

# **ACTION FOR SOMALI-SWEDISH COLLABORATION IN RESEARCH FOR HEALTH**

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**A Workshop held in Umeå, Sweden,  
23-24 November 2015**

**Jointly Organised by  
Epidemiology and Global Health Unit, Umeå University  
and  
The Somali-Swedish Researchers' Association**

## **WORKSHOP REPORT**

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**SSRA**  
**Somali-Swedish  
Researchers'  
Association**



## **Contents**

1. Background and aims	1
2. Preparatory Somali workshops	1
3. Workshop programme	4
4. Update of activities and discussions following previous seminar	5
5. Capacity building for research, priority setting, planning and methodology	6
6. Joint development of a collaborative programme	8
7. Communicating health information and research	11
8. The way ahead	12
<b>Annex 1.</b> The publication/statement from preceding workshop in 2014	16
<b>Annex 2.</b> List of workshop participants	20
<b>Annex 3.</b> Workshop programme	21



## 1. Background and aims

This workshop was organised in Umeå, 2015, as a follow up event to the preceding Somali-Swedish research seminar in 2014, with the aim of designing a programme for research collaboration and taking action for its implementation. The 2014 seminar set the framework for a Somali-Swedish consortium for research cooperation, which at its foundation phase would consist of six Somali and five Swedish universities and the SSRA. The initiative aimed to revive the legacy of the successful, pre-civil war Somali-Swedish research collaboration with the active involvement also of the Somali Diaspora in strengthening the Somali research capacities and advancing research development for practice.

The seminar of 2014 produced a shared statement entitled: *“Healing the health system after civil unrest”* published in the journal *Global Health Action* 1 (*Annex 1*) and a report on the proceedings of the seminar. During the seminar deliberations, the participants outlined the challenges facing the health system, such as the shortage of health workforce; the poor health and nutrition indicators in the country; and the urgent need for action to address the social determinants of health. To address these challenges, the seminar emphasised on health system strengthening efforts, with focus on maternal, neonatal and child health, supported by evidence derived from operational and evaluative research actions implemented through active community participation. Moreover, the seminar underlined the role of academic institutions in advancing the link between health system policy, planning and implementation on the one hand, and the use of health research to improve the quality and performance of health services on the other.

The November 2015 workshop was organised to translate the 2014 aspirations into practice, creating a planning platform for a joint collaborative research programme and a research capacity building intervention, founded on a partnership that would generate valuable learning lessons and experience for all the consortium partners. For a list of participants, see *Annex 2*.

## 2. Preparatory Somali workshops

The Somali universities were active partners in the Umeå seminar of 2014, where the blue print of building joint research cooperation with the Swedish universities was discussed and firmly supported. The strong Somali participation in this research endeavour is reflected by the fact that the Somali Medical Colleges recognise the great importance that this research cooperation carries for their future academic and research capacity development. To become prepared for the Umeå 2015 workshop, each of the participating Somali universities organised a pre-workshop seminar for their faculty team. The aim of these pre-workshop seminars was to identify their priority research capacity building needs and the priority public health areas for research implementation, as well as assessing the existing health research infrastructure and evaluate the attained research outputs. These efforts were aimed to facilitate the building of a shared vision about the research cooperation they wished to establish with their partners from the Swedish universities and SSRA. The deliberations made by the Somali universities during their pre-workshop consultations were shared with Dr. Khalif Bile, who compiled a comprehensive report, which he presented to the Umeå workshop participants. His report is summarised as follows:

The Somali civil war, which extended over more than two decades, was in many regions compounded by natural disasters of drought, famine, floods, El Niño phenomena and disease epidemics that devastated and weakened the health system. However, the inherent perseverance of the Somali population has allowed the gradual recovery of the national health system and the foundation of a tangible number of higher and midlevel academic health training institutions. The participation of six Somali Universities in the Umeå workshop reflects their collective desire to build a new momentum in health research development with the ultimate goal of improving the population health outcomes. These universities are also tasked to cultivate the future generation of health professionals and fill the decades' long gap in health workforce production.

The six participating Somali Universities were advised by the Umeå workshop organising core team, to hold preparatory consultation workshops in their respective universities with a focus on the following key areas:

- To define the need based priority research capacity building areas for action;
- To deliberate on the priority public health areas for research that are aligned with the national health system and with population health needs;
- To discuss the existing health research infrastructure and the planned or necessary future prospects for its strengthening and development; and
- To provide feedback about health research production during the past five years.

Discussions on these topics were expected to generate a vision about the scope of the intended research collaboration and to consolidate their thoughts on the nature of academic research that would induce beneficial outcomes to the Somali health system. These consultation workshops were attended by the faculty teams and leadership cadres of the universities. The total participants in the six universities exceeded one hundred. In at least one of these consultation meetings, representatives from the student associations and the alumni associations as well as post-graduate students took part. A total of five consultations were carried out successfully. The workshops were held within the campuses of these Universities. Presentations were delivered on the different health research subject areas. Both plenary discussions and working group sessions were organised to build consensus and allow shared deliberations

The six universities differ in their research capacity building efforts, but the majority have established research councils and ethical research committees, although the capacities for conducting tangible research interventions are severely limited. Several of these universities have established research partnerships with other universities and health institutions both at the undergraduate and postgraduate level. The following is an outline of the areas in focus and inputs desired for capacity building in the framework of partnership development. There is a need to:

- Develop research teams and train faculty members on academic research to plan, design, implement, publish and disseminate findings for action and practice, as well as influence evidence based decision making at the policy level;
- Promote academic research training through Master's and doctoral degrees, and develop a standard research training curriculum for the teaching staff, along with a curriculum that introduces health research methods to students from the different academic health institutions;
- Strengthen or establish, as relevant, university level ethics research committees;
- Establish health research councils and research departments at university level to spearhead the development of research policy, guidelines for action and regulation and

to oversee the building of suitable infrastructure for research to meet the growing demands for research implementation;

- Enhance the research analytical capacity through the introduction of basic statistical methods with online teaching opportunities;
- Strengthen research planning capacity, skills in developing research grant proposals and skills for research writing and publishing;
- Train laboratory teams to take an active role in research implementation, while strengthening libraries' information and communications technology (ICT) capacities with more bandwidth capacity;
- Create university budget lines, specifically earmarked to fund research, to complement the external and internal research fundraising efforts, while building an incentive structure to encourage the engagement of the academic staff in productive research actions;
- Promote the establishment of research partnerships through national and international research collaborative networks, and through intersectoral and interdisciplinary research, while encouraging linkages with civil society organisations and the public and private health sectors as well as advancing inter-faculty joint research programmes; and
- Build institutional communication linkages with ministry health planners, programme managers and policy makers to facilitate the translation of research into policy and practice.

The collective research priorities outlined by the six universities were of a broad nature reflecting *“the challenges of prioritising when everything is a priority”*. The following is the list of identified priorities that may need to be filtered:

- Communicable Diseases (TB, Malaria, Vaccine Preventable Diseases, Neglected Tropical Diseases, Diarrhoeal Diseases, HIV/AIDS and Zoonotic Diseases);
- Non Communicable Diseases (Diabetes, Cardiovascular Diseases, Respiratory Diseases, Cancers, Blindness Prevention, Mental Illnesses, Oral Diseases and Renal Diseases);
- Drugs and Medical Supplies (quality control and assurances) including Traditional and Alternative Medicines;
- Malnutrition, including Micronutrient Deficiencies, and Water and Food Safety;
- Environmental Health (Pollution, Waste Management and Illegal Waste Dumping);
- The Building Blocks of the Health System (Health Services with focus on Reproductive, Neonatal and Child Health, Human Resources, Medicines and Technologies, Health Information Systems, Governance and Health Financing);
- Public-Private Partnerships; Inter-Sectoral Collaboration and Community Participation for Health;
- Gender Issues in Health including Female Genital Mutilation; and
- Research Studies on Epidemics and Disasters.

Regarding health research infrastructure, the universities reported some activities that are currently in progress:

- Research councils and ethical committees were established in several universities though not actively operational in view of the limited academic research activities;
- Strengthening university library facilities with ICT connectivity to remedy the current limited internet bandwidth facilities in the country has started;
- A postgraduate research centre was established by at least one university;
- Basic laboratory capacities to support research are recognised as an important basic research infrastructure that need to be strengthened
- A procedural manual to regulate research grants, contracts and collaborative agreements has been established by at least one university;

- Establishment of teaching hospitals and access to rural community centres for research and training practices is reported by several universities.

But for the future there is a need to:

- Develop health research strategies for implementation;
- Consolidate the governance systems and research administrative policies;
- Strengthen the existing research centres or promote their establishment;
- Build research collaborative partnerships such as the collaboration with the Swedish Universities to systematically improve the research capacity of the Somali academic institutions;
- Procure standard equipment for priority research interventions;
- Create a monitoring and evaluation system to assess to what extent the knowledge and skills acquired through research are getting translated into practice;
- Establish a Somali Health Research Journal to address the challenge of research dissemination for evidence based decision making and implementation of best actions.

Current Somali health research is mainly being generated by foreign researchers with limited participation of the Somali academic institutions. At least three of the six universities outlined some research and teaching collaboration with international partners, though the capacity of undertaking health research is fairly limited. Health research has also remained a low priority due to the lack of training opportunities, financial resources and supportive research infrastructure. Despite these operational challenges, the universities expressed their full commitment to assign top priority to health research development, envisioning a revival of the Somali Swedish research collaboration, with the opportunity of building a mutually meaningful and beneficial partnership for health research strengthening and for the attainment of better health system outcomes.

### **3. Workshop programme**

The workshop was inaugurated during the opening session by Prof Anneli Ivarsson, head of the Unit of Epidemiology and Global Health (EPIGH), Umeå University. She welcomed the participants and outlined the importance of this workshop, emphasising it to lead to the formulation of an application for funding directed to the Swedish International Development Cooperation Agency (Sida) and to other relevant organisations for support. This was followed by a brief outline of the programme (See *Annex 3*) of the two-day workshop in which numerous presentations, panel discussions, and group work sessions were to be carried out. During the inaugural session, preliminary introductory briefs were made by each of the Somali and Swedish universities attending the workshop.

### **4. Update of activities and discussions following previous workshop (in November 2014)**

*The Joint Health and Nutrition Programme (JPHN)* was the topic of a presentation made by Dr Barni Nor from Sida, working at the Swedish Embassy in Nairobi, Kenya. In her presentation, Dr Nor apprised the participants about the recently accomplished Mid-term Review (MTR) mission of the JHNP. The JHNP was launched in Somalia in February 2012 to address the major health and nutrition challenges facing the Somali



population and aimed to support the country's fragile health system, with a special focus on maternal, neonatal and child health care. She outlined the key objectives of the MTR that include assessing the programme's contribution to the Somali health sector strategic plans; its capacity to achieve the set goals at the end of the programme period in 2016, and the effectiveness of the support given by the partners. The outcome of the MTR will determine the partners' future support for this initiative, in particular that of the Swedish government. Dr. Nor indicated that the initial feedback of the review is positive, promising the opportunity to sustain this support in the coming years. However, she noted that the ultimate decision on this technical support will only be attained after a thorough consideration of the final report of the MTR mission.

The discussion centred on the *potential role of Sida and Forum Syd* as supporters and partners in strengthening Somali health research. The mobilisation of technical support for Somali-Swedish research cooperation could build a research capacity potential within the Somali universities. The empowered universities would unleash their skills, and effectively reach out to the national public health authorities to substantiate their critical role in health system strengthening through research for policy and action. Building collaborative partnerships with the large number of national and international organisations as well as bilateral development partners operating in the country is a potential opportunity that can result from this collaboration. From this perspective, the Somali and Swedish research consortium will make a serious attempt to apply for Swedish government support for this research initiative, as this contribution will effectively supplement the current tangible Sida support to the Somali health system, and bring value and efficiency to this vital social sector. The enabled Somali universities will then be able to undertake the implementation of evaluative and implementation research activities that generate solutions to many of the practical challenges facing the health system. This support would also attract the attention of other international health partners to the value of evidence based practise, encouraging them as well to establish health research cooperation with Somali universities.

The positive experiences of one current Sida funded project engaging a Swedish university was highlighted. The Dalarna University is running a *Sida funded web-based Master's education programme in Sexual and Reproductive Health and Rights* in collaboration with Hargeisa, Amoud and East Africa Universities. This capacity building initiative is focused on higher education and research training, resulting in a Master's course that has produced 13 scholarly dissertations from its first batch of 24 Master graduates in September 2015. The course developed students' knowledge about communication technologies, in particular mobile and internet-based strategies for supervision, teaching and learning. The capacity of the Ministry of Health to work with Geographical Information Systems was also strengthened as a tool to develop a quality, safe and comprehensive monitoring and evaluation system. Through this initiative, Dalarna has gained experience regarding net based teaching and learning and implemented an adapted model of web-based education applicable to the local Somali context. This successful experience can provide valuable lessons to the envisioned and planned Somali-Swedish research cooperation.

The valuable support of *Forum Syd to projects organised by SSRA* was also acknowledged by the workshop. The SSRA has been and is currently engaged in several collaborative endeavours, engaging the Somalia universities and the civil society:

- The project on female genital mutilation (FGM) is successfully conducted in Somaliland by a civil society organisation (NAFIS), but also closely interfaced with the universities

of both Hargeisa and Amoud. The main objective of the project is to fight against and eliminate the practice of female genital mutilation by building support from both civil society and government. Forum Syd has contracted support up till the end of 2018.

- The Maternal-Child Health and Mental Health Project in Borama, Somaliland, is a community based project where female health workers selected from the community are trained on primary health care services of maternal and child health and mental health care that constitute a significant burden of disease. The project is carried out in close collaboration with Amoud University, which sponsors the project at the local level, for referral, supervision and continuing education. The project has made a major contribution to the health system, and offered a field training and research platform for the students of the medical college. Also in this case Forum Syd has provided grants for several years.
- The First Somali Research Conference in Mogadishu, the first post conflict health research conference, was conducted in Mogadishu in November 2013. Jointly organised by SSRA, the Federal Ministry of Health and the Benadir University in Mogadishu, it brought together close to 300 professionals from all over Somalia and a considerable number of Somali Diaspora academicians and health professionals from Europe, North America, Africa and the Middle East. The statement of the conference became an influential document in advancing the development of the national health sector. This project was co-funded by WHO, the Forum Syd and several other health stakeholders in the country.

## **5. Capacity building for research, priority setting, planning and methodology**

The session was moderated by Prof Lars Gustafsson from Karolinska Institutet and had its focus on the role of research in advancing health and academic education in the post conflict Somali context and the role of research collaboration for health development. The participants in the panel discussion were the representatives from the Somali Universities (Abirizak Ahmed Dalmar, Khadra Eli Egal, Abshir Ali Abdi, and Abdirashid Omer Ibrahim) and from the Swedish universities (Kerstin Erlandsson, John Kinsman, Lars-Åke Persson and Maria Emmelin). Each of the panel members made a short introduction to the subject.

A summary of the reflections of the Somali universities are briefly outlined below:

- The representatives from the Somali universities expressed their full commitment to enter into research partnership with the Swedish universities and revive the successful old legacy research cooperation experience;
- The Somali universities affirmed the feasibility of implementing this research cooperation with the vision of building the capacity of Somali academic institutions and bridging the “know-do” gap in the delivery of health services;
- The resilience of the Somali universities to pursue their academic responsibilities during the civil conflicts and their ability to produce a critical mass of trained workforce for the country was outlined as one of the landmarks that substantiate their positive contribution to the peace building and post-conflict recovery process, which provides validity to undertake research for policy and practice;
- There is commitment to the shared strategic policy among Somali universities for building their research capacities and benefit from this collaborative opportunity, providing special priority to research training, as a lead area in their institutional development;

- The speakers reiterated the commitment of their university leadership, to invest in research and direct this effort to resolve the challenges facing the country's health system;
- The representatives of the Somali universities shared their modest experiences in academic and research collaboration with other international partners and drew attention to the financial resource challenges they face; the shortage of a highly trained academic human resources and the challenging education and research environment;
- The Somali participants also briefly described their shared research network of SomaliRen.

The participants from the five Swedish universities expressed their readiness to actively participate in and support this research collaboration. This intent was stated in the 2014 seminar and strongly reiterated in the 2015 Umeå workshop as outlined below:

- The representatives from the Swedish universities emphasised their commitment to mobilise their academic and research development capacities and contribute to the different phases that will soon enter in the process of planning and implementation;
- They agreed with the Somali universities to start modestly in the initial phase, by organising research training for a core team of faculty from the Somali universities and support the partnership to gradually expand;
- They also promised to explore their internal capacities to assign modest resources and staff time to this venture;
- They emphasised that in the implementation of this research partnership, the utilisation of e-learning and online teaching was to be considered, as a viable strategy and be continuously assessed and strengthened as necessary;
- They emphasised the need to identify and focus on those research collaborative projects that will respond to the needs and priorities of the Somali health system, while reflecting the importance of translating the research findings into policies and practice by addressing the challenges facing health services' implementation and improving health outcomes;
- They concurred with their Somali partners that it is essential to ensure that the planned research projects reflect an equity oriented perspective;
- They outlined their confidence that this partnership will enhance the research capacities of the Somali universities and produce the research leaders of tomorrow;
- They also emphasised the importance of epidemiological and socio-demographical research in community settings as this will unfold the population health and nutrition related traditional practices and their service delivery needs;
- The current involvement of the Dalarna University experience through its Master's training programme in three Somali universities is an intervention substantiating the feasibility of successfully running this research cooperation. The Dalarna experience is briefly described in Section 4 of this report.

The decade-long experience of the SSRA members in the Somali-Swedish research collaboration and their current engagement in research and development interventions inside many Somali regions provides them with a unique institutional understanding about the Somali academic and research context in terms of capacities and needs. The points below illustrate that SSRA's participation will provide added value to the cooperative research programme.

- Many of the SSRA members were active participants in the early Somali-Swedish research collaboration and assumed different roles and capacities
- SSRA members have strong links with the Somali universities through their in-country travel contacts for academic missions or for ongoing research & development health and gender focused projects
- SSRA is currently implementing Forum Syd supported projects in the areas of maternal and child health, mental health and elimination of female genital mutilation
- Members of the SSRA have also been instrumental in organising a national health workshop and several other public health activities that have engaged universities

## 6. Joint development of a collaborative programme

During the course of two days of workshop proceedings, three different working group sessions were organised. In the first working group session, the participants developed and presented a set of common basic principles and strategies that will guide the joint collaborative research programme, which are briefly outlined below:

**Table 1:** Examples of questions to be addressed in the first group work

Issues	Examples of questions
<b>General aims and prerequisites of the collaboration</b>	▪ What would be the aims as seen from each of the parties and what can be agreed on?
	▪ Which are the key conditions for sustainable, equitable and productive collaboration?
	▪ How to bridge cultural understanding and fostering mutual respect?
<b>Scope and contents of the collaboration</b>	▪ Should focus be on research or research training or a combination?
	▪ What are the capacity building needs for both sides in the collaboration?
	▪ What principles should guide the choice of research topics?
<b>Ownership and benefits</b>	▪ What are the expected benefits of the Somali and Swedish institutions?
	▪ How to achieve a well-functioning and respectful collaboration based on the idea of mutual benefits?
	▪ Who will own the programme and who will set the priorities?

- *Ownership considerations:* The Somali partners will be the main driving force that will guide this research cooperation in relation to priority setting and improving the health of the population and strengthen the health system in close coordination and equal partnership with the Swedish counterpart universities and SSRA
- *Mutual benefits and shared respect:* In the process of research implementation, the consortium members will adopt a research culture founded on partnership, mutual respect and mutual benefits, where an agreed upon research agenda will be set with clear methodology and implementation plan as well as with clarity on the roles and responsibilities that will be equitably assumed by each of the consortium partners
- *Research cooperation founded on institutional learning:* Ensure that partners are equal in terms of input into and output from the research process and jointly perform maximum

efforts to tap knowledge and experience founded on institutional learning with the active participation of young academicians and researchers, supported by periodic internal evaluations to assess progress

- *Linking teaching and research to benefit the health system:* Recognise the importance and potential benefits of facilitating researchers to teach, and teachers to conduct research and reach out to the health services system to influence health outcomes
- *Linking research implementation with research training:* Recognise the methodological relevance of combining the design and implementation of research projects with research training
- *Keeping the stakeholders involved:* Acknowledge the importance of involving the health stakeholders, especially the ministries of health together with other key actors in the health sector. This engagement should involve all the different steps of the research process, from formulation of the research question through implementation, analysis and dissemination of results and action and practice supported by the use of effective communication channels and feedback systems. Moreover, the expectations of the potential research beneficiaries need to be recognised.
- *Research capacity building serving both partners:* Recognise the importance of always viewing and operationalising the work as a Win-Win collaboration, with clear, collective capacity building, with benefits for both Swedish and Somali partners, and where the cooperation enhances the scientific capacities of all the partners, enabling them to develop knowledge and skills that are relevant to deal with local public health needs, as well as having importance for today's global health challenges
- *Acknowledging the influence of non-health considerations in health research:* Protect against and respond to the evolving threat of youth marginalisation by promoting a research cooperation that also acts as a preventive action countering some aspects of the current global crisis, including refugees and terrorism by generating hope among young professionals. This project represents a window of opportunity to show that well-designed and well-managed development aid can act as a means of addressing the root causes of these problems.
- *Sharing of Research Results:* Follow up the dissemination of the research results with implementation and practice to sustainably enhance the link between health research solutions and development

During the second and third working group sessions, participants addressed a series of practical research planning and implementation strategic issues of this collaborative programme that need to be pursued, with emphasis on ensuring a high leadership role, assessing the capacity and operational risks on the ground, and providing the technical and managerial guidance necessary. The thematic outline of the health research capacity building and research implementation were comprehensively addressed.

**Table 2.** Examples of questions to be addressed in the second group work.

	<b>Examples of questions</b>
<b>Organisational aspects</b>	<ul style="list-style-type: none"> <li>▪ Would you consider university to university projects or a broader programmatic framework with a range of collaborative institutions on both sides?</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Assuming the latter option – what should be the collaborative /administrative arrangement or platform on both sides? Could SomaliRen assume the coordinating role on the Somali side? Would you consider delegating these functions to one institution on each side? Would you consider having a joint Board or executive organ?</li> </ul>
<b>Short and long-term goals and strategies</b>	<ul style="list-style-type: none"> <li>▪ Would you formulate a more definite collaborative programme at this stage or would you opt for a stepwise or more gradual development?</li> </ul>
	<ul style="list-style-type: none"> <li>▪ In case of the latter – what could be a first step and how and when could the more long-term goals and arrangements be determined?</li> </ul>
<b>Financial aspects</b>	<ul style="list-style-type: none"> <li>▪ To what degree can collaborating institutions finance their participation?</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Other funding options?</li> </ul>

To achieve the health research goals and objectives the workshop participants outlined the following key strategic issues for consideration:

- To balance the health research funding when considering the capacity building component and related research training; the research projects envisaged for implementation and research facilities and equipment at the university institutional level;
- Setting the research priorities: ensuring that the research is relevant for the health system and that it addresses the country's high rates of morbidity and mortality; that it is timely and feasible for implementation; and that it provides opportunities for the cost-effective translation of research findings into policy and action;
- To establish processes of communication and partnership building through which the partners of this research cooperation can successfully work together in a sustainable manner;
- To foster a critical thinking to make the research culturally relevant for population health improvement, enhance the achievements of the health systems in all Somali regions and facilitate the application of this knowledge to improve community health outcomes;
- To incorporate in the research training, the ability to evaluate public health and health care programmes and build the needed evidence base for effective use of limited available resources;
- To increase the number of university teachers with Master's and PhD degrees across the Somali regions to create university and health system research teams that can independently lend support to the academic institutions and the national health system;
- To enable Somali universities and researchers to become active members of the INDEPTH network, which is an international health and population research network which links health and demographic surveillance systems (HDSS) in various parts of the world, providing data for evidence based policies and actions and offering capacity building opportunities for research development;

- To establish a Somali HDSS that will provide good quality data for research to inform policy and identify the programmatic interventions that best suit the different Somali geographical settings; improve South-South collaborations and offer sustainable conditions for health research and development; and
- To establish a health research ethical review committees in each Somali university and mobilise local resources to improve the research infrastructure in coordination with research capacity building and implementation.

The above strategies are aimed to create the necessary capacities for research and generate a critical mass of university teachers trained in research methodology, ethics, management and leadership, and able to facilitate the development of research training within their own institutions. These efforts will increase the research capacity of the Somali institutions and help them to develop the crucial infrastructure and earmark local budgets for research.

## **7. Communicating health information and research**

The recent breakthrough in open access publications of scientific information, has allowed unrestricted dissemination of research results through the electronic media. The access to research literature has in the past constrained the health professionals in many developing countries. Those countries affected by protracted civil conflicts like Somalia were even more underprivileged to this effect. On the other hand there are growing potential capacities for research development in the country with the presence of 14 medical schools and 30 allied health science training institutions that are eager to engage in research for action, and improve population health outcomes, but lack an easily accessible platform for research dissemination. The launch of a *Somali Health Research Journal (SHRJ)*, simultaneously with the Somali Swedish research cooperation initiative will open a new window of opportunity for advancing health research implementation and dissemination. The disseminated research findings through an open access SHRJ will also facilitate and strengthen the translation of research evidence to policy and action.

Medline search on articles published during the past 15 years on health and nutrition subjects using the search words of Somalia and Somaliland resulted in a total of 1,180 articles, when excluding those carried out on Somalis in the Diaspora. Of these only 0.6% was co-authored by Somali scholars, illustrating the paucity of health research contributed by in-country Somali institutions and indigenous Somali researchers. The SHRJ will complement the envisaged research capacity building and provide to the Somali researchers a readily available platform to publish their quality research theses and publications, while motivating the practical implementation of these research outputs as relevant. The Journal will therefore be close to practice with direct influence on the health service outcomes and it is expected to finally reverse the current production paucity of Somali researchers, by increasing their share of the Somali focused health systems research.

To effectively launch the SHRJ, several technical requirements need to be accomplished. These include the nomination of an Editor and Editorial Board, who will extend their technical scientific managerial and technical advisory support to the journal; ensuring the journal's International Standard Serial Number (ISSN), identified as the Uniform resource Name; obtaining access to a reliable server and Web-design expertise including software; setting up a standard Editorial Procedure following the user guide of the Open Journal System (OJS) and the selection of competent peer reviewers etc.

## 8. The way ahead

A series of guiding principles was agreed by consensus during the meeting. With regard to the collaboration itself, we recognised that the group of actors and institutions presently engaged in developing this health research training programme for Somali universities aim at a revival of previous collaborations between Somali and Swedish academic institutions, bridged by the Somali diaspora. We committed ourselves to a working culture based on mutual respect, and to ensuring that all the partners are equal in terms of both input into and output from the research process. We also recognised the importance of always seeing and operationalising the work as Win-Win collaboration, with clear, collective capacity-building benefits for both the Swedish and Somali partners. Further, the benefits of the work will be maximised if it facilitates researchers to teach, *and* teachers to conduct research.

The Somali partners – and in particular those currently living and working in Somalia – should be the main driving force for population health and health system development in the country, and as such, they should play the main role in defining the direction of the research training programme. The Ministry of Health and other key actors in the health sector should also be involved in all the different steps of the research process, from formulation of the research question through to dissemination and action.

We see this work in the broadest sense as a preventive action to counter some aspects of the current global crisis, specifically those concerning refugees and terrorism. This project represents a window of opportunity to show that well-designed and well-managed development aid can act as a means of addressing the root causes of these problems.

The overall aim of the collaboration is to develop health research capacity and activities as a means of improving health in Somalia. Specifically, the collaboration will aim to:

- Build a critical mass of researchers, including in the Ministry of Health, thereby creating a working culture in which research findings are seen as key for the improvement of population health and of the health system;
- Bridge the 'Know-Do' gap, by seeking to link research training (at both Master's and PhD level) and activities with policy and practice;
- Increase the number of university teachers with PhD degrees across the Somali region;
- Secure and strengthen inter-university collaboration between Somali and Swedish universities, both in-country and between the countries;
- Facilitate the development of long-lasting, collaborative partnerships between doctoral students as well as more established academics in Somalia and Sweden;
- Provide support for and motivation to write articles for publication.



A basic principle of this collaboration is to take small, concrete steps at first – both as a means of getting to know each other, and to demonstrate our capacities so that we can subsequently attract larger grants – and grow as we learn. Several short and long-term goals have been identified:

#### *Short-term goals*

A critical mass of university teachers trained in research methodology, ethics, health management and leadership, is needed in order to facilitate the development of research training within these same institutions. A “Training of Trainers” (ToT) course, aimed at Master’s degree holders in health sciences, is seen as a first, feasible step for the collaboration and as a means of working towards this objective. The current need is beyond Master’s level.

The course will be organised by the Somali universities in partnership with the Swedish counterparts, and it could represent a continuation of the work, and benefit from the locally available resources, that have already been developed through the Dalarna mid-wifery program in Somaliland. Such an approach is crucial in ensuring the sustainability and success of the efforts. Lessons learnt from previous experiences and collaborations will be harvested and hopefully institutionalised.

The proposed ToT will run over a period of one year, based on a blended learning approach. This will be followed by a research development process - from problem identification through data collection, analysis, presentation and dissemination of results. Priorities for this capacity building initiative will strongly reflect local needs in areas such as maternal and child health, communicable and chronic non-communicable diseases, mental health, and disabilities. A governance modality for this collaborative research partnership was also outlined to guide the work for the medium and long-term objectives.

#### *Longer term goals*

We expect that the ToT course will result in a significant number of potential PhD candidates in health sciences who can be enrolled in academic research training programmes with the collaborating Swedish partners as sandwich students, and, later, in their own capacity, be engaged in the development of Somali-hosted Master's and PhD programmes.

The establishment of a Somali Health Research Journal (SHRJ) is an important long-term goal. However its initiation should already be part of the short-term activities. The ToT programme may include academic writing workshops and lectures on academic publishing. And the early launching of SHRJ will facilitate publication of expected research results.

Increasing the research capacity of the Somali institutions by helping them to develop the right infrastructure and budget for research is crucial. Such improved conditions will eventually lead to rising numbers of Master's and PhD students.

An ultimate goal of the collaboration is to develop the infrastructure needed to initiate a health and demographic surveillance system (HDSS) that could eventually become a member of the INDEPTH Network. Establishing a Somali HDSS will provide good quality data that can inform policy and interventions, while also improving South-South collaborations and local capacity strengthening.

### **Organisation and governance of the research collaboration**

The workshop participants agreed to establish a collaborative mechanism of governance for this research cooperation programme, which will be called the Somali-Swedish Collaborative Programme on Research for Health. The Programme will be led by a joint Governing Board including representatives from the Somali and Swedish universities as well as SSRA, and with a rotating chair. The Governing Board will be charged with the overall responsibility for Collaborative Programme, including setting research priority areas, dealing with ownership of data, publication rights, resource mobilization, the setting up of terms of references (ToR) for key assigned research management functions, Memoranda of Understanding (MoUs) and evaluating the progress of the research collaboration. Gender balance will be taken into consideration when selecting board members. Documents and minutes will be circulated amongst the member universities to ensure transparency, and these will be shared via a joint, password-protected webpage.

The Programme will be open for new universities that show interest to join this research collaboration endeavour.

### *Work plan and assignments*

Participants agreed that it would be important to keep the momentum created for the further development of a collaborative programme. It was delegated to John Kinsman and Khalif Bile to compile a report from the workshop with focus on a more concrete programme proposal, which should outline in more detail its contents and teaching modules, its governance structure and organisation, financial needs and funding possibilities. The research proposal document should be structured in a way that it could serve as basis for funding applications to various agencies. It was expected that a draft of this document be circulated in the early part of 2016 for comments and amendments by all participants. Then approval of a final document would be sought from participants and their respective institutions so that the planned collaborative activities could be started during 2016, translating our vision into action.

## Workshop group photo



**Back line:** Omar Hussein Haji Ahmed, Lars Gustafsson, Ulrika Byrskog, Kerstin Erlandsson, Julia Schröders, Amina Jama, Abdirashid Omer Ibrahim, Abirizak Ahmed Dalmar, , Mohamed Khalid Ali, Stig Wall, Abshir Ali Abdi, John Kinsman, Lennart Freij, Lars-Åke Persson, Barni Nor, Raman Preet  
**Front line:** Khalif Bile, Osman M. Mohamed, Fatuma Osman, Annika Johansson, Maria Emmelin, Khadra Ali Egal, Anneli Ivarsson

## CURRENT DEBATE

## Healing the health system after civil unrest

Somali-Swedish Action Group\*<sup>†</sup> for Health Research and Development

Keywords: *action; Diaspora; health systems; research collaboration; war and conflicts*

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Over the last quarter century, the Somali population has endured protracted internal conflicts with devastating effects on the delivery of essential and lifesaving health care services. This extended humanitarian crisis situation has seriously weakened the public health sector, causing high maternal and child mortality; heavy burden of communicable and non-communicable diseases, including mental disorders; and emergency levels of malnutrition. The need to increase the delivery of equitable, affordable, and sustainable health care services to the population is a huge challenge to health sector recovery initiatives. Academic institutions have important roles in responding to the existing health workforce crisis as well as in carrying out and building capacity for research to guide health sector development activities.

To address these issues a seminar was organised on 2–3 December 2014 by Umeå University, Sweden, in collaboration with the Somali-Swedish Researchers' Association (SSRA), a small Swedish NGO. The 53 participants, who included representatives of national Somali and Swedish universities and agencies, as well as health professionals from the Somali Diaspora, shared an overwhelming commitment to forge collaborative action for Somali health research and development. At the end of the two days of deliberations, the participants agreed on a joint statement, committing themselves to work for national and international partnerships in support of efforts to revitalise the Somali health systems and to promote and strengthen capacity for research as a key component in health development.

The aim of publishing this statement is to raise awareness among and promote a response by the international community to address the formidable challenges and pressing unmet needs facing the rehabilitation and recovery of the health sector in post-conflict situations. The aim is also to draw attention to the need for integrating health research into these efforts in order to provide evidence for the design of sector policies and intervention programmes. Lessons learnt from the Somali situation may

be of great value to guide health sector development after civil unrest in other settings – now and in the future.

## Statement by seminar participants

Based on our fundamental recognition of health as a human right, we shared information about ongoing efforts to rebuild the Somali health systems and identified the needs and opportunities for national and international collaborative partnerships. Recognising the value of a former programme of research cooperation sponsored by Sweden in the 1980s and early 1990s, special focus was given to the role of national academic institutions in promoting health development and sustainable health services. Renewed activities aimed at strengthening the capacity of Somali institutions for training and research, in cooperation with Swedish agencies and institutions as well as with the Somali Diaspora, were explored.

We noted the ongoing efforts and determination to extend essential health services to all Somali communities, while remaining cognisant of the many constraints and challenges facing them, which include:

- The lack of a critical mass of trained staff, inadequate infrastructure, and shortage of financial resources at all levels of the health care systems, as well as for academic institutions;
- The need to address the glaring health and nutrition problems of mothers and children, which also demonstrate the need for reliable community-based, especially longitudinal, data to set priorities and evaluate programmes;
- The urgent need to provide high quality health services, including essential medicines and vaccines, and, while adopting a gender perspective, to give high priority to the elimination of harmful traditional practices like female genital cutting (also referred to as female genital mutilation), which are the cause of much suffering;
- The inadequate attention being paid to the social determinants of health, which are essential in efforts

<sup>†</sup>listed as signatories.

to achieve universal access to basic primary education, gender equity, provision of safe water and sanitation, and the safeguarding of human security and development;

- The striking lack of coordination, due to political and safety concerns, which limits the outreach and efficiency of both the health services and university systems;
- Inadequate legislation, regulatory functions, and accreditation systems with adverse effects on health services as well as academic work;
- The need to apply modern communication techniques in health research as well as service delivery.

With this background, we affirmed our commitment to the following:

#### *Health services for all*

- All levels in the Somali health systems, and all associated policies, need to be developed and supported so that they are accountable, of high quality, and well regulated.
- Enhanced and continuing education for all health workers, managers, and administrators as well as scaled-up leadership capacities are central prerequisites for an effective health care system, and should be prioritised.
- Among other key concerns, the health services should focus on reproductive, maternal and child health, mental disorders, and communicable diseases, and they should be delivered and managed by well-trained health professionals, including a strong cadre of female community health workers.
- The direction of the health services should be guided by sound evidence derived from operational and evaluative research, which in turn should be based on a comprehensive situational analysis of service delivery needs.

#### *Community participation and ownership*

- It is critical that the voice of the Somali people is taken into account in the provision of universally accessible and acceptable health services. Priorities should be based on perceived health needs of the community, which could be identified using social and anthropological research methods. The particular needs of neglected and vulnerable populations – such as pregnant women, children under the age of five, people with mental disorders, and the disabled – should be in focus.
- The social determinants of health, particularly water and sanitation, security, food, and education, should be investigated, as should health-seeking behaviours and community health financing. It is only through such efforts that the health services will be 'owned'

by the community, a key prerequisite for their effectiveness and sustainability.

- The training of traditional birth attendants, community health workers (in particular women), and managers, is essential, and should be guided by lessons learnt from other post-conflict settings.

#### *Academic institutions as key actors*

- The links between health research, policy, and practice need to be actively nurtured. The respective actors and stakeholders in each of these spheres must work together to ensure the provision of high quality, evidence-based health services that meet the needs of the people.
- Sweden's support to the Somali health sector, which is mainly channelled through the UN Joint Health and Nutrition Programme, could be complemented by the Swedish International Development Cooperation Agency (Sida) defining Somalia as a priority country for research cooperation in order to create a knowledge base for policy development and forge sustainable links between policy and development programmes in the health sector.
- In order to ensure a consistent and high quality of medical and other health professional training in the country, the educational curricula in all the Somali institutions providing such training must be harmonised. The Somali Research and Education Network (Somali-Ren) should take the lead in organising the required mapping and coordination of all the stakeholders (local as well as foreign). All academic institutions involved in training health professionals should be accredited by recognised government regulatory bodies as well as relevant Somali education and health authorities.
- Development of academic research capacity is required, from bachelor's through to postgraduate level. A new postgraduate sandwich training programme between Somali and Swedish academic institutions would support this process.
- Universities should engage in vocational and mid-level health professional training, so that the health needs of the community are addressed.
- A comprehensive mapping of specific research needs (which could include learning from other post-conflict settings) is required, and the establishment of a health and demographic surveillance system would provide an excellent platform for such research over the longer term.
- Sustainable research collaborations need to be built in direct support of health service delivery, with the involvement of international partners and members of the Somali Diaspora, based on long-term funding commitments. Special efforts are needed to recruit

and sponsor talented and experienced Diaspora individuals for various Somali academic and public health posts and functions.

We, the participants of this meeting, commit ourselves to work for the promotion of national and international partnerships in support of Somali health development, and to keep the momentum in pursuing all the noble objectives delineated above towards that end. We pledge to promote health research as a key component of the national rebuilding process, to bridge the gap between knowledge and action in the country, and to contribute to develop-

ing the Somali primary health care system based on the principles of universal and equitable access to health and health care.

### Acknowledgements

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Somali-Swedish Action Group

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## Annex 2

### Workshop on Action for Somali-Swedish Cooperation in Research for Health Umeå 23-24 November 2015

#### List of Participants

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## Annex 3

### Workshop on Action for Somali-Swedish Cooperation in Research for Health Umeå 23-24 November 2015

#### Agenda

Session	Topic	Name
<b>1. Introduction -</b> Update of activities and discussions following the Dec 2014 Seminar	Welcome address	Anneli Ivarsson
	Workshop outline, meeting objectives and brief reflections from Somali and Swedish participants	
	Message from pre-workshop consultations among Somali Colleagues	Khalif Bile
	Midterm Review of Joint Health and Nutrition Programme (JHNP) – relevance for a renewed Somali-Swedish Research Collaboration	Barni Nor
<b>2. Capacity Building</b> for research priority setting, planning and methodology	Panel discussion: What are the capacity building needs, rationales and models for: - Health Research - Collaboration for Health Development	Moderator: Lars L. Gustafsson Abdirizak Ahmed Dalmar Abshir Ali Abdi John Kinsman Kerstin Erlandsson Khadra Eli Egal Lars-Åke Persson
<b>3. Joint Development of a Collaborative Programme</b>	A suggested template introduction to group work	Khalif Bile Stig Wall
	Group Work	
	Presentations from Group Work	
<b>4. Communicating Health Information and Research</b> –incentives, rationales and models for scientific publishing	A Somali health research journal – what does it take?	Khalif Bile
	Open Access Publishing – lessons learnt	Julia Schröders Stig Wall
	Scientific publishing	General discussion
<b>5. Developing the Collaborative Programme</b>	Groupwork: The way ahead – setting short and long term goals	Stig Wall Khalif Bile
	Group presentations	
	A suggested synopsis	John Kinsman
<b>6. Writing the Proposal</b>	Group work by proposed themes	Khalif Bile
	Group presentations	Stig Wall
	Concluding remarks, assignments and commitments	
<b>7. Closure of the Workshop</b>		Anneli Ivarsson





