

**This is the authors' final, peer reviewed manuscript from 04.12.2008 published in The Lancet 2009 Jan 17;373(9659):193-5 with the title:**

**Global-health research architecture--time for mergers? by Røttingen JA, Buss PM, Davies S, Touré O.**

**[http://linkinghub.elsevier.com/retrieve/pii/S0140-6736\(09\)60054-4](http://linkinghub.elsevier.com/retrieve/pii/S0140-6736(09)60054-4)**

## **Commentary**

### **Need for rethinking the global health research architecture – Time for mergers?**

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Knowledge is a common global public good that should be shared internationally, but that needs to be taken advantage of and adapted locally. Scientific research is the most robust way of generating knowledge. We therefore need good research systems fostering production of knowledge and its translation into policy and practice within a health system.

The Ministerial Summit on Health Research in Mexico in 2004 called for strengthening of national health research systems<sup>1</sup>. However, the international community does not make it easy for governments in low- and middle income countries to develop a coherent approach to research priority setting and governance of health research. To a large extent health research grants go directly to individual researchers from funders or to research institutions in high income countries that partner with researchers in a developing country. This leaves governments, universities and other research institutions with limited influence on research strategies and priorities within their country, and fragments and undermines the development of local research capacity.

The recent Global Ministerial Forum on Research for Health in Bamako, Mali drew attention to these challenges and called for better alignment and harmonization of research funding to countries in line with the Paris Declaration on Aid Effectiveness<sup>2</sup>. To act on the Paris principles requires joined up action not only in recipient countries, but also among actors internationally. This latter imperative indicates a need to carefully re-examine the global health research architecture. A number of research-related organizations have been established over the years in response to a series of inter-related but discrete initiatives, leading to the complex architecture we see today.

The two special programmes for Research, Development and Research Training in Human Reproduction (HRP) and for Research and Training in Tropical Diseases (TDR) were established in 1972 and 1975, respectively, and are multi-agency programmes based at WHO. The Council on Health Research for Development (COHRED) was started in 1993 in response to the 1990 Commission on Health Research for Development<sup>3</sup>, and has focused on strengthening research capacity around the concept of essential national health research. Building on the WHO Ad Hoc Committee on Health Research Relating to Future Intervention Options from 1996<sup>4</sup>, the Global Forum for Health Research (GFHR) was set up in 1998 to help address the 10/90 gap, with a strong emphasis on the responsibilities of high income countries in supporting global health research. Both COHRED and GFHR are independent foundations. In 1999 WHO launched, in partnership with UNAIDS, the Initiative for Vaccine Research (IVR) which aimed to accelerate development and optimise the use of vaccines. Finally in 1999, the Alliance for Health Policy and Systems Research (AHPSR) was formed, also as a response to the Ad Hoc Committee and growing out of the International Health Policy Program, and is today a partnership housed within WHO.

All of these organizations are doing good work and are adding value. External evaluations have in general been positive. With the rapid change of the global landscape, these financially modest and possibly unbalanced organizations are being called upon to play a more important role in global health research policy. However, because of their limited reach and diverse strategic and operational approaches, not least in engaging countries, they do not constitute today the concerted critical mass. All these organizations are funded by overlapping groups of donors and compete for the same money. Valuable time and resources are used to develop fund raising and advocacy strategies, and separate mechanisms for disbursing grants etc. have been developed. There is also a tendency for mission creep with organizations expanding into territories of others.

Together, this demonstrates that there exist overlapping strategies and activities. More joined up strategies are likely to facilitate greater country ownership and will foster recipient country leadership which is desperately needed, but still quite illusive. In a time of an international fiscal crisis, the global community needs to reduce the inefficiencies we see. This does not mean that we should reduce funding, but we should examine the structures. An increasing awareness of the role of WHO in health research, and the development of the first WHO Strategy on Research for Health <sup>5</sup>, lends further opportunity. WHO has also as a result of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property adopted a global strategy and plan of action that calls for increased investment in health research, and established an expert group that will examine current financing and coordination of research and development, as well as proposals for new and innovative sources of funding to stimulate research and development <sup>6</sup>.

It is challenging to conduct difficult discussions spanning the governance structures of several organizations. The individual Boards of the institutions have a responsibility to appraise the situation from their specific organization's perspective, but it is important to assess this from a supra-organizational perspective as well. The Bamako Ministerial Forum has paved the way. It calls for funders and development agencies *"to better align, coordinate, and harmonize the global health research architecture and its governance through the rationalization of existing organizations, to improve coherence and impact, and to increase efficiencies and equity"*. We propose that Dr. Margaret Chan, the Director General of WHO, convenes a platform for discussing this before the World Health Assembly in 2009.

We think there are considerable opportunities to be gained in merging these six organizations that have many strategic visions and objectives in common and several similar or complementary operational responsibilities. At the same time they represent important distinct dimensions of research that need not only to be preserved but consolidated and enhanced. One option is to create a new organization with one board and with a common pool of administrative and operational staff and a dedicated administrative system for research management, but with several scientific and technical advisory committees and groups of staff that can sustain and nurture the specific merits of each of the current organizations (*Figure*). There are likely to be benefits, however, from more joined up technical activities as well, through the development of common frameworks and programmes (*Table*). One organization with a coherent approach will

increase impact, reduce inefficiencies and make it easier for countries and institutions to utilize its frameworks, funding mechanisms and support in line with the Paris agenda.

We believe that this new Global Partnership for Research for Health should be set up as a partnership within WHO, but with an MoU, earmarked funding and independent governance mechanisms. WHO has in more recent years taken a clearer role in health research and it is important to benefit from this and to support the utilization of research within WHO. Still, for many of the functions of this partnership, including issuing calls and awarding grants and doing vital independent advocacy work, an unambiguous independence is needed. A partnership arrangement may provide appropriate balance and increase accountability. Today it is not that clear how the boards of the different organizations are accountable to the larger constituencies.

We acknowledge that all stakeholders and all the current organizations need to challenge and further develop these ideas and sketches of a new institutional framework. However, we believe we can do much better and that all partners should work together to realise the vision of a more coherent and effective global health research architecture.

*Conflict of interest:*

This Commentary reflects our personal views and not necessarily those of our respective institutions. JAR is Board member of AHPSR representing the Norwegian MEA and NORAD and headed the Norwegian delegation in the IGWG, PMB is member of the Executive Board of WHO, SD has chaired the external reference group for the research strategy of WHO. OT is Minister of Health of Mali and hosted and co-chaired the Global Ministerial Forum on Research for Health in Bamako. We declare that we have no conflict of interest.

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## Table

### Areas of scientific and technical work for a Global Partnership for Research for Health

<i>Research areas</i>	<i>Common themes/frameworks</i>
<i>Cross cutting areas</i>	
Tropical diseases	Priority setting
Reproductive health	Capacity building
NCDs	Standards of conduct and organization
Health policy and systems	Knowledge translation
<i>more</i>	Monitoring
	<i>more</i>