The next 12 months will provide the biomedical research community with its most important opportunity for a generation to contribute to global health and security. In November, 2004, an international summit on health research will take place in Mexico City. That meeting will devise a technical agenda for health research, which will then be presented to national ministers of health. There is one overriding question that the summit, organised by WHO, plans to answer—namely, what research is needed to reach the Millennium Development Goals (MDGs) by 2015? In this week’s issue (see p 2083), WHO’s new director-general, Lee Jong-wook, sets out his priorities for global health six months after taking office. It is a bold and ambitious programme.

Creating a thriving international research culture will be a key to its success.

WHO’s substantive contribution to the Mexico Summit will be a World Report on Knowledge for Better Health. The context for its approach will inevitably be the MDGs. But, as Lee points out, there must also be a return to the values of Alma Ata—WHO’s 1978 commitment to primary health care. The improvement of health systems—bridging the “know-do” gap—will be WHO’s most difficult challenge. How will research fit into this work?

At the seventh Global Forum for Health Research, held in Geneva this month, WHO’s director of research policy, Tikki Pang, gave some clues. The agency will argue that research is an investment, not a cost; that research needs to be defined far more broadly than the biomedical community conventionally believes; that all countries should have a health-research system that drives health-sector reform; that research should be applied to improve health equity; that research must be conducted according to universal ethical standards; that the results of research should be accessible to all; and that civil society has a vital—and so far neglected—part to play in setting research priorities.

A focus on research and health systems might seem at odds with WHO’s most far-reaching vertical disease-control programme since smallpox eradication—an effort to reach 3 million people living with HIV/AIDS with anti-retroviral treatment by 2005 (Three by Five). In fact, the two programmes are complementary, not competing. As Lee has written elsewhere, “we know that improving the ability of countries to distribute the medicines, building health systems, and training health workers are essential to Three by Five”. WHO has other priorities too—notably, improving child survival, launching the final phase of polio eradication, learning the lessons of SARS, and continuing its work on tobacco control and violence prevention. None of these projects will be sustainable without effective health systems in place.

Take Nigeria as an example of the challenge at country level. With an infant mortality rate of 75 deaths per 1000 live births, 70% of its people living in poverty, weak primary and secondary care facilities, and desperate shortfalls in human resources for health, prospects for achieving any of the MDGs look slim. Meanwhile, Nigeria’s leaders have had to contend with a well-meaning but anarchic policy environment. Research has the potential to draw many disparate initiatives together. That is the goal of the Mexico Summit: to define priorities, to put knowledge to its best possible use, to secure donor commitment, to bring funders together to unite behind a common agenda, and to launch concerted initiatives to take this agenda forward.

Perhaps even more importantly, open research cultures have enormous non-instrumental value. They foster a critical rationality that encourages democratic debate, one of the vital political components of lasting and peaceful human development. This is what makes WHO’s strategy so revolutionary—a commitment to health-systems reform has the potential to root health improvement in a wider pro-democracy movement.

As global poverty worsens, economic inequalities deepen, and social exclusion increases, it is vital that health workers everywhere refocus their research efforts to deliver sustainable systems of care for the most vulnerable populations of the world. We need a clear set of priorities—a new set of grand challenges, perhaps—for research, together with new funding to support this programme. The next 12 months and beyond will be the acid test of our collective moral commitment.

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