

PREVIEW

(POLICY RESEARCH EVIDENCE FOR EFFECTIVE WORKING OF THE NIGERIAN HEALTH SYSTEMS)

PROJECT

R E P O R T



THE NIGERIAN ACADEMY
OF SCIENCE



Alliance for
Health Policy and
Systems Research

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REPORT

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**Alliance for
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ACRONYMS

ACRONYMS	MEANINGS
CBHI	Community Based Health Insurance
CHSRF	Canadian Health Services Research Foundation (CHSRF)
EBP	Evidence Based Policymaking
FMoH	Federal Ministry of Health
GRIPP	Getting Research into Policy and Practice
HRH	Human Resource for Health
HSG	Health Sector Governance
IDSR	Integrated Disease Surveillance and Response
LASUCOM	Lagos State University College of Medicine
LASUTH	Lagos State University Teaching Hospital
LSMoH	Lagos State Ministry of Health
LUTH	Lagos University Teaching Hospital
NAS	The Nigerian Academy of Science
NCD	Non Communicable Diseases
NGO	Non Governmental Organization
NIMR	Nigerian Institute of Medical Research
PATHS	Partners for Transforming Health Systems
PREVIEW	Policy Research Evidence for effective Working of the Nigerian Health System
UK-DFID	United Kingdom- Department for International Development
WHO	World Health Organization

TABLE OF CONTENTS

TITLE PAGES	i
ACKNOWLEDGEMENT	iii
ACRONYMS	iv
TABLE OF CONTENTS	v
FORWARD	1
BACKGROUND	3
THE PREVIEW PROJECT	6
METHODOLOGY	7
RESULTS	8
CHALLENGES	11
RECOMMENDATIONS	11
CONCLUSION	11
BIBILOGRAPHY	12
APPENDIX I- PARTICIPANT'S LIST	14
APPENDIX II- THE PROJECT TEAM	17
ABOUT THE NIGERIAN ACADEMY OF SCIENCE	18

FOREWORD

With infant and child mortality rates still among the highest in the world, Nigeria's human development indicators are still extremely poor, despite the recent growth in the Nigerian economy. These poor health indicators equally seems to be at odds with the increasing number of health-related policies at both the federal and state levels of government in recent years, and shows clearly that there are very pertinent challenges for the nation's healthcare delivery system that are yet to be addressed for reasons that are obvious to all.

A critical look at the current health policy decision-making process in the country shows a recurrent flawed pattern, one that is inconsistent with international best practices. Government literally identifies a problem, assembles a committee of experts who look into it and make recommendations based mainly on their personal views and anecdotal evidence which are often very subjective conclusions that do not take into cognizance the many intricacies of the relevant factors/players in the healthcare system that are necessary for the success of a health policy, like adequate health infrastructure and human resource capacity among others. The result for the most part is the formulation of poorly or entirely non-implementable health policies that lead to waste and promote corruption.

The precursor of any good policy, especially on health is sound research that generates evidence on which policy is made. Government and all other stakeholders in the health sector therefore need to make concerted efforts towards building local health research capacity by adequately funding, incentivising and encouraging tertiary and research institutions to do research, as is done in other countries like the case of the National Institute of Health (NIH) and the Centers for Disease Control and Prevention (CDC) in the U.S. which gives hundreds of millions of dollars in research grants to researchers and scholars.

To strengthen the healthcare system of the country therefore, the nation's health policies at all levels of government must be based on inferential evidence from these relevant and well thought-out research findings. This Evidence-Based Policy (EBP) making process is lacking in Nigeria and is a major reason why current health policies have not produced desired results. Several other countries have developed institutional capacities with mandates to make evidence-based recommendations on different aspects of the health system that provide the basis upon which health policies are made in these countries.

In the U.S. for instance, the U.S. Preventive Services Task Force is a body of independent (not government paid) experts who make clinical health-related recommendations that are based on the evaluations of several years of clinical and biomedical research. In the same vein, the Community Preventive Services Task Force is a body of independent experts that make recommendations for community health-related public health interventions that guide local, state and federal policies. These two health-related institutions' recommendations are so hallowed, that health policies made on the basis

of their recommendations are defensible at the highest level of the U.S. judicial system. Nigeria needs to gravitate towards the development of such well-respected institutions comprising experts from local, state, federal and even private sector stakeholders in the healthcare system in order to help improve the health policy development and implementation.

The Policy Research Evidence for the Effective Working of the health systems (PREVIEW) project is a collaborative effort of both the Nigerian Academy of Science and the Lagos State Ministry of Health that serves as a breaking ground for developing sound evidence-based policy decision-making in healthcare. The effort serves as an advocacy for increased government investments in health research, as well as a melting port for both the research community and policy makers thereby stimulating collaborations between the two hitherto divergent arms, such that health priorities and policies are made after thorough and consultative appraisals based on available research evidence.

Through the multiple trainings, workshops, retreats and evaluations for stakeholders at local, state, federal, as well as the private sectors, the PREVIEW project aims to enhance institutional capacities among mid to senior career level health officials such that there is a synergistic approach to evidence-based policy decision making in health. The PREVIEW project concludes by recommending among others 1) the revitalization of the Health Research Committee with a mandate for setting the research agenda, and funding these research efforts through grant awards from its pool of resources gathered from all stakeholders including government and the private sector, 2) the setting up of an independent panel or task force comprising 10 to 20 subject-matter experts in various scientific specialties, saddled with a mandate of translating the findings from relevant research efforts into evidence-based recommendations that will guide policy and practice of health at various levels. This expert panel may be domiciled in the Nigerian Academy of Science, but MUST be devoid of any government funding in order for its recommendations to be unbiased and solely based on available scientific findings, 3) community advocacy for effective community participation during health program implementation, 4) adequate media involvement for appropriate dissemination, and 5) the promotion of collaborative efforts among research institutions and government agencies.

Expansion of the PREVIEW project nationwide, will help in no small measure the goal of developing sound evidence-based decision-making in Nigeria's healthcare system, and ultimately provide desired results from our investments in health.

Dr. Adeleke Pitan

PREVIEW Project Adviser

BACKGROUND

Nigeria is the most populous country in Africa, with a population of 144 million people. The country comprises 36 states and the Federal Capital Territory. Despite rapid economic growth in recent years, the human development indicators remain extremely poor, with the infant, child, and maternal mortality rates being among the highest in the world. This has been attributed to various factors including inadequate use of funds for scheduled programmes, mal-distribution of human resources, neglect of country-specific research targeted at prevailing conditions, poverty, high disease burden, poor access to health care, unstable social, political, and economic environments as well as inadequacies in the health-care delivery service structure.

The health policy environment in Nigeria has become increasingly busy in recent years. The number and variety of health-related policies currently in place in Nigeria suggests that policy formulation is undergoing changes in line with emerging trends. Some of the existing policies at the national level include the National Health Policy, the National Health Sector Reform Programme, the National Reproductive Health Policy and Strategic Plan, the National HIV/AIDS Strategic Framework, the National Health Management Information Systems Policy, National Immunization Policy, the National IDSR policy, the National Malaria Policy and the Integrated Maternal, Newborn and Child Health Strategy among many others. A common theme in all these policies is the underlying need to strengthen the healthcare system as the vehicle for the delivery of health services to the population. When policies are made on the national level, they are usually translated and implemented at the state and local government levels. In addition to the existing national policies, some states include specific policies tailored to the needs of their people. For example, Lagos State has its own peculiar policies like free treatment for children under five, antenatal attendees and persons over 70 years. The process followed for formulating policy documents in the country is not very clearly defined. There is no established mechanism for identifying research priorities of interest by researchers and recommending these to policy-makers to influence their actions, nor is much attention being focused on addressing the gap in terms of knowledge transfer between the research and the policy-making communities. In Nigeria, most health policies originate from the identification of a problem and constitution of a team of professionals relevant to that field in question to produce a draft document with some policy statements and recommendations. This draft is then put through a series of stakeholder consultations and iterative reviews, after which a final draft is presented for approval by the relevant authorities. This is then made available as the policy document for the issue in focus. Ideally, a policy process should provide for the assessment, adaptation, and incorporation of available evidence into policy decisions to ensure that it captures all stakeholder contributions. The policy content has a major influence on the direction of the policy process and the actors/beneficiaries. One pertinent issue impacting on the policy document is its translation/implementation which is often not well articulated because of the poor state of physical infrastructure, and lack of clear plans/guidelines for its interpretation, implementation and adoption. Furthermore, there are no efficient systems for information gathering and storage while statistics on population

challenges like disease, access to skilled personnel, income status, and other such developmental indices are incomplete or lacking.

In the Nigerian situation, there is often limited capacity of the policy team to identify, interpret, and evaluate the evidence; credibility of the members of the review committee is also an issue and the lack of commitment or funds to support the policy process. In addition, there are numerous external and internal pressures from various interested parties that often affect the eventual policy outcome. Furthermore, the conditions in the tertiary and research institutions are not very motivating or enabling enough for the conduct of quality research/generation of findings relevant to strengthening/support of the policy process. Even less structured is the process for arriving at related expressions of policy such as implementation strategies and directives.

Essential national research is expected to provide information and input into decision making to inform the choice of cost effective and efficient interventions. Focus on stimulating research into such areas as, reducing risk factors and burden of diseases, improving health systems and promoting health is a component of the developmental agenda. The importance of using health research in the policy-making process, and of understanding the mechanisms involved, is increasingly being recognised. Many countries like Canada and Mexico have seen the role of research utilization in policy-making as a key element in ensuring and actualizing the growing interest in research prioritization, improved systems/service delivery and policy direction.

The process of verifying facts and utilizing them in policy-making is referred to as Evidence Based Policy making. Evidence-based policy making (EBP) is an approach that helps people make well informed decisions about policies, programmes, and projects by using the best available evidence for project/policy development and implementation. It can also be defined as a policy process that helps planners make better-informed decisions by putting the best available evidence at the centre of the policy process.

EBP adopts a set of methods to inform the policy process, rather than aiming to directly affect the eventual goals of the policy. It advocates for a more rational, rigorous, and systematic approach to policy development and implementation. EBP is based on the premise that policy decisions should be informed by available facts and should include rational analysis. This is because policy which is based on systematic evidence will produce better outcomes. Better utilization of evidence in policy and practice can help save lives, reduce poverty, and improve development performance of countries.

The policy-making process in Nigeria and other developing nations needs to transform in this direction so that current trends of desired best practices are reflected in policy pronouncements. These changes must involve

- designing policies around intended outcomes
- making sure policies are inclusive, fair, and evidence-based
- avoiding unnecessary burden on implementers and beneficiaries by having

clearly listed guidelines for implementation and role definitions for each sector involved.

- becoming more forward and outward-looking
- learning from experiences that have yielded positive outcomes

The project concept and implementation

The health policy making structure in Nigeria follows a three-tier approach with the highest being at the federal level; whatever policy that emanates from the federal level is expected to be implemented at the state and local governments which are the 2nd and 3rd levels of governance in Nigeria. In some situations, states make their policies to meet their peculiar needs. The local government which is the grass root tier has not been too active but may also make policies.

Though policies are made, the implementation is challenging due to a number of reasons.

The PREVIEW project- Policy Research Evidence for Effective Working of the Nigerian Health System is a collaboration between the Nigerian Academy of Science and, primarily, the Lagos State Ministry of Health directed at stimulating a culture of policy formulation that is based on evidence from research.

The project also sought to stimulate the research communities to work in synergy with the policy makers so that health priorities are set following a thorough appraisal and consultative dialogue.

The project was piloted and implemented in Lagos State because the state has recorded remarkable achievements and reforms in its health care sector. Lagos State has its own health policies that are not an offshoot of the federal directives. It provides free medical care to under children under five years of age, pregnant women, and persons above 60 years. It has a medical emergency response system and there has been significant infrastructural upgrade in its health facilities.

THE PREVIEW PROJECT

Goal

The goal of this project was to enhance institutional capacity among senior and middle level health managers within the Federal and the State Ministries of Health to use research evidence to influence policy making for effective functioning of the Nigerian Health System using Lagos state as pilot

Objectives

1. Build capacity of policy makers to utilize evidence for policy formulation.
2. Provide a platform to stimulate interaction between the research/scientific community and the targeted policymakers.

The project was based on the need to have the Nigerian government increase its investment in research and development in order to strengthen the functioning of health systems and ultimately the health care delivery structure as health outcomes of citizens are dependent on the quality and efficient functioning of the health systems. The project also sought to stimulate the research community to work in synergy with the policy makers so that health research priorities are set following a thorough appraisal and consultative dialogue.

Implementation strategies:

To achieve these objectives, the following strategies were employed:

1. A training workshop was held each year for middle and senior-level policy-makers in the Lagos State Ministry of Health. A training manual was developed for this purpose. The content of this manual was focused on topics such as: Understanding Health Systems, Understanding Health Policy Analysis; Health Sector Governance; Basic Health Economics; Priority Setting in Health Research; Getting Research into Policy & Practice; Objectives of Monitoring and Evaluation.
2. Two policy retreats were convened each year. At these retreats, researchers, health managers, and policy makers interacted and explored i) the opportunity to present the findings of already concluded research and sharing of best practices; ii) identification of priority areas for health research, iii) advocating for the setting up of research data banks and knowledge management units within the Ministry of Health.

The retreats also were also used as an avenue to encourage research collaboration/ networking among the researchers and field managers, as well as develop a framework for presentation of the project's action points and recommendations for improvement in the health care system to the State Commissioner of Health.

METHODOLOGY

The project was fashioned into a two-year programme of activities whereby a set of participants, each year, took part in one training session and two policy retreats. The first year had activities spread between March 2011 and March 2012 (with a training to March 2011, retreat in June 2011 and March 2012). Year two commenced with a training session in May 2012 while the retreats were held in July and September 2012. Participants were selected from the Lagos State Ministry of health and its allied institutions. These were mainly field managers, programme directors, local government health supervisors (political appointees), ministry departmental heads, and clinicians involved in health service delivery. Other participants were from the nationally recognized research institutes, the universities, and teaching hospitals. The Federal Ministry of Health was also represented, and they came in as collaborating partners. A total of 78 persons participated in this two year activity.

For the retreats, the Lagos State Ministry of Health suggested topics from some of its programmes that are currently being implemented. These topics were discussed to understand the implementation methods being used, identify challenges, and proffer suggestions . There were brief presentations made by invited researchers at these retreats, and the presentations covered findings related to the topics chosen, and included discussions on the strength of evidence associated with each topic, and areas where research is lacking. Also the discussions centered on assessing if the translation of research into policy and practice was being pursued. Other sessions were dedicated to group work which focused on identifying strategies to overcome the identified shortcomings of the programmes discussed. At the end of each retreat, a communiqué was issued that was expected to be used as an advocacy tool to the leadership of the ministry.

RESULTS

1. Pre- project baseline survey

A survey was conducted among the Directors (heads of the departments) in the Lagos State Ministry of Health. The ministry has 9 directorates namely, Health Care Planning, Research & Statistics, Primary Health Care, Disease Control & Family Health/Nutrition, Hospital Services, Occupational Health & Staff Clinic, Pharmaceutical Services, Medical Administration & Training, Nursing, Accounts, and Finance and Administration. Of these, seven directorates responded to the survey.

The survey used an adapted self-assessment tool (questionnaire) of the Canadian Health Services Research Foundation (CHSRF). The survey was conducted prior to the commencement of the full project and so was only among the ministry officials and did not include other policy makers in the local government areas who, eventually, also participated in the project.

This survey was aimed at determining the following:

- i. What facilities are in the workplace that enables respondents to find and obtain the research findings relevant to their work and organizational needs? (ACQUIRE)
- ii. How possible was it for respondents to assess research findings that are reliable, relevant, and applicable to the type of work they carry out and that can contribute to the actualization of departmental or organizational mandate? (ASSESS)
- iii. How feasible was it for the respondents to present the research findings/programme information to decision makers in a useful way? (ADAPT)
- iv. Were there skills, structures, processes, and a culture in their workplaces to promote the use of research findings in decision-making? (APPLY)

Majority of the respondents reported that:

- i) They lacked the skills for research that could improve policymaking.
- ii) They were limited by resources to fund research in their organizations
- iii) The use of research findings was not a priority in their organizations.
- iv) There is no information database; and wished that this is made readily available with ease of storage and retrieval.

Some sections of the self assessment tool were adapted into the end project evaluation questionnaire administered to those who participated. This was also directed at being able to measure the four main components of the CHSRF tool.

2. Discussions at trainings and Retreats

Discussions at the trainings and retreats revealed that researchers and policy-makers have a desire to bridge the gap between research, policy and practice. The previous apathy exhibited by both towards each was identified as a barrier that has militated against attaining significant output and successes needed for improved research uptake for guiding policy direction. The proffered solutions to this was the strengthening of networks in order to jointly source for funding support for the

implementation research and encouraging partnerships between researchers, decision-makers and other stakeholders.

Many respondents reported improvements in the uptake of research evidence in policy and practices in their work places. These changes include having research advisory groups with representatives from tertiary institutions and research institutes, commissioning research and making decisions based on the findings such as with the maternal death reduction programmes and policy review based on research evidence. Comments to buttress this point is as provided by one of the respondents from the ministry:

“Our workers have seen the need to imbibe research culture into programming; we therefore design our entire program from research findings. We do needs assessment first before embarking on our programs. We now use the bottom-top approach

3. Participants feedback comments

Feedback from participants was obtained at the end of each training and retreat. Also, questionnaires were sent to them a month post-activity to find out the impact of the events. Responses received from some of them included:

- i. The State Strategic Health Development plan does not have the research component in it and absence of structures to manage research does not facilitate things either.
- ii. The policies from the FMOH are not implemented to suit local peculiarities, and there is poor sense of ownership at the local government level. There is a need to revitalize the Health Research Committee whose key functions would include setting the research agenda and translation of research findings into policy and practice.

The participants reported that there are obstacles to the use of research evidence in policy formulation/planning; and these include

1. Inadequate interaction among the research /scientific community and researchers.
2. Lack of structures and poor culture to promote and use research findings in decision making.
3. Poor /inadequate funding for research: no dedicated research funds by the government nor is there a drive to work with the research institutions for research.
4. No political will from the government and other relevant bodies towards the identification of research areas and commissioning of relevant research based on the need.
5. Lack of capacity of policy makers to find and interpret research findings intelligently so as to address issues.
6. Non-dissemination of research findings.

4. Post-project Evaluation

An evaluator was contracted to do an end-project survey. This survey involved interviews with some of the participants using a semi-structured questionnaire. Responses from them revealed that they had all improved their knowledge and skills by participating in the PREVIEW project. The main areas in which their knowledge was improved were; understanding health systems, identifying problems, and setting research priorities and advocacy.

All the participants stated that the PREVIEW project had made a positive impact on their work.

The end project evaluation revealed that some participants used the knowledge gained during the course of the project to do things in a different way. Some of the responses obtained include:

“Now I critically look into our programs. I realize the importance of having baseline before embarking on programs”.

“We also conduct surveys in the population to determine appropriate intervention required not just blindly carrying out programs.”

“I practice evidence-based decision making. For example, I'm in HRH (human resource for health): based on the project, I learnt to appropriately distribute manpower by specialty based on data generated by the hospitals”

“It has improved my work. I no longer just write like in journals which the policy makers can't understand; I can write in policy briefs.”-

“The PREVIEW Project has been an eye-opener. I now work based on evidence and not assumption.”

“It has made me more efficient. I apply myself more to my job and have better Job satisfaction non-monetary; I get approvals of proposals easily as I use the principles I learnt -using evidence to back up proposals”

Participants were largely satisfied with the content of the training and retreats. They reported that the major areas were covered and their expectations were met. Suggested topics for inclusion were ethical aspects of research and intellectual property issues in research. Some however felt that the time was insufficient and there should have been more sessions for interaction between policy makers and researchers.

The participants from the ministry indicated that the project had a positive impact on its officers who participated in the project. The reported impact of the project on the ministry included; Awareness of limitations in areas of research, obtaining baseline

data before programs commence, getting relevant people to guide with the research, increased awareness on the importance of research, becoming more organized, innovative and efficient, review of existing policies and strengthened links with researchers.

Reported specific outcomes of the project in the ministry included; formation of a research committee, increased funding for research, commissioning of research and policy reviews. Some of the responses obtained are:

“The PREVIEW Project has had a positive impact on the ministry. We appreciate the importance of evidence-based research for planning. It has increased our awareness of GRIPP Getting Research into policy and practice and we are in the process of formulating Research Committee”

“Most of our programs are not really backed by evidence but newer programs are trying to go about it the right way”

The ministry has been able to appreciate evidence as a prerequisite for policy decisions and ensure adequate resources are allocated for research”

“The ministry now does programs based on problems identified by research and sets priorities. Programs are no longer based on political reasons”

For some others, though they appreciated the project and its purpose to drive policy based on research, not much improvement were recorded in the impact on their work. Some of respondents have not been able to apply what they learnt. This is due largely to bureaucracy and poor networking.

“As an officer from the ministry, I do as I'm told, so I have not really been able to apply, I haven't really applied anything. In the ministry, I am directed”

Another reported that:

“I haven't had the opportunity to use the skill. I learnt about networking for better health outcomes but I haven't done any research with policy makers.

CHALLENGES

Though the project made some strides, it faced challenges in managing the diaries of all participating stakeholders, especially the Ministry of Health. On one hand, there are many competing programs (for time) at the Ministry. On another front, there were delays due to government bureaucracy that made it difficult to go by the dates fixed for activities as they must always be approved by the Permanent Secretary/Commissioner for Health. Sometimes, delays in getting the dates approved or changed affected participation and implementation of projects. This meant trying to get other stakeholders to agree to the new dates as proposed by the Ministry which was very difficult. Other challenges include a dearth of available relevant local research on the topics selected and lackadaisical attitude of some government staff.

The ministry was also not able to involve the members of the house of Assembly in this project as participants or as members of the LSMOH team during the advocacy visits. These persons are very important in projecting issues that will receive prompt attention.

RECOMMENDATIONS

Listed below are the recommendations made by the participants towards strengthening the efforts of getting research into policy and practice in Lagos State.

- Revitalization of the Health Research Policy Committee whose key functions would include setting the research agenda and translating research findings into policy and practice. Identified research priorities should also be used by post graduate institutions for research work/thesis.
- Community advocacy for effective community participation during the implementation of health programs to include community dialogue and social mobilization meetings.
- Identifying credible media linkages for dissemination of research findings
- Research institutes like NIMR and Universities should collaborate to conduct studies and share the findings with the government

CONCLUSION

Researchers, field managers and decision-makers saw great value in bridging the gap that had been created between research, policy, and practice. They affirmed that there is considerable interest in networking and collaboration. A commitment was made to meet regularly with the task of working together to identify the research agenda, ensure effective research dissemination, and enhance research uptake into policy and practice as the only effective way to bridge the gap and strengthen health care delivery in the country.

One important strategy for strengthening health research is to focus at the local level, and governments aiming to strengthen the health research in a country should focus on the local needs, rather than be driven by their own agenda. Government should also commit some investment to health research. A key strategy is to bring all stakeholders together, to define their specific roles in the research design context and involve them in setting priorities.

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APPENDIX I- PARTICIPANT'S LIST

S/N	Name	Designation	Organization
1	Dr Femi Olugbile	Permanent Secretary	LSMOH
2	Dr. Olufemi Taiwo	Director DHCPRS	LSMOH
3	Dr. Taiwo Oyeleye	Director, Blindness Prevention Program	LSMOH
4	Dr. Abimbola Ajayi	Deputy Director, Family Health & Nutrition	LSMOH
5	Mrs. O A Odukoya	PHC Board LSMOH	LSMOH
6	Dr. O M Shokunbi	Directorate of Disease Prevention	LSMOH
7	Dr. Olajumoke Oyenuga	Senior Medical Officer, Directorate of Disease Control	LSMOH
8	Mrs. Omowunmi. George	State Health Educator, Directorate of Disease Control	LSMOH
9	Dr. Efunbajo Folake	Medical Officer	LSMOH
10	Mrs. Eugene Nneka Okorie	Chief Midwife Tutor	LSMOH
11	Dr. Omojole Omolayo	Medical Officer/HMIS officer	LSMOH
12	Dr Rotimi Agboolagorite	Assistant Director, Directorate of Healthcare Planning Research & Statistics	LSMOH
13	Dr. Tosin Ijimakinwa	Medical officer, Directorate of Planning Research & Statistics	LSMOH
14	Dr. Taiwo Giwa	Medical Officer of Health, Ajeromi	Ajeromi LGA
15	Hon. Seun Fayemi	Supervisor for Health, Ajeromi	Ajeromi LGA
16	Dr. Funmilayo Ajose	Chair Research and Ethics Committee LASUTH	LASUTH
17	Dr Mobolaji Sojinrin	Health Services Commission	HSC
17	Dr Bidemi Agboola	Medical Officer of Health Amuwo-Odofin LGA	Amuwo-Odofin LGA
18	Mr Babatunde S Ashaye	Medical Officer /HMIS officer	LSMOH
19	Mrs. Aman Oloniyo	State Epidemiologist, Directorate of Disease Control	LSMOH
20	Dr. Omowunmi Bakare	Director Disease Control/Head Malaria	LSMOH
21	Mrs. O O Sessi	Immunization Unit	LSMOH
22	Mrs Adeola Birch	Disease Prevention Unit	LSMOH
23	Dr Sola Sokoya	Medical officer Senior, Directorate of Planning Research & Statistics	LSMOH
24	Mrs. O. Shotominwa	Disease Prevention Unit	LSMOH
25	Dr. Modele Osunkiyesi	Director, Planning, Research & Statistics	LSMOH
26	Dr. Jemilade Longe	Director, Family Health & Nutrition	LSMOH
27	Dr. A.E. Erinosh	Secretary, Primary Health Care Board	LSMOH

28	Dr. I.A. Mustapha	Deputy Director, Hospital Services	LSMOH
29	Dr. O.E. Zamba	Head of Planning, DHCPRS	LSMOH
30	Pharm. M. Awolola	Dept. Of Pharmaceutical Services	LSMOH
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32	Dr. Kola Korolo	Head of Monitoring, HEFAMAA	LSMOH
33	Dr. V. Omoera	HMIS Officer, LSMOH	LSMOH
34	Dr. O.O. Odusanya	Dean, Faculty of Clinical Services & Associate Prof. Community Medicine, LASUCOM	LASUCOM
35	Dr. O. M. Omololu	Consultant O & G, Health Services Commission	HSC/LSMOH
36	Dr. T.K. Balogun	Medical Officer of Health ,Eti-Osa LGA	Eti-Osa LGA
37	Dr. S. Oyetoyan	Medical Officer of Health, Badagry LGA	Badagry LGA
38	Dr. B.M. Abejide	Medical Officer of Health, Kosofe LGA	Kosofe LGA
39	Dr. E.O. Oladeinde	Medical Officer of Health, Ifako-Ijaiye LGA	Ifako-Ijaiye LGA
40	Dr. Sogade O.A.	Medical Officer of Health, Alimosho LGA	Alimosho LGA
41	Dr. M.O. Bello	Medical Officer of Health, Ikorodu LGA	Ikorodu LGA
42	Dr. H.K. Obani	Medical Officer of Health, Eredo LCDA	Eredo LCDA
43	Dr. O .A. Oguntuase	Medical Officer of Health, Eti-Osa East LCDA	Eti-Osa East LCDA
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45	Hon. Akobada Nicholas	Supervisor for Health, Ibeju-Lekki LGA	Ibeju-Lekki LGA
46	Dr. Abiola Idowu	HMIS officer, DHCPRS	LSMOH
47	Dr Bimbo Osinowo	NCD programme Officer	LSMOH
48	Dr. Anthonia Ogbera	Consultant Endocrinologist	LASUTH
49	Dr. A. Wellington	Medical Officer	LSMOH
50	Dr Greg Ohihoin	Lagos Island Maternity/HSC	LSMOH
51	Dr. Olukemi Odukoya	Dept. of Community Medicine	LUTH

52	Dr. Bayo Onajole	Dept. of Community Medicine	LUTH
53	Dr Jesse Uneke	Ebonyi State University Abakaliki	
54	Dr. Margaret Mafe	Director of Research	NIMR
55	Dr A. A Adeiga	Dept. of Research/Research Fellow	NIMR
56	Dr Cathy Onubogu	National TB Reference Laboratory	NIMR
57	Dr Rosemary Audu	Virology Lab	NIMR
58	Dr Oladoyin Odubanjo	Executive Secretary	NAS
59	Scholastica M Lan	Programme Manager	NAS
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61	Dr. Kikelomo Ogunsulire	Project Officer	NAS
62	Ms Anjola Olanipekun	Project Associate	NAS
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64	Dr. Leke Pitan	Project Adviser	NAS
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67	Prof Benjamin Uzochukwu	HPRG- UNN Enugu	HPRG
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76	Dr. Adeola Majiyagbe	Strategy and Business Manager THT HMO	THT HMO
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Miss Mobolaji Dasaolu

Administrative Officer Communications

Ms Anjola Olanipekun

Research Associate

ABOUT THE NIGERIAN ACADEMY OF SCIENCE

The Nigerian Academy of Science was inaugurated on 8th January 1977 at the Conference Centre, University of Ibadan. Its inauguration marked the climax of five years of effort by concerned scientists under the auspices of the Science Association of Nigeria (SAN) to overcome the obstacles that had plagued previous efforts of about twenty years to establish an academy of science. The main antecedent to the founding of the Academy was the formation of a committee of fellows of SAN, to prepare a paper on the formation of the Nigeria Academy of Science. On 22nd March 1975, the committee adopted the draft statutes and also approved the list of forty-five Foundation fellows of the Academy. The committee also appointed a steering committee to prepare for the inauguration.

Today, the initial group of forty-five Foundation Fellows has grown to one hundred and twenty five, covering all areas of science, biological and physical.

Aims and objectives of the Academy

The aims and objectives of the Academy are to promote growth, acquisition and dissemination of scientific knowledge and to facilitate its use in the solution of major problems of national interests.

The Academy strives to do this by:

- Providing advice on specific problems of scientific or technological nature presented to it by the government and its agencies, as well as private organizations.
- Bringing to the attention of the government and its agencies problems of national interest that science and technology can help to solve.
- Establishing and maintaining the highest standards of scientific endeavour and achievement in Nigeria, through the publication of journals, organization of conferences, seminars, workshops and symposia, recognition of outstanding contributions to science in Nigeria and the development of a working relationship with other national and international scientific bodies and academies.



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