

# HEALTH RESEARCH POLICY IN UGANDA, 2012-2020



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Research Organisation

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19<sup>th</sup> June 2012

**Foreword:**

This Health Research Policy has been guided by the aspirations of the National Development Plan which emphasised the importance of science and innovation in the promotion of health and socio economic development. It is also informed by the second National Health Policy (NHP II) which prioritises research in order to support evidence-based policy and intervention formulation. The NHP II further aspires to create a culture in which health research plays a significant role in guiding policy formulation and action to improve the health and development of the people of Uganda. The UNHRO Act 2009 puts in place a framework for coordination and harmonisation of health research and its application in the country.

This National Health Research Policy has been developed in a highly participatory manner and consultations have been held with technical working groups in the health sector, academia, technical staff of Constituent Institutes and other stakeholders. Regional workshops were held with district health officers to get their input into the policy.

This policy strengthens stewardship and governance of health research in the country and establishes a mechanism for alignment, harmonisation and coordination of health research within the context of Uganda's National Development Plan (NDP), the NHP II and HSSIP 2010/11 – 2014/15. It also provides a framework for application of evidence in policy development and practice. It should guide ALL parties involved in health research in the country over the period 2012 - 2020

The Government of Uganda will prioritize scientific opportunities on the basis of their potential impact to improve health, the readiness of the scientific community to accomplish them, and their alignment to the core values.

I wish to thank in a special way the Board of UNHRO and WHO country office that has supported the development of this National Health Research Policy.

Hon. Dr. Christine O. Ondo  
**MINISTER OF HEALTH**

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## **Abbreviations and Acronyms**

AU:	African Union
DHO:	District Health Officer
EAC:	East African Community
GoU:	Government of Uganda
HSSIP:	Health Sector Strategy and Investment Plan
IPR:	Intellectual Property Rights
IRCs:	Institutional Review Committees
MOH:	Ministry of Health
NDA:	National Drug Authority
NDP:	National Development Plan
NHP II	Second National Health Policy
UNCST:	Uganda National Council for Science and Technology
UNHRO:	Uganda National Health Research Organisation
WHO:	World Health Organisation

## **Glossary**

**Health research:** The conception or creation of new knowledge, products, processes, methods and systems related to any aspect of health, the factors affecting it and ways of promoting and improving it. Research is viewed as multidisciplinary, embracing the disciplines of biomedical science, political economy, social sciences, behavioural sciences and economics.

Health research encompasses the spectrum from the biomedical sciences to health policy and systems research, social sciences, traditional and complementary medicine, political sciences, health economics, behavioural and operational research, and research into the relationship between health and the cultural, economic, physical, political, social and policy environments.

**Knowledge translation:** A set of principles, tools and practices that enable people to create knowledge and to share, translate and apply what they know to create value and improve effectiveness.

**Stakeholders in health research:** This Health Research Policy is primarily intended to guide the Stakeholders and interested parties involved in health or health related matters including all researchers intending to conduct research in Uganda, political leaders, administrators, technocrats, policy and decision makers, development partners, communities and the general public and research participants and any special groups.

## **1.0 Introduction**

The development of the National Health Research policy has been informed by global and national guidance which recognise health research as a key component of economic development. The Algiers Declaration on Research for Health in the African Region and the 59th WHO Regional Committee resolution on the framework for the implementation of the declaration committed African states to strengthening of national health research systems, among others, in order to improve the health of the population. Countries were further urged to develop health research policies and strategic frameworks to guide coordination and harmonisation of health research activities at country level. The Bamako call on action to Research for Health further emphasised the need for countries to development of policies for health research in order to secure ownership and control of their research for health agendas. On the other hand, the African Union has emphasised the use of evidence as the basis for sound public health policy and practice calling for strengthening of health research capacities in countries. The EAC has established a Health Research Commission for the coordination of health researchers well for the translation of research findings into policy and practice within the partner States.

At the country level, the National Development Plan (NDP), which is the overall development framework for the country, emphasises the importance of science and innovation in the promotion of health and socio economic development. The Second National Health Policy (NHP II) operationalises the aspirations of the NDP relevant to the health sector. It aspires to create a culture in which health research plays a significant role in guiding policy formulation and action to improve the health and development of the people of Uganda. The current Health Sector Strategic and Investment Plan (HSSIP) 2010/11 – 2014/15 also endorses the use of evidence based policies and interventions through research. In 2009, the Parliament of Uganda enacted the UNHRO Act 2009 to provide an enabling environment for health research. The Act has since been gazetted and formalised. The Act puts in place a framework for coordination and harmonisation of health research and its application in the country. There is now a Secretariat and a Board for UNHRO to operationalize implementation.

This policy will guide ALL health research activities for the period 2012-2020.

### **1.1 Process of developing the Health research policy:**

This National Health Research Policy has been developed in a highly participatory manner and consultations have been held with technical working groups in the health sector, academia, technical staff of Constituent Institutes and other stakeholders. Regional workshops were held with district health officers to get their input into the policy.

This policy lays down a framework to harmonise research, operationalize the functions of UNRHO specifically to provide stewardship of research agenda; coordination of health research; setting priorities; strengthening health research capacity; promoting research information sharing; ensuring good practices and ethics in the conduct of health research; knowledge translation resource mobilisation, and strengthening partnerships and collaboration in health research.

## **2.0 Situations analysis:**

### **2.1 Stewardship and governance for health research system:**

Some guidelines for undertaking health research are in place although enforcement is poor and some are out-dated. Platforms to stakeholder engagement, relevant partnerships for research are not in place and this hampers ownership of the research agenda and translation of research results. Collaborative efforts with relevant bodies for example, Uganda National Council for Science and Technology (UNCST), National Drug Authority (NDA) and Institutional Review Committees (IRCs) are on-going but need strengthening. Health being a multisectoral and multidisciplinary issue, there is a lot of benefit from involvement of other sectors and disciplines. Currently, mechanism for enforcing intersectoral collaboration is weak.

UNHRO is Uganda's lead agency in health research with mandate to provide leadership and management frameworks to set and coordinate a national research agenda. UNHRO is currently constituted by a Board and a secretariat for policy guidance, strategic planning and supervision. The East Africa Community Health Research Commission leads health research in the region.

However, UNHRO's management systems are very weak. There is apparent lack of institutional policies and adequate management structures and systems. Lack of an operational framework and a systematic process to identify research agenda priorities undermines national effort. A lot of research undertaken in the country has not been very responsive to local knowledge gaps and information needs.

Over dependency on donor funding tends to undermine efforts in focusing on national health research priorities. The global economic crisis weakens international health research collaborations and reduces research grants. The application of traditional medicine has not also been fully harnessed.

### **2.2 Management of Conduct of Health Research and Ethical issues**

Adherence to good practices and ethical guidelines has been weak partly due to weak enforcement, lack of awareness on the side of researchers and poor facilitation of the UNHRO secretariat to supervise and follow up on research work. Guidelines and standards are out-dated in some areas.

The ethical values, principles and standards to which professionals aspire and by which other activities can be judged has been weak partly due to inadequate monitoring and evaluation. Some Guidelines and standards for undertaking health research are available but may be out-dated. The UNHRO secretariat also lacks facilitation for follow up on research standards and monitor to enforce quality assurance.

### **2.3 Partnerships and collaboration: funding opportunities**

Research undertaken has largely been donor funded and donor driven with minimal involvement of local institutions Government funding for health research is inadequate beyond payment of wages and logistics for the research institutions. There is no systematic framework for resource mobilisation to undertake research at

national, regional including regional referral hospitals and district levels. Although the Algiers declaration on health researchers urged member states to allocate at least 2% of their national health expenditure on research, this is yet to be realised in the case of Uganda.

The collaborations between UNHRO, partners and affiliated institutions provide a solid source of resources for health research through partnerships. However, there is an apparent lack of harmonization between planners, research institutions, industry, academia, NGOs and partners.

The mechanisms for dialogue with relevant partnerships for research are absent which hampers ownership of the research agenda. Presently, there is no established mechanism for fostering multi-sectoral and multidisciplinary collaboration to ensure maximum involvement of other sectors and disciplines in the development of health research. Community and NGO involvement and active participation is not institutionalised. The communities should participate in the research process transparently so as to promote policy development and benefits to the local communities.

#### **2.4 Management of Information Systems and Translation: Sharing and translation:**

Most health research conducted in Uganda is fragmented with no sufficient record of research findings. There are duplications. This is because of lack of information sharing and a central repository for research in the country. Registration and follow up of completed, on-going and planned research is partially undertaken. Research carried out by various players are not widely shared and marginally contributes to decision making to improve delivery and access to health care services.<sup>1</sup> There is hardly any stakeholder inventory established adequately. This means that their findings are not often put to good use by other stakeholders.

Moreover, most health research works are not strategically communicated to health policy makers and therefore policy decisions may be taken without sufficient evidence. There is also lack of a national health research database to promote research information and sharing the available evidence among the various stakeholders for policy and programming.<sup>2,3</sup>

The absence of trained personnel in data management, poor coordination and registration raises concerns over data capture, processing, accuracy, sharing as well as overlap and duplication of effort in health research. The research capacity to develop quality products to be patented is still weak. Research is meant to provide solutions to identified challenges thus the importance of informing health policy development and programme implementation. This has been hampered by poor dissemination, lack of platforms for engagement and minimal stakeholder dialogue. Community participation is weak and there is a de-link between research and policy development processes in several instances.

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<sup>1</sup> Ministry of Health, Health Sector Strategic and Investment Plan 2010/11-2014/15

<sup>2</sup> Ministry of Health, Second National Health Policy, July 2010

<sup>3</sup> Ministry of Health, Health Sector Strategic and Investment Plan 2010/11-2014/15

## **2.5 .Resources and capacity management**

The capacity for research is limited by both numbers and skills of researchers and, infrastructure. Expenditure on research as a percentage of GDP is only 0.3% in Uganda compared with the African Union target of 1%.<sup>4</sup> The government is yet meets its Bamako commitment of spending 2% of its health sector budget on health research.<sup>5</sup>

The Second National Health Policy recognizes this inadequate funding to health research as one of the key challenges to health research capacity. The inadequate funding and lack of financial autonomy limits health research and as such UNHRO is unable to attract adequate quality and competent technical staff and set up ample facilities for health research.

The Second National Health Policy acknowledges shortage of health researchers. This is partly due to mal-allocation of human resources with 54% of the staff concentrated in hospitals; shortage of trained staff in the health sector and; attrition of qualified staff within and outside the country. There are no comprehensive records of the location and activities of researchers in health for both public and private sectors. Researchers typically face limited career paths and few opportunities for advancement. Low motivation packages discourage promising young researchers. No systematic efforts have been made to improve capacity in areas of training and mentoring programmes and improving infrastructure for undertaking research

There is an apparent need for a comprehensive inventory of human resources for health research to set up targets, development of staff recruitment and retention strategy enriched by capacity building programs.

Infrastructure for research has deteriorated and there is a need for construction, rehabilitation and modernization of logistics. There is also an urgent need to embrace ICT to operationalize the plans.

The quality of research undertaken has varied with decentralised level practically conducting no research at all. The institutional infrastructure is old and out dated. The tools and facilities for research are inadequate and wanting.

## **2.6 Innovations and harnessing of new tools and technologies: create scientific knowledge**

Several research innovations have taken in place with minimal benefit to the local populations or individual local co researchers. Traditional medicine has not been harnessed fully for complementary use in health care delivery. New drugs and products developed locally have not been commercialized. New tools and interventions have been discovered in Uganda but the country has had to pay high cost to access them. Research capacity to develop quality products to be patented is weak. The current legal framework of Intellectual Property rights covers all kinds of

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<sup>4</sup> Republic of Uganda, National Development Plan, 2010

<sup>5</sup> Ministry of Health, Health Sector Strategic and Investment Plan, 2010/11-2014/15

innovations covered by several laws<sup>1</sup>. <sup>6</sup>These laws are administered by the Uganda Registration Services Bureau (URSB). Collaboration with URSB is therefore vital.

### **3.0 Rationale**

Health research needs to play a more significant role in guiding policy formulation and action to improve the health and development of the people in Uganda. Research is a process through which we attempt to systematically and with the support of data provide a solution to a problem and get greater understanding of a phenomenon. This clear understanding contributes to strengthening health systems, effectiveness and efficiency in health service delivery, and in the long increased productivity and socio economic development. This is in line with the pronounced aspiration of the NDP which stresses science and innovation as a fundamental tool for transforming society.

In the effort to improve the health of all Ugandans, the GoU will prioritize scientific opportunities on the basis of their potential impact to improve health, the readiness of the scientific community to accomplish them, and their alignment to the core values.

This policy establishes a mechanism for coordination and implementation of health research within the context of Uganda's National Development Plan (NDP), the NHP II and HSSIP 2010/11 – 2014/15.

This policy should guide ALL parties involved in health research in the country over the period 2012 - 2020.

### **4.0 Vision, mission, goal, core values:**

#### **4.1 Vision**

A research oriented culture to support health policy and its application in order to improve health and socioeconomic development for the people of Uganda.

#### **4.2 Mission**

To create scientific knowledge for the application of evidence based health policies and interventions for the improvement of health care delivery and socioeconomic development for the people of Uganda..

#### **4.3 Goal**

To undertake health research to generate knowledge and its application for the improvement of health care delivery and socioeconomic development for the people of Uganda

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<sup>6</sup> These laws are: the Copyright and Neighboring Rights Act 2006, the Patents Act Cap 216, the Patents (Amendment) Act 2002, the Trademarks Act No 17 of 2010, the United Kingdom's Designs (Protection) Act Cap 218, the Trade Secrets Protection Act 2009, and their implementing regulations.

#### 4.4 Core values

- **Integrity and honesty:** Undertaking research and its application will be done in a transparent and credible manner and avoiding plagiarisms.
- **Professionalism:** A high level of professionalism will be ensured in the conduct research and its application.
- **Community responsiveness:** Communities are the main beneficiaries of research products. Efforts to ensure that all research responds to the needs of the community.
- **Good ethical practices:** All research will subscribe to good ethical principles, respect the dignity of research subjects and ensure rational access to the benefits to research as much as possible.
- **Gender responsiveness:** Good research must be gender sensitive if it is to promote health and development of the people. The process of priority setting, developing research protocols and implementing the research process will be gender sensitive.
- **Equity in research:** Research will take consideration equity concerns within the population. Research needs of deprived populations and vulnerable groups will specifically be addressed.

### **5.0 Policy objectives and strategies:**

The Policy Strategic Objectives are:

**5.1 To strengthen leadership and governance systems in health research** by streamlining management roles and responsibilities, aligning and harmonizing health research plans and priorities as well as accessing research evidence to policy makers to improve decision making and health care

**5.2 To enhance the conduct of research management systems** through systematic ethical procedural guidelines, best practices, conducive environment and enhancing quality and harmonizing institutions and other stakeholders in health research

**5.3 To strengthen partnerships for research and development** by coordinating stakeholders operations and practice, mobilizing resources and skills and focusing on optimizing relationship with partners including communities and NGOs for mutual benefits.

**5.4 To strengthen health research information management and knowledge translation systems** by ensuring steady exchange of information among the various stakeholders and translation of knowledge as a process and strategy for uptake of research evidence to improve health outcomes.

**5.5 To establish sustainable financial and human resources systems** by proactively working with all stakeholders to facilitate mobilization of financial resources and exercise a

high level of integrity, transparency and remain accountable in utilization of the resources. With regard to human resources, by developing strategies and setting targets for staff recruitment and retention enriched by basic and skills capacity building programs. Investment in infrastructure development will be carried out through construction, rehabilitation, and updating and modernization of logistics and equipment and embracing of the ICT.

#### **5.6 To create knowledge to develop and harness innovations and products to improve health care delivery**

The development of new effective interventions and technologies for effective and efficient health care delivery will be supported. Traditional medicine will be harnessed for complementary use in health care delivery. New drugs and products will also be developed and commercialized in order to promote self-sufficiency and modernization of health services for sustainable development. Protection of intellectual property rights and other incentives will be promoted to encourage innovations.

### ***Research governance and management systems***

#### **5.1 Strategic objective (SO) 1: To strengthen leadership and governance systems in health research**

The government under the leadership of UNHRO will ensure harmonisation, alignment and coordination of health research in the country. Health research requires collaboration between many different disciplines: biomedical, social and behavioural. Health being a multisectoral issue requires multidisciplinary efforts to identify possible solutions. The participation of all relevant disciplines and sectors in all processes from research priority setting, undertaking research and dissemination is essential. Inter-disciplinary and inter-sectoral collaboration in research must start at the early stage of identifying the research question and must continue up to the dissemination of research findings.

This multi-disciplinary and inter-sectoral approach will be pursued in all research processes and application of findings.

##### **5.1.1: Specific Strategic Objectives to strengthen governance and research management and systems**

In order to achieve this, the government Specific Strategic Objectives (SSO) will be:

SSO1: To streamline roles, functions, responsibilities and authority within UNHRO, UNCST and affiliated institutions

SSO2: To develop and implement a national health research plan and agenda with specific priority areas

SSO3: To develop management systems and tools to support governance and leadership.

SSO4: To develop skills for leadership management and technical support supervision

SSO5: To strengthen advocacy

## **5.2 Strategic objective (SO) 2: To improve institutional research management and systems**

Mechanisms will be made to ensure the highest possible ethical code of conduct and practise for health research in Uganda, including the safety and rights of research participants as well as the researchers.

### **5.2.1 Specific Strategic Objectives to improve health research conduct and management systems**

In order to achieve this, the government specific strategic objectives (SSO) under the leadership of UNHRO shall be:

SSO1: To develop and mainstream an ethical code of conduct for health research

SSO2: To develop and institutionalise systems and tools for the control and maintenance of good research practices

SSO3: To develop and implement an overarching framework for monitoring and technical supervision of research at institutional, district and community levels

SSO4: To develop and implement a strategy for quality assurance in research

### ***Partnerships and Collaboration***

## **5.3. Strategic objective SO3: To strengthen partnerships for research and development**

### **5.3.1 Specific Strategic objectives (SSO) to strengthen partnerships and collaboration**

In order to strengthen partnerships for research the specific strategic objectives will be:

SSO1: To engage proactively existing and potential partnerships in national health agenda

SSO2: To develop a framework for stakeholders' cooperation and coherence at international, national, district including the community and NGOs.

SSO3: To develop a strategy and framework for communication and information management to support collaboration and social mobilisation for research at all levels.

### ***Information Management and Translation***

#### **5.4 Strategic objective (SO) 4: To strengthen health research information and knowledge management system**

Efforts will be made to minimise duplication and fragmentation of research and ensure effective dissemination of research findings. Emphasis will be made to promote dialogue and sharing of information between researchers, policy makers, and communities and translation of research findings into policy.

Emphasis will also be given to how research can be used to guide the development and implementation of policy on health promotion, diseases prevention, preventive treatment and health service delivery under the HSSPIP III strategic plan.

##### **5.4.1 Specific Strategic Objectives to strengthen information management and knowledge translation**

The specific strategic objectives to achieve the above will be:

SSO1: To develop a system and database/ inventories for the collation, analysis, storage, archiving, and retrieval of information

SSO2: To develop and implement dissemination mechanisms, fora and communication networks for sharing of research findings

SSO3: To set-up a national knowledge translation platform for health research evidence and application.

SSO3: To train and build capacity of policy makers and researchers in access, synthesis and use of research evidence

### ***Resources Management***

#### **5.5 Strategic objective SO 5: To establish viable financial and human resources and management systems**

Funding and other resources for research in the country irrespective of source must be harnessed and applied to the prioritised agenda as much as possible. Additional funds will be mobilised, allocated and monitored to ensure proper utilisation of financial

resources for health research. Funding research activities outside the agenda must rationally subscribe to agreed criteria. Resources must be managed well.

#### **5.5.1 Specific Strategic objectives for management of resources**

In order to establish a viable financial and human resource capacity the specific strategic objectives to be undertaken are:

SSO1: To develop and implement financial plan for mobilization, diversification of sources, rational utilization and accountability

SSO2: To develop and implement a human resource capacity building plan including programs for mentoring, and motivation

SSO3: To mainstream health research training into medical training institutions and strengthen advanced training

SSO4: To invest in infrastructure through phased rehabilitation and modernisation, procurement of logistics and equipment and ICT

#### **5.6 To create scientific knowledge to develop and harness innovations and products to improve health care delivery**

The GoU will promote and support the development of innovations through knowledge translation and use of evidence based interventions and policies. Commercialization of new products and technologies shall be actively promoted in conjunction with the private sector. Special emphasis shall be given to harness and use traditional medicine in health care delivery. UNHRO in collaboration with UNCST and relevant agencies shall promote intellectual properties rights for innovations generated locally.

The strategic specific objectives to develop and commercialize innovations shall be:

SSO1: To harness and innovate locally appropriate technologies and tools in health care delivery systems

SSO2: To develop traditional and complementary medicine for application and integration into health care delivery

SSO3: To develop a framework for the commercialisation of new tools, innovations, and technologies in health care including the protection of intellectual property rights.

SSO4: To enact appropriate legislation including use of traditional and complementary medicine

## **6.0 Communication and dissemination**

Appropriate Communication is vital for information sharing and dissemination of findings. A framework for modernizing and strengthening communication at all levels will be developed and implemented.

## **7.0 Implementation arrangements**

The Government through the ministry of Health and UNHRO will be responsible for overall coordination and guidance of health research in the country. UNHRO will itself be guided by the National Development Policy, the National Health Policy, the HSSIP and other macro development policies of the country. It will work in liaison with universities, other research institutions, and other regulatory bodies, professional associations, in collaboration with the UNCST. At the district level, research will be coordinated and monitored by the DHO, who will be guided by this policy as well as other national policies.

A strategic plan will be developed for implementation of this policy. Persons and researchers duly authorised and acting on behalf of the Organisation shall not be liable for any act done or omitted to be done by him or her in good faith for the purpose of carrying into effect the provisions of this Act (Art 32). .

UNHRO Board will appoint a National Review Committee to oversee the operations of IRCs. The UNHRO Board will approve IRCs and District Institutional Review Committees in consultation with the UNCST.

This policy will guide ALL health research activities for the period 2012 – 2022.

## **8.0 Monitoring and evaluation**

Each research institution should have in-built mechanisms for continuous monitoring of the research development, identifying and addressing unethical research, research plagiarism and mechanisms for redress. UNHRO will develop an instrument to be used in the monitoring process. There will be periodic evaluation of the national research development by external evaluators. The result of the evaluation will assist in guiding national health research development in the country.

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