

***WORKSHOP FOR VALIDATION OF THE NATIONAL
AGENDA OF HEALTH RESEARCH PRIORITIES IN
GUINEA-BISSAU***

06th May 2013

The 6th of May 2013, in the Conference Room of the National Institute of Public Health (INASA) was held a workshop on the validation of the agenda for health research priorities in Guinea-Bissau. The workshop was organized by INASA according to the recommendation from the meeting held by the investigators and leaders of the INASA in a workshop for determining the priorities of the research. This workshop was financially supported by the West African Health Organization (WAHO) and technically supported by the Council on Health Research for Development (COHRED).

The event was attended by various sectors related to health research in the country and partners with the following representations: COHRED, WAHO, various services and programs of the Ministry of Health (MOH): PNDS Management Service, Vaccine Surveillance Service (SIVE), Family Health Service, Faculty of Medicine, Raoul Follereau TB Hospital, SAB, INASA (CDI, CESC/PSB, CMT, LNSP, ENS, CICS), Action for Development (AD), UNFPA, National Research Institute of Applied Technologies (INITA), Guinea-Bissau Red Cross and AGUIBEF.

The methodology used in the workshop consisted of presentations of the major research lines, with their themes, outbound from the workshop in determining the health research priority, followed by a discussion session for each subject.

The workshop started by welcoming to all participants by the moderator of the workshop and presentation of the members for the official opening of the ceremony, followed by interventions of each of the members. In this sense the first word was given to the representation of the Council on Health Research for Development (COHRED) - Dr. Gabriela Montorzi - who began to congratulate the efforts of INASA for organizing this event and gratitude for the invitation to participate. Then the President of INASA Dr Zacarias José da Silva expressed a few words, starting with the justification for the absence of the Minister of Health who was to open the workshop and the representation of the General Director of Health Prevention and Promotion and WAHO representative, respectively due to the agenda and the flight cancelation in Dakar/Bissau for the last representation and after that he gave explanation of the objective of the workshop and at the end he officially opened the workshop.

After the opening ceremony followed by presentation of the participants, the presentation of the themes was initiated by Dr Amabélia Rodrigues, the former President of the INASA with the following major lines of health research:

1. Brief introduction to the process of health research prioritization
2. Communicable and non-communicable diseases
3. Health system including finance and human resources
4. Determinants of health including social and economic

5. Traditional Medicine
6. System strengthening research for health and the implementation of the agenda of health research priorities;
7. Implementation plan of the project system strengthening research for health;

Brief introduction to the process of health research prioritization

The former President of INASA, Dr. Amabélia Rodrigues started with brief introduction of the event, taking into account the following aspects: background, purpose, context and validation activities areas.

In the background she made a brief history of the initiative, the preparation of Agenda of health research priorities and this workshop is the continuation of the work started from year 2006 in which the MOH requested support from COHRED, to strengthen the research system in Guinea-Bissau. She spoke of the strong partnership of COHRED and WAHO, regarding the technical and financial support of the necessary activities. On this basis a consultant for technical support was in Guinea-Bissau for technical support in the preparation of an evaluation project infrastructure and existing research institutions. She also stressed that there are many gaps in governance, taking into account that there is no information about the type of research performed. She also said that the available information is not well organized and if someone wants to know something about research have directly to contact the institution concerned. She also talked about the importance of the impact of health research on the health system and population health.

She also highlighted the need to decide on the essential areas of health research, from which showed that the two objectives are:

1. To establish research priorities for health for the period of 2013-2017.
2. To identify actions to strengthen the research system for health in Guinea-Bissau.

In this context, the evaluation of such infrastructure highlighted the existence of those who perform health research in the country, namely: National Institute of Studies and Research (INEP), the National Statistics Institute (INE) and Bandim Health Project (PSB), the National Laboratory for Public Health (LNSP), the Centre for Tropical Medicine (CTM), which was coordinated by the Institute of Hygiene and Tropical Medicine in Portugal. Regarding the human resources there are researchers Masters and PhD graduates (MSc, PhD). Parallel studies were performed, which allowed us to assess the impact of research in Guinea-Bissau.

In terms of governance, in 2008, through the MOH was created the National Public Health Institute (INASA) and it was given responsibility to organize and review the body that analyze and control health research. Thus, the creation of the National Ethic Committee for Health (CNES), but stressed that there was an another organ called “Nucleus Coordination in Research”. In relation to the use of the health research results repressed little impact of their use, ie, there are results that could be used but are not. On the impact of the research reported the intervention of the Bandim Health Project (PSB) on the studies performed, in which reported a study of the 1980s, as an example, where the same result was published and communicated, leading that WHO withdraw the use of their results.

In the activities performed she presented the steps by steps taken for validation to date. Thus, in 2010 a seminar was held on research setting priorities for health, identification of topics and participants, choice of methodology (DELPHI), sending the questionnaire of round 1 (there was a very low response percentage) and active collection of questionnaires and treatment. In 2011, was also made the seminar on validation of health research areas, where many participation of several institutions intra and inter-sectoral, with the full support of COHRED and WAHO.

To end her speech she presented last topic on validation of areas. She cited the four research areas identified, in which the areas defined for validation was based on the guidelines of the PNDS II such as, communicable and non-communicable diseases; Health System Including Finance and Human Resources, Health Determinants, Including Economic and Social and Traditional Medicine.

After the presentation, the plenary was asked for comments and consideration. As there was no comment the presentation was moved to the next session.

1. Communicable and Non-Communicable Diseases

This topic was presented by Dr. Zacarias José da Silva, the President of the INASA. He showed two priorities for Communicable and Non-Communicable Diseases such as:

1. Priority 1 - HIV/AIDS, Tuberculosis, Hepatitis, Malaria, Diarrheal Diseases, Pneumonia in Children, Arterial Hypertension, Diabetes, and Kidney Diseases.
2. Priority 2 – Mental diseases, Nosocomial infections, Neglected diseases, oral health and accidents and road safety.

The research priorities can be seen from the table below (Communicable and Non-Communicable Diseases). After the presentation to the plenary, the following questions were raised:

1. If these study subjects presented here there are some that were already done. If not what would be the priority.
2. If there is knowledge of the study that the National Secretariat to Fight against AIDS (SNLS) made regarding the prevalence of HIV/AIDS among young people. (This study was conducted in schools with support of a sub-regional organization). If there was any collaboration with the Bandim Health Project in that study.
3. What are the perspectives for the maternal mortality study.

There was also discussion around the "fever" symptom, which before was considered as the main symptom of malaria diagnosis according to WHO guidelines and integrated attention of infant diagnosis standard (AIDI).

The presenter and other participants clarified the questions raised, stating that some studies had already been performed and others not and any partner could collaborate and support their implementation. It was mentioned the importance of having the agenda of priority research and its organization regarding the creation of organs and instruments that regulate their execution. To certify this, the study of prevalence of HIV/AIDS mentioned above, its implementation was authorized by MOH and there is no ethical approval. The protocol should be submitted to the Ethical Coordination of Research Committee, created by the Ministry of Health and this was not a case. This resulted in the weakness of MOH according to this situation.

Also it was considered important that research should be conducted on the causes of fever, taking into account that a fever is not always the diagnosis of malaria, although we are in an endemic area.

2. Health system including finance and human resources

For this theme, the presenter showed the research that had been outlined, from the three components of the subject mentioned in the subtitle, according to the attached table.

According to the discussion session the issues raised was the suggestion to add on the subject of search-access and quality of health services and customer satisfaction-one subpoint would be the following:

- a) Evaluate the impact of integrated services to improve the quality of health facilities;
- b) Assess the contribution of public and private profit and nonprofit in the health system;

There was also a concern in this discussion to request the government or partner acquiring to mono dose of BCG and measles vaccine. Since, according to the presenter, there has been low vaccine coverage for children from vaccines mentioned above, due to the opening of the bottles when they complete the number of children corresponding to existing doses on the bottle, which requires health care providers to wait at least six children to receive the vaccine.

One participant noted the importance of the vaccine, showing that BCG vaccine not only protects against TB disease, but also has been proven to protect the Brulli disease because the micobacteria is similar to the TB and leprosy.

The presenter of this theme emphasized the need of such studies, because only studies that can show our partner that we really need to do acquisition of single dose vaccines. On this basis we arrived at a consensus to include a subject of a study to analyze the situation as follows:

- *To conduct cost effectiveness studies of using different vial doses of BCG and Measles vaccine*

3. Determinants of health including social and economic

In this presentation, the presenter started with the definition of health determinants, relevant factors and concern of WHO in creating the Commission on Social Determinants of Health (CSDH), aiming to promote, within International an awareness of the importance of social determinants in health status of individuals and populations and the need to combat health inequities generated by them. Subsequently presented lines of research considered according to the work done in the workshop and group analysis to finalize the definition of priorities, as the annexed table.

In the discussion were suggested according to the consensus reached to add the following points for research:

- Nutrition and food - Dietary patterns and genetically modified foods
- Different ethnic groups dietary patterns and their impact on the health of the population, the mother and child
- Influence of food-related illnesses in the population Social behavioral factors (smoking, alcohol) - Impact of social relationship between consumers and their family.

4. Traditional Medicine

In this point, the presenter spoke on the importance of the collaboration of the traditional medicine and the conventional medicine and that the MOH has a community service that takes care of this aspect. Then the presenter gave to the participants the principle lines of research as shown in the table below:

The discussion of this theme was based on the agreement of conducting research related to the mapping of healers, since there are excessive numbers of them coming from different countries and they do not really know if they are good healers. There was concern related to the promotion and collaboration between both MOH and traditional healers. It was clarified that there is already a great collaboration of the MOH, through its services and programs regarding referrals of clients from healers and vice-versa is not yet formalized There is also great support of WAHO in this aspect.

5. Strengthening of research system for health and the implementation of the agenda for research priorities

This was the last presentation which defined the requirements for good governance of research and system strengthening research for health and was also shown steps on how to implement the agenda from the consensus drawn from successive activities through the workshop. (See attached)

During the discussion, this point was the subject of a lot debate and suggestions. The first concern focused on how to coordinate the research agenda, including research institutions, to be successfully implemented. How to get funds to conduct research and why index research to political responsibility or why the coordinator had been appointed as the Secretary of Health. So we reach the following consensus:

- The Coordinator of the National Committee for research should be chosen among peers designated;

The presenter stressed the need to have the agenda finalized and presented to the governing body (the Minister) to be submitted to the Board by the Minister. From which it will be launched to the partners and different services of programs for mobilization of funds. Further she stressed that the programs have funds or the existing funds have their own activities or surveys targeted to your interests. But stressed that internal funds could be allocated or directed to research agenda.

The final part of the workshop presented the implementation plan of the project to strengthen the system for health research and then the team of the secretariat presented the recommendation of the workshop outputs.

Thus, after the presentations, discussions and presentation of recommendations, the agenda of priority research was validated with some corrections. To close the ceremony the President of INASA with Representation of COHRED and WAHO members gave some words to the participants. The Chairman said a few words of thanks for all of

participants and for given their important contribution for the document validated. The workshop ended at 17h 20.

Abbreviations

AD	Action for Developments
AGUIBEF	Guinean Association for Family Well Being
COHRED	Council on Health Research for Development
INASA	National Public Health Institute
• CDI	Institutional Development Centre
• CESC/PSB	Epidemiology and Health Community Centre
• CICS	Health Information and Communication Centre
• CMT	Tropical Medicine Centre
• ENS	National School of Health
• LNSP	National Public Health Laboratory
INITA	National Research Institute of Applied Technologies
PNDS	National Program for Health Development
SAB	Health area of Bissau Autonomy
UNFPA	United Nations Population Fund
WAHO	West African Health Organization

Made in Bissau, the 6th of May, 2013.

The Secretariat,

Marilene Menezes D'Alva

Elsa Sampaio e Melo

Mário Santos

ANNEX

Priorities	TRANSMISSIBLES AND NON-TRANSMISSIBLE DISEASES	Weight
1	1.1 Transmissible diseases: TB, HIV/AIDS and Hepatitis <ul style="list-style-type: none"> • Sentinel study of HIV/AIDS in pregnant women • Prevalence and incidence of HIV in the community • Therapeutic efficacy and drug resistance study • KAP on TB in the community • Incidence study of TB/HIV co-infection • Adhesion study/Treatment dropout • Prevalence study and risk factors for Hepatitis 	467
2	2.1 Determinants and factors of infant morbid-mortality: Malaria, Diarrheal diseases and Pneumonia in children <ul style="list-style-type: none"> • Social determinants on infant mortality • Causes of pneumonia in children under five • Therapeutic efficacy and anti-malarial resistance study • Entomological study of vector (resistance and characteristics) • Determinants regional differences study on magnitude of malaria • Malaria micro-epidemiological study by regions • Causes of fever in hospitalized children • Causes of morbid-mortality in children under five with diarrhea 	460
3	3.1 Non-transmissible diseases: Arterial hypertension, Diabetes, Renal diseases and Mental diseases <ul style="list-style-type: none"> • Prevalence and risk factors for arterial hypertension and diabetes • Renal diseases magnitude study • Mental diseases study in Guinean population • Mental health in childhood: trauma, depression and others pathologies • Tobacco and alcohol consumption impact in developing non-transmissible diseases 	447
4	4.1 Nosocomial infections <ul style="list-style-type: none"> • Prevalence of nosocomial infection in hospitals • Nosocomial infectious diseases mortality in hospitals 	354
5	5.1 Neglected diseases <ul style="list-style-type: none"> • Prevalence of neglected diseases • Neglected diseases mortality 	351
6	6.1 Intervention in childhood study with impact on prevention of adult diseases <ul style="list-style-type: none"> • Vaccination impact in children morbid-mortality 	339
7	7.1 Risk factor for oral diseases <ul style="list-style-type: none"> • Perception of the magnitude of the problem of oral health in Guinea-Bissau • Causes of oral problem in children under 5 	280
8	8.1 Accident and road safety <ul style="list-style-type: none"> • Causes of road accident (alcohol, speeding, mobile phone use) • Impact of road safety on mortality 	263

Priorities	HEALTH SISTEM INCLUDING FINANCING AND HUMAN RESOURCES	Weight
1	1.1 Evaluation of implementation and impact of policy and recommendations of certain studies <ul style="list-style-type: none"> • Impact of interventions e theirs interactions on mortality and morbidity (for example Vaccination, nutrients) • Deviations (reasons, consequences, etc.) of strategic policy during implementation of health actions • Implementation of new recommendations of malaria treatment including used resources 	434
2	2.1 Access and quality of health services and customer satisfaction <ul style="list-style-type: none"> • Effect of supervision on improving management and quality of services provided in establishments 	421
3	3.1 Human resources for health <ul style="list-style-type: none"> • Management policy and motivation/retention of human resources for health • Causes and consequences of mortality of health professional and their impact n health system • Perfil of health professional 	415
4	4.1 Sustained funding of health service, solidarity and sharing mechanism <ul style="list-style-type: none"> • Evaluation of cost-effectiveness of health services 	376
5	5.1 Evaluation of uniformity of monitoring and evaluation system	358
6	6.1 Evaluation of disponibility and health product quality <ul style="list-style-type: none"> • Evaluation of medicine logistics and health products • Quantification of active substance and storage of the medicines 	340

HEALTH SYSTEM, INCLUDING FINANCING AND HUMAN RESOURCES

- Measles vaccination campaign and its impact on mortality
- Impact assessment and micronutrient supplementation on mortality
- Impact assessment of the distribution of antiparasitic on morbidity of children
- Evaluation of alternative strategies for the distribution of antiparasitic drugs, Vitamin A and others micronutrients
- Evaluation of impact on mortality by early administration of BCG vaccine (less than 3 days old)
- Evaluation of the impact of vaccination campaign against polio
- Evaluation of the impact of changing the sequences of administration of the vaccines
- Evaluation policy of openness vaccine vial in coverage, as well as in mortality

Priority	HEALTH DETERMINANTS, INCLUDING SOCIAL AND ECONOMIC	Weight
1	<p>1.1 Cause of perinatal mortality (including Causa da mortalidade perinatal (fundir os aspectos da Cobertura da CPN4):</p> <ul style="list-style-type: none"> • Risk factors for perinatal mortality (CPN, mother`s age, mother`s education level, etc. • Perinatal mortality incidence in the health facilities and communities; • Impact of normative procedure use (Partograma) in perinatal mortality reduction. 	429
2	<p>2.1 Impact of the intervention and health policy study (Vaccination e supplementation) in relation to sex, seasonality and others:</p> <ul style="list-style-type: none"> • Impact on supplementation with Vit A in infant mortality; • Assessing the impact of changing the vaccine schedule in infant mortality. 	404
3	<p>3.1 Determinants of access to health facilities (geographical, economics, etc.):</p> <ul style="list-style-type: none"> • Influence of geographical factors in access of health facilities. • Impact on family income in access to health facilities. 	397
4	<p>4.1 Health determinants from transmissible diseases and non-transmissible diseases, health of the mother and child:</p> <ul style="list-style-type: none"> • Environmental (including resources use aspects): • The effects of climate change on agricultural production and its impact on nutrition and health of the mother and child. <p>4.2 Determinants (cost, culture, etc.) in the use of health facilities (including overcrowding):</p> <ul style="list-style-type: none"> • Effect of economic dependence of women in the search of health facilities; • Socio-cultural determinants in the use of health care facilities; • Social determinants related to child mortality; <p>4.3 Social determinants related to mother mortality</p> <p>4.4 Educational level in the population (people):</p> <ul style="list-style-type: none"> • The schooling of the mother and its impact in the utilization of health facilities. <p>4.5 Policy and resources use (human, financial and material) that influences the health of the children (including maternal mortality):</p> <ul style="list-style-type: none"> • Training policy and distribution of health workers and its impact on the health of the mother and child; • The funding policy of the health sector and its implications on the health of the mother and child <p>4.6 Genetic factors related to diseases:</p> <p>4.7 Sex/gender factors:</p> <p>4.8 Nutrition and food:</p> <ul style="list-style-type: none"> • Dietary patterns of different ethnic group and their impact on the health of the mother and child; • Dietary patterns and genetically modified foods; • The influence of food related to diseases. <p>4.9 Social behavioral factors (smoking, alcohol):</p> <ul style="list-style-type: none"> • Tobacco use and respiratory health; • Tobacco on students health; • The impact of social relationship between consumers and their family; • The impact of the use of drugs in the health of the mother and child. 	395
5	5.1 Magnitude of the diseases at the population levels (cost, culture, education):	392
6	5.2 Socio-economic impact of HIV among health professionals and others groups:	388
7	<p>5.3 Satisfaction of health professionals and users:</p> <ul style="list-style-type: none"> • Provision of services and care; • Reception and patient care. 	376

Priority	TRADITIONAL MEDICINE	Weight
1	1.1 Mapping of practical and use of traditional medicine <ul style="list-style-type: none"> • Analyze/evaluation of traditional practices and culture between ethnic group • Reason for demand for traditional medicine 	395
2	2.1 Traditional medicine impact on national health system <ul style="list-style-type: none"> • Interface between traditional medicine and modern medicine in the field of research for diabetes, hypertension arterial, hepatitis HIV e TB; • Relation of collaboration between traditional and modern medicine 	378
3	3.1 Development of conventional medicines from traditional medicines <ul style="list-style-type: none"> • Traditional medicine toxicity study • Active principle and dosage of some traditional medicines • Pharmacokinetic action and pharmacodynamics of traditional medicines • Plant health in traditional medicine 	331

Priorities for strengthening health research system and implementation of the research agenda

Defining needs for good governance of research and strengthening health research system and how to implement the agenda for health research the participants in the atelier reached the following consensus:

- a) To create a budget line in the General State Budget (OGE) for research institutions; advocating compliance with the Government's commitment to allocate 2% of the budget of health sector for research and for partners the Government allocate 5% of the budget for external research funding. These funds will be a basis for the implementation of the National Agenda for Research, because it would fund research priority defined in Agenda;
- b) To develop policy documents and regulations in order to strengthen the governance of the research system for health. Thus, some key documents were identified:
 - To adopt the setting of research priorities and the National Agenda for Research and review it regularly;
 - To develop a national strategic plan for research;
 - Set the curriculum and the profile of researchers (TDR);
 - To define the technical career of investigator/researcher;

- c) Establish coordinating bodies of the different aspects of the research, namely:
- The National Coordinating Committee for Health Research - it is a body coordinated by the Secretary of State for Health; should be multi-sectoral, with the participation of sectors with an interest in research for health. This body would be responsible:
 - To implement and update every five years the National Agenda for Research;
 - To manage internal funds for research, particularly those from the 2% of OGE and 5% of the external support for health programs. This management requires the opening of tenders or limited for presentation of research projects, organization of objective and transparent selection based on merit of proposals that fall within the priorities defined in the Agenda, the allocation of funding and evaluation of projects;
 - To follow and implement the laws and regulations adopted;
 - To follow and evaluate the use of research results through an information system;
 - To promote health research training.
- d) National Ethic Committee – To be create and defined the terms of reference;
- e) National Ethic Committee for Health – to develop rules of procedure, revise the constitution and create the committee members coordinated by INASA. Its responsibilities would be:
- To analyze and give the ethical approval of all protocols for health research conducted in the country, ensuring compliance with ethical principles universally accepted;
 - To follow the implementation of the protocols, ensuring respect for what has been approved and preventing any abuse;
 - Dissemination of the results.
- f) Follow-up and implementation Committee of research results - it is a Committee of Health Sector and should be supervised by the President of INASA. Should be composed by researchers, programs, WHO, UNICEF and other technical resources for technical discussion of research findings. In its composition will have permanent members but most attend punctually if the topics to be discussed depend on the specialist, expertise and involvement in related health policy. Its task would be:
- To validate the results and recommendations of the health research carried out;

- To recommend the decisions makers, the application of the results into policy/strategy/health action and counseling or weave any follow-up action (submission of additional data, studies for clarification of certain issues, international consultation, etc.).
 - Advocating for the use of results considered relevant. Understanding the use both their immediate implementation and the demand for scientific and political arguments for validation of its implementation;
 - To assess the implementation of the recommendations.
- g) Implement the training of researchers in different areas and research managers who should strengthen the system of research for health. In this context it recognized the need to establish a link between researchers and health training institutions, such as the Faculty of Medicine and the National School of Health, to predict greater exposure in the curricula of students both the theoretical and practice aspects. In general, there is a need to strengthen training for basic sciences, use of information technology and English training.