

KINGDOM OF LESOTHO



**NATIONAL HEALTH AND SOCIAL
WELFARE RESEARCH
POLICY (NHSWRP),
LESOTHO**



Ministry of Health and Social Welfare

2008

Foreword

In 2004, Lesotho developed, through a very participatory process, the Health and Social Welfare Policy. Since then, the country has been faced with the challenge of implementation. In the same year, the World Health Report of WHO had the theme 'Health Research: Knowledge for better Health'. Research can make contribution in at least three phases of the policy-making process: agenda setting; policy formulation; and implementation. Of course research costs money. Yet for a developing country such ours, it is a luxury we can hardly afford to be 'implementing by guess work'. What can be done? We can plan and implement by attaining evidence-based information and such information can only come from research. Evidence is available of what has been done. For example the studies which led to the 2002 National Social Welfare Policy; the Economic Study of Referral Health Services in Lesotho in 2002; the future of the Queen Elizabeth Hospital; Lesotho Health Sector Reform Plan 2000 and the Lesotho Health Sector Reform Baseline Assessment in, 2001, all gave us a wealth of evidence to enable us make informed decisions.

On the global side, the eradication of small pox and the control of Leprosy would not have happened without research. Hence the importance of collaboration with credible national, regional as well as global partners whose research activities have a bearing on our health and social welfare problems. While this is commendable, yet a situation analysis carried out in 2005 painted a sorry picture of the general state of research. It revealed that a number of studies have been or were being implemented but coordination of the studies or governing of Health and Social Welfare Research was non-existent; there was the possibility of duplication; there was a drift from the Ministry's agenda and there was poor use of research outputs. Therefore in the operationalisation of the Health and Social Welfare Policy through the strategic plan 2004/5 -2010/11, it focussed on the way forward for strengthening research. The plan underscores the need for the Ministry to pursue the following strategies in Health and Social Welfare Research development: elaboration of a health and social welfare research policy and agenda; development and strengthening of research structures and mechanisms; institutionalisation of health and social welfare research at different levels of the system; development of research skills; promotion of national and international advocacy; networking for research and resource mobilisation and increased funding for Health and Social Welfare Research. The strategic plan endorsed

what Lesotho had decided to be done in its Vision 2020. It advocated for the need to strengthen research capacity in the country. The National Health and Welfare Research Policy has been developed at the right time. It is the challenge of all stakeholders to ensure that they consider research NOT as a waste of resources, rather as a tool for policy and programme evidence-based decision making in planning and implementation. There are so many developments taking place at the moment. Some are very new to us. For example, the issue of HIV vaccines may soon be available, the role of Microbicides in the prevention of HIV new infections as well as the overwhelming evidence on young male circumcision as one of the interventions against HIV infections and which has been endorsed by SADC to which Lesotho is an active member!. How do we take them forward to our communities in Lesotho without sound evidence and preparation? All of us are encouraged to participate in determining the direction of the research as well as utilisation of research results in our day to day activities, be it in Government or in other endeavours. With a strong political and management will, lack of resources for funding research cannot be the only reason to stop us, because there is always a way! The MOHSW will and has been budgeting for research. We ask you to join us.

Hon. Minister of Health and Social Welfare

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
AU	African Union
CBO	Community Based Organisations
CHAL	Christian Health Association of Lesotho
CSO	Civil Society Organisations
DHP	District Health Package
EGPAF	Elizabeth Glazier Paediatric AIDS Fund
EHP	Essential Health Package
FBO	Faith Based Organisation
GOL	Government of Lesotho
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HPSU	Health Planning and Statistics Unit
HRD	Human Resource Development
HSR	Health Systems Research
IEC	Information, Education and Communication
IGA	Income Generating Activities
IREC	Institutional Research Ethics Committee
M&E	Monitoring and Evaluation
MOHSW	Ministry of Health and Social Welfare
MOF	Ministry of Finance
MOU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
NHTC	National health Training College
NHSWRC	National Health and Social Welfare Research Council
NHSWREC	National Health and Social Welfare Research Ethics and Clearance Committee
NHSWRI	National Health and Social Welfare Research Institute
NHSWRP	National Health and Social Welfare Research Policy
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
QEII	Queen Elizabeth II Hospital
R&D	Research and Development
SADC	Southern African Development Community
STD/I	Sexually Transmitted Diseases/Infections
TB	Tuberculosis
UN	United Nations
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WTO	World trade Organisation

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1.0: Background to the Ministry of Health and Social Welfare and Rationale for a Research Policy:

1.1 Situation of Health and Social Welfare Sectors and Research:

Lesotho, with an estimated population of 2.2 million, has the demographic features of a typical developing country. It has fairly high population growth of 2%, a youthful population <15 of 47%, and relatively low life expectancy. Only about half of the population is literate. Previously, unskilled labourers' employment in the South African mines has been greatly reduced. The combined effect of these factors has created high levels of unemployment and dependency. In short, there are high levels of poverty, in its different dimensions in the country¹. The increase urbanization resulting from increase of textile industries in some urban areas.

In the Health and Social Welfare sectors, in 2001, Lesotho embarked on a far reaching effort to reform its health and social welfare sector. These health reforms aimed to change past approaches to health policy processes, health planning, budgeting and accountability, human resources development and management in a fundamental way.

As part of the new process, Ministry of Health and Social Welfare (MOHSW) conducted a series of important improvements and studies (e.g. National Social Welfare Policy, 2002; Economic Study of Referral Health Services in Lesotho, 2002; The future of Queen Elizabeth II Hospital; Lesotho Health Sector Reform Baseline Assessment Study 2000; and Lesotho Health Sector Reform Baseline Assessment, 2001), as a basis for developing key instruments for the reform. As a result, the District Health Package (2003) and National Health and Social Welfare Policy have been developed. The National Health and Social Welfare Policy clearly outline the MISSION, VISION, GOALS and PURPOSE of the health and social welfare sector. Based on these instruments, the Health Strategic Action Plan which was then drafted tied the Policy priorities to the broad outputs and activities.

What is the rationale for a Health and Social Welfare Research Policy? Throughout the strategy, it aims at revitalising, expanding, strengthening, developing, managing and establishing programmes/services. Without a strong evidence-base, there will not be the needed and cost-effective decision-making which aims at maximising the available resources. The World Bank made estimates of the costs of attaining the health-related Millennium Development Goals of between \$20 and \$25 billion a year. However, the report notes that: 'these unit cost estimates only apply when the policy and institutional environment is conducive

to additional health spending being effective'²⁴. The importance of health-making, in turn, being research-informed is recognised by a growing number of bodies.^{25,26,27} When research is based on the priorities of potential users, and/or is research of proven quality, this increases the possibility that it will be translated into policies. Hence the need for the National Health and Social Welfare Research Policy.

2.0: Outstanding challenges in the Health and Social Sectors which have potential to influence research²:

However, there are major challenges facing the health and social welfare sector. These can be summarised as follows:

2.1: Challenges in the Health Services

- Inadequate human resources in skills and number, leads to inefficiencies in the delivery system
- Inefficient human resource management system is a source of discontent and high rates of attrition in the country
- Health care facilities are not optimally utilised and in some cases maintained. At the same time, there are many areas with no health facilities, while facilities in other areas have been closed or underutilised.
- Pharmaceutical supplies are not used rationally due to lack of explicit policy guidelines and an efficient management system.
- The Government and Non-Government Organisations efforts are not harmonised and well coordinated due to lack of an acceptable policy framework
- Over centralised decision-making and management of health services discourages community engagement and participation.
- Inaccurate and incomplete health information and lack of clarity in the information system means that evidence-based decision making is constrained

2.2: Challenges in the Social Welfare

- There is lack of capacity to provide social protection for all those who are vulnerable, poor and disadvantaged
- There is evidence of increased child abuse and neglect in the country

- Communities powerlessness and helplessness to assist themselves, give the increasing number of people and level of suffering and misery
- Increasing levels of unemployment and non-productivity
- Lack of inclusion and integration of cultural values and traditional services into the nation 's socio-economic development programme

While the Government's economic plan is two pronged i.e. first is to create a macroeconomic environment, which supports efficient production and attracts foreign and domestic investment and secondly is to improve public sector performance by allocating resources to activities with the highest impact on poverty, health and social welfare has become a developmental issue. As stated earlier, the goal for MOHSW is to provide solutions to the identified challenges above, and then the role of evidence-based planning becomes critical. Research, in those areas where there is inadequate information, is no longer a luxury, rather the 'reason for being' of appropriate research in health and social welfare. In summary the health research carried out in Lesotho so far has been: i) uncoordinated ii) without clear Research Agenda iii) the poor use of research outputs and finally iv) possible duplication of researches.

3.0: Vision, Mission, Goals and Objectives of the National Health and Social Welfare Research Policy

The National Health and Social Welfare Research Policy (NHSWRP), to be relevant, has to have the same general focus as the Health and Social Welfare sectors. Hence the vision, mission, goals and objectives are closely aligned to those of the National Health and Welfare Policy, i.e.:

3.1: Vision

The vision of the country is that " by 2020, Lesotho shall be a stable democracy, united, prosperous nation at peace with itself and its neighbours. It shall **have a healthy** and well-developed human resource base. Its economy will be strong, its environment well managed and its technology well established."

3.2 Goal and Mission

The goal of the health and social welfare sector, which contributes to the vision of the country's development, is to have a healthy population, living a quality and productive life by 2020. Health and Social Welfare Research will add value to the goal through provision of accurate information for decision-making.

The mission of the health and social welfare sector is to facilitate the establishment of a system that will deliver quality health care efficiently and equitably, and that will guarantee social welfare to all.

3.3: Objectives

The Health and Social Welfare Research Objectives are therefore:

- To conduct priority research whose result gets utilised in policy and programme development and implementation.
- To establish and strengthen structures and mechanisms to enhance development and coordination of health research systems at all levels.
- To stimulate the generation of information and knowledge that facilitates policy analysis, improves understanding of health systems and guide policy development.
- To develop skills of health and health related staff as well as researchers in health research and in integrated disease surveillance and response to guide decision making.
- To promote the utilization of research recommendations and surveillance results to support evidence based policy and all decision-making.
- To mobilise resources to support the development and implementation of health research nationally.
- To develop and facilitate research and epidemiological advocacy, collaboration, information exchange and learning within Lesotho and externally.

3.4: Core values

The following are key core values articulated in the Constitution of Lesotho and in the Vision 2020. They will guide the health sector policies: a) Unity and solidarity with one another; b) The spirit of sharing benefits and responsibilities; c) Respect of self and for others; d) Humanity in development strategies; d) Family bond and primacy of family unit; e) Gender sensitivity and responsiveness, and special consideration of women due to their special reproduction role; f) Transparency in activities, actions and resource use; g) Accountability for resources and actions; and h) Participation and involvement of communities and stakeholders; and i) Partnership with NGOs, churches, labour organizations and the private sector.

These core values are as applicable to the National Health and Social Welfare Policy as they are to the overall development agenda for Lesotho.

3.5 Guiding principles

The guiding principles have been adapted from those that guide the National health and Social Welfare Policy in order to ensure synergy. Hence these are:

- 3.5.1: Political Commitment: The Government will be committed to poverty reduction and social welfare. This commitment will provide the critical guidance in priority-setting and resource allocation to research in order to fuel the quality of implementation. Commitment to this policy will be required at all levels of political, civil and cultural leaders.
- 3.5.2: Equity: In accordance with the Constitution of Lesotho, all Basotho shall have equal access to basic health care and social services. The same tenet shall apply to research.
- 3.5.3: Community involvement: Communities shall not be mere suppliers of data but participating and involved in research- conducting as well as research results utilisation.
- 3.5.4: Integrated Approach: This lays the ground for a common approach and for a common front to improve the quality and quantity of health and social welfare research.
- 3.5.5: Acceptability: Social interventions will only be successfully implemented if they are acceptable to the people. Therefore people's participation in priority research issues will be sought in the identification, design and implementation of the research.
- 3.5.6: Sustainability: The ability for a research to continue into the future when external support aid has stopped is referred to as sustainability. New impetus on research will be subjected to sustainability assessment before implementation. The sustainability of the Research Institute is prioritized an the resources required must be explored.
- 3.5.7: Efficiency of resources: As much as possible, resources shall be used only where the greatest benefit to the country is presumed to result from the research findings after they have been used.
- 3.5.8: Inter-sectoral collaboration and partnership: Government and non-Government sectors, regional and global partners will be consulted and involved in research depending on the topic being researched.
- 3.5.9: Gender balance: Gender sensitivity and responsiveness shall be applied to research to influence health and social service planning and implementation.
- 3.5.10: Ethics and human rights: Health and social welfare workers shall exhibit the highest level of integrity and trust in performing research. They will be guided by ethical guidelines, which will be enforced by professional councils. Health and social welfare service consumers shall be protected by legislation.

Having described the Vision, Mission, Goals and Objectives of the National Health and Social Welfare Research Policy as well as the guiding principles of the NHSWRP, then it follows that the process of the policy development can be rationalised. Below is the information.

4.0: National Health and Social Welfare Research Policy, (NHSWRP) Lesotho

4.1 Situation

Studies have been carried out which led to the 2002 National Welfare Policy; the Economic Study of Referral Health Services in Lesotho in 2002; the future of the Queen Elizabeth Hospital; Lesotho Health Sector Reform Plan 2000 and the Lesotho Health Sector Reform Baseline Assessment in, 2001. All these studies gave Lesotho wealth of evidence to enable it make informed decisions.

And on the global side, the eradication of small pox and the control of Leprosy would not have happened without research¹¹. Hence the importance of collaboration with credible regional and international research partners/institutions. While this is commendable, yet a situation analysis carried out in 2005 painted a sorry picture of the state of research in health and social welfare sectors general. It revealed that:

- a number of studies have been or were being implemented but coordination of the studies or governing of health and social research was non-existent;
- there was the possibility of duplication;
- there was a drift from the Ministry agenda and there was poor use of research outputs.

Therefore in the operationalisation of the Health and Social Welfare Policy through the strategic plan 2004/5 -2010/11, it focussed on the way forward for strengthening research. The plan underscored the need for the Ministry to pursue the following strategies in health and social welfare research development:

- development of health and social welfare research policy and agenda;
- development and strengthening of research structures and mechanisms;
- institutionalisation of health and social welfare research at different levels of the system; development of research skills;

- promotion of national and international advocacy and networking for research and resource mobilisation and increased funding for health and social welfare research.

The strategic plan endorsed what Lesotho had decided to be done in its Vision 2020. It advocated for the need to strengthen research capacity in the country. The National Health and Welfare Research Policy has been developed at the right time and in a very participatory and transparent process. It is the challenge of all stakeholders to ensure that they consider research NOT as a waste of resources, rather as a tool for policy and programme evidence-based decision making. It will promote research that contributes towards the improvement of human health and welfare in Lesotho.

4.2 Principles to address the challenges

The following principles will drive the policy. These are:

- 4.2.1: To develop a national health and Social Welfare Research system that contributes to equitable health and social welfare development.
- 4.2.2: To support talent and develop capacity to carry out research and utilise the findings to promote policy and programmatic management
- 4.2.3: To encourage innovativeness in health and social welfare service delivery
- 4.2.4: Support the utilisation of research-based knowledge into the health and social welfare sectors
- 4.2.5: To develop co-ordinated and well resourced agenda for priority research

As stated in the 'Framework for Coordination of the National Response Towards HIV and AIDS in Lesotho, Jan 2007²²' – the main responsibilities and broad functions of the MOHSW include coordination of the health (and social welfare) sector; development of health and social welfare sectors HIV and AIDS policy; implementation of medical thematic interventions such as blood safety, VCT, PMTCT, STIs, TB, ARV treatment and others (such as condoms in Family planning and STI prevention, targeted IEC/BCC materials covering the topics listed, targeted policies and strategies), HIV and AIDS surveillance including infection and disease reporting and sero-prevalence surveys.

In the framework, there is need to add health and social welfare research to support the evidence-based implementation of the work delineated above. The division of labour between MOHSW and NAC will need further elaboration to create a harmonious working environment.

4.3 Approach

- 4.3.1: To enhance the integration of research through establishing the setting of research priorities as a cornerstone of health and social welfare research
- 4.3.2: To use the existing monitoring and evaluation expertise in the MOHSW as a tool to enhance the quality and impact of research
- 4.3.3: Develop research capacity at all levels of the Basotho society i.e. community, health and social welfare delivery services; researchers and research institutions and policy makers as well as programme managers
- 4.3.4: Develop a framework for a system that supports quality and priority research that responds to needs as prioritised by the nation
- 4.3.5: Fund research from both national and external sources
- 4.3.6: Develop a framework for research findings dissemination at all levels in order to support translation of results into practice e.g. holding of an annual 'Research Day'.

4.4: Policy Statements:

- 4.4.1: MOHSW will develop a research priority list which will be participatory and transparent
- 4.4.2: MOHSW will create a budget line to support research in all its departments
- 4.4.3: MOHSW will identify and enter into agreement with reputable regional and international researchers/research institutions for collaboration in Lesotho-relevant research subjects
- 4.4.4: MOHSW will legislate the compulsory registration and ethical clearance of all health and social welfare research carried out in Lesotho through the
- 4.4.5: All research done in Lesotho will have a clearance levy, including students in health training institutions doing research as part of their qualification requirements. They will pay for a clearance levy for their research work in order to create a mind-set right from the beginning of their career in order to set the proper attitude and those institutions should budget for the levy.

4.4.6: MOHSW will establish a national research Ethical Committee which will screen all research carried out in Lesotho.

4.4.7: Development partners funding health programmes shall be requested to budget for a 5% of total support budget for research purposes

5.0: Priority Setting for National Health and Social Welfare Research in Lesotho

5.1 Situation

In Lesotho, researchers from within and outside the country have set their own agenda into the research they have conducted. The emanating results have not had a direct impact on policy nor programmes which are being undertaken by stakeholders. The same stakeholders have had no or little influence on the research agenda being carried out in Lesotho. Yet, a number of researches have been done. Such a situation must change if research is to benefit the people. The 2004 Vision 2020 clearly states that strengthening research capacity in the country is one of the strategies. Furthermore in the same vision, under matrix 5.7 calling for a 'Healthy and Well Developed Human Resource Base' it points to the need for: formulation and implementation of a Health and Social Welfare policy framework; improve access to health care; improve access and control of pharmaceuticals; increase provision of clean, safe drinking water and proper sanitation; reduce HIV and AIDS infection rate and finally create an HIV competent society.

If the causes of a problem are obvious, we are dealing with a management problem which may be solved without further research. Whether a problem situation requires research depends on three conditions ^{20, 21}:

- There should be a perceived difference or discrepancy between what exists and the ideal or planned situation;
- The reason(s) for this difference should be unclear (so that it makes sense to develop research questions); and
- There should be more than one possible answer to a question or more than one solution to the problem.

In relation to utilisation of research findings, the prioritisation debate revolves around two key aspects: whether priorities are being set that will produce research that policy-makers and others will want to use, and whether priorities are being set that will engage the interests and commitment of the research community²³. While such a hypothesis is very

tenable yet for selecting a research topic, then the following criteria have to be used; i.e.: relevance; avoidance of duplication; urgency of data needed (timeliness); political acceptability of study; feasibility of study; applicability of results and ethical acceptability. Where there are more than one research topics, then the criteria are used in selecting which gets to be carried out first. However many a time policy makers would suggest a researchable topic in its generalities and the research team has to tease out the actual research questions. Policy and programme Managers should be encouraged to participate in the identification of research issues since they are the ones who are faced with making the difficult decisions.

5.2 Principles to address the challenges

- 5.2.1: To ensure that the research is relevant and appropriate, everyone directly concerned with a research initiatives in health, health care, health care delivery services or social welfare problem should be involved in the research project(s) focused on it. This could include policymakers, managers from the health and/or social welfare services involved and the community itself. This involvement is critical if the research activities are to make a difference.
- 5.2.2: Research priority setting must bear on both national and international funding decisions
- 5.2.3: Setting research priorities must ensure equitable health and social development
- 5.2.4: Promotion of the participation of international and funding agencies to ensure their awareness and support of the national research priorities
- 5.2.5: Research priority setting must reflect the changing health and social welfare environment in the country such that there is always flexibility for periodic monitoring and agenda review.

5.3 Approach

- 5.3.1: Health and Social Welfare situation analysis needs to be part and parcel of national research priority setting
- 5.3.2: The Government and the created research governing structures need to ratify the research priority to ensure resource mobilisation as well as research results utilisation.
- 5.3.3: The need to conduct regular health and social welfare research priority setting
- 5.3.4: The process of priority setting should start at the community level and build up to the national level

- 5.3.5: The national level needs to link its national research priority with the current on-going global agenda which has national relevance to Lesotho.
- 5.3.6: The need to involve all stakeholders in research priority setting: civil society organisations (CBOs, NGOs and FBOs), providers of health and social welfare services; local and international funding agencies of research; researchers; departments involved in research and the communities.
- 5.4: Policy Statements:
 - 5.4.1: Every three years the National Health and Social Welfare Research institute (currently the Research Coordination unit) of the MOHSW will organise a review of the research priority list
 - 5.4.2: The NHSWRI will identify key stakeholders to participate in the review
 - 5.4.3: The NHSWRI will direct all Health and Social Welfare training institutions to develop an operational research agenda and include it into the curriculum of their schools
 - 5.4.4: Research methods will be an examinable subject in order to inculcate the culture of research into the product of the training institutions.

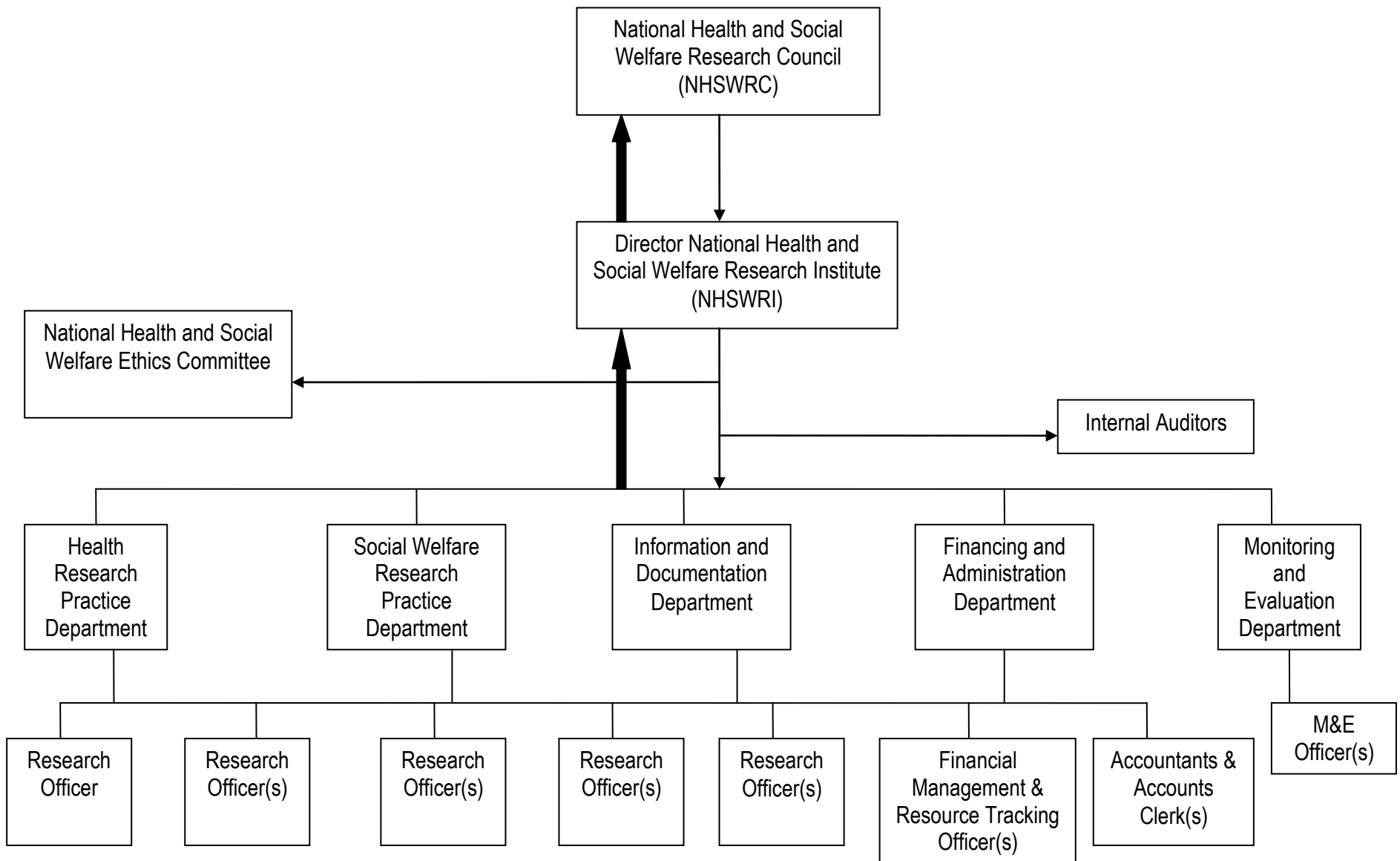
6.0: Institutional Framework

6.1: Situation

A critical issue in a successful national research endeavour is the whole question of governance and leadership. Governance within the context of a national health research policy relates to the means and actions by which the broad research community organises itself in the pursuance of its mission of developing and promoting research that makes a difference to the health and social welfare of Basotho. Weak linkages with closely related sectors and other key organisations such as Ministries of Education, Finance, Agriculture, Local Government and others is a remedy for disaster and is doomed to fail to accomplish its goals. Such entities need representation in the National health and Social Welfare Research Council and its functions and capacity needs will be defined in the follow up strategy to this policy.

The proposed structure focuses on two main directions. The main goal is the establishment of a National Health and Social Welfare Research Institute (NHSWRI). It is however recognised that such a step cannot happen without careful preparations. While this is happening, then a caretaker Research Co-ordination Unit will be established within the Ministry of Health and Social Welfare and incorporate all the key stakeholders mentioned above. This then allows a smooth transition when the Institute

is finally actualised. It is suggested that this will not take longer than three years at the utmost. The organogramme is shown of Figure 1 below:



In the above diagram, specialities such as Social Science, Nutrition, Statistics, Biochemistry and Laboratory services will be included under Research Practice Unit.

In order to rationalise the present lack of co-ordination, accountability and impact analysis as well as regular reviews of priority issues will need a strong and financially sound institutional framework embedded in the Government. Such an institution should pro-actively look into Lesotho as well as outside Lesotho. The new development in the electronic and print media regarding information sharing must be ceased. There is to be a News Centre and Health Office in Liberia formed as a foundation in 2007. It will provide current news, extensive research and data, educational materials, institutional linkages and a forum for discussion. "HealthAfrica will use the reach and influence of allAfrica.com to highlight Africa's health emergency – and the opportunities for effectively confronting it.

Policy makers and health professionals need a constant stream of easily accessible information and a neutral platform for interaction and dialogue. Governments and CSOs, as well as international organisations noted that such an effort is a missing piece of the puzzle for making their work successful. Central to HealthAfrica is a path-breaking online tool-set to map and track funding for health, providing the first integrated database of donors, recipients, projects, goals and outcomes. Because the government of an African country places a priority on public health, on the transparency of public institutions and the use of public resources, and on collaborative partnerships with policymakers and funding agencies, the AllAfrica Foundation plans to inaugurate the initiative in that country in 2007, as a prototype for a subsequent country-by-country rollout. Also there is an on-line training programme for Ethics. All these must be captured by the new Institute in Lesotho.

6.2: Principles to address the challenges

The leadership and co-ordination structures should be based on the following premises:

- 6.2.1: An inclusive leadership where all stakeholders are part and parcel of the establishment and research culture
- 6.2.2: Lesotho priority research issues should explore the possibilities of linkages with the global research agenda where relevant
- 6.2.3: The leadership should spearhead the advocacy and resource mobilisation for research within Lesotho and outside the country

6.2.4: The NSWRC body should be the advisory agent to research funding agencies

6.3: The Approach:

6.3.1: The NSWRC will be established and shall have its functions defined. Membership will be by appointment done by the Minister of Health and Social Welfare

6.3.2: The National Health and Welfare Research Ethics and Clearance Committee (NSWREC) will be appointed by the Council on the advice of the Management Committee of the Institute based on the qualifications. However there will be capacity building.

6.3.3: As a starter phase and in order to avoid the necessary bottlenecks of job creation, the Minister of Health and Social Welfare shall appoint the CEO of the National Health and Social Welfare Research Institute on the advice of the NSWRC targeting at scientific and research competencies.

6.3.4: The Management Committee will be composed of the CEO and the Heads of the Departments.

6.3.5: During the transition period, staff in all the Departments in the MOH&SW doing research, surveillance and data collection will be seconded virtually to the 'Research Co-ordination Unit - MOHSW' for 20% of their working time in any given year.

6.3.6: When the NSWRI is established, such staff will form the nucleus of the nascent Institute and will work full time on research.

6.3.7: To retain them and build their capacity, the NSWRI will be declared a parastatal organ under the policy guidance of the MOHSW.

6.3.8: Routine activities related to monitoring and evaluation of on-going programmes e.g. surveillance, DHS e.t.c shall continue to inform the programmes and information derived from such shall be presented at 'Research Day' meetings for dissemination and utilisation.

6.3.9: The NSWRI will develop guidelines for procedures of getting clearance and ownership of research for publication.

6.4: Policy Statements:

- 6.4.1: The Minister of Health and Social Welfare will declare the formation of a nascent National Health and Social Welfare Research Institute, Lesotho as a parastatal entity established by law.
- 6.4.2: The Minister of Health and Social Welfare shall appoint the members of the National health and Social Welfare research Council for a period of three years which can be, for any member, renewed twice only.
- 6.4.3: The Minister of Health and Social Welfare shall appoint the Chief Executive Officer of the Institute on the advice of the NHSWRC.
- 6.4.4: Before the Institute is formally launched, the Minister shall appoint a full time Research Co-ordinator from MOHSW.
- 6.4.5: The Principal Secretary, MOHSW will provide a circular whereby all staff in each department/Directorate who are currently involved in research, surveillance and data collection to revise their job description such that they will devote 20% of their annual working time to activities in the Research Co-ordination Unit and when the Institute is launched these will form the nuclear staff.
- 6.4.6: Recruitment of professional staff will be done by the NHSWRC on the advice of the Institute's Management Committee and shall be competitive based on qualification and later on performance appraisal.
- 6.4.7: Incentives of staff shall be considered for staff in the National Health and Social Welfare Research Institute.
- 6.4.8: The Pharmacy Board will be responsible for reviews of clinical trials research proposals.
- 6.4.9: Every year there shall be a one-day 'Research Day' where all research results with policy or programmatic management implications will be presented and discussed. Each year, a few targeted topics will form the core of the papers to be presented.
- 6.4.10: Professional staff of the NHSWI will have an established career structure in order to be able to retain them in the institute and develop a sustainable human resource base in the country.
- 6.4.11: The MOHSW will establish a website where all health and social welfare carried out in the country will be posted to encourage utilisation and dissemination.

7.0: District Health Package and Research

7.1 Situation

The District health Package (DHP) is part of the Ministry of Health and Social Welfare. It was carried out in 2003 and focused on the on-going Lesotho Health Sector reforms aiming at capacity building. The DHP has three major outputs, i.e.

- Essential Services Package for the Lesotho Health Sector
- Proposal for Quality Assurance Framework
- Comments/Recommendations on Guidelines, Protocols and Manuals

For the purpose of the NHSWRP, it has been decided to focus on the Essential Health Package (EHP), as shown in the table below:

Table 1: The Essential Services package⁴

COMPONENT 1:	ESSENTIAL PUBLIC HEALTH PACKAGE
Sub-Component 1:	Health Education and Promotion
Sub-Component 2:	Child Survival – Immunisation
Sub-Component 3:	Child Survival – Nutrition
Sub-Component 4:	Child Survival – management of Common Illnesses
Sub-Component 5:	Environmental Health
COMPONENT 2:	COMMUNICABLE DISEASE CONTROL
Sub-Component 1:	STDs
Sub-Component 2:	HIV/AIDS
Sub-Component 3:	Tuberculosis
COMPONENT 3:	SEXUAL AND REPRODUCTIVE HEALTH
COMPONENT 4:	ESSENTIAL CLINICAL SERVICES
Sub-Component 1	Common Illnesses (Diabetes, Hypertension; Eye infections; Skin Diseases
Sub-Component 2	Basic Dental Care
Sub-Component 3	Mental Health
COMPONENT 5:	SOCIAL WELFARE
Essential Services by level	
Community level Services	Most of the social welfare services take place in the communities, households and individuals: -Promote community development and empowerment (income generating activities) -Mobilise on children and women rights

Essential Services by level	
	<ul style="list-style-type: none"> -Support services to PLWHA; mental health; people with disabilities; alcohol abuse; domestic violence and family discourse -Counselling individuals and families -Basic Community-Based rehabilitation -Home-based Care -Disseminate IEC materials on social welfare -Identify people with special needs (disabled, elderly, children, substance abusers, the poor) and refer -Encourage communities to adhere to legislation on various social welfare aspects
Health Centre Services	
In addition to the above services, the health centres are responsible for the following:	
	<ul style="list-style-type: none"> -Provide preventive and remedial services to PLWHA; mental health; people with disabilities; alcohol abuse; child abuse and neglect -Targeted IEC HIV/AIDS; PLWHA; child labour; sexual exploitation; child abuse; drug abuse and neglect of the elderly -Counselling services -Refer to specialised services -Train and support community based activities including book keeping skills -Supervise and monitor IGA
HAS Hospital Services	
In addition to services mentioned above (health centre level), the HSA hospitals will perform the following functions:	
	<ul style="list-style-type: none"> -Counselling services, health education and promotion; psychosocial management -Out-patient services for persons with special needs especially rape victims -Ensure patient rights are observed -Supervise health centre and community level activities
District level Services	
The District Health Management Team, contributing to the socio-economic development and poverty reduction strategy will:	
	<ul style="list-style-type: none"> -Plan, coordinate, supervise, monitor and evaluate: programmes for community empowerment and development; welfare organisations; improvement of life style; orphans; people with ill health and disabilities and the elderly -Commission or participate in community needs assessment (in consultation with the centre) -Linkage with law enforcement organisations-welfare homes -Mobilise resources
Support services	
Supplies	Food package; clothes (e.g. for abandoned children)
HMIS	Special surveys

Human Resources	As prescribed by the staffing norms/standards by level. In addition there is need for (senior) social workers/welfare officers and social welfare assistants; auxiliary social workers; development workers; rehabilitation officers
Health Infrastructure	Office space: transport; rehabilitation/welfare homes; stores; assistive devices for persons with disabilities; children homes (at hospitals)

7.2 Principles to address the challenges

The District Health Package (DHP) was developed in 2003 and implementation was commenced. What has happened since then? In pursuit of the health reforms objectives and cognisant of the fact that health and social welfare sectors are labour intensive, Government was obliged to have a human resource development plan based on an agreed structure, showing the current needs, recruitment plan, training needs and retraining and re-orienting the current staff to the new challenges. That step required the participation of the Ministry of Public service and analysis of the impact of the wage bill to the sectors' allocations. It was further recommended that the on-going Human Resource Development exercises proposes the staffing norms and standards for different levels of care, quantifies the gaps and cost and time it takes to fill the gaps.

7.3 Approach

- 7.3.1: Assessment of the implementation of the recommendations
- 7.3.2: Establish staffing norms for training institutions which feed into the MOHSW cadres
- 7.3.3 Rationalise the job description of the various cadres in the Ministry of Health and Social Workforce
- 7.3.4: Develop a plan for re-training and retention schemes
- 7.3.5: Establish e-learning to minimise the cost of in-service training

7.4 Policy Statements

Ministry of Health and Social Welfare shall do the following:

- 7.4.1: Carry out an analytical study to evaluate the impact of the reforms on the quantity and quality of service delivery starting with the districts and –sub-district level

7.4.2: The results obtained from the research study will be used to feed into the planning process of the District Health Package

7.4.3: Institute of Health and Social Welfare Research Institute will conduct Operation Research on Staff Motivation Programs.

8.0: Financing Health Research

8.1: Situation

In the current Health and Social Welfare Policy, under Health Financing, Health and Social Welfare Research is missing/not mentioned once. In that case the many research studies carried out in Lesotho most likely would have had external funding. Some of such funding comes with conditionalities neither does it reflect the national research priorities of Lesotho. In order to move forward, MOHSW shall endeavour to ensure that the allocation/expenditure on health research is at least 1% of the allocation/expenditure on health. International funding will be mobilised in keeping with national research priorities as has been the case with the Department of Disease Control during the Round 6 Global Fund negotiations. Funding for research was secured in that Round the practice should be copied by other departments in the MOHSW.

8.2: Principles to address the challenges

8.2.1: The Lesotho national budget for health research will be pegged at 1% of total public sector health expenditure and will be utilised to enhance capacity and retain quality human resources.

8.2.2: Such a budget will also be used to promote a research culture in the country.

8.2.3: The Lesotho priority Health and Social Welfare research priority list will be respected by international partners.

8.3: Approach

8.3.1: Lesotho health and social welfare research priorities to be integrated with those of SADC and other international decision-making processes in order to benefit from the on-going research in other countries.

8.3.2: To ensure that resources for health research are being efficiently utilised, the MOHSW to routinely monitor the flow of research resources.

8.3.3: The output and impact of research that is funded must be evaluated through appropriate indicators to capture the contribution of research to human development.

8.4: Policy Statements

8.4.1: The MOHSW will allocate 1% of its total health budget annual expenditure to research.

8.4.2: The MOHSW will advocate to international partners who fund health, to allocate 5% of their budget for research.

8.4.3: MOHSW will finance the setting up of the National health and Social Welfare Research institute from its development budget.

8.4.4: The NHSWRI will enter into contractual agreement to carry out research work on behalf of external research organisations when requested and for a fee.

8.4.5: Proposal development to access research funding from within Lesotho and outside

9.0: Health Research Capacity Development:

9.1: Situation

The research capacity in the MOHSW has been alluded to before. Research on health and welfare that is not given direction cannot contribute to a given goal. The need for research is often determined without due consideration of its usefulness to policy objectives. The objective then for the MOHSW in research has been to ensure that research contributes to and supports policy objectives and poverty reduction. It is low both in numbers of researchers and their skills as well as skills mix. This has contributed negatively to the performance of quality research. And to crown it all, despite three decades of capacity building, there is still too little research on the health problems of the poor. That's the premise behind efforts to 'build capacity' for health research, which started in earnest in the 1970's.

It was a time when, spurred by the successes against small pox, polio and measles, scientists had every reason to believe that the microbial threat would soon be conquered. And poorer countries, situated in the predominantly tropical climate, stood to gain most. Thousands of scientists from less developed countries were trained to do research into tropical diseases like

malaria and tuberculosis. But despite incremental improvements, most of the expected breakthroughs did not happen.²⁸ Ironically, capacity building efforts were of most benefit to industrialised countries, as scientists followed the money and glamour that is associated with cutting-edge research in richer countries. UNESCO reports, for instance, that more African PhD graduates now live outside Africa (about 30,000) than on the continent²⁹.

In hindsight, the limited success of capacity building efforts could have been predicted. These initiatives tried to harness the attributes of science that typically drive research and development namely: increasing scientific and economic rewards when R&D production is scaled up; high rates of return to society for investments in R&D and finally a production process driven by demand for “product” applications. Not surprisingly, attempts to scale up R&D in less developed countries, like Lesotho, by building a “critical mass” of researchers helped strengthen the research enterprise in established market economies. The benefit of investments by developing countries often failed to materialise. And, increasingly, the end products that drove R&D production directed energies away from the health problems of the poor²⁹. All the above can actually be about Lesotho alone. In 1992-1998, the WHO/AFO Office, through its Health Systems Research (HSR) programme, trained over 65 Basotho in research methodologies.

Ten years down the line, little evidence is available as to the impact of that capacity building. It is not for Lesotho alone BUT across the sub-region. While such comments address the human element of capacity, there is inadequate infrastructure all across the board. That means there are researchers scattered all over the departments of the Ministry as well as the other non-governmental institutions and the University. The research dome is not co-ordinated, not disseminated and lacks a viable utilisation framework. The ideal situation would be having a research Institute under one roof housing all the research materials in terms of human, equipments, transport, resources and all other infrastructure issues.

9.2: Principles to address the challenges

9.2.1: The development of skills in research technique.

9.2.2: The development of skills in research priority setting.

9.2.3: The development of skills in research management.

9.2.4: The development of skills in research utilisation.

9.2.5: The development of skills in research policy and systems analysis.

9.2.6: The development of skills in research communication.

9.2.7: The development of skills in research technique for development of partnerships.

A situation analysis of the above issues on the current capacity will be undertaken followed by a phased and realistic plan. The plan will ensure constructive and sustained capacity development and shall include targeting departments who have had little chance/capacity to develop in-house research skills e.g. Environmental Health.

9.3: Approach:

9.3.1: Planning and organise in-service training courses for all the research issues mention under 8.2 above.

9.3.2: Budget for the activities in the MTEF of the MOHSW.

9.3.3: Mobilise resources for the construction of the NHSWRI or identify adequate stand-alone office space if available.

9.3.4: The University should elaborate a research methodology course for training pre-service health workers.

9.4: Policy Statements

9.4.1: A Research Training programme shall be developed by the MOHSW for its staff.

9.4.2: The curricular of Health and Social Welfare Training Institutions will contain a research methodology module(s).

9.4.3: Competent researchers will be recruited and retained in order to provide mentoring to junior staff.

9.4.4: External Research agencies/organisations will always include Basotho researchers in their research teams in order to support building local research capacity and will be responsible for any costs arising out of their participation.

10.0: Emerging Issues:

10.1: Situation

There are two situations. Those that are emerging within the sub-region e.g. in the form of the SADC and the global ones. As an active member of SADC, the UN, the African Union (AU), the Kingdom of Lesotho have acceded to many conventions and agreements. Those with relevance to health include:

- The SADC Protocol on Health⁹
- WHO membership

- The WTO and Health
- The Cooperation Agreement between Government of Lesotho and the Norwegian Association for the Disabled concerning the support to rehabilitation of persons with disabilities¹²
- The European Union and GOL to 'Support Health Sector Reforms'¹³
- African Development Fund and GOL on the 'Health Study'¹⁴
- Global Fund for AIDS, Malaria and TB
- Irish AID and GOL , 2005-2007 on 'Health Sector Response to HIV/AIDS'
- GoL and the Elizabeth Glazier Paediatric AIDS Fund (EGPAF)
- The International Finance Cooperation and GOL on the 'Rehabilitation of the Queen Elizabeth II Hospital, Maseru'¹⁷
- African Regional Cooperation Agreement for Research¹⁸
- African Regional Cooperation Agreement for Research, Development and Training

All the above protocols, agreements, MOU⁶ have health in common and for example the SADC protocol,⁹ under Article 6; clearly defines 'Health Systems Research and Surveillance' and goes on to bind member states to:

- Share information on health systems research and surveillance and co-operate and assist each other in its dissemination⁸
- Identify and conduct health systems research using , among others, the Essential Regional Health Research; and
- Co-operate and assist each other in regional surveillance with respect to communicable and non-communicable diseases and to develop a common set of indicators for these diseases.

In addition, taking a look at the global scene, one gets the picture of emerging issues. Human trafficking; cross-border drug trafficking are among the subjects that Lesotho would be interested to have collaboration with reputable research scientists/institutions.

The case of 'International Migration of Health Workers: Labour Social Issues has received considerable research attention. For example table 2 below demonstrates the state of migration of health workers in four African countries, including Lesotho, with the cadre that migrated. 48.6% of all nurses leaving the country after Lesotho had incurred the costs of training is an

alarming phenomenon. Yet today, governance protagonists are comparing 'retention to detention'. What should countries like Lesotho do?

Table 2: Vacancy levels in 1998 in selected public health services (%)

	Ghana	Lesotho	Namibia	Malawi
Doctors	42.6	7.6	26.0	36.3
Nurses	25.5	48.6	2.9	18.4

These are the types of research information to share among countries and see what decision can be made at the individual country level and the regional level and expecting what outcome!

10.2: Principles to address the challenges

The MOHSW takes account of the burden of diseases and reviews literature on what is happening inside the country, the region as well as globally. It is the responsibility of the Government of Lesotho to spearhead the response to combating such emerging diseases.

10.3 Approach

At present, the following emerging issues have to be taken stock of. These are:

- The SADC decision that young male circumcision is one intervention against the HIV/AIDS epidemic. In Lesotho it will be carried out under clean surgical conditions and will be on an incremental basis due to the currently available human resources at health facilities.
- The development of HIV vaccines is a major international research endeavour being carried out. When/should they become available, how are the people in Lesotho prepared to receive them?
- The role of Microbicides as a prevention tool for the HIV is undergoing field trials.
- When they get into the market, should the country copy everything from outside? How are the beneficiaries being prepared, incrementally, concerning these developments?
- The Avian Flu seems very far off. However, with the world being a global village, Transmission can be very rapid. We need preparation.

10.4: Policy Statements

Ministry of Health and Social Welfare shall do the following:

- 10.4.1: Will cooperate and collaborate with international organizations and SADC in facing emerging health issues.
- 10.4.2: Will develop partnership with national and international partners in facing emerging health issues.
- 10.4.3: Will train health staff on procedures for emerging health issues (examples: male circumcision, prevention and control of Avian Influenza).
- 10.4.4: Encourage to organise public debates through the media, radio and community gatherings.
- 10.4.5: Use available information from the international literature on educating health workers on current status on the scourges.

11.0: Research, Research Ethics and Research Clearance

11.1: Situation

Worldwide, National or Institutional Research Ethics and Ethical Clearance Committees exist and have the responsibilities of monitoring the research conduct and approving research proposals for ethics and then ethical clearance. In Lesotho, there is only one Research Ethics Committees at the Health Planning and Statistical Department. It has a national profile but needs revamping and it has not been trained neither does it have terms of reference! There is need to establish Institutional Research Ethics Committees (IRECs). The IRECs are meant to be appointed by an appointing authority in the institutions and the sizes of the committees vary significantly.

A sizeable committee consisting of up to twelve members would be most appropriate. Unfortunately most IRECs are challenged by a number of problems making them unable to function according to their terms of reference. Those problems range from lack of funds; training; incompetence, unclear job description and the more serious lack of a legal backing. In 1983, the British Medical Association and also in 1991 the London Royal College of Physicians drew up guidelines on what was considered an

ideal composition of a Research Ethics Committee. These guidelines can be applicable in Social Welfare Research since both are dealing with people.

11.2: Principles to address the challenges.

11.2.1: Achieving good research standards such that the research ethical framework will permit research activities to progress but at the same time maintain public confidence that individual autonomy is respected.

11.2.2: A machinery for approving and monitoring research is a pre-requisite for achieving good standards.

11.2.3: Research Ethics Committees must be formed and given terms of reference. Their major task will be monitoring the research conduct and approving research proposals for ethical clearance.

11.2.4: Institutions/Organisations conducting research will form their own Institutional Research Ethics Committees (e.g. Clinical Research Ethics and Clearance Committee; Nursing Services Delivery/Quality Research Ethics and Clearance Committee; HIV and AIDS Research and Clearance Committee e.t.c.) which then shall become the link to the National Organ on Research Ethics and Ethical Clearance. The latter's decisions on any research topic shall be binding.

11.2.5: The National Health and Social Welfare Research Ethics Committee will harmonise Lesotho health research ethics to international ones where applicable/needed.

11.3: Approach

11.3.1: All institutional Research Ethics Committees need to have their functions spelt out in the strategy to the Research policy.

11.3.2: The National health Research Ethics Committee need to ensure that health research is co-ordinated and conducted in a more transparent way and observing ethical and human standards that will protect the Basotho community. Its functions are stated in the strategic plan to the policy.

11.4: Policy Statements:

- 11.4.1: A National Health and Social Welfare Research Ethics and Clearance Committee will be established in the national Health Research Institute.
- 11.4.2: The Committee will report the Council of the Institute but the institute shall not alter the decision made by the Ethics Committee on research clearance.
- 11.4.3: Membership of the committee shall be made by the Council on the recommendations of the Institute's management Committee.
- 11.4.4: Members of the Ethics committee shall receive training on Ethical issues both as plenary presentations, discussions and group work from an expert in the field as well as electronic on-line learning.
- 11.4.5: Membership in the committee shall be for a period of four years and renewable at least twice.
- 11.4.6: There shall be developed guidelines for the Research Ethics and Clearance Committee so that their roles are spelt out clearly.

12.0: Policy Conclusion:

- The National Health and Social Welfare Research Institute shall be given the appropriate mandate and statutory powers to discharge its roles and functions as stated above.
- A transitional period shall allow a smooth transfer from the transitional arrangement (the Research Coordination Unit in MOHSW) into the fully fledged National Health and Welfare Research Institute of Lesotho.
- There will be established, by a Ministerial circular, an Interim 'Research Co-ordination Unit within the Department of health Planning and Statistics whose Head shall have full time status as 'Co-ordinator' supported by Research Officers in the various departments.
- The National Health and Welfare Research Institute shall operate as a parastatal body under the Ministry of Health and Social Welfare which will facilitate an effective broad based National Health Research policy and process.
- The National Health and Welfare Research Institute shall have effective mechanisms, infrastructure and personnel for coordinating the NHR activities.

- The National Health and Welfare Research Institute shall be dully empowered to promote collaboration and partnership in NHR activities both nationally and globally.
- Since currently health and social welfare laws are being updated and new laws enacted, there is need to ensure that this NHSWRP is passed as an act of Parliament making it into a law in order to speed up its implementation through the elaboration of a strategy and a priority research agenda for the MOHSW.
- Epidemiology and Health Research will remain separate because they are two disciplines that can not work as one discipline and it had been recommended that Epidemiology be housed at the disease control division.

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