

**Report of the 29th Session of the African Advisory Committee on
Health Research and Development (AACHRD) Meeting**

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30-31 March 2015

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Abbreviations and acronyms

AACHRD	African Advisory Committee on Health Research and Development
AF4HR	African Forum for Health Research
ANDI	African Network for Drugs and Diagnostics Innovation
ANHRSB	African National Health Research Systems Barometer
AUC	African Union Commission
BMGF	Bill & Melinda Gates Foundation
COHRED	Council on Health Research for Development
DG	WHO Director-General
DPC	Disease Prevention Cluster
DPM	Director of programme management
EDCTP	European and Developing Countries Clinical Trials Partnership
EVD	Ebola virus disease
EVIPNet	Evidence Informed Policy Network
GA	General Assembly
GSPA-PHI	Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property
H2020	Horizon 2020
HSS	Health systems and services
IVE	Immunization, vaccines and emergency
LMIC	Low- and middle- income countries
MDG	Millennium Development Goals
MoH	Ministry of health
MoU	Memorandum of understanding
NHRS	National Health Research System

NTD	Neglected tropical diseases
PRD	Poverty-related diseases
R4H	Research for health
RC	Research council
RPL	Research, publications and library services
RSHR	Regional Strategy for Health Research
SAC	Scientific Advisory Committee
SDG	Sustainable Development Goals
TDR	Tropical diseases research
UHC	Universal health coverage
UNSDSN	United Nations Sustainable Development Solutions Network
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office for Africa
WHO CO	WHO country offices
WHO HQ	World Health Organization Headquarters, Geneva, Switzerland
WHR	World Health Report
WR	WHO representative

1. Official opening

Mr Francis Gamba as the master of ceremonies introduced the proceedings for the opening ceremony. Prof Mayosi, chair of the African Advisory Committee on Health Research and Development (AACHRD), welcomed all the delegates and said that he hoped that the deliberations would be fruitful and that they would influence policy and practice in the Africa region. Participants introduced themselves (Annex 1), and thereafter received briefings on administrative/security and health matters from Mr Chikombero and nurse Viola, respectively.

Dr Kirigia then introduced the objectives and expected outcomes of the meeting. The objectives of the meeting were to:

- adopt a process and guidance for the organization of the African Forum for Health Research (AF4HR);
- make input into a Draft research for health: A strategy for the African region: 2016-2025;
- provide input into the African National Health Research Systems Barometer (ANHR SB);
- propose a research agenda for emerging epidemic-prone diseases that disproportionately affect the African region;
- develop a research agenda for strengthening national health systems to accelerate progress towards universal health coverage (UHC) in the region;
- recommend a process for improved consultation and feedback between European and Developing Countries Clinical Trials Partnership (EDCTP) and the African Member States.

He further highlighted that the expected outcomes of the meeting included:

- adoption of a draft plan for the organization of the first AF4HR;
- final review of the Draft research for health: A strategy for the African region: 2016-2025;
- finalization of the ANRHSB;

- guidance on a research agenda for emerging epidemics and diseases that disproportionately affect the African region;
- guidance on essential research needed to guide the reinforcement of health systems in order to accelerate progress towards UHC;
- a plan to improve mutual feedback between EDCTP and African Member States.

Dr Ota then gave an update on the implementation of the recommendations of the 28th AACHRD meeting.

With regard to the recommendation on “Harmonization and coordination within WHO”, the research and publication committee had been revitalized by reconstituting new members and conducting a survey of ongoing research activities sponsored or initiated by WHO AFRO, and an inventory of World Health Organization (WHO) staff publications was being collated for display on the website.

With regard to the “Establishment of functional national health research systems, including developing of an African NHRS Barometer (ANHR SB)” 47 NHRS had been assessed with a draft of the ANHR SB document. In addition, countries had received support in order to develop research policy, strategy and agendas.

Regarding “Finalizing research for health strategy”, the document had been internally reviewed in WHO and had subsequently been sent to AACHRD members for review and discussion at this meeting.

Finally, on the “Establishment of an African Forum for Health Research” (*AF4HR*), including organizing the first forum in South Africa, Dr Ota reported that a draft concept note had been developed. *AF4HR* registration and a draft constitution were in progress. The *AF4HR* draft strategy had been developed and planning had started. Further details would be given during the course of the meeting.

Dr David Okello, standing in for the WHO Regional Director for Africa, then welcomed all delegates and emphasized that the advisory forum had been created to advise the WHO Regional Director and to make recommendations that would improve the work of the WHO. He said that the African Region had been experiencing an accelerated increase in non-communicable

diseases, many injuries caused by violence which added to the already heavy burden caused by communicable diseases. The Ebola virus disease (EVD) outbreak had further highlighted the need to develop a regional plan for research and development into health needs that disproportionately affect the region. He noted that the agenda was vast, but was optimistic that the objectives of the meeting would be achieved, given the high calibre of the AACHRD members in attendance. (Annex 2)

The opening session was concluded by a group photograph. (Annex 3)

2. Adoption of the agenda

Session 5, Theme 3 on research in the WHO Regional Office for Africa (WHO AFRO) was cancelled and the rest of the agenda was adopted (Annex 4).

3. African Forum for Health Research

Dr Senkubuge gave an update on the registration of AF4HR as well as on the organization of the first forum in 2015. The AF4HR forum will be a platform bringing together all the parties interested and/or involved in research for health in the WHO African region. They include, but are not limited to: governments, United Nations agencies, regional and sub-regional development communities, financial institutions, non-governmental organizations (NGOs), universities, research centres, and the private sector

The goal of AF4HR is “To accelerate the achievement of health equity and development in Africa through research for health and the sharing and utilization of research results obtained by researchers in the region”.

The AF4HR objectives are :

- to provide a forum for the regular sharing of experiences of researchers in the African region;
- to enhance the leadership, ownership and management of research for health;

- to promote inter-sectoral collaboration and state-of-the-art research activities to address health issues and challenges in Africa;
- to enhance South-South cooperation in research for health;
- to leverage collective power, energy and know-how of people, institutions and organizations.

The forum for 2015-2016 will aim to:

- create a network of multi-disciplinary researchers from the 47 countries with the aim of addressing health priorities in the region;
- identify health research conducted in the African region which is relevant to the attainment of the Millennium Development Goals (MDG) and the Sustainable Development Goals (SDG);
- SDG and human development;
- identify priority capacity building for health research needs for the region;
- identify a common research agenda for young researchers (under supervision);•enhance South-South cooperation in research for health.

Dr Senkubuge stated that AF4HR will have its secretariat in South Africa and will organize meetings and conferences in order to provide a platform for the major stakeholders in health research. AF4HR will be linked to WHO AFRO (a memorandum of understanding (MoU) with WHO will be drawn up once it is established) just as the Global Forum for Health Research (COHRED) is linked to WHO headquarters (HQ).

Progress made on AF4HR as an entity will be presented at the next AACHRD meeting for approval and the entity will be launched as soon as registration is completed. It is hoped that this will be at the 2015 conference. The possible funding sources will be membership fees, possible submissions to the Bill & Melinda Gates Foundation (BMGF), governments, etc.

AF4HR was proposed to be a Non-Profit Organization, and the requirements for its registration under Section 21 of company laws of South Africa includes adhering to certain values and principles, having a secretariat, drawing up minutes of AACHRD meetings, appointing a governing board, and opening a bank account for AF4HR.

Dr Senkubuge went on to present progress made on the AF4HR conference referring to the meeting of the planning committee that had been held the previous day. The theme for the conference will be “NHRS: Advancing innovation and socio-economic development”.

The objectives of the upcoming conference are to:

- strengthen NHRS;
- advance health innovation;
- achieve socio-economic development through research;
- showcase Africa’s best research within Africa.

The proposed sub-themes identified are:

- **Strengthening NHRS:** to include health research governance, developing human resources, infrastructure and translation of knowledge in health research.
- **Advancing health innovation:** to include research, development and dissemination of results.
- **Achieving socio-economic development through research:** to include financing, links with research for UHC, innovation, socio-economic development (health investments), and social determinants of health.
- **Showcasing Africa’s best research within Africa.**

The chairs and potential speakers for the sub-themes were proposed as follows:

NHRS: Prof Bongani Mayosi – Chair. Potential speakers include Prof Tikki Pang, Prof Bongani Mayosi, and Prof Irene Archapong.

Advancing health innovation: Dr Solomon Nwaka – Chair. Potential speakers are Ms Naledi Pandor, Ms Precious Matsoso, representatives of the Samsung Foundation and Phillips.

Socio-economic development (investments in health research): Dr Joses Kirigia – Chair. Potential speakers are Di Macintyre of the University of Cape Town (UCT), a representative of the African Development Bank, a representative of the World Bank (Alex Preker), Prof Julio

Frank, Prof Eitayo Lambo (Former Minister of Nigeria), Dr Dambasi Moyo and Trevor Manuel (former Minister of Finance).

Showcasing health research: Prof Tumani Corrah – Chair. This sub-theme should identify the best researchers from a wide range of areas including vaccination (HIV/TB/Malaria/EVD, etc.), immunology, microbiology, clinical medicine, epidemiology and prevention, population health, health systems, collaborations and networks and emerging infections.

Proposed keynote speakers to be invited should include the Regional Director of WHO, the Minister of Health of South Africa, the Minister of the Department of Science and Technology of South Africa, and Mo Ibrahim.

The following committees were proposed to steer the conference:

- Conference Chair: Dr Precious Matsoso, Director-General of the South African National Department of Health
- Organizing committee:
 - Chair – Bongani Mayosi;
 - AACHRD members;
 - Scientific Committee, composed of chairs and co-chairs of sub-themes.

Other details of the AF4HR conference

- Proposed conference date: – last week of November or first week of December, 2015. Conference venue: possibly in Gauteng, South Africa.

The number of delegates will be a maximum of 350 (including five invitees from 47 countries from the region plus 30 guests from South Africa). The participants and target audience should include: ministries of health (directors-general of health research); decision makers in the area of health from each country; policy makers or similar from all the countries; representatives of the department of science and technology and similar departments in other countries; research councils (RC) and similar organizations (presidents to be invited); deputy vice-chancellors of universities carrying out innovative research; representatives of health research institutes (the

Council on Health Research for Development (COHRED), AMREF Health Africa, Statistics South Africa (STATS SA), African Network for Drugs and Diagnostics Innovation (ANDI), Centre for the Aids Programme of Research in South Africa (CAPRISA)); young researchers; research sponsors (Wellcome Trust, National Institute for Health (NIH), Bill & Melissa Gates Foundation, EDCTP, the Medical Research Council (MRC) UK, STATS SA, Philips, Samsung, MTN Foundation; regional economic groups/blocks, African Union (social clusters, World Bank; ISRHECA, the Public Health Association of South Africa (PHASA), South African Medical Association medical organizations; PRAED Foundation, MTN Foundation, etc. Industry representatives will be asked to design exhibition stands (GSK, NCD Programme, Colgate Palmolive, WHO TDR, etc.).

The conference will take place over 3 days and should include plenaries, panel discussions and parallel sessions. Satellite meetings could also be held before, during or after the conference.

With regard to the marketing and press strategy, the national department of health (NDOH) will take the lead, announcing the forum as being unique, bringing the major stakeholders in health research under one roof, and providing a concept note. After the meeting an article should be published in a leading journal, probably a supplement of a journal covering the proceedings, such as *The Lancet* or *Nature* plus a local South African Medical journal.

With regard to logistics the MRC SA should discuss with the NDOH the processes involved to allow the establishment of both the conference and entity. MRC should also start work as soon as possible by producing a budget, which will include proposed registrations fees, etc. and designing a website. The committees for the various sub-themes should also start compiling the list of invitees. It was agreed that MRC will send the official invitations on behalf of WHO.

Discussion on the African Forum for Health Research

There was a heated debate on whether the AF4HR entity should be an organization, an association or an NGO. An organization was the preferred option, as it will enable the direct generation of funds, which will contribute to its sustainability and facilitate the regular organization of similar conferences in addition to handling research policy and knowledge translation issues. The AF4HR entity cannot be housed within the WHO, so it will be registered by MRC in South Africa. The entity will then have an MoU with WHO. However, caution is

needed in thinking through some aspects of the forum: who owns it, and what is its mandate and added value? These questions have implications. In principle, the entity should be owned by the AACHRD because it is one of the avenues for implementing some of its objectives. The AACHRD should be the link between the AF4HR entity and the WHO, so the board should be constituted in such a way as to include AACHRD members. Such provisions should be incorporated into the constitution of the AF4HR. It was decided that a firm conversant with this field should be contracted to formulate the best package for the forum in order to meet the various conditions and be able to achieve the desired objectives.

Further discussion on the AF4HR conference highlighted the need to urgently send out information regarding the conference stating that the forum is co-hosted by WHO AFRO and the government of South Africa. The exact dates, venue, and expected participants should also be included once confirmation has been received from the South African government. Each sub-theme committee should identify a relevant topic and provide a document on the subject as a background to stimulate debate at plenary or panel discussions during the conference. Selected topics should be critical and likely to lead to policy changes.

It was suggested that the following should be provided for during the conference:

- a session for WHO to engage with health research funders and regional players in health research;
- sessions on MDG and the post-2015 agenda;
- a session where researchers, representatives of centres of excellence, and policy makers will meet.

Key people to be invited to the conference

To increase the chances of attracting well-known personalities in the field as keynote speakers it was decided to showcase their actions in public health. Mo Ibrahim and Kofi Anan were two suggested speakers on topics of governance and the future of African research respectively. Suggestions for additional speakers are welcome. A strong representation from sub-regional committees and the African Union was also solicited.

Conference working groups

In concluding this session, members volunteered or were assigned to sub-committees of the various sub-themes as follows:

NHRS

Chair: Prof Bogani Mayosi. Members: Prof Modest Mulenga, Prof N. Seboni.

Health innovation

Chair: Dr Solomon Nwaka. Members to be constituted by Dr Nwaka.

Socio-economic development

Chair: Dr Jose Kirigia, Co-chair: Dr Portia Manangazira. Members: Prof Caetano, Prof S. Abdulla, Prof G. Mwabu.

Africa's best research

Chair: Prof Tumani Corrah. Members: Prof Addae-Mensah (co-Chair), Prof Rakotomanga.

4. Regional Strategy for Health Research

Dr Martin Ota introduced the Regional Strategy for Health Research (RSHR). The situational analysis showed that there was low output of publications from WHO AFR. Priority is not given to research in terms of utilization and investment. Therefore products that address the needs of the African populations are very few. Moreover, a significant number of countries are not on track to achieve the health MDG, which raises concern over potential attainment of the post-2015 health-related SDG, including UHC, without research-informed solutions. Furthermore, the previous RSHR expired in 2003, and there have been a number of developments and initiatives in health research that need to be articulated in a new strategy. The strategy highlights that having a functional NHRS is vital for the advancement of scientific knowledge and promotion of its utilization. Therefore, the aim of the strategy is to foster development of a functional NHRS

that generates scientific knowledge and promotes its use in developing technology, systems and services needed to achieve UHC.

The objectives of the strategy are:

- to ensure leadership/governance/stewardship over research for health;
- to ensure sustainable financing of research for health;
- to ensure creation and sustenance of human, physical and institutional research for health capacities;
- to ensure production and use of research to enhance performance of health systems;
- to establish mechanisms for tracking health research investments.

The targets of the strategy are aligned to the functions of the NHRS, which include:

- governance;
- development and research capacities;
- producing and applying knowledge gained from research;
- resource mobilization and financing of research.

A fifth target was to establish a mechanism for health research coordination and tracking of investments as requested by the 63rd World Health Assembly through Resolution WHA63.21.

Priority interventions to achieve these targets were indicated, and the roles of countries and of WHO were outlined. The financial implications for implementing the strategy were also detailed in the document.

Discussion of Regional Strategy for Health Research

The discussion focused mainly on the need to have targets that correlate with functionality and not mere presence. For instance, assessing the time taken to receive ethical approval was more important than merely having an ethical committee. In addition, amendments in the wording of the targets were provided as shown in the table below:

Section in the strategy	Original wording	Suggested new wording
16.a	All countries have a valid research policy, strategic plan, and priority list.	Countries have a valid health research policy, strategic plan and priority list from 60 to 100%.
16.d	At least 80% of countries have a functional national scientific review committee.	At least 80% of countries have national or institutional ethics committees that review and provide feedback within three months of application.
17.a	At least 75% of countries have health research programme within their MoH.	At least 75% of countries have a health research promoting unit programme within their MoH.
17.b	At least 40% of the countries have universities/colleges conducting health research.	At least 40% of the countries have a training programme for health research.
18.a	At least 85% of national health research institute(s)/councils have an MoU with the MoH for undertaking research.	At least 85% of MoH have an MoU with national health research institute(s)/councils that includes support for implementing the national health research agenda.
18.b	Each country to increase the number of research articles published in peer-reviewed journals by at least 30%.	Each country to increase the number of research articles published in peer-reviewed journals and targeted technical reports by at least 30%.
19.a	At least 75% of countries have a budget line for R4H.	At least 75% of countries have a line within the MoH budget dedicated to health research.
19.b	added.	To invest at least 5% of development assistance funds earmarked for the health sector in research.
20.a	At least 20% of countries have national	At least 20% of countries have national

	registries monitoring national research and development.	health research observatories.
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5. National Health Research Service Barometer

Dr Joses Kirigia presented the National Health Research Service Barometer (NHRSB). He emphasized that having a functional NHRS is crucial for strengthening the health system to promote, restore and/or maintain the health status of populations. He underscored the fact that making progress in UHC in the post-2015 agenda will be difficult without strengthening the NHRS to yield the required evidence for decision making. Therefore, the barometer is intended to facilitate monitoring of the development and performance of the NHRS in the African region. He explained the steps taken to develop the barometer and to obtain the data that was used to compute the current status as follows:

Step 1: Delineate the NHRS functions which are, namely, governance of research for health (R4H), developing and sustaining resources for R4H, producing and using R4H, and financing R4H.

Step 2: Delineate sub-functions under each NHRS function

Governance of R4H: National policy on R4H; strategic plan on R4H; law governing research; national R4H agenda; ethics review committee; R4H focal point.

Developing and sustaining resources for R4H: university colleges of health sciences conducting research; national health research institute(s) or councils; health research programmes at the ministry of health (MoH); number of researchers in an R4H programme.

Producing and using research: R4H Programme Action Plan, existence of knowledge translation platform, existence of health research management forum, and the number of peer-reviewed publications per person in population.

Financing of R4H: existence of a budget line for research in the MoH budget, and progress towards the target of allocating 2% of national health budgets to R4H.

Taken together, there were a total of 15 individual sub-functions.

Step 3: Collect data on each sub-function

A questionnaire was sent by the Regional Director's office to all the 47 Member States through the WHO representatives. The WHO officer in the countries in charge of research delivered the questionnaire to the countries' MoH. The national health research focal point in each of the countries completed the questionnaires and returned them through the WHO country offices (WHO CO) to the regional office for analysis.

Step 4: Scoring of sub-functions

Taking into account the information contained in the completed questionnaires in Step 3 on each country's NHRS, the sub-functions were evaluated and allocated a percentage score ranging from 0% if they were non-existent, to 100% if they existed.

He explained that for dichotomous questions with a "yes" or "no" answer, if the respondent answered "yes" to the question, that country received an actual score of 100% for that sub-function, and a score of 0% if it did not exist.

Step 5: Calculating sub-function indices for each of the 15 sub-functions of the NHRS.

Step 6: Calculation of the overall NHRSB score for individual countries by calculating the average of the scores for each of the 15 sub-functions in a country.

Step 7: Calculation of the regional average NHRS sub-function scores, by calculating averages of each of the 15 sub-functions of the 47 countries.

Step 8: Calculation of the overall regional R4H Barometer score (or index), by calculating the average of all the NHRSB scores for the 47 countries.

Dr Kirigia showed that of the NHRS functions, the regional health research systems' average scores were 61% for governance, 32% for developing and sustaining resources for R4H, 39% for producing and using research, and 44% for financing of R4H. Out of 47 countries, the average performance of NHRS was less than 25% in 11 countries; 25-49% in 18 countries; 50-75% in 13 countries; and over 75% in 5 countries. Therefore, the performance of NHRS in 29 (62%) of the countries in the region was below average.

He went on to highlight the limitations of the current data explaining that most of the questions for collecting data on the sub-functions were dichotomous ("yes" or "no") questions. It is likely that the research policies in different countries would be of varied quality. Data on spending on

R4H were not collected for many countries. Current scores were obtained from national health research focal points in each country, which might introduce some bias. The data on R4H productivity was not collected, but existed from another study, and will be added for the final analysis.

Discussion on the National Health Research Service Barometer

The effort taken in producing this barometer was highly commended by members. Ways of improving the quality of the data collected were suggested, including verification of source, and asking other specialists in areas such as ethics, finance, etc. to complete the relevant sections of the questionnaire. The parameters could be further reduced to those that are critical. The beauty of the barometer is that it is well-aligned with the draft RSHR being developed, and would be a good tool to monitor its implementation. In the light of “not letting perfection become the enemy of the good” the committee asked to proceed with developing an article on the barometer for publication in a peer-reviewed journal, which will further validate the tool for use. In addition, the committee suggested that this tool be highlighted at important regional forums such as RCs, AF4HR, etc.

6. Emerging epidemics in the Africa region

Dr Peter Gaturuku indicated that epidemic-prone diseases still remain a major public health threat in the African region in addition to the double burden of communicable and non-communicable diseases. Notable epidemics in the African region are caused by cholera, meningitis and yellow fever. The ongoing EVD epidemic in West Africa threatens global health security. Also disturbing is the fact that despite the availability of well-known and effective interventions in most of these diseases, the associated morbidity and mortality still remain unacceptably high. A total of 58 public health emergencies occurred in 2014, and such emergencies were reported in 32 of the 47 countries in the African region. He went further to show maps of where the epidemics occurred for each disease, and the numbers of people affected for each disease. He concentrated on EVD in West Africa with details on the chronology of the disease, morbidity and mortality, the efforts to strengthen EVD- preparedness in countries, and lessons learnt. In conclusion, he stressed the importance of gaining further understanding of the

frequent occurrences of epidemics and identifying effective interventions to prevent and contain them.

7. Universal health coverage

Dr Benjamin Nganda explained how R4H could boost UHC. He stated that UHC is fundamental to the principle of Health for All that was set out more than 30 years ago in the Declaration of Alma-Ata. This was again discussed in December 2012 when the UN General Assembly (GA) in New York adopted a resolution on affordable UHC. The resolution on UHC recommended that consideration be given to including UHC in the discussions on the post-2015 development agenda in the context of global health challenges. The report of the UN Secretary-General of 6 June 2013, recommends that “every country should be well-positioned by 2030 to ensure UHC for all citizens at every stage of life, with particular emphasis on the provision of comprehensive and affordable primary health services.” In 2014 the United Nations Sustainable Development Solutions Network (UNSDSN) advocated for maximization of health well-being for all ages through UHC and pro-health policies in all sectors as part of the post-2015 sustainable development agenda.

Dr Nganda defined UHC in line with that at the 58th World Health Assembly (WHA) as “access of the whole population to key preventive, curative, rehabilitative and palliative health interventions at an affordable cost, thereby achieving equity in access.”

The goals of UHC are to:

- meet population needs for quality healthcare;
- remove financial barriers to access to healthcare;
- reduce the incidence of catastrophic health expenditure;
- attain nationally and internationally-agreed health goals;
- ultimately contribute to poverty alleviation and development.

He indicated that there had been some progress towards UHC, but that it was not enough. The World Health Report (WHR) 2013 has noted two main challenges faced by countries moving towards UHC. The first is the impossibility of defining the services and support needed, including financial risk protection, and secondly the impossibility of defining the population that needs to use these services and the cost. Resolving these challenges will require a good understanding of causes of ill-health, possible interventions, coverage of the interventions, and the extent of financial hardship incurred by paying out-of-pocket. The WHR 2013 highlighted four areas of research needed for UHC:

- investigating financial risk protection;
- investigating the coverage of health services;
- equity and UHC;
- coverage of health services: quality as well as quantity.

Additional research may be needed in the African region as a result of the serious defects in the major components of the health system. Dr Nganda went on to present data indicating defects in the health workforce, health facility density, health technology, information and surveillance systems, leadership and governance, as well as gaps in achievement of the health-related MDG.

In concluding, Dr Nganda said that in the African region research was needed to identify gaps in healthcare and provide measures to help to strengthen different components of the health system, such as to:

- strengthen leadership and governance for health;
- increase the production, retention and productivity of the health workforce;
- increase public health advocacy with ministries of finance and donors;
- scale-up the coverage of priority health interventions and health services;
- provide integrated people-centred healthcare;
- procure, distribute, manage and rationally use health technologies (essential medicines and medical equipment);
- design health system financing mechanisms that protect health service users from catastrophic out-of-pocket expenditures;
- create resilient community health development structures;

- improve the efficiency and productivity of health facilities; design interventions geared at changing communities' health-related behaviour.

Discussions on Ebola virus disease and universal health coverage

The health system was underscored as being essential for progressing towards UHC. Research was therefore essential to identify gaps in the health system and solutions. Both UHC and the emerging epidemic diseases were considered to raise multiple questions on which it was considered difficult to give specific advice. Instead the committee suggested that WHO should identify and empower centres of excellence to comprehensively address specific health challenges in these areas.

8. Update on the European and Developing Countries Clinical Trials Partnership 2 and the African perspective

Dr Michael Makanga presented an update on the EDCTP Association. His presentation dwelt mainly on highlights of governance, strategic developments and potential funding opportunities as well as the need for closer collaboration with WHO AFRO in particular. To place his presentation in context, he reminded the meeting of the objectives of EDCTP, which are to accelerate research and development of new or improved interventions against disease through the coordination of the European Member State national programmes working in partnership with sub-Saharan African countries. EDCTP has been in existence for the past 11 years. The new EDCTP2 programme was launched on 2 December 2014 under the new legal entity, the EDCTP Association, and provides for African countries to be full members of the association. He then talked of the structure of the EDCTP Association as consisting of the GA, the board, the Strategic Advisory Committee, the executive secretariat, observers, and ad hoc working groups. The members of the EDCTP Association include: sovereign states from the European Union; sovereign states associated with Horizon 2020 (H2020); sovereign states from sub-Saharan Africa; (groups of) institutions specifically mandated for this purpose by the above-mentioned states; alliances of sovereign states and/or mandated institutions from the European Union; and alliances of sovereign states and/or mandated institutions from sub-Saharan Africa. The current EDCTP Association membership includes:

14 European countries: Austria, Denmark, France, Finland, Germany, Ireland, Italy, Luxembourg, The Netherlands, Norway, Portugal, Spain, Sweden and the UK.

13 African countries: Burkina Faso, Cameroon, Congo (Brazzaville), Gambia, Ghana, Mali, Mozambique, Niger, Senegal, South Africa, Uganda, Tanzania and Zambia.

Observers are the European Commission; the African Union; WHO AFRO; high representative(s) and the Scientific Advisory Committee (SAC) Chair.

He further informed the meeting of the expanded scope of EDCTP2, under Horizon 2020, to include all phases of clinical trials (I-IV), health service optimization research, disease scope to include neglected infectious diseases, and partnering in phase III clinical trials. He discussed the processes for launching calls for proposals in EDCTP2 and provided details on specific calls covering clinical trials, fellowships, capacity support, ethics and regulatory capacities, and operational research in support of EVD clinical studies, etc. He ended by saying that the new EDCTP2 holds prospects for African countries, and was designed to do so. He encouraged more enthusiastic participation of African countries, and urged WHO in the African region to utilize its position at the GA to speak for Africa, and especially for those countries that are not yet full members of the EDCTP Association

Discussion on the European and Developing Countries Clinical Trials Partnership 2 and the African perspective

There is a need for WHO AFRO to have representation on the GA of the European and Developing Countries Clinical Trials Partnership (EDTCP). The committee strongly recommended that the Regional Director of WHO AFRO appoints a high level member of the WHO AFRO management team as representative at the EDCTP GA. The committee specifically requested that this representative be appointed the director of programme management (DPM) and that an alternate member be appointed director of the cluster of health systems and services (HSS).

9. Closing ceremony

The AACHRD Secretary, Dr Flavia Senkubuge, first presented a summary of the suggested changes that had already been effected on the “Research for health: a strategy for the African

region” document. She went on to present the following recommendations arising from the deliberations:

- Finalize the research for health strategy and submit to Sixty-fifth Regional Committee.
- Finalize and launch the AHRSB for use in monitoring and evaluating the number of countries with functional and sustainable health research systems that will address national and regional health priorities.
- Register AF4HR. The first AF4HR conference is to be hosted by the South African government in November 2015. The theme for the first conference is “NHRS: Advancing innovation and socio-economic development”.
- Improve consultation and mutual feedback between global, regional and local partners with African Member States in order for WHO to form sustainable collaborations, and for WHO AFRO to nominate a DPM (alternate HSS director) to represent it at the GA of EDCTP, and regularly invite EDCTP to annual regional committees.
- WHO AFRO to identify and empower relevant centres of excellence to conduct research to address important public health challenges in the region, particularly epidemic-prone diseases and UHC.

The chair of the AACHRD, Prof Bongani Mayosi, thanked everyone for their hard work. He emphasized that a considerable amount of work was needed to bring the AF4HR conference to fruition this year. He asked members to expect to be called upon to perform one or more activities as needs arise. He was confident that it would be huge success given the level of motivation and competence shown by members. He wished members a safe journey back home.

Dr Okello then closed the meeting and expressed his happiness that the committee had achieved all the set objectives within such a limited period of time. He reassured the committee that its recommendations would be presented to the RD, whom he was sure would give it priority attention. He was particularly impressed with the NHRSB, and suggested that the finalized version should go beyond the African region. He also spoke of the AF4HR, and said that this new initiative deserved members’ full attention to bring it to fruition. He encouraged as many Member States as possible to be part of the dialogue of the AF4HR and to take turns in hosting its conferences in order to ensure that the conference is held regularly. He ended by stating that

the agenda for the RC of 2015 had already been concluded, but that he would request the RD to include any new items recommended by the committee in the next RC. He also wished participants a very safe journey back to their various destinations. [Annex 1: List of participants](#)

Annex

1: AACHRD members

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2: Opening address of the Regional Director's speech

OPENING ADDRESS OF THE REGIONAL DIRECTOR,

29th Session of the African Advisory Committee on Health Research and Development (AACHRD)
Meeting, Harare, Zimbabwe. 30-31 March 2015

Professor Bongani Mayosi, Chairman of the AACHRD,
cluster directors of the WHO Regional Office for Africa,
distinguished members of the AACHRD,
regional and international partners in health development,

Dear colleagues, ladies and gentlemen;

I welcome all of you to the 29th meeting of the AACHRD. This meeting has always been very important to WHO, and this 29th meeting session is special because of what is happening in the health arena in the Africa region. This meeting has also been intentionally limited to only core AACHRD members and partners that have parts to play in the programme of work, in order to optimize the output.

The African region has been experiencing an accelerated increase in non-communicable diseases and injuries resulting from violence, adding to the already heavy burden of communicable diseases. There is now abundant and incontrovertible evidence that developing countries now bear a double burden of communicable and non-communicable diseases.

Another concern is the achievement of the MDG. The MDG have been a vital force in promoting better health as well as for measuring progress towards better health with well-defined internationally-agreed indicators. Despite the considerable progress in many African countries towards attainment of the MDG, most are still short of the goals, and the overall situation remains short of expectation with only a few months to the end of the programme. It is disturbing that the tools and interventions to achieve the MDG are available but that limited access and coverage have not allowed them to have the desired impact. New tools and improving coverage of available tools are needed to make progress with UHC in the post-2015 agenda.

Mr Chair, distinguished participants, ladies and gentlemen,

Health research has been, and will continue to be, critical in developing new tools as well as optimizing the use of available ones. To promote research, WHO has produced for your ratification an updated RSHR, which emphasizes the need for countries to build national research capacities that create an enabling environment for researchers to function effectively. The implementation of this strategy and its impact on the NHRS needs to be rigorously monitored and reported in order to stimulate the efforts and compliance of governments towards meeting the targets.

The EVD outbreak has further highlighted the need to have a regional plan for research and development into health needs that disproportionately affect the region. Gaps exist in the epidemiology, pathogenesis, clinical management and emergency response of the disease, and these gaps need to be closed. The regional approach to this process will be an ideal agenda for the AACHRD to provide guidance on potential funding and coordination of the required research and development, perhaps in line with the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) recommendations.

Making progress in UHC in the African region is significant in the post-2015 agenda. UHC is not a destination but a journey that every nation should determine to undertake in a systematic and progressive fashion. A lot of hard work is needed in driving progress towards equity and UHC in our region. This will include the identification of gaps in the health systems building blocks so as to implement appropriate ameliorative policy interventions. A comprehensive research agenda for the region will be needed to guide Member States' pursuit of the vision and goal of UHC.

Furthermore, the EDCTP2 programme currently has 11 African countries joining the European participating countries to share ownership of the programme. AACHRD should suggest how to position EDCTP to address national and regional health challenges in a mutually beneficial way; and a process which ensures that relevant information flow from the region to the GA of EDCTP and vice versa.

Mr Chair, distinguished participants, ladies and gentlemen

The AACHRD is established to provide advice to the Regional Director on the Organization's second core function, that is "shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge." WHO is therefore counting on this committee to advise accordingly in the areas we have highlighted in the programme of work, and even more if necessary.

By the end of your meeting we hope to have the following outcomes:

1. Guidance on a research agenda for emerging epidemics and diseases that disproportionately affect the African region.
2. Guidance on essential research needed to strengthen health systems in order to accelerate progress towards UHC.

3. A finalized version of Research for Health: A strategy for the African region: 2016-2025.
4. Finalization of the RNRH Barometer.
5. Adoption of the draft plan for the organization of the first AF4HR.
6. Plan to improve mutual feedback between EDCTP and African Member States.

Mr Chair, distinguished participants, ladies and gentlemen

I have no doubt that this meeting will yield more than the desired outcome. We look forward to your recommendations.

I thank you for your kind attention.

3: Group photograph



From left to right, front to back: Michael Makanga; Naomi Seboni, Bongani Mayosi (Chair); David Okello (WR Zimbabwe); Flavia Senkubuge (Secretary); Tumani Corrah; Portia Manangazira; Benjamin Nganda; Manuel da Silva Caetano; Jean Rakotomanga; Germano Mwabu; Modest Mulenga; Ivan Addae-Mensah; Charles Mgone; Salim Abdulla; Francis Gamba; Martin Ota (Committee Coordinator); Peter Gaturuku; Joses Kirigia.

4: Agenda

Agenda

African Advisory Committee on Health Research and Development (AACHRD)

29th Session: 30-31 March, 2015, Harare, Zimbabwe

Chair: Professor Bongani Mayosi

Day 1: 30 March, 2015

Time		
0.900-09.30	Registration	Secretariat
	Session 1	Presenters
	Official opening	
09.30-10.30	1. Welcome remarks and introduction of participants 2. Administrative and security briefing 3. Objectives and expected outcome of meeting (10 min) 4. Update on implementation of recommendations (10 min) 5. Regional Director's speech 6. Group photograph	Chair RSUM, FSO, ASO Kirigia Ota Okello
10.30-11.00	Coffee break	
	Session 2	
	Theme 1: African Forum for Health Research	
11.00-13.00	AF4HR: Registration, funding and planning (15 min) Discussion on plenaries, speakers, selection etc. (45 min)	Senkubuge
13.00-14.00	Lunch	
	Session 3	

	Theme 2: Regional health research tools	
14.00-15.00	Regional Strategy for Health Research (15 min) Discussion (45 min)	Ota
	Session 4 Theme 2: Regional health research tools	
15.00-16.00	Development of NHRSB (15 min) Discussion on parameters, scoring, dissemination (45 min)	Kirigia
16.00-16.30	Coffee break	
	Session 5 Theme 3: Research in WHO AFRO	
16.30-17.30	Highlights of research activities in AFRO: cancelled Discussion	

Day 2: 31 March, 2015

Session 6 Theme 4: Setting research agenda:		
09.00-10.00	Emerging epidemics in the African region (15 min) Discussion on tackling epidemic-prone diseases, emergencies and new health threats (45 min)	HSE
10.00-11.00	UHC (15 min) Discussion on priorities, deliverables and milestone (45 min)	OSD
10.15-11.00	Coffee break	
Session 7 Theme 5: Research collaboration in Africa		
11.00-12.00	Update on EDCTP2 and the African perspective Discussion on process for improved consultation and feedback between EDCTP and the African Member States (45 min)	EDCTP (Makanga Mgone)
Session 8 Closed session for AACHRD members		
12.00-13.00	Finalization of issues, recommendations, suggestions, agenda for 30 th AACHRD	Chair

13.00-14.30	Lunch	
	Session 9 Future plans	
14.30 -15.30	AACHRD 2015 activities	Chair
15.30-16.00	Coffee break	
	Session 10 Closing ceremony	
16.00-17.00	1. Recommendations 2. Closing remarks 3. Closing speech	Senkubuge Chair RD