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Strengthening in-country health systems research capacity in West Africa- 2nd regional consultative meeting

Meeting of emerging health policy and systems research and practice leaders

Draft Meeting Report

22-23 June 2015

Accra, Ghana

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Report compiled by Selina Defor**

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Introduction

The West African serial regional consultation jointly undertaken by the University of Ghana school of Public Health (UG-SPH), the International Development Research Center (IDRC) and the West Africa Health Organisation (WAHO) on how to strengthen capacity for the generation and use of Health Policy and Systems (HPSR) research brought together a unique set of stakeholders for a second brainstorming meeting. Approximately two dozen emerging HPS researchers and practitioners gathered in Accra from the 22nd -23rd June, 2015 to reflect on innovative ways to build the field of HPSR in the sub-region. It is worth noting that previous meetings had raised the issue of how to better engage junior researchers and practitioners in a more sustainable manner in this effort. Thus, this meeting allowed small groups of emerging leaders in the field to self-organize and voice out their concerns, ideas and hopes as to how to develop the field. In all, nine out of the fifteen West African countries were represented: Benin, Burkina Faso, Cote D'Ivoire, the Gambia, Ghana, Mali, Niger, Nigeria and Senegal. The meeting also aimed for connectivity and had several colleagues participating via Skype from locations as diverse as Lome, Abuja, Sydney and Ottawa. The profile of the meeting was further raised by the number of tweets that went around with the hashtag (#AccraHPSR2015).

The overall objective of the meeting was for emerging leaders to provide further inputs into the regional collaborative planning process for preparation towards strengthening capacities within countries at the individual, institutional and contextual levels to generate and use HPS evidence to inform policies and programmes in the West African region. To this end, participants were to:

- 1) Brainstorm on an agenda of priorities for West African regional HPS research and practice capacity strengthening that will support transformative change and strengthen health systems across the sub-region,
- (2) Prioritize within the agenda developed, and identify concrete agenda items to feed into a work programme for HPS research, practice and advocacy for regional capacity strengthening, and
- (3) Establish an active network for West African regional emerging leaders in HPS academia, research, practice and advocacy.

The two day meeting was structured around five interlinked sessions. Proceedings within these sessions were designed to elicit the maximum contribution from all the participants on the following thematic areas:

- *Building a critical mass of HPS academics, researchers, practitioners and advocates*
- *Priming the changing field of HPS researchers and practice in West Africa*
- *Increasing voice and exploring new platforms for sustained capacity*

A question and answer session with emerita leaders from the Ghanaian health system on their reflections from their leadership experiences further enriched the discussion over the two days.

This document reports on the substantive discussions that took place during the meeting, highlighting the key outcomes and the recommended activities to be included in the regional work program under development.

Day 1

Session one: Setting the scene: Strengthening health policy and systems (HPS) research and practice in West Africa

The meeting was opened at 9:30 am with a welcome statement by Ms Aku Kwamie (UG-SPH) who also gave participants a brief historical background of the meeting. She shared regrets from Ms Sue Godt (IDRC) who could not make it to the meeting but assured participants of her support for this West African vision. Ms Kwamie also informed of the late arrival of some participants including Dr Virgil Lokossou, (representative of WAHO) due to some flight related challenges. The welcome address was followed by an ice breaker that required each participant to find a partner whom they were eventually going to introduce after getting to know who they were and why they were participating in the meeting.

Ms Selina Defor (UG-SPH) then presented findings of an HPSR situational analysis that University of Ghana conducted to identifying regional competences within the field (See annex 1). The first important step in this presentation was to get participants to agree on a working definition and the peculiarities of the HPSR field. She mentioned the fact that HPSR brings together health policy research and health systems research into one field but also overlapped into other subject areas like clinical and behavioural research, population health research among others. She also emphasized the unique feature of HPSR as research which was question driven as opposed to being primarily concerned with methodology, a characteristic that underscored the multidisciplinary nature of this field. The findings from the preliminary scoping review revealed an obvious interest in the field of HPSR across the sub-region even though some countries seemed to be publishing more than others. This situation underscored the need to build capacity for the generation of more good quality HPSR in all three languages across the sub-region.

DAY 1: Breakout sessions

Two working groups reflected on two different but related topics under the various thematic areas in all the breakout sessions.

Theme 1: Building a critical mass of HPS academics, researchers, practitioners and advocates

Group A looked at strengthening the training and mentorship of young researchers through technical and linguistic inter-country, inter-institutional exchanges.



Discussions in this thematic group focused on three key areas:

- a) training and mentorship of junior HPS researchers and practitioners
- b) developing linguistic capacities amongst these actors and
- c) promoting institutional collaborations across the sub-region

The discussants of this group highlighted the need to identify, attract and keep young talented and promising HPS emerging leaders within the field. It was agreed that building this field in West African through individual capacity strengthening will first of all require identifying and sustaining the motivation of highly motivated individuals. These emerging actors also need to get exposed to other research traditions and paradigms to help them appreciate other ways of thinking that reflect the multidisciplinary nature of the field. In terms of who and how to recruit these potential actors, participants came up with selection criteria which included the availability of the emerging actor and

their readiness to build a career in the field. It was further thought necessary to build on already existing and ongoing initiatives that brought together emerging leaders in the field at the global and regional levels.

Another strong theme that came out in the discussion was the need to build capacity of experienced leaders in the field to provide mentorship for these emerging leaders. The issue of enhancing the capacity of mentors was considered necessary because not all experienced scientists / experts will have the requisite skill to coach and bring out the best in the emerging leaders.

A third strategic action identified was to embed emerging leaders into real life situations to enable them to put the knowledge they acquire into practice. Most fresh graduates get the opportunity to access detailed theoretical knowledge but struggle when it comes to actualizing this theoretical knowledge; - so it was agreed that more mentorship opportunities needed to be made available to these emerging leaders. They need to be put in contact with experienced researchers/practitioners who can coach them in their endeavours. To do this, the strategy agreed on was to identify and establish a list of regional competences ie mapping of experts in the field in each country to know which people in the sub region could mentor junior researcher/practitioner irrespective of the country of origin. For example, a mentor may co-mentor a young researcher who is not necessarily a national of his own country for as long as they shared a common research interest. It was further agreed that this cross country mentorship programme should not only be limited to the universities and research organisations alone but should be open to other eligible institutions including ministries of health, NGOs etc.

Another theme that came up was HOW to build this organizational culture of mentorship within the HPS community. A culture that reflected an understanding of the distinctions between a supervisor, a boss, a mentor a teacher etc. Although roles tend to overlap, interactions within these relationships differ. Comparatively, a relationship between a mentor and mentee is likely to go beyond the formal so the mentee will tend to feel very comfortable around the mentor. The need for mentees to show interest in senior people for mentorship was also emphasized. They are to take initiatives to make known their learning gaps and areas where they wish to see improvement. In the same vein, mentees need to be aware of their own attitudes and mindset as they develop into mentors, as they think about how they were also going to grow the next generation of HPS actors. Closely related to the issue of mentorship was also the need for the HPS community to encourage and foster 'immersion' among researchers, policy makers and all HPS practitioners to widen their imagination for a better appreciation of their respective roles as they build the field in the sub-region.

With regards to developing linguistic capacities, there was a general consensus amongst the discussants that it was going to require individual effort. Emerging leaders need to understand the need for them to learn other languages by all means available. This notwithstanding, it was agreed that language is best practiced in their natural environment thus, the need to integrate language learning scholarship within research programs to enable grantees to take up language course while implementing their research programs was also emphasized.

In terms of institutional collaboration, a concrete proposal was to encourage academic institutions to use a quota system that allows them to recruit people from other countries for their respective training cohort. Another concrete action was to implement a multi-country research program that will involve several countries working on a single research theme. This will require the use of several research traditions and will introduce emerging researchers to different methodologies and promote the interdisciplinary collaboration that the HPSR field requires. Furthermore, this collaborative project is to serve as a linguistic immersion opportunity for the researchers, to enhance their linguistic capacity as they interact and work with colleague speakers of either of the 3 official languages of the sub-region

Group B: Consolidating requisite HPS research and practice leadership competencies and skills: what are they and how can they be obtained.

This thematic group first of all attempted to delineate the boundaries between health policies and systems researchers and practitioners in order to attribute their requisite competencies and skills but quickly realized they overlapped in many ways. To this end, they identified and outlined the following crosscutting skills:

- Strong analytical skills
- Skill in basic research methods
- Soft political skills (advocacy, negotiation, lobbying)
- Stakeholder engagement skill
- Knowledge translation and brokerage skills
- Computer skills
- Writing skills,
- Communication and media relation skills

The discussants further reflected on a number of teaching and learning modalities that could support the development of these competencies and came up with some formal and informal ways of acquiring the above competencies.

Formal ways:

- Training in academic institutions eg universities,
- Workshops

- Formal mentoring programs
- Internship programmes
- Exchange programmes
- Virtual libraries and databases

Informal ways:

- Self-learning
- Peer to peer learning
- Participation in research projects

Another recurring theme was the widening gap between researchers and policy makers and/implementers and how to bridge this gap. There was a consensus on researcher's lack of capacity to relate with politicians and their political environment and the resultant challenge in getting research findings to influence policy. Another challenge had to do with the issue of the difference in how researchers and policy makers perceive the timeliness of research findings. It was agreed that researchers didn't necessarily have to wait and have results published before speaking to policy makers. Also, research findings should be packaged in user friendly formats for policy makers and other stakeholder and should be communicated using the most appropriate channel;- dissemination of policy briefs via twitter and other social media provides another medium for policy advocacy. Another extensive discussion focused on nurturing and improving researcher-civil society collaboration for maximum policy impact. Policy advocacy has been the domain of NGOs and researchers aligning with the NGOs will undoubtedly constitute a force to propel evidence-based advocacy for a veritable transformation across health sectors in the sub-region.

Theme 2: Priming the changing field of HPS research and practice in West Africa

Group A: Academic versus political standards: getting our research into policy and programmes

Country representatives in this thematic group shared national experiences on how research has or is influencing policies in their respective countries and the challenges involved in getting research into policy. Recommendations were then made to strengthen capacity on how to get research findings to influence policy and practice.

In terms of national experiences, Nigeria shared two success stories on how evidence based policy advocacy influenced the passage of their National Health Bill into Law in 2014. Mali has also seen some hospital reforms in recent years thanks to research and evidence-based policy advocacy. Among other policies, the Community-based Health Planning and Services programme and the one time health insurance premium policy in Ghana were cited in Ghana. In Senegal, research findings supported the implementation of some abortion related reforms.

Challenges

With these country experiences, a number of challenges that hinder the translation of research findings into policy and practice within the sub-region were mentioned. There was also a general consensus on the differences in perspectives between researchers and policy makers on various issues. One major challenge is the fact that policy makers always demand evidence for rapid decision making whereas researchers take much longer time to generate evidence. Consequently, by the time the research evidence is ready the need in terms of policy risk no longer being there. Again, in most cases for lack of understanding of their political environment, academic researcher don't do research with the policy maker in mind so they don't look out for policy windows that will orient their research questions in ways that could influence the policy.

Secondly, outputs from research are mostly presented in technical and academic language which makes little sense to politicians and policy makers, making the evidence less useful in terms of influencing policy and practice. Additionally, some policy makers have become apathetic towards evidence from academic researchers due to past experiences with researchers producing low quality evidence. Research quality and respect for ethical norms need to critically guide academic researcher's effort.

Attention was further drawn to the fact that there were other issues and stakeholders within the policy process that need to be identified and brought on board during the planning and the definition of research questions. In their bid to maintain power bestowed on them by the people, policy makers try not to promote action that may not be readily acceptable by the people so researchers can increase their chances by first of all winning the trust and confidence of the community. Finally, experience from Burkina Faso also revealed the fact that politicians often times see researchers as people who come to assess them in order to uncover their inadequacies and deficiencies and thus the resistance.

In terms of the way forward, the discussants recommended that:

- Researchers should not only be interested in writing academic papers and technical report. They should make it a point to generate policy briefs which will focus on the key issues that politicians need to know off and then present it to them.
- Research questions should be designed together with policy makers and other stakeholders in ways that will reflect their own information needs. This will help to them own the process and then easily translate findings into policy and practice.
- There is also the need for a common platform for both researchers and policy makers to meet and discuss policy issues which could form the basis of academic research.
- Researchers should always be on the lookout for policy windows to be used as opportunities to do research which can actually be used to inform policies.
- There is also the need to look out for innovative ways of marketing research findings and ensure that they look attractive to politicians.

Group B: Avenues of practice and career paths within and across countries

There was a passionate reflection around professional integration post training in HPS. Participants in this group thought it very important for the emerging leaders to build capacities in the following non-technical skills.

- Writing skills
- Public speaking skills
- Basic management skills
- Leadership skills
- Advocacy skills
- Communication skills.

It was emphasized that, being a researcher did not necessarily mean one could automatically do knowledge translation. Thus collaboration amongst people and their institution was identified as the best way to harness people's strengths and weakness to achieve greater impact.

Networking also came up as another important avenue for professional integration post training. The discussants emphasized the need for HPS researchers to build and maintain professional networks with all kinds of institutions, ministries of health, research institutes, universities as well as with policymakers.

A third strategy focused on profiling the field and promoting experts in the field. This posed the question of how to could create visibility for the field and the emerging experts for that matter. Visibility of the emerging leaders is considered very necessary because most institutions don't know how the expertise of HPS actors relates to their organizations. The discussants suggested ways of creating awareness and profiling their expertise, this included participating in national policy dialogues and making policy recommendations to get people to know how they can fit into their organizations and help them achieve their organisational goals. To this end, participants thought about mapping existing curricula in HPS and identify people who have completed these training and how they are practicing post the training. This is to help clearly define career prospect to ascertain which specific organization will require their services. This also calls for making the field more attractive by creating research opportunities for students and roping them into research project and programmes as a way of mentoring future generations of HPS actors in the respective countries.

DAY 2: Break out session

Theme 3: Increasing voice and exploring new platforms for sustained capacity

Group A: Media – fostering new and different relationships for highlighting HPS

The need to extend the HPS research and practice community to embrace other professionals to profile the field to achieve its objectives came out strongly in previous consultative meetings. Discussants of this thematic group tried to map out who these potential professionals could be and how to get them on board. They brainstormed on how to engage academics of other disciplines, parliamentarians, community members without ignoring all the diversities within the community, consumer organization and media practitioners.

Another aspect to this issue was **how** to build this new relationship with them. They suggested doing a stakeholder analysis to understand these actors and their understanding of the field and how they perceived HPS researchers and practitioners. This will then inform how they could strategically work with them. Journalist and media experts for example could be trained in health reporting and could be involved in research teams to facilitate the dissemination of research findings. It was also agreed that social media equally provided a cost-effective avenue for the expansion of the community.

The diversification of the HPS community also requires training and building the capacity of researchers to appropriately report their research findings in ways that is appropriate for these varied audiences. This of course needs to inform how research tools are designed as well as the language that will be used. In terms of packaging the messages and the communication tools to be used, the discussants identified a number of dissemination strategy which include policy briefs, video documentaries, news papers column to report on controversies surrounding research findings in ways that will capture and sustain the interest of HPS stakeholders, google groups or mailing list that will keep people updated on on-goings in the field. It was also deemed necessary to organize physical events such as open days at the universities, where the general public could be invited to come and discover the range of research work that has been conducted in this academic field in this institution.

Group B: Networking across institutions; communicating and collaborating across new or existing platforms (multi-lingual options)

This thematic group stressed the need for approaching professional networking from two levels: a) networking among individual researchers and b) networking between institutions bearing in mind the fact that individuals made up institutions.

In terms of individual collaborations, the discussants emphasized the need to encourage joint research proposals among researchers. Drawing on existing platforms and consortiums, researchers could identify and engage with colleagues with similar research interests in other countries for joint publication. This however does not have to be a strict individual interaction but should be done within an institutional context to guarantee sustainability of the effort. As a starting point, the discussants proposed individual level collaboration around concrete or well defined research agendas, through joint proposal development and joint publications or through the creation of a space for findings of individual studies carried out to be disseminated. This is sure to attract and get more individuals (institutional representatives) drawn to the network. And in turn form a solid foundation upon which the institutional collaboration is sure to stand. To this end, the emerging researchers were encouraged to introduce their colleagues and partners to their professors and superiors and encourage them to get them involved in projects that could help them embed their research and research outcomes within broader contexts.

As a starting point for exchange amongst participants, members agreed to:

- Create a database of individual participant's publications to help people identify the focus and research interest of other participants whom they could possibly start collaborating with.
- Another approach to promoting this interaction is to carry out mixed method studies where experts in quantitative research in some institutions will work on a research project with expert in qualitative studies to create the opportunity of blending these two different methodologies in one study.

With regards to the institutional level collaboration, the recommendations focused on broadening institutional collaboration beyond ministries of health, to include other ministries but also the social welfare departments in certain countries. Participants also highlighted the fact that there are already existing platforms that are trying to bring young researchers together. For example, synergies could be built with Emerging Voices Network and Emerging Leader's platform for experience sharing

Another point highlighted was the issue of language barriers and how to deal with it. Participants were urged to start thinking about how to make their websites easily accessible for their Francophone Anglophone and Lusophone counterparts. Emphasis was again laid on the need for the emerging researchers themselves to put in some individual effort in developing some working knowledge in other languages to facilitate communication and interaction with their counterparts

There was a general consensus to create a formal network of emerging HPS actors in West Africa. It was recognized that sustaining this network will require money. Thus, there was need to include in the plan of action concrete funding sources to guarantee at least a medium-term financing of the network's activities. Closely related to this was the suggestion to prioritize actions that do not require a lot of funding to begin with, for example, the use of social media. In terms of which appropriate communication platform to foster interactions among members of the network, there was an

agreement to use a multi-pronged modality ie combining and using all available social media platforms since not all people used one particular platform. Suggestions included creating a:

- closed facebook account that will have an administrator to regulate the content and use of the account,
- google or yahoo account for sharing and updating members of the network who may not have personal facebook accounts etc.

Going by the principle of solidarity among network members, the point was raised to put in place mechanisms that will help provide support for network members who may need some institutional support outside their parent institution for one reason or the other.

Finally, as far as the networking and the multilingual options were concerned, it was suggested that the network should make it a standard that publications from all members will have abstract in the three official languages of the sub-region irrespective of publishers' policy.

Session with emerita leaders from Ghana

Deliberations on the final day was made all the more enriching as participants tapped into the wealth of experience and knowledge of the following outstanding seniors and retired leaders from the Ghana health service:

Dr Irene Akua Agyepong,

Recounting her experiences in HPS, she reemphasized the multidisciplinary nature of the HPS and the resultant difficulty in clearly demarcating its boundaries. She encouraged the emerging leaders to have that open mind that welcomes and respect contributions from people from different disciplines.

Dr Agyepong believes the story of Africa and for that matter West Africa could see sustainable transformation if “1000 stars” are allowed to shine. She urged the participants to be mindful of the attitude with which they emerge as leaders in the field and have the willingness to always create the enabling environment that allow people to develop their talents to make room for the emergence of the next generation of HPS actors. Finally, she encouraged participants to always have the willingness to accept responsibilities no matter the size, for it is in stretching that the very best in them can come out.

Dr. Moses Erasmus Komla Adibo

Growing from a bottom rank in the Ghana health service to the top endowed Dr Adibo with a wealth of experience which he gladly shared with the emerging researchers. Explaining how to access data from health systems, Dr Adibo urged the emerging researchers to try and understand every health system and the mechanism they have in place to protect their information and go through the appropriate channels to get the information they may need. But most critically, he encouraged them to be very tactful in their interaction with people as that determines how one survives even in the most hostile environment. Finally, he stressed the fact that the success of every leader largely depends on how well he is able to work with his team members.

Dr. Sam Adjei

From his experience as both researcher and policymakers, he encouraged the researchers to see themselves as policy entrepreneurs and try and develop the requisite skills that will facilitate the navigation of the complex political terrain. Only then can their findings be able to influence policy and practice.. Finally, he urged participants to remain forever young at heart and never feel too old to do anything.

Dr Kofi Ahmed

Dr Ahmed advised the emerging researchers to always ‘look before they leap’. For their research findings to be useful, researchers should observe happenings within the community they intend serving and allow the happening to determine the sort of research they carry out. He also encourage all participants to try and gain some work experience from the public sector to better understand the system, then will they be able to better interact with and navigate the system. Researchers seeking funding from the UN agencies and other international organizations were advised to work through the Ministries to increase their chances of access to funds as most of these agencies prefer to deal with the government agencies.

Dr. Frederick Kwadzo Wurapa,

Dr Wurapa also reiterated the fact that multidisciplinary research was very key to understanding what community health and its practice entailed. He encouraged the emerging actors to readily embrace colleagues from other disciplines as their contributions could make all the difference. *“Whatever you do I’ll suggest that you aim at developing the appetite for what makes for you to work harmoniously with as many individuals that you think have a contribution to providing an answer to some of the questions you may be asking”.*

Key actionable itmes to inform the regional plan of action

- Create a formal network of HPS actors
- Do a mapping of HPS competences, resources, available training, existing hubs and communities of practice within the sub-region
- Train and strengthen capacity of researchers to acquire soft political skills –advocacy, leadership, negotiation etc
- Organise regional/national forum that will bring all HPS stakeholders together to discuss research findings and future research questions
- Run short courses for HPS actors to acquire certain non-technical skills that do not necessarily come with their curricula ; grant writing skill, leadership skill etc
- Train HPS actors to acquire different writing skills as both academic and non-academic writing can serve as advocacy tools.
- Strategically embed the culture of mentorship within organisations and institutions.
- Develop an epistemic HPS community with clearly defined HPS ethics
- Implement joint research projects on common thematic areas, designed together with policy makers and other strategic stakeholders to be carried out in different countries
- Map available training courses and other learning opportunities both online and onsite and make the information available to community members regular but more importantly create the opportunity and the enabling environment for trainees to put knowledge acquired into practice.
- Advocate for national and regional funding to ensure research carried out really speak to locally identified information needs
- Create a repository solely for policy briefs
- Expand the network to bring on board more practice colleagues from the Ministry of Health, Civil Society Organisations, political parties, Parliamentary sub –committees and the media practitioners to get trained and mentored together.



Annexes

Annex 1

Strengthening in-country health policy and systems research capacity in West Africa:

A planning phase



Outline

- background
- project activities
- highlights from previous meetings
- the way forward

2

Introduction: framing HPSR

HPSR/RPSS



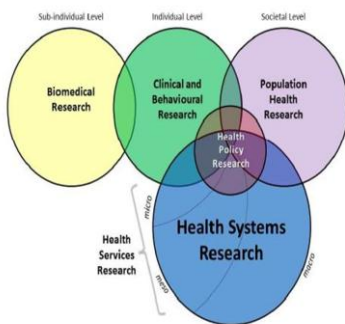
Introduction: framing HPSR

.....A feild that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes.....(Alliance for Health Policy and Systems Research, 2011)

4

Introduction: framing HPSR

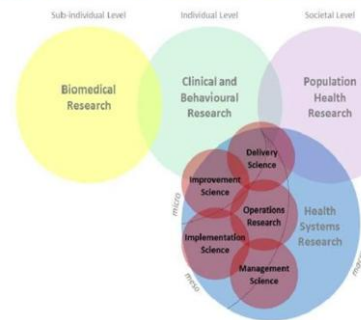
Figure 2: Health Systems Research as a Multidisciplinary Field of Health Research



5

Introduction: framing HPSR

Figure 3: Examples of Sub-Fields in Health Systems Research and Health Services Research



6

Introduction: framing HPSR

A multidisciplinary field of scientific investigation that studies how social factors, financing systems, organisational structures and processes, health technologies and personal behaviours affect access to health care, the quality and cost of health care and ultimately our health and well-being. Its research domains are individuals, families, organisations, institutions, communities and populations.

7

HPSR in West Africa: a glance

Limited multi- and inter-disciplinary research

Persistent dominance of biomedical approaches

Inadequate funding mechanisms

Needed policy engagement, brokering, branding

8

Sowing HPSR seeds...



Increasing and strengthening capacities to conduct and utilise **locally-driven, locally-generated** HPSR

Collapse research silos and build a more integrated health research community

Better disseminate findings and seek synergies within/ across countries

Build a critical mass of skilled HPSR generators and practitioners

A planning phase – *to collaboratively map the way*

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Project partners



University of Ghana, School of Public Health
regional education institution



West Africa Health Organisation
regional policy stakeholders



International Development Research Centre
research for development

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Planning phase objectives

To explore and develop active partnerships

- *Build foundation on region's diversity to identify and engage with those active in HPSR*

To create space for dialogue and exchange

- *Bring together institutions and individuals with abilities to train, mentor, co-learn and co-produce (researchers and practitioners)*

11

Planning phase outcomes

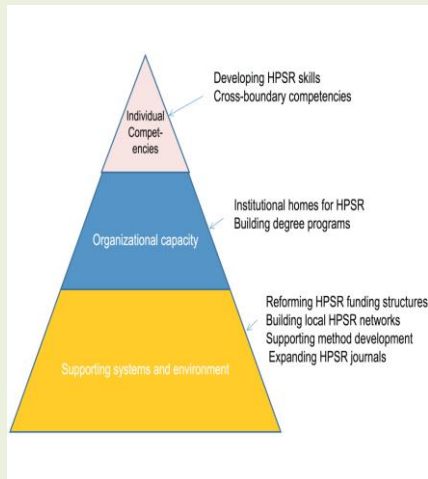
Proposal and resource mobilisation plan for regional capacity strengthening programme

- Complement and link to other regional initiatives
- Sustain efforts at country level ('*accompaniment*')

Viewing capacity strengthening not simply as skills acquisition, but as ***strengthening relationships for innovation and resilience***

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Individual, institutional, contextual capacities

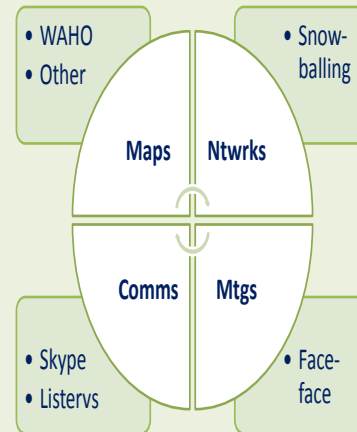


Bennett S, Agyepong JA, Sheikh K, Hanson K, Sengooba F, Gilson L. (2011) Building the Field of Health Policy and Systems Research: An Agenda for Action. *PLoS Med* 8(8): e1001081. doi: 10.1371/journal.pmed.1001081

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Planning phase activities

Broad-based consultation processes (2014-2015)



14

HPSR in West Africa: a deeper look

Initial literature scoping: peer-reviewed (1990-present)

Definition HPSR: question-driven; context; policy

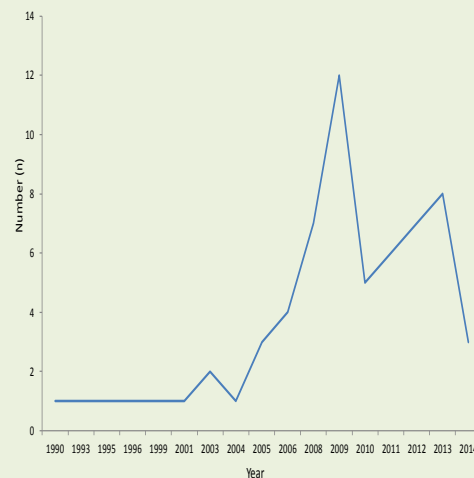
French/English databases

Limitations: ⦿ grey literature, ⦿ Portuguese ⦿ Multi-West Africa, ⦿ multi-international

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Key findings

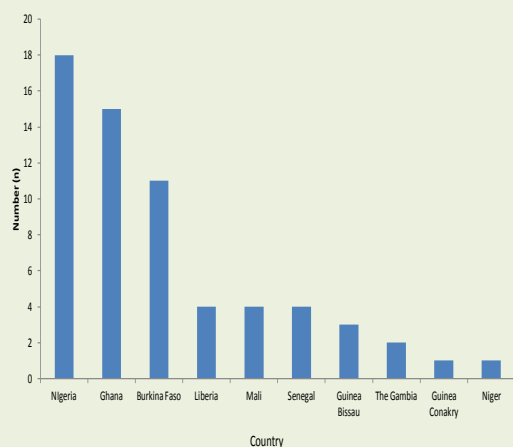
1. Published HPSR studies in West Africa since 1990



16

Key findings

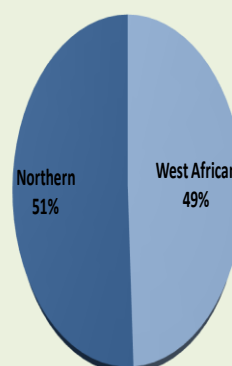
2. Published HPSR studies per country



17

Key findings

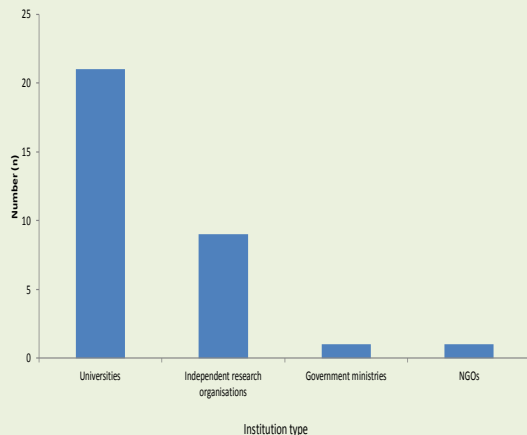
3. Proportion of studies with W. African first author



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Key findings

4. Institutions where W. African first authors are based



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Highlights from previous meetings

Capacity strengthening mechanisms

- Formal short/medium and long term training
 - Specialist masters in HPSR (COMMUNEC, GIMPA)
 - Doctoral level training -DrPH (UG-SPH)
 - HPSR summer school (LASDEL)
 - Online Courses (WAHO)
- Harmonize curricula and training resources
- Adopt & adapt the CHEPSAA open access strategy
- Create regional hubs where people can be trained and mentored
- Institutionalise exchange programmes across the sub-region
- Engage junior researchers

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Highlights from previous meetings

Bridging the gap between Researchers-Policy maker

- Train researchers and policy makers together
- Use co- production to ensure ownership
- Build policy makers capacity to demand evidence
- Train researchers to package evidence in user friendly formats
- Involve researchers in national health planning processes
- Use national deliberative processes as dissemination platforms

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Highlights from previous meetings

Understanding the political economy of HPSR

- Train researchers in political economy analysis and policy advocacy
- Explore other stakeholder engagements (National Parliaments, CSOs and the Media)
- Put in place a regional health policy advisory committee
- Create a HPSR thematic group within the West Africa Health Research Network (WAHRNET)
- Autonomous HPSR Network/Consortium

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Way forward



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Project Steering Committee

Irene Akua Agyepong, UG-SPH

Selina Defor, UG-SPH

Sue Godt, IDRC

Aku Kwamie, UG-SPH

Virgil Lokossou, WAHO

Issiaka Sombié, WAHO

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Thank You!

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Annex 2



Strengthening in-country health systems research capacity in West Africa **AGENDA: Meeting of emerging health policy and systems research and practice leaders in West Africa**

22-23 June 2015

Accra, Ghana

General objective of the meeting:

To provide further inputs into the planning process of collaborative regional thinking and preparation for strengthening within-country capacities at the individual, institutional and contextual levels to generate and use HPS to inform policies and programmes in the West Africa region.

Specific objectives of the meeting:

- (1) To brainstorm on an agenda of priorities for West African regional health policy and systems (HPS) research and practice capacity strengthening that will support transformative change and strengthening of West African health systems from the perspective of emerging HPS academics, researchers, practitioners and advocates in West Africa.
- (2) To prioritise within the agenda developed, and identify concrete agenda items to feed into a programme of work for HPS research, practice and advocacy for regional capacity strengthening.
- (3) To establish an active network for West African regional emerging leaders in HPS academia, research, practice and advocacy

Day 1: Monday 22 June 2015	
9:00 – 9:25	<p>Welcome and purpose of meeting</p> <ul style="list-style-type: none">▪ University of Ghana School of Public Health (Aku Kwamie) <p>Introductory remarks from partners</p> <ul style="list-style-type: none">▪ West Africa Health Organisation (Virgil Lokossou)▪ International Development Research Centre (Sue Godt) <p>Thinking pairs: participant introductions: who you are, why here, single- most important issue to you about HPS regional capacity strengthening (5 min each; then will introduce partner to group)</p>

9:25 – 10:30	Setting the scene: Strengthening health policy and systems (HPS) research and practice in West Africa (Chair: Virgil Lokossou) <ul style="list-style-type: none"> ▪ Presentation: Project planning phase; making linkages to the first Regional Consultative meeting, and emerging ideas (Selina Defor) ▪ Plenary discussion: what is important from emerging HPS researcher and practitioner perspectives?
10:30 – 11:00	Tea break – GROUP PHOTO <i>(time for video clip interviews)</i>
11:00 – 12:00	Breakout round 1: Building a critical mass of HPS academics, researchers, practitioners and advocates <i>Brainstorming should focus on <u>creative</u> and <u>concrete</u> ways of addressing the issues</i> Group A: Strengthening the training and mentorship of young researchers(++) through technical and linguistic inter-country, inter-institutional exchanges (Facilitator: Kadidiatou Kadio) Group B: Consolidating requisite HPS research and practice leadership competencies and skills: what are they and how can they be obtained (Facilitator: Kojo Annia)
12:00 – 13:00	Plenary feedback: (Chair: Enyi Etiaba)
13:00 – 14:00	Lunch <i>(time for video clip interviews)</i>
14:00 – 15:00	Breakout round 2: Priming the changing field of HPS research and practice in West Africa <i>Brainstorming should focus on spaces for <u>innovation</u> and <u>change</u></i> Group A: Academic versus political standards: getting our research into policy and programmes (Facilitator: Joe Doodoo)
15:00 – 16:00	Group B: Avenues of practice and career paths within and across countries (Facilitator: Effua Usuf) Plenary feedback: (Chair: Jean-Paul Dossou)

15:30 – 16:00	Working tea
16:00 – 17:00	Plenary reflections (Chair: Fadima Bocoum) <ul style="list-style-type: none"> Reactions from group about what heard throughout the day; most salient points, considering plausibility, impact and sustainability
17:00	Close of day
18:00	Dinner: Buka Restaurant (UG bus)
Day 2: Tuesday 23 June 2015	
9:00 – 9:05	Welcome and instructions for the day
9:05 – 10:30	Breakout round 3: Increasing voice and exploring new platforms for sustained capacity <i>Brainstorming should focus on <u>long-term</u> and <u>flexible</u> plans for continuity</i> Group A: Media – fostering new and different relationships for highlighting HPS (Facilitator: Lucy Yevo) Group B: Networking across (types of) institutions; communicating and collaborating across new or existing platforms (multi-lingual options) (Facilitator: Juliana Gnamon) Plenary feedback: (Chair: Dieudonné Eclou)
10:30 – 11:00	Tea break <i>(time for video clip interviews)</i>
11:00 – 13:00	Session with emerita leaders <i>A Q+A session with retired leaders from the Ghana health sector on their reflections from their own leadership experiences, and advice for a new generation</i> (Chair: Augustina Koduah)
13:00 – 14:00	Lunch

14:00 – 15:00	Final reflections Summary of key points, identifying critical elements to be included in regional programme of work and next steps (Chair: Aku Kwamie)
	regional programme of work and next steps (Chair: Aku Kwamie)
15:00	Close of meeting

Outputs of the meeting:

1. Concrete agenda items to be included in regional programme of work proposal
2. Two blogs for IHP international (French and English) –also to be posted on CHEPSAA website
3. Video clips on reflections of emerging HPS actors to be uploaded to YouTube
4. Evaluation
5. Thinking about ideas for a panel at 4th Global Symposium on Health Systems Research (Vancouver)??

Annexe 3



Strengthening in-country health systems research capacity in West Africa (HSR-WA)

22nd -23rd June 2015– Mensvic Hotel Accra, Ghana

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Strengthening in-country health systems research capacity in West Africa (HSR-WA)

22nd -23rd June 2015– Mensvic Hotel Accra, Ghana

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Strengthening in-country health systems research capacity in West Africa (HSR-WA)

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 Dr Genevieve Aryitee
 Dr Ibrahim Abdallah
 Mrs Lucy Yevo
 Roger Atinga
 Joseph Dodoo
 Kojo Anah
 Augustina Koduah

Translators

Edem Glitse

Marc Akligo

Brief bio-data of emerita leaders

Dr Irene Akua Agyepong is a public health physician with over 19 years' experience in public health practice, research and teaching. Her interests are in health policy development and implementation, public health leadership and health policy and systems research. She was Regional Director of Health Services in the Ghana Health Service Greater Accra region from 2004 to 2012. The past chair and a current member of the Health Systems Global board, an international membership society for the promotion and development of the field of health policy and systems research globally.

Dr. Moses Erasmus Komla Adibo, is a public health physician with a world of experience in the planning and management of health services. He worked at the various levels of the health system from the lowest level to the top. From a hospital medical officer position in 1964 to deputy minister of health in 1998 to 2001. He has a gift of strategic thinking.

Dr. Sam Adjei, is a public health physician with over 30 years of experience in health development and teaching. He was the Director of Research in the Ministry of Health for more than 10 years and developed the Health Research Unit now Research and Development Division as well as the 3 Research Centres. He was the Deputy Director General for the Ghana Health Service for seven years and has served on several national and international Boards. He is currently the Chief Executive officer of an NGO called Centre for Health and Social Services.

Dr Kofi Ahmed, is a public health physician with over 40 years of experience in public health practice, research and teaching. His interest are in areas of epidemiology, development of public health policy, health system, administration, management, and health legislation. He worked with the Ministry of Health from a position of medical officer in 1973 to Chief medical officer from 2001 to 2007. Currently, teaches at the University of Ghana School of Public health, and the Mount Crest University College.

Dr. Frederick Kwadzo Wurapa, is a public health physician and renowned epidemiologist with over 47 years' experience in public health practice, research and teaching. He started teaching in 1968 at the University of Ghana, Department of Community Health. Since then, He has been involved in many international and national public health research and teaching. In 2001 he was appointed Ag. Director, University of Ghana, School of Public Health. And later a founding head of the Department of Health Policy, Planning and Management in the School of Public Health. He is currently a part-time lecture at the University of Ghana and serves on both international and national committees.

