

■ ESSAY

Managing research for health

All other sectors of the national economy have cultures and systems of professional management. Why not health research systems?

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The Commission on Health Research for Development was grounded in the belief that research is an important tool in its own right to help societies move toward development and equity. In a far-sighted set of recommendations, countries were asked to invest at least 2% of their health sector budgets in health research, and donors were asked to invest an additional 5%. Countries across the developing world were encouraged to engage in 'essential national health research' (ENHR) to help focus these research investments on achieving health equity and development (now called 'poverty reduction').

Country-based activities were to be complemented and supported by global action: a platform to gauge progress the Global Forum for Health Research and to mobilise resources and global partnerships. Today there are over 100 Global Health Initiatives and Partnerships (GHI/GHPs).

Yet, despite the achievements there remain major inequities in health, and global activities overshadow and may be even paralysing strong country-driven systems and solutions. It is perhaps the difficulty in rolling out Anti-Retroviral Therapy that made us realise that the success of global activities depends critically on the strength, flexibility and overall capacity of national systems. In the context of health research, the key challenge to the effectiveness and long-term sustainability of national health research systems may be their ability to deal with the multitude of GHPs, donors and other sponsors in a way that builds rather than fragments the system.

The need for short-term product development, misperceptions about capacity in the south and the lack of interest by research sponsors to help build capacity as part of the research

investment means that southern organisations often remain the 'junior partner' in health research in their country. This situation also creates 'internal brain-drain' of local talent toward new, externally-sponsored research projects. This brings little, if any, correlation or aligning of research programs to build a nation's capacity to manage its own health research system. Conversely, internal factors such as lack of merit-based employment systems in health research, absent incentives in remuneration, and lack of facilities, spur the loss of good people to health research and serve to discredit research as a career for the 'next generation'.

At the same time, many developing countries do not 'manage' their national health research as a national asset that can be directed to produce more health, more equitably in a more efficient manner. In the developed countries, there are various models, usually focusing on public sector research funding, sometimes including private health funding, and with increasing frequency linking health research to the science and technology sector. And, even in high income countries there systematic attempts to link research to measurable implementation.

The situation is worse in developing countries, yet the Ministerial Summit in Health Research, in Mexico 2004, gave health research a boost. A group calling themselves 'innovative developing countries' is now taking measures to prioritise, fund, select partners, and accept some help while refusing other donor support that does not fit the defined national health research agenda. But even in this group, few, if any, attempt to evaluate the impact of health research on health in their own population. In other words, there is no attempt to ensure that health research becomes 'research

for health'.

COHRED believes that tools and methods are important to assess systems, evaluate projects and assist policymakers, researchers and communities to focus research. We also strongly believe that the people responsible for steering national health research and for optimising its impact on a country's entire population the 'research managers' are even more important. Yet, for them, there are few resources, few places to learn, to meet, to exchange, to get mentorship. It is surprising that this core area of health research systems seems to be missing in 2006, the year of human resources for health and, indeed, in COHRED's own work in the past.

For this reason, 2006 will start with a think tank to promote learning between 'national research managers'. It will continue with a learning platform focusing on both explicit and experiential learning of those in positions and institutions tasked with developing health research to the level that it can legitimately be called 'research for health'. In 2005, we laid the basis for this understanding next year we will start acting on it and, from there, we hope it will become a global learning mechanism that will enable countries across the globe to better manage health research as a public good.

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