

Ireland Africa Partnership for Health Research Capacity Strengthening

Executive Summary

April 2008

Researchers from three Irish institutions, six African countries and one non-governmental organisation (NGO) are committed to a long-term partnership for capacity building for pro-poor health research in Africa. Funding for the first five years of the Programme is from Irish Aid, Ireland's development assistance programme, through Ireland's Higher Education Authority (HEA).

- The Irish researchers are from the Royal College of Surgeons in Ireland (RCSI) ¹, Trinity College Dublin (TCD), the National University of Ireland Galway (NUIG).
- The African researchers are from Lesotho, Malawi, Mozambique, Sierra Leone, Sudan and Uganda. The Malaria Consortium's main headquarters is in the UK and its main Africa office is in Uganda.
- The Council for Health Research for Development (www.COHRED.org), which has unique expertise in research capacity building, and the Alliance for Health Policy and Systems Research (www.alliance-hpsr.org), which focuses on research prioritisation and research into policy processes, are both advisers to the Programme.

Programme aims: to strengthen capacity in Ireland and Africa for pro-poor health systems research through:

- summarising existing research and knowledge gaps on health systems' capacity to deliver interventions for the Health and HIV/AIDS Millennium Development Goals (MDGs);
- funding and training five PhD students;
- assessing and strengthening the partners' research capacity;
- conducting Irish Aid-relevant research; and
- strengthening research into policy links.

Specific objectives:

Phase 1 (months 1-15):

- (1) All partners will participate in a Dublin workshop, June 2008, to agree plans for collating, summarising and synthesising existing research findings and knowledge gaps (activities to be carried out by month 14).
- (2) Adapt existing (and where necessary design new) research training modules. Some have already been developed by the RCSI and others as part of a new HRB-funded cross-Irish HEI Scholars programme. These will provide the taught course elements for students undertaking PhDs in the HEA Programme thematic areas (see p.2). Modules will subsequently be adapted and made available to all partners on an electronic intranet. Five PhD studentships will be funded from the Programme.
- (3) Conduct partner research capacity assessments to identify: (a) capacity-strengthening needs; and (b) 'good fits' – by discipline, experience and research interest – for research teams to address priority questions.

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Programme Coordinator from May 2008: Dr Elaine Byrne, RCSI.

Phase 2 (months 15 - 60):

- (4) Uganda workshop (*month 15*) where Programme partners, plus representatives of relevant national (ministry of health) and global policy makers will:
 - Review and agree mechanisms for finalising Phase 1 drafts and research into policy processes
 - Determine research priorities for Phase 2 research
 - Review research capacity assessments and recommend capacity strengthening priorities
- (5) Strengthen partner-capacity through: (a) doctoral training; (b) access to on-line courses and (c) joint research studies.
- (6) Attract additional research funds for PhD studentships and research projects.

Programme Themes

The primary Irish Aid thematic priorities to be addressed are Health, and the components of HIV/AIDS control that rely directly on effective functioning health systems, especially clinical care, including anti-retroviral treatment (ART), and preventive interventions. The Programme approach is framed within Irish Aid’s *Health Policy. Improving Health to Reduce Poverty. Irish Aid, February 2007*, on which was based the December 2006 *Programme of Strategic Cooperation, 2007-11*. Our Programme focus will be on the production of new and country context-specific knowledge on:

- How to “strengthen health systems to serve the poor more effectively” (*Objective 2, Irish Aid Health Policy.*); and
- The optimal configuration of health services and identification of effective “health strategies that meet the needs of the poor and marginalised” (*Objective 3*).

The Programme focus will include the main priorities of the *Taoiseach’s Initiative on HIV/AIDS and Communicable Diseases* (applicants from each of the Irish institutions in this consortium sit on the Technical Advisory Group to the Taoiseach’s Initiative). We propose a thematic health systems framework, as illustrated below, which draws on the relevant MDGs, framing these within cross-cutting components of the health system:

Thematic health systems framework

<i>Health Systems component</i>	<i>MDG</i>	4. reduce child mortality	5. Improve maternal health	6. Combat HIV/AIDS and Malaria	
A. Governance					National
B. Human resources for health			District		
C. Access and Equity			Community		

This systems framework draws on our (Irish and African HEI) track-records and a growing body of research evidence that is emerging through our North-South and South-South partnerships. These three components or dimensions of the health system are keys to the effectiveness of these systems in meeting the needs of the poor. They will provide a focus or lens for selecting and synthesising relevant research on the health and HIV/AIDS MDGs (4, 5 and 6) in Phase 1 of the Programme. They also link directly to several of the Irish Aid thematic and cross-sectoral priorities, as listed in the *Programme of Strategic Cooperation, 2007-11*.

A. Good Governance:

The capacity of governments and ministries of health to provide stewardship of the health system – and of civil society to participate in programme planning – in the complex donor and development assistance environments in which Irish Aid and its country partners operate. Half of the funding under the Taoiseach’s Initiative in 2007 is being channeled through *Global Health Partnerships* (GHPs), which have rapidly become an essential part of the global and country health-aid environment in which Irish Aid is operating: “contribute to an effective international response to health needs of the poor” (*Objective 4, Irish Aid Health Policy*).

Irish Aid’s engagement with GHPs is being guided by a 2007 strategy document drafted by the RCSI PI (RB): *Global Health Partnerships 2006-10, Irish Aid*. Phase 1 Programme activities will draw on ongoing research and global engagement on the effects of GHPs on countries’ health and governance systems, at national and district levels: (1) a RCSI (RB) led 15-country network researching global HIV/AIDS initiatives (2006-09) (www.ghinet.org), which includes the Malawi, Mozambique and Uganda applicants; (2) TCD’s participation on the Global Alliance for Vaccines Initiative (GAVI) Board, representing Irish Aid.

B. Human Resources for Health:

This will draw on three multi-country Irish Aid-funded studies led by the TCD Centre for Global Health, which include several of the African partners on this proposal, including: Uganda, Malawi, Mozambique, and Lesotho: (1) MaxHR (EMcA), studying how to maximize human resources at the district health level; (2) Motivation (CN ST) on understanding incentive systems; and (3) the effective use of mid-level providers in emergency obstetric care in 10 countries (EMcA). The RCSI GHIN Network of country studies is also researching the effects of global initiatives on human resource management.

Emerging findings from the applicants’ research on GHPs and HR in Programme countries will be included in Phase 1 syntheses and the Programme will provide an additional channel and processes for communicating findings to *national and global policy makers*; and to Irish Aid staff, so as to contribute to “a coherent approach to health improvement in all Irish Aid’s work” (*Objective 5, Irish Aid Health Policy*).

C. Equity and Access to health services:

This systems dimension covers two of the Irish Aid priorities, including.

- **Poverty and Disadvantage:** underlying social and environmental determinants of health and sustainable development, including: economic and other barriers that poor people experience in trying to access services (*Objective 1, Irish Aid Health Policy*);
- **Gender Equality:** in accessing services and in aspects of maternal and child health (Irish Aid and its 0.7 partners, at the April 2007 15th Board Meeting of the Global Fund in Geneva, articulated the Fund's inability to report gender-disaggregated performance on disease control scale-up. We will ascertain the research evidence and gaps.

3.1 will draw on the expertise of the TCD partners (ST CN) in health care financing. The GHIN Network of 15-country studies has included gender, equity and access to services as themes in researching the effects of global HIV/AIDS initiatives on country systems.

Country context – Health in Humanitarian crises:

This is a new thematic issue in Irish Aid's February 2007 *Health Policy*, which our Programme will address. We have included as partners countries that have emerged from conflict: **Uganda** (1985), **Mozambique** (1992), **Sierra Leone** (1999), as well as **Sudan**, which is currently in crisis. Cross-country lesson-learning will be undertaken – from existing research and possibly from designing new studies – on what strategies have worked best to rebuild health systems after a conflict.

The above thematic framework will be reviewed at the June 2008 workshop, which will focus and set boundaries for the research syntheses exercises. In view of the ambitious scope of the Programme, the country contexts will guide boundary-setting: a broader scope in 'difficult' settings (Sudan, Sierra Leone and Lesotho), where there may be limited existing research and a need to focus on research priorities; and a narrower scope in the other research-rich countries.

Partners²

<i>Irish HEIs / Malaria Consortium (A) African partner</i>		Royal College of Surgeons in Ireland	Trinity College Dublin	NUI Galway	Malaria Consortium
Lesotho: Philip Odonkor National University of Lesotho	<i>Lead</i> <i>Support</i>		S. Thomas	D O'Donovan	
Malawi: Victor Mpwasa Malawi College of Medicine	<i>Lead</i> <i>Support</i>	R. Brugha	A Adedimeji		
Mozambique: Baltazar Chilundo Dept Community Medicine, Eduardo Mondlane University	<i>Lead</i> <i>Support</i>	R. Brugha			E. Streat
Sierra Leone: Aiah Gbakima University of Sierra Leone	<i>Lead</i> <i>Support</i>	S. McConkey		D O'Donovan	
Sudan: Eldiridieri Salim University of Juba, Sudan	<i>Lead</i> <i>Support</i>	R. Brugha			G Root
Uganda: Freddie Ssenooba Institute for Public Health, Makerere University	<i>Lead</i> <i>Support</i>	R. Brugha			A. Collins

² To be updated, as some staff have changed jobs