

**Report of the 30th Session of the African Advisory Committee on
Health Research and Development (AACHRD) Meeting**

Cape Town, South Africa

10 -11 March 2016

Table of contents

Contents

Report of the 30 th Session of the African Advisory Committee on Health Research and Development (AACHRD) Meeting.....	iii
Cape Town, South Africa.....	iii
10 -11 March 2016	iii
Acronyms	vii
1. Official opening.....	1
2. Adoption of the agenda	1
3. Objectives and expected outcomes of meeting	1
4. Update on implementation of recommendations 29 th AACHRD.....	2
5. Overview of AFRO 2016/2017 research programme.....	3
6. Global burden of disease Africa 2015	4
7. Research orientation in WHO African Region	6
8 Facilitating and monitoring implementation of the Regional Strategy for Health Research	10
9 African Forum for Health Research.....	12
10 AACHRD Website	13
11 African Networks for Drugs and Diagnostics Innovation (ANDI)	13
12 Council on Health Research for Development (COHRED)	15
13 Special Programme for Research and Training in Tropical Diseases (TDR)	15
14 Cochrane Africa.....	16
15 EVIPNet.....	17
16 EDCTP	18
17 Mobilization of financial resources for health research (Roundtable discussion).....	19
18 Recommendations	20
19. Closing.....	22
Annex 1: List of participants.....	24
Annex 2: Group photograph	30
Annex 3: Regional Director’s speech	31
Annex 4: Agenda.....	33

African Advisory Committee on Health Research and Development (AACHRD) 33
30th Session: 10 – 11 March, 2016, Cape Town, South Africa 33

Acronyms

AACHRD	African Advisory Committee on Health Research and Development
AF4HR	African Forum for Health Research
AFPHA	African Federation of Public Health Associations
ANDI	African Network for Drugs and Diagnostics Innovation
ART	antiretroviral therapy
ANHR SB	African National Health Research Systems Barometer
AUC	African Union Commission
CEWG	Consultative Expert Working Group on Research and Development: Financing and Coordination
COHRED	Council on Health Research for Development
EDCTP	European and Developing Countries Clinical Trials Partnership
EIHP	evidence-informed health policy
EVIPNet	Evidence Informed Policy Network
HSS	health systems strengthening
HTM	HIV/AIDS-Tuberculosis-Malaria
IVE	immunization, vaccines and emergency
MDG	Millennium Development Goals
MDR/TB	multidrug-resistant tuberculosis
NHRS	National Health Research System
NTD	neglected tropical diseases
PMTCT	prevention of mother-to-child transmission of HIV
PRD	poverty-related diseases

R4H	Research for Health
RPL	research, publications and library services
SADC	Southern African Development Community
SDG	Sustainable Development Goals
TDR	Tropical Diseases Research
UN	United Nations
UNECA	United Nations Economic Commission for Africa
UNOPS	United Nations Operations for Project Services
WAHO	West African Health Organization
WB	World Bank
WCO	WHO Country Office
WHA	World Health Assembly
WHO	World Health Organization
WHO/AFRO	World Health Organization Regional Office for Africa
WR	WHO Representative
XDR/TB	extensively drug-resistant tuberculosis

1. Official opening

Professor Bongani Mayosi, chair of the African Advisory Committee on Health Research and Development (AACHRD), welcomed all participants (**Annex 1 participant list**) and asked them to introduce themselves. Professor Mayosi then outlined the proceedings for the official opening. Dr Ota subsequently presented an administrative briefing followed by Mr Sunesh who informed participants about security threats.

Dr Abdikamal Alislad from WHO/AFRO representing the WHO Regional Director Dr Matshidiso R. Moeti read out a message from the latter (**Annex 2**). He said that the meeting had always been very important as it provided advice on the WHO's second core function on dissemination of knowledge. No African country had achieved the MDGs despite concerted effort and in spite of availability of tools.

Health research would be crucial in facilitating progress on the sustainable development goals (SDGs) particularly Universal Health Coverage (UHC). A comprehensive strategy to address health research was needed to guide countries' pursuit in making progress on the UHC agenda. He further highlighted the huge demand from countries on WHO for capacity building as well as funding research proposals. WHO/AFRO was seeking advice on innovative funding mechanisms for health research especially with the adoption of the research for health strategy at the 66th session of the regional committee where WHO was expected to facilitate its implementation. Dr Alislad highlighted the expected outcomes from the meeting including strategic research priorities and ways of facilitating the implementation and monitoring of the health research strategy. He concluded by wishing the meeting well.

The opening session ended with a group photo (**Annex 3**)

2. Adoption of the agenda

The agenda was adopted with no changes.

3. Objectives and expected outcomes of meeting

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

1. to review and make recommendations on the following areas:
 - a. the process for facilitating and monitoring the implementation of the Regional Research for Health Strategy;
 - b. the Research programme's 2016/2017 research work plan;
 - c. planned research activities of other WHO Clusters;

- d. mobilization of financial resources with the aim of sustainable funding for research on diseases of major public health importance to the Region
2. to provide guidance and recommendations to the Regional Director to ensure that WHO shows more leadership in health research in the Region;
3. to provide an update and a way forward for the organization of the African Forum for Health Research.

The expected outcomes of the meeting were as follows:

1. agreement on a set of strategic health research priorities as well as supporting actions related to the work plans, implementation and monitoring of the health research strategy and resource mobilization.
2. recommendations and supporting actions to guide the Regional Director to provide more leadership required in the area of research for health and development;
3. agreement on the way forward for the African Forum for Health Research (AF4HR)
4. guidance on a research agenda for emerging epidemics and diseases that disproportionately affect the African Region;
5. guidance on essential research needed to guide strengthening of health systems in order to accelerate progress towards Universal Health Coverage;

4. Update on implementation of recommendations 29th AACHRD

Dr Ota gave an update on the implementation of the recommendations of the 29th AACHRD meeting. The progress was as follows:

Recommendation	Progress
Finalize the research for health strategy and submit to Sixty-fifth Regional Committee.	<ul style="list-style-type: none"> • The strategy was enthusiastically welcomed and adopted. • A press release followed the adoption
Finalize and launch the African Health Research Systems Barometer (HRSB) for use in monitoring and evaluating the NHRS of countries.	<ul style="list-style-type: none"> • The barometer was developed. • Manuscript submitted and under review. • Monitoring mechanism to be discussed at the current meeting
Register AF4HR. The first AF4HR conference is	<ul style="list-style-type: none"> • Registration of AF4HR not completed

<p>to be hosted by the South African government in November 2015.</p>	<p>pending review and discussion</p> <ul style="list-style-type: none"> • AF4HR conference hosting by South Africa withdrawn • The meeting will discuss the way forward for the AF4HR
<p>Improve consultation, collaboration and mutual feedback between global, regional and local partners. WHO/AFRO to nominate the Director, Programme Management (alternate, Director, Health Systems Strengthening(HSS)) to represent it at the General Assembly (GA) of the European Developing Countries Trials Partnership (EDCTP), and regularly invite EDCTP to annual regional committees.</p>	<ul style="list-style-type: none"> • DPM or HSS Director now represent AFRO at EDCTP GA • AFRO also member of the EDCTP SAC • AFRO regularly attending WHO/Tropical Diseases Research (TDR) annual meetings • EDCTP attended the Regional Committee (RC) of 2015 in Chad
<p>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.</p>	<ul style="list-style-type: none"> • Centre for Viral Haemorrhagic Fevers diseases designated • Ongoing designation for Centre for Sickle Cell Disease • Consideration for a knowledge translation Centre of Excellence (COE)

5. Overview of AFRO 2016/2017 research programme

Dr Kirigia gave an overview of the 2016/2017 research programme for the WHO/AFRO. He said the mission was to support the development of functional national health research systems for the advancement of scientific knowledge and promotion of its utilization in strengthening the health systems to be responsive, provide social and financial risk protection, improve efficiency of services and ultimately improve the health of the population.

He said the key functions of the research, publications and library services (RPL) programme were centred on supporting Member States and overseeing as well as coordinating research activities supported by WHO in the African Region. Member States were supported in the following research for health activities: establish effective governance; build and sustain

human, physical and institutional capacities; strengthen production, translation and use; build/strengthen sustainable mechanisms of financing; and establish mechanisms for coordinating and tracking investments. He concluded the presentation by sharing some key activities of the work plan.

Discussion

A discussion was held on the Ebola epidemic that occurred in 2015. Developing interventions within the research for health work plan to address the issues of emerging epidemics was important. There was a need to look at research issues for advice on interventions and response on epidemics. Identification of priority areas for research for Africa was important for providing solutions to persistent viral diseases. It was noted that AACHRD did not play any significant role at the time the Ebola epidemic was raging in Africa. A special response from AACHRD was important so that advice could be given from the research and regulatory standpoints. The Ebola epidemic had shown that it was not only about risk reduction and emergency response, but there was also a need to anticipate other epidemics and respond accordingly. Such an approach would require incorporating research in the response to the epidemic. The recent outbreak of the Zika virus underscored the fact that the Committee should have a clear position on emerging conditions.

The formation of the African Centre for Disease Control (CDC) was noted in the context of epidemic management in the Region. The Committee encouraged WHO/AFRO to work in collaboration with the African CDC for an integrated approach to surveillance and epidemic response on the continent.

The Committee concluded the discussion by proposing that a position statement on research in emergencies considering all the contexts be written to advise the Regional Director of WHO/AFRO. The position statement would highlight among others how to detect and manage emergencies in the context of fragile health systems in order to respond. The position statement would represent a new posture of the AACHRD aimed at greater responsiveness to the research needs of Africans. A writing committee consisting of the following members was established: Professors Pierre Ongolo-Zongo, Fred Bika, Salim Abdulla and Modest Mulenga. The AACHRD secretariat was requested to convene regular teleconferences of this group to produce the position statement within 6 months of the meeting.

6. Global burden of disease Africa 2015

Prof Charles Wiysonge presented the Global Burden of Disease (GBD) study in Africa. He said GBD was a comprehensive and comparable process of data generation that looked at all diseases, injuries, and risk factors across all countries, all age groups and gender over time – this

comprehensive nature allowed for a powerful understanding of what health looked like throughout the world.

His presentation included the disease burden for sub-Saharan Africa from 1990 to 2013, which indicated substantial progress in reducing overall disease burden of many infectious diseases and malnutrition as well as conditions experienced by newborns and mothers. The largest reductions were seen in measles, diarrhoeal diseases, and lower respiratory infections. Other conditions noted to be causing more early deaths and illness than in 1990 included road injuries, diabetes, and depression.

He concluded the presentation by saying that the updates of GBD numbers would now be done annually, and these would provide important insights into the evolution of health trends in Africa and beyond. Broader and in-depth country collaborations had the potential to further improve our understanding of the world's health. Armed with rigorously produced and timely data on disease burden, health advisors could then have the information to argue for increased resources and expanded health programmes. Consequently, comprehensive and timely data produced through the GBD study could be used to improve health – and an increasing number of health leaders were using them today to achieve results.

Discussion

A question was asked about the sources of information being used at country level. Data could be from for example DHS, census, etc., there was also a lot of modelling going on. It was important that when the analysis was completed, it was sent to collaborators in the country to enable country experts to interrogate the data.

A comment was also made on issues related to the quality of data and whether it can really be used for decision-making. WHO/AFRO should engage and comment on the quality of data collected especially if it was to be used for decision-making.

The meeting was of the view that there was still value in encouraging the collection of primary and secondary data, as there were some issues that would need empirical data. GBD should also be assisted to collect empirical data. Countries should be encouraged to collect data, especially if response was needed for decision-making. As far as possible decisions made by countries should be based on home-grown research and data, therefore recognition should be given to strengthening national health research systems to enable home grown data. It was risky to depend only on GBD data for decision-making.

7. Research orientation in WHO African Region

7.1 Communicable Disease (CDS) Cluster

Dr Nirina Razakasoana presented work on the Communicable Disease Cluster (CDS). She said the goal of CDS was to contribute to accelerating the reduction of the burden of communicable diseases and had specific programmes on: HIV/AIDS- Tuberculosis- Hepatitis (HTH), Malaria, Protection of the Human Environment (PHE), Neglected Tropical Diseases (NTD) and Expanded Special Project for Elimination of NTDs (ESPEN).

She highlighted the fact that Africa accounts for 88% of malaria cases, and 90% of global malaria deaths. Globally, 23% (13–34%) of all deaths and 22% (13–32%) of disability-adjusted life years (DALYs) are estimated to be attributable to the environment. In total, 12.6 million deaths per year were linked to the environment and the largest number of deaths attributed to the environment was now caused by NCDs. She then presented the key research activities that were conducted in the unit. The challenges of the unit were: insufficient capacity of the country staff to undertake research, managing partnerships with collaborating institutions (universities and research centres), lack of funding to support countries in research, and the inability to disseminate and translate research into programme policy and strategies.

The planned activities for the CDS Cluster include: advocate for operational research (OR) and implementation research (IR) support for communicable diseases; provide support to countries for conducting OR/IR; document and share of best practices; support countries to undertake research to increase uptake of available as well as discovery of new tools and technologies; working closely with researchers, collaborating centres and programmes for identification research priorities; and support countries to mobilize resources for priority research from partners including GF, BMGF, DFID and others.

7.2 Family and reproductive health

Dr Triphonie Nkurunziza who represented family and reproductive health (FRH) said the latter's mission is promoting health through the life cycle. The objectives were to support countries to: end preventable maternal and child death, control vaccine preventable diseases and improve nutrition, sexual and reproductive health, gender, equity and human rights and promote healthy ageing.

Among the results Dr Nkurunziza highlighted the fact that there had been slow progress in some areas. For instance, in family planning unmet needs decreased from 26.5% to 24.7% and contraceptive uptake increased only from 19% in 1990 to 27% in 2013. In adolescent health the main issues remained unsafe abortions, early marriage, and female genital mutilation. One in 5 African children still did not access routine basic lifesaving vaccines. The remaining challenges were the emergency of circulating vaccine-derived polioviruses (cVDPVs) in Guinea and

Madagascar. On the positive side, measles deaths declined by 86% between 2000 and 2014, and there had been no confirmed wild polioviruses since June 2014. Further, there was an overall downward trend in neonatal and child mortality in the Region. Between 1990 and 2013 under-five mortality rate decreased by 49% from 176 to 90 per 1000 live births. However, the neonatal mortality rate decreased by only 30%, from 45 to 31 per 1000 live births in the same period.

Next, Dr Nkurinzinga presented the research initiated or conducted in the last two years. These include vaccine efficacy trials for inactivated poliovirus (IVP) and bivalent oral polio vaccine (bOPV) in Nigeria; seroprevalence studies in Nigeria, Mali etc.; operational research to improve programme performance in different countries in Africa; vaccine acceptance and demand creation studies in West and Eastern Africa; and use of imagery technologies to estimate population densities for immunization coverage in West Africa. She further indicated that the cluster's major research questions include: (1) how to influence health systems changes that are responsive to the survival of mothers and children in resource limited settings? (2) how to address the special needs of adolescents' sexual and reproductive health: early adolescence, in and out of school and delay of first pregnancy; (3) how to improve contraceptive services addressing barriers; (4) which strategies to address violence against women; (5) how to address SRH needs of special populations: disabilities, conflict and emergencies, child rights, elders; and (6) assessment of Zika viral presence and persistence in pregnancy-related products and body fluids.

The anticipated challenges were as follows: prioritization of research to meet local needs/priorities; resource mobilization; use and dissemination of research findings; weak infrastructure, ethics and regulatory capacity; research capacity – *know-do gap*'-capacity to translate research findings into action; linkage between and among the producers and users of research (MOH); access to global health information - facilitating access to indexes, search engines and social networks and HSS issues: strikes, HR shortage , M&E, tools.

7.3 Health promotion and social determinants of health (HPD)

Dr Davison Munodawafa presented the current research issues of the HPD programme as follows: examining the key determinants of priority NCD risk factors – namely, unhealthy diets and physical inactivity; joint work with HSE Cluster in addressing sociological factors related to the Ebola survivors in order to understand community reintegration including psychosocial aspects; jointly with CDS Cluster, investigate factors likely to hinder or promote targeted neglected tropical diseases (NTD) elimination efforts; health equity/disparities analysis to understand the structural determinants of road fatalities in select countries; and structural determinants of NCDs and FRH outcomes in small island developing states (SIDS).

The issues and challenges were: limited financial support to attract highly competent research scholars to conduct both quantitative and qualitative research on priority conditions; building core capacity of researchers in the African Region to conduct health inequities / disparities analysis including gender inequalities and health in all policies; access to data within and between countries; publishing research findings continues to be skewed in favour of developed countries. There is need for journals to disseminate research work from the African Region.

He concluded by indicating the future directions as: strengthening research collaboration within AFRO clusters; strengthening collaboration with scholars' resident in and outside the African Region in order to mobilize financial resources; to initiate research on gender, equity and human rights as they impact on health outcomes in the African Region.

7.4 Noncommunicable Disease (NCD) Cluster

Dr Abdikamal Alisalad made a presentation on the cluster and its units namely: Primary Prevention of Noncommunicable Diseases (NCDs), Integrated Management of NCDs, Mental Health and Substance Abuse and Strategic Information and Planning. Dr Alisalad further pointed out the noteworthy emphasis and articulation of the NCDs in the 2030 agenda for sustainable development.

He presented a number of ongoing studies and identified key priorities to be fiscal policies, disease management and marketing and costing. Finally, he outlined the challenges and way forward as: resource mobilization, fostering partnerships through collaboration and improving research culture in NCD programmes at all levels.

7.5 Health Security and Emergencies Cluster (HSE) Cluster

The HSE Cluster was represented by Dr Peter Gaturuku. He started with public health events from January to December 2015 and where they occurred. The commonest and most frequent events were cholera, measles, meningitis, yellow fever and typhoid fever. The current major public health threats in the African Region are caused by epidemic-prone diseases although there is epidemiological transition towards noncommunicable diseases. Ebola virus disease epidemic and Zika in West Africa threaten the Regional and global health security. Furthermore, the Ebola virus in West Africa had caused a total number of 11 314 deaths. African countries are at high risk of Zika virus outbreak.

WHO in collaboration with multisectoral team of experts and in consultation with Member States was conducting IHR joint external evaluation missions involving the following countries: Tanzania, Ethiopia and Mozambique. He concluded by stressing that the African Region continues to report high morbidity and mortality from preventable conditions. The meeting was therefore requested to guide on the following: map training and research institutions involved in health security and emergencies in the Region; identify researchers within African

institutions who could assist countries in disease surveillance and response (prepare, prevent, detect and respond), and identify priority research gaps (questions and topics) related to public health events of national and international concern.

Discussion

In response to a question on how the research topics were being identified and how country groups were being supported, it was indicated that usually a guideline was used to decide the gaps from which priorities were derived and thereafter funding is allocated to support the groups or projects.

The Committee was updated on the status of CEWG's four demonstration projects from the African Region that were amongst the 21 from the entire globe. Six (two from AFR) out of 21 demonstration projects had been selected and were at different levels of implementation. Three (one from AFR, ANDI) of the six had been funded for only the first year, while finalization and funding for the remaining three were awaited. The estimated total financial requirement for the implementation of the demonstration projects and the observatory for four years 2014–2017 was US\$85 million. Member States had been contacted to contribute to this voluntary fund and to date US\$7.65 million had been contributed or pledged by Brazil, India, Norway, South Africa and Switzerland. WHO could not manage the funds and had delegated UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) to do so. Member States needed to push for funding for the demonstration projects. One of the projects that was looking at developing diagnostics for malaria and diagnostics development was progressing well though.

The Committee noted that common research problems emerged from the presentations of all the clusters. These were: prioritizing and funding considering health systems and policy issues. Further, the meeting expressed the need for the clusters also to present data segregated by gender, as one of our key mandates in the Region and SDGs was for women empowerment. Plans to increase commissioned systematic reviews should also be considered by the clusters in order to identify gaps. This would definitely be a new innovative way that WHO/AFRO could look at.

The role of AACHRD also includes helping to identify priority research areas and sources of funding for national health research systems in order to meet the goals of universal health coverage. The WHO Regional Office needed to focus on cross-cutting issues affecting African countries rather than issues of operational research. That was why the regional health research strategy was developed to guide countries. Thus, there was a need to have role classification and clarification to avoid duplication of efforts and waste of scarce resources.

The African Federation of Public Health Associations (AFPHA) reported that they were involved in the post-Ebola response and that all the organizations participating in the process had key niche contributions and as such their roles were clearly defined. Indeed, the question of roles and alignment of all stakeholders involved in the health space is important for finding better or alternative ways of pursuing our overall goal of improving health. There is a need to be pragmatic with all the decisions.

The meeting then debated the role and contribution of the African CDC (ACDC) in closing gaps and contributing to the African health agenda. The Committee expressed some concern about what appears to be two parallel processes (of WHO and ACDC) in response to emergency preparedness in view of the establishment of the new African CDC. The meeting resolved that more information was needed on the African CDC and an invitation should be extended to them to attend the next AACHRD meeting. Furthermore, the meeting requested the team set up to draft the position paper on emergency preparedness to affirm the position of WHO/AFRO on leadership of emergency preparedness.

8 Facilitating and monitoring implementation of the Regional Strategy for Health Research

Dr Martin Ota started by confirming that the initial step to facilitate the establishment of functional national health research system (NHRS) in countries was the adoption of the “Research for Health: A Strategy for the African Region, 2016-2025” at RC65 by Health Ministers. The presentation of the strategy was in recognition of the fact that a functional NHRS is critical in optimizing the conduct and use of research. Also the NHRS plays a key role in making progress towards universal health coverage (UHC). The NHRS performs four functions namely: governance; creating and sustaining R4H resources; producing, translating, disseminating and using research; and adequate sustainable financing of research.

The aim of the strategy is to foster the establishment of a functional NHRS that generates scientific knowledge for developing technologies, systems and services needed to achieve universal health coverage. The objectives are to strengthen the functions of NHRS in countries with strategies that ensure that the targets are achieved. Key targets were presented, and would be monitored using the regional health research systems barometer.

The barometer is derived from the four major functions of the health research system adapted to the objectives and targets of the “Research for Health: A Strategy for the African Region, 2016-2025” and has a total of 17 sub-functions. The barometer would be used as a method of monitoring and evaluating progress of implementation of the strategy. The method of facilitating the implementation of the strategy would be to write letters to MoHs through WCOs, emphasizing the availability of the strategy; availability of the barometer for use in identifying gaps; the need to implement the strategy and close gaps identified; and recommendation to monitor and report on the status of NHRS to the Regional Committee starting 2018.

Dr Ota concluded by presenting for consideration three options that could be used to assess the state of NHRS in the 47 countries in the WHO African Region, namely:

Option 1: Research officers in Ministry of Health;

Option 2: Research Focal Points in WHO country offices;

Option 3: Use of consultants: by physical visits or electronic-based survey.

Discussion

For this kind of strategy what were the financial resources attached to the strategy? What additional resources were available to ensure that the strategy was implemented fully? The meeting suggested that countries should allocate 2% of their national budget to research as agreed in the Algiers declaration and stipulated in the strategy and resolution.

The meeting noted that WHO/AFRO had limited resources to effectively facilitate the implementation of the strategy. A suggestion was for the other WHO clusters to contribute to research, particularly for implementing the strategy. It was stressed that the first phase of implementation would depend on the approach decided on by the meeting.

The meeting noted that there was a need for functioning ethics committees in countries. Ethics committees that were not functioning and were hindering progress in the conduct of research should be examined to identify their challenges. Unfortunately, the baseline survey conducted by AFRO in 2014 did not address this non-functionality of the ethics committees, so a critical look at the data in terms of personnel was needed. Most members of the ethics committees were not adequately housed and there was no committed secretariat, even to convene a meeting, and this was a challenge. A strong call was made to advise WHO/ AFRO to make a case to countries for the establishment of functional national research ethics committees.

The meeting considered a number of factors in the different options such as accuracy, validity, and acceptability of data, capacity-building, ownership, timeliness of data, cost, and reproducibility. The meeting decided that the strategy should be monitored using the barometer, and information gathering can be done by the research focal points in WHO country offices in collaboration with the counterparts in the Ministry of Health. There should also be weighting on information that has documented evidence. Such documents, such as national health research policies, plans etc. could be exhibited on the AFRO AACHRD website. There may be a need to refine indicators to ensure clarity on the data being gathered. Also there may be a need for guidelines to ascertain that the desired data is what is being gathered. WHO was advised to adopt a status-indicative style that will not be judgemental or punitive on the countries; rather the process should be that of empowerment. Indicators can always be

reviewed and include those that are critical to the monitoring and evaluation of the strategy, but again the onus should be on the country. A competition can be started and prizes awarded to countries that do well. The newly-created AACHRD website can also be used to give recognition to countries that are progressing well.

9 African Forum for Health Research

Dr Flavia Senkubuge said that the African Forum for Health Research (AF4HR) represents all the parties interested and/or involved in research for health in the WHO African Region. The vision is a region with vibrant national systems of research for health producing research and innovations and utilizing them to strengthen health systems to prevent and manage old, new, and emerging health problems with a view to attaining universal health coverage.

The forum has six objectives and adoption of the proposed establishment of the forum was done at the 29th AACHRD meeting in Harare, Zimbabwe. To date the registration is pending and discussion on the format of the forum would happen at the current meeting.

Dr Senkubuge proposed that the forum be revised to become an extension of the work of the AACHRD. She added that it should be a platform and a think-tank to drive the research agenda forward by ensuring that, among others, the African health research strategy is implemented. She proposed that the forum should not be a registered entity but rather be structured in a manner that would enable it to get recommendations from the AACHRD in order to be engaged with and it could also feed back to the AACHRD. Also the WHO/AFRO Regional Director's office could engage directly with the AF4HR via the AACHRD. She presented the proposal schematically as below:

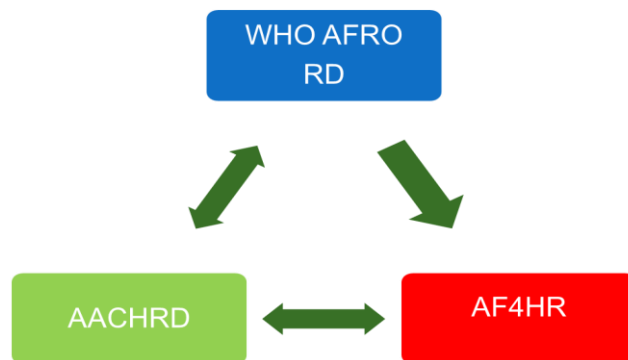


Figure 1: Proposed structure of the AF4HR

Dr Senkubuge concluded by saying that the AFR4H is a platform that brings Africa's research players together to drive Africa's research agenda and play a leadership role in stimulating growth of an evidence-based decision-making culture that is guided by locally-generated research for health and innovation.

Discussion

There are a number of key questions that need to be considered: how does it fit in with the mandate of the secretariat? Does AACHRD have the mandate to organize the AF4HR? How will the AF4HR be constituted? Do we really need the entity? If yes, is this the best format?

The meeting noted that the associated resolution to the adopted research strategy requested the RD to support the establishment of an African Forum for Health Research as a platform for sharing research findings and innovation. Therefore the Committee will play its advisory role by requesting the RD to comply. The idea of establishing the AF4HR as a platform that meets every two years and discusses progress of the research strategic plan with major players in research was approved. However, the details of the format, logistics, funding, etc. need to be clarified with the RD.

10 AACHRD Website

Dr Ota presented a snapshot of the website for the AACHRD. He said that creating the website followed a suggestion by the Committee for AACHRD to engage with the world and showcase its activities. He then presented some key features of the website.

Discussion

Recommendations to the RD should not be on the website, but rather the achievements and outcomes of the decisions. There is a need to have a members only area for information that may not be of interest to the public.

It is important to create traffic to the website with compelling information. The homepage of pictures should focus on high profile research events in Africa including items that show research impact for the whole month; one can refresh and invite institutions so that they can be profiled on the website e.g. a personality, institutions etc. The website should be the go-to place on health research in Africa. We could, as members of the panel, nominate for example the story of impact of the month, research of the month, research institution of the month etc. Also, profile research activities that are happening in the African continent.

The Committee supported the website and expressed satisfaction with the fact that there is provision on it for French and Portuguese.

11 African Networks for Drugs and Diagnostics Innovation (ANDI)

Dr Geresu presented ANDI's strategy: facilitating health innovation in Africa 2016-2020. He started by observing that the innovation landscape in Africa is marked by a significant knowledge gap for diseases disproportionately affecting the African population, low degree of collaboration among African researchers, insufficient investment and ownership of research

and development (R&D) by African countries. Also, there is a lack of mechanisms to translate discoveries and technologies that emerge from African labs into products that will positively impact health care delivery on the continent and beyond. Further, the intra-African networks are not well articulated and hence there is little collaboration between African institutions; a case of traditional medicine R&D was presented.

ANDI is now looking at centres of excellence where African research and traditional knowledge with local health priorities are aligned. In addition, where local capacity in research, clinical trials, and manufacturing is developed, an established network of collaborating African institutions with the capacity to support health innovation, and for the establishment of technology platforms or incubators for local technology advancement is catalysed and these centres serve as an anchor for South-South and North-South collaborations and technology transfer. ANDI has identified 43 centres of excellences to enhance collaboration and maximize the capabilities that we have on the continent.

Dr Geresu said that the goal of the strategy was to improve capacity for health innovation and increase access to health tools. He presented a number of objectives highlighting among others brokerage and partnership development, advocacy, networking and knowledge management as well as establishing a sustainable financing mechanism. He said ANDI had a number of projects and partnerships. For instance, ANDI had built capacity around projects and sent 10 young African researchers to Egypt where they developed tools for schistosomiasis.

Dr Geresu said that the SDGs bring opportunities and this means that governments will need to increase spending on R&D to highlight the importance of R&D in improving the lives of their people. He said that the funding initiatives were indeed diverse and ANDI was looking at impact social venture fund, grants and subscriptions among its funding mechanisms.

Discussion

The Committee congratulated the ANDI and partners for their contribution and collaboration in research in Africa. It noted that ANDI's presentation highlights the fact that there is increased focus on innovation in general as seen in many universities and research work, and presented an important opportunity for collaborative and multisectoral work. The framework presented lends to partnerships that will hopefully contribute to solutions for Africa. Africa is still focused on research that does not lead to product development. There is a need to encourage development of products from Africa that will assist in solving practical problems of African communities rather than dwell on the number of publications. There is a need to change the way we do things and the way we incentivize researchers should perhaps be biased towards product development.

The Committee noted with concern that ANDI was not adequately supported by the Region to implement its well-articulated R&D plans. The various funding pools such as the impact fund for entrepreneurs should enable entrepreneurs in Africa to develop and scale up innovations.

12 Council on Health Research for Development (COHRED)

Dr Mokgatla presented the partnerships of COHRED. She lamented the fact that most reviews from ethics committees in African countries take about 18 months. The COHRED now works on a program called RHINO which is an online ethics review platform where everything is done electronically and replaces the paper-based platform. This method will revolutionize research ethics committees.

Discussion

The meeting welcomed the presentation and congratulated COHRED. The meeting said that the electronic method of ethics reviews should be examined and considered by African countries. The Committee was pleased that COHRED is interacting with WHO/AFRO and continues to build stronger partnerships.

13 Special Programme for Research and Training in Tropical Diseases (TDR)

Dr Garry Aslanyan said that TDR was established in 1974 to "develop improved tools for the control of tropical diseases and to strengthen the research capability of affected countries" and is co-sponsored by WHO, UNICEF, UNDP & the World Bank. TDR's mission is to foster an effective global research effort on infectious diseases of poverty and promote the translation of innovation to impact health in disease endemic countries.

Dr Aslanyan said that TDR was repositioning from discovery development to integration into health services. The TDR strategy is being implemented through intervention and implementation research (IIR) while addressing research on vectors, environment and society. The strategy also emphasizes strengthening research capacity and knowledge management while promoting evidence-based priority setting, and building networks through partnerships.

The IIR areas of activity for 2016/2017 were then presented, ranging from optimizing implementation of interventions to strengthening the evidence basis for WHO recommendations. The Structured Operational Research and Training Initiative (SORT IT) was also presented. SORT IT is an initiative for a hands-on training for national control programmes and clinicians, there are currently 27 courses with 315 participants enrolled from 74 countries.

The vectors, environment and society activities of TDR for 2016/2017 were also presented ranging from improving adaptation and increased resilience to vector-borne disease-related vulnerabilities under climate change in Africa to impact of biodiversity loss on human and

zoonotic vector-borne diseases. The project on helping African communities build resilience to climate change was also presented.

TDR is also undertaking research capacity-building activities such as award of several grant schemes to different cadres of researchers and development of training materials. With regard to knowledge management, it encourages evidence to policy and the Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts (ESSENCE) programme details on policy dialogue between research funders and stakeholders. Of interest were the training centres that are developing a massive open online course (MOOC) on implementation research around infectious diseases of poverty as well as a basic course on the principles of this type of research implementation research toolkit

ESSENCE on health research was also presented. ESSENCE is a collaborative framework between development agencies, research funders, philanthropists and multilateral initiatives. The initiative aims to enhance alignment of efforts and achieve sustainable impact; strengthen research capacity and conditions for doing research, especially in Africa; and implement the Paris Declaration and Accra Agenda principles in interactions between funders and recipients. In his concluding remarks Dr Aslanyan shared some key publications with the meeting including the five keys to improving research costing for low and middle income countries.

Discussion

The meeting congratulated TDR on the presentation and noted that the ESSENCE programme was important in strengthening research capacity and the conditions of conducting research. This initiative is indeed welcome especially as it harmonizes the efforts by research stakeholders. A comment was made to the effect that there was also a need in the training centres to support postgraduate teachers of research. TDR said that they had an initiative for supporting teachers of research but the reach was not far because of language barriers.

14 Cochrane Africa

Dr Wiysonge said that there are 14 Cochrane Centres around the world. The South African Cochrane Centre is the only Centre in Africa and one of 3 in developing countries. Cochrane Centres are responsible for coordination, support and training. They also promote the objectives of the Cochrane of which “building on the enthusiasm of individuals” is an important one. He said the principles of the Cochrane collaboration is building on the enthusiasm of individuals; avoiding duplication; minimizing bias; keeping up to date; striving for/ ensuring relevance; promoting / ensuring access; continually improving the quality of its work; and continuity.

The history of how the Cochrane African Network (CAN) developed was given. The overarching aim of CAN is to increase the use of evidence to inform health care decision-making in Africa by

expanding Cochrane activities on the African continent. Activities include capacity-building, priority-setting and conducting high-quality relevant Cochrane reviews and ultimately use of evidence to inform policy and practice. The initial focus includes collaborating with colleagues already part of an informal African Cochrane Network, linked with the reference countries of Cochrane South Africa. In future, and in collaboration with other colleagues who are reference Cochrane Centres for countries on the African continent, CAN shall embark on a staged expansion of activities to identify additional Cochrane leaders and sustainable nodes of activities throughout the Region. Specific goals link the Cochrane Strategy to 2020.

Dr Wiysonge concluded his presentation by asking the meeting the following key questions: what are the key lessons from similar initiatives to ensure success; what are the key partners and collaborators, and suggestions for potential funders; and are there other networks doing similar work for CAN to work with to ensure avoidance of duplication?

Discussion

The meeting noted that the CAN presentation had come at an optimum time in the research landscape in Africa, there was considerable overlap in all activities and there is a need for synergy. The key questions required much thought for later feedback to Prof Wiysonge. Nevertheless, it was thought that a number of organizations exist that could ensure the success of CAN and also that CAN's work adds to the existing body of work.

The initiative should locate itself in the African research strategy and therefore funding could potentially come from common initiatives. African research partners and donors should be encouraged to fund the CAN initiative. It was clarified that the Cochrane authors are usually voluntary; they identify a topic and use the support system of the whole network to conduct research reviews. Systematic reviews can be a best buy for any of the PhD students on the continent as it identifies the gaps in knowledge that could be subjects for research. The meeting was of the view that having additional African journals that publish the protocols and systematic reviews would be helpful.

15 EVIPNet

Prof Pierre Ongolo-Zogo made a presentation on Evidence-Informed Policy Network (EVIPNet) for the African Region that was constituted in March 2006 in Brazzaville, Congo. He highlighted the fact that there is poor governance in African Health Research Systems with inappropriate health financing. The health financing policies are marked by confusion between policy tools and policy objectives; few are driven by the normative objective of enhancing the 'insurance function' of health care systems.

Prof Ongolo-Zogo presented the policy option for universal health coverage (UHC) - publicly governed, mandatory financing mechanisms that compel wealthier and healthier members of society to subsidize the poor and the vulnerable - and asked whether Africa can achieve UHC. He then presented the planning, financing functions, implementation issues and critical factors for UHC.

EVIPNet which fosters evidence-informed health policy is clearly stated in the new African health research strategy and EVIPNet's strategic priorities includes aligning the UHC and SDG transformation. Also, mobilizing resources for evidence synthesis and health systems guidance and fostering knowledge/evidence to policy and practice at national and subnational levels are strategic priorities. In conclusion Prof Ongolo-Zogo said that EVIPNet has a vital role to play in making progress in UHC through facilitating greater use of evidence syntheses and evidence-informed stakeholder dialogues within AFRO and in countries to promote the use of evidence for decision-making and programmatic activities.

Discussion

EVIPNet is an important stakeholder and its approaches should be institutionalized within WHO/AFRO. There is a need for advocacy for greater use of evidence syntheses and evidence-informed stakeholder dialogues within AFRO. Although funding remains a challenge the work still remains important. The Committee pointed out the fact that the weakest link in the research system in the Region was that of governance, which unfortunately is hardly researched upon to identify the issues and develop mitigating actions.

16 EDCTP

Dr Thomas Nyirenda made a presentation on European & Developing Countries Clinical Trials Partnership (EDCTP). EDCTP was established in 2003. It is a public-public partnership between the European Commission (which has contributed €200 million in cash) and 16 European countries (which have contributed €200 million in kind). The EDCTP aims to support collaborative research that accelerates the clinical development of new or improved interventions to prevent or treat HIV/AIDS, tuberculosis, malaria and neglected infectious diseases in sub-Saharan Africa. EDCTP-1 was from 2003-2015. The EDCTP1 spent a total of 381 million euros, made 65 calls, awarded 254 grants with 72% of these projects led by Africans.

EDCTP-2 covers 2014-2024. EDCTP2 is an expanded form of the first and includes a bigger budget, equal partnership between African and European participating states, neglected infectious diseases, and all phases of clinical trial. Dr Nyirenda then presented the EDCTP association currently has 14 European countries and 14 African countries. All sub-Saharan

African and European participating countries can receive EDCTP funding. EDCTP also promotes implementation research focused on the optimization of health services, but limited to the delivery and increased access to products and not the full spectrum of health systems research. This includes studies on products (drugs, vaccines, microbicides, and diagnostics) delivery, uptake and adherence; and strategies for equitable and full-scale access to diagnostics, prevention and treatment interventions.

The EDCTP Regional Networks of Excellence for Conducting Clinical Trials (NoE) are the Central Africa Network on Tuberculosis, HIV/AIDS and Malaria (CANTAM), the East African Consortium for Clinical Research (EACCR), the Trials of Excellence for Southern Africa (TESA), and the West African Network for TB, AIDS and Malaria (WANETAM). Dr Nyirenda concluded his presentation by sharing a number of EDCTP calls for proposals.

Discussion

Although capacity is being developed on the continent through the joint calls, there is a need to strengthen African clinical trials partnerships. The Committee commended the sustained effort of EDCTP to build capacity, and the need to build on what already exists while making sure that those platforms are engaged. EDCTP's new engagement with industry should be commended. EDCTP can engage ANDI to ensure that there is a good product in Africa that can be scaled up for market.

17 Mobilization of financial resources for health research (Roundtable discussion)

The panellists were Prof Salim Adulla, Prof Binka, Dr Mokgatla, and Prof Ongolo –Zongo.

The speakers noted that WHO in general does not prioritize research and there is a need to do so. If we say that we want to support research, then every WHO programme should allocate 2% of the cluster's budget to research as an articulation of research priority.

Africa as articulated in the 'Africa rising' aspiration is growing economically, research is a key driver for development and African philanthropists should be engaged and be called upon to fund research. The Committee and AFRO should identify African charities, foundations, individuals or organizations that can fund research. A reward mechanism for supportive organizations and individuals should be considered such as publications at available media and invitation to RCs where they are given a few minutes to speak.

The WHO/AFRO will need to look at its set up, there must be an agenda, why raise funds? To do what? What are the questions that need answers to? How will this enhance our work? It was pointed that AFRO having a research priority that is accessible to all is fundamental to answering these questions, and key to resource mobilization, as it will be easier to convince

donors about what the funds will be used for. In addition, partners can choose to fund relevant areas from such a priority list.

Fundraising from non-traditional sources should be considered. There needs to be thinking beyond the conventional grant approach. For instance an innovative technology idea e.g. mobile technology can be funded by an organization interested in technology development. It is necessary to build consensus, partnership and harmonization of funding dialogue and requests. Fundraising then can happen for a key priority area with different partners working together instead of fundraising in silos.

WHO/ AFRO will need to look at whether it has provision for mobilizing resources from innovative and new ways without compromising its policy. The way the WHO/ AFRO is set up currently is conservative and may not be accommodative to new ways of funding. Moreover, the Regional Director could appoint “WHO/AFRO ambassadors” to raise funds to implement the research agenda and more. Also, institutions other than the WHO/AFRO could be encouraged to set aside some funds for research. For instance, the World Bank and similar like-minded partners could put aside a percentage for research and other cross-cutting issues for the Region.

It was emphasized that WHO/AFRO should lead by example by making research a priority and allocating adequate resources to it, in order for the countries to follow. Countries should honour their contributions to R&D as part of their GDP and domestic financing for research should be a priority as agreed in the Algiers Declaration. The dependency on foreign aid is not sustainable. The Committee even thought of a punitive action for governments that do not adhere to their commitment to research for health funding.

18 Recommendations

The AACHRD Secretary Dr Senkubuge presented an overview of the report and recommendations of the 30th AACHRD. The key areas of recommendation for the meeting centred on: building health research systems, coordination, innovative funding mechanisms, galvanizing partnerships, research planning, production and translation, monitoring and evaluation and implementation of the African Forum for Health Research (AFHR).

The recommendations and action points of the 30th AACHRD recognized the adoption of the Regional Strategy of Research for Health in Africa, the transformational agenda, sustainable global development agenda and the need to provide evidenced-based solutions for major public health threats in the African Region. The recommendations were as follows:

Recommendation 1: (Strengthen national health research systems)

Monitor and evaluate the implementation of the Regional strategy of research for health

➤ **Action point- recommendation 1**

- Use African Health Research Systems Barometer (AHRSB) as a monitoring tool
- Use website as a platform for countries to report progress and recognize countries doing well with awards

Recommendation 2: (Leadership in health research)

WHO/ AFRO to raise platform of research in the Region.

➤ **Action point- recommendation 2**

- WHO/AFRO to dedicate 2% of their total budget to research
- Raise visibility of research by locating the research programme in the RD's office and providing enough human resources and funding to implement the agenda including support to countries.
- WHO clusters to dedicate 2% of their budget to research.
- WHO AFRO to engage partners e.g. ADB and economic regional bodies on opportunities for research as a developmental issue.
- Develop position statement on research in emergencies considering all the contexts.
- Support development of journal to showcase research in Africa.
- Support the conduct of evidence synthesis and systematic reviews, to guide development of a regional health research priority agenda and scale up of priority public health interventions.

Recommendation 3: (Harmonization and coordination)

Improve coordination and harmonization of research collaborations in Africa

➤ **Action point- recommendation 3**

- Support and strengthen research collaboration and synergy among African research partners.

Recommendation 4: (establish African Forum for Health Research)

Establish the African forum for health research (AF4HR). The forum should be in line with the work of AACHRD

➤ **Action point- recommendation 4**

- Develop a working document for implementation of the African Forum for Health Research.

- Mobilize sustainable funding for WHO/AFRO to strengthen national health research systems that will be deployed in organizing the forum.
- Consider partnering with like-minded organizations already holding regular forums, symposia and conferences.

Recommendation 5: (Mobilize sustainable funding for WHO/AFRO)

Mobilize sustainable funding for WHO/AFRO to strengthen national health research systems.

➤ **Action point- recommendation 5**

- Develop mechanism to raise external funds.
- Develop strategy for mobilizing sustainable funding for WHO to strengthen NHRS.

The meeting resolved to:

develop and implement a work plan around the recommendations of the 30th AARCHD:

- strengthen national health research systems
- develop strategy for mobilizing sustainable funding for WHO to strengthen NHRS
- WHO/AFRO clusters to have 2% of their budget to conduct research
- establish African Forum for Health Research (AFHR)

The progress on these recommendations will be reviewed and presented by the Secretariat at the 31th AACHRD meeting in Brazzaville in June 2017.

19. Closing

The chair of AACHRD, Professor Bongani Mayosi, thanked everyone for their active engagement throughout the meeting. He stated that it was obvious from the deliberations that the Committee wanted to be engaged more frequently other than the annual meetings, raise its visibility, and enhance the implementation of the recently adopted research for health Regional strategy.

Dr Alisalad, representing the Regional Director, closed the meeting and expressed his satisfaction that the Committee had achieved all the set objectives within such a limited period of time. He said that the discussion on the different funding mechanisms were interesting and had opened up new ideas that could be further explored if feasible. He expressed the hope that the discussions would be implemented and looked forward to the meeting in Brazzaville in 2017. He then thanked everyone for their hard work and wished them a safe journey back home.

Annex 1: List of participants

Names	Organization and Designation	E-mail
AACHRD members		
Prof. Mayosi Bongani (AACHRD Chair)	Head of the Department of Medicine Groote Schuur Hospital and University of Cape Town South Africa	bongani.mayosi@uct.ac.za
Dr Jean de Dieu Marie Rakotomanga	<i>Vice-doyen et Chef INSPC, BP 176</i> <i>Vice-doyen et Chef de département de Santé publique</i> <i>Faculté de Médecine d'Antananarivo,</i> Madagascar	rktjdm@yahoo.fr
Prof. Naomi Seboni	Director, Centre for Nursing and Midwifery Development University of Botswana P/Bag 00712 Gaborone, Botswana	SEBONINM@mopipi.ub.bw
Professor Nyasse Barthelemy	Deputy Vice-Chancellor The University of Bamenda Box 39 Bambili,	bnyasse@yahoo.com
	Professor & HoD: Bioethics	ames.dhai@wits.ac.za

Prof. Ames Dhai	Co-Chair: HREC (Medical) Editor: South Africa Journal of Bioethics and Law – Past President: South African Medical Association	
Dr Salim Abdulla	IHY Ifakara Health Institute P.O. Box 78373 Dar Es Salaam Tanzania	salim.abdulla@gmail.com
Prof. Fred Binka	Vice Chancellors University of Health and Allied Sciences, PMB31 Ho, Ghana	fred.binka@gmail.com
Dr Tewabech Bishaw	African Federation of Public Health Associations, Alliance for Brain gain and Innovative Development P.O. Box 11966 Addis Ababa, Ethiopia	bishawtewabech@yahoo.com
Dr Modest Mulenga	Tropical Diseases Research Centre 6 th Floors Ndola Central Hospital P.O. Box 71769 Ndola, Zambia	mulengam@tdrc.org-zm m.mulenga@hotmail.com
Dr Pierre Ongolo Zogo	Faculty of Medicine and Biomedical Sciences, University of Yaoundé 1 P.O. Box 5604	pc.ongolo@gmail.com

	Yaounde - Cameroon	
Dr Portia Manangazira	Ministry of Health & Child Care 4 th Floor Kaguvi Building P.O. Box A355 Avondale, Harare - Zimbabwe	directoredc@gmail.com
Temporary advisers & regional partners		
Dr Flavia Senkubuge	Vice President, African Public Health Associations University of Pretoria, South Africa	Flavia.senkubuge@up.ac.za
Prof. Charles Wiysonge	Stellenbosch University, South Africa 6 Paul Kruger AVE, Ruyterwacht 7460 Cape Town South Africa	Wiysonge@yahoo.com ; charlesw@sun.ac.za
Prof. Maria do Rosario Bragança Sambo	Rectoria da Universidade de Agostinho Neto Campus Universitario Camama – Luanda, Angola	rosariosambo@hotmail.com
International partners		
Dr Thomas Nyirenda	EDCTP, European and Developing Countries Clinical Trials Partnership P.O. Box 19070 Tygerberg, Cape Town	nyirenda@edctp.org
Dr Takele Geressu	ANDI, Addis Ababa Ethiopia	TakeleG@unops.org

Dr Mokgatla Boitumelo	COHRED & IAVI P.O. Box AE 550 AEH Gaborone, Botswana	mokgatla@cohred.org Bmokgatla@IAVI.org
Ms Jacintha Toohey	University of Kwazulu Natal P/Bag X01 Scottsville, 3201, Kwazulu Natal	toohey@cohred.org
WHO		
Dr Garry Aslanyan	Manager, Partnerships and Governance, HQ/HTM/TDR/DIR 20, Ave Appia, Geneva 1211, Switzerland	aslanyang@who.int
Dr Sanni Babatunde	351 Francis Board Street Pretoria – South Africa	Sannib@who.int
Dr Abdikamal Alisalad	Acting Director, Noncommunicable Disease World Health Organization Regional Office for Africa P.O. Box 06 Brazzaville, Republic of Congo	alisalada@who.int
	Programme Manager World Health Organization Regional Office	kirigaj@who.int

Dr Joses Muthiuri Kirigia	for Africa P.O. Box 06 Brazzaville, Republic of Congo	Kirigiajoses@gmail.com
Dr Martin Ota	Research Officer World Health Organization Regional Office for Africa P.O. Box 06 Brazzaville, Republic of Congo	otama@who.int
Dr Davison Munodawafa	Programme Manager World Health Organization Regional Office for Africa P.O. Box 06 Brazzaville, Republic of Congo	munodawafad@who.int
Dr Triphonie Nkurunziza	Medical Officer, Reproductive and Women's Health World Health Organization Regional Office for Africa P.O. Box 06 Brazzaville, Republic of Congo	nkurunzizat@who.int
Dr Harilala Nirina Razakasoan	Medical Officer/SIP/HIV (Strategic Information and Planning for HIV/AIDS/Hepatitis) World Health Organization Regional Office for Africa P.O. Box 06 Brazzaville, Republic of Congo	razakasoan@who.int

Dr Peter Gaturuku	Medical Officer World Health Organization Regional Office for Africa P.O. Box 06 Brazzaville, Republic of Congo	gaturukup@who.int
-------------------	---	--

Annex 2: Group photograph



Back row, from left to right: Joses Kirigia; Bathelemy Nyasse; Pierre Ongolo-Zongo; Martin Ota (Committee Coordinator); Abdikamal Alisalad; Salim Abdulla; Fred Binka; Garry Aslanyan; Charles Wiysonge; Jean Marie Rakotomanga; Peter Gaturuku; Modest Mulenga; Davidson Munondawafa; Thomas Nyirenda; Babatunde Sanni; Takele Geresu.

Front row, from left to right: Marcelline Itoua; Boitumelo Mokgatla; Jacintha Toohey; Edna Vierga; Flavia Senkubuge (Secretary); Triphonie Nkurunziza; Bongani Mayosi (Chair); Tewabech Bishaw; Maria Sambo; Naomi Seboni; Portia Manangazira; Nirina Razakaso.

**Opening address of the Regional Director,
30th AACHRD meeting 10-11 March, 2015
Cape Town, South Africa**

Professor Bongani Mayosi, Chair of the African Advisory Committee for Health Research and Development (AACHRD);
Distinguished Members of the AACHRD;
Regional and International Partners in Health Development;
Dear Colleagues;
Ladies and Gentlemen;

I welcome all of you to the 30th meeting of the African Advisory Committee for Health Research and Development (AACHRD). This meeting has always been very important to WHO. May I remind ourselves that the African Advisory Committee for Health Research and Development (AACHRD) is established to provide advice to the Regional Director on the Organization's second core function, i.e. "shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge."

Despite the concerted efforts, no African country achieved all the health-related MDGs although the tools/interventions required to do so were available. At the same time the world has reached consensus on the post-2015 (MDG) global development agenda, the Sustainable Development Goals, which has more goals and targets than the MDGs. Therefore, it is obvious that health research will be crucial in order to optimize the use of existing tools as well as discover new ones to facilitate progress on the SDGs, especially, the Universal Health Coverage in the African Region. A comprehensive research agenda for the Region will be needed to guide Member States' pursuit of the vision/goal of Universal Health Coverage. The Secretariat will present a number of health challenges requiring research in the course of this meeting for your input.

The need for health research is huge in the Region, yet countries are not planning and allocating enough resources for health research. The result is a growing demand from countries to WHO for research capacity building as well as funding research proposals. However, there is very little fund and capacity in the Regional Office to meet the demand. WHO would like to have the Committee's advice on innovative ways to raise fund to support countries and conduct relevant research of Regional priority.

Mr Chair, distinguished participants, Ladies and Gentlemen,

I am happy to report that the “Research for Health: A Strategy for the African Region, 2016-2025” which this committee contributed to, was adopted at the Sixty-sixth session of the Regional Committee. WHO is expected to facilitate its implementation as well as report progress every two years to the Regional Committee. Your input on the tools and how to go about this will be required.

Furthermore, this committee (AACHRD) recommended having regular African Forum for Health Research (AF4HR conferences to accelerate achievement of health equity and development in Africa through research for health. The South African government accepted in 2012 to host the first AF4HR conference, but suddenly withdrew this offer recently while the planning was already ongoing. There is therefore a need to critically revisit the necessity of this activity and the way forward.

Mr Chair, distinguished participants,

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. Agreement on a set of strategic health research priorities as well as ways for mobilizing resources for conducting priority research in WHO/AFRO;
2. Agreement on ways of facilitating implementation and monitoring of the health research strategy;
3. Recommendations and supporting actions towards ensuring that the Regional Director provide the much needed leadership required in the area of research for health and development;
4. Agreement on the way forward for the African Forum for Health Research.

Mr Chair, distinguished participants, Ladies and Gentlemen

I have no doubt that this meeting will yield the desired outcomes. I wish you a successful meeting. We look forward to your recommendations.

I thank you for your kind attention.

Annex 4: Agenda

Agenda

African Advisory Committee on Health Research and Development (AACHRD)

30th Session: 10 – 11 March, 2016, Cape Town, South Africa

Chair: Professor Bongani Mayosi

Day 1: 10 March, 2016

Time		
0.900-09.30	Registration	Secretariat
	Session 1	Presenters
	Official opening	
09.30-10.30	<ol style="list-style-type: none"> 1. Welcome remarks and introduction of participants 2. Administrative and security briefing 3. Regional Director's speech 4. Group Photo 	Chair RSUM, FSO, RD
10.30-11.00	Coffee break	
	Session 2	
	Theme 1: Setting the scene	
11.00-12.00	<ol style="list-style-type: none"> 1. Objectives and expected outcome of meeting (5 min) 2. Update on implementation of recommendations (10 min) 3. Overview of AFRO 2016/2017 research programme (10 min) 4. Global Burden of disease 2015-Africa (10 min) <p>Discussion (25 min)</p>	Kirigia Ota Kirigia Wiysonge
	Session 3	

	Theme 1: Research orientations in WHO African Region	
12.00-13.00	Highlights of AFRO planned/ongoing research activities by Clusters (10 min, each) Discussion (30 min)	CDS FRH HPD
13.00-14.00	Lunch	
	Session 4 Theme 1: Research orientations in WHO African Region	
14.00-15.00	Highlights of AFRO planned/ongoing research activities by Clusters (10 min, each) Discussion (30 min)	HSE NCD PEP
	Session 5 Theme 2: Strengthening national health research systems	
15.00-16.00	Facilitating and monitoring implementation of the Regional Strategy of Research for Health (20 min) Discussion (40 min)	Ota
16.00-16.30	Coffee break	
	Session 6 Theme 2: Strengthening national health research systems	
16.30-17.30	Af4HR: Update & Way forward (10 min)	Senkubuge

	AACHRD Website (10 min)	Ota
	Discussion (40 min)	
Day 2: 11 March, 2016	Session 7 Theme 3: Research collaboration in Africa - contribution from partners	
09.00-10.30	<ol style="list-style-type: none"> 1. ANDI (10 min) 2. COHRED Africa (10 min) 3. TDR (10 min) 4. Cochrane Africa Network (CAN) (10 min) 5. EVIPNet (10 min) Discussion (40 min)	Geresu Mokgatla Aslanyan Wiysonge Ongolo-Zogo
10.30-11.00	Coffee break	
	Session 8 Theme 4: Mobilization of financial resources for health research	
11.00-12.00	Mobilizing sustainable funding for WHO to strengthen NHRS (Abdulla, Binka, Mokgatla, Ongolo-Zongo)	Mayosi (Facilitator)
	Session 9 Closed session for AACHRD members	
12.00-13.00	Finalization of: issues, recommendations, suggestions, agenda for 31 st	Chair

	AACHRD	
13.00-14.30	Lunch	
	Session 10 Closing ceremony	
14.30 -15.30	<ol style="list-style-type: none"> 1. Recommendations 2. Closing remarks 3. Closing Speech 	Senkubuge Chair RD

DRAFT