Globalization, Pandemic-Style
HIV prevalence rates (2001) and regional rates of change (1996–2001)

United States & Canada
+40%

Latin America & the Caribbean
+30%

Western Europe
+20%

North Africa & the Middle East
+100%

Sub-Saharan Africa

Eastern Europe & Central Asia
+1300

East Asia & the Pacific islands
+160%

South & Southeast Asia
+60%

Australia & New Zealand
+20%

Adult prevalence rates (2001)
- 0–0.1%
- 0.2–0.3%
- 0.4–0.7%
- 0.7–1.5%
- 1.5–3.0%
- 3.0–40.0%

Rate of change (1996–2001)

SOURCE: UNAIDS/WHO
Increasing gastrointestinal disease with declining wealth

Source: BBC news 2007
The 10/90 Gap in Health Research

Only 10% of R&D spending is currently directed at the health problems that cause 90 percent of the world’s disease burden

(Global Forum for Health Research, 2002)
The 10/90 Gap

• USD $73 billion investments in health research (1998), of which less than 10% for 90% of the world’s health problems.

• Because of the vicious circle between poor health and poverty, correction of this gap could make a major contribution to the fight against poverty.

Attention to this problem started in 1990 only!
Urgency to correct the 10/90 gap in health research

Because:
- central importance of health research for health
- central importance of health for development
- central importance of health to fight poverty
- central importance of development and a reduction of poverty for global security
An example of R&D Neglect: Malaria

- At risk: 1/3 of the World’s population
- Mortality: 1-2 Million per year, mostly children
- Share of the World’s Disease Burden: 3%
- Research outlays: $100 million, or $2.2 per DALY
- Average disease gets $42 per DALY

Source: Commission on Macroeconomics and Health, 2001
Caveat

• The 10/90 gap is useful in drawing attention to the fact that few resources are spent on diseases affecting the developing world

But…
• Disease burden differs across countries
• R&D needed to reduce the burden from a specific disease will vary substantially across diseases
• Danger of oversimplification: research alone is no ‘silver bullet’ for health in developing countries
Millenium Development Goals

- 147 heads of State and Government – and 191 nations in total – adopted the Millennium Declaration.
- MDGs help focus national and international priority setting as goals and targets are limited in number, stable over time, and being communicate easily to a broad audience

- Goal 1: Halving extreme poverty and hunger
- Goal 2: Achieving universal primary education
- Goal 3: Promoting gender equality
- Goal 4: Reducing under-five mortality by two-third
- Goal 5: Reducing maternal mortality by three-quarters
- Goal 6: Reversing the spread of HIV/AIDS, malaria and TB
- Goal 7: Ensuring environmental sustainability
- Goal 8: Developing a global partnership for development, with targets for aid, trade, debt relief
What are the MDGs?

• MDGs help focus national and international priority setting goals and targets
• are limited in number,
• stable over time,
• being communicated easily to a broad audience
• Millennium Declaration set 8 mutually reinforcing time-bound development goals and related targets for progressively eradicating poverty
• MDGs and targets now at forefront of development agenda: agreed by developing countries and development partners – capture multidimensionality of poverty

• **Baseline** for MDGs **1990**: **target** for realization **2015**
Global Mortality of Children Under 5 Years of Age

Source: UN Millenium Project (2005)
Health Research in the Context of International Development
The Role of Research in Improving Health in Developing Countries

- Generate new knowledge where diseases are insufficiently understood
- Find alternative solutions where the transferability of existing knowledge is limited or tools are inadequate
- Understand health status in each country and inform health policy
- The “know-do gap” (Pang, 2003): many useful results are not being applied in places where they could improve health
Types of Health Research

Many different types of research relevant to improving health:

- Biomedical and clinical research
- Epidemiologists
- Health systems research
- Social and behavioral science
- Health economics
- …
Health Research is Fragmented

- “Research” is often seen as purely biomedical
- Diseases-based versus ‘issues’ based approach
- Different disciplines doing research relevant to health mostly work in isolation
- There is little communication between researchers and policy makers
- There is often little communication between producers of research and those who will use it
Linking Research and Policy

• Literature on how health research and policy are best linked in developing countries is thin

• Central point of concern is the relationship between the Researcher and the Policy maker

• Few attention is given to incorporating end-user
Some Common Themes:

• Agenda-setting: integration of researchers and policy makers at an early stage
• Communication gap/ Cultural differences between researchers and policy makers
• Importance of mediating bodies
The critical role of academia

- Making a difference in global health by
- Contributing to knowledge base
- Education and service
- Addressing root causes
- Understanding and framing issues
- Convening authority
- Providing an evidence-base for critical policy issues
**The Role of NGOs in global health**

- NGOs have become major players in the field of international development.
- Since the mid-1970s, the NGO sector in both developed and developing countries has experienced exponential growth.
- From 1970 to 1985 total development aid disbursed by international NGOs increased ten-fold.
- In 1992 international NGOs channeled over $7.6 billion of aid to developing countries.
- It is now estimated that over 15 percent of total overseas development aid is channeled through NGOs.
- While statistics about global numbers of NGOs are notoriously incomplete, it is currently estimated that there is somewhere between 6,000 and 30,000 national NGOs in developing countries.
Types of NGOs

- Local
- National
- International

- **Operational** NGOs - whose primary purpose is the design and implementation of development-related projects, and;

- **Advocacy** NGOs - whose primary purpose is to defend or promote a specific cause and who seek to influence policy.
NGO Strengths and Weaknesses

**STRENGTHS**
- strong grassroots links;
- field-based development expertise;
- the ability to innovate and adapt;
- process-oriented approach to development;
- participatory methodologies and tools;
- long-term commitment and emphasis on sustainability;
- cost-effectiveness.

**WEAKNESSES**
- limited financial and management expertise;
- limited institutional capacity;
- low levels of self-sustainability;
- isolation/lack of inter-organizational communication and/or coordination;
- small scale interventions;
- lack of understanding of the broader social or economic context.
The relationship between research and development

Incomplete List of NGOs

NGOs

- AFRICARE
- CARE
- CATHOLIC RELIEF SERVICES
- MEDECINS SANS FRONTIERS (Doctors without borders)
- WORLD VISION
- FAMILY HEALTH INTERNATIONAL
- ACADEMY FOR EDUCATIONAL DEVELOPMENT
- JOHN SNOW, INTL
- POPULATION COUNCIL
- FUTURES GROUP
- INTERNATIONAL RESCUE COMMITTEE
- POPULATION SERVICES INTERNATIONAL