

WHO's role and responsibilities in health research

Bamako Global Ministerial Forum on Research for Health

Report by the Secretariat

1. Resolution WHA60.15 requested that a ministerial conference should be convened on health research open to all Member States. WHO convened with five other partners¹ the Global Ministerial Forum on Research for Health in Bamako, from 17 to 19 November 2008.
2. The Forum provided an opportunity to review progress since the previous summit in Mexico, to identify current health problems that could be tackled through more research and to look at future needs and challenges.
3. In preparing the Forum, regional meetings were held in all WHO regions with the active support of the regional offices. Statements and communiqués from these regional meetings were taken into account, together with other documents and strategies and the reports and recommendations of relevant bodies (including the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property; the WHO's draft strategy on research for health; the report of the Commission on Social Determinants of Health;² *The world health report 2008*;³ and the task force on research and learning to scale-up health systems); and a draft Bamako Call to Action, developed using these sources, was then circulated to participants.
4. During the Forum, ministers and ministerial representatives from 53 Member States discussed, by means of a moderated panel, the main recommendations from the regional preparatory meetings. They also heard expert panels discuss specific topic areas (research for product development, health security and health systems strengthening) and deliberated on the draft Call to Action. Following further revisions and review, ministers and ministerial representatives agreed on the Call to Action, attached at Annex, which contains specific recommendations and commitments to strengthen research for health, development, security and equity.

ACTION BY THE EXECUTIVE BOARD

5. The Board is invited to note the report and the attached Annex.

¹ The Government of Mali, UNESCO, the World Bank, the Global Forum for Health Research and the Council on Health Research for Development.

² "Closing the gap in a generation: health equity through action on the social determinants of health" (document WHO/IER/CSDH/08.1).

³ *The world health report 2008: primary health care now more than ever*. Geneva, World Health Organization, 2008.

ANNEX

THE BAMAKO CALL TO ACTION ON RESEARCH FOR HEALTH

Strengthening research for health, development, and equity

FROM THE GLOBAL MINISTERIAL FORUM ON RESEARCH FOR HEALTH
BAMAKO, MALI, 17–19 NOVEMBER 2008

We the Ministers and representatives of ministries of health, science and technology, education, foreign affairs, and international cooperation from 53 countries,¹

Following regional consultations on research for health in Algiers, Bangkok, Copenhagen, Rio de Janeiro, and Tehran,

Gathered in Bamako 17–19 November 2008 hosted by the Government of Mali.

WE RECOGNIZE THAT

1. We must continue to build on and sustain the progress made since the Mexico Ministerial Summit on Health Research in 2004;
2. Research and innovation have been and will be increasingly essential to find solutions to health problems, address predictable and unpredictable threats to human security, alleviate poverty, and accelerate development;
3. The global research for health agenda should be determined by national and regional agendas and priorities, with due attention to gender and equity considerations;
4. Greater equity in research for health is needed: only a small proportion of global spending on research addresses the health challenges that disproportionately affect the poor, marginalized, and disadvantaged;
5. The nature of research and innovation for health improvement, especially in the context of the United Nations Millennium Development Goals, is not sufficiently interdisciplinary and intersectoral; there is a need to mobilize all relevant sectors (public, private, civil society) to work together in effective and equitable partnerships to find needed solutions;

¹ Algeria, Angola, Bahrain, Benin, Brazil, Burkina Faso, Cameroon, Canada, Cape Verde, Chad, Congo, Denmark, France, Guinea-Bissau, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Japan, Libyan Arab Jamahiriya, Malawi, Mali, Mauritania, Mexico, Morocco, Namibia, Nepal, Netherlands, Nigeria, Norway, Paraguay, Philippines, Poland, Portugal, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Sri Lanka, Sudan, Sweden, Switzerland, Tanzania, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Uganda, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Zimbabwe.

6. There is often misalignment between funders, governments, and other organizations in relation to research for health;
7. Strong national commitment to science education at all levels of the education system is critical to success in research for health and to the advancement of societies;
8. Funding for research for health, especially in low- and middle-income countries, is difficult to secure, but there are considerable societal returns available as a result of that investment. This is especially true in times of economic crisis; now is the time to invest in research for health;
9. There are ongoing international efforts in the areas of public health, innovation, and intellectual property, which need to be fully implemented in order to ensure more equitable access to interventions.

GUIDED BY THE BAMAKO PRINCIPLES OF LEADERSHIP, ENGAGEMENT, AND ACCOUNTABILITY,

WE CALL FOR ACTION BY

National governments

1. To give priority to the development of policies for research and innovation for health, especially related to primary health care, in order to secure ownership and control of their research for health agendas;
2. To allocate at least 2% of budgets of ministries of health to research;
3. To improve capacity in institutions, ministries, and throughout systems for the implementation of research policies, including: identifying national research priorities; responding in a timely way to unpredictable health threats; providing a conducive environment for development of a strong research culture; ensuring technology transfer; improving education and training of researchers; integrating research for health within health systems; translating research into action; and evaluating the impact of research for health;
4. To develop, set, and enforce standards, regulations, and best practices for fair, accountable, and transparent research processes, including those related to ethical review and conduct, product development and manufacturing, quality and safety of patient care, the registration and results reporting of clinical trials, and open and equitable access to research data, tools, and information;
5. To promote knowledge translation and exchange through the application of effective and safe interventions, evidence-informed policies, policy-informed research, and publication and effective dissemination of research results, including to the public, taking into consideration the diversity of languages and advances in information technology;
6. To develop mechanisms and tools to enable effective intersectoral, interministerial, and intercountry research collaboration and coordination to address complex health challenges;
7. To strengthen the efficient collection, storage, and sharing of reliable health information and data according to international standards, to ensure utilization of the existing bodies of knowledge, and

to develop skills for local data analysis and its use in policy development, planning, monitoring, and evaluation;

8. To strengthen research capacity and build a critical mass of young researchers by developing and including curricula on research methods and research ethics, especially but not exclusively for students of health sciences; and to stress the importance of scientific research in secondary and tertiary levels of education;

Appropriate institutions at the regional level

9. To assist countries through international collaboration and where there is an identified need to build and strengthen research for health capacity;

10. To work through regional alliances to advocate for research, establish networks of researchers and regional centres of excellence, ensure coherent and sustainable funding, improve education and career opportunities in research and research management, and strengthen harmonization of regulation and ethical conduct;

All partners and stakeholders

11. To harness the potential of research by drawing on new sciences, emerging technologies, and social and technological innovations to address priority health challenges;

12. To implement the recommendations of the WHO Task Force on Scaling Up Research and Learning on Health Systems: namely, (1) mobilize around a high-profile agenda of research and learning to improve the performance of health systems; (2) engage policy makers and practitioners in shaping the research agenda, and using evidence to inform decision-making; (3) strengthen country capacity for health systems research backed up by effective regional and global support; (4) increase financing for health systems research and learning;

13. To implement the recommendations from the WHO Commission on the Social Determinants of Health, especially those related to health equity;

14. To promote and share the discovery and development of, and access to, products and technologies addressing neglected and emerging diseases which disproportionately affect low- and middle-income countries;

15. To ensure civil society and community participation in the entire research process, from priority setting to the implementation and evaluation of policies, programmes, and interventions; and to support civil society in advocacy to key decision-makers, including politicians, for increased investment in and commitment to research for health;

Funders of research and innovation, and international development agencies

16. To better align and harmonize their funding and programmes to country research and innovation for health plans and strategies, in line with the Paris Declaration on Aid Effectiveness;

17. 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;

18. To invest at least 5% of development assistance funds earmarked for the health sector in research, including support to knowledge translation and evaluation as part of the research process, and to pursue innovative financing mechanisms for research for health;

19. To increase and sustain support for national research and innovation systems for health – in particular research institutions – in low- and middle-income countries, and to ensure support for ongoing initiatives developed in response to the Mexico Statement;

Multilateral agencies, together with Member States and partners

20. To ensure that WHO streamlines the architecture and governance of its research activities and effectively implements in unison both the strategy on research for health and the Global strategy and plan of action on public health, innovation, and intellectual property;

21. To promote research for health within UNESCO as an important intersectoral issue in capacity building and in policy advice provided to governments in education, the sciences, culture, and communication;

22. To urge the World Bank Group and regional development banks to deepen and expand their research for health activities as part of their economic and operational research programmes, with particular emphasis on health systems research and innovation, and national science and technology capacity building;

23. To evaluate the effectiveness and value of the four-yearly ministerial forums prior to convening a further high-level intersectoral forum to discuss global research for health priorities;

24. To explore the feasibility of establishing 18 November each year as a World Day of Research for Health.

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