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

**Information Document**

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## BACKGROUND

1. Achieving universal health coverage (UHC) and improving health in the WHO African Region require commitment and reliable evidence. As the road to UHC will be unique to each country, national health research systems (NHRS) must take the lead in providing contextual evidence for more effective translation of research evidence, to improve health outcomes in their countries.
2. 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>1</sup> The strategy seeks to foster development of functional NHRS that generate scientific knowledge to guide the provision and delivery of health services. The strategy's objectives are to: establish research for health governance; improve building and sustenance of human, physical and institutional capacities on research for health; strengthen production and use of research to enhance performance of health systems; establish sustainable research for health financing; and establish mechanisms for tracking health research investments. The strategy stipulates bold targets for all Member States and calls for regular progress monitoring.
3. The first assessment in 2018 revealed modest improvements, compared to the baseline in 2014.<sup>2</sup> This second report covers the period 2019–2022.

## PROGRESS MADE

4. In 2022, the NHRS of Member States in the African Region were assessed to generate barometer scores, using a method previously developed for the WHO African Region.<sup>3,4</sup> Overall, the regional NHRS performance showed improvements in all the indicators compared to 2014 and 2018.
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% and 73% in 2018 and 2022 respectively. In 2022, more Member States appointed health research focal points (barometer score of 82%, 85% and 87% in 2014, 2018 and 2022, respectively). Member States are at various stages of developing their national health research policies. In 2022, sixty-four per cent of Member States indicated that they had completed research strategic plans, compared to 63% in 2018.
6. **Improving human, physical and institutional capacities in research for health:** The regional score for improving resources for health research increased from 40% and 61% in 2014 and 2018 respectively, to 65% in 2022.
7. **Producing and using research:** The proportion of Member States with research and development coordination mechanisms rose from 72% to 85% between 2014 and 2018 but dropped to 69% in 2022. Those with active knowledge translation platforms, which had increased from 41% in

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<sup>1</sup> AFR/RC65/R2. Research for Health: a Strategy for the African Region, 2016–2025.

<sup>2</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>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.

<sup>4</sup> Rusakaniko S, Makanga M, Ota MO, Bockarie M, Banda G, Okeibunor J, et al. Strengthening national health research systems in the WHO African Region - progress towards universal health coverage. *Global Health* 2019. (<https://doi.org/10.1186/s12992-019-0492-8>., accessed March 2023)

2014 to 59% in 2018, dropped to 41% in 2022. A framework for strengthening the use of research evidence platforms was submitted for consideration by the Seventy-first Regional Committee, to enhance the use of evidence in policies.

8. **Financing of research for health (R4H):** The proportion of Member States with a dedicated budget line for R4H increased from 51% to 62% between 2014 and 2018 and remained at 62% in 2022. Eleven Member States<sup>5</sup> with dedicated budget lines for research invested 2% of their national health budget in R4H for the period under review, and seven invested 5% of their health sector donor assistance in R4H.<sup>6</sup> Domestic research funding was low relative to the overall gross domestic product of Member States.<sup>7</sup> This affects the ability to shape the research agenda and implement research to address local needs and priorities.

9. **Individual country scores:** The following categorization of barometer scores was employed to group Member States: 0–19; 21–40; 41–60; 61–80 and 81–100. Five Member States<sup>8</sup> were in the 81–100 barometer score range in 2022, compared to nine<sup>9</sup> in 2018 and one<sup>10</sup> in 2014. This shows a drop in performance, which could be attributed to the COVID-19 pandemic.

10. The major challenge is the failure of most of the Member States to invest in research.

## NEXT STEPS

11. **All Member States should:**

- (a) Establish, sustain and use knowledge translation platforms to increase evidence-informed health decision-making.
- (b) 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>11</sup> They should also promote mechanisms for addressing priority research interventions. 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>12</sup>
- (c) Strengthen research capacity in countries using lessons learnt from COVID-19.

<sup>5</sup> Algeria, Botswana, Cabo Verde, Cameroon, Côte d’Ivoire, Kenya, South Africa, South Sudan, Uganda, United Republic of Tanzania and Zambia

<sup>6</sup> Algeria, Botswana, Cabo Verde, Cameroon, Côte d’Ivoire, Kenya, South Africa.

<sup>7</sup> Röttingen 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>8</sup> Burkina Faso, Lesotho, Niger, Senegal and Zambia

<sup>9</sup> Cameroon, Guinea-Bissau, Kenya, Mali, Niger, Rwanda, South Africa, United Republic of Tanzania and Zambia.

<sup>10</sup> Rwanda

<sup>11</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>12</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...”.

12. **The WHO Secretariat and partners should:**
  - (a) provide technical support for NHRS strengthening, considering the cross-cutting activities integrated within the response to the COVID-19 pandemic;
  - (b) support Member States to conduct the 2024 assessment and document progress in strengthening NHRS.
13. The Regional Committee is invited to review this progress report and consider the next steps.

**Annex: Trends in the regional health research system barometer scores for 39 countries in the WHO African Region**

	% (2014) (n=39)	% (2018) n=39	% (2022) n=39	% (2022) - 2018) (+/-)	p-value
<b>A. Governance of research for health</b>					
1. Regional health research policy index (RHRPI)	51	67	67	0	-
2. Regional health research law index (RHRLI)	38	56	56	0	-
3. Regional strategic health research plan index (RSHRPI)	51	49	49	0	-
4. Regional ethical review committee index (RERCI)	92	95	95	0	-
5. Regional health research priority list index (RHRPLI)	59	79	79	0	-
6. Regional health research focal point index (RHRFPI)	82	85	87	+2	0.799
<i>Average score for the governance of R4H</i>	62	72	73	+1	0.577
<b>B. Developing and sustaining resources for R4H</b>					
7. Regional universities with faculties of health sciences/medicine (RUFHSI)	13	25	100	+75	<0.001
8. Regional health research institutes or council (RHRCI)	59	72	62	-10	0.348
9. Regional R4H programme (RHRPRI)	56	72	82	+10	0.294
10. Regional R4H programme staff density per 100 000 population index (RHRHRI)	0.1	0.2	9	+8.8	0.071
11. Regional NGOs R4H index (RNGOI)	72	79	74	-5	0.612
<i>Average score for developing and sustaining resources for R4H</i>	40	61	65	+4	0.715
<i>Average score for developing and sustaining resources for R4H*</i>	40	61	80*	+19	0.066
<b>C. Producing and using research</b>					
12. Regional R4H programme action plan index (RHRPAI)	51	59	69	+10	0.370
13. Regional knowledge translation platform index (RKTPI)	40	59	41	-18	0.122
14. Regional health research management forum index (RHRMFI)	38	46	38	-8	0.486
15. Regional R4H publications per 100 000 population index (RPPCI)	10	-	10	-	-
<i>Average score for producing and using research</i>	35	55	40	-15	0.196
<i>Average score for producing and using research*</i>	35	55	49*	-6	0.596
<b>D. Financing of R4H</b>					
16. Regional budget line for R4H index (RBLHRI)	51	62	62	0	-
17. Regional government spending on R4H index (RHRBI)	14	23	24	+1	0.917
<i>Average score for financing of R4H</i>	33	43	43	0	-
<i>Regional health research systems barometer (RHRSB) average score</i>	43	61	59	-2	0.720
<i>Regional health research systems barometer (RHRSB) average score*</i>	43	61	61*	0	0.928