Workshop Report: Research for Health Multi-Stakeholder's workshop in Monrovia (Golden Gate Hotel)



August 15-17, 2017

Acknowledgement

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Special thanks to all the participating institutions (CDC, JHU, NPHIL, PREVIL, CHAI, UNFDA, LISGIS, UL-PIRE, LMDC, LMH, etc) and the MOH Programs and Divisions for their efforts in making this exercise a success.

This report on Research for health Multi-Stakeholder workshop in Liberia was written on the basis of the rapporteur contribution, under the supervision of the Organizing Committee of the workshop composed of the Ministry of Health of Liberia and Partners.

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List of Acronyms

CDC Centre for Disease Control

CARI Central Agricultural Research Institute

CHA Community Health Assistant

CHV Community Health Volunteer

CHAI Clinton Health Initiative

CHT County Health Team

FDA Forestry Development Authority

HMER Health Monitoring Evaluation & Research

HMIS Health Management Information System

ICCM Integrated Community Case Management

IRB Institutional Review Board

INGOs International Non-Governmental Organizations

JHU John Hopkins University

LMH Last Mile Health

LIBR Liberia Institute of Biomedical Research

LMDC Liberia Medical & Dental Council

LISGIS Liberia Institute of Statistical and Geo Information Services

MOA Ministry of Agriculture

M & E Monitoring and Evaluation

MOH Ministry of Health

NGOs Non-Governmental Organizations

NTDs Neglected Tropical Diseases

NMCP National Malaria Control Program

NPHIL National Public Health Institute of Liberia

R4H Research for Health

RD Research Domain

UNFDA United Nations Population Fund

Executive Summary

Background

With careful consideration and selection of institutions of Research, and line ministries and agencies, 'Research for Health Multi-Stakeholders workshop was held at the Golden Gate Hotel in Monrovia, Liberia from 15th to 17th August 2017. The workshop was organized by MOH Liberia.

This workshop originates from the Gbarnga, Bong County Research for Health Agenda Setting Workshop held in April 5-7, 2017. The Gbarnga workshop clearly identified gaps in the governance, management, coordination, and capacity development of Research for Health in Liberia and was used to draw up corrective measures to bridge the gaps by consulting stakeholders of research for health through presentations, group exercises and open discussions for the purposes of identifying the draft research for health research priorities (2017-2021), Liberia's research for health system mapping and situation analysis of Research for Health in Liberia.

The multi-stakeholders workshop held at the Golden Gate Hotel in Monrovia resulted to a finalized listing of Research for Health Priority Topics and a second draft of the National Research for Health Policy and Strategy (2017-2021) of Liberia.

Way Forward

The following key issues were set to be addressed or accomplished going forward:

- Establish a National Health Research Committee (for a short-term) and a Commission (in a long-term)
- Advocate for and support the establishment of IRBs at all Institutions of Higher Learning in Liberia base on needs
- Create a registry for all research for health projects conducted in Liberia
- Establish a framework for the monitoring and evaluation of all research for health project approved.
- Review and validate the second Draft of the National Research for Health (R4H) policy and Strategy of Liberia (2017-2021)

Introduction

The Research Unit of the Department of Planning, Research and Development was re-established in 2011, after an absence of two decades, by a mandate of the Ministry of Health and Social Welfare as part of the implementation of the National Health and Social Welfare Policy Plan (2011-2021).

The National Health and Social welfare 10 –Year Policy and Plan states that the "Ministry of Health will promote a culture of inquiry into best methods of delivering health care. As part of the effort, the MOH will encourage its staff to acquire relevant research skills and will provide funds for research targeting National Health priorities. The lack of policy framework and guidelines for the conduct of research and the poor coordination among research institutions, various line ministries including the MOH which formed the basis of the Research for Health multi-stakeholder Workshop.

The multi-stakeholders workshop, which was held at the Golden Gate Hotel in Monrovia, aims to promote the governance, coordination and management in the conduct of research for health in Liberia.

Workshop Overall goal:

To guide objectives and strengthen governance & coordination of research for health in Liberia

Specific Objectives

- To finalize the draft priority list of Research for Health (2017-2021)
- To review the draft Research for Health (R4H) Policy (2017-2021)

Expected results

- Prioritized Research for Health Topics of Liberia (2017-2021)
- Finalized draft Research for Health Policy and Strategy of Liberia (2017-2021)

DAY-ONE SECTION

Opening Ceremony

Mr. C. Sanford Wesseh, Assistant Minister for Vital Statistic, Ministry of Health Liberia, chaired the National Multi-stakeholders Workshop on Research for Health in Liberia. He thanked everyone for coming to participate in the discussion on the future of Research for Health in Liberia. He used this occasion to appreciate Global Fund for their financial support to the research unit. According to the Assistant Minister, the research unit just took off since 2011 and is currently on the right footing for providing oversight responsibility on governance, coordination and management of Research for Health in Liberia. He also noted that information gathered from Research for Health conducted in Liberia is essential for strengthening the health system of Liberia.

On behalf of the health-implementing partners in Liberia, CDC, JHU & UNFPA, made opening remarks. In their deliberations, they all mentioned their appreciations for the current trend research for health in Liberia has taken. They mentioned the importance of research-based health financing as a best way forward. But also stressed the need to strengthen capacities of existing Research Unit at the MOH to provide guidance in the implementation of the country's five years National Research for Health agenda and to support the provision of evidence based information for decision making.

All participants attending the workshop did self-introduction followed by the official opening of the workshop by the Deputy Minister for Planning, Research and Policy, Min. Yah M. Zolia. In her remarks, she extended gratitude to all stakeholders present and acknowledged their tireless efforts in strengthening Research for health at the Ministry of Health and Liberia at large.

She provided a brief background of the Research Unit re-establishment in 2011 and as such needs financial support and capacity building to strengthen its abilities to coordinate research activities in Liberia. She mentioned the need to clarify the roles and responsibilities of the research unit's, the NPHIL and other agencies to be involved in the crafting and implementation of the National Research for Health Policy and Strategy of Liberia, so as to avoid embarrassment. Lastly, the Deputy Minister officially declared the workshop opened.

Presentation and Discussions

Workshop Objective

After the opening ceremony, Assistant Min. C. Sanford Wesseh presented the workshop objective. The two specific objectives were: to finalize the draft priority list of Research for Health (2017-2021) and to review the draft Research for Health (R4H) Policy (2017-2021)

Draft Priority Research for Health Topics

Mr. Nelson K. Dunbar, Director of Research, Ministry of Health carried out the second presentation following the workshop objectives. He presented the draft priority Research for health (R4H) Topics generated at the Research for Health Agenda Setting workshop held in Gbarnga Bong County in April 5-7, 2017. His presentation highlighted the processes and technique used during the agenda setting workshop in Gbarnga. In the Gbarnga workshop, participants were placed into groups of four and the Nominal Group Technique was used to generate listing of topics in each group. The presentation also highlighted that four criteria namely: Appropriateness, Relevancy, Resources and Impact of research outcome were used to prioritize identified topics, with weight of criteria ranging from 2-5, impact of research outcome having the highest weight (5).

The research for health priority topics were selected following a five sets of Domain as shown below:

- 1. Reproductive, Maternal and Child Health Research
- 2. Communicable Diseases Research
- 3. Non-Communicable Diseases + NTDs Research
- 4. Other Lifestyle Conditions Research
- 5. Health System Research

Mr. Dunbar concluded his presentation with a sample list of research topics generated from the Gbarnga workshop. After the presentation, the floor was opened for question and discussion. The presentation of the draft research for topics was followed by a group work sessions.

Prioritizing Research for Health Topics (2017-2021)

After the second presentation by the Research Director, a technical working section instruction was presented by Tashrisk Ahmed from Johns Hopkins University (JHU). In his presentation, he mentioned the importance of a health system having research for health [policy and research agenda that guide stakeholders funding or implementing research for health. These key documents help coordinate and govern stakeholders in the implementation of overall research for health in Liberia.

Before the group instruction, he mentioned that at the Gbarnga research for health agenda setting meeting, participants ranked the draft research for health priority topics only using one of the four

criteria namely: Impact of resources. In his instruction, participants were placed into three groups of 10 persons to review and rank the draft Research for Health topics (140 topics) using three of the four criteria listed in the below table.

Criteria	Weighting Score
Appropriateness	2
Relevancy	3
The chance of success (Resources)	4
Impact of the research outcome	5

After three hours of group work, the groups had a break and resumed section immediately after lunch. The group work continued until the end of day one.

DAY-TWO SECTION

Draft Research for Health Policy and Strategy (2017-2021)

Mr. Luke L. Bawo, HMER Coordinator chaired the day-two of the workshop. The day-two activities started with registration of participants followed by recap of day by Mr. Nelson K. Dunbar Director of Research. After the recap, the group work section on reviewing and ranking of the draft research for health priority topics continued for an hour during morning hours of day two. The technical team collected and compiled and average the final scores across all groups and topics. The final research for health-prioritized topics was presented in plenary by the technical team. Please see below the first 30 topics below. The complete listing is with in the annex.

Plenary		
Rank	Prioritized Research for Health Topics	Research Domain
		RD 1: Maternal, reproductive and
1	Contributing factors to neonatal mortality	child health research
2*	Conduct the national health accounts	RD 5: Health system research
	What are the key determinants of and barriers to	
	program success and quality, from the perspective	
	of health workers, community members, county	
3*	health teams, and program managers?	RD 5: Health system research
4	Gap analysis of governance structures	RD 5: Health system research
6*	Health facility census and registry	RD 5: Health system research

7*	Improvement of data quality	RD 5: Health system research
	Is current infrastructure adequate to support	
8*	mMoney	RD 5: Health system research
9	Sanitation and safe water risk profile	RD 4: Other lifestyles condition
10	Association between poverty access to care	RD 5: Health system research
		RD 1: Maternal, reproductive and
11	Association between ANC4 and institutional delivery	child health research
		RD 2: Communicable disease
12	Prevalence of Hepatitis B and C	research
13	Prevalence of substance abuse	RD 4: Other lifestyles condition
14	Sustainability of community programs using CHVs	RD 5: Health system research
15	Assessment of referral networks	RD 5: Health system research
16	Supply chain issues for drugs/supplies at all levels	RD 5: Health system research
	Impact of regulatory bodies and their activities on	
17	health systems quality	RD 5: Health system research
		RD 2: Communicable disease
18	Prevalence of MDR-TB	research
19*	Health worker census and registry	RD 5: Health system research
	Under 5 Anthropometric study on obesity,	RD 3: Non communicable Disease
20*	malnutrition, stunting, and related risk factors	+ NTDs
	Implementing national health insurance to improve	
21	health access	RD 5: Health system research
	Role of road traffic incidents on burden of health	
22	system	RD 4: Other lifestyles condition
	Intervention studies on human rabies eradication	RD 2: Communicable disease
23	programs	research
	Factors affecting uptake of vaccines among pregnant	RD 1: Maternal, reproductive and
24	women in Liberia	child health research
	Is task shifting to CHAs reducing the burden of	
25	service delivery on health facilities	RD 5: Health system research
2.5		RD 2: Communicable disease
26	Drivers for low retention of HIV patients on ARV	research
27	Impact of the National CHA program on iCCM	RD 3: Non communicable Disease
27	Service Utilization	+ NTDs
20*	Extent the national CHA program been implemented	DD 5. Hoolth quaters are a said
28*	as designed?	RD 5: Health system research
29	Factors affecting willingness to donate blood	RD 4: Other lifestyles condition
20	Assessing the persistence of behavior change in CLTS	DD 4. Other lifestales as a divise
30	communities	RD 4: Other lifestyles condition

^{*} Topics already planned for to be implemented

The HMER Coordinator carried out the second presentation of the day with focused on the roles and responsibilities section of the Research for Health Policy and Strategy. Plenary discussion to finalize the roles and responsibilities were held immediately after his presentation. During the plenary, the HMER Coordinator emphasized that all research for health activities in the country should be carried out in compliance with the research regulatory guidelines and policies governing research. He also acknowledged the Ministry's recognition of the many actors and institutions associated with various aspects of research in the country and advocate the assigning of roles and responsibilities to entities in conformity with their expertise and mandates. Below are the roles and responsibilities with inputs from participants after plenary:

Research For Health Roles And Responsibilities

Governing Bodies

Ministry of Health

- o Coordinate development of Research for Health policy
- o Inform national research agenda and define research priorities
- o Govern and manage research for health policy implementation
- o Monitor and evaluate the operational research
- Mobilize resources for national research priorities
- o Health systems and operational research
- o Commission and outsource research that cannot be carried out in-house
- Provide management support to NREB
- o Establish mechanism for dissemination of research product and promote use
- o Establish and maintain a repository of all research carried out in the country
- o Advice and or submit all protocol for ethical clearance

County Health Teams

- > Conduct/participate in county level research
- > Provide assistance to local researchers
- Ensure all research at county level has IRB approval
- > Submit research reports to national level

NPHIL

- Provide technical advice to the MOH and other health sector actors on Public health & biomedical research
- o Participate/conduct biomedical research
- Respond to calls for research proposal
- o Issue calls for proposal
- Mobilize resources for biomedical research

- o Ensure that all biomedical research conducted meet ethical standards
- o Establish and maintain an internal institutional review board (IRB)
- Support research capacity building
- o Perform health operational research on NPHIL programs

LIBR

- > Conduct biomedical research
- > Respond to calls for proposal
- > Ensure that all protocols meet ethical standards

LISGIS

- o Carry out large populated geo spatial studies
- Serve as repository for large datasets
- Ensure that all research conducted under its purview meets ethical standards were applicable
- Serve as a cannibal for national and sub-national estimates (data) and figures (maps and shape files

NREB

- o Establish guidelines for the review of research protocols
- o Review protocols in line with established guidelines
- o Give advice on all research for Health
- o Monitor the conduct of research to ensure compliance with approved protocol
- o Establish and maintain a repository of all protocols reviewed in the country
- Support research capacity building
- Ethically approved research protocol

Other Government Institutions

Line Ministries and Agencies (MOA, CARI, FDA, etc)

- o Provide assistance to local researchers
- o Conduct/participate in research
- o Respond to calls for proposal
- Support research capacity building
- o Ensure all research has IRB approval

Civil & Private Society

- **O Professional Research Institutions/Organizations**
- o NGOs/IGO/LNGO
- o Academic Institutions
- Secondary & Tertiary Health facilities
 - ➤ Participate/conduct research
 - > Respond to calls for proposal

- Ensure that all research conducted meet ethical standards
- Establish and maintain an internal institutional review board (IRB) where applicable
- Support research capacity building

At the conclusion of the roles and responsibilities section, the participants broke up for lunch and reassembled for continuation of the day-two section. The HMER Coordinated facilitated a group work section to review and make inputs to the over all draft of the policy and strategy. The participants broke up into two groups. Group one was tasked to review the policy background and situational, while group looked at the policy orientations and strategic objectives. This section continued until the end of day-two.

DAY-THREE SECTION

The day three also chaired by the HMER Coordinator begun with recap of day-two followed by continuation of group work on the draft policy and strategy review. After hours of group work, this section was called to an end with the technical team collecting inputs from the two groups. The technical team was also tasked to collate all inputs and comments from across groups and compile final draft of the Research for Health Policy and Strategy. The closing ceremony was held before the participants broke out for lunch. At the closing ceremony, Assistant Minister C. Sanford Wesseh thanked the participants for their level of involvement. He also stressed the need to work together if we are to enhance the governance, management and coordination of research for health in Liberia.

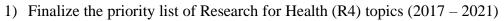
Annexes

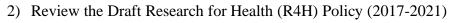
Annex-1: Workshop Agenda

Research for Health (R4H) Multi-Stakeholders' Workshop

[Golden Key, Montserrado County]
August 15 – 17th, 2017

Workshop Objectives:







DAY 1: Tuesday 15TH, 2017

Theme: Prioritizing Research for Health (R4H) Topics					
Time	Item	Facilitator			
DAY 1: August 15. 2017: FACILITATOR		C. Sanford Wesseh/Asst. Minister			
8:00 – 9:00	Registration and BREAKFAST				
		JHU			
	Opening ceremony, welcoming remarks and announcements	PIH			
		LMH			
9:00-9:30		CDC			
		WHO			
		NPHIL			
		МОН			
9:30 – 9:45	Self-introductions	All			
9:30 – 9:40	Workshop objectives and expectations				

		C. Sanford Wesseh/Asst. Minister
9:40 – 10:10	Draft Priority Research for Health (R4H) Topics (generated at the Gbarnga Meeting)	Nelson Dunbar, Research Director
10:10-10:30	Instructions for Group work	Tashrik Ahmed/CD/JHU
10:30-1:00	Group work: Ranking and prioritizing research topics (4 groups)	All
1:00 – 2:00	LUNCH	
2:00 - 4:00	Group work Continue	All
4: 00 – 4:10	Closing	C. Sanford Wesseh/Asst. Minister
4:15	End of Day 1	

DAY 2: Wednesday, AUGUST 16TH, 2017

Theme: Revision of Draft Research for Health (R4H) Policy					
Time	Item	Facilitator			
DAY 2 FACILITATO	R:	Luke L. Bawo/Coordinator/HMER			
8:00 – 9:00	Registration and BREAKFAST				
9:00 – 9:30	Recap of Day-one	Nelson Dunbar, Research Director			
9:30 - 10:30	Group work Continue	All			
10:30-10:50	Draft Research for Health (R4H) Policy	Luke L. Bawo/Coordinator/HMER			
10:50- 11:10	Instructions for Group work: R4H Policy Review	Luke L. Bawo/Coordinator/HMER			
11:10 – 1:00	Group Work - Session One	All			

	Group 1: Policy Intent, Background and Policy Context & Scope	
	Group 2 : Governance, Coordination and Management	
	Group 3 : Research financing and capacity development	
	Group 4 : Information sharing and Publication	
	Group 5: Research protocol and Ethical standards	
1:00 – 2:00	LUNCH	
12:00-1:00	Plenary: Group presentation	
2:00 – 2:15	Instruction for Group work Session-2 (Review of Policy Options)	Luke L. Bawo/Coordinator/HMER
	Group Work - Session Two	
	Group 1 : Governance, Coordination and Management	
	Group 2: Research financing and capacity development	
2:15 – 4:30	Group 3 : Research financing and	
	capacity development	
	Group 4: Information sharing and Publication	
	Group 4: Information sharing and	
4:35	Group 4: Information sharing and Publication Group 5: Research protocol and	
4:35 Time	Group 4: Information sharing and Publication Group 5: Research protocol and Ethical standards	Facilitator

Day 3 August 17, 2017. Facilitator:		Luke L. Bawo/Coordinator/Hmer
8:00 – 9:00	Registration and BREAKFAST	
9:00 – 9:30	Recap of Day 2	Nelson Dunbar, Research Director
9:30-11:00 Group work continue		
11:00-1:00	Plenary: Group presentation	Luke L. Bawo/Coordinator/HMER
1:00-2:00	D-2:00 Lunch All	
2:00-2:15 CLOSING		C. Sanford Wesseh/Asst. Minister

Annex-2: Participants Listing

No	Name	Position	Organization	Cell Number	Email Address
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Annex-3: Research for Health Prioritized Topics

Plenary Rank	Prioritized Research for Health Topics	Research Domain
		RD 1: Maternal, reproductive
1	Contributing factors to neonatal mortality	and child health research
2*	Conduct the national health accounts	RD 5: Health system research
	What are the key determinants of and barriers to	
	program success and quality, from the perspective of	
	health workers, community members, county health	
3*	teams, and program managers?	RD 5: Health system research
4	Gap analysis of governance structures	RD 5: Health system research
6*	Health facility census and registry	RD 5: Health system research
7*	Improvement of data quality	RD 5: Health system research
8*	Is current infrastructure adequate to support mMoney	RD 5: Health system research
9	Sanitation and safe water risk profile	RD 4: Other lifestyles condition
10	Association between poverty access to care	RD 5: Health system research
		RD 1: Maternal, reproductive
11	Association between ANC4 and institutional delivery	and child health research
		RD 2: Communicable disease
12	Prevalence of Hepatitis B and C	research
13	Prevalence of substance abuse	RD 4: Other lifestyles condition
14	Sustainability of community programs using CHVs	RD 5: Health system research
15	Assessment of referral networks	RD 5: Health system research
16	Supply chain issues for drugs/supplies at all levels	RD 5: Health system research
	Impact of regulatory bodies and their activities on health	
17	systems quality	RD 5: Health system research
		RD 2: Communicable disease
18	Prevalence of MDR-TB	research
19*	Health worker census and registry	RD 5: Health system research
	Under 5 Anthropometric study on obesity, malnutrition,	RD 3: Non communicable
20*	stunting, and related risk factors	Disease + NTDs
	Implementing national health insurance to improve	
21	health access	RD 5: Health system research
22	Role of road traffic incidents on burden of health system	RD 4:Other lifestyles condition
	Intervention studies on human rabies eradication	RD 2: Communicable disease
23	programs	research
	Factors affecting uptake of vaccines among pregnant	RD 1: Maternal, reproductive
24	women in Liberia	and child health research
	Is task shifting to CHAs reducing the burden of service	
25	delivery on health facilities	RD 5: Health system research

		RD 2: Communicable disease
26	Drivers for low retention of HIV patients on ARV	research
	Impact of the National CHA program on iCCM Service	RD 3: Non communicable
27	Utilization	Disease + NTDs
	Extent the national CHA program been implemented as	
28*	designed?	RD 5: Health system research
29	Factors affecting willingness to donate blood	RD 4: Other lifestyles condition
	Assessing the persistence of behavior change in CLTS	
30	communities	RD 4: Other lifestyles condition
		RD 1: Maternal, reproductive
31	Rate of teenage pregnancy	and child health research
	Time motion study of the three delays and decision	RD 1: Maternal, reproductive
32	process for institutional delivery	and child health research
22		RD 3: Non communicable
33	Mental health management model at the community	Disease + NTDs
	Clinical factors which contribute to high maternal	RD 1: Maternal, reproductive
34	mortality rate	and child health research
25	I was a standard and a second and	RD 3: Non communicable
35	Impact of malaria vector control	Disease + NTDs
26	Ku saada daa attiita da Quurasti aa aa aa aa aa aa aa BOTa	RD 2: Communicable disease
36	Knowledge attitude & practices on community DOTs	research
27	Burden of mental health conditions	RD 3: Non communicable Disease + NTDs
37	Burden of mental health conditions	
38	Factors affecting uptake of LARCs/other	RD 1: Maternal, reproductive and child health research
39*	Service Availability Readiness Assessment	RD 5: Health system research
39	Service Availability Readilless Assessment	RD 2: Communicable disease
40*	Drivers of Ebola transmission	research
40	Drivers of Ebola transmission	RD 2: Communicable disease
41*	Age-specific malaria incidence	research
	Effect of open defecation free communities on diarrhea	research
42	rates	RD 4: Other lifestyles condition
12	Causes of barriers and delays to safe institutional	RD 1: Maternal, reproductive
43	delivery	and child health research
44	Assessing factors driving staff attrition	RD 5: Health system research
<u>-</u> - •	Health implications for environmental pollution from	31112311112,3321111333311011
45	solid waste from home sand industries	RD 4: Other lifestyles condition
		RD 3: Non communicable
46	Discovery of pathogens with viral hemorragic tendencies	Disease + NTDs
	, , , , , , , , , , , , , , , , , , , ,	RD 2: Communicable disease
47	STI prevalence	research
		RD 2: Communicable disease
48*	Characteristics of superspreaders during the outbreak	research
49	Extent of health inequity between rural/urban	RD 5: Health system research

levels of iron-deficiency anemia in pregnant women and children under 5 Rate and factors influencing community delivery Prevalence of sex work and sexual abuse among adolescents Prevalence of onchoceriasis Impact of county EOCs on subnational coordination around outbreaks and emergencies Sustainability of micro-insurance scheme RD 5: Health system research RD 6: Dealth system research RD 6: Communicable disease research RD 1: Maternal, reproductive and child health research RD 1: Maternal, reproductive and child health research RD 2: Communicable disease research Population based diarrheal disease prevalence and bacteriology Effect of funerals and hospital visits on Ebola transmission patterns RD 2: Communicable disease research What is the impact of the NCHA program on service utilization and mortality rates? What is the impact of the NCHA program on service utilization and mortality rates? RD 5: Health system research RD 2: Communicable disease research RD 3: Non communicable Disease + NTDS RD 3: Non communicable RD 1: Maternal, reproductive and child health research RD 2: Communicable disease research RD 3: Non communicable disease research		Nutritional and lifestyle factors contributing to higher	
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S2 adolescents RD 3: Non communicable	51	Rate and factors influencing community delivery	and child health research
S2 adolescents RD 3: Non communicable		Prevalence of sex work and sexual abuse among	RD 1: Maternal, reproductive
Disease + NTDs Impact of county EOCs on subnational coordination around outbreaks and emergencies RD 5: Health system research SD 5: Health system research SD 5: Health system research RD 5: Health system research Assessment of mobile money opportunities in the health Sector RD 5: Health system research RD 6: Health system research RD 6: Communicable disease research RD 1: Maternal, reproductive and child health research RD 1: Maternal, reproductive and child health research RD 2: Communicable disease research RD 3: Non communicable disease research RD 3: Non communicable RD 3: Maternal, reproductive and child health research RD 1: Maternal, reproductive and child health research RD 2: Communicable disease research RD 3: Non communicable disease research RD 3: Non communicable	52	adolescents	and child health research
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Sector RD 5: Health system research	56	Feasibility of EMR implementation in hospitals	RD 5: Health system research
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Effect of funerals and hospital visits on Ebola transmission patterns Impact of contract tracing on incidence during the Ebola outbreak What is the impact of the NCHA program on service utilization and mortality rates? Food hygiene practices in rural areas Prevalence of schistosomaisis and its sequalate and complications Drivers for STIs among young women and other vulnerable gorups Cultural factors influencing maternal mortality Knowledge, attitudes, and practice of gender based violence STI screening program success rates in rural remote counties Effect of unstable payment and careers on healthworker performance RD 2: Communicable disease research RD 3: Non communicable disease research RD 1: Maternal, reproductive and child health research RD 2: Communicable disease research Effect of unstable payment and careers on healthworker performance RD 5: Health system research RD 2: Communicable disease research RD 2: Communicable disease research RD 2: Communicable disease research		Population based diarrheal disease prevalence and	RD 2: Communicable disease
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67 vulnerable gorups 68 Cultural factors influencing maternal mortality 69 Knowledge, attitudes, and practice of gender based violence 69 STI screening program success rates in rural remote counties 70 counties 69 Effect of unstable payment and careers on healthworker performance 70 Biological resistance to ARVs in the HIV population 70 RD 1: Maternal, reproductive and child health research RD 2: Communicable disease research RD 5: Health system research RD 2: Communicable disease research RD 3: Non communicable	66	complications	Disease + NTDs
Cultural factors influencing maternal mortality Knowledge, attitudes, and practice of gender based violence STI screening program success rates in rural remote counties Effect of unstable payment and careers on healthworker performance RD 1: Maternal, reproductive and child health research RD 2: Communicable disease research RD 5: Health system research RD 5: Health system research RD 2: Communicable disease research RD 2: Communicable disease research RD 3: Non communicable		Drivers for STIs among young women and other	RD 1: Maternal, reproductive
Cultural factors influencing maternal mortality Knowledge, attitudes, and practice of gender based violence STI screening program success rates in rural remote counties Effect of unstable payment and careers on healthworker performance RD 2: Communicable disease research Effect of unstable payment and careers on healthworker performance RD 5: Health system research RD 2: Communicable disease research RD 3: Non communicable	67	vulnerable gorups	and child health research
Knowledge, attitudes, and practice of gender based violence STI screening program success rates in rural remote counties Effect of unstable payment and careers on healthworker performance RD 2: Communicable disease research RD 5: Health system research RD 2: Communicable disease research RD 2: Communicable disease research RD 3: Non communicable			1
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Effect of unstable payment and careers on healthworker performance RD 5: Health system research RD 2: Communicable disease research RD 3: Non communicable		STI screening program success rates in rural remote	RD 2: Communicable disease
71 performance RD 5: Health system research RD 2: Communicable disease research RD 3: Non communicable	70		research
72 Biological resistance to ARVs in the HIV population RD 2: Communicable disease research RD 3: Non communicable		• •	
72 Biological resistance to ARVs in the HIV population research RD 3: Non communicable	71	performance	RD 5: Health system research
RD 3: Non communicable			RD 2: Communicable disease
	72	Biological resistance to ARVs in the HIV population	research
73 Impact of maternal antibodies on malaria Disease + NTDs			RD 3: Non communicable
<u> </u>	73	Impact of maternal antibodies on malaria	Disease + NTDs

	Prevalence and risk factors associated with erectile	RD 3: Non communicable
74	dysfunction	Disease + NTDs
	Factors affecting the usage and behaviors of road safety	
75	equipment (helmets, seatbelts)	RD 4: Other lifestyles condition
		RD 3: Non communicable
76	Prevalence and risk factors associated with leprosy?	Disease + NTDs
77	Effect of technology on quality of care	RD 4: Other lifestyles condition
	Impact of knowledge of risky behaviors and health status	RD 3: Non communicable
78	on stroke	Disease + NTDs
		RD 3: Non communicable
79	Risk factors of lassa fever and onchoceriasis	Disease + NTDs
80	Prevalence of disability in general population	RD 4: Other lifestyles condition
81	Solid waste management practices in urban areas	RD 4: Other lifestyles condition
		RD 2: Communicable disease
82	Prevalence of yellow fever	research
83	Task shifting to midwives	RD 5: Health system research
84	Prevalence and social effect of alcohol consumption	RD 4: Other lifestyles condition
	Impact of changing cultural practices and lifestyles on	RD 3: Non communicable
85	nutrition	Disease + NTDs
	Research utilization/usage preferences by decision-	
86	makers	RD 5: Health system research
07	Association between domestic violence and childhood	22.4.01.11.1.1.11.11.11.11.11.11.11.11.11.11
87	nutrition	RD 4: Other lifestyles condition
00	Ethical considerations of quarantine of suspected Ebola	RD 2: Communicable disease
88	cases together at health facilities	research
89	Effective coverage of pentavalent vaccines	RD 1: Maternal, reproductive and child health research
89	Involvement of community and youth in sexual and	RD 1: Maternal, reproductive
90	reproductive service delivery	and child health research
30	Emergence of other malaria species other than Pf	RD 2: Communicable disease
91	through sentinel surveillance	research
	<u> </u>	RD 1: Maternal, reproductive
92	Causes of protein energy malnutrition	and child health research
93	Contribution of climate changes in vector coverage	RD 4: Other lifestyles condition
	Effective ways to improve health outcomes for physically	·
94	challenged children	RD 4: Other lifestyles condition
		RD 1: Maternal, reproductive
95	Implementing mHealth applications for family planning	and child health research
	Expanding ownership of regular meetings, assessing	
96	impact	RD 5: Health system research
		RD 1: Maternal, reproductive
97	Contraceptive prevalence among adolescents in Liberia	and child health research
	What is the rate of occupational injury and disability in	
98	the population?	RD 4: Other lifestyles condition

99	Implications of reduced international funding on sustainability of health programs	RD 5: Health system research
33	Factors influencing social and health outcomes in land	ND 3. Health system research
100	transport	RD 4: Other lifestyles condition
	Role and knowledge of local chief on health decision	
101	making	RD 4: Other lifestyles condition
102	Rate of intentional injury in young adults	RD 4: Other lifestyles condition
103	Can mMoney enhance staff retention and surveillance	RD 5: Health system research
	Association between service availability and readiness	RD 1: Maternal, reproductive
104	and maternal mortality	and child health research

^{*} Yellow colours indicate topics already planned for to be implemented