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Permanent Mission of Burkina Faso, Geneva
Embassy of Burkina Faso to the Swiss Confederation

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The Embassy and Permanent Mission of Burkina Faso to the Swiss Confederation, the World Trade Organization, the Office of the United Nations and other international organizations at Geneva presents its compliments to the World Health Organization, and with reference to its note verbale C.L.4.2009, has the honour to transmit proposals by the Ministry of Health of Burkina Faso regarding sources of innovative financing for research and development.

The Embassy and Permanent Mission of Burkina Faso to the Swiss Confederation, the World Trade Organization, the Office of the United Nations and other international organizations at Geneva takes this opportunity to convey to the World Health Organization the renewed assurances of its highest consideration.

Geneva, 22 May 2009

World Health Organization

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Ministry of Health
General Secretariat
Department of Surveys and Planning

Burkina Faso
Unity - Progress - Justice

Strengthening research and development for disease control

SUMMARY

The social and health situation in Burkina Faso, as in the majority of countries in sub-Saharan Africa, is characterized by a very heavy disease burden. These principally involve Type II diseases (malaria accounting for 40%, HIV/AIDS, tuberculosis, and recurrent epidemics of meningitis), but reporting of Type I pathologies (hypertension, diabetes) has also increased and Type III diseases such as schistosomiasis, leishmaniasis, noma and elephantiasis persist. Health research is one of the strategies that the Government is pursuing to improve the situation. Since the adoption of the strategic plan for scientific research in 1995, institutional research capacity has been boosted through the establishment of research institutions affiliated to the Ministry of Scientific Research and the Department of Health. Burkina Faso also has other research structures with international status. Mobilizing financial resources is still a major concern in terms of implementing health research projects and programmes. The establishment of a State-run Health Research Support Fund (FARES) should strengthen health research financing, but the sums mobilized, 87% of which are external contributions, have not met expectations. FARES has been unsuccessful in attracting external funding and coordination between the various stakeholders in the field of health research has been poor. The issue of human resources is also problematic: although staffing levels are increasing, new staff are failing to meet quantitative or qualitative requirements. The answer to these problems lies first of all in strengthening the coordination of health research and development on the basis of a new national strategic plan. The core strategies of this plan are (1) establishment of a coordinating mechanism for health research and development activities; (2) structured support for human resources development, for example by specifying career pathways for national research workers; (3) refurbishing and upgrading the facilities of national research centres. As to funding, a recommendation has been made to increase the budget share of the Ministry of Health earmarked for health research (2%) with a view to consolidating FARES. New sustainable financing arrangements could be introduced by taxing items such as tobacco, alcohol, luxury items or travel. Special emphasis will also be given to public-private partnerships. Lastly, the use of local medicinal plants, including those used to treat Type I diseases, will be promoted through tax arrangements that favour local producers.

1. CONTEXT AND JUSTIFICATION

Advances in scientific research have moved forward the strategies used to control disease. While such progress is welcome, it must be acknowledged that the consequences for the development of national health systems in developing countries such as Burkina Faso have not lived up to expectations. Problems identified in the delivery of health programmes show that that health system performance is limited.

Accordingly, health development stakeholders such as WHO and Member States are undertaking initiatives to alleviate suffering and reduce mortality. Burkina Faso has grappled for many years with the devastating effects of disease and invested considerable efforts in this area, with special emphasis on:

- Better knowledge of the national epidemiological profile;
- Identification of new disease control strategies;
- Strengthening of the health infrastructure;

- Development of new technologies and health products to meet national health needs.

The health research system is also being consolidated to face new challenges. To this end the strengths and weaknesses of research and development need to be evaluated and effective administrative tools must be identified.

2. STATUS OF DISEASE CONTROL

Disease control is without a doubt a core aspect of health, and one to which Burkina Faso attaches particular significance in its social and health development priorities. Thus, special programmes have existed for many years (to control malaria, tuberculosis, and schistosomiasis, among others). Such programmes have led to significant progress in efforts to control these diseases. However, the health of the population continues to give cause for concern in the light of the high general rate of morbidity (15.8%) attributable mainly to communicable diseases such as HIV/AIDS, with seroprevalence estimated at 1.6% in 2007 (UNAIDS). The general mortality rate (15.2 per 1000) and specific disease mortality rates are also high. Maternal mortality is estimated at 484 per 100 000 live births in the period 1996-2003 (EDS III). Compared with the overall situation in Africa south of the Sahara, infant mortality remains high at 81 per 1000.

Malaria is the primary reason for consultation at health facilities in Burkina Faso. It is also the primary cause of death among children under 5 at health facilities according to annual statistics for 2007.

The national epidemiological profile enables us to separate out these diseases and establish a tripartite classification:

Table 1. Classification of diseases according to the national epidemiological profile

Type I	0-1 year	1-4 years	5-14 years	Adult male	Adult female	Total	%
Diabetes	1	11	20	540	459	1031	0.01
Arterial hypertension	11	10	193	18 693	25 020	43 927	0.63
Tumours	59	58	118	1158	1842	3345	0.05
Febrile jaundice	83	243	160	209	173	868	0.01
Type II							
HIV/AIDS	28	54	56	1251	2073	3462	0.05
Tuberculosis	19	25	97	1219	764	2124	0.03
Malaria (complicated and simple cases)	503 039	882 634	434 036	436 732	648 228	2 905 669	40.73
Measles	19	43	73	19	17	171	0.00
Meningitis	2567	5975	10 397	3713	3333	25 985	0.37
Type III							
Onchocerosis	0	4	0	6	2	12	0.00
Trypanosomiasis	0	0	0	4	3	7	0.00
Cutaneous leishmaniasis (Ouaga2000)	35	147	427	856	774	2239	0.03
Noma	11	46	68	40	54	219	0.00
Rabies	0	5	19	6	18	38	0.00
Schistosomiasis	419	1097	3357	5610	2301	12 789	0.18

Elephantiasis	2	7	29	382	552	973	0.01
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Source: Compendium of statistics for 2007 - Health district outpatient consultations

These data on Type I, II and III diseases have been extrapolated from the total number of outpatient consultations in 2007.

These diseases account for around 42.14% of all pathologies recorded in outpatient consultations in 2007.

The following health problems are linked with these diseases:

- General morbidity is high;
- General mortality and disease-specific mortality rates are high;
- HIV/AIDS prevalence is high;
- The effectiveness of programmes to control these diseases is limited.

The specific objectives to be pursued are:

- Improve the performance of programmes to control these diseases;
- Reduce HIV transmission;
- Reduce general mortality and disease-specific mortality rates.

3. HEALTH RESEARCH AND DEVELOPMENT

Health research is essential to support implementation of health programmes and projects. Problems to do with the development of health services are partially linked to research and development issues.

(a) Current health research capacity

Since the 1990s, national leaders have introduced reforms to boost scientific research and development capacity. These range from definition of national priorities to the reform of old institutions and their adaptation to present-day needs.

The health research activities promoted by these changes are thus being steadily applied in health facilities through the implementation of research projects and programmes at various levels of the national health system.

Institutional capacity for health research has been strengthened since the adoption of the national strategy for scientific research in 1995. This has been done by establishing research institutions affiliated to the Ministry of Scientific Research, within the Department of Health and other ministerial departments. Burkina Faso also has other research structures with international status.

Mobilizing financial resources is still a major problem in the implementation of health research programmes. In Burkina Faso, financing for research is not only insufficient but also very lopsided because the contribution of external partners remains by far the most important source.

Financial resources are accordingly allocated to research institutions through the national budget, and the establishment of the Health Research Support Fund (FARES) is a positive step towards improving health research financing capacity.

Yet despite the Government's efforts in recent years, this imbalance persists. This is confirmed by some of the responses obtained in a 2007 survey on health research

financing in Burkina Faso, which pointed to an imbalance between the share of external contributions (87%) and national public or other funding (13%). There is a further imbalance between health research expenditure and total health expenditure. In addition, there has been a significant overall reduction in research budgets, for example that of the National Centre for Science and Technology Research (CNRST) whose overall budgets have regrettably been cut back in the period 2002-2007. According to an institutional survey carried out in 2007, human resources engaged in research activities are increasing but still do not meet prerequisites for the implementation of health research programmes.

Nationally there are a number of medical and research laboratories in both the public and private sectors. Certain laboratories are also administered by religious denominations, professional societies and NGOs. This notwithstanding, the national network does not function properly, staff do not receive adequate ongoing training, supervision is lax and the facilities are poorly maintained. The national public health laboratory, which is already operational, helps to strengthen the national network of available facilities, but it needs to be more closely integrated into the national research system.

4. STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

- Strengths

Ongoing institutional health research capacity-building, human resources capacity-building, funding for health research, existence of research guidelines and planning documents.

- Weaknesses

No career pathways for research workers at the health department level, ineffective coordination mechanisms, no reference document outlining general policy on health research.

- Opportunities

Political will soon to be embodied in an outline law on research; the existence of technical and financial partners; the existence of institutions such as CNRST, universities, the Development Research Institute (IRD), the International Centre for Action Research Education (CIFRA), the 2iE Institute, the national forum for scientific research and technological innovations (FRSIT) and other research facilities.

- Threats

These could cause the national health research system to become dysfunctional. Principal among them are the strong dependence on external financing, ineffective procedures for managing the financial resources of FARES, a poorly developed "culture of research", and weak overall coordination of research activities nationally.

5. PRIORITIES LINKED TO RESEARCH AND DEVELOPMENT

Given the shortcomings described above, the national priorities are:

(a) Priority problems

Given the shortcomings described above, the following problems are priorities for Burkina Faso:

- Poor quality health care;
- Shortcomings in the treatment of principal diseases;
- Lack of information about noncommunicable diseases;
- Poor knowledge of epidemiological and behavioural data on HIV/AIDS;
- Poor performance of the national research system;
- Poor research and development capacity;
- Imbalance in health research financing;
- Poor dissemination and application of the results of research;
- Weak research development partnership.

(b) Proposed research activities with respect to Type I, II and III diseases

This section will focus on research capacity useful in enhancing the control of Type I, II and III diseases, with special reference to the shortcomings noted in respect of policies, tools and treatment resources for these diseases and with a view to developing proposals to support research and development. The relevance of these proposals to the socioeconomic and political context in Burkina Faso should also be borne in mind.

Table 2. Envisaged health research and development activities

Areas	Shortcomings	Action	Responsibility	Observations
Design of research projects and programmes	No outline law on scientific research Ineffective decision-making process	Draft outline law Strengthen monitoring and ethics bodies Involve main stakeholders (decision-makers, experts, the community) from start to finish Finalize the adoption of priority documents and the research strategic plan	Ministry for scientific research Ministry of Health	
Research capacity-building	1. Institutional capacity: Poor coordination 2. Human resources: Skills shortages No career pathways for research workers 3. Material resources: Poor facilities and infrastructure 4. Financial resources: Inadequate financing Imbalance between external and national financing No sustainable	Strengthen coordination frameworks and mechanisms Train research workers Map out career pathways Provide facilities Build/upgrade infrastructure Increase research budget/health budget by at least 2% Consolidate FARES Identify new sources of financing such as taxes on tobacco, alcohol, luxury items, travel	Ministry of Health Partners/WHO Universities Universities Ministries Ministry of Finance Ministry of Health	

	financing arrangements	Public-private partnership Gear national economy towards local production	Partners	
Dissemination and application of results	Poor use of available evidence Sparse information about noncommunicable diseases Poor quality health-care system Inadequate treatment of communicable diseases Importance of medicinal plants undervalued	Consolidate databases Strengthen EVIPNet Adopt a national strategy on intellectual property Introduce arrangements conducive to local production (tax exemption for raw materials, access to credit on very favourable terms, temporary tax exemptions on certain items, measures to facilitate the acquisition of real estate)	The State Communes Partners	

(c) Innovative sources of financing and technical and financial feasibility

Given the importance of the health research sector and the lack of financial resources allocated to it, it is imperative to explore other sources of financing.

The feasibility and sustainability of these sources, and hence their performance, should be absolutely certain.

These sources will be evaluated in the light of their performance, which should be the criterion used to select or reject them.

A successfully performing source of financing is reliable, neutral and equitable.

Reliability. The prime quality of a source of financing is reliability because any unreliability could jeopardize the sustainability of the recipient's activities. Problems with financing could be due to difficulties experienced by the source or agent providing the funds, or by a change in their priorities. The financing should be reliable and available at the specified time.

The financing agent's resources may diminish or fluctuate, so the funding base may vary upwards or downwards.

Neutrality. The relationship between economic development and health is complex. However, in the short term, the taxation of resources for the benefit of health providers could somewhat impede the development of other economic activities. An increase in employer contributions, which would eat into profits, could be a drag on investment. The neutrality of the economic impact of health financing is therefore one aspect of the performance of a source of financing.

The neutrality of the source depends on the tax rate and the tax base. If the tax base is used to finance investment, the tax contribution will divert some of the investment funding towards consumption, because health providers are consumers.

Equity of tax burden. Household contributions to financing the health sector should be spread as equitably as possible. The equity of the tax burden affecting households is therefore one aspect of the performance of a source of financing.

In the present context, the proposed taxes are ultimately borne by households. They involve indirect financing of research and development through taxation.

Any source of innovative financing to stimulate health research and development in Burkina Faso must respect the criteria listed above.

Thus, in addition to conventional sources of financing, the following alternative sources of financing may be proposed:

√ Mobilization of domestic resources

Specific taxes on certain items could appear particularly justified where consumption of such items is harmful to health.

Burkina Faso already levies taxes on consumption and these are incorporated into the national budget.

Proposal: current tax rates could be increased.

- Tax on polluters

In line with the "polluter pays" principle, any enterprise in Burkina Faso recognized as a polluter should pay a special tax.

On the principle that environmental damage has a negative impact on the health of individuals and communities, the involvement of the health sector in research aimed at rectifying such damage is essential.

A portion of the tax revenue generated in this way should therefore revert to the health sector.

- Taxes on enterprises that generate noise pollution.

Taxes on motor vehicles more than 10 years old, given their higher-than-average capacity to pollute the environment.

- Taxes on luxury items.
- Taxes of beauty products harmful to health.
- Taxes on public transport (road and air).

The Ministry of Health should make the case that all these sources of financing should be exempted from the principle of budget universality (i.e. revenue should not be set against expenditure).

The sources of financing will accordingly be specific taxes earmarked for health in general, and research and development in particular.

√ Mobilization of external funds

The Ministry of Health should also engage in advocacy among partners to increase financing for projects and programmes related to research and development.

This advocacy could also focus on the establishment of a global fund for research and development.

- Evaluation of sources of financing

The proposed domestic sources of financing are, essentially, taxes targeted on consumption.

Sources of financing	Neutrality	Reliability		Equity of tax burden
		Base	Stability - change	

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Taxes on alcoholic beverages	Detrimental to the taxed sector of activity	Consumption taxed	Diminishing	Unfair to consumers of these items. Can be considered "fair" if consumers of harmful products are seen to be financing research
Taxes on tobacco				
Taxes on polluters	Detrimental to the taxed sector of activity	Profits	Unstable (pegged to results)	Irrelevant
Taxes on age of motor vehicles	Detrimental to households with 1 vehicle more than 10 years old	Household income	Growth	Unfair to households with 1 vehicle more than 10 years old. Can be considered as "fair" financing for health in view of pollution generated by these vehicles
Taxes on passenger transport	Detrimental to passengers	Household income	Growth	Unfair
Taxes on luxury items	Detrimental to consumers of luxury items	Income of consumers of luxury items	Growth	Unfair
Taxes on beauty products harmful to health	Detrimental to consumers of beauty products harmful to health	Income of consumers of beauty products harmful to health	Growth	Unfair to consumers of beauty products harmful to health. Can be considered "fair" financing for health in view of these products' harmful health impact
External financing (grants and donations)	Increase global demand. Conditionalities/fungibility	Global income	Relatively abundant but unstable (donor priorities)	Irrelevant

6. CONCLUSIONS AND RECOMMENDATIONS

These ideas on coordinating research and development initiatives for Type I, II and III diseases underscore the importance of a cross-cutting approach at the country level. What is needed is a full-scale strategic plan for research and development that embraces institutional capacities and human and material resources alike. Given that the bulk of financing comes from external resources, the State needs to establish a coordination

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mechanism to ensure that these funds are utilized more effectively. At the same time, the Ministry of Health budget should be increased by 2%, as recommended by WHO.

It is recommended that these strategic discussions be pursued in the broader context of a workshop that brings together all the stakeholders involved. The conclusions of this forum could subsequently be forwarded to the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG).