

Research capacity in Africa-will the sun rise again?

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Research capacity in Africa—will the sun rise again?

Africa has a problem. It has the greatest burden of disease and lowest density of health-care professionals in the world. This we know. We also know that although infectious diseases and maternal, child, and neonatal health are improving, the burden of non-communicable diseases (NCDs) has been steadily increasing in the past few decades. We know that the health-care successes in Africa have largely been driven by donor aid, providing vertical solutions to specific problems; however, NCDs require complex care and strong health systems. These are few and far between in Africa.

What do we not know? We do not know the true burden of NCDs in Africa and we have little idea of the stage of life at which these diseases manifest. We are largely ignorant of the phenotypes of diabetes in Africa and how diabetes interacts with other conditions to contribute to morbidity and mortality. We are completely in the dark regarding how to prevent and treat NCDs in Africa, and little knowledge exists about how best to strengthen health systems to cope with the double burden of infectious disease and NCDs.

There are other things that we know, but this knowledge provides little comfort. We know that there is little research capacity within Africa. There is a shortage of faculty and research leaders, inadequate facilities and infrastructure, and few career opportunities for budding researchers. Fortunately, there is now widespread acknowledgement that African researchers are best placed to ask questions that are relevant to African issues, and there is a slow move away from parachuting research questions in from high-income countries to address Africa's problems. But how can this be done without the local capacity?

Enter the Southern African Collaboration for Research Excellence (SACORE). A Wellcome Trust-funded initiative with a remit to strengthen research infrastructure, provide support and training to young researchers, and offer them opportunities to present their research to peers and international experts in challenging but encouraging environments. SACORE has supported 12 Masters, 21 PhDs, and six post-doctoral positions since its founding in 2009. It has funded more than 50 small grants, and 20 travel fellowships, and established three dedicated research support centres. Since 2010, the research output and publications from the three major

institutes involved—the Universities of Malawi, Zambia, and Zimbabwe—have increased dramatically.

The Lancet Global Health and *The Lancet Diabetes & Endocrinology* attended the SACORE Annual Scientific Meeting in Lilongwe, Malawi, in March, 2016. The enthusiasm and hard work of the students, the quality of presentations of both students and external keynote speakers, and the strong support by faculty were impressive. Many of the research projects were of high quality, although doubtless some could have benefited from more thought regarding appropriate questions to ask to contribute meaningfully to knowledge gaps in Africa. The inescapable conclusion from the meeting was that building collaborative research networks within Africa and between Africa and the rest of the world will ensure that researchers in Africa are better able to address relevant questions, and that this process is only just beginning.

Unfortunately, the Wellcome Trust has decided to stop funding SACORE. To add insult to injury, not one representative from Wellcome saw fit to attend the organisation's swan song. SACORE are not alone in their plight: other capacity-building efforts in Africa (eg, the PEPFAR-funded Medical Education Partnership Initiative) are seeing their funding withdrawn. The new world order of research seems to be to fund individuals to become leaders in their fields. This strategy might work for researchers in high-income countries, hot-housed in institutes with a culture of research, but it could be less beneficial for would-be researchers in Africa, who have had less exposure to good quality research.

Medical research cannot be done in a vacuum. For individuals to flourish they need support from mentors and colleagues, and they need help to formulate their ideas and write their grants. It is difficult to see how research in Africa, which is already lagging behind that done by researchers in high-income countries, can flourish once the nascent support infrastructure is removed.

At the Lilongwe meeting it was evident that SACORE's sun had been shining on the fertile ground of African research. The Wellcome Trust's decision to withdraw funding brings with it the chill of night and African research productivity will surely suffer as a result.

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