

**African Union**  
Scientific Technical Research Commission



**African Scientific  
Research and  
Innovation Council**

# .. INVESTING IN HEALTH AND HEALTH RESEARCH SYSTEMS: AN ECONOMIC ANALYSIS

---

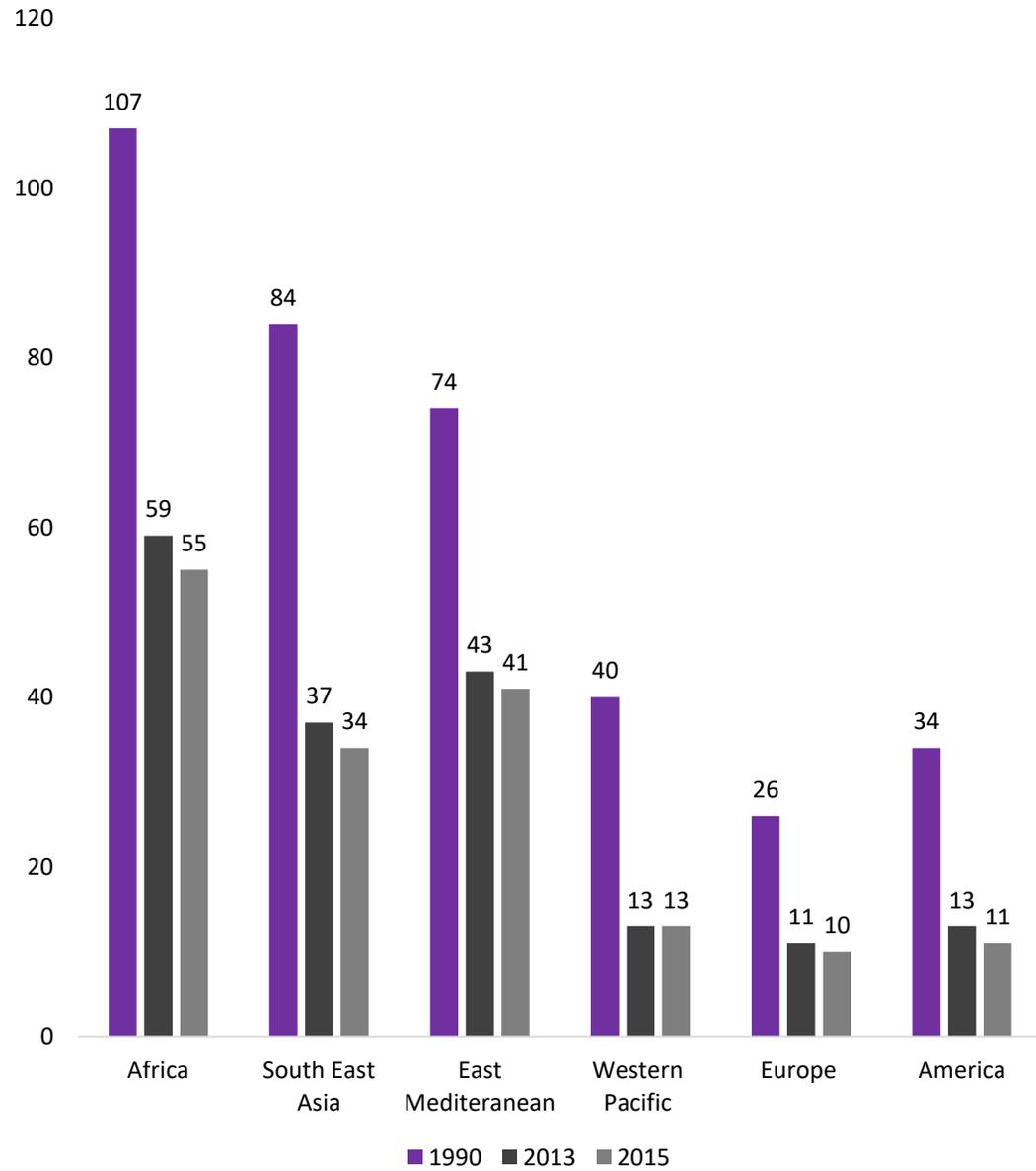
PROFESSOR OBINNA ONWUJEKWE  
UNIVERSITY OF NIGERIA NSUKKA

**ASRIC CONFERENCE  
17TH DECEMBER 2020**

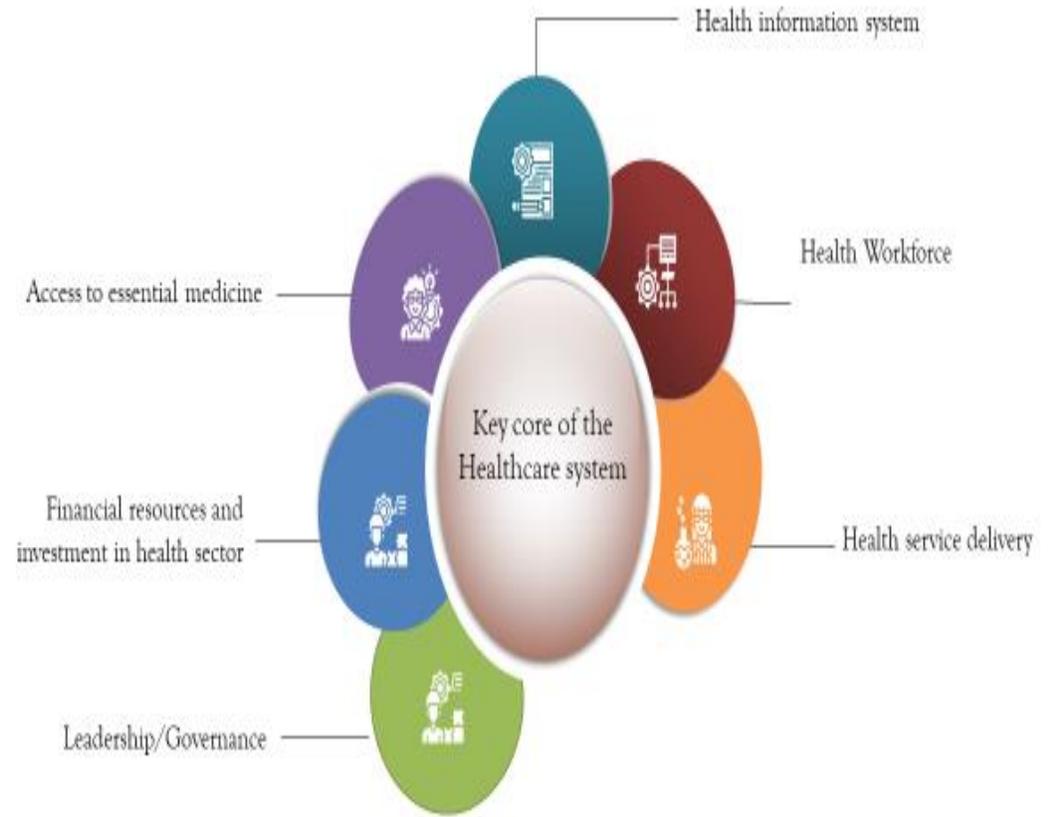
# INTRODUCTION

- The African health sector faces multifaceted challenges ranging from lack of fund and weak income for health professional; factors considered to be determinants of health like poverty; lack of safe water and sanitation; exodus of human resources, (health technologists, physician, nurses and midwife); outdated health infrastructure among others.
- All the health systems building blocks are weak in most African countries: Governance; Financing; Service Delivery; Human Resources for Health; Management Information Systems; Supply of critical resources
- Most African countries run the clear risk of not achieving the health-related SDG targets, especially Universal health Coverage (UHC)

Infant rate mortality per 1000 lives birth



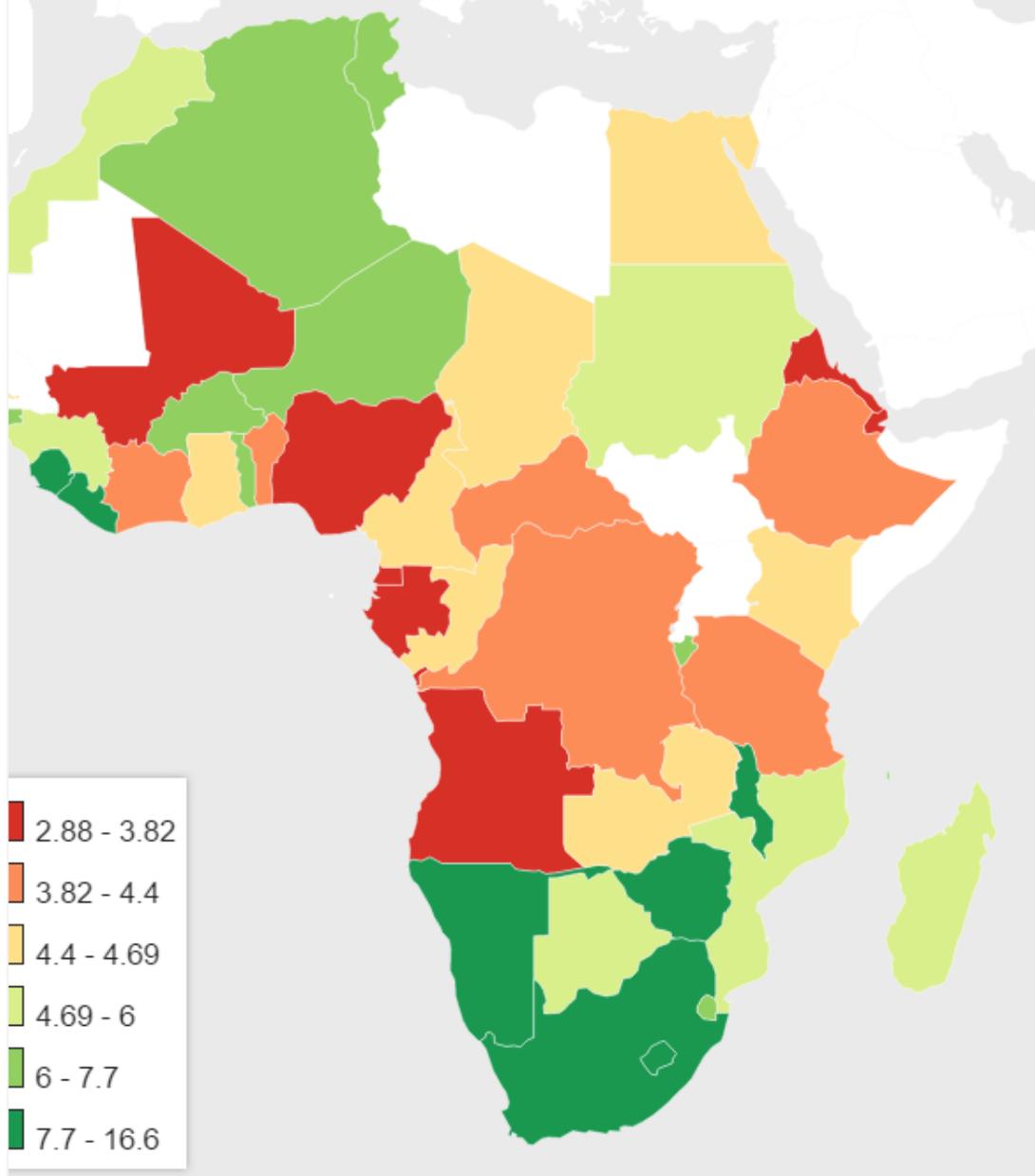
# HEALTH SYSTEM BUILDING BLOCKS





# WEAK AFRICAN HEALTH SYSTEMS: EVIDENCE BASE

- **The average life expectancy at birth** in African is significantly lower than in other WHO regions: people in the East Mediterranean and South-East Asia live at least nine years longer, while those in the Americas, Europe and the West Pacific live at least 17 years longer than those in the African region. 
- **The adult mortality rate per 1000 people** in Africa has from 59 to 55 in 2013 to 2015 this in turn has reflected due the renewed policies and commitment of the Member States. Nevertheless, this demonstrate a strong commitment of African leaders to achieve the health target.
- **Health financing and funding:** The total expenditure on health of the AU 55 Member States is less than 1% of the global health expenditure, considering that the continent carries 25% of the world's disease burden and has 15% of the world's population. In other words, most African countries spending less than US\$10 per person per year on healthcare when at least US\$27 is needed [19].

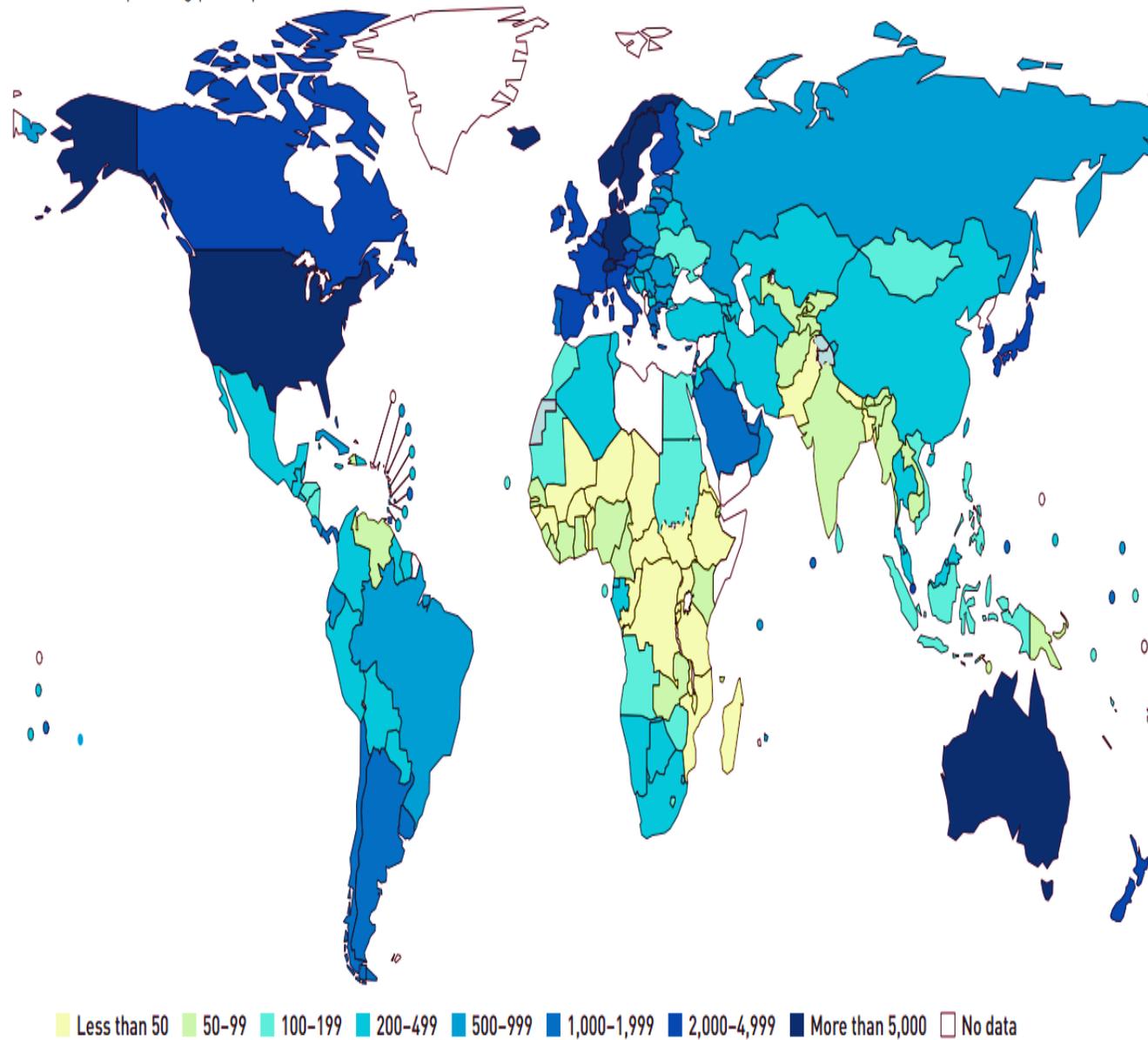


## TREND IN HEALTH FINANCING IN AFRICA

- The health spending in Africa increased differed across many countries from 2000 to 2017
- Despite the significant health spending growth across African Member States, health spending was estimated less than US\$50 a person in 2017, compared with an estimate of US\$2,937 per person in high income countries
- It is noted that a major source of health spending in many African countries is out-of-pocket spending, which can lead to households incurring catastrophic health spending

# HEALTHCARE SPENDING PER CAPITA

- Health government spending share from low middle income countries was estimated at 44% in 2017 with an out-of-pocket share of 40% which is low compared to upper income countries and higher income countries where government spending share stood at 69% (WHO, 2019)





# REFLECTIONS 1

- African countries are not significantly investing in the health sector and the little that is invested sometimes are inefficiently spent within weak accountability systems
- 
- At the current levels of spending by governments, the achievement of all health-related SDG targets, especially UHC will elude Africa
  - Limited investments by governments have led to weak infrastructure, poor service delivery and inability to retain highly trained health workers amongst other adverse effects
  - The COVID-19 pandemic has further exposed the very weak health systems of most African countries



# Impossible to build strong and resilient African health systems if:

- Current low investments and weak accountability systems remains
- No concerted efforts to enhance accountability and tackle health sector corruption
- No concerted African nations led efforts to achieve the health-related SDGs, especially UHC without help by development partners
- How can research and development help? It is noted that evidence-based decision making, using information generated through research can drive innovation and context-specific decisions on health systems strengthening
- Unfortunately, the level of investment in health research systems in Africa is low and there is also widespread policy and decision making that are not guided by evidence leading to failures of such policies and decisions

## Health Research System

- Health research is important to inform policy and decision maker health system.
- Also, the translation of research cannot stand without a health research system for the better outcomes.

## KEY ISSUES

**To strengthen the basis of evidence of health care as well as to improve the health outcomes, translation of scientific evidence into policy is important.**

**However, scientists are lacking the tools and the capacity to present their output to decision/policy makers which impact negatively on the commitment of policy maker to health research.**



## Translating findings into action

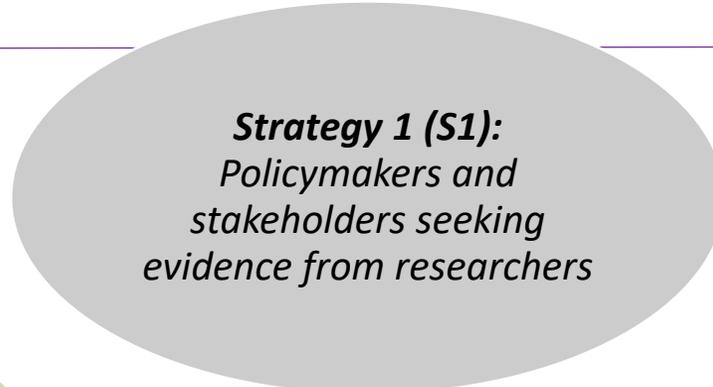
---

- Getting research into policy and practice (GRIPP) is a process of going from research evidence to decisions
- Evidence-informed policies involve a complex interplay between evidence and policy processes.
- The integration of research findings into policy and communicating research findings to Nigerian policymakers is a key challenge



# Four HPRG GRIPP strategies

**Researcher-initiated  
empirical research  
studies**



**Policy maker-initiated  
empirical research  
studies**



**GRIPP**



**Projects directly  
addressing GRIPP  
itself**

- ● ● **Balancing technical processes with social relations in GRIPP**

---

**Research to policy processes are fundamentally social**

*Stakeholder (boundary partners) engagement is the foundation – trust is everything*

- Stakeholder engagement should be comprehensive, continuous, cross-sectional, horizontal across peers and vertical across levels.
- Interpersonal relationships and trust are key to strengthening the relationship between the researcher, policy makers and the practitioners
- Researchers should be able to understand the mind of the policy makers



## Suggestions for moving from research to action in Africa

- Building national coalitions of individuals, Civil Society Organisations (CSOs), International organisations, Cultural, Religious, Public and Private agencies that are focused on evidence-based decision making in the health sector
- Agreement of research priorities in the health sector in different countries
- Identification of key decision makers from both the private and public sectors as policy champions on different health research topics
- Knowledge synthesis and Policy dialogues based on the findings with policy champions, co-creation of interventions and establishing and implementing M&E frameworks for the implementation of health sector interventions by different key decision makers
- Positively it is noted that most African Union Member States presently have adopted targets to enhance Science, technology and innovation as key to lead to prosperity and achieving the aspiration 1 of the Agenda 2063, the SDG 3, and the African Union's Science Technology and Innovation Strategy for Africa (STISA-2024).

# Poor government investments on health research systems in Africa

- African governments do not prioritize health research: 77.5% of scientists in a study claim that “the funds were insufficient or no fund had been allocated to Health/clinical research” (Hamdy et al, 2019)
- Despite the commitment of the Member States to invest at least 1% of their GDP in R&D and 15% in the health sector, the actual investment remains low
- Among the African Member States, the average portion of GDP devoted to R&D activities varied between 0.1 to 0.8% in 2017, on the most recent available year.
- 12 out of 55 Member States (Algeria, Botswana, Burkina Faso, Egypt, Ethiopia, Kenya, Morocco, Rwanda, South Africa, Tanzania, Tunisia, and Uganda) are meaningful closer to the 1% target while other Member States countries invest less than 0.4% of GDP in R&D (WHO, 2019)
- The COVID-19 pandemic has exposed the very weak research systems in almost African countries and in fact Africa has almost been left behind in research on prevention and treatment of COVID-19, especially in vaccine research

# Conclusion

- 1. Evidence-based decision making can help many African countries to strengthen their health systems even with their available resources**
- 2. Without significant government investments (that are guided by evidence) in the health systems of most African countries, they will remain weak, continue to deliver poor health outcomes and will not achieve any of the health-related SDG targets, especially UHC**
- 3. African countries have to really start investing significant amounts of funds and other resources to build strong research systems so that the continent will not be left behind when there are shocks to the health systems**
- 4. Investment in the health research system as a building block of the health system is essential for generating context-specific information that can be used to ensure that the health systems are strong enough to deliver good outcomes and achieve all regional and global health targets such as the SDGs.**
- 5. Strengthening and sustaining research systems in Africa may require for a pooled funds into an African commission on health research, which will apart from ensuring that there are ready funds to support high priority health research topics in Africa will also develop and institutionalise systems for getting research into policy and practice for health system strengthening in African countries**



**Thank You**

**MERCI**



**شكرًا**

**OBRIGADO**