MINISTERIAL SUMMIT & GLOBAL FORUM FOR HEALTH RESEARCH
MEXICO CITY, 16-20 November 2004

“RESEARCH CHALLENGES TO MEET THE MDs – PARTNERSHIPS NEEDED”

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As the Chairperson has eloquently explained we are gathered here to reflect on the roles of research in addressing the major health challenges facing the global community. Speaking at a similar occasion at the Opening Plenary of Global Forum for Health Research, Geneva, 9-12 October 2001, I concluded saying: “Creating human security is a fundamental requirement for national security in the 21st century. We can only achieve just societies, and an equitable and peaceful global community, if we break the silence surrounding gross inequities in access to health information and care, and the devastating imbalances in health research resources. But, breaking the silence is not enough. We must act strongly together. Research has a vital role to play and I commend the Global Forum for Health research, for your persistent and thoughtful efforts” to help correct the 10/90 gap in health research resources for diseases related to developing countries.

Global Forum efforts are starting to bear results. Several problem and discipline-specific health research networks have been established. Today, we are witnessing the dawn of a new era characterized by a growing interest in working together in research for better health. I would like to focus my remarks on the urgent need to expand the partnerships needed to carry out the research needed to meet the Millennium Development Goals (MDGs). First, I will briefly comment on how far have we gone in implementing the health sector related MDGs. Second; I will discuss what thwarts progress. Based on these identified factors, I will then talk about what I think ought to be done.

1. Implementation of the health sector related MDGs
The adoption of the Millennium Declaration has been responded by efforts to address the health sector related millennium development goals (MDGs).

Although progress has been made globally in implementing the MDGs the spread of HIV/AIDS results from the failure to fulfil international commitments, such as the Cairo ICPD Agenda, Monterrey Declaration, and The Johannesburg declaration on Sustainable Development. Although globally there has been a reduction in child and maternal mortality indicators are far from target, Africa lags behind, particularly in low-income countries where extreme poverty still prevails.

Despite the existence of proven interventions that can prevent transmission, and of life saving drugs HIV pandemic, malaria, TB and other diseases continue to infect more and people and claim more than five millions lives every year. Access to basic health care has deteriorated in many countries.

Medicines and other tools for diseases affecting impoverished populations are few and mostly inadequate: for example, for tuberculosis the same old tools are used to fight the growing rates of TB infection making almost impossible to control TB/HIV when there is already the occurrence of drug resistance tuberculosis bacteria; efforts to control malaria are fragmented and insufficient. Prominent among them being the availability and affordability of essential commodities for the prevention and management of malaria, and the challenge of increasing drug resistance. If the situation remains unchanged most Sub-Saharan African countries will not meet the set targets within established time frame. As we scale-up prevention, treatment and care with the implementation of WHO’s 3 by 5 program we must be prepared to develop alternative medicines as it is well known that HIV strains resistance to drugs will occur. Research – not only biomedical, but also operational, socio-economic, behavioural, and political – could help enormously policy makers caught in political, social, financial and ethical dilemmas as they struggle to set priorities and make hard choices amongst competing demands and tasks. The example of developing countries that have adopted appropriate policy measures to face the health
challenges and even with limited resources for R & D made rational use of existing interventions proved that the MDGs are achievable.

2. What thwarts Progress?

Lack of political will used to be considered the main reason behind lack of progress. But when the 2000 United Nations Millennium Summit adopted the Millennium Development Goals (MDGs) as the international standard to be observed at all levels of leadership, including community level, and to assess commitment to defeat extreme poverty, promote development and social justice, we can say: although it does not suffice, there is political will expression. Therefore the lack of progress is mainly due to poverty, weak and insufficiently funded health care systems for the poor, and limitations of control programs, insufficient knowledge, poor management capacity, and lack of empowerment of communities. (Empowerment of communities enables people to build their lives, as agents of change and not simply objects of charity.)

Progress is also hampered by conflicts/violence that generate a hostile environment, economic and social instability.

The HIV/AIDS pandemic (affecting 38 million people, 95% living in low and middle income countries, and with 5 million new HIV infections occurring every year) has disclosed weaknesses in the way sexual behaviour is addressed to encourage changes in societal norms to reduce the spread of the virus. But we still lack deeper understanding of behavioural factors.

Lack of progress is also due to the limited knowledge on specific priorities for health research to strengthen existing health systems and enhance performance and quality of services.

3. What ought to be done?

Above all we need a radical change in the way we think and do things. Conscious of the fact that infectious diseases respect no boundaries
and that living in the same planet Earth we must promote partnerships needed to meet the MDGs.

First and foremost, countries and their respective governments have the primary responsibility to guarantee a stable environment enabling all people to engage in initiatives to fight poverty and advocate for healthier lifestyles, and to ensure essential health services for all citizens. Therefore countries, owning their development processes, should draw their own vision, strategies and programs based on identified needs, priorities and available resources, and create enabling environment for health research as an integral tool for development. In doing so, mobilization of key actors and promotion of strategic partnerships at national, regional and international levels will be crucial.

Second, recognizing that the ultimate goal is to effectively address the priority health problems that hamper development we must advocate for increased funding to ensure delivery of promises made at the different international and regional forums, such as, the 2000 Millennium Summit Declaration, the Abuja Declaration on HIV/AIDS, malaria and other related infectious diseases, the 2001 Monterrey Declaration on financing development and the 2002 Johannesburg sustainable development summit.

Third, at country level ensure coordination of national and global initiatives reallocating resources within national budgets and international development assistance in accordance with the burden of diseases, the main determinants of health and social justice.

Developing countries are often dealing with many public and private fund donors without a coherent plan leading to a better integration and coordination of actions.

My personal experience has shown that it is important to link systematically the international and national agendas and consequently set priorities to make efficient use of the limited resources available.

I know also from a bitter experience that Africa’s problem is the combined effect of lack of knowledge and the lack of tools to address
the huge burden of preventable disease and disability that not only causes unnecessary death and suffering, but also undermines economic development and damages the continent’s social fabric. Research is therefore needed on how best to generate, conserve and disseminate knowledge in the particular social, economic and environmental conditions pertaining in African countries.

Noting the growing interest in public and private partnerships demonstrated by more than 70 partnerships and networks that emerged in the last 10 years,

I call for the establishment of a consensus health research agenda to control the communicable diseases that are causing economic and social ravages worldwide, particularly in Africa.

The implementation of such an agenda requires we think in radical new ways of building partnerships. Ways that make the obligation to help our weakest members the rule and the priority, rather than the exception. If the benefits of scientific innovation are to be more equitably shared we must break the “lack of tools and knowledge vicious circle” and bridge the know-do gap.

4. How?

- Through strengthening existing health systems to enhance performance and quality of services.
- Through innovative partnerships, such as the European and Developing Countries Clinical Trials Partnerships (EDCTP), based on knowledge and sustainability, aimed at addressing recognized priority global health challenges.
- Through investments in global public goods – research and development focused on health concerns of the poor (expanding synergies between initiatives such as Medicines for Malaria Venture (MMV), Malaria Vaccine Initiative, European Malaria Vaccine Initiative (EMVI), African Malaria Network Trust
(AMANET), International AIDS Vaccine Initiative (IAVI), African AIDS Vaccine Program (AAVP), Global Alliance for Tuberculosis, just to name a few).

- Mobilizing sustained and predictable funding to achieve optimal knowledge production and usage by those who most need it and
- Promoting partnerships, collaboration and networking at country, regional and international levels.

EDCTP is a partnership research program for the development of new medical products, microbicides and vaccines to fight HIV/AIDS, malaria and tuberculosis targeted at sub-Saharan Africa. It focuses on phase II/III clinical trials for the 3 diseases. The EDCTP initiative is supported by a common decision of the European Council and the European Parliament. It is taken forward jointly by the European Commission, the European states and the Developing Countries because of a shared belief that European funding in this research can be more effective and added value can be derived by increased cooperation and coordination. The aim is to:

- Establish a sustained partnership to accelerate the development of accessible, adaptable, affordable new therapeutics, prophylactics and vaccines for HIV/AIDS, TB and Malaria;
- Transfer knowledge and strengthen/build capacity of (individual or networks of) clinical trials research sites;
- Optimise synergies and collaboration for more research into products and more uptakes into policy. (Actions related to the work of EDCTP should be harmonised and united, with clear priorities being determined by those involved and there should be coordination of partners efforts)

EDCTP tries to bring industry, the academic sector, scientific expertises, drug regulatory authorities and policy makers together. EDCTP is seen as an innovative response to the needs expressed by African Union leaders when they launched the New Partnership for Africa’s Development (NEPAD). Its success is anticipated if it manages to do so.

5. Concluding Remarks
To meet the MDGs national ownership is key. Countries should develop capacity to draw policies informed by the best available evidence from locally or regionally generated appropriate knowledge. The Forum and Ministerial Summit offer an opportunity to exchange ideas and information on interventions that have proven to work, that can be adapted and applied to achieve the MDGs. Therefore I hope that we should come out of this meeting with a clear agenda on Health Research stressing health systems research needed to achieve the MDGs and specifically on the mechanisms to expand innovative public private partnerships needed to accelerate the development of clinical tools to effective control of priority global health challenges. Several African and other developing countries governments are showing growing interest on health research for better health. I come from Mozambique, one of the least developed countries where resources are most limited and because of that we decided to invest in health research. Recent findings have confirmed that a Malaria Vaccine is feasible. A malaria vaccine can be developed in a relatively short time if additional resources can be provided to enable scientists to work together to scale up existing programs.

It is our obligation to come out of this meeting with a strategy for the way forward that will contribute to the strengthening of international collaboration, networking and coordination between scientists, funders (public and private) and policy makers.

There has to be a radical change, not incremental reorientation, in the way Health research is performed, particularly in Africa. Research as a process of producing new knowledge is critical to solutions to new challenges. In health, particularly, solutions are based on choices and those who carry the major burden of diseases being addressed, should make the choices. The strategic focus should be on the priority health concerns of the poor. Empowerment of communities through transfer of information and knowledge will enable them make appropriate use of the new clinical interventions resulting from R & D.

Health Research strategy should also be seen within the overall concept of development. Therefore each specific research project should include capacity development aimed at ensuring sustainability. Partnership models, such as the Genome Project and the global response that led to rapid containment SARS should be explored to
design global initiatives to fast track the development and delivery of health related global public goods.

Thank you,

Dr Pascoal Mocumbi
Mexico City, 17 November 2004