WEBINAR REPORT

Shifting Global Health R&D Funding: Opportunities in a Changing Landscape*

**The discussion framed the shifting funding landscape as a cross-cutting driver that opens opportunities to rethink governance arrangements, regional coordination, community engagement, and access and benefit-sharing.*

Recent funding constraints for biomedical research in Africa have highlighted the urgent need to build a more sustainable and equitable research and development (R&D) ecosystem on the continent. This need is particularly timely given Africa's growing role in clinical trials that assess the efficacy and safety of medical innovations. Clinical trials are a critical component of the R&D process for new drugs, diagnostics and vaccines. They also represent the most resource-intensive stage of R&D, often requiring major financial investments, substantial infrastructure and policy support from countries.[1,2] Conducting trials in Africa is not only essential for ensuring the suitability of medical tools for its diverse populations, but also for generating context-specific evidence that strengthens global health equity.

There is growing political will to expand clinical trial activity in low- and middle-income countries (LMICs), as seen in the strategic efforts of institutions such as the Africa Centres for Disease Control and Prevention (CDC).[3] Its 2023–2027 Strategic Plan prioritises the development of world-class clinical research infrastructure, regulatory harmonisation across member states and stronger regional coordination to accelerate the delivery of lifesaving interventions, especially for diseases that disproportionately impact African populations.

The continent's growing role in the global R&D ecosystem coupled with declining external funding could present a pivotal opportunity to reimagine Africa's role and reshape the frameworks that govern its participation in clinical trials and the equitable sharing of their benefits. This context requires a thorough examination of best practices and lessons learned, and the exploration of future pathways, including closing legal and policy gaps and building alternative partnerships and accountability mechanisms.

On 19 February 2026, Médecins Sans Frontières (MSF) Access convened leading experts to discuss the broader implications of declining R&D funding across the African continent and the opportunities emerging within a changing global health landscape.[4] The panel included:

- Dr Vincent Okungu, health economics and systems financing professor, University of Nairobi
- Ntando Yola, community stakeholder and engagement lead, Desmond Tutu Health Foundation and UCT Clinical Trials Unit
- Mike Frick, co-director, Treatment Action Group (TAG)'s tuberculosis programme
- Dr Miriam Njoki, clinical epidemiologist and senior programme officer for clinical research, Science for Africa Foundation
- Lauren Paremoer, professor of political studies, University of Cape Town

This report compiles and organises the insights shared during the webinar, drawing directly from speakers' contributions to present the main barriers and proposed ways forward for stronger and more equitable R&D partnerships across the continent. It also includes a dedicated section highlighting Africa's roles in tuberculosis (TB) vaccine research as an example, and a call to action toward a coherent and equitable R&D future for Africa.

Key barriers and proposed ways forward

Barrier 1: Chronic underinvestment and fragmented R&D

At a continental level, Africa underinvests in R&D compared to global R&D expenditure of around 2.67 per cent of gross domestic product (GDP), spending on average less than 0.4 per cent of GDP.[5] Most financing is concentrated in North African countries (Egypt, Algeria, Morocco and Tunisia) and South Africa.[6] Heavy reliance on external funders makes R&D funding unpredictable, fragmented, vulnerable and difficult to sustain. R&D is often viewed as a cost rather than an investment and there is an absence of clear investment priorities, context-relevant return-on-investments (ROI) or incentives to drive R&D investments. Continental financing strategies such as the Abuja Target do not address R&D financing, relying on an ad hoc 15 per cent national budget allocation target that has not consistently delivered tangible population health outcomes.[7] Dependence is especially stark in TB vaccine research, where about 70 per cent of funding comes from two donors: the Gates Foundation and the US National Institute of Health.[8]

Proposed ways forward:

- Expand domestic investment and adopt legislation to safeguard and strengthen R&D funding.
- Strengthen governance, policies, regulatory structures, resource-mobilisation strategies and multi-stakeholder collaboration at national and regional levels.
- Build access conditions directly into all R&D funding agreements, including commitments on affordable pricing, non-exclusive licensing, transparent data sharing and timely product registration commitments in countries where the research is conducted.
- Ensure philanthropic and foundation funding includes conditions for access, which can be connected to how these organizations finance clinical trials and other research on medical innovations across the continent.

Barrier 2: Insufficient community engagement

Community engagement has been key in ensuring timely adoption of innovative tools.[9] Funding cuts have reduced the capacity for meaningful community engagement and risk research advances outpacing community access to resulting tools.

Proposed way forward:

- Treat communities as co-creators of research, not passive participants, to strengthen ethical research practices and improve trust, uptake, relevance and accountability.

Barrier 3: Fragmented research governance and limited regional coordination

African scientists, institutions and communities are central to generating evidence that drives innovation both for the continent and globally, but fragmented local leadership and governance often lead to uneven negotiations with global funders and the biomedical industry. Research conducted or coordinated at scale can have a larger impact, yet African engagements often remain fragmented at the country level. The biomedical R&D landscape is shaped by governments, which set policy and define national priorities and de-risk R&D investments; institutions, which coordinate efforts and reduce fragmentation; and funders, who exert significant influence.[10] Many critical R&D decisions are made upstream, well before regulator's approval and often without inclusion of African stakeholders, which ultimately limits influence over these early decisions and determines community access.

Proposed ways forward:

- Approach R&D as a core priority in health systems.
- Align clinical trials with national and regional disease burdens, strengthen regulatory systems, and integrate access considerations from the outset.
- Pursue regional coordination without undermining national efforts.

- Clarify the roles of governments, regional institutions and funders to reduce fragmentation.

Barrier 4: Weak ethics and benefit-sharing mechanisms

Responsibility for ensuring post-trial access and community benefit, including the availability and affordability of trialled products, is shared across ethics committees, governments, funders, researchers and civil society. Nonetheless, existing mechanisms remain limited in both scope and provisions for access: most provisions focus on ensuring access for clinical-trial participants, while lacking robust requirements to secure broader societal benefit.

Proposed way forward:

- Ethics committees should systematically evaluate post-trial access plans, community benefits and affordability considerations as core criteria for trial approval.

Africa's Central Role in TB Vaccine Research

TB science would not have been possible without the contributions of people across the African continent. African scientists, institutions and research participants remain indispensable to global TB vaccine development, with many vaccine candidates relying heavily on African trial data.[11]

Currently, the TB vaccine pipeline includes mRNA candidates in early development and protein-adjuvants and live attenuated vaccines in later stages.[12] Twelve African countries are involved in TB vaccine clinical trials, with particularly strong participation from Eastern and Southern African countries.[13] One prominent example is **MTBVAC**, a live attenuated vaccine now in a Phase 2b trial enrolling more than 4,000 adolescents and adults in Kenya, South Africa, and Tanzania. The trial is run by IAVI and the Spanish biotech Biofabri, and, as a single-dose candidate, it is considered promising for future access and implementation by public health programmes in low- and middle-income countries.[14]

There is also early-stage vaccine innovation happening in the continent. The South Africa-based mRNA technology Transfer Hub is supporting the development of new mRNA TB vaccine candidates, including work with Akagera Medicines in Rwanda, which is majority-owned by the Rwandan government and is advancing a candidate with encouraging preclinical data.[15]

Despite these significant scientific contributions and Africa's central role in advancing TB vaccine research, persistent barriers highlighted during the webinar continue to limit the continent's ability to fully benefit from and shape the outcomes of this innovation.

The TAG report *What Could Go Right* outlines a "TB Vaccine Access Roadmap in 4D" (development, data, demand, and delivery) and highlights actions for civil society and communities in shaping sustainable manufacturing, procurement and supply strategies for new TB vaccines.[16] It addresses barriers related to resource constraints, pricing, intellectual property licensing and market shaping for equitable TB vaccine access.

Recent research from the Make Medicines Affordable Coalition examined patent filings for leading TB vaccine candidates M72/AS01E and MTBVAC. The findings challenge the perception that intellectual property (IP) is not a barrier to TB vaccine access and highlight the need for closer scrutiny of how IP is managed to ensure equitable access.[17]

Call to action: Toward a coherent and equitable R&D future for Africa

Africa's growing scientific relevance creates an historic opportunity to redesign global health R&D partnerships, provided countries invest domestically, coordinate regionally, embed access conditions from the outset and centre communities in research governance.

Transitioning from a setting for clinical trials to an innovation hub requires stronger policies, early access planning, increased domestic financing, community engagement, equitable partnerships and regional coordination, including a strengthened role for the Africa CDC.

Even though funding constraints remain a significant challenge, they can also serve as a catalyst for building more sustainable R&D financing systems in Africa through domestic resource mobilisation, improved governance, transparency and accountability, and the prioritisation of R&D nationally and regionally through pooled resources and blended financing mechanisms. At the same time, governments and universities that depend heavily on philanthropic funding must consider how legislation and institutional policies can secure post-trial and broader public-benefit access obligations.

The TB vaccine research example presents the continent's critical role in TB vaccine development and underscores the need for early access conditions, affordability and stronger regional coordination. Ultimately, the populations and countries that make clinical trials possible must equitably benefit from the innovations they help develop.

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[13] This information is based on data presented by Mike Frick during the webinar. The slide identified twelve African countries involved in TB vaccine clinical trials: the Democratic Republic of Congo, Gabon, Gambia, Kenya, Madagascar, Malawi, Mozambique, Senegal, South Africa, Tanzania, Uganda and Zambia.

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