

## Foreword

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This is the fourth report of the Global Forum for Health Research since its creation in 1998, reporting on the progress in the 10/90 gap in health research. Despite the title, which still refers to a 10/90 gap, much progress has been made in the past few years in the understanding of this gap. Also, a number of measures have been taken which should lead to substantial improvements in the coming years, if efforts by all partners continue with the same determination.

A first positive result is the fact that, from an unknown concept in 1990, the 10/90 gap is now widely recognized. This recognition was indeed a pre-condition for attacking the problem. Also, substantial progress has been made in the past decade in the measurement and understanding of the two components of the gap, i.e. the burden of disease and resource flows into health research. From a situation in 1990 where information regarding these two components was practically nonexistent, there is today a vast amount of information, which has changed the way of looking at health research.

Another pre-condition to finding a solution to the 10/90 gap was the development of a sound methodology and a scientific process for the identification of the research priorities which will make the largest contribution to people's health at the country and global levels. This is a very difficult task, given the large number of actors and factors which enter into the equation. Major progress was made in the 1990s in this respect also, with the development of the Essential National Health Research approach proposed by the 1991 Task Force on Health Research for Development and the Combined Approach Matrix proposed by the Global Forum for Health Research. These instruments are complementary and

constitute a very solid basis for countries and global institutions to define their health research priorities.

Finally, the 1990s have witnessed the creation of a large number of initiatives and networks at the global, regional and country levels in response to the need to correct the 10/90 gap. These networks bring together key actors in the public and private sectors, at the global and country levels, for finding solutions to problems which none of the institutions concerned could solve alone.

Daunting challenges nevertheless remain for the coming years if we want to reach the Millennium Development Goals by 2015 and very determined actions by all governments will be needed, particularly in the following areas.

A first area of action is for all governments to measure their investments in health research and bring these into line, as far as possible, with their country's burden of disease, using a systematic methodology for research priority setting. High-income countries should, in addition to the national burden of disease, take also into account the global burden of disease and allocate appropriate research resources to high-burden diseases and high-burden risk factors threatening world health.

Particular attention should be paid here to research outside the bio-medical sector, which has been largely underfunded if one takes into account its potential impact on people's health. By this I mean research into behavioural, management and social sciences in general (including the functioning of health systems and services), research into sectors outside the health sector (e.g. education, environment, safety) which have a large impact on people's

health, and research into macroeconomic policies as they relate to health.

A second area of action is for all countries to ensure that research addresses all key obstacles explaining why the burden of disease is and remains so high for a large portion of humanity. Experience has shown that many discoveries and research results remain upstream in the research continuum and are not transformed into health products for people, or, if they are, only with substantial delays of years or even decades.

A third area of action is that of research capacity strengthening in low-income countries. Despite over three decades of efforts to build up capacity, during which thousands of scientists from developing countries have been trained, results have been very disappointing in many countries. Large numbers of trained scientists are not working in their countries of origin and many countries cannot summon the necessary human and financial resources to tackle the key health problems affecting their people. A determined joint effort for research capacity strengthening is urgently needed, based on the numerous experiments which have been conducted in recent years.

Fourth, following the remarkable progress made in the field of international collaboration to solve major world health problems, with the creation of about 70 public-private partnerships between 1995 and 2003, we must now ensure their

continued viability, efficient delivery of health products, and strong positive synergies with the national health and health research system.

Finally, a necessary and global condition for success in our enterprise is the systematic integration of gender issues in all the actions mentioned above and all aspects of the work on the correction of the 10/90 gap. The actions undertaken in the 1990s in this field need to be accelerated in the years to come.

Without a quantum change in health research and a re-orientation of research towards the key health priorities in the world, we will not win the war on poverty, we will not reach the Millennium Development Goals by 2015 and we will not succeed in the fight against AIDS, tuberculosis and malaria. The responsibility for that change lies primarily with the public sector, which must create the conditions for the private sector to join the efforts.

The ambition of the Global Forum for Health Research is to continue to be one of the key partners to catalyse that change.



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