well as representatives of civil society and the private sector<sup>16</sup>. The main outcome was the Paris Declaration on Aid Effectiveness. The Declaration was the culmination of various events, including Monterrey (2002), the first High-Level Forum in Rome (2003) and the Marrakech Round Table on Managing for Results (2004)<sup>17</sup>.

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

Various indicators exist to measure the progress made in aid effectiveness. Twelve indicators from the Paris Declaration<sup>18</sup> and some of the indicators used by the Development Assistance Committee (DAC) Task Team on Harmonization and Alignment in various surveys<sup>19,20,21</sup> were adapted to health research support for the AHA study.

Figure 2: The Aid Effectiveness Pyramid



Source: OECD/DAC

16 OECD, <http://www.oecd.org/dac>

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

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

19 DAC / OECD , Survey on Alignment and Harmonization, , Paris, 2004, [http://www.oecd.org/document/61/0,3343,en\\_2649\\_3236398\\_31659517\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/61/0,3343,en_2649_3236398_31659517_1_1_1_1,00.html). The findings of the survey were used to report progress to the Second High-Level Forum on Harmonisation and Alignment of Aid Effectiveness (early 2005) where the Paris Declaration on Aid Effectiveness was signed.

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

21 Aid Effectiveness Review, World Bank, 2006 and on going

<http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/STRATEGIES/CFDF/0,,contentMDK:20919987~menuPK:2540090~pagePK:139301~piPK:139306~theSitePK:140576,00.html>

## 5.2. Ownership

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

Does Mozambique have:

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

Mozambique has a Plan for the Reduction of Absolute Poverty (PARPA), a Strategic Plan for the Health Sector, as well as a National AIDS Strategy, but there is no specific operational strategy for health research.

Budget support had a pioneering role in the establishment of a joint donor group (which has been operating since 1997) and of a joint dialogue mechanism. The donor group uses the government’s annual evaluation document to report on the implementation of PARPA and has agreed to a common performance-assessment framework with the government. Agreement on a joint donor assessment of the PARPA was reached in July 2006. Since then, the coming together of 19 budget support donors behind one coordinated framework has led to a change in the relationship between government and donors. Now working within a single performance framework, the 19 donors are engaged in a single and coordinated policy dialogue with government and have delivered a significant improvement in the predictability of short-term financing.<sup>22</sup>

Mozambique has developed a health research agenda and strategy for HIV/AIDS research. In April 2008, the Ministry of Science and Technology (MCT) convened a National Consultative Conference to define the HIV/AIDS research agenda. The conference involved a broad range of national and international stakeholders. One of the outcomes of this event, which included previous need assessment and gap analysis, is the recently established multi-sectoral HIV research coordination mechanism, chaired by the MCT. Even though it is still in its early development stages, this mechanism with its progressive involvement of other sectors, is a good example of building ownership and engaging different stakeholders.

Although an overall agenda on harmonization and a process for coordinating aid for health research is lacking in Mozambique, current financing of the health sector through dedicated national funds is paving the way for considerable progress towards the alignment and harmonization of donors. The process of coordinating and driving the process is largely the initiative of the donors though.

Interviewees indicated that the Government needs to take a stronger lead role in matters of health research (more systematic plans for health research, policy direction in health research, and stronger monitoring systems including ethical review).

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22 <http://www.pap.org.mz/>

### 5.3. Alignment

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

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

The Strategic Plan for the Health Sector (PESS) is a key reference document for the health sector. It enables government and donors to engage in more meaningful health policy dialogue about sector and resource allocation priorities. It has also strengthened planning and budgeting capabilities within the MISAU, by ensuring that annual operational plans better reflect sector priorities and allocate resources accordingly.<sup>23</sup> The PARPA provides a good basis for donor-government partnership, as well as a strategic framework for harmonization and alignment.<sup>24</sup> In the new Memorandum of Understanding (MoU) important progress is made in alignment. Planning and monitoring cycles are fully aligned with the planning cycle of the Government. Under the current MoU separate procurement guidelines are being used as well as separate external audits are in use.

However, there is no specific information available on alignment towards health research priorities. There is not one overall national health research agenda in place, and it has not been possible to obtain detailed information on funding towards health research.

The Paris Declaration commits donors to providing more coordinated support to capacity development. However, harmonization between donors for the funding of institutional capacity building activities in Mozambique appears to be insufficient as found by the OECD/DAC Study 2004<sup>25</sup>.

### 5.4. Harmonization

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

- Do donors have common arrangements?
- Do donors have delegated cooperation?<sup>26</sup>
- Do donors conduct joint missions?
- Do donors share information and analysis?

The health partners group is a partner-specific mechanism that provides a structure for collaboration and dialogue between co-operating partners in the health sector. The health partners group developed terms of reference that aim to clarify the entry points and opportunities for partners to engage in dialogue on health issues and to improve the accountability between different partner structures. The group also aims to help

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23 Martinez J. (2006). Implementing a sector wide approach in health: the case of Mozambique. HISP Institute. Technical Approach Paper.

24 DAC/OECD , Survey on Alignment and Harmonization, Paris, 2004

25 DAC/OECD , Survey on Alignment and Harmonization, Paris, 2004

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

coordinate the large number of partners involved in the health sector, represent the diverse range of partner interests, and build on the comparative advantages of each partner. These aims are complementary to the terms of reference of the SWAp, which were approved during the Sector Coordinating Council meeting in April 2007. Other guiding documents for the health partners group are the Code of Conduct and MoU between donors to PROSAUDE and MISAU.

The Government of Mozambique has made it clear that budget support is its preferred aid modality to finance the PARPA. Budget support had a pioneering role in the establishment of the joint donor group and a joint dialogue mechanism. Considerable progress has been made in the last year with the alignment of donors who provide budget support to government systems, and also in terms of harmonization amongst these donors. This progress culminated in the signing of a MoU between the government and the budget support donors in April 2004<sup>27</sup>. The joint donor group continues to use the government's annual evaluation document to report on PARPA implementation, and the group and the government have reached agreement on a common performance-assessment framework.

The DAC/OECD Survey on Alignment and Harmonization found that: 42% of donors in Mozambique delegated and 58% did not<sup>28</sup>. This is largely enabled by the adoption of the SWAp. The SWAp emphasizes its incremental, progressive nature and its focus on developing an open, inclusive arrangement where the MISAU and its development partners could share a set of common principles, objectives and working arrangements.

These common principles include a:

- Health sector strategic plan, endorsed by all development partners and including a set of indicators to evaluate policy implementation and health sector progress;
- Code of conduct (originally known as the Kaya Kwanga agreement) signed in 2000 and revised in 2003, setting the basic rules of engagement for the MISAU and its partners;
- Set of mechanisms and working arrangements that enable structured dialogue and consensus-building between the MISAU and development partners (partners include the Sector Coordination Committee, the SWAp Forum and various SWAp-related working groups around thematic areas);
- Sector financing framework, which formed part of the health strategic plan and the code of conduct, and highlighted the expectations of the government in relation to aid modalities and financial instruments to be used by development partners in the health sector. It points to the need to increase the government health expenditure, and for donors to increasingly place development assistance for health into common funding and budget support mechanisms;
- Set of review mechanisms to evaluate health sector progress and commitment to the objectives of the strategic plan, consisting of a joint annual review and six-monthly meetings of the Sector Coordination Committee.<sup>29</sup>

Multilateral and bilateral agencies are promoters of health research in the country. On one hand, they are among the main clients of national and foreign consultancy companies and, on the other hand, they are the key funding agencies in this area. Funding tends to

27 Memorandum of Understanding Between THE GOVERNMENT OF THE REPUBLIC OF MOZAMBIQUE, Ministry of Planning and Finance, Ministry Of Health, And Irish Embassy; DFID; The Government of the Kingdom of Norway; European Commission ;Swiss Agency for Development and Co-operation (SDC); Ministry for Foreign Affairs of Finland; Danish Embassy; The Netherlands Embassy; Canadian International Development Agency. In respect of Common Fund for Support to the Health Sector (PROSAUDE), Maputo, November 12, 2003

28 DAC/OECD , Survey on Alignment and Harmonization, Paris, 2004

29 Martínez, J. (2006). Implementing a sector wide approach in health: the case of Mozambique.

be directed at previously identified areas and reflected in the country strategy papers and cooperation agreements entered into with the government. However, some bilateral institutions are open to funding research topics defined by the organizations submitting the proposals.

### **5.5. Managing for results**

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

- Has Mozambique established a cost-effective, results-oriented reporting and assessment system?

All partners, contributing to PROSAUDE in the health sector use the same monitoring framework for the health sector. Currently, the health indicators from the PARPA and from the Strategic Plan for the Health Sector are being integrated. The need to define common health indicators is the challenge.

### **5.6. Mutual accountability**

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

- Has Mozambique a mechanism that permits joint assessment of progress in implementing agreed-upon commitments on aid?

There is an annual Performance Assessment Framework in place to assess the performance of partners in the area of predictability, transparency, harmonization, administrative burden and transaction costs.

The DAC/OECD 2004 Study suggests deficiencies that hinder predictability and alignment. Just over half of the donors make timely commitments of funds to Mozambique, but only one third also timely disburses these funds to the country.

## 6. Conclusion

The Ministry of Science and Technology is the institution responsible for overseeing all scientific research in Mozambique. Its innovative approach to improving coordination and agenda-setting for HIV/AIDS research provides a good example of how coordination, alignment and harmonization can be stimulated and organized for this particular field of health research. This model can be used to strengthen the governance of all health research in Mozambique.

All eight donor countries involved in the AHA study are supporting health and/or health research in Mozambique. Detailed information on health research expenditures are difficult to obtain. The Common Fund and SWAp mechanism adopted to support the health sector do not allow for monitoring of resources for health research. The lack of financial data and program data, and the lack of a national research agenda that covers all areas of research make it difficult to monitor and evaluate alignment and harmonization of external resources towards national priority areas.

Despite these challenges there is a positive environment for alignment and harmonization in Mozambique. A joint donor group has been operating since 1997. Since then, 19 budget donors support a single coordinated health sector framework, are having one coordinated policy dialogue with government and have delivered a significant improvement in the predictability of short-term financing. The question is how to make best use of the achieved alignment and harmonization in health to also improve funding conditions for health research, and how to ensure that health research remains a priority area.

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

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- Aid and Harmonization website:  
<http://www.aidharmonization.com/>
- Indicators of Progress, Paris Declaration on Aid Effectiveness:  
<http://www.oecd.org/dataoecd/57/60/36080258.pdf>

# Annex 1

## List of stakeholders Interviewed

Structure	Name and Position
<b>Government</b>	
Ministry of Health	Martin DJEDJE Director of Human Resources
	Ercilia ALMEIDA Director of Informatics
National Health Institute Ministry of Health	João Manuel Carvalho FUMANE Director of National Institute of Health
	Ricardo THOMPSON Scientific Director
Health Systems Research Unit	Bernaditta FERNANDES Senior Researcher
Centre Muraz (Bobo-Dioulasso)	Carlos BOTAO Junior Researcher
	Moosagy MOHAMED Junior Researcher
	Mercia ABELEO Junior Researcher
Ministry of Science and Technology (MCT) Division for Statistics Plan and Cooperation	Marcelino LUCAS Director
National Aids Council	Diogo MILAGRE Director
<b>NGOs</b>	
Médecins sans Frontières (MSF)	Alian KASSA Director MSF Luxemburg
	Corinne BENAZECH Coordenadora de Projecto MSF. Projecto HIV/SIDA Mavalane Centro de Saúde: Primeiro de Maio
	Fernando Maldonado Epidemiologist
NAIMA+	Claudia M.V. BULHA Administrator
Dream	Paola ROLETTA Director

<b>Structure</b>	<b>Name and Position</b>
<b>Academic institutions</b>	
Eduardo Mondlane University Faculty of Medicine	Ricardo BARRADAS Dean of Faculty of Medicine
Department of Community Health	Baltazar Goncalo CHILINDO
Unit for Donor Coordination	Maria da Conceição L. DIAS
Library and Document Centre	Albertino DEMASCHENE
<b>Donors</b>	
Ireland	Jonas CHAMBULE Health Advisor
	Caroline FORKIN
Sweden	Sandra DIESEL
Denmark	Berit GADE Coordinator HIV/AIDS and Health Sector
The Netherlands	Annie VESTJENS First Secretary for Health and HIV/AIDS
European Commission	Douglas HAMILTON Health and HIV/AIDS Adviser
The Ford Foundation	Paula MIMPUNO Programme Officer For Southern Africa

## Annex 2

### Summary of program support for 2006-2009 (Sida/SAREC)

	<b>Program/ Project title</b>	<b>Approved budget SEK</b>
Faculty of Medicine	HIV infection and maternal and child health in Mozambique	9 600 000 (1,5 million USD)
Faculty of Arts and Social Sciences	The dissemination of HIV/AIDS in Mozambique – The conflict of cultures	1 450 000 (225,000 USD)
Faculty of Veterinary Medicine	Impact of Zoonotic Diseases on Public Health and Animal Production in Mozambique	7 575 000 (1,2 million USD)
Individual Porjects	Masculinity, Sexuality, HIV/AIDS and Public Policies	1 240 000 (192,000 USD)

# Annex 3

## NHRS framework

**COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)**

## FRAMEWORK FOR DEVELOPING A NATIONAL HEALTH RESEARCH SYSTEM

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

- ▶ The starting point for strengthening a country's health research system is to have **a clear picture of the current state of health research** – and the areas where development should be targeted.
- ▶ Using this view, countries can apply various approaches, tools and methods to start **a strategy of system strengthening.**

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

www.HealthResearchForDevelopment.org

**COHRED**







