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EN AFRIQUE

**SARA Participation in Africa's Progress
In Child Survival Conference**

Dakar, Senegal: March 25 - April 2, 1993

**Consultation with REDSO/WCA on the HHRAA Research-
Agenda Development and Implementation Process**

Abidjan, Cote d'Ivoire: April 8 - 11, 1993

**Sambe Duale, MD, MPH.
SARA Research Manager
Tulane University**

May 1993
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S A R A

Africa's Progress In Child Survival *Dakar, Senegal: March 25 - April 2, 1993*

Consultation with REDSO/WCA *Abidjan, Cote d'Ivoire: April 8 - 11, 1993*

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**SARA Participation in the Africa's Progress
In Child Survival Conference**

**Dakar, Senegal
March 25 - April 2, 1993**

Purpose: Participation of the SARA Project in the Africa's Progress in Child Survival Forum

- Objectives:***
1. To learn about Africa's experiences in implementing child survival and maternal health programs;
 2. To identify issues for research and analysis that might be considered in setting the IHRAA research agenda;
 3. To network with individuals and institutions to get their ideas on HHR priority issues for R&A and exploring mechanisms for future collaboration.

- Methods:***
1. Participation in the workshop on the integrated management of the sick child (ARI/CDD/MALARIA) workshop;
 2. Attendance at plenary sessions of the Africa's Progress in Child Survival Forum;
 3. Organization of three focus group sessions in collaboration with TSD/IHPO/Centers for Disease Control on the role of operations/applied research in Combatting Childhood Communicable Diseases program in Africa;
 4. Meetings with individuals and groups of individuals from various African countries;
 5. Administration of a Research and Analysis issues identification questionnaire;
 6. Review of presentations, abstracts, and other conference materials.

Selected Conference Observations

A. Expanded Programme on Immunization (EPI)

EPI has been mentioned by many African countries as being the cornerstone of their primary health care activities. During the conference, participants raised concerns about the performance and future of the EPI in Africa.

Estimates of immunization coverage rates for Africa have leveled off during the last 3 to 4 years. WHO/AFRO mentions of a declining EPI performance in the region for 1992. The level of morbidity and mortality related to childhood vaccine-preventable diseases is still high. Great efforts are needed if the goals of neonatal tetanus elimination, polio eradication, and measles control by year 1995 are to be reached.

Funds for EPI come almost entirely from donor agencies. UNICEF has been procuring vaccines for national programs. The prospect of countries taking over the procurement of vaccines in the future is an acceptable goal, but it will be difficult to reach because few African countries have scarce hard currencies.

The following information needs on EPI might be considered in developing the HHRAA R&A strategic framework for child survival:

1. Undertake studies to identify and better understand the main factors that have contributed to the stagnation of EPI coverage and low performance of programs in many African countries;
2. Carry out case studies of countries that have good EPI performance and those that have started their own efforts to procure vaccines for their programs;
3. Identify better approaches for policy dialogue and donor coordination in support of a high EPI performance in Africa;
4. Operational studies and/or policy reform interventions to address factors identified as contributing to the low performance of the EPI.

AFR/ARTS/HR is in a better position to build on the ACSI-CCCD experiences and use the HHRAA Project to address the questions raised above. Those information needs can be addressed in collaboration with WHO/AFRO, UNICEF, CDC, and other interested parties.

B. *Management of the Sick Child*

The presentation at the conference of the WHO/UNICEF algorithms for integrated care of the sick child prompted a lot of discussion.

There was consensus on the need to improve practices and clinical interventions for the management of the sick child presenting with common childhood illnesses and conditions. The concept of algorithms for integrated care for ARI, CDD, Measles, Malaria, Malnutrition, and the provision of preventive and promotional services is well accepted.

There was fear, however, that the WHO/UNICEF algorithms for integrated care of the sick child are being introduced as an initiative or program to replace the existing vertical programs (ARI, CDD,...) and that by doing so it may hamper some of the gains achieved by those programs.

It was suggested that the algorithms be introduced as clinical tools to improve clinical assessment and treatment of the sick child. There was call for field testing and careful evaluation of a number of issues that range from technical to health system operations. Among the questions asked were:

- How will the seasonal variations of some diseases affect the performance of the algorithms?
- What are the implications of the use of algorithms on the referral system?
- How will the nutritional messages be adapted to each local condition?
- Who will train whom on the use of the algorithms and for how long?

C. *Strengthening District Health System*

There was a call for the integration of the child survival programs into the primary health care system, especially at the district or operational level.

The theoretical concept of the health district is well accepted in the African region, but the process of implementing a successful decentralized and integrated health system varies from country to country. HHRAA should consider carrying out analysis and research on how health programs such as EPI, ARI, CDD, and family planning have been organized, implemented, and integrated in various health systems in Africa. The analysis may help identify models of decentralized integrated

health systems that other countries may use to develop their national or regional health systems.

D. Health Financing and Sustainability

Financing and sustainability of health programs in Africa was one of the main issues discussed at the Forum. A lot of questions for research and analysis were raised during the discussions. Among those questions are the following:

- What is the best mix of public, private, user fee, and external donor funding for a sustainable health program?
- How can Governments take more responsibility for funding preventive health services?
- What are the best approaches to improving financial management of health services at different levels of the health system

E. Emerging Diseases

The Forum presentations and discussions pointed out that the following diseases are emerging as leading causes of morbidity and mortality in Africa, namely malaria, HIV/AIDS, STDs, tuberculosis, dysentery, and cholera. In addition to those diseases, the conditions leading to maternal mortality were among the majors problems raised.

There was consensus on the need for higher impact strategies to address those diseases and conditions in order to improve the health and well being of the populations in Africa

F. Health Research

The importance of research in support of health program management was highlighted during the conference. There was a call for more collaborative research efforts among various disciplines, especially the social sciences, to better understand the behavioral aspects of health. Epidemiologists need to involve program managers and behavioral researchers in designing studies.

National capacity-building for health research is still a priority for most of the Sub-Saharan African countries. Training in research methodologies, country coordination of health research activities, making funds available for research, and better

Conclusions

dissemination of research findings are the areas that need more support in the process of national capacity building for health research.

More issues raised on the subject of health research will be presented in a report on the focus group discussions organized during the Forum in collaboration with Dr. Emmanuel Joseph and Dr. Andrew Vernon of the Centers for Disease Control (Report attached).

A certain number of African participants were given a SARA-prepared questionnaire to solicit their views on priority issues for research and analysis. We got back 6 completed questionnaires in English and 22 in French. An analysis and synthesis of the completed questionnaires will be presented separately.

Conclusions

We learned from the conference that infant morbidity and mortality in Africa are still major problems, so child survival activities need to stay high on the health agenda. Child survival interventions such as EPI, CDD, ARI, and so on, have been proven effective, but there is still need for rethinking the implementation and management approaches.

AFR/ARTS/HHR might contribute to the rethinking approaches to the implementation of child survival activities in Africa by conducting analyses of lessons learned so far about some of the issues discussed above. SARA, in assisting AFR/ARTS/HHR in the implementation of the HHRAA Project, supports taking some of these issues into consideration.

Consultation with REDSO/WCA on the HHRAA Research-Agenda Development and Implementation Process

Abidjan, Côte d'Ivoire

April 8-11, 1993

Purpose: To continue consultations with REDSO/WCA for the HHRAA research-agenda development and implementation process.

Methods: ■ Individual and group discussion meetings with the following REDSO/WCA staff members:

Nancy Nolan

Bineta Ba Diagne

Souleymane Barry

Medjomo Coulibaly

- Visit with the Secretariat of the UNDP Regional Project
RAF/91/006 - African Futures

Discussion Notes:

1. REDSO/WCA HPN Strategy Development

REDSO is in the process of developing an overall HPN strategy for the region. The strategy development is about 70 percent completed. One of the points to be highlighted in the strategy is the need for more behavioral/social science research in support of program development.

It was suggested during the discussion to hold a two-day consultative meeting of HPN officers to discuss and refine the strategy document when completed. Such a meeting may be convened in September, or later this year. SARA would explore ways to get involved and to provide support to REDSO/WCA for its HPN strategy development process.

2. REDSO/WCA Workshop on Health Financing and Sustainability

REDSO is planning to set aside \$ 75,000 of PD&S funds for this workshop. Bineta Ba wanted to know how SARA might be involved. SARA might consider providing the same kind of support that was given to the REDSO/ESA. It is planned to hold the workshop in Dakar, Senegal.

One issue that needs to be clarified is what kind of support will HFS Project/ABT and SARA Project provide for the workshop. SARA will have to consult with AFR/ARTS/HR on the issue and provide feedback to REDSO.

3. HIV/AIDS Impact on Mortality

REDSO/WCA, in collaboration with Data for Decision Making Project/Harvard and CERPOD, is undertaking a retrospective mortality study in three urban centers in Africa: Abidjan, Dakar, and Ouagadougou. The study aims to review mortality data over a twenty-year period—ten years before and ten after the onset of the HIV epidemic.

We did not discuss the design and methodology of the study. REDSO has expressed the need for wide dissemination of the study results when completed.

4. Maternal Mortality Study

REDSO/WCA has set aside \$125,000 for a study on the cultural aspects of maternal mortality. REDSO feels strongly that to better address the problem of maternal mortality, it needs information on communities' attitudes toward pregnancy and delivery, especially about families' preparedness for delivery when a woman is pregnant.

REDSO is seeking the services of a consultant, preferably a medical anthropologist and/or sociologist, to help design and undertake the study. REDSO would like HHRAA or SARA to help with the study if possible.

SARA might conduct a literature search on the topic and send the product to REDSO.

5. Integration of HIV/AIDS Prevention and Control in Family Planning Services

REDSO completed a study on the subject. The study's report is available in English. The translation into French may start soon. REDSO would like to see the report widely disseminated. SARA will ask REDSO to provide it with a copy of the report for review and potential repackaging for dissemination.

6. The Role of the Private Sector in STD Prevention and Control

REDSO, in collaboration with the INITIATIVES Project and the Network for AIDS Research in West and Central Africa, is planning to undertake a study on the above subject.

7. Other Issues Discussed:

- Mr. Coulibaly mentioned the need for short term technical assistance to support the ERNWACA activities. He mentioned having discussed the matter with Julie Rea, AFR/ARTS/HHR.
- REDSO/WCA is thinking about organizing a regional workshop on the impact of HIV/AIDS counselling.
- REDSO/WCA has been sponsoring participants for short-term training on the epidemiology of STD and HIV/AIDS offered by Projet RETROCI, Abidjan, Côte d'Ivoire.
- Need for intervention study on how to motivate providers of family planning services in order to increase acceptance of modern contraceptives.

8. UNDP Regional Project RAF/91/006: African Futures

Because of an appointment conflict and a shorter Good Friday working day, I was not able to meet with the Coordinator of the Project. I did get some documentation on the Project.

African Futures is a 5-year regional project approved by UNDP in April 1991. It serves to support national efforts to develop National Long-Term Perspective Studies (NLTPS). The project is sponsored by the African Development Bank, the Economic Commission for Africa, the United Nations Development Programme, and the World Bank.

A summary description of the project is attached to this report. SARA will try to get more information about the project through the World Bank.

Conclusion:

The REDSO/WCA team would like to start collaborating with HHRAA/SARA on some specific research and analysis and dissemination activities, especially on some of the issues mentioned above. HHRAA/SARA would have to update REDSO regularly on the HHRAA implementation process.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date April 13, 1993

Consultant to ARTS Project TSD/IHPO

Foreign Trip Report

Associate Director for International Health, CDC

Through: Director, TSD, IHPO elli 4/20/93
CCCD Technical Coordinator
Deputy Director, IHPO

I. DATE AND PLACE OF TRAVEL

Dakar: Mar 25, 1993 - April 4, 1993

II. PURPOSE OF TRAVEL:

To meet with CCCD participant country researchers attending the 6th ACSI-CCCD Consultative Meeting in Dakar for the purpose of eliciting views on the success of CCCD activities in applied research, and current status of activities.

To elicit recommendations for modifications that might be made to the conduct of applied research to make it more effective.

To explore the experiences of other agencies involved in the promotion of research in developing countries (including CCCD participant countries), with respect to their successes or failures in capacity building.

III. PRINCIPAL PERSONS CONTACTED:

Individual or small-group meetings:

Dr. Estelle SHAW	Cote d'Ivoire
Dr. Lucille IMBOUA-COULIBALY	Cote d'Ivoire
Dr. Joseph NIANGUE	Cote d'Ivoire
Dr. Justin NDOYO	CAR
Dr. Aristide APLOGAN	Togo
Dr. Tchasseu KARSA	Togo
Dr. Julius MAKANJUOLA	Nigeria
Dr. Olu BABANYI	Nigeria
Dr. Joshua ADENYI	Nigeria

Page 2 - Associate Director for International Health, CDC

Dr. Akanni O.O. SORUNGBE	Nigeria
Dr. Hezekiah ADESINA	Nigeria
Dr. Doyin FAGBULE	Nigeria
Dr. Rose MACAULEY	Liberia
Dr. Maye OLIVOLLA	ADDR/USA
Dr. Shiva MURUGASAMPILLAY	Zimbabwe
Dr. Fitzroy HENRY	ADDR/USA
Dr. George BICEGO	DHS/USA

Focus Group Discussions:

Francophone:

Dr. Shaw	Cote d'Ivoire
Dr. Niangue	Cote d'Ivoire
Dr. Imboua Coulibaly	Cote d'Ivoire
Dr. Karsa	Togo
Dr. Aplogan	Togo
Dr. Salamih	INTRAH/Togo
Dr. Ndikuyeze	Rwanda/WHO
Dr. Othepa	Zaire
Dr. Bizimana	Burundi
Dr. Ndoyo	C.A.R.
Dr. Dogore	Cote d'Ivoire
Dr. Duale	facilitator
Dr. Joseph	observer/recorder
Dr. Vernon	observer/recorder
Mary Harvey	observer/ USAID

Anglophone:

Dr. Rose MACAULEY	Liberia
Mary MOMOLU	Liberia
David MASSAQUOI	Liberia
Mavis NXUMALO	Swaziland
Malika NKUEBE	Lesotho
Gertrude THINYANE	Lesotho
Dr. Joshua ADENYI	Nigeria
Dr. O OLADEPO	Nigeria
Dr. O.J. EKANEM	Nigeria
Dr. Shiva MURUGASAMPILLAY	Zimbabwe/ Facilitator

"Experts" group:

Dr. Maye OLIVOLLA	(ADDR)
Dr. Francois DABIS	(INSERM/CDC EIS/Univ Bordeaux)
Dr. DUALE Sambe	(SANRU/SARA/AED)
Drs. Vernon, Joseph	(CDC/IHPO)

IV. ACTIVITIES AND ACCOMPLISHMENTS:

Held three focus group discussions on "Lessons Learned from CCCD Operational Research".

Held numerous individual meetings with former or current CCCD collaborators in participant countries.

Displayed a poster session reviewing the 12 year experience of the ACSI-CCCD project in "Operational Research (OR)" and responded to several inquiries. Requests for the 1990 report on CDC Operational Research in ACSI-CCCD were received from 12 developing country conference participants, and 15 from multilateral development agencies.

A. MAIN FINDINGS AND OBSERVATIONS:

A summary and synthesis of the main themes from each focus group session is appended.

In general, the written questionnaires were not useful as a tool for self administration. They are probably only useful as an administered questionnaire or interview guide, since they did not provide much useful information when self-administered. (In general the examples, comments and descriptives were too vague to be of much use and ratings were not discriminating of "good" and "bad" elements of the program). Individual in-depth interviews and group discussions were more productive.

For the conference as a whole, the following important themes emerged with respect to the OR activity:

1. There still is no clear consensus on what defines research, operational research or applied research among the many parties involved with such activities. It seems from the many discussions that the most appropriate dividing category would be into

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research or data activities of immediate local application (problem-based research such as the facility surveys) and that which might provide generalizable results (at a national or regional level).

2. There was an apparent constituency for both kinds of research. Policy and program personnel generally expressed a strong endorsement of local problem-based research. The expert group also endorsed this need but were less inclined to call it "research".

3. There is still a poor consensus as to what constitutes appropriate dissemination, although there is a general agreement that dissemination is less than it needs to be. There is, in general, a tendency to equate dissemination with "distribution" (of a final report or document) and there is very little appreciation (even on the part of CDC staff) of the theoretical basis underlying the diffusion of innovation, or current dissemination theory.

4. There was a fairly wide consensus among country participants that health activities of donors (both in research and service delivery) are very poorly coordinated. This was broached to some degree in the plenary session following Dr. Karsa's comments on "integration", but the discussion was really as much about lack of "coordination" amongst various players as it was about "integration" of separate disciplines. This was also evident in individual discussions and to a lesser extent in groups.

5. There was generally a wide appreciation of the CCCD activities in "operational research", particularly in program-specific, problem-oriented research. The activities which were MOST likely to be offered as specific examples were most often program-specific activities (which would NOT generally yield "generalizable results" or be of global interest). However, a fair appreciation was offered of some of the more formal research activities as well (eg. E-Z vaccine studies, which seemed to be well known).

6. There did NOT seem to be a clear consensus on the best way to promote research. There was only qualified endorsement of the formal solicitation-review mechanism such as that used by the Nigeria OR Committee and ADDR.

7. There seemed to be a stronger sentiment (and one that was more consistent across both donor agencies and country personnel) that the "mentor" relationship of working jointly on the evolution of a research project was the most consistently fruitful mechanism for skills transfer.

8. There was a significant concern within the "expert" group about the appropriate utilization of the skill of researchers who have been trained (and the fear that they are underutilized). This was tied to an inadequate research "environment" in developing countries and lack of career mechanisms. This seemed less a concern amongst country participants.

9. Virtually everybody spoken to acknowledges that bilateral donor agencies frequently (?always) have their own agenda. Most recognize this as the cost of doing business. With respect to research however, this can occasionally result in "imposed" projects which country participants feel absolutely no "ownership" in relation to. Reaction to some of these activities has ranged from bemused (Integration of FP-EPI in Togo) to annoyance and displeasure (MUHS in Liberia). It seems however, that even where projects undertaken are NOT related to a clearly defined programmatic need, these can be quite acceptable to all, simply by involving country principals to some degree in the planning process (and not only in implementation). The lack of feedback and/or access to results also alienates country principals.

10. There is significant concern over the possible loss of technical assistance following the end of the CCCD project.

11. There is a surprising (to me) amount of "ownership" and affinity felt for the DHS surveys, despite their considerable cost. It seems that this is based on two main factors (1) credibility gained by the DHS by virtue of its experience (2) results are frequently used (eg. in applications for funding), are in a format which is readily used, and can be quoted with some degree of confidence (again "credibility"). Also important are (3) scope and importance of issues, and (4) involvement of country professionals.

V. COMMENTS AND RECOMMENDATIONS:

Overall, the need for research (however defined) within the public health sector was widely accepted. It was also the general feeling that CCCD research has generally been along the right lines, was useful, and should be continued. In addition, there was a fairly evident "level of comfort" with the concept of research which suggests that the project has been quite successful in "demystifying" research as a concept, even though various participants address it at various levels of sophistication.

The following recommendations are made in consideration of observations made at the conference:

1. The program should probably take a serious and systematic look at what the extent of dissemination activity has been, and what SHOULD constitute "appropriate" dissemination in future research activities. The entire approach to this component of the activity has not been very sophisticated.

2. Program activities should seriously examine the mechanisms by which research activities are generated. It seems that it should almost be possible to predict at the outset which activities will have no program impact simply by virtue of their genealogy.

3. The "mentor" arrangement of counterpart collaboration on research seems to be the most worthwhile to pursue. However, perhaps we should take a closer look at the PROCESS of this activity with an aim to identifying the factors which make it work, and what the "cost-benefit" of the mechanism is (compared for example to the formal review mechanism which we have been promoting with somewhat limited success).

4. How do we inventory resources? The recommendation of the expert group to make greater use of South-to-South consultations makes sense, but is there a mandate for this, and is there a resource which allows us to know what skilled personnel are available? What is the most suitable repository for such a database? Who would keep it updated?

Page 7 - Associate Director for International Health, CDC

5. Greater coordination with other bodies active in the promotion of research and development of research capacity should be fostered (eg. WHO Joint HSR Project for the Southern African Region, ADDR, IDRC, GTZ, ENHR Council on Health Research for Development, etc). Should this be formal or informal?

Emanuel Joseph

cc: James Shepperd, USAID
Hope Sukin, USAID
Duale Sambe, AED
Marguerite Pappaioanou
Michael Deming
Kathy Parker
Stan Foster
Mike Malison
Rick Steketee

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FOCUS GROUP DISCUSSION ON CCCD OPERATIONAL RESEARCH

FRANCOPHONE GROUP (MARCH 29, 1993)

PARTICIPANTS:

Dr. Niangue	Cote d'Ivoire
Dr. Imboua Coulibaly	Cote d'Ivoire
Dr. Karsa	Togo
Dr. Aplogan	Togo
Dr. Ndikuyeze	Rwanda/WHO
Dr. Othepa	Zaire
Dr. Bizimana	Burundi
Dr. Ndoyo	C.A.R.
Dr. Dogore	Cote d'Ivoire
Dr. Salamih	Togo
Dr. Shaw	Cote d'Ivoire
Dr. Duale	Facilitator
Drs. Joseph, Vernon, Mary Harvey	Observer/recorders

THEMES:

1. Applied or operational research is a relatively recent phenomenon compared to previously existing research activities in Africa, which were generally:
 - a. work of individuals
 - b. sited in medical schools
 - c. not closely related to programs
2. Although there have been varying levels of efforts aimed at promoting research, frequently these did not function well, because of:
 - a. lack of personnel (human resources)
 - b. financing
 - c. lack of commitment of MOH
3. There is a need for long term training but there are also problems of an underdeveloped research environment.
4. It IS possible to create a constituency in the MOH for research, by producing good research (ie. technically sound, appropriate, relevant, with policy implications, well done and well presented). How to do it?

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- a. "good" research
- b. advocacy

5. Everybody agreed that donors and countries usually have separate agendas, and that these can sometimes be quite divergent. There is a need for a "rational basis of cooperation" (This was not well explained or defined).
6. Dissemination is a weakness (both internal/in-country and regional levels).
7. Training is the FIRST priority, since it is not possible to do effective research without adequately trained people.
8. Instability of governments can have considerable negative impact on the continuity of research efforts and health programs (particularly the implementation of recommendations), even if other conditions are present. Instability includes frequent ministerial turnover as well as civil strife.
9. There is a need for internal coordination of research agendas (among different vertical programs) as well as external coordination.
10. In general, the research priorities of countries ARE known to program managers, even when not explicitly embodied in workplans.

FOCUS GROUP DISCUSSION ON CCCD OPERATIONAL RESEARCH

ANGLOPHONE GROUP (MARCH 31, 1993)

PARTICIPANTS:

Dr. Rose MACAULEY	Liberia
Mary MOMOLU	Liberia
David MASSAQUOI	Liberia
Mavis NXUMALO	Swaziland
Malika NKUEBE	Lesotho
Gertrude THINYANE	Lesotho
Dr. Joshua ADENYI	Nigeria
Dr. O OLADEPO	Nigeria
Dr. O.J. EKANEM	Nigeria
Dr. Shiva MURUGASAMPILLAY	Zimbabwe/ Facilitator
Drs. DUALE, JOSEPH	Recorders

THEMES:

1. Counterparts generally felt that they HAVE been significantly involved in CCCD research activities (including generating/ shaping research activity and also in implementation). Most felt they had benefitted from the experience.
2. The evolution of research from problem identification to research activity is not always clearly known, but where it is clearly not indigenous, that fact is quite obvious to country reps.
3. Research must be grounded in some clear local need, even if it also provides information for wider "global" questions.
4. Continuity and follow-up are important components of research activity if programs are to retain credibility (eg. TBA training in Liberia). "Pilot" studies which test an intervention but have no clear plan to sustain the implementation phase damage program credibility both with MOH and communities.
5. Although all MOH personnel can benefit to some extent from research experiences, there is a need for a skilled resource

person (or persons) to be a core resource for research activity. Priority for personnel training should be given to people actually doing that type of work.

6. Other agencies have often picked up where CCCD research promotion has left off (eg. WHO Joint HSR Project for the Southern African Region) but this apparently was not a coordinated plan.

7. For research to have influence at the MOH level, it must be of a sufficiently high standard, and should also involve persons who can influence implementation.

8. Workshops are of limited value without followup.

9. Research should be multidisciplinary. Much research is focused on the perfection of clinical tools (eg. ARI, CDD, "sick child") with neglect of behavioral research. Perfecting measures of mortality does not solve the problem. Problem identification is not all. There should be complementarity between "pure epi" and other disciplines.

10. Feedback on O.R. research is often inadequate. "What happens to the product?" This affects the role of research to solve immediate problems.

11. Whenever a study originates, program managers should be involved - in the interest of sustainability and implementation. "You cannot be in charge of a program and be a passive onlooker... AND be expected to use the results!"

12. Objective criteria should be used to judge the suitability of a research project.

13. Funding institutions ALWAYS have biases/preferences, but country inputs should also be considered.

14. There is often an assumption that countries have no research capacity or institutions - In fact, there often are such institutional structures (moreso recently), but these generally need strengthening.

15. Government instability has considerable negative impact on all health activities, including research.

abilities in African researchers is likely to be compromised by prematurely being thrust in administrative positions, with less time to develop a research track record. There are few appropriate research institutions capable of providing a suitable environment and career development. Often, intermittent attachments with 2-3 year funded research projects is the only alternative mechanism for keeping talented researchers in research.

SYNTHESIS OF FOCUS GROUP DISCUSSION ON CCCD OPERATIONAL
RESEARCH - "EXPERT" GROUP (APRIL 2, 1993)

PARTICIPANTS:

Dr. Phillipe MALFAIT (Epicentre)
Dr. Alain MOREN (Epicentre/EIS)
Dr. Fitzroy HENRY (ADDR)
Dr. Maye OLIVOLLA (ADDR)
Dr. Francois DABIS (INSERM/CDC EIS/Univ Bordeaux)
Drs. Vernon, Joseph, Duale (CDC/IHPO)

THEMES:

1. Because of limited in-country resources (particularly in smaller countries) the amount of dedicated research activity which can be done is often limited.
2. Skills CAN be effectively shared by "mentoring" relationships involving collaboration with a skilled (expatriate) researcher.
3. In-country assistance is generally necessary for providing effective support.
4. Objectives of capacity-building and producing study results are accepted as competing priorities of a research program. Opinions varied on the relative importance of each. (This was a non-consensus issue, and Epicentre favors "solving public health problem" as THE primary objective).
5. Involvement of policy-makers can be a worthwhile part of a research promotion activity.
6. No clear consensus exists on what should be the indices of "success" for a research promotion activity. This could be number of publications, number of projects funded by other sources, etc.
7. Workshops are of limited utility. Even if well done, without follow-up they are "useless".
8. Establishing a nurturing research environment in Africa is likely to be extremely difficult. The development of research

Answer to RIP Report - ABILITY
[TASK ORDER 33 (Addendum)]

AFRICAN FUTURES:

**THE PREPARATION
OF NATIONAL LONG-TERM
PERSPECTIVE STUDIES (NLTPS)**

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Summary

Up to the mid-seventies, almost all African countries had high economic growth rates and made important gains in social development. However, from the mid-seventies, some countries began to have serious economic problems and during the decade of the eighties Africa as a whole experienced a precipitous decline in almost all measures of well-being. As governments reacted to the multiplying crises, they had little time to address long-term issues.

Towards the end of the seventies, African leaders became increasingly aware of the need for a new, well defined vision for the future — a long-term development perspective as a framework to guide their short and medium-term action plans.

In response to these needs, the Economic Commission for Africa (ECA) updated in 1988 its earlier long-term study, *ECA and African Development, 1983-2008*; and the World Bank published in late 1989 its *Sub-Saharan Africa: From Crisis to Sustainable Growth; A Long-Term Perspective Study*, which outlined a strategic agenda for the continent. Finally, at a meeting in Maastricht in July 1990 of African Ministers and international donors, a recommendation was approved, urging African countries to prepare Long-Term Perspective Studies at the national level.

National Long-Term Perspective Studies (NLTPS) is a broad participatory process within each country, involving politicians, officials, intellectuals, business persons, trade unions, youth, women, and non-governmental organizations. The aim of the process is to build a national consensus for a long-term development agenda. The NLTPS process would help public and private sector leaders make decisions consistent with agreed long-term goals.

The NLTPS groups would analyse the development options in all the key domains of society over 25 years.

- ◆ Using the analyses, the NLTPS would formulate long-range development scenarios and strategies. These would then become the basis for a time-bound, medium-term agenda.
- ◆ To initiate an NLTPS process, a country would first need to set up a small high-level Leadership Group to galvanize support and to steer the process. In addition to the National Leadership Group there would be a National Core Team which would be responsible for the production of the NLTPS's work. Several national multi-disciplinary working groups would then be set up to work on different themes, issues and sectors.
- ◆ The NLTPS National Core Team would specify strategies for long-term development; define the terms of reference for the projected studies; select researchers to conduct the studies; and set up mechanisms to coordinate and disseminate the results.
- ◆ The issuing of an NLTPS study should stimulate a national debate, which, in turn, would most likely generate the consensus needed to define a long-term strategic agenda.
- ◆ The preparation of a medium-term *Strategic Agenda and Action Programme* would provide an appropriate link between the long-term perspective studies and the short-term programmes required for efficient public policy implementation and donor support.
- ◆ Funding for the preparation of NLTPS will be sought both nationally and from international donors.
- ◆ As the first step in supporting the implementation of the NLTPS process, UNDP approved a 5-year regional project known as "African Futures" in April 1991.
- ◆ African Futures will serve as a catalyst in supporting national efforts to develop NLTPS and will provide advice, information and financial support. It will also assist the countries in

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devising their NLTPS and in integrating each country NLTPS with other regional and international planning exercises.

It is planned that regional networks of research institutions and African specialists will be established to foster exchange of ideas, experiences and data, providing a major forum of discussion and debate in the process of establishing NLTPS units in different countries.

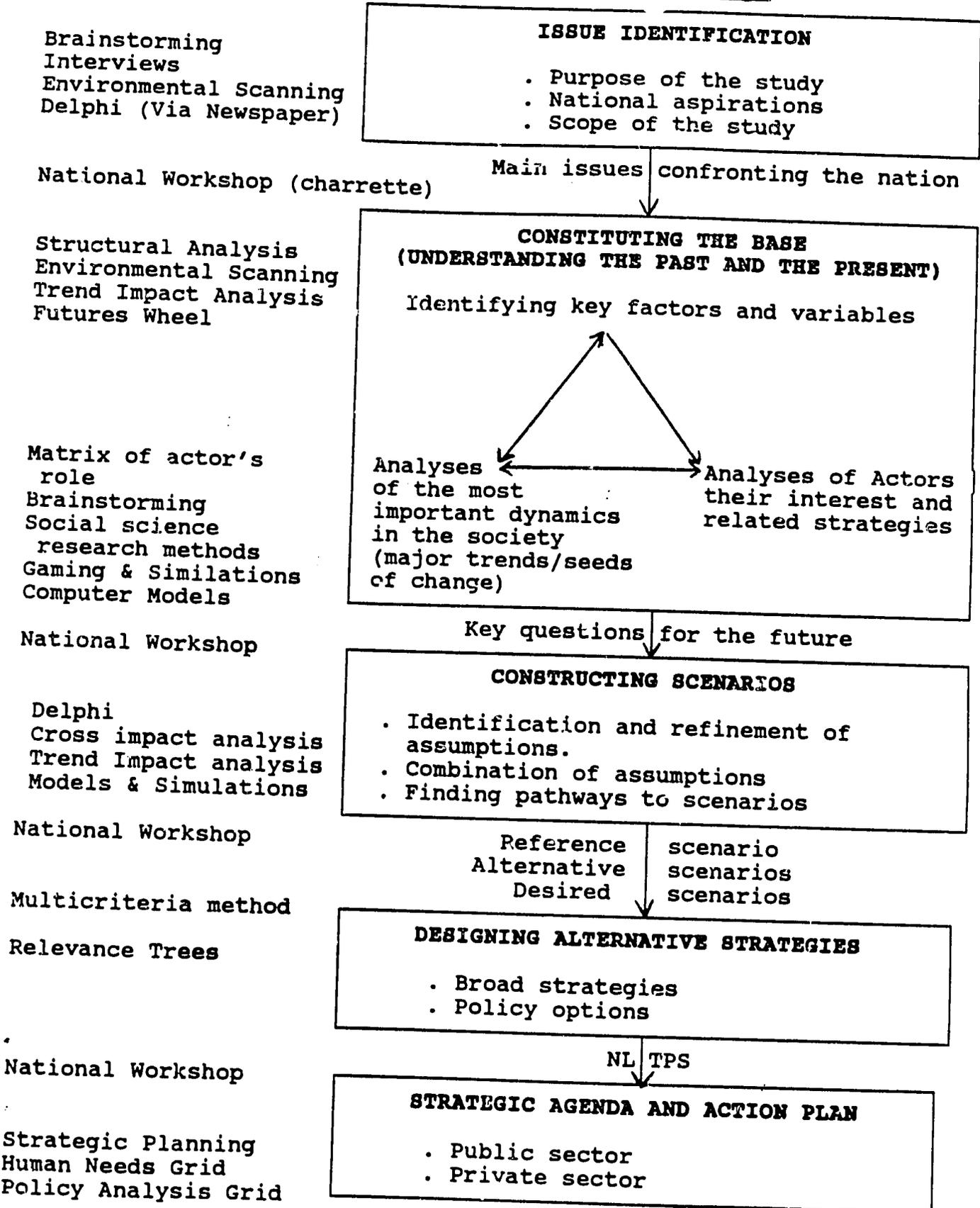
It is also planned that the project, African Futures, will have two multi-disciplinary regional teams of five members, each to periodically visit and advise the NLTPS National Core Teams.

Two committees have been established which will provide oversight and advice to the regional project, African Futures. The Sponsoring Agencies Committee (SAC), consisting of the African Development Bank (ADB), the Economic Commission for Africa (ECA), the United Nations Development Programme (UNDP) and the World Bank (WB), will serve as the steering committee, providing both oversight and policy direction. The Technical Advisory Board (TAB), composed of eminent personalities will provide scientific advice to the project.

PHASES, PROCESSES AND METHODS

Useful Methods & Tools

Phases & steps



INSTITUTIONAL FRAMEWORK FOR NLTPS

