

## Communiqué

### Global Ministerial Forum on Research for Health Bamako Mali, 17-19 November 2008

#### Strengthening Research for Health, Development and Equity

1. The 2008 Global Ministerial Forum on Research for Health was co-organized by the Council on Health Research for Development (COHRED), Global Forum for Health Research, Government of Mali, United Nations Educational, Scientific and Cultural Organization (UNESCO), World Bank and World Health Organization (WHO). It brought together over 1,100 participants from government, intergovernmental and nongovernmental organizations, the private sector, research institutions and research councils, civil society and the media to consider '*Strengthening Research for Health, Development and Equity*'.

2. Participants from 75 countries included official national delegations from 56 countries representing ministries of development, health, education, science and technology, and social development. This communiqué accompanies the Ministerial Call to Action issued at the end of the Forum by the official national delegations attending. It also acknowledges and incorporates views from a recent meeting on inclusion of civil society in research for health,<sup>1</sup> regional preparatory meetings<sup>2</sup> and web-based discussion.<sup>3</sup> It is intended to reflect a broad view of priorities identified during the Forum itself.

#### Research for health

3. The concept of 'research for health' represents a significant paradigm shift in global health. It signals a long-overdue recognition that determinants of health and well-being are multi-factorial in nature. Research for health in many sectors is, and will be increasingly, an essential driver of social and technological innovation to improve health and health equity, particularly for low- and middle-income countries (LMICs). Health inequities are avoidable only if policy-makers and research leaders have the political will and the scientific evidence from research across multiple sectors to address these inequities, and if inclusive processes are adopted at all stages and levels.

4. Research for health is research undertaken in any discipline or combination of disciplines that seeks: to understand the impact on health of policies, programmes, processes, actions or events originating in any sector, including but not limited to the health sector itself and encompassing biological, economic, environmental, political, social and other determinants of health; assist in developing interventions that will help prevent or mitigate any adverse impact; and contribute to the achievement of health equity and better health for all.<sup>4</sup>

#### Research to meet current and future health challenges

5. Research for health is essential to address the growing burden of preventable noncommunicable diseases, the continuing burden of infectious diseases, maternal and child health, threats to health security such as pandemics and climate change, conflict and the displacement of vulnerable populations, and the impact of disease and health inequities on development. More broadly, such research is essential to address social and other determinants of health including food security, housing, education, working conditions, employment security, income distribution, social safety nets, migration, social exclusion, ethnic background, cultural contexts and traditional beliefs. All countries must give priority to research for health in their national strategies, budgets and research priorities.

6. Global Ministerial Forum participants called special attention to the need for a comprehensive multi-sectoral research response to address malnutrition and other food security challenges, environmentally related and work related illnesses, and the health impacts of climate change which are already being felt by the poorest and most marginalized populations. Participants highlighted the

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<sup>1</sup> A call for civil society engagement in research for health:

[www.cohred.org/main/Assests/PDF/Bamako\\_web.pdf](http://www.cohred.org/main/Assests/PDF/Bamako_web.pdf)

<sup>2</sup> [www.bamako2008.org/index.php?option=com\\_content&task=view&id=72&Itemid=78](http://www.bamako2008.org/index.php?option=com_content&task=view&id=72&Itemid=78)

<sup>3</sup> [www.dgroups.org/groups/hr4d-net](http://www.dgroups.org/groups/hr4d-net)

<sup>4</sup> Global Forum for Health Research: [www.globalforumhealth.org](http://www.globalforumhealth.org)

critical need for such research in sub-Saharan Africa and the need for development partners and LMICs themselves to increase investments in research and innovation for health and health equity.

### **Organizing research and innovation for health**

7. To embrace the new paradigm of research for health, governments must develop mechanisms for effective **inter-ministerial coordination** and implementation of all research policies, and must create incentives to strengthen research collaboration and research networks across multiple sectors. All countries must establish mechanisms to monitor financial flows to research in all sectors, and develop national research and/or innovation strategies that include research for health. Countries with National Poverty Reduction Strategies should consider giving research a more central role in those strategies. These strategies must take a systems approach, recognizing that research, innovation and healthcare all occur within complex systems, with complex inter-linkages among and within these systems.

8. Past recommendations, and the 2008 Bamako Call to Action, set targets for LMICs and aid agencies to invest at least 2% of national health expenditures, and at least 5% of development aid for the health sector, in research and research capacity strengthening.<sup>5</sup> One priority for these investments should be strengthening the capacity of research institutions, including research universities. In addition to supporting individual research projects, priority must be given to building sustainable **research management capacity**, including project management, data management, financial management, ethical review management, technology (intellectual property) management and outcomes monitoring capacity in publicly funded LMIC research institutions.

9. Effective interventions to improve health and health equity must be based on evidence, which is most often derived from research. **Linking knowledge to policy to action** is a forgotten priority in all countries and can only be achieved if researchers, policy-makers, civil society and the private sector work together in innovative ways, for example in “knowledge translation platforms.” Research funders should support “research on research” to understand how national research policies are made, and how to align such policies with local health priorities including those expressed by affected groups.

10. All countries can innovate, either through the development of more cost-effective products, better management of health workers and information in health systems, better mechanisms for the delivery of health services, or innovative financing mechanisms for health. For **technological innovation**, local public-private R&D partnerships and “convergence centres” that link universities, start-up companies and venture capital, represent promising strategies. Every new public policy, initiative and private venture is essentially an experiment involving **social innovation**. There is a critical need to encourage more such experiments, collect and analyse data on outcomes, and share the lessons learned among countries. Development partners should support local collection and analysis of data to understand and alleviate shortages of researchers, resources and entrepreneurs in many countries.

11. Participants heard a plea for **the private sector** to engage in a detailed dialogue with a broad range of stakeholders about the roles industry can play in research and innovation for health. The Global Forum for Health Research responded with a commitment to create a platform for such dialogue within the coming year. New investments by the World Bank Group, Bill & Melinda Gates Foundation and Rockefeller Foundation promise to engage the private sector in Africa more fully to deliver services, train health workers, manage supply chains, and manufacture drugs, vaccines, diagnostics and medical equipment. To manage health systems more effectively, the public sector should try to learn from some private healthcare providers and insurers: this area is a priority for policy experimentation.

12. Strengthening **eHealth**, including health information systems, and improving access to information in journals and databases are high priorities for all LMICs. New information and communications technologies are important not as technologies *per se*, but for the social innovation they can enable, including new ways to manage information and people to strengthen health systems.

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<sup>5</sup> “Health research: essential link to equity in development, Commission on Health Research for Development, 1990, (<http://www.cohred.org/Assests/PDF/Papers/ComReports.pdf>); and <http://www.tropika.net/specials/bamako2008/call-for-action/BAMAKOCALLTOACTIONFinalNov24.doc>

Locally relevant software to deliver and collect health information via mobile phones can be, and needs to be, developed by people in LMICs, for people in LMICs.

13. Development partners and LMICs must prioritize research on how to build more effective, efficient and equitable health systems. Strong leadership is needed, in addition to more resources for **health system strengthening**. Greater emphasis is needed on operations research and outcomes research to determine the effectiveness of policies and initiatives to reduce health inequities. Research priorities should focus on understanding why some researchers remain in their home countries, despite limited infrastructure and resources, while others leave.

14. The research agenda for LMICs must be driven by LMICs. There is a critical need for **harmonization and alignment** with development partners in accordance with the Paris Declaration on Aid Effectiveness.<sup>6</sup> In many low-income countries, external support provides the majority of domestic funding available for research, and external research priorities often do not match local needs. Some of those countries have developed national research strategies and now require development partners to adhere to these plans; this practice should be encouraged, and should become more widespread. Development partners must focus more on building national research and innovation for health capacity, including human and financial resources as well as infrastructure.

#### **The roles of different stakeholders and constituencies**

15. Research for health requires engagement by all stakeholders including researchers, policy-makers, civil society, community representatives and the private sector. Civil society organizations (CSOs) can and must play a stronger role in decisions on research for health, including involvement in priority setting, peer-review, research conduct and the evaluation of outcomes for health action, while policy-makers need to encourage and respect such participation. Development partners must also help build the capacity of CSOs to conduct their own research in order to fill gaps through community-based participatory research and other inclusive approaches that prioritize health equity as their outcome.

#### **Responsibility, accountability and access to information**

16. Research for health requires ethical accountability mechanisms and a focus on human rights to ensure social justice and earn public trust. Stronger standards and oversight are needed, including national and institutional bioethics committees, and monitoring and evaluation of research to ensure that researchers “do no harm.” Data should be collected, analysed and used locally, and the findings should to be disseminated widely. Redundant research and surveys must be avoided through coordination among stakeholders. Linkages between research, monitoring and evaluation, and policy-making must be strengthened and local capacity to design monitoring and evaluation frameworks and to use the resulting data need to be improved.

#### **WHO Strategy on Research for Health, and the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property**

17. The two documents were presented and discussed. Both were warmly received as indicators of progress and commitment, both by WHO and governments, to the importance of research and capacity for research in LMICs. Emphasis was placed on the importance and challenge of their implementation.

#### **Research for health in Mali, and warm thanks to the people of Mali**

18. The six organizing partners and Secretariat of the 2008 Global Ministerial Forum on Research for Health wish to thank the Government of Mali and most especially President Amadou Toumani Touré for his leadership and commitment, as well as the many research institutions, researchers, civil society representatives and members of the press from Mali who contributed to this historic Forum. We recognize and applaud Mali’s achievements in research for health and health equity

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<sup>6</sup> [www.oecd.org/dataoecd/11/41/34428351.pdf](http://www.oecd.org/dataoecd/11/41/34428351.pdf)