

## Editorial: Bringing health research forward

His Excellency Jakaya Mrisho Kikwete, President of the United Republic of Tanzania has confirmed his commitment to increase public funding to R&D from 0.3% to 1% of GDP, to be effective from the current financial year 2009/2010. This investment is likely to boost the country's socioeconomic development. Admittedly, the sustainability of such development relies on the health status of the population – health development, which is directly linked to health research development. Overall, the extent to which health research can contribute to socioeconomic development depends largely on the efficiency of the system that supports health research.

The Council on Health Research for Development (COHRED), in collaboration with the Tanzania National Institute for Medical Research (NIMR), have recently performed an assessment on Tanzania's national health research system<sup>1</sup>. The study aims at helping understand the current Tanzania health research situation and identify possible avenues for strengthening the national health research system (NHRS). The research methodology was based on internet searches, document reviews, and personal interviews with key stakeholders from government, research institutions, civil society and donor agencies.

The study provide an overview of the current NHRS and identifies strengths and weaknesses of three key systemic areas, namely governance and management; health research financing, including donor alignment and harmonisation; and health research capacity.

Tanzania benefits from an extensive health research system, composed of a large variety of institutions at governmental, academic and civil society level, and contain substantial human and financial resources that can be put to use to strengthen health research in the country. Though the essential research governance structures are in place, including well defined national health research priorities and a national S&T policy, health research does not occupy a prominent place in the political agenda, and is rather dealt with as a minor subset of the health system. National development strategies and policies are addressed to the health sector, with only a tacit and peripheral consideration of health research. The country does not have a specific health research policy.

NIMR, the key regulatory body for health research in Tanzania, has undertaken a process for priority setting in health research. The process has improved over the years, by gaining governmental support and by becoming more inclusive. The health research agenda resulting from this process is referred to by some national research institutions as guiding their institutional priority setting process. However, none of the key governmental documents dealing with health refer explicitly to the defined health research agenda. Effort still needs to be made for the process to broaden to more sectors influencing health research; as well as for increasing national visibility and adherence.

The limited budget given to health research has been a recurrent argument throughout the study to explain, in part, some of the deficiencies related to health research coordination. Over the last two years research institutions have experienced a consistent decrease in public research funding.

Though major efforts are being made between the Tanzanian Government and donors to align and harmonise aid in general and within the health sector in particular, the alignment and harmonisation process in the health sector is said to have had a negative impact on the availability of resources for health research. In an attempt to increase country ownership, one of the country priority areas is to integrate external resources into the government budget. Basket funds are the main delivery aid modality used for financing public reform programmes, including the health sector programme. Basket funds in the health sector appear to have a negative effect in health research, as fewer resources are allocated to research. There is no specific budget line for health research in the government health budget; hence health basket funds tend to be primarily invested in basic care needs, thus relegating health research to second place.

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<sup>1</sup> *Tanzania: an assessment of the health research system* (COHRED ISBN: 92-9226-034-0), to be downloaded at [http://www.cohred.org/sites/default/files/AHA/Tanzania\\_low\\_res.pdf](http://www.cohred.org/sites/default/files/AHA/Tanzania_low_res.pdf)

Harmonisation and rationalisation of donor policies and procedures is also a country priority area. The Tanzanian health sector benefits from several well developed mechanisms meant to improve harmonisation. Such mechanisms – SWAp working groups, joint annual health sector reviews, development partners group health – deal primarily with health issues. While external support to health happens through basket funding, external support to health research happens primarily through individual projects. Despite the large number of external donors and funding agencies supporting health research in Tanzania on individual basis, there is no evidence of a coordination mechanism for external support to health research, nor within the Government neither among development agencies. This coordination gap is counterproductive to the country, as externally funded research is likely to comply primarily with funders' interests rather than aligning with the national research agenda. Considering that health research is an essential vehicle for health development, external donors and sponsors should contemplate organising and consolidating their support to health research. Donors and funding agencies should seek creative ways of increasing their grants complementarities, so as to deliver a more comprehensive support that builds on research systems rather than on research projects.

The Tanzania government has recognised the need for and importance of capacity building as an essential means to achieve development. Priority is to be given to key actors in central and local governments, civil society and private sector for design, implementation and monitoring of pro-poor policies and strategies. At a systemic level, and as a way to increase alignment, the Government is seeking to improve national capacities for aid coordination and external resource management. Donor data is not easily accessible, and when provided, it is not necessarily complete and presented in a variety of formats not allowing for comparison. Facilitating the access to funding information would greatly enhance the ability of research managers to exercise effective governance of research in the country. The research management capacity of Tanzania Commission for Science and Technology (COSTECH), and other coordinating institutions such as NIMR, is also weakened when essential information to manage the research system is not accessible. The study attempted to get an overview of research conducted in the country by means of information resulting from the ethical and clearance process. Although this information provided some insight into the kind of research proposals reviewed, it does not indicate whether the projects were actually implemented, how they were resourced, and who was involved. To address the above mentioned gaps and to support the use of research outputs, COSTECH intends to develop a research information system comprising all the essential information needed to manage S&T- including health research, in the country. Such research information system should facilitate essential research management tasks, improve research financial management and enhance networking opportunities among all research actors.

## **Editor**