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Irish-African partnership and research capacity building for development: potential to learn from research for the education and lifelong learning sector

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Abstract
The Irish-African Partnership for Research Capacity Building (IAP) is a research consortium involving all of the nine universities on the island of Ireland together with four African universities, with the overall aim of building research capacity for poverty reduction. The project was supported by a three-year grant from Irish Aid. This article examines the achievements of IAP and argues that the ‘foresight’ approach and methodology used to generate the health and education research priorities can make a useful contribution not only to development research, but also to adult education.

Introduction
The right to education is an internationally recognised right noted in Article 26 of the 1950 Universal Declaration of Human Rights to Articles 13 and 14 of the International Covenant on Economic, Social and Cultural Rights. More than thirty years ago, member states of UNESCO affirmed the importance of adult education both as a right and as a means of enabling people to claim their other rights. Meeting in Nairobi in 1976, the Development of Adult Education UNESCO General Conference set out a vision for adult education by noting:

‘the access of adults to education, in the context of lifelong education, is a fundamental aspect of the right to education and facilitates the exercise of the right to participate in political, cultural, artistic and scientific life.’ Recommendation of the development of Adult Education UNESCO General Conference, 19th Session, November 1976, Nairobi.

While the particular role which adult education and lifelong learning can play in promoting development is widely recognised, there has been less emphasis on the role of research in the development of adult education – and to determine what kind of contribution it can make towards the development of policy and practice.

What is the Irish-African research partnership?
The Irish-African Partnership for Research Capacity Building (IAP) is a research consortium involving all of the nine universities on the island of Ireland together with four African universities, with the overall aim of building research capacity for poverty reduction.

Research capacity building involves developing institutional-level capacity for research in the service of development in this context. For example, assisting partner institutions in Africa to create and strengthen their research management and support functions is one way of building research capacity. It also promotes a concerted contribution to international development among the universities on the island of Ireland.

The IAP is supported by a three-year grant from Irish Aid within the context of the Programme of Strategic Cooperation between Irish Aid and Higher Education and Research Institutes, 2007-2010. Its underlying rationale was to collaboratively strengthen research capacity in the service of the global development imperative of poverty reduction (and associated challenges such as livelihood security, environmental protection and disaster risk reduction), in particular in Sub-Saharan Africa. Within this broad ethos, the project strives to achieve three overarching aims:

1. To build capacity in development research in nine partner Irish universities.
2. To build capacity in health, education, gender and ICT research within four partner African universities.
3. In the longer term, to develop an Irish-African network of excellence in

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1 The Irish universities are: University College Cork (UCC); University College Dublin (UCD); National University of Ireland – Galway (NUIG); National University of Ireland – Maynooth (NUIM); Trinity College, Dublin (TCD); Dublin City University (DCU); the University of Limerick (UL); Queen’s University Belfast (QUB) and the University of Ulster (UU). The four African universities are: Makerere University (Uganda), University of the Zambian (Zambia), University of Malawi, and Eduardo Mondlane University (Mozambique).
development research.

In the course of its three-year lifespan, the IAP project has comprised several interlocking components:

i) Five residential workshops – three in Africa and two in Ireland where a selection of researchers and administrators from all the 13 partner institutions meet in thematic dialogue.

ii) A stakeholder consultation to document opportunities and constraints to research capacity building in the partner institutions.

iii) A 'foresight' exercise to identify the main health and education priorities in Africa over the next 10 years around which specific research partnerships could be developed.

iv) The formulation of a set of quantitative and qualitative metrics to help to gauge the status and progress of research capacity in partner institutions, and beyond.

v) Development of a digital repository and research register to provide a prototype online platform for African and Irish researchers working together in the future.

IAP's particular focus on research capacity building (RCB) derives from the greater recognition of the potential of the higher education and research sectors in developing countries to contribute to achieving the Millennium Development Goals (MDGs)' (Irish Aid, 2007: 2). As a corollary of this, there is a need to ensure that development-related research is being adequately supported, both in terms of personnel with appropriate knowledge and skills as well as in terms of appropriate infrastructure.

An initial goal of IAP was to establish targeted capacity building programmes in the context of real issues and priorities for Africa but with relevance to Ireland as well. The rationale is that the world is so interconnected that issues for Africa today might become issues for Ireland in future.

In doing so, the programme promotes an understanding of RCB which needs to be based on the principles of local relevance in the African context and its applicability to global poverty eradication. The IAP is conscious of Africa's future in a globalised world and the risks of exclusion from the new information economy and is mindful of the need for capturing Africa's contribution to world knowledge. Central to the programme's operations is recognition of the priority role of local knowledge and conditions as key to making the RCB initiative both relevant and applicable.

For the Irish Universities participating in the IAP there are equally serious challenges in bringing to bear higher education in terms of global development. Since independence in the 1920's and more particularly since the start of outward oriented growth in the 1960's the Irish Universities have been focused on national development needs. However over the last ten to fifteen years the Irish universities much as Irish society, has become internationalised. Today the Irish universities need to find concrete ways to build sustainable global development in a way which keeps growth with equity always at the centre.

The IAP is thus a unique opportunity for all the Irish Universities to develop a methodology that can facilitate their contribution to global development by focused partnership with four of the Irish Aid partner countries and their leading higher education establishments.

**RCB in the Context of the Millennium Development Goals and Poverty Reduction**

Irish Aid (the official development assistance programme of the Government of Ireland) has as its overarching objective the reduction of poverty, vulnerability and increased opportunity in all its partner countries in the South. It seeks to contribute to global development by putting the MDGs at the heart of its approach to development (DFA 2006). Thus, IAP's poverty reduction focus in its RCB endeavour is routed within this broader Irish Aid framework.

Poverty reduction gained ground on the international political agenda with the institution of the Millennium Development Goals (MDGs) at a UN Summit in 2000. The MDGs include halving the number of people living in extreme poverty, reducing child mortality by two thirds, reducing hunger and malnutrition by 50 percent, universal primary education and halving the spread of HIV/AIDS by 2015. The UN's Human Development Report has tracked progress on the MDGs and now admits that the major goals for 2015 in health, nutritional and educational contexts cannot be reached. In Sub-Saharan Africa life expectancy is actually declining and child mortality is rising. This grim prognosis will only get worse following the global recession unleashed by the banking crisis.
of October 2008. With the MDGs likely to not be met, Higher education partnerships such as the IAP ought to position themselves accordingly. There is a widespread mood internationally of the need to reinvent development research if it is to be fit for purpose in the decade to come. There is need to reinvent what development research is actually about. The North/South dichotomy is no longer seen as helpful with the local and the global being inextricably linked (Preece 2009). This reinvention of development research calls for a more holistic approach to research which would look at an issue across a wide range of contexts unnumbered by North/South labels.

Linking research on education and lifelong learning in Ireland and Africa through a stakeholder consultation and ‘foresight’ methodology

A first step towards identifying the need for, and potential of, partnership in building capacity for research for mutual benefit in Ireland and Africa involved a survey of stakeholders’ views. This stakeholder consultation sought to establish a baseline understanding of research capacity for international development in the Irish universities as well as research capacity in general in the four participating African universities. The consultation sought to elicit the views of administrators and researchers within the 13 partner universities on the opportunities and constraints to research capacity building at both institutional and individual levels, and possible ways of overcoming the barriers. The consultation exercise was complemented with a ‘foresight’ exercise, which was specifically designed to facilitate the identification of health and education research priorities for the next 10 years on which Irish-African counterparts could work together in partnership to contribute to poverty alleviation.

The ‘foresight’ exercise was an integral part of the stakeholder consultation process and three of the five project workshops that took place in Dublin, Entebbe and Maputo. It was utilised as a tool for prioritising research areas in health and education for the IAP and helped the project partners focus on developing strategies relevant to the future. Specifically the role of ‘foresight’ in the project was two-fold: to ensure that the partners identified and took advantage of the changes that could support and enable research capacity building and secondly, that they were aware of those changes that could undermine or restrict the potential for research capacity building and identify options and strategies for minimising their impact. The particular ‘foresight’ tool used was scenario planning which allowed partners to engage in creative thinking about the threats and opportunities in regards to research capacity building in the area of development for poverty reduction. It furthermore helped to build consensus by ‘travelling and learning together’ as the partners explored the international literature around health and education priorities and derived their own list of priorities. It is this mutual learning and development of a research strategy and capacity building practice which will, we hope, be the lasting contribution of ‘foresight’ to the Irish African Partnership. Using ‘foresight’, and in particular scenarios, enabled the partners to: i) set the aims and objectives of the Irish African Partnership within the wider context of social, economic, cultural and political change ii) examine the extent to which the world in which we need to develop research capacity building and the policy context in which it might occur may change, and what will drive those changes iii) examine some of the many issues affecting research capacity building iv) consider and develop options, opportunities and strategies for research and research capacity building which take the changes of the future, rather than the status quo of the past into full consideration.

The field research for the stakeholder consultation took place between June and September, 2008. During the stakeholder consultation process, the two project researchers visited all 13 institutions and spent three to four days in each location. In total, over 300 academics and administrators were consulted. This number included 71 African colleagues, all active in the field of education, who participated in education-specific and/or multidisciplinary group interviews and workshops conducted as part of the research. These colleagues came from Eduardo Mondlane University in Mozambique (12), University of Malawi (2), University of Dar es Salaam in Tanzania (15) and from Makerere University in Uganda (42).

During some of the group interviews and workshops, researchers employed an exercise whereby participants were asked to plot perceived levels of research capacity against their research career during the last 10 years. This allowed for an evaluation of the factors perceived to be responsible for low or high levels of capacity and the factors that represented turning points from low to high levels or vice versa. Group discussions were also used to explore factors associated with institutional capacity building and the merits and demerits of participating in education research partnerships such as the IAP. Transcripts were analysed for emerging themes and trends.

IAP believes that research capacity building takes time and is itself a lifelong learning process and needs to be set within the context of longer term changes and possible futures. For example, the time needed to turn an able student into
an active and effective member of a research team can be as long as 10 years of study and training. During that time, the world will have moved on and the economic, academic, and funding context within which research needs to be undertaken will have changed significantly; the priorities which need to be addressed may have altered; new approaches to and tools for education and research may have been developed - hence, the need to use 'foresight'. This type of strategic thinking facilitates the ability to maintain a high quality and coherent forward view (Bezold et al. 2009; Loveridge 2009) while at the same time permitting tapping into new potential areas of research and modes of capacity building. It makes research partnerships more focused rather than opportunistic drives for currently available funding.

Education and health research priorities and the stakeholder consultation and 'foresight' exercise: Adults learning together

The 'foresight' exercise began at the first project workshop in Dublin in 2008 when participants were asked to identify factors which would have the greatest impact on health and education in the future. Common responses included:

- Clean water and sanitation
- Renewable energy and bio fuels
- Food security and nutrition
- Increasing mobility
- Stable/democratic governance
- New and emerging infectious disease
- Non-infectious disease
- Education and empowerment of women

During workshop two, hosted in Entebbe in November 2008, participants derived four future paths for development in Africa around which parameters for research in health and education could be based. These scenarios were framed around axes of the global political economy and national, social and political cohesion. Groups were asked to consider and discuss how health and education might look within the four resultant scenarios and what the priorities in each of the scenarios might be. To aid the discussion, groups were provided with lists of top ten future priorities in education and health (Table 1) as suggested by individuals who had contributed to the stakeholder consultation.

<table>
<thead>
<tr>
<th>Health</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security/Food Studies/Nutrition</td>
<td>Inclusive Education and Gender</td>
</tr>
<tr>
<td>Climate Change/Environment</td>
<td>Education for Community Development</td>
</tr>
<tr>
<td>Public Health</td>
<td>ICT and Education</td>
</tr>
<tr>
<td>Water</td>
<td>HIV/AIDS Education</td>
</tr>
<tr>
<td>Biodiversity/Biosafety/Conservation</td>
<td>Teacher Education (Initial and Continuing Professional Development)</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Curriculum Development and Reform</td>
</tr>
<tr>
<td>Infectious Medicine</td>
<td>Diversity in Education</td>
</tr>
<tr>
<td>Malaria</td>
<td>Education in Disadvantaged Communities</td>
</tr>
<tr>
<td>Maternal Health</td>
<td>Improving Education Delivery (Adult &amp; Child Literacy, Science &amp; Maths, Special Needs Education)</td>
</tr>
<tr>
<td>Gender and Health</td>
<td>Education for Sustainable Development/Life Skills Education</td>
</tr>
</tbody>
</table>

These research priorities were revisited at the Entebbe workshop as part of the scenario discussions to examine which would be priorities within the different futures. Two groups each focused on one topic - two on health and two on education with issues, options and priorities relating to ICT and gender integral to those discussions. Table 2 below sets out the priorities within each scenario. Participants not only prioritised specific areas, but also considered how those priorities might change within the different futures. The research priorities identified in each of the scenarios showed considerable overlap and consistency.
Table 2: Health and Education Research Opportunities and Priorities in each Scenario

<table>
<thead>
<tr>
<th>Health</th>
<th>Education</th>
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</thead>
<tbody>
<tr>
<td>Scenario A - Capitalism unbound</td>
<td>Scenario B - Back to the future</td>
</tr>
<tr>
<td>Infections diseases - HIV/AIDS</td>
<td>Initial teacher education - Continuing Professional Development</td>
</tr>
<tr>
<td>Curriculum Development and Reform</td>
<td></td>
</tr>
<tr>
<td>Maternal health</td>
<td>Gender and health</td>
</tr>
<tr>
<td>ICT in education</td>
<td>Diversity in education</td>
</tr>
<tr>
<td>Food security</td>
<td>Maternal health</td>
</tr>
<tr>
<td>Education for sustainable development</td>
<td>Education in disadvantaged communities</td>
</tr>
<tr>
<td>Climate change</td>
<td>Infectious diseases / diseases</td>
</tr>
<tr>
<td>Education in disadvantaged communities</td>
<td>Improving education delivery e.g. using ICT</td>
</tr>
</tbody>
</table>

World/Scenario A was called 'Capitalism Unbound' because it was one in which globalisation takes off and accelerates and at the same time national politics remain fairly stable. It is a highly structured and regulated world which creates great dynamic growth but also more inequalities. World B was given the title 'Back to the Future' because the world has turned protectionist and political cohesion is at a very low level. There is less mobility of people, capital and ideas. Inevitably communities are torn apart as political vision is in short supply.

These two most opposed worlds set up a strong tension for the partners' thinking about future education and health needs. In the more globalised yet more consensual world 'A' one would expect more private provision of health and education services as internationalisation deepens. There are likely to be two quite distinct health and education systems for the 'haves' and 'have nots'. In World B, which is both less globalised and less cohesive, one would expect a greater importance for local provision of health and education services and a general 'return to basics'. Interestingly it would be expected that the chosen health and education priorities such as maternal/child health and teacher edu-

Validation of the Health and Education Priorities
Having elicited health and education research priorities from workshop participants, the next stage was to compare and contrast these priorities with those identified by broader analysis and actors. To achieve this, in the period between the second and third workshop further research was carried out. This involved mapping existing literature and research at international and regional levels as well as relevant national plans and strategies (see Table 3 and 4 for the literature sources) and conducting elite interviews with a range of health and education specialists, both internationally and nationally within the five IAP partner countries.

A number of further possible research priorities emerged from this work. It was therefore proposed that the lists of potential research priorities should be expanded (See Appendix 1 and 2). The longer lists would then be prioritised to generate a list of 3-5 key health and education topics for the IAP. Groups used a combination of scoring and ranking to prioritise the list based on the following five criteria:

1. Contribution to poverty reduction
   - To what extent does the problem contribute to poverty?
   - How severe is the problem?
   - To what extent will the research contribute to poverty reduction?

2. Contribution to community empowerment
   - To what extent does the problem reflect measurable community priorities?
   - To what extent will the community be actively involved in the research process?
   - To what extent does the project enhance community capabilities?
3. **Relevance to policy and practice**

- Can research from this area be translated in policy?
- Will the project have the support of local/national authorities/policy makers?
- Is it likely that the results of the study will be implemented?

4. **Contribution to the empowerment of women**

- Does the problem place a particular burden on women?
- Is research in this area likely to contribute to empowering women?
- Will the project meet basic gendering of development criteria?

5. **Criticality/ feasibility**

- How urgently are results needed for developing interventions?
- Is further research needed?
- Are there sources of funding available for this project?

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**Table 3: Literature consulted on health priorities**

<table>
<thead>
<tr>
<th>Global</th>
<th>Continental</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFID (Research Strategy 2008 – 2013)</td>
<td>DANIDA (Development Assistance to the Health Sector 2005)</td>
<td></td>
</tr>
<tr>
<td>Sida (Policy for Health and Development 2002)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WHO = World Health Organization  
NEPAD = New Partnership for Africa’s Development  
AMREF = African Medical and Research Foundation  
DFID = Department for International Development  
DANIDA = Danish International Development Agency  
Sida = Swedish International Development Cooperation Agency
Table 4: Literature consulted on education priorities

<table>
<thead>
<tr>
<th>Global</th>
<th>Continental</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID (Sub-Saharan Africa Education priorities, 2009)</td>
<td></td>
<td>Republic of Tanzania National Strategy for Growth and Reduction of Poverty, 2005</td>
</tr>
</tbody>
</table>

UN MDGs = United Nations Millennium Development Goals
UNESCO = United Nations Educational, Scientific and Cultural Organization
DID = Department for International Development
USAID = United States Agency for International Development
NEPAD = New Partnership for Africa’s Development
BREDI = Regional Bureau for Education in Africa
ADRA = Association for the Development of Education in Africa
AAU = Association of African Universities

The five criteria were the subject of intense discussion with some, for example the one on community empowerment, emerging as part of the deliberations at Workshop No. 3 at Maputo. How to deploy this grid sensitively and with due cognisance of qualitative criteria was also carefully discussed.

In health; the highly scored priorities were infectious diseases; maternal health; HIV/AIDS; food security and gender and health. The importance of engendering research projects was repeated throughout the four day workshop and the health group felt strongly that any project proposals should be gender sensitive. It was also deemed critical that the impact of climate change be considered. Additionally, taking a health systems approach to research and advocating for equity in health were thought of as crucial in emerging research proposals. It was therefore agreed that gender, climate change and health systems/equity were to be treated as cross cutting themes within the three thematic areas.

In education, it was agreed to focus on Teacher Education and Education for Sustainable Development because they were felt to be more inclusive themes that incorporated a set of areas. For example, teacher education was argued to be covering other areas such as improving pedagogy, professionalism and assessment practices. Education for Sustainable Development was noted to cover issues such as HIV/AIDS, quality of education and curriculum reform. In addition, ICT and Gender were embraced as cross-cutting themes in tandem with global trends where Information, Communication and Mobile Technology have become a major driver of research and teaching in Higher Education. The rationale for ICT and education as a major cross-cutting theme was also based on the projection that due to globalisation a number of people will in future be excluded from participating in the world economy not because they cannot read and/or write but because they are ICT illiterate. It was also important to keep in mind the gender component in all themes to ensure that research undertaken catered for the needs of both genders. It was also seen as a means of contributing to the achievement of MDG 3 that advocates for gender equality and empowerment of women.

The importance of IAP focusing on teacher education as a research strand cannot be overemphasised. The quality of the teaching force is a major driver for the global education agenda. The recent Education for All Global Monitoring Report (UNESCO 2007) underscores the need for more teachers globally if the goal on Education for All is to be fully attained by 2015. The report notes that across the world, more than 18 million new teachers will need to be employed by 2015. Sub-Saharan Africa faces the greatest challenge. To reach universal primary education
the stock of teachers will have to increase from 2.4 million in 2004 to 4 million in 2015, in addition to the 2.1 million new teachers required to replace those leaving the teaching workforce. Thus, any intervention that has the potential to impact positively on teacher quality, quantity, motivation and working conditions, particularly in Sub-Saharan Africa is a worthwhile initiative.

The identified health and education research priorities were deemed relevant to scenarios A and B. In education for example, research in education, particularly teacher education, would play a major role in Scenario A. With the increased mobility and brain drain, there would be need to beef up teacher education and pedagogical research in order to increase both the quality and quantity of teachers. To achieve this, alternative approaches to research and teacher education such as the use of ICT would need to be embraced. ICT in education would also be useful for its potential to bring education and learning to remote rural areas, enhance women’s access to education, and reduce exclusion among disadvantaged communities and those with special needs. In addition, the free-liberalised market economy and the internal and external pressure on natural resources, calls for the need for education for sustainable development to mitigate the resultant impact of climate change. Teacher Education research and curriculum also need to be reformulated so as to integrate the principles, values and practices of sustainable development. Due to the deepening economic depression within Scenario B, Education for All is at threat, because it has become unaffordable for the poor. Because of decreased mobility, there is massive pressure and dependence on the meagre natural resources, resulting into environmental degradation and climate change. As is the case in Scenario A, Teacher Education and Education for sustainable development would play a major role in redressing the society. The two education strands would be crucial to explore the conditions and factors that would impact on changes in behaviour that will create a more sustainable future in terms of environmental sustainability, economic viability and a just society for present and future generations.

Lessons learnt from the IAP and the implications for adult educators

It could be argued that the ‘foresight’ approach and methodology used to generate the health and education research priorities can make a useful contribution not only to development research, but also to adult education. If it is genuinely partnership based it can go some way to developing participation in ironing out a pro-active research agenda. Trans-disciplinary development research lends itself perfectly to the ‘foresight’ approach with its open problem-solving orientation. ‘Foresight’ can encourage dialogue across disciplines but also helps bridge the researcher/practitioner/policy makers divide by providing a ‘safe place’ for thinking on a long-term horizon. The participatory nature of the ‘foresight’ approach is also highly valued by participants and, indeed, this feature could be extended to other communities of interest including adult and lifelong learning.

It would be important to recognise that a futures orientation for development research is not a panacea for development. It is only a tool and we would have to be sceptical about its ability to overcome structural forms of inequality in and of itself. It is not a technical fix. Indeed, it is possible for the ‘foresight’ methodology to create a false impression of accuracy and ‘scientificity’. Its value is rather, in creating a shared mind-set focused on creative solutions to development problems and in forging a more collectivist or partnership-based approach. There is also a potential pitfall in that it can become a ‘top-down’ approach with mainly the experts empowered to talk. ‘Foresight’ can only too easily become another in a long list of Northern ‘solutions’ to development issues based on superior knowledge.

From our own experience of participating in the IAP, the following general conclusions can be drawn:

- A futures orientation to development research planning can be a valuable tool if undertaken in a partnership modality.
- ‘Foresight’ and its associated methodology can be a valuable development tool but there is need to guard against ‘scientificity’ and ‘top-down’ approaches.
- Given the complexity of global development challenges any research programme needs to acknowledge that there is no ‘quick fix’.
- The challenge of creating a ‘pro-poor’ development strategy will not be met by ‘foresight’ alone. The approach may, however, empower Southern-driven research agendas with wider relevance and help harness global development resources and agency within academic and other research agencies.

It can be argued that the IAP project for Research Capacity Building laid the groundwork for identifying research priorities and for building partnerships for research. It identified research priorities including cross-cutting and interdisciplinary themes of relevance to adult education and lifelong learning. It also provided the opportunity for professionals including researchers and policy makers to meet to discuss and agree priorities.
The next challenge for IAP and others is to take these goals forward through the development of research partnerships which can make a real change to the lives of individuals in Africa and in Ireland. Through the development of new synergies, which should involve all the stakeholders including policy makers, teachers and learners, it can perhaps hope to influence policy and practice in development education for the benefit of everyone, in particular those excluded from education in Ireland and in Africa.

Appendix 1: Health Priorities Expanded List

- Infectious/Endemic disease
- Maternal health
- Food Security
- HIV/AIDS
- Climate change
- Gender and health/Gender equality
- Health system performance, service delivery, accessibility
- Participatory Action Research
- Reproductive health
- Health literacy/promotion
- Health equity/reduction in disparities
- Human resources for health
- Health resources – drug supply, infrastructure, equipment
- Financial management/monitoring
- Health systems governance
- Health in humanitarian crises
- Chronic diseases
- Malnutrition
- Health and ICT
- Traditional medicine

Appendix 2: Education Priorities Expanded List

- Assessment and evaluation
- Curriculum reform and development
- Education for sustainable development
- Education for the knowledge economy
- Financing education
- Gender equality and empowerment of women
- HIV/AIDS education
- ICT and education
- Inclusive education/equitable access
- Management of education
- Interdependence of education levels (balancing pre-primary, primary, secondary, higher, adult education and lifelong learning)
- Non-formal education
- Peace education/peace building
- Quality of education
- Resources to support teaching and learning
- School health and nutrition
- School-work linkage/transition
- Teacher education
- Teacher professionalism and professional values
- Teaching and learning (pedagogy and methodology, classroom interactions)