



The World Today

Bridging the Health divide

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Health and disease have risen to the top of the development and human security agenda. It is well-documented that the burden of disease and poor public health negatively affects socio-economic and political stability in the developing world. This is exemplified by the fact that three of the eight targets in the UN Millennium Development Goals are focused on health issues. Much of this is on account of the prevalence of HIV/AIDS, malaria, tuberculosis and the growth of diseases like diabetes and cancer.

It is increasingly accepted in the international health community that a key response strategy to the global public health crisis is to improve the evidence-base for policy making through expanding health research systems. The landmark report of the Commission on Health Research for Development (1990) identified the mismatch between the global burden of disease (mostly in the developing world) and global health research (largely focused on developed country interests), what is now euphemistically referred to as the *10/90 gap*. The Commission recommended that all countries should undertake “essential national health research” and proposed that at least 2% of public health expenditures should be dedicated to health research and that at least 5% of international aid for the health sector should be earmarked for research and the strengthening of research capacity.

In the last decade and a half few developing countries have been able to live up to these targets. Indeed, recent research shows that the knowledge gap between the North and the South, particularly low-income developing countries, is ever widening despite the increased monies being spent on health throughout the developing world. Limited funding from internal sources (both public and private) has led to a high dependence on foreign funding, aid and technical assistance. As a consequence more developing countries are reliant on the North for health research, a practice branded as *scientific colonialism* because it is “typified by extraction and export of knowledge rather than fertilization and indigenous growth.”

Health research has also been affected by a critical shortage of qualified and trained personnel to meet these needs on account of underinvestment in higher education and the brain drain problem. There is also the problem of weak domestic institutional support and a large share of the health research expenditure under development assistance is therefore allocated to foreign researchers and to developing countries’ nationals through individual consultancies each of which have had limited impact on institutional building and research capacity strengthening.

Since many developing countries lack the financial and human resources as well as the political will to respond to the health research challenge the solution to this problem is often defined in terms of enhanced research cooperation. However, in spite of the prominence that “capacity development” and “North-South partnerships” enjoy in policy statements among bilateral and multilateral donor agencies, most research cooperation initiatives operate on the conventional supply-driven, expatriate-led, short-term project technical cooperation model which has proven to be ineffective in building institutional capacity and sustaining research environments in developing countries.

How do we address this problem? The first recommendation is that the donor community needs to move beyond the rhetoric of new principles for research cooperation to establish clearly defined benchmarks and indicators for actual implementation and monitoring. As it now stands, new policy guidelines on aid effectiveness and harmonization, like the OECD Paris Declaration, does not specifically target research cooperation and research capacity strengthening for monitoring. The OECD can play a role here in terms of establishing a more rigorous template for assessing bilateral donors’ performance in research cooperation. A code of ethics on research cooperation would provide a guide for impactful and consistent modes of delivery among donors and commissioning agencies.

Second, research cooperation requires capable and specialized staffing in commissioning agencies. One of the problems with research cooperation is that it is largely viewed as an automatic process once resources and researchers are brought together. However, the more successful cases suggest that what is required often is not just partnership but also institution building and enhancement of the research environment. This kind of input is normally outside the remit of bilateral and multilateral agencies and the training of its staff. One of the solutions available to the bilaterals and the multilaterals is to outsource research cooperation to development research agencies that are geared up for mentoring and facilitating research institutions in the developing world.

A third key recommendation is for the encouragement of greater investment by developing countries, along with greater provisions for regional networking and South-South cooperation. The goal should be to expand on the successes of the key research institutions in the South by building regional systems of research so as not to duplicate efforts and resources. The key point here is that a higher level of success may be achieved through collaborations among countries that have similar development problems. Developing countries that have more advanced institutions and well-developed academies should be encouraged, funded and facilitated to respond to the health research problem in this way.

Fourth, given the financial situation in many low-income developing countries, what is required is development assistance and research cooperation that is more predictable and consistent over a long period to facilitate strategic planning. What is also needed is greater ownership and control of development assistance by developing countries. It is on this basis that it is proposed that national health research systems should be funded under a sector wide approach, particularly among bilateral agencies. In this scheme

donor funding would be pooled and direct budget support would be given to qualified research institutions.