

Strengthening Health Research Systems in Africa

Research brief on the roles of regional organisations

Introduction

Regional organisations can play critical roles in strengthening health research in Africa. While existing literature has provided some insights and examples of regional bodies influencing health sciences research (HSR), the roles of these organisations have not been extensively documented and analysed. This study explored this in greater detail considering the multiple key elements typically held to be central to HSR capacity at a national level.

The project

We undertook a mapping exercise of regional bodies active in some aspect of health research in the African continent and conducted in-depth interviews from a subset of 15 regional organisations (ROs) to explore the roles, potential, challenges, and opportunities of these bodies in strengthening HSR across the continent. We analysed data in line with four key pillars of health research systems - governance, creating and sustaining resources, producing and using research, and financing – defined as follows:¹

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| <i>Governance</i> | Policy and legal frameworks and institutions that regulate and manage HSR (including priority setting and ethical governance). |
| <i>Creating and sustaining resources</i> | Human capacity (skills and competencies for human resources in HSR), institutional capacity (universities, public and private research institutions, centres of excellence), and HSR infrastructure (labs, equipment, supplies). |
| <i>Producing and using research</i> | HSR partnerships and collaborations, HSR projects and programmes, scientific publications and other HSR outputs, knowledge translation, platforms promoting research use and innovation. |
| <i>Financing</i> | Sources of funding for HSR, budgets for HSR at the national or regional level. |

Key findings: For each of the key pillars of health research systems we outline the main activities reported by regional bodies, key gaps in activities identified by regional organisations and our proposed areas for further exploration.

- Governance

Current activities: Of all the key pillars, regional bodies appeared to be most involved in governance activities. Continental-level ROs were working to set the agenda for member states to strengthen HSR, with regional strategies for shared policy frameworks or guidance for ethics governance for HSR. However, ROs are mainly involved in governance of HSR at the national level through their efforts to harmonise national policies, focusing particularly on pharmaceutical, public health, higher education, and intellectual property policies. According to our interviews, policies on medicines and therapeutics are one of the largest regulatory domains of activity.

Gaps in activities: Many ROs reported a gap in coordination, as few ROs seem to coordinate inter-regionally. Also, whilst ROs are involved in agenda setting for HSR, countries' input about their needs varies in these processes. Informants noted that ROs need more resources to support adaptation or uptake of agendas at country level.

Knowledge or policy needs: More clarity is needed on the role of ROs at the continental level versus those at the sub-regional level in framing the agenda for strengthening HSR.

- Creating and sustaining resources

Current activities: ROs with specific mandates in health, higher education, or science were supporting HSR capacity through: training of researchers, networking of institutions working on similar themes across countries, equipping research laboratories, development of guidelines, organisation of seminars, and evaluation and accreditation of academics and researchers. The African Academy of Sciences was found to be an important regional actor funding

¹ Kirigia, J. M., Ota, M. O., Motari, M., Bataringaya, J. E., & Mouhouelo, P. (2015). National health research systems in the WHO African Region: current status and the way forward. *Health Research Policy and Systems*, 13(1), 61. <https://doi.org/10.1186/s12961-015-0054-3>



human resources capacity, with programmes and grants for research, training and development of individual researchers and networks. Two organisations stood out as contributors to strengthening capacity of institutions, the African Centres for Disease Control (Africa CDC) working with national institutes of public health and the World Health Organisation Africa Regional Office (WHO AFRO) working with Ministries of Health.

Gaps in activities: The majority of ROs sampled did not report being involved or investing in building research infrastructure in member states. Nor did they report supporting the networking of researchers across the continent. Multi-country teams have been set up by a few ROs, like the West African Health Organisation, but more can be done by ROs to facilitate this synergy of intelligence and resources.

Knowledge or policy needs: We found little support from ROs in developing capacity of national regulatory institutions for HSR despite the wide efforts to harmonise regulation in sub-regions for select policy areas (aside from capacity building for Institutional Review Boards and ethics review).

- Producing and using research

Current activities: ROs are playing multiple knowledge dissemination roles. WHO EMRO and WHO AFRO conduct training and capacity building for evidence use and advocate member states to set up evidence into policy networks. Many ROs have authority and legitimacy to help facilitate platforms that convene and connect epistemic and policy communities. However, few of them have the mandate or capacity for managing such multi-sectoral networks on an operational level. Knowledge translation and dissemination work is often carried out through specific platforms for this purpose, but interviewees expressed that ongoing advocacy was seen as crucial due to a lack of understanding or prioritisation of research by national decision-makers.

Gaps in activities: Informants recognised that there are still gaps in capacity for research use by policy makers, noting there is room for improvement in training and advocacy so as to build capacity for research use within national institutions (e.g. through dedicated research synthesis units).

Knowledge or policy needs: The alignment of regional research priorities with those at the country level appears to be missing in a systematic way. Without this, research produced by ROs may not necessarily align with national priorities, which could hinder uptake or use.

- Financing

Current activities: We found fewer ROs involved in financing HSR compared to the other pillars. ROs with a specific health mandate are the main regional bodies working in this area. At times they provide their own funds (e.g. small grants), but often they seek grants from partners to support teams in countries, or to conduct their own research. ROs in our study appear to be playing a more indirect role, however, by networking between states and international donors, or by advocating for financial resources from member states. Few ROs contributed directly to funding HSR, with the exception of The African Academy of Sciences whose mandate is to fund and promote excellence in African science.

Gaps in activities: Several informants highlighted two important potential targets of advocacy for HSR financing: development finance institutions and private African corporations. Some ROs have opportunities to advocate for economic development through HSR innovation agendas and plans, but they have not been fostering connections with private sector and industry within their work with countries.

Knowledge or policy needs: While several ROs have been advocating to governments to improve financing of HSR, it is not clear how effective this has been. There is thus a need for clearer strategies to more effectively convince member states and stakeholders to increase resources.

Cross-cutting issues: The above has attempted to summarise some of the current activities, gaps, and areas for potential activity for ROs to work to improve HSR in the African continent. In addition to each key pillar, we also found some key cross-cutting issues that emerged as particularly important in this area. One is that the institutional mandates and areas of authority were among the most common factors that were mentioned as influencing RO involvement in any particular pillar of work. The other is to recognise that while ROs have power to frame agendas or convene multiple stakeholders, commitment of member states to regional work is vital for implementation. Achieving this may require other forms of power or influence to leverage support, produce change, and foster collective action to achieve the ultimate goal of improving HSR in Africa.