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**World Health
Organization**
Africa

33rd Session of the African Advisory Committee on Health Research and Development (AACHRD)

Gaborone, Botswana

October 14 – 15, 2019

MEETING REPORT

Brazzaville, Republic of Congo | October 2019

WHO Regional Office for Africa (AFRO)
Cité du Djoué, Brazzaville, BP 06
Republic of Congo
Tel. +47 241 39260
Email: afrgocom@who.int
www.afro.who.int

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ACRONYMS/ABBREVIATIONS

AACHRD	African Advisory Committee on Health Research and Development
AAS	African Academy of Sciences
AfHEA	African Health Economics and Policy Association
AFRO	WHO Regional Office for Africa
API	AFRO Partner Institution Initiative
AU	African Union
BMGF	Bill and Melinda Gates Foundation
CDC	Centre for Disease Control and Prevention
EDCTP	European and Developing Countries Clinical Trials Partnership
EVIPNet	Evidence-Informed Policy Network
GPW 13	13 th General Programme of Work
HIK	Health Information and Knowledge Management
HSS	Health Systems and Services
iAHO	Integrated African Health Observatory
IST/ESA	Intercountry Support Team for Eastern and Southern Africa
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MoH	Ministry of Health
MoU	Memorandum of Understanding
NEPAD	New Partnership for Africa's Development
NHRS	National Health Research Strategy
ORD	Office of the Regional Director
PHC	Primary Health Care
RC65	65 th Session of the Regional Committee
RD	Regional Director
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
R4H	Research for Health
SDGs	Sustainable Development Goals
TDR	Special Programme for Research and Training in Tropical Diseases
TORs	Terms of Reference
TIBA	Tackling Infections to Benefit Africa
UHC	Universal Health Coverage
WCO	WHO Country Office
WHA	World Health Assembly
WHO	World Health Organization
WHOCC	WHO Collaborating Centre
WR	WHO Representative

EXECUTIVE SUMMARY

Dr. Matshidiso Moeti, the WHO Regional Director for Africa, convened a two-day meeting of the African Advisory Committee on Health Research and Development (AACHRD) in Gaborone, Botswana on October 14-15, 2019. This session constituted the inaugural meeting of the 34th AACHRD, bringing together a newly reconstituted group of experts from among members of WHO regional expert panels, academia, WHO Collaborating Centres, and national professionals. These individuals are appointed in their personal capacities by the Regional Director to contribute to the Organization's second core function, i.e., "shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge."¹

The meeting aimed to (1) orient new members of the AACHRD on the Committee's roles and methods of work, (2) provide an opportunity for reflection on how to further improve the functioning of the AACHRD, (3) allow the AACHRD to deliberate on how to respond to AFRO's health research priorities, and (4) generate proposals on how to maximize the utility of health research capacities in countries and strengthen WHO regional research collaborations.

The new AACHRD deliberated on several significant issues during the meeting, as follow:

Reflecting on the AACHRD functioning, the meeting highlighted the need to:

- Close the gap between research and implementation of results, as it pertains to the integration of AACHRD products;
- Increase research capacity support to countries, given that research is meant to be utilized to improve health outcomes in countries;
- Create a sub-committee focused on new ways of working and foresight exercises to anticipate research priorities in the region;
- Expand the role of social science in research for health, and the importance of the inclusion of qualitative as well as quantitative research;
- Further explore ways to strengthen linkages between researchers and policy/decision-makers particularly in the context of achieving UHC and other health SDG targets; and
- Raise the visibility of the AACHRD for the purposes of better engaging with existing research networks in the region;

In order to strengthen the capacity of AFRO to coordinate regional research priorities, suggestions that emerged included:

- Identifying the research priorities from countries to craft locally tailored solutions;
- Focusing priorities on supporting country- and sub-national-level delivery of results;
- Ensuring there is a multi-sectoral approach to research for health;
- Strengthening the collaborations with universities and other academic institutions; and,
- Increasing production and use of knowledge translation products.

In relation to strengthening the health research capacities in the region, the meeting discussed and agreed on the following:

¹ WHO 2015. The Regional Committee for Africa (AFR/RC65/6). Research for Health: A Strategy for the African Region, 2016-2025. Report of the Secretariat. Available online as: https://www.afro.who.int/sites/default/files/sessions/documents/afr-rc65-6_-_research-for-health---a-strategy-for-the---af.pdf. Accessed on 14th October 2019.

- There is further need to promote a culture of research and science in the African region;
- There is urgent need for the official publication and wide dissemination of the national health research systems assessment (barometer report) – a product of a previous AACHRD recommendation;
- The development of a regional research agenda, as well as a framework of collaboration and engagement with existing research networks in the region should be accelerated; and,
- Mechanisms for sharing of lessons learned from well-performing countries should be established.

Some key highlights that emerged from the discussion include the following:

- AFRO needs to develop a collaboration framework to guide engagement with stakeholders in health research in the region;
- Three sub-committee working groups of the AACHRD were formed, to follow up key actions arising from the discussion:
 - Work Plan Committee: focusing on AACHRD roles, functioning, work plan, and M&E, and led by the Chair, Dr. Flavia Senkubuge.
 - Foresight & Innovation Committee focusing on clarifying work on innovation, GPW13, and Transformation Agenda
 - Research Agenda Committee: focusing on unpackaging the research agenda, priorities, and collaborative framework
- AFRO needs to further accelerate the work on assessing national health research systems through the research barometer/assessment, by:
 - Introduction of performance and quality indicator to the barometer;
 - Promotion of intra-country and regional learning based on the results of the barometer;
 - Dissemination of the results of the barometer; and,
 - Support of WHO Country Offices to convene stakeholder dialogues for health research at the country level in line with the focus on building evidence for decision making.
- WHO needs to establish internal priority-setting mechanisms (e.g., processes, tools) to facilitate emergence of a comprehensive research agenda.

Moving forward, the AACHRD agreed to continued engagement and action through the operation of sub-committees charged to execute on the mandates agreed upon during this meeting. The 34th session of the Committee was proposed to take place in June 2020 in Equatorial Guinea.

BACKGROUND

Rationale for the African Advisory Committee on Health Research and Development (AACHRD)

The AACHRD was 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." The AACHRD is expected to hold at least one meeting every year to deliberate on important related issues. At its last meeting held from 11 to 12 July 2018 in Accra, Ghana, the Committee proposed to RD that the next meeting, 33rd AACHRD, be held in Gaborone, Botswana in July, 2019. However, given the needed reconstitution of the committee, the date had to move from July to October 2019 to allow extensive consultation and careful selection of the new members. Several issues were agreed to be in the agenda of this meeting in addition to monitoring the implementation of previous recommendations made to the Secretariat:

- a. One of the recommendations in the current *Research for Health: A Strategy for the African Region, 2016-2025*, is for Member States to establish their health research priorities. Following the AACHRD request, WHO AFRO is to finalize the Regional health research priorities. This will be displayed at the WHO website. Having health research priorities for WHO African Region is essential in identifying the research questions necessary to fill knowledge gaps, guide and align research and expenditure to meet the evidence needs. It also helps to promote science and innovation, and facilitates negotiation with partners for targeted activities and funding. Indeed, we have been unable to meet the regular demands from other multinational organizations such as Wellcome Trust, BMGF that have asked for the Region's research priorities. Moreover, Clusters would be required to propose mechanisms to conduct their related research activities.
- b. The health system gaps in the African Region need to be addressed in order to make progress in achieving the SDGs, particularly progress towards Universal Health Coverage (UHC). The WHO in the African Region alone cannot address the existing gaps efficiently and timely enough to meet the required targets without partnership with relevant institutions. However, there are still significant capacities existing in academic institutions in the countries that WHO has not yet been able to tap into for strengthening its response to country needs. The AFRO Partner Institution initiative is proposed and aimed at providing linking existing technical capacities in academic institutions in the African region, with country support needs. Criteria for selecting the priority areas of work and for identification of the AFRO partner institutions have been developed from the WHO AFRO Actions Framework for HSS for UHC in the context of the SDGs. This has to be finalized for Region-wide implementation.
- c. The AACHRD's has adopted strengthening national health research systems (NHRS) as its Flagship programme. Accordingly, WHO was requested to conduct another assessment to evaluate the degree of improvement following the first conducted in 2014 using the

NHRS Barometer. This exercise is currently ongoing and results should be available by the time of the 33rd AACHRD meeting. The results will be reviewed and next steps recommended.

- d. The previous members of the AACHRD (pre-October 2019) had served for more than one term of three years, and some Committee members had not been active participants in its deliberations.
- e. In addition, several changes have taken place in the region since the Committee was last reconstituted.
 - Global health focus has moved from a focus on MDGs, to the SDGs, UHC, and a revitalization of Primary Health Care approach;
 - The WHO agenda too has evolved, and is currently guided by triple targets to promote health; keep the world safe; and serve the vulnerable;
 - The health agenda has evolved from a primary focus on communicable disease control, to addressing non communicable conditions, risk factors and health determinants;
 - There is a deepened emphasis on the role of health systems in attaining health goals;
 - The region is placing a greater emphasis on person centred services, including the need to address gender equity and a rights-based focus in health,
 - The regional office is undergoing a transformation in the work done, with a focus on pro-results values, smart technical focus, responsive strategic operations and effective communications and partnerships.

The next AACHRD therefore needs to take cognizance of these changes to make it more aligned to the current research advisory needs of the Regional Director.

Reconstitution of the AACHRD

In reconstituting the AACHRD to fit with current needs, the following attributes were taken into consideration:

- i) Maintain institutional knowledge and continuity – aiming to avoid a completely new committee by maintaining some of the members of the current committee for at least one additional three-year term.
- ii) Include experts representing the different country profiles in the African region. Therefore, experts should cover:
 1. Large and small countries;
 2. Upper- and lower-income countries.
- iii) Expand the range of expertise in the committee, to ensure it is fit for purpose. The expertise sought include:
 1. Epidemiologists;

2. Social scientists – including gender and human rights, community engagement expertise;
3. Health economists;
4. Biomedical / clinical researchers;
5. Statisticians;
6. Health system and policy analysts; and,
7. Public health researchers (environment, entomology, and other focus areas of public health).

To facilitate the identification of appropriate experts, formal communication was sent to the WHO Country Representatives in all the 47 countries of the Africa region, requesting them to identify potential experts for the AACHRD. In addition, Cluster Directors and direct probing of knowledgeable persons was used to identify more potential members. A total of 59 experts were collated from across the countries of the region, who would potentially fit the profile.

These were reviewed based on years of experience, having currently active research, numbers of publications and areas of expertise to identify new members to join the AACHRD.

Overview of the Committee Roles and Responsibilities

Members of the Committee have a responsibility to provide WHO with high quality, well considered, advice and recommendations on matters relating to health and the attainment of the global development goals. Members play a critical role in ensuring the reputation of WHO in supporting health research in the African Region.

Members of the Committee, including the Chairperson, shall be appointed to serve for an initial term of three years. Such three-year terms may be renewed once. To preserve institutional memory and promote continuity, not more than one-half of the members shall be changed every three years.

Prior to being appointed as members of the Committee and prior to renewal of term, nominees and current members shall be required to complete a WHO Declaration of Interest.

In addition, prior to confirmation by WHO of their appointment as members of the Committee, nominees shall be required to sign a Confidentiality Agreement.

All discussions by the Committee shall be treated as confidential by members in line with the Chatham House rules.

Membership may be terminated for any of the following reasons:

- (1) failure to attend two consecutive AACHRD meetings;
- (2) change in affiliation resulting in a conflict of interest; and,
- (3) a lack of professionalism involving, for example, a breach of confidentiality.

The Committee's specific roles pertain to the following:

- Examine, evaluate and propose relevant research related to improved health and development of the African Region within the context of the implementation of the Regional Director's strategic orientations;
- Advise the Regional Director on policies for research for health and development in the Region, in accordance with directives provided by governing bodies (World Health Assembly, Executive Board and Regional Committees) and within the framework of the global WHO policy. This formulation includes recommendations for the attention of the Regional Director on national and regional priorities;
- Advise the Regional Director on mechanisms for coordinating research at national, intra-national and inter-regional levels;
- Advise the Regional Director on the development of research potential and capability, nationally and regionally, as well as provide guidance on matters related to health information systems, knowledge management and eHealth; and,
- Perform an advocacy role of the regional health research agenda and deal with any other issues related to research for health and development that may be brought to their attention by the Regional Director or identified by the Committee as worthy of consideration.

WHO AFRO will participate in the Committee meetings, as observers, and to provide guidance on the Regional Director's expectations and needs as may be required. WHO shall also provide support to the Committee on a need basis. Additional experts may be invited by the Committee as appropriate, and when needed. The Committee members will not be remunerated for their participation. However, WHO will refund reasonable expenses such as travel costs incurred by attendance at the annual meeting.

The Committee reports to the WHO AFRO Regional Director. The chairperson will brief the WHO Regional Director following each meeting. The recommendations emerging from the Committee meetings shall be translated and published, with the prior approval of WHO, and posted on the appropriate department website within two months of each meeting.

Expected Outcomes of the Meeting

- All members of the reconstituted Committee clear on their expected roles and functioning.
- All members of the Committee updated on WHO AFROs current work, gaps, and expectations in health research.
- Preliminary guidance, to the Regional Director, on:
 - Health research priorities for the WHO African Region, 2020-21;
 - Options to expand the leadership role of WHO in health research in the region;
 - Making operational expanded engagement of WHO with health research institutions – through the AFRO Partner Institution concept.
- Guidance on areas for focus, to strengthen national health research systems in the region.

INTRODUCTORY PROCEEDINGS

The participants were welcomed to the meeting by the WHO Secretariat, which expressed delight at the AACHRD's commitment to research and development. Participants were then asked to introduce themselves.

1. Introduction of the 33rd AACHRD

Dr. Josephine Namboze, the WHO Representative (WR) for Botswana, welcomed all participants, stating her pride to be hosting the initiation of this newly reconstituted Committee. She explained that the AACHRD primarily advises the WHO AFRO Regional Director (RD) on key areas of research in the region, but that the work of the Committee is critical for WHO Member States at country level. Dr. Namboze added that research is key in the implementation of the WHO's 13th General Programme of Work (GPW 13) and AFRO's Transformation Agenda.

Our collective goal is to achieve impact and results using evidence; therefore, there is a need for tailored action. Countries face challenges vis-à-vis research, as much of it is more oriented to scientific publication rather than to implementation. Dr. Namboze ended her remarks by reminding Committee members that one of their essential contributions will be insights and inputs to help bridge the gap between researchers and policymakers.

2. Meeting objectives and methods of work

The WHO Secretariat pointed participants to the list of AACHRD Committee Members in their participant packets, noting that all members were currently present but that they would be updated on the outcomes of this meeting. The meeting objectives and intended methods of work of the AACHRD were then presented.

Objectives of the Meeting

- Orientation of new members of the AACHRD on its roles and methods of work
- Reflections on how to further improve the functioning of the AACHRD
- Deliberations on how to respond to AFRO's health research priorities
- Proposals on how to maximize the utility of health research capacities in countries, and strengthen WHO regional research collaborations

Methods of Work

- Open discussions based on Chatham House rule:
 - *“Participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.”*
- Respect for colleagues during discussions

- Transparency in sharing information
- Collegial culture expected

3. Administrative and security briefing

The administrative and security briefing, as well as a brief orientation on the Gaborone International Conference Centre (GICC), was made by the Botswana WHO Country Office (WCO).

After the briefing, the WHO Secretariat reminded participants of the documents in their packets – namely: the meeting information note, the agenda, AACHRD Terms of Reference, the RC65 paper on the regional strategy for research for health (2016-2025) – and then introduced the WHO AFRO Regional Director, Dr. Matshidiso Moeti.

4. Regional Director’s opening remarks and introduction of the new AACHRD officials

Dr. Moeti began her opening remarks to the distinguished members of the African Advisory Committee on Health Research and Development by welcoming them to the first meeting of the reconstituted AACHRD, and thanking the Committee members for accepting her invitation to join this important group. She expressed her happiness to note that all members who were proposed to become AACHRD members have accepted her invitation to join this Committee.

The Regional Director explained that research is a critical component in the WHO’s actions to improve health in the African region. “To ensure our strategies, policies, and programmes are effective, they must be based on, and informed by, evidence,” she asserted.

Dr. Moeti went on to say that the AACHRD has been a part of the WHO Regional Office since 1979, when the first Committee was constituted. Since then, the group’s ways of working have evolved to respond to changing research needs in the African Region. This reconstituted Committee brings together some members who have been part of the past Committee, together with new members, who will all serve for three years starting October 1st, 2019, after which required changes will be made in line with the Committee’s new terms of reference.

Dr. Moeti told Committee members that each one of them came highly recommended, as they had been selected through a very competitive process to ensure the continued tradition of high-quality contributions to the work of WHO. She marked appreciation for the work of the previous Committee and expressed her deep sadness for the tragic death of the energetic and resourceful former Chairman, Professor Bongani Mayosi. She then asked all participants to please rise for a moment of silence in his honour, after which she urged everyone – AACHRD Committee and WHO Secretariat – to do their best to live up his legacy by advancing the work of this group.

The Regional Director stated that at WHO, the top priority is to support Member States to achieve Universal Health Coverage as part of collective action internationally to achieve the Sustainable Development Goals through a Primary Health Care approach.

She explained that the WHO's organization-wide strategic plan is the GPW 13 (2019 – 2023), whose main thrust is to promote health, keep the world safe, and serve the vulnerable, by delivering on three triple billion targets:

- Achieving universal health coverage, with 1 billion more people benefiting from universal health coverage;
- Addressing health emergencies, with 1 billion more people better protected from health emergencies; and,
- Promoting healthier populations, with 1 billion more people enjoying better health and well-being.

Dr. Moeti then insisted that research and innovation occupy a central position in the GPW13, to focus global public goods on impact and ensure that WHO is a knowledge-based organization facilitating normative guidance and agreements, sharing of data and scaling of innovations.

In the African Region, since 2015, she has developed and implemented the Transformation Agenda, which represents her vision and strategy for change, for WHO to be more accountable, effective, and driven by results, working closely with partners to improve health outcomes. For the past four years, she had highlighted three axes of action for this Agenda:

- Flagship programmes for harmonized and targeted support to countries;
- Strengthening WHO's support to national health security capacities by focusing on better planning for, and responding to, health shocks due to outbreaks or disasters; and,
- Developing innovations to link results to performance management.

Switching her focus back to the AACHRD, Dr. Moeti explained that the AACHRD will primarily provide advise on the Regional Office's work in guiding Member States in planning, implementing, and monitoring research to facilitate attainment of the health SDGs, in the context of GPW13, and her Transformation Agenda. Country ownership, strong political commitment, and the active engagement of Member States demanding and driving research production are critical in our work together. So far, we are seeing that Member States are not effectively using health research products to inform decision-making. Resources are not adequately allocated, priorities are externally driven, and research outputs are not translated into practice. At the same time, WHO receives consistent requests from Member States to guide them in responding to these challenges.

The Regional Director then posed the following question, for collective consideration: ***“Are our health research products aligned with the health priorities in the region?”***

Dr. Moeti went on to explain that in this reconstituted Committee, she had brought together a more diverse group of experts, expanding from primarily epidemiologists to include social scientists, anthropologists, clinical researchers, condition-specific experts, and others to reflect the broad expertise needed for research related to UHC.

She had emphasized the need to identify experts primarily based within the African region, and coming from a range of countries, to ensure that the deliberations from AACHRD sessions and their products were practical, as well as resonating with national policy directions. The aim for them to be made operational.

The Regional Director noted that all Committee members are equal, though the special advisers and leadership team have some additional responsibilities. She expressed her satisfaction that Flavia Senkubuge had accepted the role of Chair of the Committee. Dr. Senkubuge worked very closely with the late Professor Mayosi and the WHO Secretariat, and had been the Secretary of the Committee. Dr. Senkubuge would now work with Abdoulaye Djimdé as the Vice Chair of the Committee, while the new Committee secretary would be Dorcas Kamuya, with Pierre Ongolo as the Vice Secretary. This leadership team will be responsible for guiding the discussions of the Committee, to ensure succinct recommendations on the issues upon which the Regional Director seeks guidance.

Dr. Moeti further elaborated on the role of the special advisers of the AACHRD. They support in generating opinions of the Committee where consensus is failing to be achieved. Specifically, the advisers will facilitate an arbitration process on difficult issues and where this fails, they will provide a final opinion on behalf of the Committee. However, Dr. Moeti expressed her hope that most decisions will be made through consensus. She was happy to announce that Charles Wiysonge, Francine Ntoumi, Tumani Corrah, and Mahmood Mamdani have accepted to serve as special advisers. Mario Sambo had been asked, but sent regrets, as she is now assuming functions in the Angolan Ministry of Health.

Dr. Moeti then said that, with this team, she is sure that the Committee will be well-positioned to play a vital role in advancing health research in the African region. Depending on the topics in the agenda, the AACHRD may also invite experts, when required, to attend certain sessions as observers. For instance, this would be the case for topics which all parties are not especially familiar, such as Health Innovations.

The Regional Director stated that, in the collective work of WHO and the AACHRD, she would like Committee members to consider how the group's influence on shaping research priorities and agendas in the African region can be strengthened, how research capacities can be enhanced, and how persistent gaps can be addressed.

She explained that, in the coming days, she would like to hear from the AACHRD on four areas:

- Their views and inputs into the Committee's roles and responsibilities;
- Their reflections on how to ensure the Committee functions effectively, learning from the previous Committee;
- Their perspectives on how regional research priorities can be taken forward; and,
- Their reflections on how the research capacities in the African region can be strengthened, including how WHO can improve research collaborations across institutions.

The AACHRD's inputs on these topics are critical to support the generation and use of research to guide countries in moving forward towards UHC within the framework of the SDGs.

In closing, the Regional Director thanked the Committee members again for accepting to serve in their personal capacity on this important advisory body. She stated that she looked forward to receiving the AACHRD's advice on regional research strategies, plans, and priorities, ranging from research and development strategies to translation and uptake of research products and innovation. Dr. Moeti finished by saying that the group's shared vision is to leave no one behind as we work to attain UHC. Together, we can ensure that evidence informs decisions and actions for better health in the African region.

Following Dr. Moeti's remarks, the WHO Secretariat thanked her and then affirmed that WHO is an organization moving towards being fit-for-purpose through transformation. It was then announced that after the Group Photo, the newly-appointed Chairperson, Dr. Flavia Senkubuge, would take the rest of the meeting forward.

Dr. Senkubuge quickly thanked Dr. Moeti for her remarks and then congratulated her for her re-election as WHO AFRO Regional Director, referencing the International Day of the Girl.



Figure 1: AACHRD members at the meeting, with the Regional Director and her Secretariat

REFLECTIONS ON THE AACHRD

5. Progress and issues with the AACHRD so far

The WHO Secretariat provided some background information on WHO as an organization, and the AACHRDs functioning up to this point. Issues raised influencing the AACHRD functioning include:

- Infrequent mechanisms of engagement
 - Engagement limited to annual meeting – limited use of additional methods of engagement, such as teleconferences (TCs)
- Limited engagement with existing research networks in the region
- Information flow between AACHRD and WHO
 - Limited to the sharing of minutes, and informal channels
- Integration of AACHRD products with ongoing activities on research
 - Limited engagement with country research systems/activities
- Limited innovations applied in addressing mandate
 - How to make a regional agenda that is ‘alive’
 - Aligning research focus on UHC and SDG agenda

The progress on the recommendations from the 32nd session of the AACHRD was presented, as highlighted in the table below.

Domain	Recommendation	Progress	Actions Undertaken
Leadership in health research	WHO AFRO to raise platform and foster the culture of research in the region		<ol style="list-style-type: none"> 1. Regional research and publication committee formed 2. Revitalization of a regional journal to promote research and publication ('Health in Africa') 3. Provision of small grants for young researchers, in collaboration with TDR and EDCTP 4. Collaborating with EVIPNet and Cochrane Arica on translation to policy 5. Established EVIPNet structure in South Africa and Eswatini
Harmonization and coordination	Coordinate and harmonize health research in Africa		<ol style="list-style-type: none"> 1. Draft areas for regional research agenda 2. The health research observatory is being upgraded to help map inputs 3. Rapid health policy briefs in production (collaboration with Cochrane Africa, and BMGF) 4. Research component in the integrated African Health Observatory – and linked

Domain	Recommendation	Progress	Actions Undertaken
		Yellow	to the global research observatory platform
WHO AFRO Partner Institution (API) Initiative	Adopt the WHO AFRO partner institution concept that aims to provide an opportunity to link existing technical capacities in academic institutions in the African region, with country support needs	Green	<ol style="list-style-type: none"> 1. Concept note completed 2. Initial set of institutions identified 3. First sensitization workshop scheduled for the 24-25 October 2019 in Brazzaville, following which: <ol style="list-style-type: none"> a. Areas of collaboration to be agreed; and, b. Guidance on process to become WHO Collaborating Centre (WHOCC)
Contribute to the 2 nd WHO African Health Forum	Hold a plenary and present work on barometer at the 2 nd WHO Africa Health Forum	Green	<ol style="list-style-type: none"> 1. Special session on health research in the African region held. Theme: “national health research systems: Advancing innovation and socio-economic development for UHC” 2. State of African Health Research Systems using the findings from the barometer was presented.
Membership	Renew the Committee of the AACHRD	Green	<ol style="list-style-type: none"> 1. Revised concept, Terms of Reference (TORs), and membership 2. Updated expertise and geographical coverage
Work Plan	Develop a one-year work plan for 2019	Yellow	<ol style="list-style-type: none"> 1. Not yet agreed

Table 1: Status of recommendations from the 32nd AACHRD meeting

Green = good progress
Yellow = moderate progress

6. Discussion

The Committee members discussed the following issues:

The recommendations and their progress were generally well received. The WHO collaboration on the African Health Observatory, as well as the support to young researchers were perceived as positive steps in the right direction.

Throughout the discussion, Committee members highlighted the significance of closing the gap between “the lab” and implementation, as it pertains to the integration of AACHRD products. They agreed that research is meant to be utilized in a way that serves countries and improves

health outcomes; therefore, it was also noted that there is a strong need for countries to strengthen their health research systems.

Another key issue was that of the necessity of having concrete indicators when a review of a health research system is conducted:

- Research ends up in publications, but again, it needs to be translated into implementation;
- It would be useful to have a quantitative assessment of this: which research has been done in the region on which topics? What does published research say? Who did it (government, academia, etc.)? Who does what, when, where, and with whom?
- This would help countries be aware of what they have done so far. Given this, WHO and the AACHRD must discuss what they plan to do to address this specific item.

On the information flow between AACHRD and WHO:

- What can the Committee provide to WHO that has not already been provided?
- It would be useful to clarify where the group would like to see improvement. What would be appropriate as actions on the recommendations that have been made?

On innovation, one suggestion was to look at new membership of the Committee. It might be interesting to have a sub-committee working group to focus on new ways of working and foresight exercises (innovation and biotech, downstream, policy and economics) – to anticipate research priorities in the region.

It was noted that most researchers apply for funding based on topics identified by funders. Funders usually look at priorities based on foresight exercises. What is WHO's foresight exercise?

In our focus on UHC, it is interesting to look at how the private sector is fighting against the public health perspective on equity. Is this worth exploring?

The AACHRD also raised the issue of how knowledge from the social science perspective addresses the issues being discussed here:

- How does sustainable development translate into our traditional African cultures? Who is supposed to be looking at it and pushing people to invest more in that?
- Because innovation is disruptive, this Committee could be useful in pushing foresight exercises.

Relatedly, Committee members expressed delight at seeing that, on such important health issues, social sciences have a proper place. One example that was shared was that of how social controls on women help to explain the rates of HIV/AIDS in certain settings. There is often a lack of a clear articulation between health policy and the tangible products of research. The weak emphasis on research in many contexts is often due to a lack of financing – a signal for a lack of prioritization. The importance of considering how culture explains the health situations of certain contexts was further emphasized. We know that social changes have an impact; the data shows it.

It was also noted that health professionals and their pure physical/biological sciences focus present a non-negligible harm to social science research, despite the fact that social behaviours help to explain many diseases and health conditions. This is where we would identify how to prevent them, as opposed to only treating – another area where the lack of communication between researchers and decision-makers is flagrant. How do we help our countries despite the disciplinary silos?

Essential to this discussion was the topic of mechanisms of engagement with existing research networks in the African region. Committee members referred to a prior proposal for the AACHRD to have a website, with embedded videos, as well as meetings with sub-committees to push engagement. It was mentioned that the work of the AACHRD is not known by many, which is a serious impediment to creating meaningful connections.

- One proposition was for the AACHRD to be made into a research index for Africa. The impact of the health research that the Committee delivers still requires engagement. The work would involve the identification of published research and the analysis of how exactly it translates into outcomes. Additionally, it would be useful to have a specialist ascertain research outputs for WHO AFRO Member States. It was suggested that competition between countries might drive action and even raise the profile of the Committee/index.
 - Perhaps the AFRO could request the WRs of each WCO to submit a report on their country's publications and the association between publications and impact on health outcomes. From there, we could create synergies, connections, and a critical mass of information.
- Moreover, it was noted that a substantial amount of data exists, but capacity remains to be built. Countries would appreciate this intervention, whereby the AACHRD would discuss conditions and create an easy platform for access, which would also increase its visibility and show its engagement vis-à-vis researchers in the region. Becoming a resource to which people can reach out would move things forward.
- The AACHRD agreed that the health research barometer must be published officially and disseminated widely.

Committee members stated that lessons learned from countries that are doing well could help countries that are lagging in this regard. In at least one country, we know that all health research within its borders is tracked, and this becomes a repository of all health research-related things going on in the country – a forum to discuss the research that has been registered. Perhaps this could be a model to follow so that research is neither duplicated (to the detriment of time, money, and other resources), nor slips through the cracks without future subsequent implementation based on results.

The discrepancies between high publication rates and low barometer scores (and vice-versa) was also raised as being problematic. One implication of this is that countries with the highest scores tend to be more successful when applying for funding.

Significantly, Committee members debated over the factors affecting the production of research in the African region. It was suggested that this had to do with demand (or lack thereof), as much of the research produced and even disseminated is not being utilized. However, it was noted that conducting research is not a waste, but that the only way to make a change is to build leadership for research in Africa and engage with people so that they understand the real need for research.

AACHRD members are researchers, advisers, collectors of information. It was agreed that certain basic questions should be made clear in order to advance their goals as a Committee in collaboration with WHO:

- What process should be put in place to achieve what is supposed to be achieved?
- What evidence is required?
- What instruments can be used?

The answers to these questions will guide the AACHRD on the question of engagement as well.

It was stated that, in determining the AACHRD's areas of focus, two of the articulations from the RD were UHC and the SDGs. To achieve this, we focus on what is uniquely African (context-specific focus). We are looking for something bold enough, African enough, for these concepts to map properly onto the issues in the region requiring our attention. We want the uniquely African voice to be heard. Our role is not simply advisory, but also one of advocacy – this will move the group closer to resolving the issues raised in this gathering.

Committee members discussed the ways in which the reaction on the issue of demand for research was in fact a manifestation of a larger issue with health research systems: the lack of coherence or harmony between Ministries of Health and the institutions where knowledge is produced (i.e., universities). At the moment, they exist in two different worlds. Here again, there is a clear need for advocacy to improve the capacity of universities, and build the connection between the two entities.

It was stated that the key to resolving many of these issues will be addressing: coordination, communication, and the mutualisation of resources.

Committee members brainstormed about ways of keeping the research agenda alive and taking the AACHRD's work beyond the space of traditional publications, such as through blogging, webinars, policy briefs (knowledge translation), and other media.

Certain realities of research were highlighted. By the time a researcher's paper is being published, they are already working on their next grant. How do we incentivise researchers to do work that is not making them money? And specifically, to do work that involves making their findings understandable to non-researcher audiences? It was suggested that the WHO offer grant awards to researchers who turn research into policy briefs.

- It was stated that “scientists only communicate to other scientists.” Policy briefs help to share information with non-scientists; however, it was noted that policy briefs have a special niche as well, and that it would be helpful to explore other forms of knowledge translation for the general public’s easy consumption.

Notably, the Committee members discussed the important distinction between politics and science. The challenge with speaking to politicians on these issues is avoiding falling into the trap of becoming a politician oneself.

Finally, it was stated that learning systems and governance are issues to unpack in the context of Africa. Crucial evidence can be found within the larger network. It was proposed that the group examine what has been learned in the all these years, and see how they can be properly implemented.

At the end of the discussion, it was decided that Professor Pierre Ongolo, Professor Augustino Mayai, Professor Pascal Bovet, and Professor Abdulla would become members of the sub-committee on strategic perspectives and foresight.

In response to the points raised by the AACHRD, the WHO Secretariat provided clarification.

On the gap between evidence generation and implementation of results, this is an area where the WHO can leverage what it already does, helping countries to develop their strategies, update their guidelines. The Regional Director noted that the Organization can move on this with more focus and determination, without too much additional investment because we already have the platforms to do this work. She also stated that WHO already has a heavy emphasis on supporting program implementation, but acknowledged that this does leave out areas like research, for example.

On the issues relating to research system assessment, the barometer score attempts to do exactly what has been raised. There are 20 indicators in the research strategy, one of which is publications.

The WHO Secretariat noted that, in knowledge translation, the right indicators for how research affects results are still not emerging.

Furthermore, the Secretariat highlighted the point made about the lack of sharing of research products. Information from the reports need to get to decision-makers. It was noted that the African Index Medicus is the largest searchable repository for the region, which can be looked at as evidence.

The Regional Director stated that the engagement issues raised by Committee members should also be part of the WHO Secretariat’s work.

Dr. Moeti asked the group to consider how WHO can best improve its support to countries. The AACHRD's advice is to help the WHO Secretariat in supporting our Member States. She noted that independent research is indeed taking place, but it is usually driven by the agenda of the donors/funders. The WHO works closely with countries so we know where the gaps in research are, particularly for health development, service delivery, and all the areas that need to be improved upon – including how to improve the outputs of the research. She then suggested that the group work to influence the agendas of the donors, given the knowledge of country's needs and outcome-related research gaps.

On the issue of locally used research, we need to find ways to bridge the gap at that level. Some pertinent questions:

- Who is researching what in the different universities?
- Who leads in setting priorities?
- Who in the country can fund the research?
- How can we help countries?
- Which inefficiencies can be improved upon?

The Regional Director asserted that the discussions should centre on what is feasible, and stated that the WHO also needs advice on how to improve its own processes to best serve Member States. Knowledge and evidence are required to support countries in their delivery of services.

The Botswana WCO shared that, from the perspective of countries, the research agenda is always brought up; however, the key to progress will be to see a step-by-step plan on how that agenda is in fact executed. Stakeholders are doing small things in a very fragmented way. We need to assess where we are on research, and the in-between is usually vague.

The WHO Secretariat highlighted the existence of journals that do publish layman summaries of research. They also discussed AFRO's work on populating the integrated African Health Observatory (iAHO) and informed Committee members about the Regional Office's collaboration with Cochrane South Africa on the development of rapid policy briefs. It was further noted that WHO has established other engagements beyond small grants. Next year, the AFRO plans to convene a meeting of young scientists/researchers from across the region, invited on a competitive basis.

The Regional Director asked the group to consider how the interaction between researchers and policymakers could become an incentive for researchers. She insisted that we must get resource-mobilizing entities to realize just how critical research is. How do we get Ministries of Health (accompanied by countries' Ministries of Science) to understand these issues when they meet with Ministries of Finance?

Dr. Moeti ended the clarification session by stating that the WHO Secretariat must intelligently leverage the insights that emerge from this AACHRD meeting.

AFRO RESEARCH PRIORITIES

7. Priorities of the regional office

The AACHRD Chair announced the next session on AFRO research priorities, handing the floor over to the Regional Director.

Dr. Moeti started by provided context on the Africa region’s progress on health leading up to the SDG era, explaining that, in the MDG era, improvements in health outcomes took place due to better availability and use of health services, matched by an increase in financing for health. However, issues that pose barriers to the sustainability of progress remain.

Dr. Moeti highlighted the ongoing discussion on what poverty means in Africa. Does it need a specific, contextualized definition to use in designing health financing schemes? Additionally, she brought attention to the interesting discussion on the question of equity, suggesting that we would all benefit from learning more about this.

Dr. Moeti explained that different types of changes (demographic, economic, social, environmental, political) have an impact on health, and that inequities and health sector challenges persist – namely: insufficient and unsustainable financial investments; gaps in inputs such as human resources, infrastructure, and commodities; and, inadequate service delivery models.

After explaining the aspirations of the SDGs and exploring lessons from the MDGs, Dr. Moeti declared UHC as a core target for the SDG 3 Goal, to “ensure healthy lives and promote well-being for all at all ages.” She then linked the Primary Health Care (PHC) approach to UHC and the SDGs.

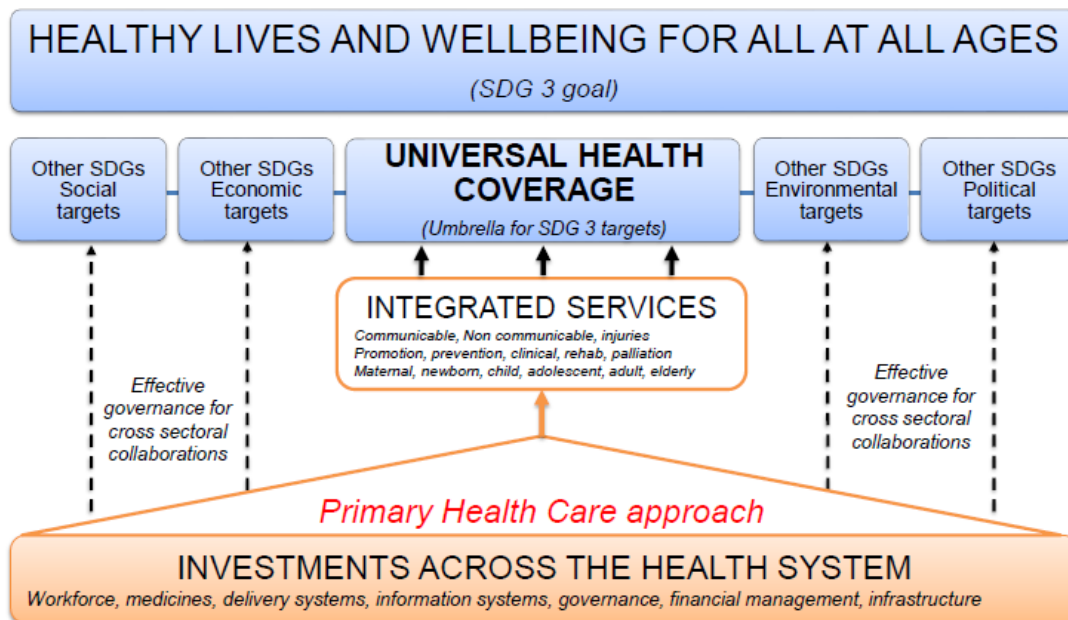


Figure 2: The Primary Health Care Approach to UHC and SDG3

Dr. Moeti raised the significance of improving results at country level through fit-for-purpose teams, involving the functional review of WCOs.

She discussed the WHO’s overall regional response, describing the AFRO Transformation Agenda, as well as three key areas of action:

- The UHC flagship program, involving targeted country support;
- Health security, including preparedness; and,
- Innovation in health.

The research issues pertinent to the UHC flagship are as below:

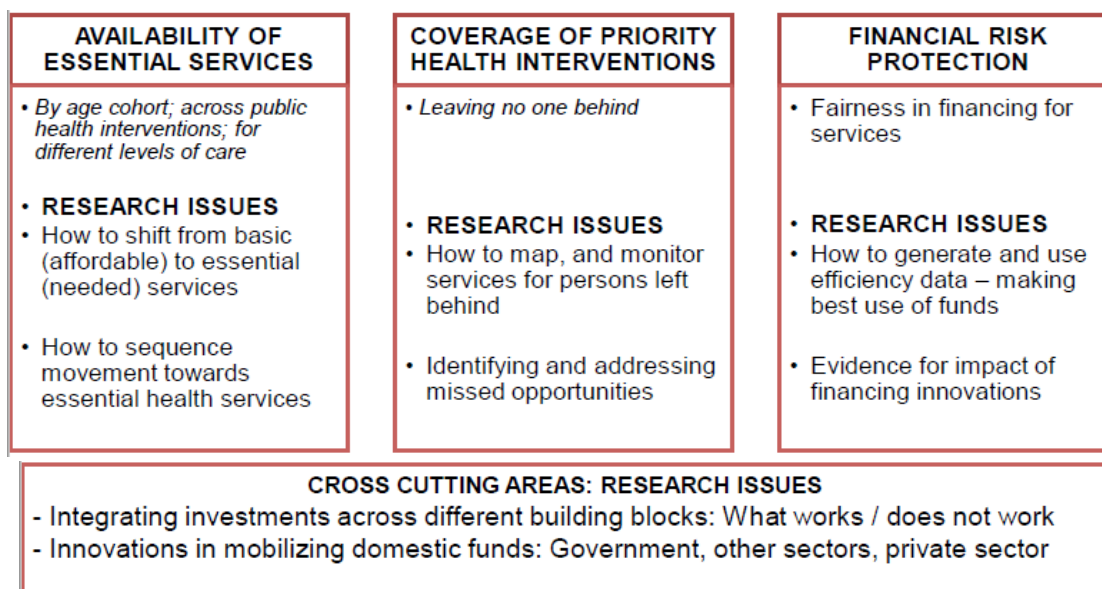


Figure 3: UHC Flagship Research Issues

Dr. Moeti affirmed that the production of irrefutable evidence is needed to inform policymaking.

Next, Dr. Moeti announced the health security priorities of the Regional Office as the following:

- Building resilience of health systems, to better detect and maintain services during shock events;
- Improving predictability of outbreaks and disasters;
- Building response capacity in countries;
- Integrating emergency response into development support; and,
- Documenting and sharing lessons from successful response efforts.

Finally, WHO will work to scale health innovations in Africa according to the schemes below:

The strategic imperative

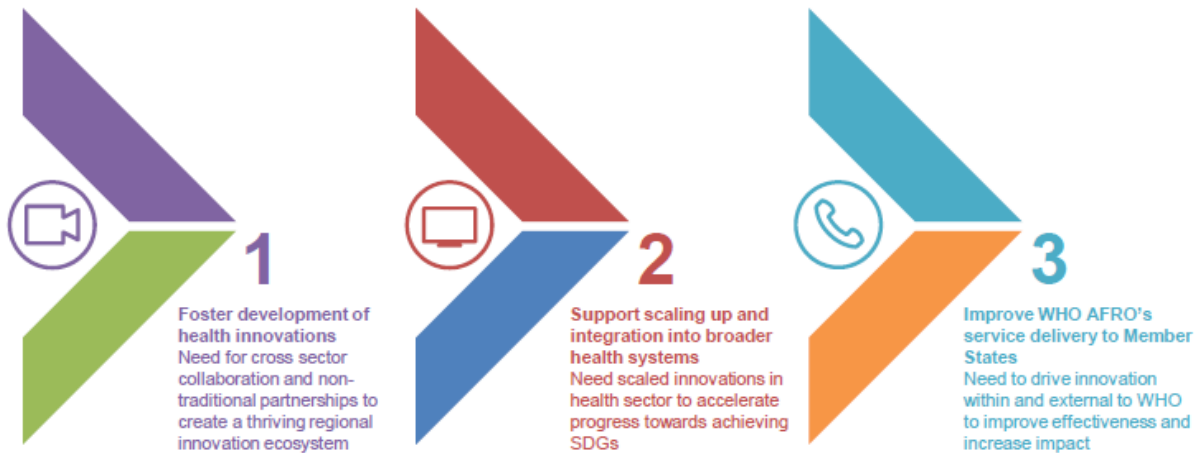


Figure 4: The Strategic Imperative for Innovation

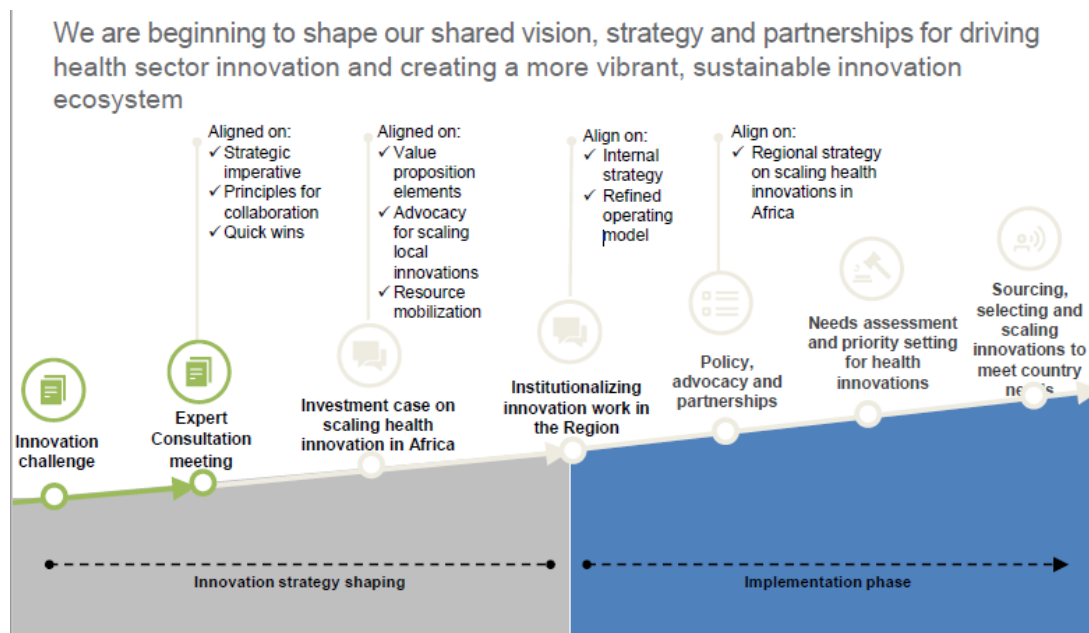


Figure 5: Scaling Health Innovations in Africa

WHO will step up its focus on innovation by playing a key role in shaping the innovation agenda by facilitating scaling of high-impact health innovations to serve the vulnerable communities.

The Regional Director ended her presentation by emphasizing that the key issues in sustainably achieving health goals in the African region are equity and affordability.

Dr. Moeti's full presentation can be found in the **APPENDIX** section, Appendix 4.

The Committee members discussed the following issues:

More information on the functional review of WCOs (i.e., the exercise of making them fit for purpose) was requested by Committee members. If the reviews have been completed, it is requested that elements or a summary be shared.

A general point was made on the use of lessons learned. For example, have the lessons learned on Ebola in Western Africa been well applied to the Democratic Republic of Congo context?

On research priorities:

- It is important to consider the difference between the quantity of persons to whom services have been delivered and actual quality of care.
- There is an issue with Non-Governmental Organizations (NGOs) duplicating the same efforts that we have put forth. This is a huge source of inefficiency and, as such, too many resources wasted. We must work to streamline services and delivery in this area.

In response to the points raised by the AACHRD, the Regional Director provided clarification.

She explained that, if we are going to deliver results, it will be at the country level. Dr. Tedros Ghebreyesus, the Director General of the WHO, also emphasizes delivery in countries. Dr. Moeti stated that there could certainly be improvements in effectiveness and the overall level of expertise in implementation.

In terms of functional reviews, a special team was sent to engage in dialogue with the health ministries of Member States and other stakeholders. The objectives were to assess capacities and gaps in priorities. Dr. Moeti noted that this team probably did not visit academic institutions, which is perhaps a lesson learned in itself. Some of the key issues/areas of focus that came out of the functional reviews include the following:

- (1) Helping the Ministry of Health to manage the health sector was a critical concern. There is still a need for monitoring for this purpose: who is doing what and where?
- (2) UHC and improving health systems;
- (3) Having, producing, analysing, and using data for decision-making;
- (4) If we are to make progress in decentralizing UHC, WHO must be more present at the sub-national level.

Dr. Moeti assured Committee members that some of the lessons learned have been taken on board. One of the big lessons was about engaging communities in a meaningful way, and doing that from the very beginning. However, there were issues with working in opposition territory, as well as serious challenges with security and attacks, including the murder of a colleague. Another big issue she mentioned was that of burials and the cultural vs. public health perspectives around them. Additionally, there was much resentment from other program areas when the focus has stayed on Ebola.

On the question of quality, Dr. Moeti affirmed that the point is absolutely correct. Quality is clearly important. Many countries like to announce free health services, but where is the quality? Yes, the ownership and stewardship role of governments is crucial. The Regional Director asserted that we have to deliver on what we say we are going to do, specifically within the strategies set by the government.

8. Research priorities across the clusters and programs of the regional office

After the discussion on the Regional Office's research priorities, the WHO Secretariat presented AFRO's priorities as they apply across the following clusters and programs:

- Family and reproductive health;
- Health systems and services;
- Non-communicable diseases;
- Communicable diseases;
- Polio eradication;
- Health promotion and social determinants of health; and,
- WHO emergencies programme.

It was noted that these priorities respond to the current priorities of the Regional Director, namely: UHC; family health, particularly adolescent health; health security; and, health innovations. Knowledge translation was also highlighted as a key focus of the Regional Office.

*The Secretariat's full presentation can be found in the **APPENDIX** section, Appendix 5.*

Issues raised for consideration in the discussion of the AACHRD were: (1) how to build on these research priorities to elaborate a comprehensive research agenda; and, (2) how to take the research agenda forward.

The Committee members discussed the following issues:

The AACHRD members expressed concern with what was presented as research priorities from the AFRO clusters. They agreed that the research focus should be on implementation and that, once that is established, the next step is to identify clear criteria. For one, we should be driven by the global burden of disease and the availability of cost-effective intervention. There may be a disease focus here, but it makes more sense to focus on simple, but effective, interventions.

It was noted that the broader frame of malnutrition (to include childhood obesity) is a concern, and that nutrition affects much of what we observe in terms of non-communicable diseases. This should not be neglected in our priorities.

Another key issue is that of multi-sectoral approaches, and how they can be utilized to move the health agenda forward.

HEALTH RESEARCH CAPACITIES IN THE REGION

9. Research Barometer, 2018: Assessment of regional capacities

The WHO Secretariat presented on health research capacities in the African region, captured in the ‘assessment of national health research systems in the WHO African Region’.



All 47 Member States of WHO African Region were surveyed. The results showed there was an overall improvement in strengthening the NHRS. The regional average overall research for health (R4H) barometer score was 0.61 in 2018, compared to 0.42 in 2014. The summary of the results by indicator are shown in the table below.

Objective	Description	% achievement	# of off target
Governance	Valid health research policies, strategic plans, and priority lists	65%	29
	Legislation on R4H	56%	17
	National or institutional ethics review committees	95%	2
	≥ 80% with ethics review committee assessing and providing feedback within 3 months	95%	2
Creating and sustaining resources	Countries with a health research promoting unit within the MoH	59%	16
	Countries with universities/colleges that have a training programme in health research	90%	4
	Countries with a national health research institute/council	72%	11

Producing and using health research	Countries with an R & D coordination mechanism	85%	6
	Each country to increase the number of articles published in peer reviewed journals by at least 30%	30%	Data on peer review articles not provided
	Countries with a knowledge translation platform	59%	16
Financing	Countries that have a dedicated budget line for R4H	62%	15
	Countries investing at least 2% of the national health budget in R4H	8.2	22
	Countries investing at least 5% of health sector development assistance in R4H	4.2	23
	Countries regularly tracking R4H spending from all sources	95%	2

Table 2: Summary of the key indicators of achievements in the four areas

The key issues from the assessment were:

- Gaps in country oversight and stewardship of health research
 - Policies/strategies
 - Legislation guiding research
 - MoH/Government dedicated research units
- Harmonization of budgets for research activities
 - Public sector budget allocations inadequate
 - Primarily project focus of funding
- Poor knowledge translation platforms
 - Few tools used (research/policymaker meetings)

The Committee members discussed the following issues:

AACHRD members highlighted the need for methods used in the barometer assessment to be advanced further. Many of these need to be implemented. If the research agenda is indeed implemented in countries, then does that translate to more publications? And do these publications include human or social sciences?

The point was also made that this type of approach is useful in measuring political will. In countries, budgets are a forecast – when one digs deeper, we realize that the money is not always there. Often, this is a budget for which to mobilize resources, instead of a budget that is earmarked from the resources of the country. Therefore, it would help to make the indicators evolve in the direction of results, as opposed to intentions. This also highlights the need for more funding for research in general.

Following up on earlier discussions about who sets the research agenda, Committee members affirmed that the barometer shows that donors do indeed decide.

AACHRD members were curious about the verification process involved in this assessment. It was suggested that learning more about it would help to avoid discrepancies between research and the domains covered by such research. For example, health-related research may very well be captured by other ministries as it connects to their work (i.e., cross-cutting areas).

When decisions and recommendations emerge from such assessments, they must translate to reality for the tool to have served its purpose.

Overall, the research barometer was well received as a positive starting point, but it was noted that many of the indicators are extremely prone to different interpretations. It was suggested that much more emphasis be put on outcomes. Process indicators were deemed not as effective as outcome indicators.

Finally, Committee members restated the importance of raising the visibility of the barometer for countries to debate, argue, and make recommendations. From there, a mechanism for the dissemination of such recommendations could be developed.

10. AFRO collaborations for coordinating research capacities

The WHO Secretariat presented on AFRO collaborations for coordinating research capacities of the region. Collaborations were highlighted at 3 levels:

- Regional Institutions
The **African CDC** works on operations engagement, primarily in emergencies.
NEPAD focuses on policy dialogue and regulation.
- Research Consortia
WHO/TDR provides small grants for young researchers, sets a research agenda, and engages in capacity building on implementation research.
EDCTP provides small grant for young researchers, does clinical studies for product development, and builds research capacities.
EVIPNet sets up platforms for knowledge translation.
The Cochrane Africa Network is building up a bank of policy briefs to address health questions and issues in the region.
CDC works on laboratory surveillance (polio & immunization).
AfHEA builds capacity for young scientists and works on knowledge translation.
TIBA works on strengthening national health research systems.
- Funding Partners
BMGF is providing support on a knowledge translation project (health policy briefs).

The **British Government** provides program support – e.g., with ‘Tackling Infectious Diseases in Africa’ Program, as well as the improvement of the African Health Observatory. The **Japanese Government** offers such award opportunities as the Hideyo Noguchi Africa prize.

The **U.S. Government** provides project support, primarily in RMNCAH.

The issues with current collaborations centre primarily on the nature of engagement and issues with financial relationships:

- Nature of Engagement
 - Formal (signed contracts based on specific tasks)
 - Semi-formal (through MoU)
 - Informal arrangements
- Issues of Engagement
 - Absence of research agenda
 - Weak research infrastructure in the countries
- Financial Relationships
 - Low funding from Member States
 - No investment case for research

The Committee members discussed the following issues:

The AACHRD members noted that collaborations with universities were not made explicit in this presentation. Universities, as knowledge-producers, are the ones who benefit from doing research. If the relationship were nurtured, it could be a mutually beneficial situation. It was suggested that WHO involve PhD students from countries (as well as from abroad). For this to occur, there is still a need to strengthen local capacity. There is technically an enabling research environment; however, someone needs to benefit from it in the long run.

Following this line of thought, it was stated that research from universities should be aligned to the problems that health ministries want to solve. The ministries must communicate with universities so that the research leads to the outcomes needed by states. It was implied that this is an area for negotiation where great compromise can be achieved.

The issue of senior researchers becoming data collectors was raised, with the main culprit being the way in which streams of funding drive how scientists in Africa are participating in the continuum of research and development. The funding is limited; therefore, the conditions in research arrangements are affected. It becomes difficult for researchers to negotiate because they do not control the funding. One suggestion was that regulations be established to limit these types of relationships. Moreover, best practices could be documented moving forward.

On the topic of the regulation of research in Africa, North-South partnerships were discussed, as well as the idea of sharing data within the region itself. Certain regional economic blocks were highlighted as lagging behind, demonstrating the need for much more to be done beyond the eight centres of excellence already existing in Africa. It was mentioned that, today, some countries even generate research agendas within policy documents, a practice for which no legal backing exists.

It was suggested that, instead of focusing on influencing regulation, mechanisms for increasing demand for research be invested in and established instead.

- One idea was to create a yearly research prize for each country. This would necessitate discussion between the countries' WRs and MOHs on what would be appropriate given each context.
- WCOs could convene meetings to discuss priority-setting on research. EVIPNet was suggested as a potential partner for this endeavour.

Committee members stated that many mechanisms exist for reaching out to researchers in the region, but that efficiency in engagements is lacking. The WHO collaborating centres (WHOCCs) and other partnering initiatives exist, but the space is rather crowded. In the face of this large field, how can the AACHRD and WHO increase efficiency in engagements? A clear collaboration framework is needed as guidance.

To address the donor issue, it was suggested that the group take advantage of the story of "Africa Rising." Why not establish contact with the millionaires or billionaires of this continent? They understand our unique circumstances. A conversation at home, with African people needs to take place. They might be open to the possibility of funding research as long as there is a clear research agenda.

On the issues of the research agenda and framework of engagement, Committee members agreed that these should stand out in their recommendations to the Regional Director. What kind of facilitative role can they have in terms of engagement?

- The group appointed the following AACHRD members as a working group sub-unit to contribute to the development of the agenda and the collaborative framework to guide engagements in the region: Professor Salim Abdulla, Professor Modest Mulenga, Professor Fatou Sarr, Professor Charles Wiysonge, Professor Pascal Bovet.

Relating to the point above, Committee members discussed the possibility of hosting an annual research consultative forum to showcase the best research in the African region.

Financing and data management were cited as integral to the great complexity of the African situation on research. Because of the lack of data privacy and anonymity, African researchers are not always able to access certain databases in their own countries. This lack of ownership of African research products is a serious issue.

The significance of building knowledge translation platforms with academic institutions was highlighted. Good recommendations are expected to emerge from these.

Finally, strategic partnerships and financing at the country level were discussed. It was stated that key topics of governance and research could be addressed based on the discussions of the AACHRD on the research barometer.

In response to the points raised by the AACHRD, the WHO Secretariat provided clarification.

On what can be built further together, it is clear that we need to know the exact nature of, and parameters for, our collaborations. It was acknowledged that engagement with universities certainly requires more work, and in this respect is a missed opportunity. The Regional Director suggested that WHO can perhaps play a role in connecting ministries of health – with whom the Organization work closely on a daily basis – with universities. We will have to reflect on how ministries may engage differently. It is true that funders have their ways of working that are well established; however, how can they be influenced? And how can ministries remain aware of what funders are doing? What can be the facilitative role? How can that link be better established in this complex environment? It can all start with the relationships that we already have.

Collectively, we could search for different ways to address the raised issues from within the programmes. One of the WHO's challenges is incorporating this perspective into how we define our work – how does this contribute to the utility of what we're doing? There is a need to build the understanding that part of doing this work is the process of learning, which ultimately improves results.

It was affirmed that additional funding can certainly be raised for the purposes discussed by the AACHRD.

The Regional Director noted that, in many countries, national health fora exist, but that we could expand them to include a day on research and evidence.

AACHRD DELIBERATIONS

11. Overview of AACHRD roles and responsibilities

a) Are these roles and responsibilities sufficient in guiding the Regional Director on health research and innovations in the African Region?

The main points of discussion were the following:

There is a need for further clarification on the methods of work, including on communication outside the annual meeting.

- It was agreed that the annual face-to-face meeting would take place in June, in addition to two other meetings via Zoom or a similar online medium.

The WHO Secretariat will share a few documents, including the WHO Declaration of Interests and a Confidentiality Agreement for all Members to sign after this meeting.

It was decided that sub-committees within the AACHRD would be created in order to address key issues that have emerged from this meeting's discussions, namely: (1) foresight exercises; (2) the research agenda and framework for engagement; and, (3) the one-year work plan and expectations for the Committee.

Committee members suggested the use of Google Docs to share the documents that they are developing with each other.

On functions of the AACHRD: Committee members wondered whether there was a need to emphasize capacity support for research at local and national levels. Should Committee members provide such support as part of their TORs? There was some disagreement, and most affirmed the need to focus more on their role as advisors on research priorities.

Another question that was raised involved the scope of their advisory role. Is the AACHRD advising the Regional Director in terms of issues affecting the entire region, or specifically for Member States? They asked for clarity on what the Regional Office will do with the advice that is being provided, so that the Committee may deliver on their mandate effectively and appropriately.

- The WHO Secretariat clarified that the advice is to AFRO on how to get better results in the region (the final impact of doing this work), beyond merely the types of research that can be conducted.

b) What other roles can the AACHRD play to enhance WHO AFRO leadership in health research?

The Committee members deliberated on the following:

The importance of providing capacity support to countries, to ultimately improve their national health research systems.

It was suggested that the Committee write a position paper that can be made publicly available, on the key issues that may require the attention of other stakeholders.

- In response to this, it was proposed that – given the role of the AACHRD as advisors to the Regional Director – the position paper come from the RD as the main author, but that the Committee provide the necessary inputs and support.

Another proposal was to develop a series of papers in a Journal, as an interesting way of influencing and starting dialogue on important research-for-health issues in the region.

The Committee members highlighted the significant role of advocacy in this work. For example, the research barometer assessment could strategically be shared with colleagues and influential contacts of the AACHRD members.

- Some of the Committee members are already involved in research with WHO and globally; therefore, this could be an interesting opportunity to leverage themselves to advance the research agenda upon which they will agree as a Committee.

Ways to elicit demand for research – to have a more active forum for engagement – were also discussed, including meetings and discussions that would systematically raise issues on which people can dialogue.

It was suggested that a mechanism be created to invite different stakeholders to discuss key research issues and produce a report as a result. When the recommendations are published, the results would read as such: “This is the consensus for the African Region ... and the following are the actions that will be taken next ...”

The Committee discussed the promotion of partnerships, as well as the revitalization of the AACHRD website.

- It would be useful to have people collaborate on particular areas;
- It was proposed that the website be more than a simple repository, but rather a place from which to create a community, while also being careful not to encroach on the territory of the actual repositories.

It was asked whether a society that brings together researchers on health exists. If not, Committee members affirmed a need for this. This would allow space to improve on things that have been worked on.

- The WHO Secretariat clarified that an African health research forum does exist, and that two sessions have already taken place (every two years).

Significantly, it was noted that speaking space on research is indeed available in the region, but that the key to impact is to make strategic use of it. Let us not create another forum, but rather tap into the existing platforms to further the agenda; otherwise, it would create financial and coordination issues.

- A Committee members shared that the African Academy of Sciences will start an annual meeting, as well as smaller disease-specific meetings.
 - It was made clear that there is a need for the AACHRD and WHO, as a group, to supplement what the Academy of Sciences does, to make it more inclusive for all countries, regardless of capacity. In countries with weak capacity, support and guidance are sorely needed. The group should help to stimulate activity in the places that are lagging behind.

Finally, Committee members highlighted the importance of determining exactly what their priorities are as the AACHRD, and what they plan to achieve.

12. Reflections on the AACHRD functioning

- a) How will its roles and responsibilities be achieved?**
- b) What other mechanisms could AACHRD engage to deliver on its roles and responsibilities?**

The Committee members decided that, to answer these questions, they would set up another working group that will be led by the Chair. The focus will be on the AACHRD's work for the next three years, as well as their one-year work plan for the first year.

13. AFRO research priorities

- a) How can WHO AFRO influence research priorities and agenda in the African Region?**
- b) Are WHO AFRO research priorities relevant for the Region?**

The main points of deliberation were the following:

The process of developing a consensus on the research agenda must be clearly delineated. What should we actively suggest?

- A question for the WHO Secretariat: do we know from the different countries with a prioritized agenda what most countries would find appropriate?

On research priorities: it would be useful to work through a tool to ensure that the Committee is doing what is appropriate. Is there a validated process for setting priorities that is already in place? If so, the AACHRD should use it. It was suggested that the priorities be defined as **F**easible, **I**nteresting, **N**ovel, **E**thical, and **R**elevant (FINER).

On funding for research: Committee members discussed a WHA recommendation made a few years ago for a fund to be set up for diseases that disproportionately affect low-income countries, and for a global health observatory to be established. Where is this fund today?

- The fund was ultimately abandoned. TDR had detailed mechanisms on how to manage it, which were very promising; however, it was hypothesized that funding the fund may have been part of the problem.

It was noted that an important issue with influencing research priorities is that of population ownership. Instead of strictly influencing, perhaps the AACHRD should promote what local institutions are trying to pursue, and even conduct an inexpensive survey on what countries look for in terms of research. A Committee member warned others not to step on the toes of the MOH, as they will then never implement anything with that research.

- The importance of locally tailored solutions was highlighted. It will be key to analyse what is a clear priority for almost everyone, and start there.

One of the first priorities is to have a robust research agenda before discussing the funding aspect. Moreover, this research agenda would not be for WHO, but rather for the African region. When it is said that WHO AFRO “influences,” this really means as a body working for the African region.

- The WHO Secretariat emphasized the Organization’s desire for the research agenda to be driven by Member States, instead of by donor priorities.

It was discussed that in at least one country, there exists a national health research authority that sets guidelines that must be adhere to by any individual or entity conducting research in the country. They have set material transfer agreements and a local primary investigator must be a part of any research team. Certain conditions have to be fulfilled before the authority accepts their research work.

- Perhaps this could be a model for other countries, in terms of regulation and country ownership of research.

Committee members agreed that the kind of research is to be determined based on what countries and populations need. In most countries, the control mechanisms for research are beginning to be put in place. Some questions that arose during this deliberation included the following:

- What kinds of issues have consensus in the sub-regions of Africa?
- What are the points of convergence in the different spaces?
 - E.g., diseases that are most susceptible to affect the attainment of the SDGs and UHC.

Some Committee members cautioned against the use of the term “regulation.” Regulated research leads to poor results, particularly given the specificity and diversity of research problems. Rather,

it would be wiser to create a climate that promotes the intended research, instead of controlling the research.

The Regional Director responded by saying that, internally, the WHO Secretariat should look again at the research priorities proposed by AFRO colleagues in the different clusters. This merits to be re-examined. At the same time, there are countries that have clearly articulated their research priorities in the barometer. She suggested that the group consider issues that have emerged in the course of conducting research. On the context of resource gaps, Dr. Moeti agreed that the research should not be guided by money, and asserted that we must also not stifle research by regulatory constraints that are too rigid.

14. Health research capacities in the region

- a) How can health research capacities be enhanced in the Region?**
- b) How will the AACHRD guide the Regional Director on filling the research capacity gaps identified from the national health research survey/barometer?**

The main points of deliberation were the following:

The AACHRD declared its intent to promote a culture of science, where populations actively want to have facts and figures on health issues in countries and in the region.

Committee members acknowledged that it is impossible to federate and regulate the people responsible for research in all domains that touch on health.

It was suggested that research activities make very clear how they benefit the country or countries in question.

Committee members highlighted the importance of qualitative research. The results of this research help to explain what is observed in quantitative research.

It was noted that progress has been made in research on the continent. There are now more universities, more schools of science, etc. This leads to a few important questions:

- How do we include refinement around the quality of research being conducted?
- How do we find the most appropriate niche for innovation in research in Africa?
- How do we create synergies at the country level, sub-regional, and regional level, so that people produce more and better research?
 - The Committee expressed its intention to create conditions to enable this further progress.

The Committee members expressed their interest in working more closely with the African Academy of Sciences. They stated that the group needs to set more challenging questions to the

Academy. How do we ensure that we have all the conditions, tools, and mechanisms for fair partnerships in research?

It was highlighted that, today, most people look to WHO for guidance in designing programs and interventions. The request from countries is for WHO to assist them to tailor the recommendations better at the delivery level. The work of the AACHRD is to address issues where they do not get direct guidance.

The AACHRD members raised the following recommendation: to expand the barometer in order to obtain more granular information. They suggested doing more cross-tabulation to answer their barometer-related questions.

Finally, they declared that, as long as the AACHRD and WHO have a clear strategic direction and mechanisms, they can get a strategic program properly implemented together in Africa today.

15. Monitoring and evaluation of the AACHRD and its contribution to health research in the region

The Committee members deliberated on the following:

The appropriateness, timeliness, and relevance of the advice of the AACHRD.

- It was agreed that the Committee members can set definitions for the first two, while the RD and WHO Secretariat can help guide the third.

The Committee members suggested looking at what they plan to do in the next few years to help determine their progress.

A suggestion was made for each member of the Committee to share what they consider to be a success for the AACHRD.

It was reiterated that the advisory Committee's role is to advise the RD and WHO Secretariat. Those ideas must be taken forward and implemented now. The group now has a joint purpose and common accountability for the success of the Committee.

A recommendation was made to review the previous work of the Committee, and evaluate success and what remains to be completed.

It was asked whether WHO has received feedback from people in countries, so that the relevance of the Committee's work is more clearly understood.

In terms of the priorities in the Regional Office, the AACHRD members wanted to know how the programs/clusters generate their respective priorities.

- The WHO Secretariat clarified that the programs were not asked for priorities without context; rather, AFRO provided guidelines for them to identify their priorities.
- From this, it was suggested that the group working on the research agenda inform the Secretariat on how best to support these priorities. The Committee also requested that the Secretariat return to the clusters and ask them how they prioritized.

The AACHRD stated that the group needed to start afresh to generate the research priorities. They asked for additional information from the Regional Office, as well as noting that there is a need to get as much as possible from countries. This would not be comprehensive, but would get the Committee closer to the most important information.

It was noted that cross-cutting analysis is missing in the priorities as they were presented; the systems and equity perspectives were identified as missing as well.

The Committee members suggested that other colleagues be included in the process. Perhaps the monitoring and evaluation can address what has been shared with others to make sure that it is being implemented.

It was made clear that the framework to guide engagement will go a long way in developing research capacity in countries.

Finally, it was agreed that M&E will fall to the working group focused on the overview of AACHRD roles and responsibilities.

CLOSING

16. Setting the Date for the 34th AACHRD meeting

The AACHRD proposed that the 34th session of the Committee will be held in June 2020 in Equatorial Guinea.

17. Chair's Remarks

The Chair, Dr. Senkubuge, congratulated the reconstituted Committee, commending them on the important work that had been accomplished during this two-day meeting.

She touched on the significance of the discussions and deliberations on the advisory work that the AACHRD does to help improve health research and outcomes in countries, and encouraged the group to remain focused as a Committee and as the sub-committees that were created.

The Chair noted that a lot had been achieved by the AACHRD, with the research barometer being a case in point. She asserted that this will be a key document in years to come.

Dr. Senkubuge briefly discussed the recommendations around research priorities – mainly the development of the research agenda – and the issues surrounding research capacity. She also brought the Committee's attention back to the critical importance of engaging in advocacy for research for health.

The Chair then thanked the Regional Director for dedicating two full days of her time to this. It was a clear indicator of her commitment to research. Addressing Dr. Moeti directly, Dr. Senkubuge said that the AACHRD will aim to give her good advice and want this to be a flagship in the work that the Regional Office is doing.

The Chair ended her remarks by thanking all of her AACHRD colleagues for their contributions. She expressed conviction that much of the discussed work will happen, particularly the items assigned to the sub-committees. Acknowledging the late Professor Bongani Mayosi, Dr. Senkubuge affirmed that she had stepped into giant shoes. She shared that she looked forward to continuing to work with this new AACHRD, and noted that it is never an easy task to chair a group of colleagues from around the world, with so much diversity of experience, speaking so many different languages. Finally, she thanked the meeting organizers and the interpreters.

18. AACHRD Recommendations to the Regional Director

The newly appointed AACHRD Secretary, Dr. Dorcas Kamuya, presented the Committee's recommendations to the Regional Director.

She started by recognizing the following:

- The WHO second core function: “**shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;**”²
- The aim of the 2016-2025 African Research for Health Strategy: “**to foster the development of a functional Health Research Systems (NHRS) that generates scientific knowledge for developing technologies, systems and services needed to achieve Universal Health Coverage;**”³ and,
- The WHO AFRO resolution, whereby Member States were called upon to “[a]llocate at least 2% of national health expenditures and at least 5% of external aid for health projects and programmes in health research and capacity building.”⁴

The AACHRD Secretary then presented the following recommendations:

Leadership and governance in health research

- Recommendation:
 - WHO AFRO to raise platform and foster the culture of research in the region.
- Action points:
 - Develop a collaboration framework to guide engagement with stakeholders.
 - Set up the 3 standing committees:
 - Work Plan Committee: AACHRD roles, functioning, work plan, and M&E;
 - Foresight & Innovation Committee: innovation, GPW13, and Transformation Agenda; and,
 - Research Agenda Committee: research agenda, priorities, and collaborative framework.

Strengthening national health research systems

- Recommendation:
 - Monitor and evaluate the implementation of the regional strategy of research for health through the research barometer/assessment.
- Action points:
 - Introduce performance and quality indicator to the barometer;
 - Promote intra-country and regional learning based on the results of the barometer;
 - Disseminate the results of the barometer; and,
 - Support WHO country offices to convene stakeholder dialogues for health research at the country level in line with the focus on data and evidence (e.g., the African Academy of Science, academic bodies, economic bodies, AU).
 - Stimulate research throughout the region (e.g., annual fora).

² WHO. The Role of WHO in Public Health. Available online as: <https://www.who.int/about/role/en/>.

³ WHO 2015. The Regional Committee for Africa (AFR/RC65/6). Research for Health: A Strategy for the African Region, 2016-2025. Report of the Secretariat. Available online as: https://www.afro.who.int/sites/default/files/sessions/documents/afr-rc65-6_-_research-for-health---a-strategy-for-the---af.pdf. Accessed on 14th October 2019.

⁴ Ibid.

Research priorities

- Action point:
 - Establish internal priority-setting mechanisms (e.g., processes, tools).

Following her presentation, Dr. Kamuya opened up the floor to her AACHRD colleagues for comments and feedback:

- In the collective work of the AACHRD and WHO, there is a need to assess the etiologic situation, especially when we speak of implementation.
- It was asked whether the AACHRD should get involved with the meeting of the African Academy of Sciences? Perhaps it would be wise to plan something alongside the meeting; it was suggested that an event be planned immediately before the AAS meeting, so that the AACHRD can publish its findings before its 34th session in June 2020.
- The inclusion of the notion of fostering a culture of research and science was reiterated.
- Committee members suggested adding the concept of “evidence-based” to all ideas relating to knowledge and results; likewise, “cost-effective” and “affordable” should accompany references to implementation and intervention.
- Finally, it was noted that, when discussing UHC, we should focus on “research for health,” not just health research. It is important to make this multi-disciplinary perspective more visible.

The Chair closed the recommendation session by thanking the WHO Secretariat, the Regional Director, and the WR for the Botswana Country Office.

19. Regional Director’s Closing Remarks

The Regional Director delivered closing remarks for the 33rd session of the AACHRD [in French].

Dr. Moeti began by thanking the Chair, members of the Committee, and the WHO Secretariat. She expressed her satisfaction at the great productivity of this meeting, and shared that this new group and its energy and enthusiasm inspires her.

She told participants that she looks forward to the direction in which their collective work seems to be going, as this work is a huge priority for the Regional Office.

Dr. Moeti thanked the Committee for all of the work that has been accomplished in the past by the AACHRD, recognizing that, with few resources, they have made many things progress.

The Regional Director went on to say that, given the challenges in health systems, the WHO’s global and regional work has been more biased toward implementation, but there is a need for the Organization to focus much more on the evidence that comes to it from countries.

Dr. Moeti thanked the new AACHRD members for agreeing to be a part of this Committee and for all that has been done so far. She also thanked her colleagues at the Secretariat for mobilizing these amazing Committee members. Dr. Moeti told everyone that, looking at the Committee members' profiles, listening to the quality of the discussions, and appreciating the variety of ideas, she is very inspired by all of the experience that they represent and the insights that they have shared.

The Regional Director said that she is truly looking forward to working with this group for the next three years, and affirmed her view that we have the collective capacity to innovate and generate new ideas on how to work moving forward. The outputs generated by the work of the AACHRD will definitely advance the WHO's work in the African region. She thanked them again for their engagement, work, and wonderful ideas.

Dr. Moeti assured Committee members that the WHO will do its best to take on the AACHRD's ideas. She explained that the AFRO already mobilized colleagues beyond those who are used to working on these issues, for example, the Communications team from the Regional Office. We have a small but mighty group to make sure to disseminate information after this meeting. They will use social media to show everyone that this Committee has been relaunched with a clear agenda. Dr. Moeti called for WHO to mobilize itself to follow the work of the AACHRD, and urged the Committee to keep chasing her for them to remain engaged together in this discussion.

She told participants that she was glad that the location of the 34th session was decided, but reminded them that virtual meetings will be set before then.

The Regional Director noted that it was unfortunate that some of the Committee members were not able to attend this meeting, but that they will be briefed later.

Finally, she thanked all of the colleagues who have helped to prepare this meeting, WR Botswana, Secretariat from Brazzaville, Congo (AFRO) and Harare, Zimbabwe (IST/ESA).

Dr. Moeti declared this meeting a great success, reiterated her feeling of inspiration, and asserted the need to allocate the appropriate resources to this very important work. She thanked everyone once more, wished them safe travels back home, and promised the group to keep in touch and follow up.

The Chair, Dr. Senkubuge, then officially closed the meeting.

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APPENDICES

Appendix 1. Meeting Agenda

October 14, 2019

TIME	ACTIVITY	RESPONSIBLE
08.30-09.00	Registration	
	Session 1 Official Opening	
09.00-10.30	<ol style="list-style-type: none"> 1. Welcome remarks and introduction of 33rd AACHRD 2. Administrative and security briefing 3. Regional Director's opening remarks and introduction of the new AACHRD officials 4. Group Photo 	WR, Botswana RSUM/FSO Regional Director
10.30-11.00	Coffee Break	
	Session 2 Reflections on the AACHRD	
11.00-12.30	<ol style="list-style-type: none"> 1. Progress and issues with AACHRD so far 2. Status of recommendations of the 32nd AACHRD 3. Discussion (1 hour) 	HIK
12:30-14:00	Lunch	
	Session 3 AFRO research priorities	
14:00-16:00	<ol style="list-style-type: none"> 1. Priorities of the regional office 2. Research priorities across the clusters and programs of the regional office 	Regional Director ORD
16:00-16:30	Coffee Break	
16:30-17:00	Clarifications	HKM

October 15, 2019

TIME	ACTIVITY	RESPONSIBLE
	Session 4 Health research capacities in the Region	
08.30-09.30	<ol style="list-style-type: none"> 1. 2018 research barometer: Assessment of regional capacities 2. Discussion 	HKM

TIME	ACTIVITY	RESPONSIBLE
09.30– 10.30	<ol style="list-style-type: none"> 1. AFRO collaborations for coordinating research capacities 2. Discussion 	HIK
10.30-11.00	Coffee Break	
	Session 5 AACHRD deliberations	
11.00-13.00	<ol style="list-style-type: none"> 1. Session 1: Overview of AACHRD roles and responsibilities <ol style="list-style-type: none"> a. Are these roles and responsibilities sufficient in guiding the Regional Director on health research and innovations in the African Region? b. What other roles can the AACHRD play to enhance WHO AFRO leadership in health research? 2. Session 2: Reflections on the AACHRD functioning <ol style="list-style-type: none"> a. How will its roles and responsibilities be achieved? b. What other mechanisms could AACHRD engage to deliver on its roles and responsibilities? 3. Session 3: AFRO research priorities <ol style="list-style-type: none"> a. How can WHO/AFRO influence research priorities and agenda in the African Region? b. Are WHO AFRO research priorities relevant for the Region? 4. Session 4: Health research capacities in the region <ol style="list-style-type: none"> a. How can health research capacities be enhanced in the Region? b. How will the AACHRD guide the Regional Director on filling the research capacity gaps identified from the national health research survey/barometer? 5. Monitoring and evaluation of AACHRD and its contribution to health research in the region 	AACHRD Chair
13:00-14:00	Lunch	
	Session 6 Closing	
14.00 – 15.30	<ol style="list-style-type: none"> 1. 33rd AACHRD recommendations to the Regional Director 2. One-year work plan and expectations 3. Date of 34th AACHRD meeting 	AACHRD Chair
15.30 – 16.00	Closing remarks	Regional Director

Appendix 2. Members of the AACHRD

		Institution	Contact Email	Country
CONTINUING MEMBERS	MEMBERS WHO ATTENDED THE 33RD AACHRD			
	Salim Abdulla	Ifakara Health Institute	sabdulla@ihi.or.tz	Tanzania
	Modest Mulenga	Tropical Diseases Research Centre	m.mulenga@hotmail.com	Zambia
	Jean de Dieu Rakotomanga	Ministry of Health, Madagascar (Secretary General)	rktjdm@yahoo.fr	Madagascar
	Pierre Ongolo	Center for the Development of Best Practices in Health, Yaoundé Central Hospital, Faculty of Medicine and Biomedical Sciences	pc.ongolo@gmail.com	Cameroon
	Flavia Senkubuge	African Federation of Public Health Associations (AFPHA)	flavia.senkubuge@up.ac.za	South Africa
NEW MEMBERS	Charles Shey Umaru Wiysonge	Centre for Evidence Based Health Care, Stellenbosch University, South Africa	charles.wiysonge@mrc.ac.za	Cameroon
	Pascal Bovet	Ministry of Health, Seychelles	bovet.pascal@gmail.com	Seychelles
	Dorcas Kamuya	KEMRI-Wellcome Trust Research Programme, Health Systems and Research Ethics	dkamuya@kemri-wellcome.org	Kenya
	Augustino Ting Mayai	School of Public Service, University of Juba	augustino.ting@gmail.com	South Sudan
	Fatou Sow Sarr	Institut Fondamental Afrique Noire, Cheikh Anta Diop University	fsarrsow@gmail.com	Senegal
MEMBERS WHO DID NOT ATTEND THE 33RD AACHRD				
CONTINUING MEMBERS	Tumani Corrah	Africa Research Excellence Fund	tumani.corrah@aref-africa.org.uk	Gambia
	Francine Ntoumi	La Fondation Congolaise pour la Recherche Médicale (FCRM)	fntoumi@ferm-congo.com ; francine.ntoumi@uni-tuebingen.de	Congo
	Tewabech Bishaw	Ethiopian Public Health Association	bishawtewabech@yahoo.com	Ethiopia
	Portia Manangazira	Epidemiology & Diseases Control, Ministry of Health & Child Welfare	pmanangazira@yahoo.com	Zimbabwe
NEW MEMBERS	Margaret Gyapong	Institute of health Research, University of Health and Allied Sciences, Ho	mgyapong@uhas.edu.gh	Ghana
	Seni Kouanda	Institut africain de santé publique	senikouanda@gmail.com	Burkina Faso
	Mahmood Mamdani	Makerere Institute of Social Research	director@misr.mak.ac.ug ; mm1124@columbia.edu	Uganda
	Freddie Sengooba	Health Policy and Systems Management, Makerere University School of Public Health	sengooba@musph.ac.ug	Uganda
	Obinna Emmanuel Onwujekwe	Department of Pharmacology and Therapeutics, College of Medicine, University of Nigeria	obinna.onwujekwe@unn.edu.ng	Nigeria
	Abdoulaye Djimé	Molecular Epidemiology and Drug Resistance Unit, Malaria Research and Training Center, Department of Epidemiology of Parasitic Diseases, Faculty of Medicine, Pharmacy and Odonto-Stomatology, University of Mali	adjimde@icermali.org ; adjimde@yahoo.com	Mali

Professor Fatou Sarr Sow

Professor Fatou Sarr Sow is Senior Lecturer at Fundamental Institute of Black African (Institute Fondamental de l'Afrique Noire) (IFAN) in Cheikh Anta Diop University in Dakar, where she directs the Scientific Research on Gender and Science which she created in 2004. Before joining the Cheikh Anta Diop University of Dakar in 1999, she taught at the University of Our Lady of Peace in Namur, Belgium, and at the National School of Social Workers of Dakar.



Professor Sow is also a gender specialist in UN agencies for the training, evaluation and development of gender programs in 15 African countries.

She holds a doctorate in Anthropology and Sociology of Politics from Paris VIII University, a doctorate in Social Work / Social Policy from Laval University, a Drug Enforcement Administration (DEA) in Environmental Sciences from the University of Dakar and a Master in Economics of Development of Aix Marseille II Faculties.

Professor Sow is the author of several books and articles on women's entrepreneurship, the transformation of power relations and political struggles in Senegal as well as resistance of women in Africa. She has conducted extensive research in Senegal and the sub-region. She is Knight of the National Order of the Lion. She was nominated as a leading educator in 2008 by Forum for African Women Educationalists (FAWE), a title awarded to only ten female educators who contribute to the promotion of education in Africa.

Pierre Ongolo-Zogo



Pierre is a leading health systems researcher in the African nation of Cameroon. He studied in the Health Policy PhD program at McMaster University during 2012 as part of an exchange program with Makerere University in Kampala, Uganda. His thesis is focused on evaluating initiatives to support evidence-informed health policymaking in Cameroon and Uganda. Pierre holds a medical degree from Université Poincaré, in Nancy, France, a fellowship in radiology and medical imaging at Université C. Bernard in Lyon, France, and an M.Sc. in biomedical engineering from

Université J. Fournier in Grenoble, France.

He is also founder and director of the Center for Development of Best Practices in Health, and chief of radiology and the medical imaging unit, at Yaoundé Central Hospital, and an Associate Professor, Faculty of Medicine and Biomedical Sciences, at the University of Yaoundé I. He is supported through the International Development Research Centre (IDRC) International Research Chair in Evidence-Informed Health Policies and Systems, which is held by Nelson Sewankambo (Makerere University) in partnership with John Lavis (McMaster University).

Obinna Onwujekwe

Obinna E. Onwujekwe is Professor of Health Economics and Policy and Pharmacoeconomics in the Departments of Health Administration & Management and Pharmacology and Therapeutics, College of Medicine, based in University of Nigeria.



Onwujekwe qualified as a medical doctor from University of Nigeria and later obtained a MSc in Health Economics. He obtained a Certificate in District Health Management from the Swiss Tropical Institute Basel. He then proceeded to the United Kingdom where he acquired a PhD in Health Economics and Policy from the London School of Hygiene and Tropical Medicine.

Onwujekwe was a member of a DFID-funded Consortium for Research on Equitable Health Systems (CREHS) from 2006 to 2010. He was also a member of the European Commission-funded Eval-Health project from 2011 to 2014. He was also the Dean in the Faculty of Health Sciences and Technology at UNN between August 2012 to July 2014; and the Head of Department of Health Administration and Management between 2005 and 2012.

Since 2007, Onwujekwe has served as a Director at the West African Health Economics Network (WAHEN). He has also been the National Coordinator of the Nigerian Malaria Control Association (NaMCA) from 2009; the President of the Nigerian Health Economics Association (NiHEA) since 2010; and the Chairman of the University of Nigeria Senate Research Grants Committee since 2014.

Onwujekwe conducts research on health economics – especially looking at the impact of the stigma of HIV/AIDS in Nigeria on the willingness to access anti-retroviral drugs, and malaria prevention strategies. His work has been important in informing international aid agencies such as DFID's aid agencies.

Salim Abdulla



Dr Salim is co-chair of VCAG since November 2018, member since 2017, Principal Scientist, Ifakara Health Institute, Tanzania

Dr Salim Abdulla is a Clinical Epidemiologist and former Chief Executive Director of the Ifakara Health Institute (IHI). He serves as member in various technical and advisory committees at national and international level including the African Advisory Committee on Health Research and Development of the WHO Africa Region. Current work is focused on evaluation of new interventions for malaria including diagnostics, insecticide treated nets, drugs and vaccines, conducting field trials from Phase I to Phase IV. He leads the malaria clinical trials programme at IHI with work in Tanzania and Equatorial Guinea. He also has interest in the translation of research results into policy, clinical epidemiology and capacity development issues. He has published extensively on malaria and received the centenary medal of the UK Royal Society of Tropical Medicine and Hygiene and the Donald Reid Medal from the London School of Hygiene and Tropical Medicine for contributions in epidemiology and malaria control.

Professor Charles Shey Umaru Wiysonge

Professor Wiysonge is the Director of Cochrane South Africa, the South African Cochrane Centre, at the South African Medical Research Council. The vision of Cochrane South Africa is that healthcare decision-making within Africa will be informed by high-quality, timely and relevant research evidence. He is also a Professor in the Department of Global Health at the Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa. Professor Wiysonge was previously the Deputy Director of the Centre for Evidence-based Health Care, Head of the Knowledge Translation Unit, and Head of the Implementation Research Regional Training Centre at Stellenbosch University, South Africa. His appointments prior to joining Stellenbosch University included Project Manager of the Vaccines for Africa Initiative and Chief Research Officer at the University of Cape Town, South Africa; Chief Research Officer at UNAIDS, Geneva; Deputy Permanent Secretary in the Central Technical Group in charge of the Expanded Programme on Immunisation, Cameroon; and Medical Epidemiologist at Centre Pasteur du Cameroun, Yaoundé, Cameroon.



Professor Wiysonge obtained the Doctor of Medicine (MD) degree from the University of Yaoundé I, Cameroon (MD); a Master of Philosophy (MPhil) from the University of Cambridge, United Kingdom (UK); and a Doctor of Philosophy (PhD) from the University of Cape Town, South Africa. He also undertook postgraduate non-degree research training at the UK Cochrane Centre and the University of Oxford, UK. He is a Member of the Academy of Science of South Africa.

Professor Wiysonge is a member of the GRADE Working Group; Gavi Independent Review Committee; WHO African Regional Committee on Health Research and Development; GREAT (Guideline-driven, Research priorities, Evidence synthesis, Application of evidence, and Transfer of knowledge) Network; and other international scientific and policy advisory committees in the fields of immunisation, evidence-based health care, and implementation science.

Professor Wiysonge's research interests include immunisation, health system strengthening, and knowledge translation / implementation science. He was knighted by the Presidency of Cameroon with the National Order of Valour, the highest honour in Cameroon, in the category "Chevalier."

Flavia Senkubuge



Dr Senkubuge has a medical degree from University of Pretoria, holds a specialist medical degree in community medicine, is a fellow of the College of Public Health Medicine of South Africa (obtained in 2009) and completed her PhD in 2018. The work of this global public health advocate is rooted in the philosophy of ubuntu ("I am because we are"). She collaborates in Africa and globally in areas that include global health diplomacy, tobacco control, health policy and management, leadership, universal health coverage, the UN's

Sustainable Development Goals, and the social determinants of health.

She was elected first black female President of the Colleges of Medicine of South Africa (CMSA). Dr Senkubuge, who is the acting chair of UP's School of Health Systems and Public Health, is the youngest

president of the CMSA and the first specialist in public health medicine to hold the position. She is also the first black female and only the third female in the CMSA's 64-year history to be appointed President.

She has been instrumental in many firsts in the region and the world, particularly in her field and area of public health. She achieved acclaim by being the first black female president of the 17th World Conference on Tobacco or Health, one of the largest policy conferences, which was held for the first time in its 75-year history in Africa, in March 2018 in Cape Town. She was instrumental in putting together the winning bid.

Dr Senkubuge also holds several significant positions. She is secretary of the College of Public Health Medicine and Vice-President of the African Federation of Public Health Associations (AFPFA), which advocates and promotes public health in Africa, and collaborates globally to achieve its mandate of health for all Africans. As secretary of the WHO/AFRO African Advisory Council on Research and Development (AACHRD), she advises the WHO/AFRO regional director on matters concerning health research and development in Africa. And she is the executive director of Public Health Africa, an Africa-led, globally supported non-profit organisation.

Francine Ntoumi

Francine Ntoumi was born in 1961 in Brazzaville in the Republic of Congo. After a primary cycle and part of her high school in Brazzaville, Congo, Francine Ntoumi settled in France and obtained her BEPC and her baccalaureate at the Marie Curie High School in Sceaux, in 1975 and 1978 respectively. She holds a degree in Biology (1989), then a PhD in Science from Pierre-et-Marie-Curie University (1992), she began her career in malaria research (immunology and molecular epidemiology) at the Institut Pasteur in Paris.



She first worked at Franceville in Gabon as a research fellow at the International Center for Medical Research (1995-2000). She was Head of Laboratory at the Medical Research Unit of the Albert Schweitzer Hospital in Lambarene, Gabon, and the Institute of Tropical Medicine / Faculty of Medicine at the University of Tübingen, Germany (2000-2005). Chief Scientific Officer of the European Developing Countries Clinical Trials Partnership (EDCTP), The Hague, The Netherlands (2006-2007), she coordinated the Multilateral Initiative for Malaria Initiative Secretariat in Dar es Salaam, Tanzania (2007-2010).

As the first African woman to head the Multilateral Malaria Initiative Secretariat, Francine Ntoumi is very committed to building health research capacity on the African continent. This commitment has earned her the coordination of the Central African Regional Network on Tuberculosis, HIV / AIDS, and Malaria (CANTAM). Francine Ntoumi is a member of numerous international scientific committees, including the Global Health Scientific Advisory Committee of the Bill and Melinda Gates Foundation.

President of the Congolese Foundation for Medical Research, which she created in 2003, she is also head of laboratory and associate professor at the Institute of Tropical Medicine of the University of Tubingen in Germany since 2010 and teacher-researcher at the Faculty of Science and Technology of Marien N'Gouabi University of Brazzaville since 2014.

Professor Margaret Gyapong



Professor Margaret Gyapong is the Director of the Institute of Health Research and Director of the Centre for Health Policy and Implementation Research of the University of Health and Allied Sciences in Ghana. Prior to this, she was the Director of the Dodowa Health Research Centre, Deputy Director for Research and Development of the Ghana Health Service, Adjunct Professor of International Health at the Georgetown University in Washington, DC and Adjunct Professor in Medical Anthropology at the Brunel University of West London. She is a Medical Anthropologist and Cultural Epidemiologist by training.

Prof. Gyapong trained for her first degree in Home Economics at the University of Ghana, pursued her masters in Medical Anthropology at the Brunel University, West London and later on obtained a PhD in cultural Epidemiology from the Swiss Topical Institute and University of Basel in Switzerland.

She worked as assistant head of field work during the Ghana Vitamin A Supplementation Trials at the Navrongo Health Research Centre. She became a research officer at the Health Research Unit of the Ghana Health service and rose through the ranks to become Deputy Director of the Research and Development Division of the Ghana Health Service and founding director of the Dodowa Health Research Centre.

Professor Gyapong's areas of research are Malaria, Gender and Neglected Tropical Diseases, Maternal, Neonatal and Child Health, Demographic Surveillance Systems, Health Systems and Implementation research. She has served as chair/member of a number of WHO/TDR Committees. She serves on several international research review committees and boards including EDCTP. She has over 70 publications in peer-reviewed journals, technical reports, several conference presentations, and 2 book chapters on Neglected Tropical Diseases.

Modest Mulenga

Dr Modest Mulenga is the chair of TDR's Joint Coordinating Board. He has a Master of Science degree in clinical tropical medicine with distinction from the London School of Hygiene and Tropical Medicine. Back home in Zambia, he worked in the department of Clinical Sciences of the Tropical Diseases Research Centre (TDRC) at the Ndola Central Hospital, one of the centres set up by TDR at its inception, and started looking for an alternative to chloroquine. He later became the head of the centre.

Modest ran clinical trials for a number of new antimalarials, and received support from TDR to test new artemisinin-combination treatments that are now the mainstay of malaria care. TDR also provided him with a scholarship to go back to the London School of Hygiene and Tropical to complete a PhD in infectious and tropical diseases.

In London, Modest studied potential malaria therapies for children that could prevent the complications of severe anemia that was a major health risk for this disease. He was trying to find



drugs that would keep blood levels healthy and avoid blood transfusions, which at that time put children at risk of contracting HIV.

Modest has continued to conduct research in his capacity as TDRC director, and continues to work with TDR, this time as chair of the Joint Coordinating Board-TDR's highest governing body.

In his current work with Professor Bill Moss of Johns Hopkins University, they have shown that school-aged children were not included in malaria educational and control programmes, housing conditions in rural areas allowed mosquitoes to breed and bite, and there was little training that helped people understand how to prevent the disease and accept the interventions. "I could see that other players needed to come on board," he explains. "It has to be a multi-sectoral approach – we need teachers, housing and environment experts involved, and ideas from political, economic, and business sectors to make the interventions easily accessible."

He feels strongly that the use of research evidence needs to be expanded and intensified in order to better implement disease control or elimination programmes, and he wants to see more research capacity created in the countries most affected by infectious diseases such as malaria and HIV.

Portia Manangazira



A Zimbabwean by nationality, Portia is the Director Epidemiology and Disease Control in the Ministry of Health and Child Welfare, Zimbabwe.

As Director of Epidemiology and Disease Control at the MOHCC, Dr Manangazira's responsibilities span the control of communicable, non-communicable diseases, health promotion and health information, and involve the planning, coordination and management of public health programs, the development, implementation, monitoring and evaluation of health information, disease prevention and control, including emergency preparedness and response (EPR) policies and strategies. She is responsible for continuously monitoring the effectiveness and efficacy of service delivery methods and procedures and taking appropriate action; providing national leadership, coordination and management of communicable and non-communicable diseases prevention and control programs.

Tewabech Bishaw

Dr. Tewabech Bishaw, born and raised in Jimma, Ethiopia, is a passionate public health specialist who has spent over 40 years in the sector. A people's person who has spent a lifetime in service of the health and well-being of Ethiopians, Dr. Tewabech is driven by focusing her life on people centered activities and matters concerned with human rights, equality, justice and freedom. AWiB's 2018 Lifetime Achievement Award honors the life and work of Dr. Tewabech Bishaw – A Public Health Devotee.



Dr. Tewabech has contributed immensely to the improvement of the health service delivery of Ethiopia. First as a Health Officer responsible for a Health Center which catered the health service delivery for about 500,000 at that time. At the capacity of Department Head of Health Education and Training Program she contributed a lot in the overall areas: training, developing curriculums and the overall activities of the Ministry of Health.

Dr. Tewabech is one of the founding members of the Ethiopian Public Health Association which was established over 26 years ago and served as its president twice. She is also a founding member and currently the Secretary General of the African Federation of Public Health Associations (AFPHA) established in 2011. The main aim is to enable public health professionals to actively engage through their associations to further develop the health care system within their countries. Under the umbrella, there are 33 registered associations from 53 countries. From the 33 registered associations, 28 are actively participating. In her ongoing championing of public health, Dr. Tewabech sees her current role as the strengthening of the African Federation of Public Health Associations toward enabling them to take stronger actions within their countries.

Professor Seni Kouanda



Professor Seni Kouanda is from Burkina Faso. He is a senior researcher, head of biomedical and public health at the “Institut de recherche en Sciences de la santé” (IRSS). Seni is also Professor of public health (epidemiology), deputy director of “Institut Africain de santé publique” as well as EDCTP senior research fellow

He received his training from diverse institutions, including ICH GCP Training, ECCRT Brussels; Clinical Research Training for Investigators, ECCRT Brussels; Clinical research Training for Senior research CRAs, ECCRT Brussels; PhD in public health, School of Public health, Université catholique de Louvain (Belgium); Doctorate in medicine, University of Ouagadougou among others.

He has led and participated in many research projects, some of which include Post-Pregnancy Family Planning, Nutrition and the Essential Newborn Package (consortium Intrahealth, Path, HKI and IRSS) funded by Bill and Melinda Gates Foundation, and the maternal sepsis study. Funded by WHO/HRP. Others include multi-country study on abortion complications funded by HRP/WHO and effectiveness of a package of postpartum family planning interventions on postpartum family planning uptake: a cluster randomized trial.

He is also the regional coordinator for francophone Africa countries: Benin, Burkina Faso, Mali, Sénégal, Cameroun, Chad), and a senior fellow of EDCTP.

Pascal Bovet

Pascal Bovet from Seychelles obtained his MD degree from the University of Lausanne, Switzerland and a MPH from UCLA, Los Angeles. He is board certified (FMH, Switzerland) in both internal medicine and public health. Based in the Institute of Social and Preventive Medicine of the University Hospital of Lausanne, where he is an associate professor, he has led epidemiological research in the area of cardiovascular disease in Switzerland, Tanzania and Seychelles and has also been actively involved with public health interventions, including the development of comprehensive tobacco control legislation in Seychelles. He has authored or co-authored over 200 publications. He often serves as a technical adviser for the WHO in relation to surveillance, tobacco control, CVD prevention, and evaluation of NCD programs. He is a faculty in several international courses on cardiovascular epidemiology and prevention with the University of Lausanne, WHO, CDC, and other organizations.



Pascal Bovet has been working with the Seychelles Ministry of Health, supporting the Non Communicable Diseases program for a number of years.

Dorcas Kamuya



Dorcas is Researcher in Ethics and Community Engagement on the Global Bioethics Network. Her roles include: facilitating the strategic development of community engagement activities at the KEMRI-Wellcome Trust Unit in Kilifi, Kenya; coordinating Global Bioethics Network activities aimed at encouraging the sharing of expertise in community engagement between the Wellcome Trust Major Overseas Programmes (MOPs) in Kenya, Thailand, Malawi, Vietnam, and South Africa; and developing and leading a research programme around the development and evaluation of methods of community engagement.

Before joining the Ethox Centre, Dorcas was employed at the KEMRI-Wellcome Trust Research Programme (KWTRP), Kilifi, Kenya. Her roles, as the Community Liaison Manager included setting-up mechanisms for engaging with over 260,000 residents often involved in health research, strengthening collaborative partnerships between KWTRP and key health stakeholders, providing support to research interface staff (especially fieldworkers), and carrying our action research around these activities. Together with her colleagues at the Health Systems Research Department (HSR) at KEMRI-WT, they have published papers on their experiences around ethics of conducting in developing countries.

Dorcas has a PhD from the Open University, U.K., a Masters in Public Health (health promotion) from London School of Hygiene and Tropical Medicine and a BSc. in Agricultural Economics from Egerton University, Kenya. Her PhD, titled “Negotiating research participation in community-based studies: Fieldworkers’ roles, and implications for ethical practice,” drew on social science methodologies to explore the practical and ethical challenges fieldworkers at the interface of research implementation

facéd, and the systems they drew on to resolve and/or negotiate out of these challenges. Her research interests include ethical implications of community engagement processes in international collaborative research in developing countries; exploration of drivers of CE in health research, and of different models; ethical and practical challenges and dilemmas for research staff at the interface of research implementation.

Abdoulaye Djimde

Abdoulaye Djimdé is an Associate Professor of Microbiology and Immunology in Mali. He works on the genetic epidemiology of antimalarial drug resistance and is a Wellcome Sanger Institute International Fellow. He is Chief of the Molecular Epidemiology and Drug Resistance Unit at the University of Bamako Malaria Research and Training Centre.



Djimdé earned a doctorate in pharmacy in 1988 at the University of Bamako. He opened his own pharmacy and realised that people needed more effective methods to treat malaria. He began to volunteer with Ogobara Doumbo at the new Malaria Research and Training Centre, and moved to the University of Maryland, Baltimore County to complete a PhD. He worked with the National Institutes of Health and identified the first molecular marker of chloroquine resistant malaria. During his PhD he joined the American Society of Tropical Medicine and Hygiene.

In 2005 Djimdé was awarded a Howard Hughes Medical Institute Fellowship. He is a Wellcome Sanger Institute Fellow. He works at the University of Bamako, where him and his research group are trying to identify how variation of the genome of plasmodium falciparum and anopheles gambiae help malaria to spread. He is involved with several collaborations across the Medical Research Council Centre for Genomics and Global Health, including MalariaGEN and the Plasmodium Diversity Network Africa (PDNA). The PDNA has connected 11 countries in Sub-Saharan Africa, helping African scientists collaborate and influence global health policy.

Djimdé helped to establish the Worldwide Antimalarial Resistance Network and served on the advisory board. In 2012 he was appointed Associate Professor of Parasitology and Microbiology and the University of Bamako. He is Director of *Developing Excellence in Leadership and Genetics Training for Malaria Elimination in sub-Saharan Africa* (DELGEME). DELGEME trains graduates, postdocs and fellows in bioinformatics and genomics of malaria. He coordinates clinical trials for antimalarials in Western Africa. He led the trail of pyramax, which he showed could be used to treat multiple episodes of malaria.



Freddie Sengooba

Dr Freddie Sengooba is an Associate Professor of Health Economics and Health Systems Management with over 20 years of teaching and research in health policy and systems. He is the Chair of Health Policy Planning & Management (HPPM) department and Director SPEED Project and the Center for Health Policy and Systems Development (CHPSD) at Makerere University School of Public Health. Dr. Sengooba has background training as a medical doctor and has worked in a clinical setting, as a hospital director and as a District Health Officer in Uganda's health system. He has a doctorate covering the intersection of public health policy and institutional economics from the University of London. In the last 17 years, Dr Sengooba's teaching

and research scholarship have focused health policies, program design and implementation and health system developments.

Dr Sengooba has led a multi-disciplinary team undertaking Health Systems Assessment for Uganda, National Maternal Health Review and consultative study to operationalize national plans such as safe male circumcision for HIV prevention, reproductive health and health workforce and financing reforms. Dr Sengooba is well embedded in the national and regional health and development discourses, think-tank taskforces and as advisory boards for health agencies like National Planning Authority, WHO-AFRO, Wellcome Trust, KEMRI and Health Systems Global. He is well versed in quantitative and qualitative research methods drawing on multiple lenses and disciplines such as human medicine, public health, health economics, political economy and systems thinking. As a director of SPEED Project - a program of applied policy analyses to support universal coverage in Uganda, Dr Sengooba leads a partnership of agencies to respond to policy problems and demand for advice from the government of Uganda. From these enterprises, Dr Sengooba has published books, journal articles, working papers and Op-Eds. He has supervised to completion nine doctoral fellows and over 30 Masters student in his field of expertise. He has provided technical and consultancy services to WHO, DFID, USAID, World Bank, Ministries of Health, Uganda AIDS Commission and Multi-lateral and Bilateral Agencies and Foundations.

Augustino Ting Mayai

Augustino Ting Mayai is the Director of Research at the Sudd Institute and an Assistant Professor at the University of Juba's School of Public Service. He holds a PhD in Sociology, with concentrations in demography and development from the University of Wisconsin-Madison. He currently studies how state effectiveness affects child health outcomes in South Sudan and Ethiopia. Dr. Mayai has written extensively on South Sudan's current affairs.



Tumani Corrah



Tumani Corrah CBE FRCP is a Gambian clinician whose fields of research include tuberculosis, HIV and malaria. Corrah is Director of the Africa Research Excellence Fund (AREF) and Director, Africa Research Development, Medical Research Council. In 2007 Corrah was awarded an Honorary CBE.

Tumani Corrah studied medicine at the First Pavlov State Medical University of St Petersburg, Russia and University College Ibadan, Nigeria. In the late seventies he went to the UK, first to Edinburgh then to Wales, where he trained for his Membership of the Royal College of Physicians as a chest physician in the Department of Medicine, Gwynedd General Hospital. In 1981, after obtaining his MRCP he was appointed consultant physician.

In 2014 Tumani Corrah was awarded the title of Emeritus Director of the MRC Unit in the Gambia and was awarded an Honorary Fellowship by The London School of Hygiene and Tropical Medicine in

recognition of his outstanding contribution to the progress of clinical research in The Gambia and in West Africa as a whole. Corrah was elected Board Chair of Trustees for The INDEPTH Network on 15 March 2017. He has served as an adviser to many organisations including the World Health Organisation. Corrah has been a host of the Falling Walls conference and has published over 140 publications in peer reviewed journals and his most recent work has focused on tuberculosis, pneumonia and the role of leadership in people-centred health systems.

Professor Mahmood Mamdani

Mahmood Mamdani is from Kampala, Uganda and became director of MISR in 2010. He received his Ph.D. in government from Harvard University. Mamdani is Herbert Lehman Professor of Government in the Department of Anthropology and Political Science and the School of International and Public Affairs at Columbia University, where he was also director of the Institute of African Studies from 1999 to 2004.



He has taught at the University of Dar-es-Salaam (1973–79), Makerere University (1980–93), and University of Cape Town (1996–99) and was the founding director of Centre for Basic Research in Kampala, Uganda (1987–96).

Mahmood Mamdani is the author of *Good Muslim, Bad Muslim: America, the Cold War and the Origins of Terror* (Pantheon 2004); *When Victims Become Killers: Colonialism, Nativism and Genocide in Rwanda* (Princeton 2001); *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism* (Princeton 1996); and ten other books. Mahmood Mamdani was president of CODESRIA (Council for the Development of Social Research in Africa) from 1999 to 2002.

Jean De Dieu Marie Rakotomanga

Rakotomanga Jean de Dieu Marie is a professor at the Faculty of Medicine of Antananarivo, Madagascar, he heads the Department of Public Health of the Faculty and is the Director General of the National Institute of Public and Community Health.

He was a member of the Consultative Expert Working Group on Research and Development, Financing and Coordination (CEWG) in 2011 and has been a member of the African Advisory Committee on Health Research and Development (AACHRD) from the same year until now. He is also a full member of the Académie Nationale de Médecine de Madagascar and an associate member of the Académie Nationale des Arts, des Lettres et des Sciences de Madagascar. He has published several articles on communicable and non-communicable diseases in French and English journals.

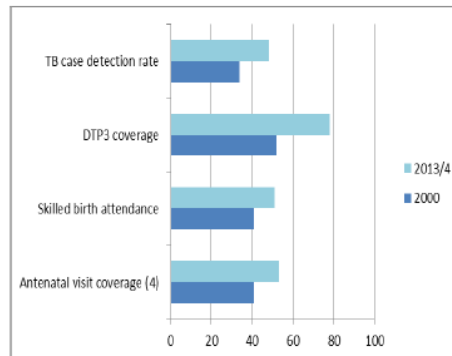
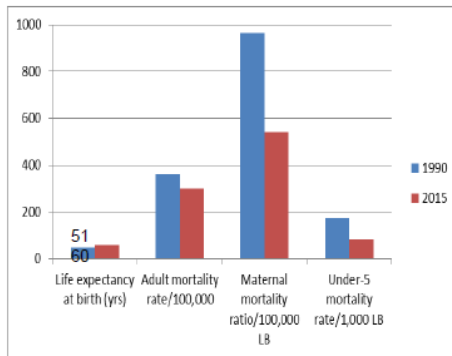
33rd meeting of the African Advisory Committee on Health Research and Development (AACHRD)

14 – 15 October 2019
Gaborone, Botswana

Regional health priorities



Africa region progress up to SDGs era (1)

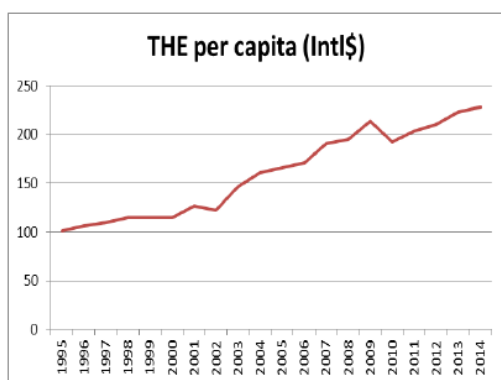


In MDG era, improvements in health outcomes..

...due to better availability and use of health services



Africa region progress up to SDGs era (2)



However, issues remain that pose barriers to sustainability of progress

...and matched by an increase in financing for health



Context of SDGs implementation

- Multiple changes with impact on health



- Inequities persisting
 - Across, and within member states
 - Better recognition of persons left behind: urban poor; geographically isolated; cultural barriers; persisting gender gap
- Health sector challenges
 - Increasing investments, but not to levels needed
 - Significant gaps in inputs: Human resources, infrastructure, Commodities
 - Service delivery models not fit for purpose
 - Sustainability of investments challenging, questionable capacity for domestic financing



From MDGs to SDGs

▪ SDGs - aspiration for health development

- Universal Health Coverage – Overarching health services target
- Social, environmental, economic and political targets across other SDGs as determinants of SDG 3 goal

▪ Lessons from MDGs

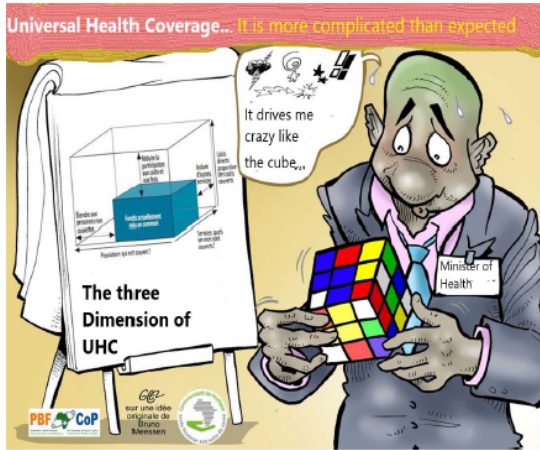
- 1) Equity a challenging but central theme for success
- 2) Government stewardship and capacity central to progress
- 3) Harmonization by partners under strong government ownership critical
- 4) Need for strong service integration drive within the health system
- 5) Community engagement and agency as important as government stewardship
- 6) Added implementation support focus including at sub national level critical
- 7) Need to speed up integrating new knowledge, tools, products into services in countries



UHC as a core target for SDG 3 goal



Universal Health Coverage: A pipe dream?



Concepts for moving forward

- Clear national aspirations
 - New Essential Packages for UHC *beyond* basic services
 - Focus on persons left behind *beyond* coverage
 - Financial risk protection *beyond* funding
- Strategic focus on progressive realization of national aspirations
- Comprehensive information generated and used



Shifts in Emphasis

Past

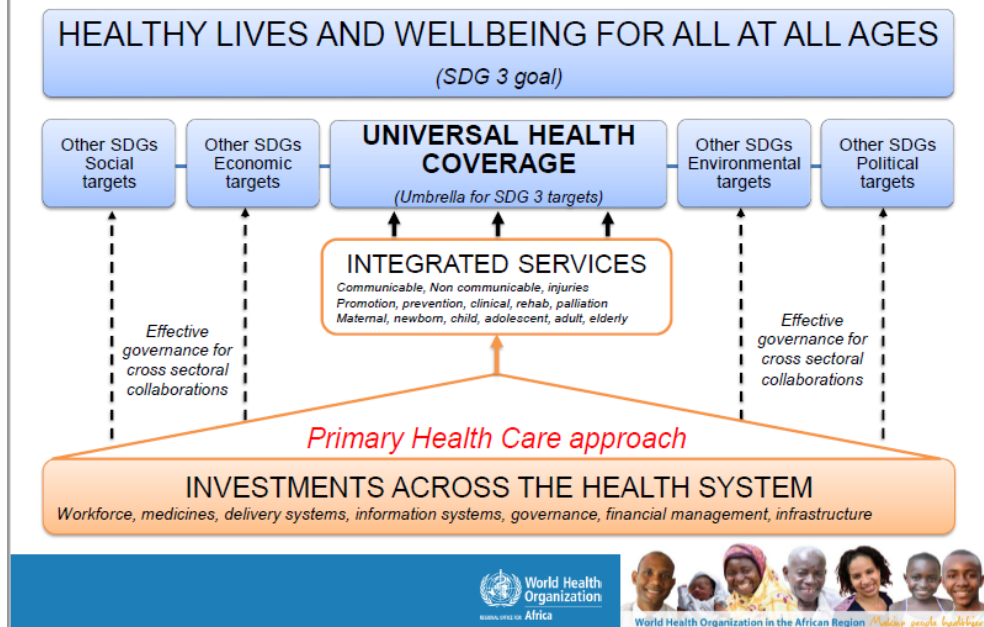


Future

Provide interventions targeting diseases (disease-centric)	Provide interventions targeting needs for the individual (person-centric)
Episodic focus— prevention and promotion, MCH, CDC	Continuum of care focus – promotive, preventive, curative, rehabilitative and palliative at all ages
Equity focus: poor rural populations	Equity focus: Identification of all persons left behind - urban poor, rural poor, gender gaps, cultural barriers
Focus on access	Focus on both access and quality
Service delivery approach: primary care facilities coordinated by a primary hospital	Service delivery approach: Role for all levels, including through public-private mix
Plan results based on budget, with resource mobilization externalized	Plan results based on need, with resource mobilization internalized (domestic resource mobilization)



Linking PHC, UHC and SDGs



What is WHO doing?

GLOBAL RESPONSE

- **13th Global Program of Work**
 - Mission: Promote health | Keep the world safe | Serve the vulnerable.
 - 1 billion more people benefitting from universal health coverage
 - 1 billion more people better protected from health emergencies
 - 1 billion more people enjoying better health and well-being

- **Astana declaration:**
 - Commitment to
 - Bold political choices for health
 - Build sustainable primary health care
 - Empower individuals and communities
 - Align stakeholder support to National Health Plans
 - Areas to drive success
 - Knowledge and capacity building | Human Resources | Technology | Financing



What is WHO doing?

REGIONAL RESPONSE

- Transformation Agenda in the African Region
 - Vision and Strategy for change
 - Aims at emergence of WHO that member states, stakeholders and staff want.
 - Results focus
 - UHC at the top of programmatic priorities
 - Emphasis on partnership, connection, communication

- Key areas of action
 - UHC flagship
 - Health security including preparedness
 - Results at country level through fit for purpose teams
 - Innovation in health



UHC flagship program: Research issues

AVAILABILITY OF ESSENTIAL SERVICES	COVERAGE OF PRIORITY HEALTH INTERVENTIONS	FINANCIAL RISK PROTECTION
<ul style="list-style-type: none"> • <i>By age cohort; across public health interventions; for different levels of care</i> • RESEARCH ISSUES • How to shift from basic (affordable) to essential (needed) services • How to sequence movement towards essential health services 	<ul style="list-style-type: none"> • <i>Leaving no one behind</i> • RESEARCH ISSUES • How to map, and monitor services for persons left behind • Identifying and addressing missed opportunities 	<ul style="list-style-type: none"> • Fairness in financing for services • RESEARCH ISSUES • How to generate and use efficiency data – making best use of funds • Evidence for impact of financing innovations

CROSS CUTTING AREAS: RESEARCH ISSUES

- Integrating investments across different building blocks: What works / does not work
- Innovations in mobilizing domestic funds: Government, other sectors, private sector



Adolescent health flagship: Priorities of the Regional Office

- Demographic changes in countries – increasingly youthful populations
 - 41% of the people in continent below 15 years old while another 19% are youth between 15 and 24 years old
 - Potential opportunity to harness the demographic dividend
- AFRO adolescent flagship designed to harness opportunities for reaching the populations with effective interventions, including for prevention and well-being
- Possible research issues
 - What are evidence driven, effective interventions addressing health and wellbeing needs of adolescents and youth
 - How adolescents and youth can contribute to advancing goals of UHC
 - Mobilizing resources from adolescents and youth for health: low disease burden population, but with increasing access to economic resources

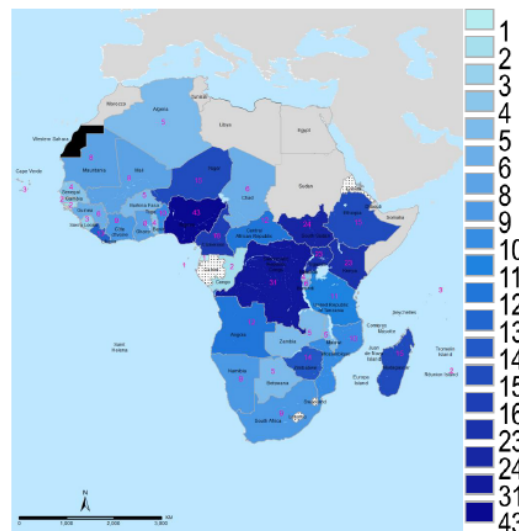
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World Health Organization in the African Region *Make every person's life better*

Health security: Priorities of the Regional Office

- Building resilience of health systems, to better detect and maintain services during shock events
- Improve predictability of outbreaks and disasters
- Build response capacity in countries
- Integrating emergency response into development support
- Documenting and sharing lessons from successful response efforts



Outbreaks and other emergencies, 2016-18

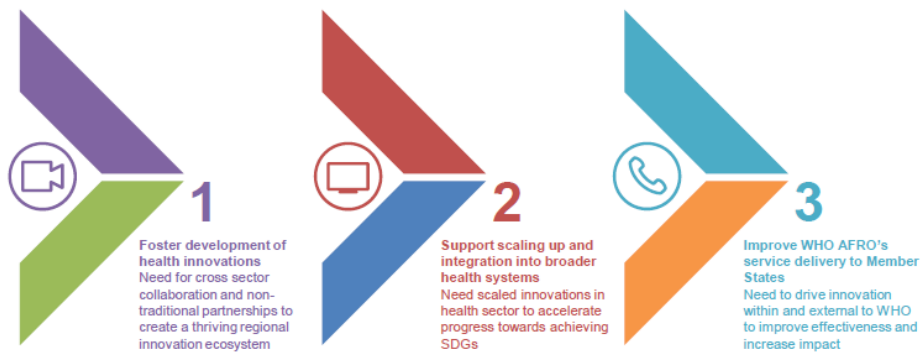
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World Health Organization in the African Region *Make every person's life better*

WHO Scaling Health Innovations in Africa

The strategic imperative

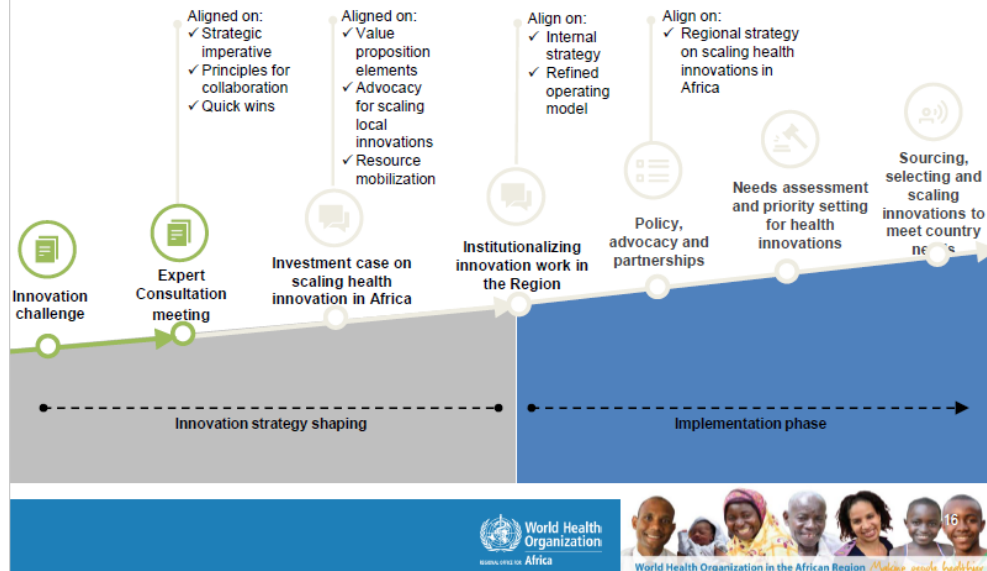


WHO will step up its focus on innovation by playing a key role in shaping the innovation agenda by facilitating scaling of high-impact health innovations to serve the vulnerable communities



WHO Scaling Health Innovations

We are beginning to shape our shared vision, strategy and partnerships for driving health sector innovation and creating a more vibrant, sustainable innovation ecosystem



33rd meeting of the African Advisory Committee on Health Research and Development (AACHRD) 14 – 15 October 2019 Gaborone, Botswana

WHO Regional Office research priorities



Overview

- Responding to the current priorities of the Regional Director
 - Universal Health Coverage
 - Family health – specifically adolescent health
 - Health security
 - Health innovations

- Incorporate a wide range of issues, structured around WHO program areas
 - Family and reproductive health
 - Health Systems
 - Non communicable conditions
 - Communicable diseases
 - Polio eradication
 - Health promotion and social determinants

- Knowledge translation is a key focus of the regional office



Research Priorities across the clusters and programmes of WHO AFRO

Programmes	Research Priorities		
	Priority 1	Priority 2	Priority 3
Family and reproductive health	Use of innovative approaches to scale-up and improve coverage of available public health interventions relevant to immunization, contraception, adolescent sexual and reproductive health, antenatal care and child birth	Evaluation and documentation of the impact of new vaccines and technologies on disease burden of regional public health importance	Understanding healthy growth and stunting in children to scale up strategies and interventions Support for development of new products and improvement of delivery methods for immunization, contraception and Sexual and Reproductive Health [depot medroxyprogesterone acetate sub cutaneous (DMPA-SC) and self-care interventions]



Research Priorities across the clusters and programmes of WHO AFRO

Programmes	Research Priorities		
	Priority 1	Priority 2	Priority 3
Health Systems and Services	Universal health coverage: services needed and indicators and data for measuring progress	Financial risk protection: access and sustainability of existing interventions	Assessing the inequality gap between key populations and measures to close them
Non-communicable Diseases	Essential medicines and technologies for NCDs- including: barriers to access to essential medicines and diagnostics, and option to improve access	Cost-effective approaches to deliver patient education improve adherence and strengthen self-care	Social and economic determinants of diseases



Research Priorities across the clusters and programmes of WHO AFRO

Programmes	Research Priorities		
	Priority 1	Priority 2	Priority 3
Polio Eradication Programme	Use of innovative technologies and GIS to strengthen Environmental Surveillance	Strengthening laboratory systems in the African Region Use of innovative technologies and GIS for reaching	Use of innovative technologies and GIS for reaching hard to reach areas
Health Promotion and Social Determinants of Health	Impact of climate change conditions on population health vulnerabilities to vector borne diseases	Gender-based violence and sexual abuse	Social and health equities with special focus on WASH and access to interventions



Research Priorities across the clusters and programmes of WHO AFRO

Programmes	Research Priorities		
	Priority 1	Priority 2	Priority 3
WHO Emergencies Programme	Diagnostics including rapid molecular and multiplex and point-of-care methods for common epidemic-prone diseases	Safety, proof of concept or effectiveness of existing and novel products for prevention and treatment of priority epidemic prone diseases, including use in non-exposed healthy individuals	Strategies for maintaining and strengthening essential health services and systems in fragile, conflict and vulnerable settings to pre-empt and prevent humanitarian disasters and epidemics/pandemics
Communicable Diseases	Increasing access to existing, as well as discovery of new tools and interventions for NTDs and vector control	New and sensitive diagnostics as well as optimization of case management of Malaria, tuberculosis and HIV/AIDS	Prevalence of HBV and HCV and assessing efficacy of treatment options for them



Issues for consideration

- How to build on these research priorities to elaborate a comprehensive research agenda, covering:
 - Research agenda area
 - Summary of existing research around the area
 - Areas / countries that would benefit
 - Potential contribution of the research to Universal Health Coverage
- How to take the research agenda forward
 - Form and design of the regional research agenda
 - How it links to other existing research agendas
 - How to ensure it is communicated to health research actors in the region
 - How to monitor its implementation

