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RESEARCH AGENDA TO IMPLEMENT NEW HEALTH FOR ALL STRATEGIES

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1. Research and Development

It is often argued that resources for health-related Research and Development (R&D) (about US$ 55 billion) represent less than 3% of global health expenditure (nearly US$ 2 trillion) and that most of them (approximately 90%) are devoted to the problems of a few (approximately 20% of the world's population). Hence the need to influence the flow of resources. This argument requires closer attention.

Firstly, it should be noted that approximately 50% of the world health R&D expenditure is with industry, 25% with the National Institutes of Health (NIH) and most of the rest with public-sector bodies dealing with Science and Technology (S&T).

Secondly, of the US$ 2.000 billion spent on health (about 8% of global GNP, of which more than half is in the U.S.A. and less than 300 billion in the South), little contributes to major advances in scientific knowledge, although it is obviously essential to increase resources for health systems-type research and the application of well-known, effective measures. The differential in expenditure in per capita, (about US$ 1.500 versus 40) raises the question whether the North is getting "its money worth" compared to the South. Pending scientific evidence, prescriptive statements are not warranted.

Thirdly, a related problem is the scale of the "technology gap" in health between North and South. If one takes into account material and human infrastructure, it is of the same order of magnitude as the differential in expenditure, even after adjustments for purchasing power parity. To close the gap, it could be argued, that both targeted research and fundamental advances in knowledge are needed so as to reduce the cost of technology (examples abound in other sectors).

2. Science and technology (S&T)

The maldistribution of resources in S&T is in some respects worse than appears from the above figures and in others more comforting.

For example, if calculated in “per capita” terms, the North spends 100 times more than the South on overall R&D, published 50 times more, and produces 500 times more patents. On the other hand, the gap in education is closing (M. Patel demonstrated that this took only one generation) and the differential in the number of Scientists and Engineers is only 7:1 for China and 25:1 for all other developing countries.

The Global ACHR argues that rather than wait for the build up of capacity in the South (an obviously desirable and necessary goal), modern Information and Communication Technology (ICT) should be utilized optimally to enhance cooperation and mobilize part of the research resources in the North to address problems of the South.

3. Population Health Levels

The list of global problems which determine population health levels is growing. To the classical social and cultural determinants such as nutrition and hygiene, education, industrialization and urbanization, powerful factors should be added, such as unemployment, chronic conflicts, and changes in age structure. Although trends are improving in percentage terms, the absolute figures involved are staggering, and the long term effects of some factors, like unemployment, are largely unknown.

More comprehensive research is needed on these evolving problems of critical significance to health. For example, the much praised liberalization of trade implies outsourcing and extending the political power of business. Some authors (for example, D. Rodrik in “Has Globalization Gone Too Far?”) warn that the related transitions are increasingly borne by workers and that the danger of social disintegration should not be neglected.

4. New Health for All Strategies

The ACHR system is proposing to offer a contribution to the WHO renewed health-for-all strategy and its "Research Agenda" addresses the role of Science and Technology in Global Health Development. This "Agenda" will encompass different perspectives expressed through WHO regional policies as well as strategic plans for health research. It will also take into account the work of other bodies, e.g. CIOMS, ICSU, COHRED, and the newly created "Forum."

5. Research Agenda

The "Research Agenda" is meant to be a dynamic and continuous process, updating previously completed studies such as the "Mc Keown" report. It should be recalled that subsequent reports had concentrated on multi-sectoral aspects of health, interaction with the economy, scientific and technological infrastructure, and emerging ethical issues. Current efforts are aimed at further sharpening the research policy and agenda in light of contemporary developments, drawing on global scientific resources available to the research community.

6. Contents of the Agenda

The contents of the "Agenda" will emphasize:

(a) Evolving problems of critical significance to global health, e.g., population, migration, and urbanization; problems of the environment, industrialization, and infrastructure; education, unemployment, value systems, and social phenomena;
(b) the recent and expected contributions of Science, Technology, and Medicine to Public Health;
(c) research imperatives and opportunities in different substantive domains;
(d) methodological research and development; and
(e) process-related issues.

7. Implementation of the Agenda

Implementing the "Agenda" will involve several steps with a view to:

(a) Strengthen expertise in research planning methodology (e.g., "PLANET HERES" project);
(b) promote the establishment of "IRENEs" or Intelligent Research Networks in special areas to exchange information, services, research opportunities and contacts; and
(c) develop and improve the "visual health profile" as well as other approaches to portray health status and health care, using all available expertise.

Responsibility for implementation will be shared between:

(i) WHO, which embodies a large critical mass of expertise as well as a network of cooperating institutions;

(ii) Governmental authorities which have decision-making power for the allocation of public funds to health research;

(i) Multilateral, bilateral, and private funding agencies which have an interest in the research outcome that contribute to global health development;

(ii) The scientific community, including national and international research institutes, universities, academies of science and others, which ought to be mutually informed about the scope and purpose of the "Agenda"; and

(iii) Public and private sector industries, which have an interest in health research because they are sources as well as users and beneficiaries of new technologies, leading to new and better products and market opportunities. The proper balance has to be struck between commercial interest and public health and development concerns. The outcome of targeted research will, in many cases, increase overall market size while contributing to better health for all.