Resource Review

Investing in Health Research and Development: Report of the Ad Hoc Committee on Health Research Relating to Future Intervention Options
World Health Organization, Geneva, 1996

This is a formidable report and one bound to be controversial. It is also one worthy of a careful read.

The Ad Hoc Committee was formed against a backdrop of several private foundations that had traditionally supported tropical disease research announcing their intentions to decrease their investment in research. The Committee was thus charged with the responsibility to consider what might be priorities for health R&D, to explore prospects for funding, and to decide whether institutional changes at national and international levels could enhance the productivity of ongoing research during a period of increasingly scarce resources. The composition of the Committee was broad, bringing together academics from a range of disciplines, government officials, foundations and development assistance agencies from around the world.

The mandate was broad—to consider both research and the development of products and procedures that translate research findings into practical tools. Noting that all too often priorities are set without systematic processes, the Committee adopted an analytical approach which combined the use of data on burden of disease (specifically, DALYs—disability-adjusted life year) with informed judgement.

The methodology adopted by the Committee is set out in the first chapter and it follows a rational planning model:

- calculate the burden of the condition or risk factor;
- identify the reasons why the disease burden persists;
- judge the adequacy of the current knowledge base;
- assess the promise of the R&D effort;
- assess the adequacy of the current level of effort.

The value of R&D is reaffirmed in the second chapter, noting the important contribution made by biomedical sciences, health economics, epidemiology, health policy research and behavioural research to health improvement in the past. The need for continued linkages between strategic and applied research with pursuit of fundamental knowledge is also acknowledged.

Chapters 3–6 address the achievements and future challenges in maternal and child health, infectious diseases, non-communicable diseases and injuries, and health policy, respectively. The key findings are:

- there remains a large and unnecessary burden due to maternal and child health in the poorest regions of the world;
- all populations are faced with continually changing microbial threats;
- cost-effective interventions are needed to address the emerging epidemics of non-communicable diseases and injuries;
- countries vary enormously in how efficiently and equitably they provide health services.

Each chapter provides recommendations on where resources for R&D might be channelled to meet these challenges. These range from specific topics (e.g. sequencing the genomes of major pathogens, spread of antimicrobial resistance) to infrastructure needs (e.g. low-cost data collection methods for risk factors, comparable data sets for different types of injuries) to reallocation of investments (e.g. from HIV to STD diagnostics and TB) to new institutions (e.g. Program for Research and Training on Health Systems and Policy).
The final chapter describes the international health R&D system, which is seen as generating much knowledge but lacking in systematic compilation and dissemination of information. The factors which hinder capacity-building for R&D are identified as: too few good scientists in poorer countries; too few incentives for the private sector to invest in R&D investments are not being directed at global health challenges and investment in health needs of poorer populations is falling. The final recommendations are thus directed at strengthening regional research capacity, developing incentives for private sector investment, and establishing a mechanism to review needs and opportunities for global R&D.

In addition to seven informative chapters, there are nine substantial annexes worthy of examination. Amongst these are: Christopher Murray and Alan Lopez’s discussion and data on global patterns of cause of death and burden of disease; a description of the Consultative Group on International Agricultural Research as an example of a coordinated and sustained support for research; an overview of issues in tropical disease investigation and eradication by Tore Godal; a report on the development of priorities for research relating to households and populations; and a discussion of issues, methods and priorities for health policy and systems research.

This report is bound to be controversial for a range of reasons. Some will object to using DALYs as a method for priority-setting. Some will see the use of DALYs as inevitably giving emphasis to diseases, rather than population groups and health systems issues, and therefore giving insufficient emphasis to population-level preventive action. Some will reject propositions about re-allocation of resources, e.g. away from HIV/AIDS. Some will reject the notion that priorities should be set for research by anyone other than researchers. Some will be concerned about the distinct absence of social epidemiology in the discussion on burdens of disease.

These objections do not diminish the importance of the major message of the Report—that there is a need to build better links between research and the development of interventions, between R&D and health policy and practice. There are specific ‘findings’ spread through the text, e.g. the importance of health policy sciences (rather than biomedical) research for addressing such major health challenges as maternal and child health and non-communicable diseases; the persistence of major childhood diseases, poor reproductive health, STD, and tobacco-related illness relate more to the failure to use existing tools efficiently; inadequate knowledge of disease processes and causes, however, do contribute to the prevalence of psychiatric and neurological conditions, while persistence of HIV relates to both poor knowledge base and inadequate tools.

The Report challenges not only funders of international research to re-think how investment in research might contribute to global health improvement. National-level funders of health R&D are similarly confronted with the question of how to balance investigator-driven research and strategic and applied research, how to define and prioritize areas of health care and public health practice which need to be underpinned by better evidence, and how better to disseminate the evidence which is already available but not yet translated into practice.

Health promotion practitioners will do well to consider the question: is our failure to make a greater contribution due to insufficient knowledge about what we are trying to address; or inadequate tools; or the failure to use the knowledge and the tools well?

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