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**PROGRESS REPORT ON RESEARCH FOR HEALTH: A STRATEGY FOR THE  
AFRICAN REGION**

**Information Document**

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## BACKGROUND

1. Narrowing the knowledge gap to improve health in the African Region demands a collective commitment to strengthening the generation of knowledge and a more outcome-focused, country-led research agenda; well-coordinated, high-quality, cross-organizational research; and more effective translation of research evidence into health impact in countries. In 2014, a baseline assessment of the national health research systems (NHRSS) of Member States revealed the need for the establishment of functional NHRSS in Member States.<sup>1</sup>

2. In 2015, at the Sixty-fifth session of the Regional Committee, Member States adopted a resolution on Research for health: a strategy for the African Region, 2016–2025.<sup>2</sup> The strategy seeks to foster the development of functional NHRSS that generate scientific knowledge to guide the provision and delivery of health services. The strategy has five interrelated goals, namely to strengthen the research culture in WHO; to focus research on priority health needs; to strengthen national systems for health research; to promote good practices in research; and to strengthen the link between health research and health policy and practice. The strategy stipulates bold targets for all Member States and calls for regular monitoring to ascertain gaps.

3. The first assessment in 2019 revealed modest improvements, compared to the baseline in 2014. This document is in compliance with the request of the Sixty-fifth session of the Regional Committee that the Regional Director should report every four years on progress made in implementing the regional strategy. This is the first report covering the period 2016–2020.

## PROGRESS MADE/ACTIONS TAKEN

4. The NHRSS of all 47 Member States were assessed to generate NHRS function and subfunction indices (barometer scores), using a method previously developed for the WHO African Region<sup>3</sup>. Overall, the regional NHRS performance showed improvements in all the indicators under the different objectives of the research strategy compared to the 2014 baseline.

5. **Establishing effective governance of research for health:** The regional average barometer score for governance of research for health (R4H) increased from 62% in 2014 to 72% in 2019. Significant improvement was noted in Member States developing research priority lists (a barometer score of 79% in 2019 compared to 59% in 2014).

6. **Development of national health research policies and national health research strategic plans:** Member States are at various stages of developing their national health research policies. Sixty-five per cent of the Member States reported that they have a national health research strategic plan; however, strategies were at varying levels of development including those with expired timelines (12 Member States), those under development (20 Member States), and those that were

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<sup>1</sup> Kirigia JM, Ota MO, Motari M, Bataringaya JE and Mouhouelo P. National health research systems in the WHO African Region: current status and the way forward. *Health Research Policy and Systems* (2015) 13:61. DOI 10.1186/s12961-015-0054-3

<sup>2</sup> AFR/RC65/R2. Research for Health: A Strategy for the African Region, 2016-2025.

<sup>3</sup> Kirigia JM, Ota MO, Senkubuge F, Wiysonge CS, Mayosi BM. Developing the African national health research systems barometer. *Health Res Policy Syst.* 2016;14(1):53.

recently launched (eight Member States). In 2019, twenty Member States<sup>4</sup> lacked strategic plans for research for health; eight lacked research priority lists,<sup>5</sup> while 12 lacked health research policies.<sup>6</sup>

7. **Producing and using research:** Improvements were noted in the proportion of Member States with research and development (R&D) coordination mechanisms in place, which rose from 72% to 85% between 2014 and 2019. The proportion of Member States with a knowledge translation platform increased from 41% in 2014 to 59% in 2019. However, 16 Member States<sup>7</sup> were yet to design and deploy such a platform. A framework for strengthening the use of research evidence platforms has been submitted for the consideration of the Seventy-first Regional Committee.

8. **Financing of research for health:** While funding for health research has generally increased in the Region over the years, the proportion from domestic sources remains very low relative to the overall gross domestic product of Member States.<sup>8</sup> This affects the ability to shape the research agenda and implement research to address local needs and priorities. The proportion of Member States with a dedicated budget line for R4H increased from 51% to 62% between 2014 and 2019. The proportion of countries regularly tracking R4H spending from all sources increased by 8% over the same period. Targeted financial investment in R4H is yet to be realized given the fact that 22 Member States<sup>9</sup> with dedicated budget lines for research were yet to invest 2% of their national health budget in R4H and 23 were yet to invest 5% of their health sector donor assistance in R4H<sup>10</sup>.

9. **Individual country scores:** Member States' barometer scores for 2014 and 2019 were computed and they showed that the Region is on track in strengthening research for health. The following categorization of barometer scores was employed to group Member States: 0–19; 21–40; 41–60; 61–80 and 81–100. Nine Member States<sup>11</sup> were in the 81–100 barometer score range in 2019 compared to one<sup>12</sup> in 2014. This shows that the Member States in the Region are on track to achieve the 2025 targets. This is probably due to ongoing sensitization of Member States to invest in R4H.

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<sup>4</sup> Angola, Botswana, Burundi, Cabo Verde, Congo, Democratic Republic of the Congo, Eswatini, Gabon, Ghana, Guinea-Bissau, Madagascar, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Sierra Leone, South Sudan, Uganda, Zimbabwe.

<sup>5</sup> Angola, Gabon, The Gambia, Mali, Namibia, Seychelles, Sierra Leone, Uganda.

<sup>6</sup> Angola, Botswana, Cabo Verde, Democratic Republic of the Congo, Eswatini, Ghana, Guinea-Bissau, Madagascar, Malawi, Mauritania, Mauritius, Zimbabwe.

<sup>7</sup> Angola, Burkina Faso, Benin, Burundi, Cabo Verde, Nigeria, Gabon, Congo, Sierra Leone, South Sudan, Eswatini, Namibia, Mauritania, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea.

<sup>8</sup> Røttingen JA, Regmi S, Eide M, Young AJ, Viergever RF, Ardal C, et al. Mapping of available health research and development data: what's there, what's missing, and what role is there for a global observatory? *Lancet*. 2013;382(9900):1286–1307

<sup>9</sup> Benin, Botswana, Burkina Faso, Eritrea, Gabon, Ghana, The Gambia, Lesotho, Liberia, Madagascar, Malawi, Mauritius, Rwanda, Zimbabwe Mozambique, Niger, Nigeria, Senegal, South Africa, United Republic of Tanzania, Uganda, Zambia.

<sup>10</sup> Botswana, Benin, Burkina Faso, Eritrea, Gabon, The Gambia, Ghana, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Niger, Nigeria, Rwanda, Senegal, South Africa, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.

<sup>11</sup> Cameroon, Guinea-Bissau, Kenya, Mali, Niger, Rwanda, South Africa, United Republic of Tanzania and Zambia.

<sup>12</sup> Rwanda

**NEXT STEPS****10. All Member States should:**

- (a) Urgently address the gaps noted above and strengthen their NHRs by increasing domestic funding for research, and establishing and using knowledge translation platforms to increase evidence-informed health decision-making;
- (b) Adapt the regional barometer tool to conduct a self-assessment of their NHRs every year before the biennial regional assessment;
- (c) Provide adequate domestic funding for research for health in line with the recommendation of the Commission on Health Research for Development (COHRED) that “countries should invest at least 2% of national health expenditures to support essential national health research”.<sup>13</sup> Further, research capacity-strengthening and development assistance agencies should commit at least 5% of health project aid to essential national health research and research capacity building.<sup>14</sup>
- (d) Use the opportunity of the COVID-19 pandemic to promote research activities for health policy formulation.

**11. The WHO Secretariat and partners should:**

- (a) Provide technical and financial support for strengthening the NHRs of Member States, considering the cross-cutting activities integrated within the response to the COVID-19 pandemic;
- (b) Support Member States to conduct the 2020-2021 assessment and document progress in strengthening NHRs.

12. The Regional Committee reviewed this progress report and considered the next steps.

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<sup>13</sup> Commission on Health Research for Development. Health research. Essential link to equity in development. Oxford; Oxford University Press; 1990 ([http://www.cohred.org/downloads/open\\_archive/ComReports\\_0.pdf](http://www.cohred.org/downloads/open_archive/ComReports_0.pdf) , accessed 30 September 2019).

<sup>14</sup> This call was repeated in a WHA resolution on health research in 2005 (6). Another WHA resolution in 2010 proposed the following indicator as a measure of WHO’s performance: “at least 5% of WHO’s combined core and voluntary budgets allocated in support of research at WHO, including dedicated funds for the implementation and evaluation of the research strategy...”.

**Annex: Progress against the milestones and targets of the Regional research for health strategy 2016–2025**

Health research system barometer parameters	Regional barometer score		
	2014 (n=47)	2019 (n=39)	P-Value
<b>A: Governance of research for health</b>			
1. Regional health research policy index (RHRPI)	0.49	0.67	0.047
2. Regional health research law index (RHRLI)	0.4	0.56	0.139
3. Regional strategic health research plan index (RSHRPI)	0.47	0.49	0.853
4. Regional ethical review committee index (RERCI)	0.91	0.95	0.474
5. Regional health research priority list index (RHRPLI)	0.53	0.79	0.012
6. Regional health research focal point index (RHRFPI)	0.83	0.85	0.802
<b>Average score for the governance of R4H</b>	<b>0.61</b>	<b>0.72</b>	<b>0.283</b>
<b>B: Developing and sustaining resources for R4H</b>			
7. Regional universities with faculties of health sciences/medicine (RUFHSI)	0.05	0.25	0.008
8. Regional health research institutes or councils (RHRCI)	0.55	0.72	0.105
9. Regional R4H programme (RHRPRI)	0.51	0.72	0.047
10. Regional R4H programme staff density index (RHRHRI)	0.0006	0.53	<0.001
11. Regional NGO R4H index (RNGOI)	0.64	0.79	0.128
<b>Average score for developing and sustaining resources for R4H</b>	<b>0.35</b>	<b>0.61</b>	<b>0.016</b>
<b>C: Producing and using research</b>			
12. Regional R4H programme action plan index (RHRPAI)	0.34	0.59	0.02
13. Regional knowledge translation platform index (RKTPI)	0.32	0.59	0.012
14. Regional health research management forum index (RHRMFI)	0.51	0.48	0.644
15. Regional R4H publication per 100 000 population index (RPPCI)	0.1		
<b>Average score for producing and using research</b>	<b>0.32</b>	<b>0.55</b>	<b>0.032</b>
<b>D: Financing of R4H</b>			
16. Regional budget line for R4H index (RBLHRI)	0.47	0.62	0.165
17. Regional government spending on R4H index (RHRBI)	0.06	0.23	0.019
<b>Average score for financing of R4H</b>	<b>0.27</b>	<b>0.43</b>	<b>0.016</b>
<b>REGIONAL HEALTH RESEARCH SYSTEM BAROMETER (RHRSB) AVERAGE SCORE</b>	<b>0.42</b>	<b>0.61</b>	<b>0.04</b>