African health research needs support: Here's one program that's working

September 1 2020, by Jude Igumbor

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African countries bear a disproportionate burden of infectious and noncommunicable diseases. More than two thirds of people living with HIV are in sub-Saharan Africa. It's estimated that over 85% of deaths

due to noncommunicable diseases are in low- and middle-income countries.

To help solve these health problems, academic institutions need stronger research capacity.

But the continent continues to lag behind other regions in research output. Less than 1% of the world's research is produced in Africa.

Investment in the capacity to do health-related research is not yet adequate. But this is gradually changing. One example is the African Institutions Initiative, a pan-African consortium that seeks to develop institutional capacity for research. Other investments have been made through the DELTAS Africa program. The program aims to produce researchers who can publish and lead locally relevant research to make an impact on health science, policy and practice. Another example is the Human Heredity and Health in Africa (H3Africa) consortium, which empowers African researchers to be competitive in genomic science.

These investments should help health authorities to monitor population health, plan, allocate resources, innovate and deal with threats like epidemics.

In this article we look at one such investment and its contribution to the African population health research agenda.

We did an assessment of the Consortium for Advanced Research Training in Africa (CARTA). Our findings suggest that CARTA is successful in building high-level capacity for research related to public and population health in Africa. It is making a contribution to the emergence of a vibrant African academy able to lead world-class multidisciplinary research that makes a positive impact on health.

Capacity building

CARTA was launched in 2008. The aim is to develop sustainable health research capacity on the continent by training Ph.D. fellows in public and population health and promoting research supportive environments.

More than 290 fellows from seven countries have taken part in the program. Fellows admitted by the consortium have produced over 800 peer-reviewed academic articles. Their subject areas have included infectious diseases, maternal and child health, sexual and reproductive health and other topics of public and population health significance.

These research areas are in line with the burden of disease and health system challenges in the region. An analysis of the output of CARTA fellows also sheds light on the status and capacity for public and population health research in African countries.

Our analysis also highlighted research gaps and made recommendations for future research.

The research into noncommunicable diseases was less extensive than the number of studies conducted on TB and HIV. This is despite the increased number of noncommunicable diseases being recorded in African countries. Considering the high burden of neglected tropical diseases in sub-Saharan Africa, there were also very few papers in this area.

The same trend was observed in infectious diseases like hepatitis B and C, despite the substantial burden of these diseases. Only a few fellows researched violence and injury. There were no studies on mental health and substance abuse among children and adolescents, despite their correlation and burden.

The growing number of articles published by CARTA fellows contributes to improved health research output of African academic and research institutions. Such contextually focused research could provide appropriate evidence-based information to guide policies and decisions aimed at addressing current disease burdens and future epidemics in Africa.

The way forward

Countries with low research output need to keep developing capacity. This can be done by training more Ph.D.s and creating environments that enable research.

African governments should support capacity-building initiatives by prioritizing research funding and considering the needs of young researchers. These investments can result in innovations that can help to solve public health problems. Such efforts should take into consideration the direct cost of such initiatives and the significant in-kind contributions of African institutions and governments.

Routine audits of the scope of research topics pursued by scientists must be done to ensure that neglected topics of developmental significance are being explored.

Capacity building activities by the current actors should include developing skills for knowledge translation. This will help to promote appropriate dissemination and use of emerging evidence to resolve persistent population and health challenges.

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