

ADVOCATING FOR INCREASED INVESTMENT IN RESEARCH AND DEVELOPMENT FOR HEALTH IN KENYA



Globally, the public sector is the leading funder of health research and development (R&D), targeting diseases where there is limited to no commercial market and great health burden. But in many countries, despite commitments and policies to increase public spending, government investment in R&D lags behind other sectors.

In Kenya, the government has recognized the importance of innovation for health in improving the health outcomes of its people and bolstering economic growth and development. A rapidly growing gross domestic product (GDP) affords Kenya the opportunity to further support its growing health R&D sector and research infrastructure—and ensure that its research priorities reflect the country's most urgent health needs.

To this end, the government of Kenya is developing policies aimed at strengthening the country's innovation agenda and has made multiple commitments—both regional and international—to increase funding for R&D activities. Despite these commitments, however, the necessary investments have not been made to reach goals set forth in the country's development plan, Kenya Vision 2030, and the Sustainable Development Goals (SDGs). Additionally, there is no clear mechanism to track government budget allocation and spending on health R&D, which creates challenges in holding the government accountable to the commitments it has made. This brief provides an overview of financing for health R&D in Kenya, as well as recommendations for further investment and clear accountability mechanisms.

National trends in funding for health and R&D

It is challenging to determine government funding levels for R&D, as there is no strong mechanism in place to track the amount of money the Kenyan government invests in science, technology, and innovation. The available data, however, indicate that government budget allocation to R&D across sectors hovers around 0.5 percent of the national budget, and overall government investment in the health sector is declining. Almost half of the funds for R&D came from foreign sources in 2010, including funds from international organizations operating within Kenya's borders [see Figure 1 on back]. Another 19 percent of funding for R&D came from institutions of higher education, while the government contributed 17.5 percent.¹ Some government funding,



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Kenya's commitments to health and innovation

- Under a 2007 **African Union Pledge**, Kenya committed to allocate 1 percent of GDP to R&D across sectors.
- **Kenya Vision 2030**, the country's development blueprint, states that more resources will be devoted to research in support of the national aim to become a regional center in the development of new technologies.
- The 2013 **Science, Technology, and Innovation Act** provides a framework for promotion, coordination, and regulation of the science and innovation sector, in line with Kenya Vision 2030 commitments. It also mandates a government allocation of 2 percent of GDP to R&D.
- The draft **Health Bill**, if adopted, would earmark an undetermined percentage of R&D funding from the GDP specifically for health. The bill would also establish a single government body for the regulation of health technologies and clinical trials.

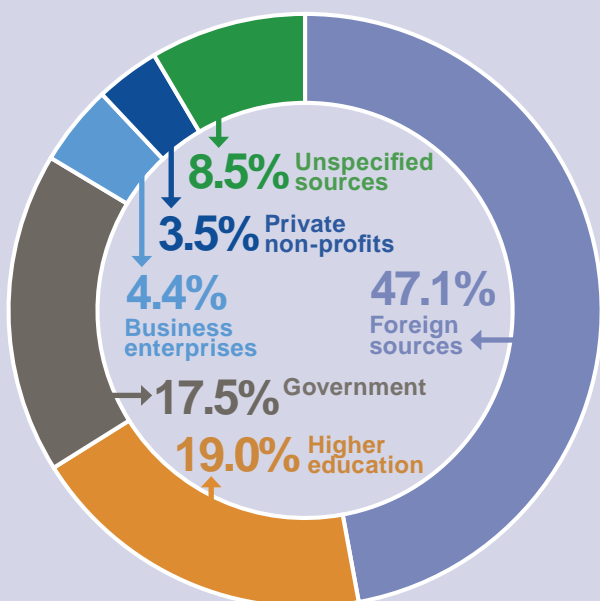
1. Data on R&D funding sources were collected by the Directorate of Research Management and Development (DRMD) for the most recent R&D survey, conducted in 2013/2014 and reflecting 2010 spending.



FIGURE 1.

Who funds research & development in Kenya?

Total R&D expenditure by source.



however, may be funneled through institutions of higher education. Therefore, government funds may account for more than 17.5 percent of R&D contributions, but without a strong tracking mechanism to disaggregate data, the actual contribution is difficult to pinpoint. Additionally, of all money spent on R&D in 2010, almost half went toward agricultural sciences, while 31 percent went to medical and health sciences.

The Ministry of Health (MOH) and the Ministry of Education, Science, and Technology (MOEST) are the government ministries most heavily involved in health R&D. Since 2005, however, both ministries have experienced a decrease in budget allocation. The MOH's cuts have been more pronounced, from 7.8 percent of the total budget in 2005 to just 3.8 percent in 2015. MOEST, on the other hand, experienced a significant decrease in 2011 after primary education funds were moved to a different ministry, but this declining trend has continued, taking the ministry from 5.3 percent of the total budget in 2011 to less than 5 percent in 2015. The budgets of other relevant ministries, such as those overseeing agriculture, the environment and natural resources, and trade and industry, have largely remained constant since 2005.

Strengthening investments in health R&D

Although the government of Kenya recognizes the critical role of health R&D in promoting better health outcomes and economic growth, actual investment remains a fraction of government commitments. In previous research commissioned by PATH, key players in the health R&D sector did not feel that the current policy and strategic plans provide an adequate road map for reaching Kenya's financing commitments. Moreover, the tracking of government investment in health R&D is limited, which makes it difficult to promote accountability, and understand the critical gaps in funding needed to meet national, regional, and international goals.

Moving forward, it is critical that the government of Kenya prioritizes R&D in budget considerations and sets aside a percentage of R&D funding specifically for health. These increases will offset the large proportion of money for R&D given by external donors and—coupled with a national health research agenda that is under development—ensure that health R&D priorities reflect the country's most urgent health needs. Additionally, private-sector expenditure on R&D must be strengthened by incentivizing R&D activities, strengthening the regulatory system, and expanding opportunities for alternative funding mechanisms. Kenya should also prioritize the measurement of science, technology, and innovation in the national development agenda. By strengthening mechanisms to track health R&D investments, the government can better monitor progress, set targets for improvement, and promote transparency.

Conclusion

The government of Kenya played a critical leadership role in the final negotiations of the SDGs, which recognize the importance of increased health R&D and domestic financing in ending the epidemics of HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases, as well as reducing maternal mortality and ending preventable deaths of newborns and children. With increased domestic investment in R&D—leading to the development of new health technologies like drugs, vaccines, devices, and diagnostics—and robust accountability mechanisms, Kenya can more quickly move toward these ambitious health-related targets and improve the health and well-being of its people.