



the interacademy medical panel

**A CALL FOR ACTION
TO STRENGTHEN HEALTH RESEARCH CAPACITY
IN LOW AND MIDDLE INCOME COUNTRIES**

29 May 2013

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IAMP Executive Committee
President, World Health Summit
Charité – Universitätsmedizin Berlin

Working Group

This statement was prepared with the advice of a Working Group convened by the IAMP Executive Committee, each member in an individual capacity. IAMP would like to thank them for their helpful contributions.

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Overview

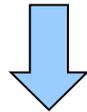
- Background
- Current Situation
- Why Now ?
- Recommendations

Background

90% of global research investments

address the needs of

10% of the world's population



“90/10 GAP”

Commission on Health Research for Development (1990). Health Research. Oxford.

Background

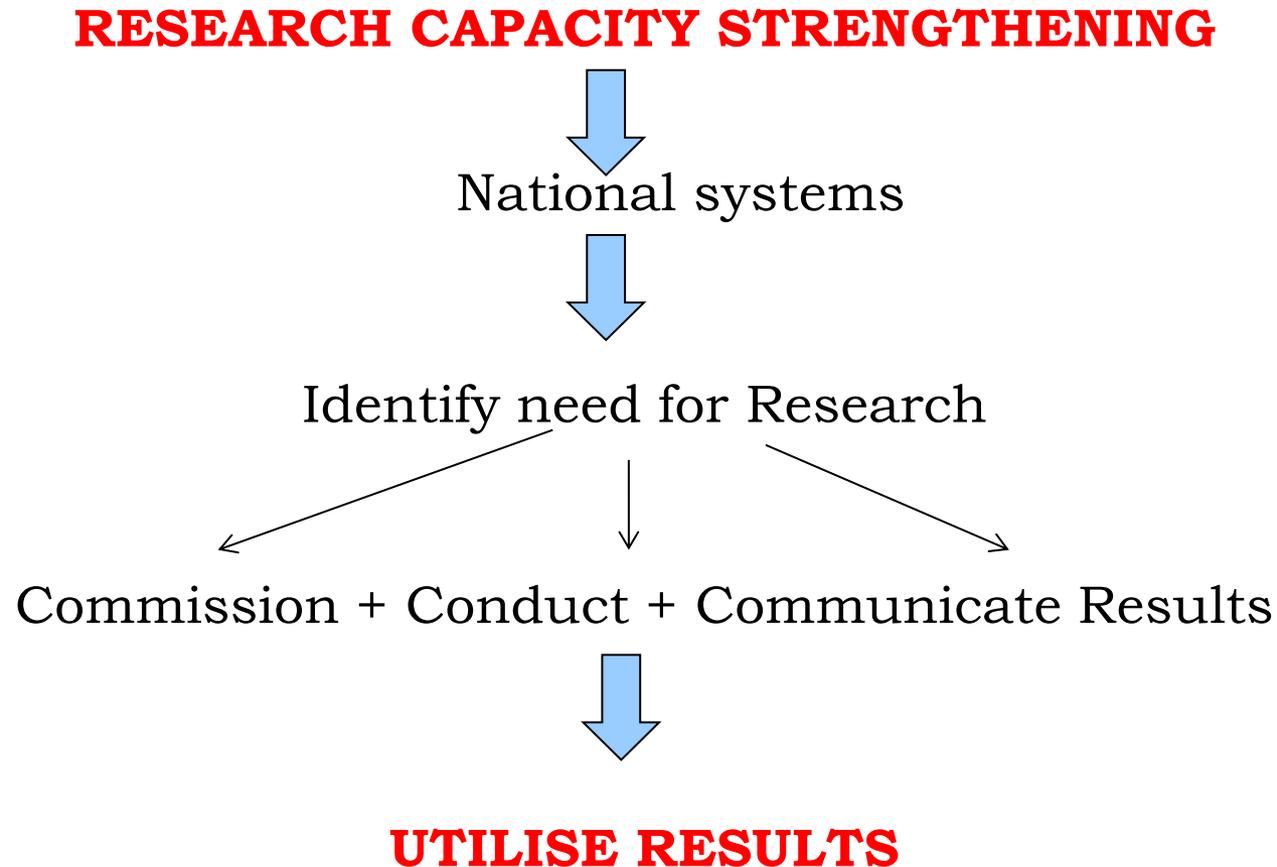
RESEARCH CAPACITY

Conduct + Synthesize + Manage + Share + Apply Research

RESEARCH CAPACITY

STRENGTHENING

Background



Background

Other reports have since been published by WHO, other UN agencies and NGOs on RCS:

- *Changing Mindsets: Research Capacity Strengthening in LMICs (2008)*
- *The WHO Research Strategy (2010)*
- *The Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (2008)*
- *The World Health Report will focus on RCS in the context of universal health coverage (2013)*

Background

Global Organizations have been created to promote and support RCS

e.g

1. COHRED- Council on Health Research for Development - *Incorporating the Global Forum for Health Research.*
2. WHO's Special Programme for TDR, ESSENCE

Background - Conclusion

Improving health national health status and contributing to social and economic development requires a

COUNTRY LEVEL SYSTEMS APPROACH

Individual Investigator

Research Institutions

National and Regional Health Research systems

Current Situation

- **Data on SUCCESSES and CHALLENGES is hard to obtain or ambiguous**
- **Media attention has focused on fight against HIV/AIDS, TB & malaria**
- **Significant advances in SOME African Countries including**

“Recent initiatives led by African Scientists”

Clinical Trials Partnerships

Malaria Genomic Epidemiology Network

European and Developing Countries Clinical Trials Partnership (EDCTP)

Current Situation - Business

Product Development Partnerships (PDPs)

e.g

- Medicines for Malaria
- The TB Alliance

PDPs now manage 2/3 of the identified drug development projects for neglected diseases.

- **The Meningitis Vaccine Project(MVP)**
specifically for Africa involves academia, industry, local pharma in both developed and developing countries.

Current Situation - Academia



TWAS The World Academy of Sciences for the advancement of science in developing countries



IAP The global network of science academies

And



IAMP Inter Academy Medical Panel

MISSION: to promote the role of academies in providing evidence based advice to governments for health and science policy and strengthening national higher education and research systems for health

Current Situation - Challenges

- **Lack of coordination** between some initiatives and programs
- Particular **stress laid on market-oriented aspects** of medicine (e.g. laboratory methods, vaccinations, therapies),
- **Little infrastructure left behind** when specific program funding ends
- **Data collected** for international research in tropical diseases and genomics in the LMIC, **transferred to the northern scientific site** and **published without any built-in feedback** to the country of origin.
- Failure to increase **the quality and number of researchers** and **the productivity of research**; **to support sustainable local institutions**; to retain human resources; and to improve the interface between researchers and the public.
- **Lack of political will and government instability**, low public understanding of the importance of research investment **in countries with the greatest burden of disease**.

Current Situation - Challenges

Successful Middle Income Countries (Brazil, China India)

Vs.

Low and Middle Income countries with:

- Limited Facilities
- Intellectual isolation of researchers
- Brain drain (researchers, health workers, physicians)
- Limited epidemiological research capacity and inability to fully assess health status and the results of interventions.

Conclusion:

Weak research capacity in disease endemic countries is often the single most important rate limiting factor

- to achieving solutions to their health priorities and
- to eliminating neglected tropical diseases that still affect millions of people

Why Act Now ?

Global Health Challenges face **ALL** countries today

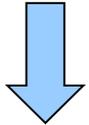
1. **Emerging and drug resistant infections** create greater risks due to the global transportation and trade, population migration, and climate change.
2. **Climate change and its human health effects**, including food security and water availability are truly global problems
3. Worldwide **demographic and epidemiologic transition** – longer life expectancy and the challenges of an aging population as well as an increase in non-communicable diseases (NCDs), with the incidence of both **growing fastest in LMICs**.

Why Act Now ?

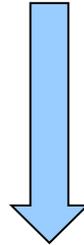
URBANIZATION IS A GLOBAL PHENOMENON:

Over half the world's population lives in cities: the most rapid urbanization in LMICs.

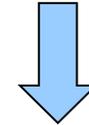
Certain unique factors in cities are strongly linked



Informal settlements and migration exacerbate stress and **mental health-related health** problems.



Respiratory diseases and changing patterns of disease transmission.



Obesity related to poor diet and inadequate exercise are very prevalent in cities and **increasing in all countries.**

HEALTH DISPARITIES ARE OFTEN DRAMATIC WITHIN CITIES

Need for science to inform action on these broad determinants of health has never been more urgent

Recommendations -Premise

IAMP member Academies consist of **NATIONAL AND INTERNATIONAL LEADERS OF THE ACADEMIC AND SCIENTIFIC COMMUNITIES** with important access to policy makers and the public.

IAMP member Academies can use their **UNIQUE POSITION to draw attention to the need for a robust research capacity** in their own countries.

IAMP member Academies can join together at the **regional and global level** to **ACCELERATE SUSTAINED LEADERSHIP** and **investment in effective health research systems.**

Recommendations – Country level

AT COUNTRY LEVEL IAMP MEMBER ACADEMIES SHOULD

1. **engage** with country leadership and other stakeholders to **assess** the current national research capacity and **determine** the most effective role they can play to **support** the development of national research capacity.
2. **support** appropriate **priority setting investment** in RCS;
 - the education and training of young investigators
 - supportive environments for their work,
 - strong educational and research institutions that produce and host researchers to reverse brain drain
 - national health research policies and systems
3. IAMP member academies in HIC countries should **engage** with appropriate country leadership to **promote** meaningful and sustained investment in research, **as a priority** in their overall assistance programs to LMICs

Recommendations – Global level

At regional and global level IAMP academies should :

4. **maintain** an emphasis on RCS and **engage** in efforts to build the health research systems needed to effectively **address** global health challenges for the future in order to:
5. **ensure** that strengthening systems for health research **is a fundamental component of all “health systems strengthening” initiatives** and investments;
6. **ensure** that health RCS is included in all long term national, regional and global strategies **to promote human and economic development** and innovation and **to reduce health disparities**;
7. **promote** international and country level funding of health research that permits **better understanding of the broad determinants of health** by being: **more long term and sustainable**, more client oriented and **more responsive to country and community health needs**.

Recommendations – **Global level**

8. IAMP should join efforts **to assure that all international scientific stakeholders in global health are committed to high-quality research partnerships by and with LMIC investigators** by:

- **Including** developing country partners in the governing boards of RCS initiatives **ensuring** their active participation in agenda setting and prioritization of activities funded by developed countries;
- **Developing joint codes of conduct** to ensure **equitable and sustainable partnerships** between developed and developing country researchers;
- **Supporting** current efforts to develop **frameworks for fair research contracting** among north-south researchers;
- **Supporting** current global efforts to develop and **promote principles** and **guidelines for research integrity**;
- **Supporting and collaborating** with pace-setting organizations and stakeholders in promoting RCS.

Recommendations

9. IAMP, **working with its member academies at national level**, should encourage the international community, the WHO and other stakeholders from LMICs as they move forward on the report of the WHO CEWG, **to develop consensus** on a global instrument and a target level of investment in RCS by donor countries and LMIC countries themselves and **monitor progress** on these commitments.

IAMP Statements

- **Health Co-benefits of Climate Change Mitigation**
(November 2010)
- **IAMP Statement on Launch of Disease Control Priorities Project** (6 April 2006)
- **IAMP Statement on Infectious Diseases "Controlling Infections in the 21st Century"** (22 March 2002)

www.iamp-online.org



Dissemination

- **IAMP Statement Dissemination plan**
- Press Release
- **Target occasions**
- Translations
- **National...**
- **International...**
- **Governments**
- **Organisations**
- Website



Ceterum Censeo:

„The European Academies could play an important role in improving health worldwide.“



Scuola di Atene (The School of Athens, Raffael da Urbino, 1510-1511)

The oldest Academies in the world

300 b.c. Greece, Athens: STOA (Plato)

1603 Accademia dei Lincei (Lincean Academy, Rome Italy)

1652 Leopoldina – German Academy of Sciences Leopoldina

1660 The Royal Society of London for Improving Natural Knowledge, UK

1666 Académie des Sciences, France

1724 Russian Academy of Sciences

1863 National Academy of Sciences, USA.

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M8 Alliance – International Network



Sunday, October 20th – Tuesday, October 22nd, 2013
Federal Foreign Office, Werderscher Markt 1, Berlin,
Germany

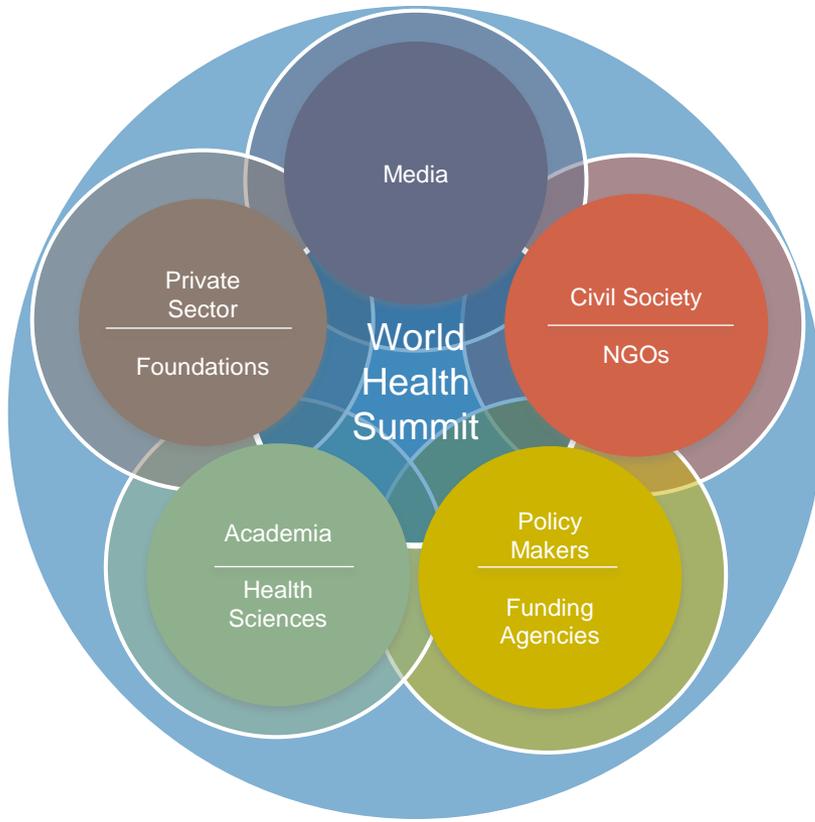
Patronage

- Federal Chancellor Dr. Angela Merkel (Germany)
- President Francois Hollande (France)
- President Jose Manuel Barroso (European Commission)

Participants

1.000 representatives of all health-related fields

- Top-level researchers and members of the scientific community
- High-profile political decision-makers
- Executives and representatives from the health care system
- Leaders of the health-related industry and technology sector
- Representatives of the civil society and foundations
- Students and young professionals from all health related fields





Charité Berlin
World Health Summit



5th World Health Summit, Berlin, October 20th-22nd
2013

For further information



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