

National survey of health research for development in Tanzania - a summary

The report reviews the research policy framework of Tanzania, its capacity for health research and the modalities employed to achieve these objectives, including the adoption and implementation of ENHR.

The research policy of Tanzania is coordinated by the Commission for Science and Technology (COSTECH). In February 1999, all the research institutions in the country agreed to form the National Health Research Forum, which serves as an advisory body for policy makers on all aspects of health research. The Forum's functions are based on the Essential National Health Research (ENHR) strategy.

The Government gives high priority to research, which it considers an important tool for development. It provides resources for research and makes practical use of research findings. Major stakeholders are actively involved in the promotion and advocacy of health research and the public in general is supportive, although its awareness of research objectives and results is not high. Ways and means have been explored to inculcate a culture of health research in the country through the inclusion of research methodology in the university curriculum and a closer involvement of the communities in research.

Health Research Co-ordination Mechanisms have been established at institutional and national levels. Each research institution has its coordination mechanism. At the national level, it is the National Institute for Medical Research (NIMR) and the recently established National Health Research Forum. However existing mechanisms could be improved by better participation of their members, adequate funding, and more generous secretarial and donor support.

The country's institutional capacity for health research is described as fair. Most institutes have limited infrastructure, with less than adequate human and financial resources. The human capacity for health research is considered reasonable. Most research institutions are functioning, producing results, and have human development plans. There are critical shortages in the area of epidemiology and bio-statistics, but there are plans to strengthen such areas of weakness. National Advisory Committees help to build up the capacity of institutions and communities. A start has also been made in developing leadership for research through management training designed to foster a clear vision of research in the country and to prioritise research in line with available resources. Research capacity has been undermined by low salaries and poor conditions of service that have compounded the serious problem of the brain drain. It is hoped that by improving these deficiencies, the attrition rate will be reduced. Although the capacity for health research within the country is supplemented by the presence of foreign researchers, these visiting researchers contribute little to national capacity building.

Considerable effort went into the organization of the recent priority setting exercise for national health research. A questionnaire was sent to 113 districts, which were asked to indicate the top ten health problems and five socio-cultural problems. The responses were discussed at a workshop held on 15-21 February 1999, and led to the identification of a set of national priorities, using criteria developed by COHRED to rank and group them into three categories: diseases, health systems and socio-economic problems. The top ten health problems are: malaria, URTI, diarrhoeal diseases, pneumonia, intestinal worms, eye infections, skin infections, S T I, anaemia and trauma/accidents. The health systems said to be at risk included shortcomings in trained personnel, equipment/drugs, transport, funds, rehabilitation building, water supply and sanitation. The socio-cultural issues listed ranged from food taboos in pregnancy, to polygamy and witchcraft. Equity in health is also an important goal for Tanzania, as is illustrated by its national policies and current priorities. The

MoH, the Research Institutions, NGOs and Health Training Institutions have formed an alliance to advocate equity in health.

Government financing for health research is said to be poor. The allocation of public funds do not yet match the national priorities and the priority setting process is not yet used as a basis for allocating funds for research. Donor financing is ranked as average. Private sector financing is considered poor. The ratio of external to local funding is about 5:1. Current fund allocations do not provide incentives for researchers.

In general, the cooperative projects with external research agencies fall within national priorities. Some include capacity building and publications abroad. N-S collaboration has brought spin-offs, such as human resource development, technology transfer and equipment left behind after the project. The benefits of S-S collaboration are capacity building, workshops and an exchange of information. Networking has also proved to be a valuable tool for cooperation. The establishment of the National Health Research Forum was the result of such networking. In setting up and maintaining a network, however, a number of challenges have to be addressed, such as a feeling of ownership of the mechanism by researchers and institutions, financing the mechanism and maintaining participation and communication.

Translating research findings in the country into practical use by policy makers and communities is described as fair, but barriers between those who generate research and those who use their findings remain. There is inadequate communication between them and a lack of satisfactory mechanisms to disseminate research findings. A case was made for launching a research bulletin and an information centre to ensure interaction between research institutions and policy makers and communities. Some research institutions are linked to modern information systems, such as Internet, but inadequate access to such systems is generally the result of poor funding and poor telecommunications in the country.

The concept of ENHR was introduced to Tanzania in 1991 and ENHR activities were endorsed a year later. These activities consisted of advocacy, efforts to coordinate activities, research priority setting and the mobilization of resources. In 1999 the National Health Research Forum became a more inclusive mechanism for the promotion of ENHR and brings together all the stakeholders of health research. It has elaborated a national plan of action for the period 1999 – 2001 that focuses on priority areas and involves policy makers and communities. ENHR activities are financed by the Government of Tanzania, the Trust Fund established by MoH and NIMR, and by donors. There has been a recent increase in Government funding, and there is promise of a further increase in the future. However, there has been no significant increase in external funding. The ENHR concept has changed the way research is organized in the last two years.