

NOT JUST ANOTHER FOOTNOTE IN HISTORY

Lilah Moore

Celebrating 20 years The Commission on Health Research for Development 1990-2010

Not Just Another Footnote in History

Health Research : Essential Link to Equity in Development - A Commission's report that changed the world

Lilah Moore

Twenty years ago at a Nobel conference in Stockholm, Sweden the final report of the Commission on Health Research for Development *Health Research: Essential Link to Equity in Development* was released.

The Commission, created in 1987 had a formidable mandate - to assess how health research could be harnessed to improve the health and well being of the peoples of developing countries.

Supported in its work by 16 international sponsors (Figure 1), the twelve - membered Commission was chaired by John Evans, President Emeritus of the University of Toronto and founding Dean of McMaster University's Medical School in Canada.

Eight of the Commissioners were at the time from developing countries: Bangladesh, Egypt, Ethiopia, India, Mexico, Nigeria, the Philippines and Zimbabwe, the other four members hailed from Canada, Japan, Sweden and the United States (Figure 2). (1)

They came well equipped for the task collectively possessing multiple talents and broad based expertise. They brought different perspectives including those from nutrition, business and law. Many had research backgrounds in epidemiology, biomedical and social sciences and several members had first hand experiences in institutional development in universities, medical schools, research institutions and government. (1)

Over a period of 24 months they embarked on a wide range of initiatives. They reviewed existing information, commissioned special papers, produced ten developing country case studies (which looked at the selected countries health research activities, their research capacities and support for research), and held workshops on subjects that were of interest to them. Their small Harvard based Secretariat staff produced background papers including a timely and unique study – an assessment on the amount of global research done on health problems of developing countries and an analysis of the financial flows that supported this research. They consulted widely - convening regional workshops in Bangladesh, Brazil, Egypt, Mexico and Zimbabwe, as well as holding Commission meetings in France, Germany, India, Japan, Mexico, Sweden, the United States and Zimbabwe. They constantly and extensively sought input - the Commission and their staff met with hundreds of individuals from across the health and development spectrum including social activists, administrators, health researchers, experts in international health and development, ministers of health and representatives from international agencies.(1)

Their comprehensive report - a reflection of their all encompassing activities raised important issues surrounding health research for development and produced many key findings - the most compelling one originating from the Commission study on resource flows. Here they found that there was a great mismatch between the global distribution of sickness and death and the global allocation of health research funding - 93 percent of the world's preventable mortality occurred in developing countries and yet only 5 percent of the global health research expenditure (1986 data) was allocated specifically to the health problems of developing countries.(2)

Sponsors of the Commission

- Academia de la Investigacion Científica, Mexico
- The Carnegie Corporation of New York, United States
- The Edna McConnell Clark Foundation, United States
- The Ford Foundation, United States
- Foundation for Total Health Promotion, Japan
- Gesellschaft für Technische Zusammenarbeit, Federal Republic of Germany
- The International Development Research Centre, Canada
- The Nobel Assembly, Sweden
- The Oak Foundation, United Kingdom
- The Overseas Development Administration, United Kingdom
- The Pew Charitable Trusts, United States
- The Rockefeller Foundation, United States
- Swedish Agency for Research Cooperation with Developing Countries
- Swiss Development Cooperation and Humanitarian Aid
- The United Nations Development Programme
- The World Bank

Figure 1

Commission on Health Research for Development Members

- John R. Evans (Canada) Chair
- Gelia T. Castillo (the Philippines) Deputy Chair
- Fazle Hasan Abed (Bangladesh)
- Sune D. Bergstrom (Sweden)
- Doris Howes Calloway (United States)
- Essmat S. Ezzat (Egypt)
- Demissie Habte (Ethiopia)
- Walter J. Kamba (Zimbabwe)
- Adetokunbo O. Lucas (Nigeria)
- Adolfo Martinez-Palomo (Mexico)
- Saburo Okita (Japan)
- V. Ramalingaswami (India)

In the final analysis the Commission agreed that health research was vital to improving the lives of people in developing countries. They made the following four major recommendations: (1) countries should invest in health research and should build their own research capacity to solve their health problems - a concept that they called Essential National Health Research; (2) international partnerships between industrialized and developing countries should be forged to focus global scientific capability on the world's highest priority health problems; (3) to supplement investments by developing countries in health research, greater and more sustained financial support from international sources should be obtained; and (4) there should be the creation of an international mechanism to provide technical and financial support for developing countries and for monitoring progress on research on developing countries' health problems.(3)

In Stockholm, the report and its recommendations garnered wide support. Unfortunately, in many instances, time is not often kind to reports of this nature - they are often read and then fade into obscurity. To avoid this fate and to capitalize on the momentum, the conference participants agreed to the creation of an interim Task Force on Health Research for Development. The Task Force's mandate would be to deploy the report's ideas and findings and translate the Commissions recommendations into action.

At the end of the Task Force's tenure, the importance of health research for development continued to gain an ever stronger foothold in the dialogue on health, and with many countries embarking on research capacity strengthening. It also heralded the founding of the Council on Health Research for Development (COHRED) followed soon after by the establishment of the Global Forum for Health Research. Currently, both of these organizations are key international institutions in the advocacy and support for health research for developing countries at national and global levels.(4,5)

In 2010 - the 20th anniversary of the release of the Commission's report, the world is in the midst of a global health research revolution catalyzed in part by the early work of the Commission. There is a immense interest in global health research, an acute awareness of the need for more research funding for health problems of developing countries and an ever increasing, enthusiastic movement by these countries towards investing in health research and research capacity building. Health research itself - once considered a luxury, is now front and center on the health and development agenda, acknowledged as a critical weapon in the fight to transform the lives of the poor.

Through the decades <u>this</u> report has not faded but has stood the test of time and there continues to be widespread endorsement of the Commission's findings and recommendations. Befittingly, in May 2010, the Commission's work was honoured at a symposium hosted by the Harvard School of Public Health.(6)

The passage of time also gives perspective. Perhaps the Commission's greatest legacy can best be summed up by the famous quotation from Margaret Mead, the distinguished American anthropologist, who once said:

Never doubt, that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

Twenty years later, these thoughtful, committed individuals have clearly shown us that the future, especially for the peoples of developing countries, is not predictable, that it is indeed inventable - their pivotal report, not just another footnote in history.

References

- 1. The Commission on Health Research for Development. Health Research: Essential Link to Equity in Development. Oxford University Press 1990. Foreword. <u>http://www.cohred.org/sites/default/files/ComReports_0.pdf</u> (accessed August 7, 2010).
- The Commission on Health Research for Development. Health Research: Essential Link to Equity in Development. Oxford University Press 1990. Chapter 3. <u>http://www.cohred.org/sites/default/files/ComReports_0.pdf</u> (accessed August 7, 2010).
- 3. The Commission on Health Research for Development. Health Research: Essential Link to Equity in Development. Oxford University Press 1990. Executive Summary. http://www.cohred.org/sites/default/files/ComReports 0.pdf (accessed August 7, 2010).
- 4. Council on Health Research for Development (COHRED). <u>http://www.cohred.org/</u> (accessed August 7, 2010).
- 5. Global Forum for Health Research.<u>http://www.globalforumhealth.org/</u> (accessed August 7, 2010).
- Harvard School of Public Health. Celebrating 20 Years. The Commission on Health Research for Development: Enriching the Legacy. <u>http://www.hsph.harvard.edu/health-research/</u> (accessed August 7, 2010).

Celebrating 20 years The Commission on Health Research for Development 1990-2010