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Editorials

Global research for health

Should tackle health needs and inform policy

Last week delegations from 59 governments, international agencies, and researchers met in Bamako, Mali, to discuss the state of global health research. It was an opportunity to review progress since their last meeting, four years earlier, in Mexico City, and to set an agenda for the future.¹ The meeting in Mexico is widely seen as a turning point, where the importance of research tackling the greatest health needs was emphasised, and where a strategy for meeting these needs was proposed.

Arguably, in a world with scarce resources efforts should be focused on where they can do most good. To make this happen, those attending the conference in Mexico advocated greater investment in research on health systems and policy, the development of national health research policies, and the incorporation of evidence into health policy.

The consensus is that some progress has been made since Mexico. Funding for health systems and policy research has increased, and some politicians now accept that evidence based policies are desirable.² Yet we still have much to do. The births, lives, and deaths of many of the world's population remain unrecorded.³ Large scale programmes and healthcare reforms are still implemented without evaluation.⁴ The reasons why they succeed or fail are often unknown. And large parts of the world are effectively untouched by health research.

One purpose of a meeting like this is to facilitate dialogue among groups of people who might not otherwise meet. In this it succeeded. Governmental delegations heard about the opportunities offered by health research and the obstacles to achieving them, in some cases seemingly for the first time. Although good intentions often collide with financial and political realities at home, many remarks made by ministers indicated that they had taken the messages on board. But what did the meeting achieve?

The most tangible outcome was a "call to action."⁵ In it, governments committed themselves to developing health research strategies and to funding them adequately, allocating at least 2% of the budgets of their ministries of health. They also committed to creating research infrastructure, including ethical review procedures, clinical trials registries, and open access to data, while promoting knowledge translation as a means of developing evidence based policies. Finally, they accepted the need to build a critical mass of young researchers. Others must also play a role. International development agencies are called on to devote at least 5% of their spending on health to development of research capacity, while they and research funders should pursue innovative financing mechanisms and align their support with national plans.

So what next? The call to action sets out an ambitious agenda, but so did the declaration at the Mexico City summit. An immediate need is to establish a monitoring mechanism that can track progress against stated intentions, so that next time it will be possible to assess what has been achieved and by whom. It is not obvious who should undertake this role, and that fact argues for a reassessment of the often confusing roles of the different bodies that oversee global health research. Yet whoever does it, they should report regularly and publicly, so that governments can be held to account by their populations.

The widespread view was that research funding must change. Short term project based funding should coexist with long term investment in research capacity. Research portfolios should be balanced; they should include basic and applied research, as well as generalisable and context specific studies. These last studies are often the ones that make the greatest difference. The importance of knowledge transfer was stressed, and successes such as the Evidence-informed Policy Network were given as examples.⁶

Calls were also made for partnerships, in which researchers would work with governments, civil society, and more controversially, the drug industry. The last of these stimulated the greatest debate. A few speakers highlighted past transgressions by the industry, seemingly implying that the growth of clinical trials in developing countries was in itself a bad thing. But as Mark Walport, director of the Wellcome Trust, noted, it is industry that makes the drugs that save lives, not academics. Another area of debate was the role of national research strategies. These are clearly important but should not exclude innovative investigator led research.

The real challenge will be within countries. One of the most striking images was a map of the world, which showed research capacity.⁷ The heaviest shading was, as expected, in the developed countries of Europe, North America, and East Asia. Large parts of the map were completely empty, however, in west and central Africa, the Middle East, and the former Soviet Union.

The unresolved challenge is what we should do where there is virtually nothing to build on. Increasing global funding alone will not help. External donors can help, if they are willing to invest strategically and recognise that the results of their funding may take a decade or more to become apparent. However, governments must also act, by tackling the corruption and failures of governance that prevent not just the development of health research but also the development of the basic institutions needed for anything to work.

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