AfNHi
Africa Free of New HIV infections

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Youth Cohort

DRM ADVOCACY BRIEF

SEPTEMBER 2021

Situation Analysis: Domestic Financing of Health Research in Africa

Key Messages

- The level of domestic financing of health across African countries is inadequate for sustainable universal coverage and quality care.
- There is inadequate domestic investment in research and development, including health research in Africa.
- Domestic driven research and development and collaborations have the best chance of addressing contextual priorities and ensuring Africa's beneficence.
- The existence of legislative and policy instruments anchoring research is key in elevating priority of research, including health research.
- Implementation research bears strong potential of yielding short-, medium- and long-term benefits appreciable to policy makers.
- Private sector involvement in health research is essential in complementing government driven research.

1. Introduction

The case for African Governments to take a stronger role in promoting health Research and Development (R&D), and in the mobilization of resources for such, is strong and multifaceted. Besides reducing morbidity and mortality levels, health R&D can inform and contribute to socio-economic development. The assessment sought to draw from the experience and lessons from existing health R&D investments to identify gaps, strengths, and opportunities in health research funding with a view to informing strategy and advocacy for increased domestic investments in health research and development.

2. Methodology

The assessment drew insights from 20 purposively sampled experts through in-depth interviews and from a wide range of relevant written sources at global, regional and local settings.

3. Findings

3.1. Status of Financing of Health and Health Research

a. Inadequate financing of health across countries

The levels of government financing of health across sampled countries are inadequate to support quality and universal coverage of health. The low government allocations to health imply a contracted fiscal space for health and hence limited room for financing of health research alongside other health services.

None of the countries sampled had attained the recommended 15% Abuja target for government spending on health as a proportion of the national expenditure. Kenya had below 7%, Rwanda below 9%, Eswatini below 9.5%, and Malawi below 11.5% as demonstrated in figure 1.

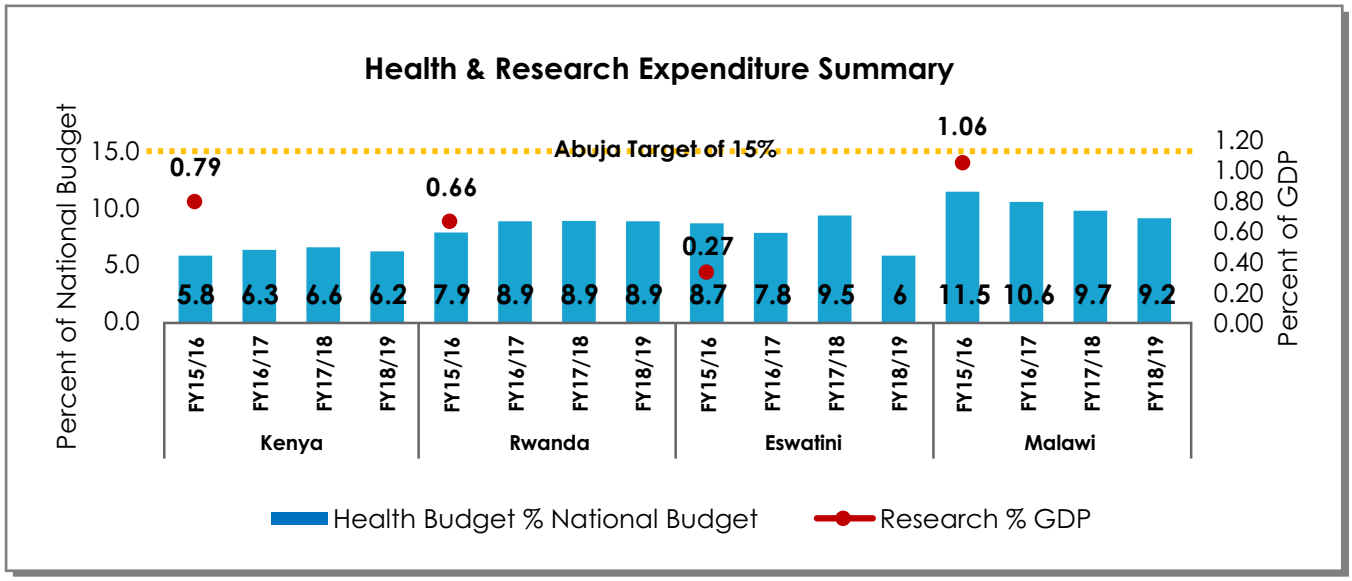

Figure 1: Health and Research Financing in Selected African Countries

b. Inadequate Financing of Research and Development including Health Research

Domestic financing of research, including health research in Africa is inadequate for sustained and impactful research as most are below the recommended 2% of respective Gross Domestic Product (GDP). Figures 1 and 2 depict the levels of domestic financing of research across select Africa.

Malawi had the highest proportion allocated to research in general at 1.06% of GDP, while Kenya had 0.79%, Rwanda 0.66% and Eswatini 0.27%. Notably Kenya allocates only 0.22% of the GDP to health research and an even lower proportion of 0.081% is allocated to health research in Eswatini.

Comparatively, most African governments have made more non-financial than financial investments to support research and development including establishing regulatory and legal systems.

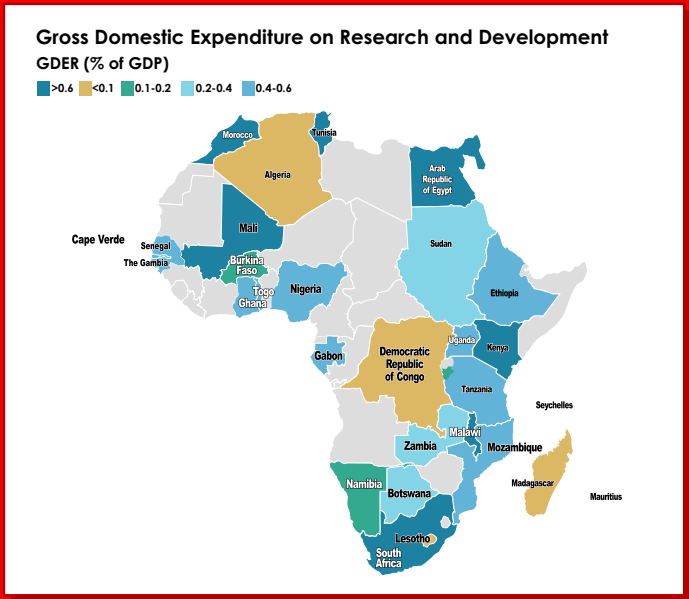

Figure 2: Gross Domestic Expenditure on R&D in Africa

However, the full value of investments made by African governments in health research and development is not realized due to weak monitoring and evaluation systems, limited transparency, and accountability.

3.2. Research Environments in Africa

a. Legal and Policy Architecture for Research and Development

Anchoring research in law and critical government instruments (policies, strategies and regulations) ensures elevated prioritization and visibility of research, including health research, to the policy makers. Governments in LMICs must take lead in creating and maintaining an enabling environment. This ensures better coordination and alignment of all stakeholders to the national research priorities. Additionally, the resulting enabling environment provides an opportunity for flourishing strategic collaborations in funding and conduct of research in health.

The sampled countries demonstrate varied levels of maturity of the legal and policy environment anchoring research. Some countries such as Eswatini are in the nascent phase with no laws to guide research, while some (Kenya, Rwanda, Malawi inter alia) are fairly advanced with existing laws and supporting regulations, strategies, and policies to govern research.

b. Public Sector Engagement in Research and Development

Designating public institutions to coordinate research across different sectors, including health, demonstrates prioritization of research by the government. It has the potential of ensuring funding is channeled to research through the institutions and driving coordination of context responsive research across all sectors.

The sampled countries had different forms of government institutions regulating, funding, and conducting research, including health research. These included multi-sectoral and sector specific institutions. Most had central oversight and coordination of research across all sectors e.g. Kenya through the National Commission for Science, Technology and Innovation (NACOSTI), Rwanda through National Commission For Science And Technology of Rwanda (NCST), Malawi through the National Commission for Science and Technology of Malawi (NCST), and Eswatini through the National Research Council (NRC).

Strong political will is critical for impactful local manufacturing, research, and development. Notably, some countries like Malawi have research advisory bodies (The National Research Council of Malawi (NRCM) domiciled in the Office of the President which further elevates research as a national priority. This may partly account for the higher domestic expenditure on research (above 1% of GDP) prior to 2015 despite being one of the poorest countries sampled.

Some countries like Kenya had a central research fund (National Research Fund) to channel research funding to stakeholders. Additionally, some had health sector specific research coordinating agencies such as Eswatini's Health Research Unit (National Health Research Department (NHRD), and Kenya's Kenya Medical Research Institute (KEMRI).

c. Private Sector Engagement in Research and Development

Private sector involvement in health research is essential in complementing government driven research. These have been critical in interpreting and disseminating research information in easy-to-understand formats, funding of research as well as capacity development in research. At subnational level, such institutions have more latitude to tailor research to address contextual challenges compared to national level and government driven research. Further, their engagement improves their insights on the research priorities and landscape hence can better lobby for essential improvements.

All countries assessed had significant participation of the private sector in the funding and conduct of research. The extent of engagement was significantly influenced by existing legal and political dispensations. Engagement was limited in the Kingdom of Eswatini, a monarchy with stringent laws on CSO engagement, while the engagement was more robust in Kenya and Malawi, which had more liberal political dispensations.

d. Impactful and contextually relevant Research and Development

Domestic driven research and development has the best chance of addressing contextual priorities and needs. This necessitates community driven processes that systematically identify and prioritize contextual health R&D needs and value. Realizing this value requires government leadership and alignment of research priorities of the scientists and those of the policy makers.

Investment in implementation research is essential as it is critical in demonstrating short term impact alongside scalability of interventions; considerations that are critical to policy makers. Additionally, the growing burden of Non-Communicable Diseases in Africa justifies investments in disease prevention R&D which bears the potential for demonstrable cost-effective returns.

Most of health research in African countries sampled was largely donor driven hence a high likelihood of mismatch in priorities and ultimate value thus not fully meeting contextual research needs. Further, the scope of health R&D often did not encompass social determinants of health. This would help improve understanding of the links between poverty and disease.

Active leadership of research by local research and tertiary institutions in African countries was notably hindered by limited resourcing and capacity. Lack of public investment works against the ability of government to control the R&D agenda which would otherwise be well placed to focus on the country's particular health challenges. Notably, there was also minimal domestic investment in health CSOs and respective research initiatives.

African Countries must invest in strengthening health R&D collaborative structures towards solving shared problems and improving health service delivery, preparedness and resilience during pandemics and epidemics. Collaborations would allow for a) pooling of resources for health R&D among LMICs e.g. under the African Union, alongside a great potential for multiplier effects; and b) leveraging a common market approach in research and regulation as an enabler to the collaboration. Impactful and successful regional collaborations would require political goodwill and partnership with Governments; and an understanding of contextual differences and their impact on collaborative R&D efforts.

4. Advocacy Recommendations

a. Governments to Increase their funding of health and research, including health research. This not only signals commitment but is also key in incentivizing additional investment by partners.
b. Governments to enact laws and develop appropriate regulations and policies to anchor and guide research and development to create an enabling environment for aligned research collaborations.
c. Governments to establish institutions to provide oversight and funding of research, including health research.
d. Governments to increase policy influence of research nationally through domiciling research closer to political power and alignment of research priorities between researchers and governments.
e. Governments to lead and facilitate structured and strategic engagement and collaboration among all stakeholders in funding and conduct of context responsive research, for impactful health research.
f. Collective advocacy for an enabling democratic environment for effective research.
g. Collective advocacy for prioritization of Africa's beneficence in all research and development in Africa.
h. Collective advocacy for coupling of health research resource mobilization to robust accountability structures for efficient utilization of research resources.
i. Foster multidisciplinary collaborations among CSOs for effective targeted advocacy efforts for health R&D.
j. Build capacity of CSOs in Health Financing and Health Research for effective advocacy for health R&D.

5. Conclusion

Robust research in health in Africa bears significant potential in addressing contextual health and health system challenges. This potential is however neither fully tapped nor explored due to inadequate domestic investments, weak coordination, weak collaborations and inadequate skills and capacity for research. Prioritizing investments in health research by African governments can unlock significant health, societal, and economic gains.

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