A quarter of countries in sub-Saharan Africa receive very little funding
for research into malaria despite having high malaria-related death rates.

In a new study, led by the University of Southampton and published in *The Lancet Global Health*, countries have been ranked according to how much research and non-research funding they receive from major public and philanthropic global health funders to combat the disease.

The study examined the portfolios of several of the major global health research funders and compared funding levels to national malaria-related burden of disease. They could not find any investment for malaria research in countries such as Sierra Leone, Mauritania, Chad, Congo and Central African Republic. Chad, Congo and Central African Republic are among the countries with the highest malaria death rates in the world at 71.9, 64.84 and 128.34 per 100,000 of the population respectively.

All countries received non-research funding, otherwise known as funding for malaria control, which includes investment for bednets, public health schemes and anti-malarial drugs.

Dr Michael Head, who led the study from the University of Southampton, said: "We have been able to provide a comprehensive overview of the landscape of funding for malaria in sub-Saharan Africa, a massive area where around 90 per cent of worldwide malaria cases occur. We've shown that there are countries that are being neglected and the global health community should reconsider strategies around resource allocation to reduce inequities and improve equality."

The review analysed funding data from 1997 to 2013 from 13 major public and philanthropic global health funders. It is the first study to systematically describe the geography of public and philanthropic research funding for malaria.

Tanzania, Kenya, Uganda and Malawi ranked highest when research
investment and funding for malaria control were combined.

Tanzania ($107.8m), Kenya ($92.9m), Uganda ($97.9m), Malawi ($71.7m) and Ghana ($62.7m) received the most research funding while Nigeria ($786.2m), Tanzania ($750m), Kenya ($621.9m), Ethiopia ($578m) and Malawi ($424.6m) all received the most non-research funding.

Two funders, the US National Institutes of Health and the Bill & Melinda Gates Foundation provided almost 60 per cent of the research funding.

The research team suggests the reason for the disparity in funding allocation could be in part due to the presence of established high-quality research infrastructure in countries such as Tanzania and Kenya, and political instability and poor healthcare infrastructures in lower-ranked nations such as Chad, Central African Republic or Sierra Leone.

"However, new investment in malaria research and development in these areas can encourage the development of improved health systems," Dr Head said. "Many countries in sub-Saharan Africa simply do not have an established research infrastructure and it is difficult for research funders to make investments in these settings. Ultimately, however, there are neglected populations in these countries who suffer greatly from malaria and other diseases. Investments in health improve the wealth of a nation and we need to be smarter with allocating limited resources to best help to reduce clear health inequalities."

Co-author Professor Andy Tatem, of the University of Southampton, said: "Our understanding of the geography of malaria transmission and populations at risk has improved substantially in recent years through research conducted in Southampton. Great variations and inequalities in malaria risks exist across Africa, and this study adds a new dimension in
highlighting surprising and significant inequalities in malaria research funding too."

The study was funded by the Royal Society of Tropical Medicine and Hygiene (RSTMH).

RSTMH chief executive Tamar Ghosh said: "RSTMH is delighted to have been able to fund this important and interesting study through our small grants programme. We look forward to hearing more from Dr Head on this."

More information: Global funding trends for malaria research in sub-Saharan Africa: a systematic analysis, is available upon request. The Lancet Global Health, DOI: 10.1016/S2214-109X(17)30245-0

Provided by University of Southampton

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