

Health Research for Development

The humanitarian concerns raised by gross inequities in health across the world must compete, amongst others, with concerns over war, food, freedom and the embattled environment. The competition is tough. The altruism shown by rich countries in providing funds to support health provision in poor countries is reinforced by growing realization of the adverse economic effects of health inequity on the global economy, and increasing appreciation that we live in a small world where pandemics such as avian influenza can emerge in poorer countries and spread to the rich with devastating consequences for all. Thus there are both selfish and humanitarian arguments for reappraising the cold calculus of international aid, and increasing the financial support to remedy the health problems of poorer countries. This is already happening and there have been considerable increases in donor support in recent years. External funding is more likely to follow investment in health by the recipient countries. So how should these funds be used? Improving health delivery is not just a matter of money. There is often simply not the human or infrastructural capacity to absorb it. Investing in training and development is a long term endeavour, but it is essential if health improvements are to be sustained.

In the shorter term much must be done – but using the available funds wisely such that they produce the greatest benefits is a major challenge. Governments and donors are often under the misapprehension that we know the right way forward. Sometimes we do, but often we do not – particularly for infectious diseases which vary enormously in their epidemiology. Basic information on the causes of morbidity and mortality are often lacking – despite the recent Herculean efforts of the Global Burden of Disease projects. Infectious diseases cause approximately half of all deaths in tropical countries, yet microbiological data are often scant or absent. This where research comes in. Investment in medical research is often cost-effective, informing and guiding health

expenditure, although translating the evidence obtained into policy and practice is often painfully slow. New interventions are arriving with increasing frequency. These range from novel behavioural approaches to major public health concerns such as smoking, and HIV-AIDS, through to new vaccines for childhood infections. Some areas such as drugs for parasitic diseases have been particularly neglected, but after years of inactivity, some promising new compounds are now being developed and introduced. The various new diagnostic methods and interventions need to be evaluated in well designed studies. High quality research is essential and it need not be prohibitively expensive. It invigorates the medical, scientific and health care communities, it provides policy makers with much needed local evidence, and it should lead to improved health care. When it can put science above politics, the World Health Organisation plays a key role in informing and coordinating global and regional policies. Even the most “delivery orientated” of medical groups, the national and international non-governmental organizations which intervene in medical emergencies have realized the practical value of operational research. Research investment must include adequate provision for long term capacity building. Closer liaison between researchers, disease control programme managers, health sector workers, international organisations and funders should facilitate translation of research into policy and practice – provided that the agenda is driven by science rather than politics.

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