

**Table 2 Health research financing in Palestine**

Theme	Theme 1: the status of HRF	Theme 2: HRF sources	Theme 3: HRF gaps	Theme 4: Improving the HRF
<b>Sector</b>	<b>Health research financing (HRF)</b>			
<b>Gov.</b>	<ul style="list-style-type: none"> <li>- No specific budget in MOH</li> <li>- Not sufficient fund at all</li> <li>- Generally is minimal</li> <li>- Scattered fund and donors are working randomly without sustainable funding sources</li> <li>- Underinvestment which is not given a priority politically</li> <li>- We do not have a fund at all</li> <li>- HR is itemized in the gov. budget for HR and academia and NGOs alike</li> <li>- The funding mechanism is enough, sufficient, and sometimes are plenty</li> </ul>	<ul style="list-style-type: none"> <li>- Mostly comes from external donors, little from national such gov., banks, companies.. etc.</li> <li>- Mainly from donors then some national sources and MOH rarely funded HR</li> <li>- Mostly funded individually (self-funding) e.g. postgraduates and others from external donors directed to national institutions</li> </ul>	<ul style="list-style-type: none"> <li>- The bureaucratic process to secure fund</li> <li>- The absence of a financing strategy for HR based on priorities</li> <li>- No political interest in HR</li> <li>- Lack of gov. financial resources</li> <li>- Research funding and agendas are donor-driven</li> <li>- The absence of a collective body</li> </ul>	<ul style="list-style-type: none"> <li>- Good resources management</li> <li>- Set priorities to allocate fund based on them</li> <li>- Academia should play a role in funding HR</li> </ul>
<b>Acad.</b>	<ul style="list-style-type: none"> <li>- There is no available national or institutional fund</li> <li>- We have a problem with funding with no interest of banks and another possible funder</li> <li>- There is no funding except foreign which means no staff allotted for HR</li> <li>- Inadequate, unsustainable, conditioned serve donors ideologies</li> <li>- The lowest gov. priority, and budgets unavailable</li> <li>- Lack of fund which is a key barrier</li> <li>- No gov. allocation</li> <li>- Donor agenda-driven</li> </ul>	<ul style="list-style-type: none"> <li>- Externally or self-funding from postgraduates, without gov. fund</li> <li>- Foreign sources</li> <li>- Mainly depends on external sources with complicated procedures</li> <li>- Local researchers personally financing their descriptive studies which are less expensive</li> <li>- From NGOs and some gov. institutions e.g. MOHE</li> <li>- Mostly self-funded or from donors</li> <li>- MOH fund is completely not existed</li> <li>- Usually by donors and individuals</li> <li>- Lower from institutes and gov. and bigger from external</li> </ul>	<ul style="list-style-type: none"> <li>- The unwillingness of serious political decisions</li> <li>- Funder restrictions and control</li> <li>- The scarcity of national resources, simply, MOH does not have money for securing pharmaceuticals</li> <li>- The absence of a sponsoring body</li> <li>- Political deterioration and siege</li> <li>- No political interest in HR</li> </ul>	<ul style="list-style-type: none"> <li>- Allocate sufficient fund through establishing a national fund or central gov. budget allocation</li> <li>- Local and international cooperation</li> <li>- Allocated HR sustainable fund from the GDP</li> <li>- Mobilize local fund and initiate the external NGOs support for HR based on clear society needs</li> <li>- Agreed national agendas steering the external donors</li> </ul>
<b>NGO</b>	<ul style="list-style-type: none"> <li>- No specified fund in UNRWA for HR, which is part of NCDs budget</li> <li>- Absolutely no local fund</li> <li>- Seasonal without significant gov. fun</li> <li>- The is a lack of funding</li> <li>- We do not have special budget allocated for HR, this aspect is an institutional challenge</li> <li>- HR fund is based on programs, rarely has a separate budget</li> <li>- Externally and unsustainable</li> <li>- No institutional fund and individual</li> <li>- Unsustainable due to unpredictable political situations</li> <li>- Unsustainable and its channels is weak</li> </ul>	<ul style="list-style-type: none"> <li>- Internationally funded</li> <li>- Individual-based or donor-dependent e.g. World Bank, Japanese and Norwegian gov., WHO, and UNFPA</li> <li>- External donations</li> <li>- Mostly international, sometimes academia funded partially and indirectly</li> <li>- The individual fund, but sometimes WHO, USAID, and EU funding HR</li> <li>- Mostly international, private funding for HR is weak as well as the gov.</li> <li>- Mainly international, such the Lancet through LPHA and limited comes from MOHE and NGOs as fellowships or in-kind fund</li> </ul>	<ul style="list-style-type: none"> <li>- HR is not itemized in the gov. budget</li> <li>- Lack of investment sense, huge spending on services instead of HR which costs less</li> <li>- Donor policies and agendas</li> <li>- Large fund for applying operational and clinical research projects are mainly unaffordable</li> <li>- Significant spending on other sectors (security)</li> <li>- External fund to HR cut off from humanitarian and relief projects not developmental</li> </ul>	<ul style="list-style-type: none"> <li>- Secure sustainable fund through political and financial commitment</li> <li>- Many fund opportunities to develop HRS in Palestine to be invested</li> <li>- Activate the international role in supporting HR, financially and technically</li> <li>- Initiate national proposals to big donors sides, like Bill and Melinda Gates Foundation, John Hopkins University, and many other</li> <li>- Promote the conviction and importance of HR</li> </ul>