



**Towards Universal Health
Coverage**

2021-2031

Sierra Leone National Research for Health Policy

**GOVERNMENT OF SIERRA
LEONE**

Ministry of Health and Sanitation¹

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Foreword



The Research for Health Policy was developed to provide the policy framework for the planning, coordination, conduct, regulation, reporting, dissemination and use of research.

Research for health interest has grown exponentially especially during and after the Ebola Virus Disease outbreak of 2014 and this has been reinforced by the COVID-19 pandemic.

In addition to laboratory, population and clinical research (otherwise known as health research), we have also included all other research around health such as operational research, research on environment and sanitation, climate change and any other determinants of health, as well as other social science research. Hence, the current Health Research Policy is named *Research for Health Policy*, to capture not just laboratory, clinical and population research. It is the first-ever specific policy on health-related research in Sierra Leone.

To develop this policy, the team thoroughly observed the relevant procedural steps including participatory drafting, inclusive consultations and stakeholder validation. Development of this policy involved participation of stakeholders such as the university, various Ministry of Health and Sanitation units, Statistics Sierra Leone, the research industry, civil society, private sector and non-Governmental organizations, among others.

This policy seeks to create the appropriate environment to protect the dignity, privacy and lives of research participants. It also seeks to promote outstanding research for health and health related activities and contribute to productive strategic relationships with partners in academia and private research for health, as well as industry, commerce, government and communities in Sierra Leone and overseas. The policy would also provide the guidance on the role of government and its partners in resource mobilization, tracking and its efficient use for research to flourish in the country.

The Ministry of Health and Sanitation has observed that although interest in research for health has grown and much is done within the sector, there is very limited local capacity in research for health. This policy provides guidance to the Government and Partners on the development of local capacity in research for health.

Similarly, we recognise the near-haphazard way in which research is conducted without any national research for health agenda. This policy shall provide guidance on priority setting for health research where all stakeholders shall plug in to expand the industry. Individual entities plan and almost independently execute research without reference to any national agenda, and this does not bode well for the country. Finally, this policy encourages use of evidence for planning and decision-making for health interventions.

Let me use this opportunity to thank all parties who contributed to the development of this policy, especially the World Health Organization Country Team that provided funding support.

Austin Demby

Dr Austin Demby
Minister of Health and Sanitation

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This Research for Health Policy was developed through collaborative efforts of various entities and individuals, and we would like to recognise them.

Firstly, on behalf of the team that developed this Policy, I want to thank the Minister of Health and Sanitation, Dr Austin Demby, for his visionary leadership and his desire for a planned and coordinated research for health system and use of evidence to plan health interventions and make decisions.

I would also like to thank the World Health Organization for the technical and funding support they provided in the development of this Policy. Without the technical support of other agencies, this Policy would not have had the rich content it has now. Contributions from various entities including Montrose, UNICEF, UNAIDS, Statistics Sierra Leone, College of Medicine and Allied Health Sciences, Njala University, Partners in Health, Pharmacy Board of Sierra Leone, Social and Economic Research Enterprise, Institute for Development, Sierra Leone Ethics and Scientific Review Committee and the Sierra Leone Social Health Insurance Secretariat were incorporated into this document.

This exercise could not have been successful if not for the collaborative efforts of the Directorates of Training and Research, and Policy, Planning and Information. We want to particularly recognise the stellar leadership roles of Professor Mohamed Samai and Dr Francis Smart for leading the Policy development efforts. We thank them.

We also want to appreciate the roles played by the technical coordinators: Dr Edward Magbity and Edward Foday, who coordinated the activities from drafting to validation and finalization. It will be a remiss if we do not recognise the roles of various Directorates, Programmes and Units of the MoHS (specified in the Annex) without whose technical inputs this document would have been incomplete. We thank you. MoHS would like to thank those partners and other entities whose contributions, including consultations or physical participation in the workshops have been inadvertently omitted. We appreciate all of you and we thank you very much.



Dr Sartie M. Kenneh
Acting Chief Medical Officer

Acronyms

CIOMS	Council for International Organizations of Medical Sciences
CMO	Chief Medical Officer
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DPPI	Directorate of Policy, Planning and information
DSTI	Directorate of Science, Technology and Innovation
DTR	Directorate of Training and Research
EDCTP	European and Developing Countries Clinical Trials Partnership
GoSL	Government of Sierra Leone
HBIOMED-SL	Sierra Leone Health and Biomedical Research Association
HMIS	Health Management Information System
HSCC	Health Sector Coordinating Committee
ICT	Information and Communications Technology
IRB	Institutional Review Board
MICS	Multi-Indicator Cluster Survey
MIS	Malaria Indicators Survey
MoDEP	Ministry of Development and Economic Planning
MoHS	Ministry of Health and Sanitation
MTA	Material Transfer Agreement

MTNDP	Medium-Term National Development Plan
NGO	Non-Governmental Organisation
NPHA	National Public Health Agency
PBSL	Pharmacy Board of Sierra Leone
PPP	Public Private Partnership
SARA	Service Availability and Readiness Assessment
SLESRC	Sierra Leone Ethics and Scientific Review Committee
SOP	Standard Operating Procedure
TWG	Technical Working Group
UHC	Universal Health Coverage
WHO	World Health Organisation

1. Background

Research for Health is an essential tool for development, as has been recognized by signatory countries, including Sierra Leone, to the Algiers Declaration in 2008 and re-echoed in the Bamako Call to Action in November 2008. In the Bamako meeting on research for health, countries committed to allocate at least 2 percent of national health budgets to research, while funders were called to invest at least 5 percent of health sector aid to research¹.

Research for health is research in any discipline or combination of disciplines that seeks to understand the impact of policies, programmes, processes, actions or events originating in any sector on health. It includes research on the health sector itself and physical, chemical, biological, medical, environmental, political, social, economic, climatic, and other determinants of health. In addition, it assists in developing interventions that will help prevent or mitigate the impact. It also contributes to the achievement of health equity and better health for all.

¹ The Bamako Call to Action on Research for Health (2008)

Research for health aims to identify and solve health problems. Research for health adds to the scientific knowledge base needed for informed planning and decision-making, leading to improved health and wellbeing of the nation.

The World Health Organisation (WHO, 2009) defines research with human subjects as *'any social science, biomedical, behavioural, or epidemiological activity that entails systematic collection or analysis of data with the intent to generate new knowledge, in which human beings are exposed to manipulation, intervention, observation, or other interaction with investigators either directly or through alteration of their environment; or become individually identifiable through investigator's collection, preparation, or use of biological material or medical or other records'*². It is the role of ethics committees to protect people, especially the participants against any abuse of their rights.

² Cash, R *et al* (2009), World Health Organisation: Casebook on Ethical Issues in International Health Research

The Research for Health (R4H) Policy for Sierra Leone expresses the principles of the government in the field of research for health, which are the bases for the realisation of innovation and coherence. It is formulated for policy makers, donors, managers, researchers, implementing partners and communities for the progressive realisation of the intentions described in the document. It provides the research for health community with sufficient information for the preparation and realisation of their concepts and plans. It also shows the willingness of the Government to formalize and further develop the Research for Health system in Sierra Leone.

The policy further seeks to promote outstanding research for health and health related activities and contribute to productive strategic relationships with partners in academia and private research for health, as well as industry, commerce, government and communities in Sierra Leone and overseas. This will contribute to national development aims, as set out in the Medium-Term National Development Plan (MTNDP)³.

³ MoDEP, GoSL (2019), Sierra Leone's Medium-Term National Development Plan 2019–2023

It will also contribute to the Sustainable Development Goals, specifically, the Universal Health Coverage. Research for health outputs will inform the reshaping and development of programmes, policies and innovations to guide socio-economic development in the country. The policy will guide communication and uptake of research outputs. It will also guide the provision of ongoing coordination, human resources, enabling environment and monitoring and evaluation to enable the Research for Health system to function.

2. Situational Analysis

Although health research and evidence-based health planning is becoming a prominent feature of health systems in many countries, Sierra Leone still lags in this regard. Research or research findings have hardly been a requirement for planning health programmes and interventions. Even operational research to improve programming has hardly been countenanced within the Sierra Leone health sector.

Researchers heavily rely on foreign grants or resources to conduct research because there is very limited national government funding allocation for health research. This is a driver for researchers and research institutions prioritising non-national health research priorities at the expense of needed local research priorities.

Sierra Leone's commitment to research for health is manifested by her signatory to the Algiers and Bamako Declarations on Research for Health. To date, there has never been a National Research for Health Policy or strategic plan for MoHS. Although the MTNDP mentions research, it is however mostly focussed on science, technology and innovation in Education and Agriculture. The MoHS directorate responsible for research for health was established in 2009.

Health research is mentioned in the National Health and Sanitation Policy (2021).

The Policy on Traditional Medicine (2005)⁴ also implores the Government of Sierra Leone to encourage and support research and development activities.

The Directorate of Training and Research (DTR), charged with the responsibility to oversee, commission, monitor and evaluate research for health, has inadequate resources to execute these functions.

Resources for research are very limited and donor driven, based on programmatic priorities set by the funding agencies. There is no coordinated health research funding mechanism in Sierra Leone and therefore no national funding for health research. There is limited tracking of research funding flows. Research contracting involving local researchers and institutions is not standardized, which serves as disincentive for the growth of local research.

⁴ MoHS, GoSL (2007) National Policy on Traditional Medicine (version 23/08/05)

Research capacity is limited in Sierra Leone. There is no national health research institute and there are few individual researchers in Sierra Leone. Plans are underway for the setting up of a National Public Health Agency (NPHA).

There is a need to develop research capacity in health or biomedical research at all levels and functions in Sierra Leone.

There is a more developed agricultural research system and that could serve as an example and provides opportunities for collaboration in research for health

Networking of researchers is limited, although Sierra Leone Health and Biomedical Research Association (HBIOMED-SL) offers some opportunities to do so. There is also a serious capacity challenge with peer review within health research. Researchers find it difficult to get their studies published. Sierra Leone Journal for Biomedical Research offers some opportunity for regular publications. Research competitiveness is rare, as there are few researchers, research projects and no research for health institutions.

There are no formal mechanisms or strategies to enhance communication and coordination on research between and among stakeholders, although some communication and coordination is included in several national meetings on ad hoc basis (e.g., the Chief Medical Officer's weekly meetings with Directors and Managers, Health Sector Coordinating Committee (HSCC), Health Sector Steering Group, Health NGO (Non-Governmental Organisation) meeting, Health Development Partners Meeting, Annual health review meeting). Civil society engagement in health research is limited and poorly coordinated. Although there are several research partnerships, there is limited alignment or harmonisation. A significant proportion of research never gets disseminated in Sierra Leone, although it might be published in peer-reviewed journals or presented at international conferences.

The demand for research and research products by the local population has been very low. Some local institutions now conduct research for health, but the avenue to share their results is limited. Capacity for research into policy processes is limited. Research outputs are not adequately utilised in national policy formulation for health.

To date, there are no nationally-agreed priorities on research for health. However, there are priorities in the National Health and Sanitation Policy (2021) that could be used. There is a very limited focus on health equity and socio-economic development in recent research topics. Current focus on the achievement of Universal Health Coverage by 2030 could change this situation.

Research activities have often lacked a national focus, and have tended to be individualized efforts within hospitals, universities, research institutes, government departments, or within private or nongovernmental organizations with little reference to the critical national needs. Researchers mainly concentrate on clinical and biomedical research. Periodic health surveys such as the Demographic and Health Surveys (DHS), the Malaria Indicator Surveys (MIS) and Multiple Indicator Cluster Surveys (MICS) are exceptions to nationally focussed surveys. These are mostly advocated for and funded by international agencies.

The Sierra Leone Ethics and Scientific Review Committee (SLESRC) was established in 1992. After a few years in operation, it suffered resource and human capacity limitations and was therefore dormant for a very long time. It was reconstituted in 2010 with very limited operations and personnel, but gained prominence during the 2014 Ebola outbreak. The Committee has limited capacity with respect to ethical and scientific review, compliance monitoring and operational support. Government of Sierra Leone does not allocate any budget line to this highly important entity. However, with a grant from the European and Developing Countries Clinical Trials Partnership (EDCTP), through the Directorate of Training and Research, in collaboration with College of Medicine and Allied Health Sciences, and Kings College London, the Committee's operational and policy documents are either currently being developed or reviewed.

3. Rationale

Given the recent history of health crises in Sierra Leone, ranging from the cholera outbreak, Ebola outbreak to the current Coronavirus pandemic, the MoHS would need a strong policy environment to plan, fund, conduct, regulate, disseminate and coordinate research that produces credible results and upholding research participants' rights.

All stakeholders who conduct research for health have a role to play to ensure research is conducted in the appropriate environment with maximum protection of the rights and wellbeing of participants and researchers. In addition to providing direction to implementers and users of health research, it also advocates for equity, funding and access to information in research for health.

The policy is developed to create the pathway to greater collaboration and coordination in research. Several partners are involved in research for health in Sierra Leone, but there is no distinct direction as how to conduct their business that can benefit the country as well as the partners themselves with efficient and effective use of resources.

The policy environment for the Committee to take any action against defaulters is unclear. For instance, though the SLESRC has been working to ensure research is conducted ethically, some studies are carried out without obtaining ethics approval, which potentially endangers research participants. This document, therefore, provides the policy environment for researchers and research institutions to implement research in an ethical manner.

Given that inadequate resources are some of the major drawbacks in the advancement of research for health, the policy would serve as an advocacy tool, as it clearly spells out resource needs for research in Sierra Leone. This policy provides guidance on the role of government and its partners in resource mobilisation and allocation, as well as the need for efficient use of resources.

4. Vision, Mission, Goal, Aim, Objectives, and Values & Guiding Principles

4.1 Vision

A health system that relies on research to formulate policies and informed decision making for health and wellbeing in Sierra Leone

4.2 Mission

Promoting the conduct and use of research that contributes to the improvement of health and wellbeing in Sierra Leone

4.3 Goal

A functional research system that informs policy and practice for health and wellbeing in Sierra Leone

4.4 Aim

To provide guidance on research for health, knowledge generation and technological innovations to improve health and wellbeing

4.5 Objectives

- a) Guide capacity building and resource mobilisation for improved health research conduct and its utilization
- b) Provide guidance on ethical practices, principles of equity and fairness in health research
- c) Guide research for health in priority areas and develop effective mechanisms to disseminate and share knowledge and information
- d) Develop pathways for effective linkages and partnerships among researchers, research institutions, funders of research, and users of health in the public and private sectors
- e) Develop a health research framework to improve the quality, impact, effectiveness and efficiency of the research
- f) Promote innovation and use of Information and Communications Technology to improve research and health outcomes

4.6 Values and Guiding Principles

- a) **Accountability:** A commitment for all researchers, managers, policy makers and decision-makers to be accountable with respect to the research process and the translation of research outcomes into action
- b) **Equity:** A commitment to addressing the problems of the vulnerable segments of the population, in order that the benefits of research are accessible to them.
- c) **Ethics:** A commitment to the international standards of ethical practice for research for health.
- d) **Excellence:** A commitment to the unconditional attachment to a series of rules and regulations in research, that confers results with an objective validation no matter the topic treated.
- e) **Inclusion:** A commitment for all researchers working in the field of research for health to have equal access to processes for research financing and research opportunities

- f) **Ownership:** A commitment for all stakeholders in the research process to have the right to participate in and have access to the outcomes of the research. All research for health conducted in and/or on Sierra Leone will be owned by research stakeholders in Sierra Leone
- g) **Relevance:** A commitment to perform research for health that tackles global, national or local problems that require solutions, in addition to knowledge generation
- h) **Social justice:** A commitment to equality and solidarity for the research for health system in Sierra Leone
- i) **Sustainability:** A commitment that will allow the research for health system to be operational and capable of ensuring the research needs of Sierra Leone
- j) **Integrity:** A commitment to the practice of being honest and showing a consistent and uncompromising adherence to strong moral and ethical principles and values

4.7 Scope of the Policy

This policy covers any research for health conducted in/for/about Sierra Leone, including:

- i. Research involving human participants/tissues/organs
- ii. One-health research
- iii. Research involving data or records of human beings
- iv. Research around environment and sanitation
- v. Research on climate change
- vi. Research on any other determinants of health

5. Areas for Action

5.1 Research for Health Leadership and Governance

The Directorate of Training and Research is responsible for research in the Ministry of Health and Sanitation. Currently, research for health is planned, conducted, managed and financed by a diverse number of organisations and individuals with very little coordination. There is a weak inter-sectorial collaboration, limited accountability and impact analysis of the research on the critical health needs of Sierra Leone.

The DTR lacks the required resources to oversee, commission, monitor and evaluate research for health across the country. As a result, there is a critical need for a legal body to oversee research for health in Sierra Leone. In addition, there has not been a research for health policy and strategic plan until now.

The SLESRC serves as the national health research ethics review committee. Currently, this Committee does not have supervisory or oversight mandate over institutional review boards for health research. Few institutions have their own IRBs.

Policy Statements

- a) MoHS shall strengthen the Directorate of Training and Research to better plan, conduct, manage and coordinate Research for Health
- b) The SLESRC shall serve as the National Ethics Committee for health research. There shall be health research institutional review boards (IRBs) to conduct internal reviews for research conducted in/for the respective institutions.

5.2 Research Collaboration and Partnerships

Public and Private Partnership (PPP) has played a pivotal role in nurturing resource mobilization and improving health outcomes and indicators. A sizeable number of Sierra Leone's health facilities are owned by private individuals, non-public institutions or organisations. There have however been weak and poorly structured research partnerships within the sector. Currently, there have been strides to improve PPP for better health outcomes

The Ministry of Health and Sanitation has collaborated with local and international partners to support and conduct surveys and assessments including the Demographic and Health Survey (DHS), Service Availability and Readiness Assessment (SARA), Malaria Indicators Survey (MIS) and Multi-Indicator Cluster Survey (MICS). Studies that were conducted as collaborative efforts have turned out to produce the most widely accepted results and outcomes. This is an indication of the need for collaboration and partnerships.

Policy Statements

- a) Government shall establish appropriate mechanisms of cooperation including public-private, South-South and North-South cooperations
- b) MoHS, through the DTR, in collaboration with partners, shall create a database of all researchers, research funders and research users
- c) MoHS and partners, through the research directorate, shall create a Technical Working Group (TWG) where researchers, research funders and research users would hold periodic meetings

5.3 Coordination of Research for Health

There is a strong need for research to be coordinated for an efficient use of the limited available resources. In Sierra Leone, there is weak mechanism in place to coordinate research for health in the country.

Researchers mostly work directly with respective units or programmes without recourse to the directorate mandated to coordinate research. This has resulted in poor coordination, unaccountability, lack of transparency, and inefficient use of resources. There is a need to create synergy in the research process from proposal writing to execution, dissemination, and utilization of research results.

The issues of uncoordinated planning and implementation of research for health have seriously affected the uptake of research outputs. There is an open MoHS online portal⁵ where all documents, including research outputs, can be stored and accessed by the public. This policy is to engender coordination which would lead to the creation of a catalogue of studies and their reports. The database can be very useful to determine the relevance of prospective studies and assessments, to avoid duplication of efforts.

Policy Statements

- a) A mechanism shall be created to register all research for health conducted within or about Sierra Leone
- b) All research reports shall be made available in the MoHS documents portal for access by the public

⁵ Ministry of Health and Sanitation document web Portal at <https://portal.mohs.gov.sl/>

5.4 Regulating Research for Health

The main function of Research Ethics Committees is to protect research subjects (participants) against harm and to protect their rights and dignity. Sierra Leone is a signatory to the Declaration of Helsinki⁶ issued by the World Medical Association in 1964 and its subsequent amendments, the International Ethical Guidelines for Biomedical Research Involving Human Subjects prepared by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO).

There is evidence that a lot of research involving human participants, done in developing countries are unregulated and follow unethical procedures and this has compromised many people's confidentialities, privacies, and their lives (Carome M, 2014)⁷.

⁶ World Medical Association (1964) Declaration of Helsinki
Tuskegee (see reference)

⁷ Carome, M (2014) Unethical clinical trials still being conducted in developing countries @ <https://www.citizen.org/news/unethical-clinical-trials-still-being%20conducted-in-developing-countries/>

There is need for increased oversight and field monitoring to assess the work of researchers to ensure compliance with the approved protocols and codes of ethical research.

This policy is expected to ensure adherence to ethical and scientific standards through strengthening of the SLESRC, which will include training, updating of guidelines and operational support. The SLESRC will oversee the work of all local institutional ethics committees in Sierra Leone reviewing research for health proposals and protocols.

The Pharmacy Board of Sierra Leone (PBSL), through the Pharmacy and Drug Act 2001⁸, has the mandate to regulate all clinical trials in the country. The Independent Expert Committee on Drugs reviews clinical trial protocols guided by the Clinical Trials Guidelines of PBSL. Approval of clinical trials is independent of ethics approval, yet separate ethics approval is required to proceed with the study.

⁸ GoSL (2001), The Pharmacy and Drugs Act: chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/viewer.html?pdfurl=http%3A%2F%2Fwww.sierra-leone.org%2FLaws%2F2001-12.pdf&clen=3074504&chunk=true

Policy Statements

- a) Policy, policy guidelines on Research Ethics regulation and Standard Operating Procedures (SOPs) shall be developed for use by researchers, policy makers, decision makers, research institutions, universities etc.
- b) All research for health involving human participants and/or their data must obtain ethics approval or waiver from the SLESRC before fielding their study
- c) The SLESRC shall conduct periodic monitoring for selected studies to ensure the study teams are in compliance with the SLESRC-approved protocols
- d) All researchers or research institutions intending to transfer any biomedical material out of Sierra Leone must obtain a Material Transfer Agreement (MTA) from the Office of the Chief Medical Officer in the MoHS, after obtaining ethics approval for the study
- e) All clinical trials must also obtain approval from the Pharmacy Board of Sierra Leone, in addition to the ethics approval
- f) There shall be health research institutional review boards (IRBs), overseen by the SLESRC, to conduct internal reviews for research conducted in/for the respective institutions.

5.5 Research for Health Capacity Development

Human resource capacity to plan, conduct, manage, report, peer review and disseminate research for health is limited. The enabling environment for the development and retention of local research capacity is limited. Opportunities will be created for capacity building and career pathway of the Research for Health workforce. The research projects in Sierra Leone, with external funding, do not usually support postgraduate trainings for Sierra Leonean students. This has contributed to the weak R4H capacity in the country and that needs to change.

Local researchers/institutions have a weak negotiation position due to limited own funds and research/management capacities. Research for health in national universities, including those that offer health and medical courses, is not quite developed.

There is no national health research institute. National research for health entities will be established and supported to ensure sustainable research for health. They will be independent, but can be affiliated with MoHS, Ministries of Education, and other GoSL entities.

Policy Statements

- a) MoHS shall strengthen collaboration with stakeholders, especially academia, to improve Research for Health at undergraduate and postgraduate trainings and continuing professional development, including grant writing and manuscript preparation
- b) Government of Sierra Leone shall develop a comprehensive career pathway to attract and retain Human Resources for Research for Health
- c) All research projects with a duration of three years or more and/or with a budget of \$500,000 or more shall include the training of at least one Sierra Leonean to attain an advanced university degree in research.
- d) MoHS shall include students in their internal surveys to develop research culture
- e) All non-student research conducted within Sierra Leone, led/commissioned or owned by non-Sierra Leoneans, shall have at least one active Sierra Leonean as Co-Investigator on the study team.
- f) All non-student research publications whose data is from/on/about Sierra Leone shall have at least one Sierra Leonean co-author who actively participated in the research.

5.6 Research for Health Priority Setting

There is currently no national agenda for health research. There are however, health priorities and research regulation in the National Health and Sanitation Policy (2021).

Given the enormous challenges facing the health sector and considering that development of a nation depends on the health and wellbeing of its people, it is imperative that research for health priorities be determined for Sierra Leone for both the short and long terms. The priority setting will be an inclusive process, determined in consultation with stakeholders. It will be reviewed periodically.

Policy Statements

- a) MoHS, in consultation with partners, shall develop mechanisms and criteria to determine national research for health priorities
- b) Research for health priority list shall be reviewed annually or as determined by the research directorate, based on need
- c) All entities intending to conduct research shall ensure their research projects are covered in the research priority list.

5.7 Conducting Research for Health

Interest in research for health has gained momentum since the Ebola Virus Disease outbreak of 2014/2015, which has been reinforced by the COVID-19 pandemic. Clinical, laboratory, population and social science studies in health have been conducted and are still being conducted within the sector. A number of clinical trials have also been conducted including EBOVAC, PREVAC and STRIVE.

One major issue the MoHS has had to grapple with is access to datasets after research for health has been conducted, including studies done for or on behalf of the Ministry. As reflected in the HIS Policy, all health data collected for/about/on/in Sierra Leone belongs to the country and as such, the MoHS must be given copy or unrestricted access to the datasets.

Policy Statements

- a) Researchers and research institutions must protect research participants and/or their data by anonymising all research data during and after the study
- b) Data collected on behalf of the MoHS shall remain the property of the MoHS
- c) Partners shall endeavour to make available research data generated in country to MoHS
- d) Datasets for any research for health shall be kept by MoHS for at least five years after report has been disseminated
- e) MoHS and its partners shall endeavour to invest resources in ICT to enhance functionality
- f) MoHS shall put mechanisms in place to ensure that Intellectual Property Rights are protected and guaranteed

5.8 Communication, Dissemination and Use of Research Outputs

Although there has been quite a good number of research conducted within the health sector in Sierra Leone, the stakeholders are yet to optimally use the results and recommendations. The MoHS collects a lot of data through research and routine HMIS, however, the data collected are not optimally utilised to improve health outcomes. Data demand and use is very low within the sector and policies are formulated without necessarily referencing available research findings or data.

There are no formal mechanisms to enhance communication and uptake of research findings. A significant proportion of research never gets disseminated in Sierra Leone, although it might be published in peer-reviewed journals or presented in international conferences. The SLESRC requires researchers and research institutions to share findings of their studies, this is not usually heeded. Currently researchers are only required to share their report and not obligated to present their findings.

Policy Statements

- a) The MoHS shall develop a mechanism for communicating and disseminating research for health findings in Sierra Leone
- b) The MoHS, in collaboration with partners and the TWG, shall put mechanisms to enforce the use of research for health findings for planning and decision making, in Sierra Leone
- c) The MoHS research directorate shall put mechanisms in place for research findings to feed back into the communities and for communities be educated on research results
- d) MoHS shall advocate the use of ICT including social media in every step of research for health.

5.9 Financing Research for Health

Funding is one of the most important determinants of research capacity. Research for health funding is seriously deficient in Sierra Leone, a problem that manifests in the country being less able to compete effectively in attracting and retaining the best researchers.

In Sierra Leone, research is mostly funded by partners according to their specific needs and interests. MoHS generally only fund health care delivery interventions. Little or no attention is paid to funding research activities, even though research improves informed healthcare decision-making that in turn improves health outcomes. In the 2008 Bamako meeting on research for health, countries committed to allocate at least 2 percent of national health budgets to research, while Development Partners were called to invest at least 5 percent of health sector aid to research.

This policy will ensure adherence to the internationally recommended 2 percent of government health budget and 5 percent of Development Partners' project and programme aid for the health sector for research in Sierra Leone. Fair research contracting and attraction of key foreign research funders will be facilitated.

Research funds / funding flows for research will be tracked.

Policy Statements

- a) MoHS shall implement the Bamako Call to Action by allocating 2 percent of GoSL health funding to fund research for health and capacity building
- b) GoSL shall implement the Bamako Call to Action by requiring Development Partners to allocate 5 percent of their total health budget to research for health
- c) MoHS shall develop mechanisms for financing, disbursement and tracking of research funds.
- d) MoHS shall ensure that adequate resources are allocated to health information and knowledge management systems.
- e) MoHS shall encourage collaboration and networking, both among countries within the Region and between them and the rest of the world, to strengthen resource mobilization, knowledge creation, sharing and use.
- f) MoHS shall work with directorates, programmes, units, DHMTS and agencies to pool research funds to enhance efficient use of resources
- g) Capital Investment Materials obtained for research projects in Sierra Leone shall remain in

Sierra Leone with local research partner(s) on completion of the project.

- h) MoHS shall put mechanisms in place to ensure that Fair research contracting is guaranteed
- i) MoHS shall develop capacity in grant writing to mobilise resources for research for health.

6. Monitoring and Evaluation

There will be no Monitoring and Evaluation Plan for this policy. However, a research for health strategic plan will be developed with an M&E Framework to monitor its implementation.

7. References

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8. Entities that Physically Participated

Name of Entity
Directorate of Training and Research
Directorate of Policy, Planning and Information
Pharmacy Board of Sierra Leone
Sierra Leone Social Health Insurance
Universal Health Coverage Secretariat
National Malaria Control Programme
Directorate of Primary Health Care
Expanded Programme on Immunization
National HIV/AIDS Secretariat
National Leprosy and Tuberculosis Programme
Statistics Sierra Leone
Bo District Health Management Team
Bombali District Health Management Team
Kenema District Health Management Team
Moyamba District Health Management Team
Koinadugu District Health Management Team
Directorate of Food and Nutrition
Montrose
Directorate of Reproductive and Child Health
World Health Organisation
College of Medicine and Allied Health Sciences
Njala University
UNICEF
Partners in Health
Sierra Leone Ethics and Scientific Review Committee

Name of Entity
Social and Economic Research Enterprise
Directorate of Hospitals and Emergency Services
Office of the Chief Community Officer
Partners in Health
Institute for Development