

Landscape of health research and development investment in Kenya

Abridged report

Background

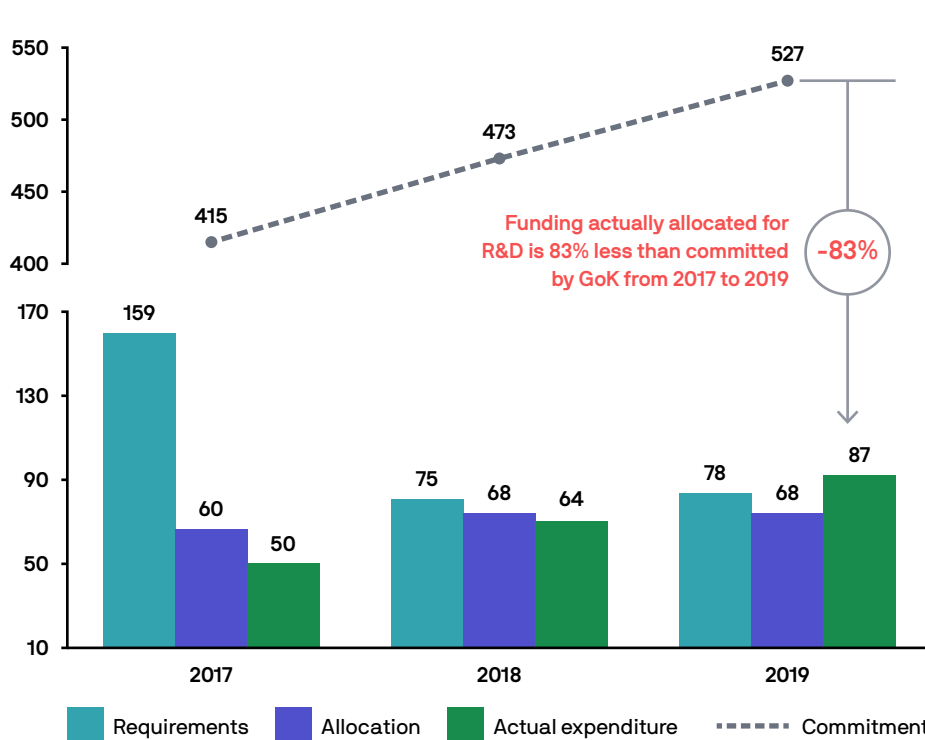
Even as economic progress has led to gains in life expectancy and health in recent decades, many countries in Africa still face significant health challenges. The continent bears 25 percent of the global burden of disease, but African nations account for only one percent of global investments in research and development (R&D). Kenya has been a leader in health research and development on the continent. Still, despite making strong commitments to health R&D, the Government of Kenya (GoK) has struggled to prioritize and deliver on commitments to invest in health R&D.

A recent analysis commissioned by PATH sought to understand the level of investments in support of health R&D in Kenya. The study reviewed investments committed by the national government for health R&D, amounts appropriated by Parliament, and reviewed budget and expenditure plans for the ministries of health, education, and science and technology. The analysis was also informed by a systematic review of relevant literature and stakeholder consultations.

Key findings

Commitments exceed actual investments. The Science, Technology and Innovation (ST&I) Act commits the GoK to invest 2 percent of the national gross domestic product (GDP) in R&D. However, the latest data shows Kenya is currently investing only 0.8 percent of its GDP into R&D.* Additionally, the Health Act of 2017 mandates that the National Research Fund (NRF) allocate at least 30 percent of its funding into health R&D; however, between 2013 and 2018, NRF allocated at most 25 percent of its funding to the health sector. In absolute amounts, the level of funding eventually allocated for health R&D is 83 percent less than the quantum of resources GoK committed for health R&D from 2017 to 2019. Figure 1 (below) shows the difference between **commitments**, the amount prescribed by the Health Act to finance the national health research budget; **requirements**, the amount recommended by MOH and MOE to finance their planned R&D activities; **allocations**, funds set aside in budgets to finance R&D activities; and **actual expenditure** of funds.

GoK's funding commitments relative to actual expenditure for health R&D from 2017–2019 (USD, million)



Kenya's investment into R&D

Committed: **2.0%** of GDP
 Actually invested: **0.8%** of GDP



The majority of health research initiatives in Kenya are either donor- or self-funded

*United Nations Educational Scientific and Cultural Organization Institute of Statistics. "R&D Spending by Country." <http://uis.unesco.org/apps/visualisations/research-and-development-spending>

Funding designated for health R&D is mostly used for training students. 60 percent of the funds designated for MOH's R&D activities are used to provide elementary training to medical students, an activity not generally considered as part of health R&D. Only 40 percent of the funds are utilized for research and innovation.

Kenya Medical Research Institute (KEMRI) is the main recipient of funds for research and innovation, but only a small proportion of their R&D costs are funded by GoK. Despite their mandate to promote Kenya's health R&D, the institution relies on external donors to fund its activities. For instance, in 2018, GoK provided only US\$2.6 million of the total US\$20 million KEMRI received to fund its R&D.

Although Kenya has yet to deliver on its commitments, it remains a critical leader across the Continent. While African countries are still below the African Union's commitment to spend at least 1 percent of its GDP on research, Kenya compares favorably against other African countries relative to GDP and government health expenditure. In absolute terms, however, South Africa invests more in R&D. In 2019, South Africa's expenditure on health R&D was US\$162 million, while Kenya's was US\$81 million.

Health R&D is heavily donor funded, meaning research priorities are determined by donors. Data obtained from the National Commission for Science, Technology, and Innovation (NACOSTI) indicates that a majority of health research initiatives in Kenya are either donor- or self-funded, with very little funding coming from GoK.

Recommendations

Constitute the National Health Research Committee to spearhead health R&D advocacy.

The NHRC team will ensure that the country implements the Research for Health Policy and priorities, and will support development of a compelling investment case for health R&D to serve as an advocacy tool to motivate increased GoK investments.

Develop a repository for health R&D data and link this to timely results.

Although health R&D data is available within NACOSTI's database, it is not easily retrievable. Developing and hosting a data warehousing mechanism that links detailed tracking of funding to research outputs would help guide decision-making, ensure funding is going to areas of greatest impact and need, and incentivize Kenya to deliver on commitments.

Ensure funding is dispersed on time.

When researchers face delays from NRF in disbursing funds, they move toward finding alternative funding sources—which in turn gives external funders the opportunity to dictate research priorities. NRF must strengthen its institutional capacity to efficiently review proposals, disburse funds, and follow up on research outcomes.

Engage the private sector in prioritization of health research needs.

Collaborations with the private sector—which already plays a key role in health systems, including direct provision of services, medicines, and medical products—could increase health R&D activity in Kenya.

Increase the demand for health R&D by the government of Kenya and enhance research for neglected diseases.

National research priorities will be more dominant if the research is targeted at the concerns raised in the local healthcare space, rather than guided by the interests of external funders.

Enhance in-country mechanisms to build and retain human resources for health R&D in Kenya.

The number of researchers relative to the general population in Kenya compares poorly to other countries, including South Africa.

Enhance collaborations with other researchers.

As interest in collaboration among local researchers grows, GoK should explore mechanisms to enhance cross-sectoral and inter-regional partnerships, including aligning regulations.