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RESEARCH FOR HEALTH: A STRATEGY FOR THE AFRICAN REGION, 2016-2025

Report of the Secretariat

EXECUTIVE SUMMARY

1. The African Region bears a high double burden of communicable and noncommunicable diseases, and faces health systems challenges in achieving the Millennium Development Goals, a situation which may hinder the achievement of universal health coverage. Health research is critical in providing evidence-based solutions for the much-needed improvement in health and development.
2. Significant events to enhance research have occurred since the last strategic health research plan for the African Region 1999–2003. These include the Global Ministerial Summit on Health Research in 2004 and 2008, and for the African Region in 2008, as well as adoption of the first global research strategy in 2010. All stakeholders emphasized that policies and practices in support of health should be grounded in the best scientific knowledge.
3. The national systems in the Region, required to facilitate the conduct and use of research, are weak. This has led to the Region's low contribution to global research output, and limited tools and products against diseases that disproportionately affect the Region. Hence, there is urgent need to prioritize research in order to close existing gaps.
4. This Regional Research for Health Strategy aims at improving national health research systems through interventions derived from recent developments in research and includes an enabling environment, sustainable financing, human resources capacity-building, knowledge translation, and effective coordination and management.
5. The Regional Committee examined and adopted the actions proposed and the related resolution.

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INTRODUCTION

1. Research for health is the generation of new knowledge using scientific methods to assess the impact on health of policies, programmes, processes, actions or events originating in any sector; developing interventions to prevent or mitigate that impact; and contributing to improved health and health equity.¹ National health research systems (NHRS) are vital for research generation, dissemination and utilization in addressing the health needs of the population, hence the focus of this strategy. The NHRS functions include the following: (a) governance; (b) developing and sustaining research capacities; (c) producing, and using research knowledge; and (d) resource mobilization and financing of research.

2. Cognizant of the important role of NHRS in health development, the Forty-eighth Session of the Regional Committee through Resolution AFR/RC48/R4² requested Member States to draft national research policies and strategies, build national research capacities, and establish coordination mechanisms and national ethics committees. The Fifty-eighth World Health Assembly³ also endorsed the 2004 Mexico Ministerial Summit Statement on Health Research, which called on governments to invest at least 2% of national health expenditures and at least 5% of health sector project/ programme aid in strengthening of NHRS.⁴

3. Some relevant developments include the Abuja Communiqué on health research in 2006,⁵ the Accra Communiqué on health research for disease control and development of 2006,⁶ and Document AFR/RC59/5 on the Algiers declaration on research for health.⁷ These culminated in the Bamako Call for Action on research for health,⁸ which urges governments to develop and implement policies on research and innovation for health, set and enforce standards and regulations, and develop mechanisms for intersectoral and inter-country research collaboration and coordination.

4. The Sixty-Second World Health Assembly adopted the *Global strategy and plan of action on public health, innovation and intellectual property*, urging Member States to implement the specific actions recommended, including prioritization of research and development needs; promotion of research and development; development and improvement of innovative capacity; transfer of technology; application and management of intellectual property to contribute to innovation with a view to promoting public health, improving delivery and access, promoting sustainable financing mechanisms, and establishing monitoring and reporting systems.⁹ The Sixty-third World Health Assembly approved *The WHO's strategy on research for health*,¹⁰ and through Resolution WHA63.21¹¹ defined the roles and responsibilities of WHO and Member States in research. It requested WHO to establish a Global Observatory on Health Research and Development to promote innovation, build capacity, improve access, and mobilize resources to address diseases that disproportionately affect the world's poorest countries.¹² Through Resolution WHA63.28, it established a Consultative Expert

¹ WHO, *The WHO strategy on research for health*, Geneva, World Health Organization, 2012.

² WHO Resolution AFR/RC48/R4: *Strategic health research plan 1999-2003*, Brazzaville, World Health Organization, 1998.

³ WHO: Ministerial Summit on Health Research. World Health Assembly Resolution WHA58.34. Geneva: WHO; 2005.

⁴ Commission on Health Research for Development, *Health research: essential link to equity in development*. New York, Oxford University Press, 1990.

⁵ High Level Ministerial Meeting on Health Research in Africa: Communiqué, Abuja, Nigeria, 8-10 March 2006.

⁶ High Level Ministerial Meeting on Health Research for Disease control and development: Communiqué, Accra, Ghana, 15-17 June 2006.

⁷ WHO Document AFR/RC59/5: The Algiers declaration on Research for Health: Narrowing the knowledge gap to improve Africa's health, Brazzaville, World Health Organization, 2008.

⁸ WHO and Government of Mali, The Bamako Call for Action on Research for Health: Strengthening research for health, development, and equity. From the Global Ministerial Forum on Research for Health, Bamako, Mali, 17-19 November, 2008. Geneva, World Health Organization, 2008.

⁹ WHO: *Global strategy and plan of action on public health, innovation and intellectual property*. Geneva: WHO; 2011

¹⁰ WHO, *The WHO strategy on research for health*, Geneva, World Health Organization, 2012.

¹¹ Resolution WHA63.21, WHO's role and responsibilities in health research. Geneva, World Health Organization, 2010.

¹² WHO: Resolution WHA66.23, Follow-up of the Consultative Expert Working Group on Research and Development: Financing and Coordination. Geneva:WHO, 2013.

Working Group on Research and Development which examined current financing and coordination of research and development, and made recommendations for new and innovative sources of financing to stimulate research and development in order to address diseases that disproportionately affect the world's poorest countries.

SITUATION ANALYSIS AND JUSTIFICATION

Situation analysis

5. Africa's percentage share of global health research output was 0.7% in 2000 and increased to 1.3% in 2014.¹³ The research arena in the African Region is characterized by a multiplicity of actors, dispersed efforts and unclear results in relation to impact on priority health problems.

6. The capacity for health research in the Region is low owing to a weak health research system. In a WHO survey of the NHRS of the 47 countries in April 2014, 24 (51%) had no national health research policy; 27 (57%) were without law governing health research; 25 (53%) lacked a strategic health research plan; 22 (47%) had no health research agenda; 21 (45%) were without a national health research institute/council; and 25 (53%) lacked a dedicated budget to support research in their ministries of health.

7. Priority is not given to research as a tool for solving the Region's health needs, and investments in health research are therefore insufficient. Most research activities are driven by external partners with agendas that do not often address national health priorities. Only 3.8% of new medicines approved between 2000 and 2011 are for diseases that disproportionately affect the Region.¹⁴

8. The sharing and utilization of research results in our Region is weak. Knowledge translation platforms that link researchers and policy-makers, such as Evidence Informed Policy Networks (EVIPNet) launched since 2006 by WHO, exist in only 12 (26%) countries in the African Region.¹⁵ Therefore, the majority of countries have not embraced platforms that enhance the translation of research outputs into health policies and services.

9. Many countries are facing significant challenges in training and retaining researchers. The training curriculum of health professionals is weak in research, the career path for researchers is ill-defined, and incentives for researchers are poor. Consequently, only a small proportion of graduates express interest in research careers, leading to an inadequate base of qualified researchers.

Justification

10. Since the expiry of the *Strategic health research plan 1999-2003*, a number of summits and ministerial meetings held regionally and globally on research for health have resulted in *The WHO strategy on health research*. The Sixty-second meeting of the Regional Committee¹⁶ also recommended that Member States implement the global strategy and plan of action on public health, innovation and intellectual property (GSPA-PHI).

11. The majority of countries in the African Region are still not on track to achieve the health-related Millennium Development Goals. Of the 47 countries in the Region, the number that are on track to

¹³ Uthman OA *et al.* Increasing the value of health research in the WHO African Region beyond 2015 - reflecting on the past, celebrating the present, and building the future: a bibliometric analysis. *BMJ Open* 2015; 5:e006340.

¹⁴ Pedrique B *et al.* DNDi. The drug and vaccine landscape for neglected diseases (2000–11): a systematic assessment. *Lancet Global Health* 2013.

¹⁵ Burkina Faso, Cameroon, Central African Republic, Ethiopia, Ghana, Malawi, Mali, Mozambique, Nigeria, Senegal, Uganda and Zambia.

¹⁶ WHO, Sixty-second session of the WHO Regional Committee for Africa. Final Report, Brazzaville, World Health Organization, Regional Office for Africa, 2012 (AFR/RC62/21).

achieve or that have achieved each target is 16 for target 4A (under-five mortality); four for target 5A (maternal mortality ratio); seven for target 5B (access to reproductive health); 34 for target 6A (reversal of HIV/AIDS spread); 10 for target 6B (access to HIV/AIDS treatment); and 12 for target 6C (reversal of malaria etc.).¹⁷ Cost-effective interventions exist, and progress towards the third sustainable development goal on ensuring healthy lives and promoting well-being for all at all stages (including universal health coverage) and the unfinished MDGs agenda can be facilitated by increased deployment of research to increase utilization of existing health interventions and discover new tools that address unmet health needs.^{18, 19}

12. There is therefore urgent need for a strategy that articulates feasible targets and priority interventions for strengthening NHRs, coordination and networking of health research institutions and partners in the Region. The Sixty-second Regional Committee requested the Regional Director to present an updated research for health strategy.

13. The proposed new Regional Strategy is intended to provide guidance to Member States for strengthening their national health research systems in order to optimize research production and utilization. It shall also provide for a set of regional support actions to facilitate the overall improvement of research capacity in the Region.

THE REGIONAL STRATEGY

Objectives

14. The aim of this strategy is to foster the development of a functional NHRS that generates scientific knowledge for developing technologies, as well as systems and services needed to achieve universal health coverage.

15. The objectives of this strategy are to:

- (a) establish effective research for health governance;
- (b) improve building and sustenance of human, physical and institutional capacities on research for health;
- (c) strengthen production and use of research to enhance performance of health systems;
- (d) establish sustainable research for health financing; and
- (e) establish mechanisms for tracking health research investments.

Targets

16. *Governance*

- (a) Countries with valid health research policies, strategic plans, and priority lists increased from 60% to 100%.
- (b) Countries with legislation on health research increased from 52% to at least 80%.

¹⁷ WHO, *Progress towards the achievement of the health-related Millennium Development Goals in the African Region*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2014, Document AFR/RC64/4.

¹⁸ WHO, *Research for Universal Coverage: World Health Report 2013*, Geneva, World Health Organization, 2013.

¹⁹ UN: Document A/69/700. The road to dignity by 2030: ending poverty, transforming all lives and protecting the planet. Synthesis report of the Secretary-General on the post-2015 sustainable development agenda. United Nations General Assembly, 4 December 2014. New York: UN; 2014.

- (c) Countries with national or institutional ethics review committees increased from 90% to 100%.
- (d) At least 80% of countries have a national or institutional ethics review committee that assess and provides feedback within three months of application.

17. *Creating and sustaining resources*

- (a) Countries with a health research promoting unit within the Ministry of Health increased from 59% to at least 75%.
- (b) Countries with universities/colleges that have a training programme in health research increased from 20% to at least 40%.
- (c) Countries with a national health research institute/council increased from 40% to at least 55%.

18. *Producing and using health research*

- (a) Countries whose ministries of health have a research and development coordination mechanism with other relevant ministries increased from 40% to at least 85%.
- (b) Each country is to increase the number of health research outputs, including articles published in peer reviewed journals and targeted technical reports by at least 30%.
- (c) Countries with a knowledge translation platform increased at least from 26% to 100%.

19. *Financing*

- (a) Countries that have a dedicated budget line for health research within the Ministry of Health's budget increased from 52% to at least 75%.
- (b) Countries investing at least 2% of the national health budget in health research increased from 2% to at least 25%.
- (c) Countries that invest at least 5% of development assistance funds earmarked for the health sector in health research increased from 2% to at least 25%.
- (d) Countries regularly tracking health research spending from all sources increased from 20% to at least 50%.

20. *Establishing a mechanism for health research coordination and tracking of investments*

- (a) Countries that have national health research observatories increased from 8% to at least 20%.
- (b) Countries using national health research and development registries to set health research priorities increased from 4% to at least 10%.

Guiding principles

21. Implementation of the research for health strategy will be guided by the following principles:

- (a) **country ownership** to ensure that governance of health research processes are led and owned by governments;
- (b) **harmonization and alignment** to ensure that all health research activities address national health needs;⁹

- (c) informed consent ensuring *dignity, integrity and safety of research participants* to be guaranteed by national ethics review committees;
- (d) *evidence-based decision-making* to be effected in policy, planning and practice related to service delivery, health workforce, information, medical products, vaccines and technologies, financing, and leadership and governance;
- (e) *efficiency to* ensure that all health research resources are allocated and used optimally to maximize production and use of scientifically valid research outputs;
- (f) *partnership* among all health-related sectors and disciplines, the private sector, international development organizations, non-governmental organizations, civil society and communities to strengthen national health research systems.

Priority interventions

22. **Strengthening health research governance** involves putting in place mechanisms and processes to create an enabling environment for the conduct of research that is responsive to country needs, and will include the following areas:

- (a) development and implementation of national health research policy, plans, and priorities;
- (b) provision of a legal framework for the protection of researchers and participants;
- (c) establishment and strengthening of health research advisory committees, as well as scientific and regulatory review teams;
- (d) establishment of functional national or institutional ethics committees that provide timely and efficient review of applications in order to facilitate the conduct of health research.

23. **Creating and sustaining resources for health research** requires focusing on building immediate and sustained human and infrastructural resources of academic and public research organizations. These include:

- (a) establishment and strengthening of health research units;
- (b) creation and strengthening of universities/colleges that include health research in their curriculum and deliverables;
- (c) establishment and strengthening of national health research councils/institutes;
- (d) provision of catalytic funding to young scientists, on-the-job training schemes in grant writing, project management, statistical analysis and operational research among others;
- (e) creation of clear career development paths and provision of incentives that would attract

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