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**FRAMEWORK FOR THE IMPLEMENTATION OF THE ALGIERS
DECLARATION ON RESEARCH FOR HEALTH IN THE AFRICAN REGION**

Report of the Regional Director

Executive summary

1. The Ministerial Conference on Research for Health in the African Region, held in Algiers, Algeria, from 23 to 26 June 2008, adopted the Algiers Declaration renewing the commitment of Member States to strengthen national health research, information systems and knowledge management systems in order to improve health in the African Region. This document aims to provide countries with a framework to facilitate the implementation of the Declaration.
2. In order to narrow the knowledge gap and thereby improve knowledge generation and the use of knowledge to inform policies, strategies and actions, Member States should establish a broad multi-disciplinary national working group to initiate the implementation of the Ouagadougou Declaration and the Algiers Declaration. Member States may also wish to consider developing a comprehensive national policy and strategic plan for improving the availability and quality of health information and the use of evidence and knowledge for policy and decision making.
3. Since such a policy and plan should be based on solid evidence, it is vital to carry out beforehand a comprehensive assessment and analysis of the knowledge gap and the current state of research, information and knowledge management in each country. Countries should also consider establishing and strengthening a unit within ministries of health to coordinate efforts in this area.
4. This initial series of steps would pave the way for subsequent actions in regard to the content, process and use of technology aimed at improving:
 - (a) ***the availability of relevant and timely health information*** by increasing the frequency of national demographic and health surveys; strengthening birth and death registration; carrying out surveillance and gathering service statistics; and enhancing monitoring of health systems strengthening;
 - (b) ***management of health information*** through better analysis and interpretation of data; presentation of information using the proper format to ensure its use for decision making; and sharing and reapplication of information and experiential knowledge;
 - (c) ***the availability of relevant and timely evidence*** by reorienting the institutional research agenda to pressing local problems such as health systems while continuing to support externally-funded studies that aim to produce tools for control of priority diseases;
 - (d) ***management of evidence and knowledge*** by strengthening mechanisms for adequate ethical and scientific reviews of research; enhancing linkages between and among the producers and users of research; sharing and reapplying evidence and experiential knowledge to ensure the use of evidence by policy-makers and decision-makers;

- (e) *the dissemination and sharing of information, evidence and knowledge* by supporting the establishment of health libraries and information centres at local and national levels and linking them to regional and international networks; ensuring availability of printed and electronic materials in appropriate formats and languages; documenting experiential knowledge including best practices; ensuring that all local publications are listed on international indexes;
 - (f) *access to global health information* by facilitating access to indexes, search engines and social networks; enhancing Internet connectivity; promoting availability of content in relevant languages; and promoting open-access journals and improving access to copyright publications;
 - (g) *the use of information and communication technologies* by promoting their wide application; critically evaluating available technology to identify those that meet local demands; and ensuring interoperability;
5. A general monitoring and evaluation framework that can be adapted and refined to suit specific country situations will be developed by WHO.
6. It is expected that by successfully implementing the Declaration, countries will significantly narrow the knowledge gap and thus build a strong evidence base for strengthening their health systems.

CONTENTS

	Page
Preface.....	iv
	Paragraphs
1. INTRODUCTION	1–10
2. GUIDING PRINCIPLES	11
3. BUILDING ON EXISTING POLICIES, GOALS AND STRATEGIES	12–15
4. RECOMMENDATIONS.....	16–28
4.1 Strengthened leadership and coordination.....	21
4.2 Improved availability and quality of information, evidence and knowledge	22
4.3 Better dissemination and sharing of information, evidence and knowledge.....	23
4.4 Improved use of information, evidence and knowledge.....	24
4.5 Better access to global health information, evidence and knowledge.....	25
4.6 Wider access to information and communication technologies for health (eHealth)	26
4.7 Improved human resources.....	27
4.8 Improved financing	28
5. ROLES AND RESPONSIBILITIES OF STAKEHOLDERS IN IMPLEMENTING THE FRAMEWORK.....	29–35
5.1 Countries	29–30
5.2 African Union and regional economic communities.....	31–32
5.3 Other stakeholders.....	33–35
6. MONITORING AND EVALUATION OF THE IMPLEMENTATION OF THE ALGIERS DECLARATION	36–37
7. CONCLUSION.....	38

ANNEXES

	Page
1. A prototype scheme for translating the proposed recommendations into interventions and actions by priority areas at country level	10
2. The Algiers Declaration.....	12

PREFACE

1. The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium was adopted during the International Conference on Primary Health Care and Health Systems in Africa, held in Ouagadougou, Burkina Faso, from 28 to 30 April 2008. The objective of the Conference was to review past experiences on Primary Health Care (PHC) and redefine strategic directions for scaling up essential health interventions to achieve health-related MDGs using the PHC approach for strengthening health systems through renewed commitment of all countries in the African Region.
2. The Algiers Declaration to Strengthen Research for Health was also adopted during the Ministerial Conference on Research for Health in the African Region, held in Algiers, Algeria from 23 to 26 June 2008. The Conference, which brought together Ministers from the African Region together with researchers, nongovernmental organizations, donors, and the private sector renewed commitments to narrow the knowledge gap in order to improve health development and health equity in the Region.
3. The Ouagadougou Conference and the Algiers Conference recommended that WHO develop respectively a Framework for the Implementation of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa and a Framework for the Implementation of the Algiers Declaration in the African Region to strengthen research for health.
4. The Fifty-eighth session of the Regional Committee for Africa, held in Yaounde, Cameroon, by its Resolution AFR/RC58/R3 endorsed the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium. During the same session, the Regional Committee also endorsed the Algiers Declaration.
5. In line with the recommendations of the Ouagadougou Conference and the Algiers Conference, the WHO Regional Office for Africa has developed two frameworks, one for the implementation of the Ouagadougou Declaration and the other for the implementation of the Algiers Declaration. The two documents address health systems issues. They share some common areas and complement one another. They are interrelated, given that improvement in health outcomes requires quality research and information for evidence-based decisions. In addition, useful research for health should translate into country policies and strategic plans in order to contribute to the attainment of the MDGs.
6. Two of the priority areas identified in the Ouagadougou Declaration are related to health information and research for health. Those two priority areas, together with the priority areas related to knowledge management, are integrated and addressed in detail in the present document to minimize overlaps while maintaining complementarities.

1. INTRODUCTION

1. There are gaps in health knowledge, whereby essential answers regarding how to improve the health of the people in the Region are missing, information is incomplete or not shared effectively, and education is inadequate or denied to certain groups. This is an issue related to the acquisition and generation of health information or evidence.
2. There is also a failure to apply all existing knowledge to improve people's health, which is often referred to as the 'know-do gap'. This is related to the sharing of health information, evidence, or tacit knowledge such as experience or expertise and their translation into concrete action.
3. The knowledge gap is particularly wide in the WHO African Region and presents a challenge to the achievement of the Millennium Development Goals and other agreed targets. There are six major causes of the knowledge gap in the Region. These are:
 - (a) unavailability of relevant and timely health information;
 - (b) poor quality of information (reliability, validity, comparability);
 - (c) unavailability of relevant and timely evidence;
 - (d) weaknesses (content, format) and improper and unethical practices in the collection of data and generation of information and evidence;
 - (e) lack of use of evidence and knowledge for policy and decision making;
 - (f) inadequate access to existing global health information.
4. The key to narrowing the knowledge gap and sustaining health and development gains is long-term commitment to address these six challenges. These inter-related and overlapping challenges should be addressed by countries through an integrated system of health information, research and knowledge management.
5. A national health information system (HIS) has been defined as a set of interrelated components and procedures organized with the objective of generating health information and intelligence to monitor the health status and health services of a nation and to improve public health leadership and management at all levels. The goal is to increase the availability of timely, reliable and user-friendly information at all levels of the health system. Health information systems are a fundamental component of health systems, effective health research, and a strategy to narrow the knowledge gap.
6. A health research system has been defined as the people, institutions and activities involved in the generation and application of information, evidence and knowledge. Health research includes five generic areas of activity: measuring the problem; understanding its cause(s); elaborating solutions; translating the solutions or evidence into policy, practice and products; and evaluating the effectiveness of solutions. The primary functions of a research system are to identify priorities; mobilize resources and maximize the use of existing ones; promote ethical and good practices in research; develop and sustain the human and institutional capacity necessary to conduct research; disseminate research results to target audiences; apply research results in policy and practice; and evaluate the impact of research on health outcomes.
7. Health information and evidence should play a major role in directing resource flows and health programmes. Generation and consolidation of information and evidence on public health issues, including publication of comparative and analytical reports and promotion of research studies on key public health topics, are critical. This requires establishing and maintaining a

strong system that generates the information, evidence and knowledge required to analyze, understand and operate health systems in an efficient manner.

8. Knowledge management is a set of principles, tools and practices that enable people to create knowledge, and to share and apply what they know in order to create value and improve efficiency and effectiveness, strengthen health systems and improve health outcomes. Knowledge management can facilitate information dissemination and sharing, capacity building, education and distance learning, research support and documentation, and promote and support communities of practice as well as diseases and epidemic surveillance and response. This is possible because of advances in information and communication technologies that have hugely expanded the amount of, and access to, health information and knowledge.

9. The Algiers Ministerial Conference brought together ministers from the African Region, researchers, nongovernmental organizations, donors, and the private sector to address the theme of “Narrowing the Knowledge Gap to Improve Africa’s Health” in order to renew commitments to improve Africa’s health development and health equity (see the Declaration in Annex 2).

10. This document aims to provide countries with a framework to facilitate the implementation of the Declaration, focusing on ways and means of doing more and better with existing and additional resources and fostering synergies between various stakeholders. Countries are expected to adapt the Framework to their own specific situations.

2. GUIDING PRINCIPLES

11. The framework is rooted in the following principles that will guide policy-making, planning, implementation, as well as monitoring and evaluation:

- (a) **Integration:** the need for establishing an integrated health information, research and knowledge management system;
- (b) **Country ownership:** exercising leadership in the development and implementation of national policies and strategies through broad consultative processes;
- (c) **Evidence-informed policies and practices:** using evidence to inform policies, plans and interventions;
- (d) **Adequate resource allocation:** mobilizing and allocating adequate resources and using them efficiently to achieve stated goals;
- (e) **Intersectoral collaboration:** recognizing the need to institutionalize coordinated intersectoral action in order to improve health outcomes;
- (f) **Partnership, team building and coordination:** involving all partners at various levels in the development, planning and implementation of interventions;
- (g) **Inclusiveness:** supporting and promoting the participation of communities and civil society in the process;
- (h) **Impact:** prioritizing interventions that have the greatest potential to narrow the knowledge gap.

3. BUILDING ON EXISTING POLICIES AND STRATEGIES

12. Ministries of health and their partners have recognized the importance of evidence in shaping policy-making and decision-making in the Region and have been trying to improve their health information and research systems for a long time.

13 The Fifty-fourth session of the WHO Regional Committee for Africa, held in Brazzaville in 2004, adopted priority interventions for strengthening national health information systems.¹ The Fifty-sixth session of the Regional Committee for Africa, held in Addis Ababa, in 2006 also adopted a health research agenda² and strategic directions for knowledge management in the African Region.³ Both documents envisage the establishment of national mechanisms for a comprehensive baseline assessment of country knowledge landscapes and the preparation of national strategic directions ensuring that they are integrated as a priority into national health policies and plans.

14. Ministers have also made commitments in various declarations to give priority to health research. These include the Abuja Declaration on Health Research (March 2006); the Accra Declaration on Health Research for Disease Control and Development (June 2006); and the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (April 2008). In addition, more recently, a Call to Action was adopted by the Global Ministerial Forum on Research for Health, held in Bamako, in November 2008, for strengthening research for health, development and equity.

15. The Algiers Declaration was endorsed by the Ministers of Health during the Fifty-eighth session of the Regional Committee, held in Yaounde, in 2008. The proposed framework for the implementation of the Algiers Declaration described in the following sections is grounded on these prior commitments and initiatives.

4. RECOMMENDATIONS

16. Narrowing the knowledge gap to improve the health of the people would require countries to coordinate the various sectors that are currently involved in health research, information and knowledge management. These sectors include planning and statistics, education, science and technology, agriculture and others. It is important that a coordinating mechanism be instituted to ensure synergy and make efficient use of resources that are already very limited.

17. For the same reasons, countries should also consider integrating their work on health information, research and knowledge management, as these areas are closely interrelated. The concept of knowledge gap and the need for knowledge translation into action apply to each of them. For example, in the area of research, an important objective is to convert key research results into health policy and then into practice, thus overcoming the 'know-do gap'. Knowledge should be closely linked to action by enabling the use of all valid and timely data, research results, and other information.

18. More broadly, research and health information systems focus on the generation of knowledge, while knowledge management embraces activities aimed at acquiring, disseminating, using, and improving knowledge. Knowledge management provides the tools to bridge the gap between knowledge and research, on the one hand, and their practical implementation, on the other.

¹ WHO, Resolution AFR/RC54/R3: Priority interventions for strengthening national health information systems. In: *Forty-fourth session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo, 30 August–3 September 2004, Final Report*, Brazzaville, World Health Organization, Regional Office for Africa, 2004 (AFR/RC54/19), pp. 11–13.

² WHO, Health research: agenda for the WHO African Region (AFR/RC56/14), Brazzaville, World Health Organization, Regional Office for Africa, 2006.

³ WHO, Knowledge management in the WHO African Region: strategic directions (AFR/RC56/16), Brazzaville, World Health Organization, Regional Office for Africa, 2006.

19. All three areas are interrelated and overlapping, being a part, and serving the purpose, of all programmes for health delivery. They are thus an integral part of the health system, and are essential to its development. However, up to now, they have been treated in a fragmented manner.

20. In order to narrow the knowledge gap and thereby improve knowledge generation as well as its use to inform policies, strategies and actions, Member States should consider the following:

4.1 Strengthened leadership and coordination

21. Member States should:

- (a) Establish a broad multidisciplinary national working group composed of information scientists, statisticians, researchers, policy-makers and decision-makers from the health, education, science and technology, and other relevant sectors, tasked with initiating the process of implementation of the Algiers Declaration.⁴
- (b) Establish or strengthen national and multisectoral structures or mechanisms such as a national coordination committee to oversee the development and implementation of policies and plans.
- (c) Conduct a national situation analysis to develop evidence base on the current state of national health information and research systems, and knowledge management,⁵ and ensure that the situation analysis is repeated at regular intervals.
- (d) Establish or strengthen a health research, information and knowledge management unit within the ministry of health to ensure coordination of efforts and to serve as a secretariat to the multidisciplinary national working group.
- (e) Develop a comprehensive evidence-informed national policy and strategic plan for narrowing the knowledge gap integrating health information, research and knowledge management systems.
- (f) Ensure that the health information, evidence, and research agenda includes broad and multi-dimensional determinants of health and that all efforts in these areas are linked to national health needs and policy priorities.
- (g) Adopt policies that promote access to global health information, evidence and knowledge by examining and adopting the application of intellectual property rights and by supporting North-South and public-private research partnerships within the context of the global strategy and plan of actions on public health, innovation and intellectual property.
- (h) Establish appropriate national policies and mechanisms for scientific and ethical oversight in the collection of data and generation of health information and evidence, including regulation of clinical trials; and for sensitization of people to their role, rights, and obligations when participating in studies.
- (i) Establish or strengthen appropriate mechanisms of cooperation including public-private, South-South and North-South cooperation, and technology transfer, and create regional centres of excellence to promote research and generate evidence for

⁴ This includes adapting this generic framework, coordinating the situation analysis, and developing national guidelines in partnership with the WHO Regional Office and other agencies.

⁵ Countries could use the database that is developed by the WHO Regional Office on national health research and information systems and knowledge management, which cover 44 of the 46 countries of the Region. The situation analysis will also allow assessment of how well the existing processes for the acquisition, creation, dissemination and sharing, storage, application and improvement of knowledge are functioning.

better decisions, particularly as regards disease surveillance, public health laboratories, and quality control of food and medicines.

4.2 Improved availability and quality of health information and evidence

22. Member States should:

- (a) Identify and integrate all existing sources of reliable information, including information from the private sector.
- (b) Institute procedures to ensure the generation and availability of information that meet international norms and standards and to clearly define relations between the various components of the health information system.
- (c) Ensure the availability of relevant and timely health information by increasing the frequency of national demographic and health surveys; completing the 2010 census round; strengthening birth and death registration; carrying out surveillance and gathering service statistics; and enhancing monitoring of health systems strengthening.
- (d) Improve the management of health information through better analysis and interpretation of data; presentation of information using the proper format to ensure use for decision making; and sharing and reapplying information and experiential knowledge.
- (e) Promote innovative research directed towards discoveries in basic knowledge and its transformation into new tools such as medicines, vaccines and diagnostics.
- (f) Ensure the availability of relevant and timely evidence by reorienting the institutional research agenda to pressing local problems such as health systems research.
- (g) Promote the use of systematic reviews in the production of evidence.
- (h) Ensure appropriate and adequate generation of evidence by strengthening institutional mechanisms for adequate ethical and scientific review of research from inception to publication and use of results.

4.3 Better dissemination and sharing of information, evidence and knowledge

23. Member States should:

- (a) Support the establishment of health libraries and information centres at local and national levels; link them to regional and international networks; and ensure that they have the necessary infrastructures, systems and human resources.
- (b) Ensure availability of printed and electronic materials in appropriate formats and languages.
- (c) Develop and strengthen the evidence base for health systems by consolidating and publishing existing evidence and facilitating knowledge generation in priority areas.
- (d) Establish mechanisms and procedures for documenting experiential knowledge and best practices in implementing health programmes.
- (e) Ensure that all local publications (in all formats and languages) are included on the relevant international indexes.

4.4 Improved use of information, evidence and knowledge

24. Member States should:

- (a) Ensure that policy-makers and decision-makers articulate their need for evidence and that they are part of the agenda setting process.
- (b) Improve the capacity of decision and policy makers to access and apply evidence.
- (c) Improve the sharing and application of information, evidence and experiential knowledge by, for example, supporting the establishment of Communities of Practice and sharing "Best Practices".
- (d) Support the translation of research results into policy and action by creating appropriate mechanisms and structures including promoting regional and country networks of researchers, decision-makers, and policy-makers for evidence-informed public health action.
- (e) Promote translational and operational research to assess how discoveries might be optimally utilized and strategically implemented to enhance access.

4.5 Better access to existing global health information, evidence and knowledge

25. Member States should:

- (a) Promote wider use of indexes including those that enable access to local, non-English, and unpublished (i.e., 'gray literature') materials.
- (b) Improve use of expertise locators and social networks to better access and utilize experiential knowledge.
- (c) Promote open-access journals and institutional access to copyrighted publications (e.g. through HINARI).

4.6 Wider access to information and communication technologies for health (eHealth)

26. Member States should:

- (a) Within the framework of national ICT development policies and plans, make available and promote the use of information and communication technologies to:
 - (i) improve access to existing global health information, evidence and knowledge;
 - (ii) develop/strengthen web-based applications and databases;
 - (iii) strengthen the management of databases, information, evidence and knowledge, particularly at district levels;
 - (iv) improve the performance of health workers (including the users and producers of information and evidence) through continuing education and learning;
 - (v) enhance the use and reapplication of information, evidence and experiential knowledge.
- (b) Critically evaluate available technologies to identify those that meet local demands and ensure interoperability between various systems.

4.7 *Improved human resources*

27. Member States should:

- (a) Improve human resources to ensure successful implementation of the Algiers Declaration including capacity building, development of a critical mass of professionals, and provision of continuing professional education, as well as promoting initial and further training in research, information and knowledge management.
- (b) Create and strengthen an enabling environment for attracting and retaining high-quality human resources, for example, by providing attractive career and incentive structures and/or offering opportunities to teach, carry out research, and participate in communities of practice, including those working abroad, in various disciplines and areas of health and health services research, including ethics and regulation.

4.8 *Improved financing*

28. Member States should:

- (a) Ensure that adequate financial resources are mobilized and available at each stage of the policy formulation and implementation process, and at all levels.
- (b) Allocate 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.
- (c) Ensure that adequate resources are allocated to health information systems and knowledge management systems.

5. ROLES AND RESPONSIBILITIES OF STAKEHOLDERS IN IMPLEMENTING THE FRAMEWORK

5.1 *Countries*

29. The Algiers Declaration will be implemented by translating into actions government's commitment to improve the health status of people using the PHC approach countrywide. Stakeholders at country level include governments, communities, civil society, academic institutions, research centres, professional associations and nongovernmental. Communities should be involved and their roles and responsibilities recognized. Existing national coordination mechanisms should include on their agenda the operationalization of the Declaration.

30. Countries should put in place adequate structures and set priority agenda for narrowing the knowledge gap. Collaboration and networking, both among countries within the Region and between them and the rest of the world, to strengthen knowledge creation, sharing and use, require facilitation by their international partners.

5.2 African Union and regional economic communities

31. The role of the African Union and other regional bodies would be to integrate health research, information and knowledge systems strengthening into policies and plans to improve regional cooperation. They should consider supporting the inclusion of indicators of improved national health research and information systems, and knowledge management, into the review processes of the African peer review mechanism.

32. The African Union should disseminate widely both the Ouagadougou Declaration and the Algiers Declaration among Heads of States and Governments and play a key role in monitoring progress in their implementation in line with the Africa Health Strategy 2007–2015 of the African Union. The African Union should continue advocating with international financial institutions to mobilize more resources to support the implementation of both Declarations. Regional economic communities should advocate for more resources to support the implementation of the two Declarations in countries in a harmonized manner.

5.3 Other stakeholders

33. WHO and other international agencies should advocate for adequate funding from governments, donors, and lenders for health research, information, and knowledge systems, and should lobby development partners so that they can explore new ways of creating incentives for social and technological innovation in health. Development partners should allocate higher proportions of health sector development assistance for strengthening health research, information systems and knowledge management.

34. Other stakeholders, including UN agencies, bilateral partners, financial institutions and international and global health initiatives should support national and local coordination mechanisms and provide integrated support to countries to strengthen their national health systems. They should also support countries to build their institutional capacities in coordination.

35. WHO country teams should incorporate the priority areas of the Algiers Declaration in their country cooperation strategy documents. Other UN agencies, as well as bilateral partners, should take into account the two Declarations in formulating their plans. All stakeholders should work towards effective harmonization and alignment to maximize support to countries for the implementation of the Algiers Declaration.

6. MONITORING AND EVALUATION OF THE IMPLEMENTATION OF THE ALGIERS DECLARATION

36. Countries are expected to:

- (a) Establish or strengthen monitoring and evaluation mechanisms to track the implementation of the Algiers Declaration by identifying relevant input, process, output, outcome and impact indicators.
- (b) Develop or strengthen existing mechanisms in order to institutionalize monitoring and evaluation of all aspects of the implementation of the Declaration.

37. WHO will develop a monitoring framework for the implementation of the Algiers Declaration and identify selected and standardized indicators to monitor the progress made by countries and promote sharing of best practices among them. WHO will establish an African Health Observatory which will facilitate monitoring of the implementation of the Algiers Declaration and progress towards achieving the Millennium Development Goals and other global

and regional health goals. Data recently collected during surveys on research institutions and knowledge and health information systems will serve as a baseline. To ease the process of collecting, analyzing and reporting data to the WHO Regional Office, the monitoring framework will provide guidance on the type of information, possible data sources for each indicator, and the periodicity of reporting.

7. CONCLUSION

38. It is expected that the proposed framework will substantially help countries to accelerate the implementation of the recommendations for narrowing the knowledge gap. Countries need to adapt and use the framework to implement the Algiers Declaration in order to strengthen their health systems. Narrowing the knowledge gap through generation of new knowledge, and effective and efficient application of existing knowledge, will contribute to improving health outcomes in the Region.

ANNEX 1: A PROTOTYPE SCHEME FOR TRANSLATING THE PROPOSED RECOMMENDATIONS INTO INTERVENTIONS AND ACTIONS BY PRIORITY AREAS AT COUNTRY LEVEL

Overall goal: To narrow the knowledge gap to improve health systems

Objective	Strategies/ Interventions	Potential actions	Actors
1. To strengthen leadership and coordination	Establishing/ strengthening leadership structures and mechanisms	Establish a broad multidisciplinary national working group to initiate the process of implementing the Algiers Declaration.	Ministry of health in collaboration with other key ministries and partners
		Establish or strengthen national and multisectoral structures or mechanisms to oversee the development and implementation of policies and plans.	
		Establish or strengthen a health research, information and knowledge management unit within the ministry of health.	
	Reviewing the evidence base	Conduct a national situation analysis to develop the evidence base on the current state of national health information and research systems, and knowledge management.	
	Developing policies and plans	Develop a comprehensive evidence-informed national policy and strategic plan for narrowing the knowledge gap and integrating health information, research and knowledge management systems.	
		Establish appropriate national policies and mechanisms for scientific and ethical oversight in the collection of data and generation of health information and evidence.	
Strengthening collaboration and partnership	Establish or strengthen appropriate mechanisms of cooperation and collaboration including public-private, South-South and North-South cooperation, and technology transfer, as well as create regional centres of excellence to promote research and generate evidence for better decision-making.		
2. To improve the availability and quality of health information and evidence	Strengthening structures and mechanisms for generating and managing health information and evidence	Identify and integrate all existing reliable sources of information including information from the private sector.	Ministry of health in collaboration with other key ministries and partners
		Institute procedures to ensure the generation and availability of information that meets international norms and standards (such as the International Classification of Diseases) and clearly define the relationships between the various components of the health information system.	
		Ensure the availability and management of relevant and timely health information by increasing the frequency of national demographic and health surveys; completing the 2010 census round; strengthening birth and death registration; carrying out surveillance and gathering service statistics; and enhancing the monitoring of health systems strengthening.	
		Ensure the availability of relevant and timely evidence by reorienting the institutional research agenda to pressing local problems by carrying out health systems research, and promoting the use of systematic reviews in the production of evidence.	
		Promote innovative research directed towards discoveries in basic knowledge and its transformation into new tools such as medicines, vaccines, and diagnostics.	
		Ensure appropriate and adequate generation of evidence by strengthening institutional mechanisms for adequate ethical and scientific review of research from inception to publication and use of results.	
3. To improve the dissemination and sharing of information, evidence and knowledge	Establishing/ strengthening mechanisms for accessing and sharing knowledge	Support the establishment of health libraries and information centres at local and national levels and link them to regional and international networks	Ministry of health in collaboration with other key ministries and partners
		Ensure availability of printed and electronic materials in appropriate formats and languages	
		Establish mechanisms and procedures for documenting experiential knowledge and best practices in implementing health programmes, including health systems performance	
		Ensure that all local publications (in all formats and languages) are included in the relevant international indexes	

Objective	Strategies/ Interventions	Potential actions	Actors
4. To improve use of information, evidence and knowledge	Establishing/ strengthening mechanisms for using evidence and knowledge	Improve the capacity of decision-makers and policy-makers to access and apply evidence through such appropriate mechanisms as policy briefs and policy dialogue meetings.	Ministry of health in collaboration with other key ministries and partners
		Support the translation of research results into policy and action by creating appropriate mechanisms and structures, including promoting regional and country networks of researchers, decision-makers, and policy-makers for evidence-informed public health action.	
		Promote translational and operational research to assess how discoveries might be optimally utilized and strategically implemented to enhance access.	
5. To provide better access to existing global health information, evidence and knowledge	Establishing/ strengthening mechanisms for accessing global health information, evidence and knowledge	Promote wider use of indexes including those that enable access to local, non-English, and unpublished (i.e. 'gray literature') materials.	Ministry of health in collaboration with other key ministries and partners
		Promote open-access journals and institutional access to copyrighted publications (e.g., through HINARI).	
6. To ensure wider use of information and communication technologies for health (eHealth)	Promoting and building capacity for use of ICT in health	<p>Within the framework of national ICT development policies and plans, make available information and communication technologies and promote their use:</p> <ol style="list-style-type: none"> 1. to improve access to existing global health information, evidence and knowledge; 2. to develop/strengthen web-based applications and databases; 3. to strengthen the management of databases, information, evidence and knowledge, particularly at district levels; 4. to improve the performance of health workers (including the users and producers of information and evidence) through continuing education and distance learning; 5. to enhance the use and reapplication of information, evidence and experiential knowledge. 	Ministry of health in collaboration with other key ministries and partners
		Critically evaluate available technologies to identify those that meet local demands; and ensure interoperability between various systems.	
7. To improve human resources	Strengthening mechanisms for improving human resource capacity	Improve human resources by strengthening capacity, developing a critical mass of professionals and promoting initial and further training in research, information and knowledge management, as well as continuing professional education.	Ministry of health in collaboration with other key ministries and partners
		Create and strengthen an enabling environment for attracting and retaining high-quality human resources	
8. To improve financing	Strengthening mechanisms for sustainable financing	Ensure that adequate financial resources are mobilized and available at each stage of the policy formulation and implementation process and at all levels.	Ministry of health in collaboration with other key ministries and partners
		Allocate at least 2% of national health expenditures and at least 5% of external aid for health research.	
		Ensure that adequate resources are allocated to health information and knowledge management systems.	

ANNEX 2

MINISTERIAL CONFERENCE ON RESEARCH FOR HEALTH IN THE AFRICAN REGION

Algiers, 23–26 June 2008

THE ALGIERS DECLARATION

We, ministers of health and heads of delegation of African countries, meeting in Algiers on 26 June 2008 for the Ministerial Conference on Research for Health in the African Region,

Considering

1. The magnitude of health problems associated with poverty and climate change, including prevalent infectious diseases such as malaria, tuberculosis, HIV/AIDS, emerging diseases, neglected tropical diseases, the resurgence of epidemic-prone diseases and other complex emergency situations;
2. The diseases and conditions affecting sexual and reproductive health, in particular maternal, neonatal and child health, adolescent and geriatric health, as well as non communicable diseases, malnutrition and mental health, including drug and substance abuse;
3. The burden of disease and the limitations due to weak and fragile health systems;
4. The inadequate institutional, infrastructural and regulatory capacity to conduct high-quality investigation in public health, basic science, product development and operational research;
5. The increasing gap in the application of existing and new technologies for improvement of public health in our countries, and the need to expand access to appropriate and cost-effective tools to address numerous health problems;
6. The migration of human resources for health from our countries to developed countries;
7. The critical need to inform and protect human subjects of research.

Recognizing

1. The difficulties encountered by our countries in achieving national and internationally-agreed health targets, including the health-related Millennium Development Goals (MDGs);
2. The need for appropriate platforms to improve our capacities for sharing knowledge and evidence to inform health policies and practices that will positively impact on the health of our peoples;
3. The need for national research agendas responsive to country challenges and priorities, as well as to global public health priorities;
4. The need for adequate and incentive investments in research and development to produce new and effective medicines, diagnostic tools, vector control tools and vaccines, and to promote research in traditional medicine and strengthen health systems, taking into account the socio-cultural and environmental situation of the people;
5. The urgent need for our governments to implement mechanisms for addressing the aforementioned concerns and to promote research and utilize its findings in our health systems;
6. The increased global attention given to development and poverty reduction issues especially as expressed in the Millennium Development Goals (MDGs), thereby creating an unprecedented opportunity for formulating evidence-informed policies and strategies.

Building on previous commitments made by our governments to our people and by the global community in favour of priority health research, including texts or instruments such as the United Nations Millennium Declaration on development, the Africa Health Strategy 2007-2015 of the African Union, the Mexico Statement on health research adopted in November 2004, the Abuja Declaration on health research of March 2006, the Accra Declaration on health research for disease control and development adopted in June 2006 and the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa of April 2008;

1. *Commit ourselves to working together to give the necessary impetus to the strengthening of national health research systems, national information and knowledge management systems through the optimization of investments, better coordination of our action and enhanced management in order to improve the health of the people of Africa.*

2. *Also commit ourselves to launch implementation of the following before the end of 2009:*

- (a) to establish or strengthen coordination within the health sector and among other sectors contributing to the development of science and technology including in health, and establish or strengthen governance structures to promote ethics and increase public trust in research;
- (b) to develop or strengthen adequate national health research policies and strategic frameworks that are based on systematic and standardized assessments of national health research and knowledge systems;
- (c) to expand the health research agenda to include broad multidimensional determinants of health;
- (d) to create or strengthen South-South and North-South cooperation including technology transfer;
- (e) to link health research and development efforts with health needs and explore opportunities for partnerships between governments, universities, private sector and civil society organizations;
- (f) to create subregional centres of excellence to promote research and generate evidence for better decision making. The scope of activities of the centres shall focus mainly on disease surveillance, public health laboratories and quality control of food and medicines;
- (g) to support the development of human resources for research through initial and further training and promotion of access to scientific information;
- (h) to establish appropriate mechanisms for scientific and ethical oversight of research for health, including regulation of clinical trials and sensitization of the people to their role, their rights and their obligations in research for health;
- (i) to monitor, evaluate and systematically review health research systems by developing appropriate tools and indicators;
- (j) to allocate at least 2% of national health expenditure and at least 5% of external aid for health projects and programmes to research and research capacity building and invest more in research aimed at improving health systems;
- (k) to create or strengthen an environment that attracts the best skills, for example by providing attractive career structures and incentives, by facilitating access to information and by offering the persons concerned opportunities to teach, do research and participate in communities of practice;
- (l) to develop a critical mass of focal persons and well-trained national researchers, including those working abroad, in various disciplines and areas of health research, including ethics and regulation;
- (m) to develop and strengthen the evidence base for health systems by consolidating and publishing existing evidence and facilitating knowledge generation in priority areas;
- (n) to support the translation of research results into policy and action by establishing appropriate mechanisms and structures, including setting up networks of researchers, decision-makers and policy-makers for evidence-based public health action;
- (o) to continue to promote innovative research in basic sciences and its transformation into new tools such as medicines, vaccines and diagnostics tools;
- (p) to develop and strengthen the national health information system by instituting procedures that ensure the generation and availability of information meeting international norms and standards and by defining clear relations between the various subsystems, and the mechanisms needed for their regular evaluation;
- (q) to identify and integrate the various sources of information into national information systems taking into account the private sector so as to generate accurate and reliable information;
- (r) to acquire information and communication technologies and make them accessible to all sources and potential users of information, in order to have up-to-date evidence for health research development;
- (s) to prepare national strategic directions for knowledge management, including ehealth, ensuring that they are integrated as a priority into national health policies and plans;

- (t) to establish norms and standards, including ethical ones, taking into account technological progress and new knowledge management methods;
- (u) to strengthen national capacity in knowledge management;
- (v) to adopt policies that promote the application of intellectual property rights to benefit the public and North-South and public-private research partnerships so as to enhance the accessibility of research results.

3. Call upon researchers, research institutions and research and information networks to:

- (a) to become more actively engaged in collaboration with all stakeholders in setting research priorities;
- (b) to enhance the relevance of research to users, policy-makers and communities by linking research activities to health challenges and priorities in order to bridge the know-do gap.

4. Urge national and international partners including the private sector, civil society, and regional economic communities to make every effort in line with the 2005 Paris Declaration on Aid Effectiveness:

- (a) to support country policies and mechanisms to honour the aforementioned commitments;
- (b) to promote equitable South-South and North-South cooperation, technology transfer and collaboration in health research, and the establishment and strengthening of knowledge management capacities and practices;
- (c) to invest at least 5% of external aid for health projects and programmes in research and research capacity building with emphasis on implementation of health policies and strengthening of health research systems.

5. Call upon the African Union and regional economic communities:

to advocate for strengthening health research systems and to encourage regional cooperation.

6. Request the World Health Organization:

- (a) to advocate for increased funding from governments and development partners for health research, information and knowledge management and for equitable sharing of that funding among all relevant stakeholders;
- (b) to support Member States to build national health research systems, develop capacity to conduct health research, identify health research priorities, evaluate research outcomes and use acquired knowledge to solve health problems by following evidence-informed policies;
- (c) to facilitate South-South and cross-border collaboration to promote the creation, sharing and use of knowledge to improve the health status of the people;
- (d) to support the establishment of subregional and regional centres of excellence to develop research for health;
- (e) to increase the WHO health research budget and explore innovative financing mechanisms for supporting Member States to strengthen their health research, information and knowledge management systems;
- (f) to establish an African health research, information and knowledge management systems observatory ;
- (g) to continue to support the development of a framework for implementing the Declaration to be presented to the fifty-ninth session of the WHO Regional Committee for Africa;
- (h) to submit the present Declaration to the WHO Regional Committee.

Done at Algiers this twenty-sixth day of June in the year 2008