Ten compelling reasons for research

1. **Break the vicious cycle of poverty and infectious disease.** The interrelationships between health, infectious diseases and poverty are dynamic and complex. Timely, targeted research will prevent infectious diseases from driving more people into poverty.

2. **Forge an escape for the poor and vulnerable.** Poor people living in the areas most affected by environmental factors are least able to respond to the challenges of environmental and climate change. Interactive, interdisciplinary research can identify ways to mitigate risk factors, establish the potential impact of interventions on the environment and direct future interventions to minimize risk.

3. **Tackle multiple problems.** Research will help understand both causes and consequences of poly parasitism, coinfection and comorbidities with non-communicable diseases on people, societies and systems. An integrated understanding of the complex relationships underpins effective integrated health system delivery and effective disease control programmes.

4. **Commute the life sentence.** Many people must live with the long-term debilitating effects of past or current infection. Research can find ways to mitigate the consequences of chronic and persistent lifelong infection and its secondary complications and associated stigma.

5. **Be prepared – forewarned is forearmed.** Surveillance is essential at all levels to understand patterns of emergence, including the spread of drug and insecticide resistance. Mapping, monitoring and evaluation of these trends are critical. Access to such surveillance data allows us to anticipate and respond to emergent, re-emergent and drug-resistant diseases.

6. **Reach the hardest to reach.** By identifying ways to strengthen health infrastructure and better deliver services in impoverished areas, we can reach disenfranchised populations who continue to struggle with the burden of poverty and disease. Health systems research can create positive synergies between disease control and wider health systems in poor regions.

7. **Prevent loss in translation.** Progress along the route from basic research to clinical and public health practice is slow and patchy. Integrated multidisciplinary research programmes should aim to anticipate and avoid potholes along the route to the introduction of more effective interventions.

8. **Identify small changes that can make a big difference.** Relatively low levels of investment in evidence-based interventions can have a big impact. Small modifications in where and how we deliver treatments and care can achieve dramatic improvements. Effective research that demonstrates positive effects from small modifications should be rapidly scaled up in poor communities.

9. **Stay focused on the light at the end of the tunnel.** Much has been achieved to date and even the most difficult situations are not irreversible. Significant progress will continue to be made if investment in coordinated research programmes is expanded and sustained.

10. **Act quickly on what we know.** Policy-makers and global funders need to have access to the right information at the right time to inform decisions that draw on the evidence of what works, and feed “best buys” into health policy, health budgets and the operations of health systems. Research data must therefore be rapidly translated into effective tools for policy-makers.