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## Purposeful support for health research in South Africa

The announcement by the Minister of Health, Aaron Motaalehi, that research funding is to be increased to 2% of the health budget over the next 10 years is most welcome news. In particular, a National Health Scholars Programme was launched on 26 April 2012, with the immediate aim of training 1000 PhDs over the next 10 years. Additionally, the public hospital revitalisation project is to be enriched by specific provision for research in the form of the establishment of clinical research centres, and a National Priority Research Projects Fund is to address priority health problems.

The 1000 doctoral scholars are to be recruited from young staff, in clinical streams, in all the country's health sciences faculties, and will be funded for full-time study over 4 years, either in South Africa or abroad. The first 30 scholars will start by the end of next year, and the number of newly selected scholars will rise to 300 in the fourth year of the programme. The clear danger is that the provision of stipends in the absence of the necessary project funding could cause early frustration. But the department has wisely decided to combine research enhancement with its efforts to improve the level of service at public hospitals; a concerted approach in introducing all the promised reforms in public health research is necessary so that each step forward is sufficiently backed up by appropriate reforms to ensure sustainability. Doing only the easy things will not pay off, as the entire system of health research clearly suffers from interrelated rather than single bottleneck constraints.

These developments have arisen largely from an Academy of Science of South Africa (ASSAf) report on the revitalisation of clinical research in South Africa (<http://www.assaf.org.za/wp-content/uploads/2009/09/ASSAf-Clinical-Report-2009.pdf>), released in 2009. The unusually rapid translational impact of the report has a lot to do with the fact that the chair of the panel which authored it, Bongani Mayosi, subsequently became the chair of the National Health Research Committee (NHRC), on whose recommendations the minister has now acted, and which together with the Medical Research Council, will steer implementation of the scholars programme.

The NHRC organised a national health research summit in July 2011 at which seven themes for possible action were discussed. These themes ranged from the funding deficit (only 0.37% of the health budget was spent on research in 2010), the shortage of trained human resources, poor infrastructure and a rickety regulatory framework to inadequate planning and monitoring. The summit report has now been released (<http://www.nhrc.org.za>) and includes recommendations that seek to address each of these themes in a stepped manner over 10 years.

Health (especially clinical) research is a traditional strength of this country: about half of all ISI-indexed publications from South African addresses between 1980 and 2005 were in health-related fields (Tijssen JW, *Scientometrics* 2007;71:303–327). Two decades of uncoordinated policy confusion and decline has resulted from the toxic mix of a systemic withdrawal of provincial health departments from research support, underfunding of the agency component of the Medical Research Council, the poor positioning of health research in the recent initiatives rolled out on behalf of the Department of Science and Technology by the National Research Foundation, and the negative impact of the consolidation of pathology departments into the service-oriented National Health Laboratory Service. Universities have been unable – some say unwilling – to fill the funding gap so established, despite the status of health research as a major generator of their formula-based public subsidy.

The exception to this 'slow death scenario' in local health research has been the marked growth in capacity and productivity of the community of local researchers working on the pandemic chronic infectious diseases caused by HIV and *Mycobacterium tuberculosis*. This research has been fuelled mainly by targeted foreign funding and collaboration, and remains remarkably poorly documented and analysed for its policy implications. Researchers in these areas based in South Africa now rate highly in citation and reputation, and are mostly working at institutes and centres that have been established from bottom-up initiatives at universities, although groups based at the research councils have also been active in this field.

The present case is an example of how government policymaking can be productively influenced, by an expert committee (in this case the NHRC) acting on recommendations which were made by a panel appointed and managed by an independent national science academy (ASSAf) and debated by a cross section of stakeholders in the community. This process could be widely applied to the benefit of our society.

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