

CUHAS RESEARCH POLICY

In line with the vision and mission of the Catholic University of Health and Allied Sciences (CUHAS), this Research Policy is designed to steer the vision and mission of the University



DIRECTORATE OF
RESEARCH AND
INNOVATION

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1. PREAMBLE

1.1 The establishment and growth of CUHAS

The declaration made by the Tanzania Episcopal Conference (TEC) in 1994 marks the initial thought to establish a Catholic University of Health and Allied Sciences (CUHAS) at Bugando. The School was initially established as a constituent College of Saint Augustine University of Tanzania, the Weill Bugando University College of Health Sciences (WBUCHS), within the premises of Bugando Medical Centre (BMC). CUHAS, therefore, replaces the Weill Bugando University of Health Sciences. The University retains its location at Bugando Medical Centre (BMC). The location remains most appropriate, as it allows a direct link with the 900-bed teaching, referral and consultant hospital belonging to the Catholic Church and serving about a third of the country's population (around 40 million people). It provides space and facilities for clinical training within the six regions of Tanzania around the Lake Victoria and provides opportunities for research within the catchment area.

1.2 The vision of CUHAS

The University was established with a vision to become an outstanding Tanzanian Catholic University excelling in training, research, and health care; while remaining responsive to societal needs.

1.3 The mission of CUHAS

The University was established with the mission to provide skilled and competent human resources in the health sector that is vested with moral and ethical values; to search, discover and communicate the truth in advancing the frontiers of knowledge; and to provide quality services to the community.

1.4 The values of CUHAS

The Values of the University are those that enhance equity and non-discrimination in the access to education; ethical and professional behaviour; academic freedom and excellence and the fostering of its catholic identity.

2. CUHAS RESEARCH CONTEXT

2.1 Tanzanian economic and socio-cultural challenges

The United Republic of Tanzania faces many economic and social development challenges, including those posed by a generalized AIDS epidemic and other communicable and non-communicable diseases. Adult HIV prevalence in the country is estimated at 5.6 percent and an estimated 1,400,000 Tanzanians are living with HIV/AIDS. Communicable diseases account for most of the health burden while non communicable diseases account for 18-26% of the health burden. Although developing countries bear the bulk of the global disease burden, yet they have the lowest health expenditure. Low budgets for health have implications on both human and material resources. A major challenge in resource-limited countries is how to achieve equitable access to quality care in the face of shortage of resources. Critical impediments to strengthening health outcomes in Tanzania include the inadequacy of trained human resources, inadequate infrastructure, and overburdened logistics systems and supply chains.

Tanzania has a diversity of cultures with more than 120 ethnic groups, speaking distinct languages. The diversity in population characteristics necessitates a thorough understanding of the various characteristics of the people so that health interventions that are targeted to specific groups can be developed. Although cultural practices and traditions are sometimes coupled with untoward effects to the health and wellbeing of people, some warrant strengthening or changing but all these issues need to be thoroughly understood. The practices that need attention include gender-based violence, sexuality, alternative healing and caring methods.

2.2 Tanzanian demography and health sector

Tanzania has a population of approximately 40 million (2012 population census) and covers an area of 945,090 square kilometres. It is estimated that the population of Tanzania will reach 60 million in 2025. Although more than 80% of the population is rural, there has been an increase in the urban population. In 1967, the percentage of people living in urban areas was only 6.4 and, in 2014, it had increased to 30. The annual rate of urbanization has been estimated at 4.7% (2-10-2015). Rural to urban migration has an impact on social welfare services, for example, housing, access to water, health, education and employment. All these factors also impact on the health status of the people. Such problems cannot be solved by the health sector alone and require a multi-sectoral understanding and planning for interventions.

Some 45,000 Tanzanian-born people are currently living abroad, some of whom are health workers. This makes the issue of migration and retention of health workers another aspect to consider in the health systems strengthening agenda. In response to the human resource for health crisis, there have been a number of efforts in training and management of the health workforce but clear needs, goals and methods have not been streamlined. The issue of internal distribution of health workers also needs to be understood. Scientific evidence is needed to inform policies and programmes on training and management of the health workforce.

Table 1: Selected demographic indicators for Tanzania

INDICATORS	1967	1978	1988	2002	2012
Population (Millions)	12.3	17.5	23.1	34.4	43.6
Sex ratio	95.2	96.2	94.2	96.0	95.0
Crude birth rate (births/1000 pop)	47.4	49	46	43	32.6
Total fertility (born/woman)	6.6	6.9	6.5	6.3	5.4
Crude death rate (deaths/1000 pop)	24	19	15	14	12.1
Infant mortality rate (deaths/1000 live births)	155	137	115	95	67
Percent Population Urban	6.4	13.8	18.3	23.1	30
Life expectancy at birth (years)	42	44	50	51	53
Delivery at Health Facilities (5)					46
Postnatal Care within 2 days %					13

Sources: Bureau of Statistics: 1967, 1978, 1988; National Bureau of Statistics, 2002, 2014; Tanzania Demographic and Health Survey: 2004, 2010.

The improvement in the health indicators has been associated with social economic characteristics including education that can be measured by the literacy rate. In Tanzania, the provision of youth and adult literacy programmes has been an important aspect of the government's educational policy since the 1960s. At independence, illiteracy was conceptualized generally as a cause of poverty, ignorance, oppression, disease and exploitation. However, to-date, the picture regarding education and literacy does not look very satisfying. To achieve a maximum impact on health outcomes requires the discovery of relevant strategies.

2.3 Health research funding

In sub-Saharan Africa, financing of research remains one of the bottlenecks to socio-economic development. Africa has an average research-funding level of about 0.35% of the GNP, compared to 3% or more that is invested by developed countries. In spite of the pledge by African Heads of State in Lagos in 1980, to set aside 3% of GNP for research by 1990, funding in many African countries has remained low. The Tanzanian government allocated 30 billion Tanzanian shillings

for Research and Development (R&D) in the 2010/11 financial year to boost scientific studies and training of personnel in the area. The announcement in 2010 by President Jakaya M Kikwete that the government would triple funds allocated to Research and Development (R&D) activities from 30 billion to 100 billion Tanzanian shillings during the next financial year was welcome news. However, this still represented less than 1% on the GNP. Inasmuch as national budgets should allocate adequate funds for research, likewise, institutions of higher learning should set aside a budget for it. This will enable Universities to strengthen a research culture amongst their trainees and the faculty as a whole, and carry out multidisciplinary research to address global, regional and international health problems.

2.4 Opportunities for research at CUHAS

A Directorate of Research and Publications, was established in 2009/2010 headed by a Director of Research and Publications. With the launching of CUHAS, it was renamed the Directorate of Research and Innovation. The Directorate has the responsibility of promoting, monitoring and reporting upon research activities at CUHAS/BMC through its Research and Ethics Committee. It calls for research proposals, scrutinizes them, recommends allocation of funds for the works that meet the criteria set by the University. It organizes an annual Graduation Symposium where researchers can part of their achievements with a broad audience and learn to present their results. It is envisaged that, funds permitting, it will organize and coordinate research methodology workshops for the staff and take an inventory of ongoing research at CUHAS and BMC. It will facilitate the liaison with national and international institutions that may collaborate in research, facilitate the interaction between researchers within and outside their operational units and interact with policy makers to incorporate research findings in the national development agenda.

It also scrutinizes the ethical aspects of the research proposals that are to be conducted under the umbrella of the University.

Moreover, the Research and Ethics Committee shall take into consideration:

- The increased recognition by the Government and the international community of the role of private health institutions in health improvement and the importance of an effective public-private partnership in health planning and delivery;
- The Government's willingness to allocate funding for research;
- The availability of funding for specific health problems like HIV/AIDS, TB, malaria, maternal health, child health and family planning;
- An increased recognition by the international community and donor agencies that health systems strengthening is important in improving care and that all the pillars of the health system must be understood clearly so that appropriate and targeted interventions be selected.

2.5 Challenges of research at CUHAS

A number of challenges have hampered research at CUHAS:

- Small pool of researchers with little succession plans, including training at Masters and PhD level;
- Low motivation of the scientists due to an unfriendly work environment;
- Lack of efficient dissemination procedures;
- Few publication avenues in the country;
- Low focus on developing mechanisms for translating research into policies and programmes and evaluating the impact;
- Little interaction among researchers, and between researchers and policy makers, programme planners/implementers, trainers;
- Researchers often involved in multiple roles and functions, therefore reducing their full concentration on research;

- Little diversity in funding sources;
- Little knowledge in fund raising strategies;
- Inadequate focus on long term research culture;
- Lack of multi-disciplinary research teams.

3. PURPOSE OF THE CUHAS RESEARCH POLICY

Research is one of the core functions of any institution of higher learning. In line with this, the Charter of CUHAS requires the institution to provide a place for the pursuit of original research and scholarship, creativity innovation and advancement of medical sciences and services through the integration of research, teaching and consultancy. The ultimate benefit of research, therefore, lies not only in the generation of new knowledge but in the translation of knowledge into technologies, interventions and strategies for an effective and appropriate delivery of health services in order to meet the health needs of the community. At the national level, research aims at complementing the efforts of other countries in creating, disseminating and sharing existing and new knowledge. The importance of research in a health academic institution is echoed in one of the agenda of the 2012 WHO World Health Report, themed “No Health without Research”. The theme was prompted by the realization that, even in the 21st century, decisions on health care are made without solid research evidence. The target audience for this report was the Ministries of Health of the WHO member states. The goal of the report was to provide new ideas, innovative thinking and pragmatic advice for member states on how to strengthen their own health research systems. In order to reach this objective, it is imperative that the entire research process be pursued within a frame work that encourages good research practice, good ethics, adequate resources and institutional and international cooperation.

At both national and institutional level, research must be well coordinated and regulated. A research policy provides guidance, regulation and standards for

implementation. The CUHAS Research Policy is intended to provide this requisite guidance.

4. OBJECTIVES OF THE CUHAS RESEARCH POLICY

In line with the National Health Policy and the Tanzania Episcopal Conference (TEC) Health Policy, the following are the CUHAS Research Policy Objectives:

- 4.1 To increase the productivity of quality research and publications
- 4.2 To create an enabling environment for research
- 4.3 To strengthen administration and coordination of research at the University
- 4.4 To stimulate a research and publications culture
- 4.5 To improve funding for research and innovations
- 4.6 To strengthen collaborative research at the University and with other scientists outside the University
- 4.7 To establish mechanisms for taking stalk of the research activities and their outcomes
- 4.8 To develop surveillance mechanisms to anticipate the needs for research
- 4.9 To strengthen multi-disciplinary research
- 4.10 To define research priorities

5. POLICY GUIDELINES

CUHAS is committed to consolidate an intensive research culture. A positive harmonious, transparent and efficient environment is essential to

foster research and innovation. Such an environment shall be created through the following goals.

5.1 To create an enabling environment for research and innovation

In order to do so, CUHAS shall:

- 5.1.1 Continuously strive to strengthen its research infrastructure and foster research capacity for its students and faculty;
- 5.1.2 Require all funded projects to have a training component to facilitate both capacity strengthening and technology transfer;
- 5.1.3 Require all funded projects to have literature support;
- 5.1.4 Encourage programmes rather than projects;
- 5.1.5 Set up mechanisms to facilitate capacity building and sustainability. Such mechanisms might include:
 - Practical training in research methodology and scientific writing
 - Facilitation of scholarships and exchange programmes
 - Promotion of collaboration with local/regional specialized laboratories and research groups
 - Facilitation of participation to conferences, seminars and workshops
 - Facilitation of access to information and data banks
 - Promotion of peer reviewing mechanisms
- 5.1.6 Support access to the internet and other ICT services;
- 5.1.7 Provide sufficient time for research;
- 5.1.8 Review the university research agenda periodically;
- 5.1.9 Facilitate national, regional and international collaboration and global networking;

- 5.1.10 Provide research support services including management information systems and library resources that facilitate access to literature and data base;
- 5.1.11 Strengthen the University Research and Innovation financial base and develop regional networks to access funds;
- 5.1.12 Review the research agenda periodically.

5.2 To strengthen research management and coordination

In order to do so, CUHAS shall:

- 5.2.1 Establish a joint CUHAS/BMC Research and Ethics Board to guide the research and innovation functions at CUHAS and BMC;
 - 5.2.1.1 The Directorate of Research and Innovation shall provide the Secretariat;
 - 5.2.1.2 Membership of the Committee should include the Director for Research & Innovation or his representative and the Secretary; 4 representatives from clinical departments, 4 representatives from biomedical departments, a bioethicist, a statistician/ epidemiologist, a representative of FBOs, a lawyer, one research fellow from NIMR;
- 5.2.2 Strengthen the research management and coordination function at departmental levels;
- 5.2.3 Develop and implement a plan that clearly stipulates indicators for monitoring and evaluation of research at the University;
- 5.2.4 Provide information for sourcing services related to research;
- 5.2.5 Promote a mentoring and apprenticeship culture/approach in research;
- 5.2.6 Support staff to continually update their skills in research management;

5.2.7 Provide guidelines for supervisors during the research process to ensure harmony, quality and timely completion.

5.3 To improve the research and publication culture

To this end, CUHAS shall:

5.3.1 Provide incentives/rewards for research and publication;

5.3.2 Require all staff to regularly publish papers in peer-reviewed journals;

5.3.3 Require that all undergraduate and postgraduate training shall include a research component;

5.3.4 Require that all postgraduate dissertations be based on the use of primary data rather than case studies and use of secondary data;

5.3.5 Require that all academic staff members who are not productive in research be encouraged to do research and publish;

5.3.6 Encourage doctoral students in the course of their studies to publish at least one paper in a peer reviewed journal before they graduate;

5.3.7 Require staff to repackage research findings in form of policy briefs for use by policy makers;

5.3.8 Recognize and reward staff for outstanding performance in research and innovation;

5.3.9 Provide and support platforms for dissemination of research outputs;

5.3.10 Promote ethical conduct of research at the university:

5.3.10.1 All research carried out will undergo assessment and ethical clearance by the joint Research and Ethics Board of CUHAS and BMC.

5.3.10.2 All research involving human subjects shall need ethical clearance by the joint CUHAS/BMC Research and Ethics Board, regardless of whether the research is cleared by other institutions, if the research :

- Is sponsored by CUHAS/BMC or
- Is conducted by or under the direction of any employee of CUHAS/BMC, and using any property or facility of the centre, or
- Involves the use of the CUHAS/BMC 's name to identify or contact human subjects or prospective human subjects, or
- Involves human subjects at CUHAS/BMC

5.3.10.3 All research involving human subjects shall conform to the recommendations guiding health research involving human subjects as per international standards that include the following:

- The research must generally conform to scientific principles and should be based on tested procedures;
- The design of the study should be clearly formulated;
- The study must be conducted by qualified persons;
- Clinical studies must be under the supervision of clinically competent persons;
- There must be a balance between the importance of study objectives vs. risk to the subjects/clients/patients;
- Concerns of the interest of the subjects must always prevail over interests of science;
- Privacy and confidentiality must always be respected;
- All study participants must be adequately informed of the aims, methods, anticipated benefits and potential hazards;
- The researcher must obtain from the participants freely-given informed consents, preferably in writing.

- The research protocol should always contain a statement of ethical considerations including issues on:
 - The risk to the patient
 - Anticipated benefits
 - The importance of the knowledge to be generated
 - Informed consent procedures
 - The procedures and provisions to provide privacy.
- 5.3.11 Require that the heads of departments ensure the supervision of each research student;
- 5.3.12 Require that the supervisors be obliged to provide guidance in all matters of good research practices;
- 5.3.13 Require that the supervisors ensure, as far as possible, the validity of the research data obtained by a student under his/her supervision;
- 5.3.14 Ensure that authorship of all scientific publications, including scientific papers, books and proceedings of conferences and workshops, be in accordance with and conform to the rules of the International Committee of Medical Journal Editors (ICMJE) recommendations on authorship ([www. ICMJE.org](http://www.ICMJE.org)).

5.4 Management of research funds

Funding is the backbone of research and development. CUHAS is expected to have sufficient funds for staff members to conduct meaningful research, to attend national and international meetings and to contribute to the income of the university. For accountability, research funds should be properly managed.

Policy statements:

- 5.4.1 All research funds will be managed according to agreed upon financial procedures;
- 5.4.2 Research funds will be deposited in the CUHAS account;
- 5.4.3 The research funds will be disbursed according to the approved budgetary allocation;
- 5.4.4 Funds will be disbursed by instalments as imprest and in accordance to approved accounting procedures;
- 5.4.5 Each instalment will be disbursed only after the receipt of acceptable expenditure and progress reports;
- 5.4.6 Advances shall be limited to the amounts needed to meet the current disbursement needs;
- 5.4.7 CUHAS shall subscribe to databases that provide information on funding opportunities;
- 5.4.8 CUHAS shall always endeavour to strengthen its research capacity through mechanisms that shall be supported through internal budgetary allocation, potential beneficiaries of research outputs (for example, pharmaceutical companies, government, UN agencies), consultancy services, contracts, grants, scholarships but also through institutional support costs from funded projects;
- 5.4.9 CUHAS shall require that all funded projects contribute overhead costs for institutional support (except for small grants for training academic and supportive staff);
- 5.4.10 These funds shall be used to:
 - 5.4.10.1 Facilitate research training and capacity building initiatives;

- 5.4.10.2 Provide administrative support for the project;
- 5.4.10.3 Meet costs for ethical clearance and reviewing research protocols;
- 5.4.10.4 Support dissemination of research results.

5.5 Research collaboration/partnerships

Research collaborations and partnerships offer unique opportunities to leverage resources from research partner institutions and training opportunities which help to build capacity.

Policy statements:

- 5.5.1 CUHAS will promote multidisciplinary research collaborations within the institution, at the national level and both South-South and South-North partnerships, which address CUHAS research agenda;
- 5.5.2 CUHAS will encourage research collaborations that aim to build capacity as well as inform policy and programme decisions;
- 5.5.3 Where CUHAS is involved in a joint project, an agreement should be reached in writing with the collaborating organization detailing issues to do with Intellectual property rights, confidentiality, copyright, sharing commercial returns, responsibility for ethical and safety clearance;
- 5.5.4 In all forms of research collaboration, partners will ensure that ownership of the research findings is respected. To this end:
 - The CUHAS/BMC joint Research and Ethics Board will ensure that protection of Intellectual Property Rights is observed.
 - The CUHAS/BMC joint Research and Ethics Board will ensure that collaborative research observes the intellectual rights of CUHAS and BMC researchers.

5.6 Research priorities

Research at CUHAS should focus on priority areas and guided by the National Institute for Medical Research (NIMR) “Fourth Tanzania National Health Research Priorities 2013-2018”. In determining research priorities, CUHAS should consider defined primary factors. These might include the magnitude of a problem, the urgency of a problem (epidemic diseases), its economic impact, and the relevance of the research in the context of the National Health Policy. Other factors might include the availability of physical and human resources, the interest in the research, the acceptability of the research given its impact on the environment, ethical considerations, legal implications, the requirements to support ongoing research projects, the availability of suitable infrastructure or the comparative cost advantage of developing such infrastructures.

To this end:

- 5.6.1 All research will address national, regional and international priorities current at the time of research formulation;
- 5.6.2 All schools, institutes and departments should prioritize research questions and gaps in alignment with CUHAS research priority areas;
- 5.6.3 Students and faculty should be encouraged to carry out researches which address priority areas within their departments;
- 5.6.4 The research priority areas are:
 - District health services
 - Quality of services
 - Clinical research
 - Morbidity and mortality patterns
 - Health policies studies and health systems research
 - Resource mobilization, allocation and utilization
 - Organizational/Functional structures
 - Specific areas might include:

- Malaria, HIV and other sexually transmitted diseases,
- Tuberculosis, acute respiratory infections, parasitic infections,
- Cardiovascular diseases, diabetes,
- Micronutrient disorders (anaemia, iodine deficiency, vitamin A),
- Cancer (cervix, liver, breast and lung), nutritional disorders,
- Childhood cluster (Polio, diphtheria, whooping cough, measles, tetanus), diarrhoeal diseases,
- Mental health
- Maternal health
- Public health and socio-anthropological studies including alternative medicine.
- Social determinants of health

5.7 Research Implementation

Policy statements:

All research carried out at CUHAS will be carried out according to the following guiding principles:

1. Research abiding to international and national ethics and which takes into consideration the observance of Catholic ethics;
2. High quality research;
3. Multidisciplinary and innovative research;
4. Socially-engaged research;
5. Research aligned with institutional, national and regional priorities;
6. Research linked with policy and programming;
7. Commitment to a high standard of professionalism and conduct;
8. Safety ensured for those involved in the research;
9. Confidentiality of data ensured;
10. Disclosure of conflict of interest;
11. Disclosure of researchers' affiliation with a funding institution.

5.8 Policy application and review

- 5.8.1 The Policy shall apply to all staff (graduates and undergraduates);
- 5.8.2 The Policy shall be subject to review every five years by the Directorate of Research and Innovation with the involvement of relevant stakeholders

5.9 Monitoring and evaluation

Monitoring and evaluation (M&E) of research provide the framework for checking progress on a continuous basis and accessing the quality and adherence to ethical standards.

Policy statements:

- 5.9.1 The Directorate of Research and Innovation will develop and implement a plan that clearly stipulates indicators for monitoring and evaluation of research at CUHAS;
- 5.9.2 The M&E plan will be based on existing national and international guidelines;
- 5.9.3 The data collected during the process of M&E will be shared with relevant stakeholders;
- 5.9.4 Indicators for M&E research will include:
 - 5.9.4.1 Inflow of research funds
 - 5.9.4.2 Number of publications
 - 5.9.4.3 Number of proposals written
 - 5.9.4.4 Number of proposals submitted for funding
 - 5.9.4.5 Number of funded proposals
 - 5.9.4.6 Number of research collaborators

6. CONCLUSION

The CUHAS Research Policy development and implementation shall facilitate the move towards a more efficient research output and strengthen the overall research capacity at CUHAS and BMC. It also aims at a better standardization of the research procedures which should lead the research processes, and emphasise the priority areas for research in the Tanzanian health context. It will hopefully have a positive impact in funds' raising and in the allocation of resources for research within CUHAS and BMC.

The review of the Policy will allow the Directorate of Research and Innovation to incorporate