**Investing in R&D**

**Quotes and corresponding references**

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| **Reference** | **Quotes** |
| The state of research for health environment in the ministries of health of the Economic Community of the West African States (ECOWAS)  *Sombié et al.*  *Health Research Policy and Systems*  *11 September 2013, 11:35* | * Among the ECOWAS countries, funding of R4H has been inadequate and difficult to mobilize despite the intent of the countries to implement the Algiers and Bamako Declarations. In 9 out of the 14 countries interviewed, there was no budget line in the MOH’s budget for R4H activities, and where this existed the funds allocated were still very small compared to external funding. In Côte d’Ivoire for instance, public funding for R4H represented less than 1% of the country’s health budget. In Burkina Faso, foreign partners funded 87% of research for health projects. * All 14 countries lacked a coherent resource mobilisation strategy or policy document. Five countries had take steps to implement the recommendations of the commitment of Ministers of Health to allocate 2% of the national health budget and 5% of the budget of health projects and programmes to research. * To give adequate emphasis to the role of research within MOHs, the R4H units should ideally be at a level of a Directorate. This would facilitate the proper functioning of the R4H unit and influence decision making and policy drafting across all the different Directorates of Ministries to use research. Operating at the level of a Directorate would afford the R4H unit an opportunity to have a dedicated budget line for its operations and also make it a little easier to track that country’s contribution toward R4H. * One of the most commonly reported weaknesses of R4H activities in Africa is low national funding. This observation was affirmed in the results as very few countries had budget lines to support the activities of the R4H structures in the MOH to fund research projects, especially those of national interest. * Only a third of the countries had mechanisms in place to help implement the international recommendations approved by Ministers of Health during the Mexico Summit and reaffirmed in Algiers. These recommendations called for the allocation of 2% of the budgets of MOHs and 5% of the budget for health projects/programmes to research at the 58th session of the World Health Assembly. * None of the 14 countries in attendance had a specific strategy document on how to mobilize resources for research. |
| West African science too reliant on foreign cooperation  *Esther Tola (in reference to two papers published in Scientometrics – June and September 2013, by E. Mêgnigbêto)*  *Scidev.net*  *27 August 2013* | From the analysis of the research output of 15 West African countries between 2001 and 2010:   * West African countries rely heavily on collaborations with Western countries in science, which may skew their own national priorities in research. * Three countries alone – France, the Unites States, the United Kingdom, contributed to more than 63% of the papers with a non-West African collaborator. * Country’s researchers align their activities with the demands of international funders rather than focusing on work that will benefit Benin. * 58% of Ghana’s and 63% of Senegal’s research in reliant on foreign collaboration. * The challenges facing the development of research in these countries include unmotivated researchers, a lack of well-functioning institutional frameworks, a lack of links between research programmes and the government’s development priorities and funding, and a lack of equipment and insufficient human resources. |
| Accelerating Health Research for Africa’s Development  An assessment of the Effectiveness of National Policies in Eastern and Southern Africa  *J. Ouma-Mugabe*  *Policy Brief*  *University of Pretoria*  *Graduate School of Technology Management*  *July 2013* | From an assessment done in Botswana, Kenya, Rwanda, South Africa, Uganda, Zambia:   * Africa’s long-term economic growth and sustainability are threatened by high burden of disease. Sustaining and spurring growth will require more investment in public health, including health research and development (R&D). * Health R&D is an economic investment when products are commercialized. Africa, compared to other regions, has not effectively invested in, nor reaped the benefits of, health R&D. * South Africa’s health R&D expenditure is estimated to be 0.8% of its annual health budget while Kenya’s is about 0.2%. Estimates for the other countries are not available because there are no published health R&D statistics or indicators. * Countries also fall short on the 2007 African Union Summit pledge of spending at least 1% of GDP on R&D. In 2008, Botswana’s expenditure on R&D was 0.5% of GDP, Kenya 0.4%, South Africa 0.9%, and Zambia 0.37%. Data or statistics are not available for Rwanda. * The 6 countries rely largely on external donor funding for their R&D. In each of the countries more than 50% of the funding for health R&D comes from external donors such as the US National Institutes for Health (NIH), USAID, the Bill and Melinda Gates Foundation, UK, Wellcome Trust and the European Union. * Strong support for entrepreneurial sand innovation-oriented health R&D is essential to ensure commercialization of African-generated knowledge and technologies. * Recommendation for increased spending on health R&D:   + Institutions such as COHRED, AMREF, AU and NEPAD would develop and African framework and indicators for monitoring health R&D expenditure.   + Each country should have a specific budget line for health R&D integrated into the annual national budget framework.   + Each country should be required to prepare a biannual report on health R&D status and financing. |
| Mapping of available health research and development data: what’s there, what’s missing, and what role is there for a global observatory?  *Rottingen J-A et al.*  *Health Policy. The Lancet.*  *20 May 2013* | * We estimated that the global total investment in health R&D (both public and private sector) to be roughly USD 240 billion purchasing power parity-adjusted dollars in 2009, with 89.5% (USD 214 billion) coming from high-income countries, 7.9% (USD 19 billion) from upper-middle-income countries, 2.6% (USD 6.2 billion) from lower-middle-income countries, and only 0.1% (USD 0.2 billion) from low income countries. * No strong association was reported between a country’s wealth and the proportion of publicly funded health R&D. This finding shows the role of private sector health R&D investments in individual countries, notably the pharmaceutical industry, and suggests that variations exist that depend on countries’ industrial structures, on pas and present political decisions, and on the priorities of governments and multinational corporations. |