

## COMMENTARY

### INVESTING IN HEALTH RESEARCH FOR ENDEMIC DISEASES

The gap in resources for research for health to alleviate the major diseases of low income countries has been recognised for decades now and generally referred to as the 10/90 gap. Low income countries carry more than 90% of the global disease burden and have less than 10% of funds from public and private sources to deal with them. Unfortunately, efforts at moving the gap to even 20/80 have been frustrated by several factors not least of which is the inability of governments of low income countries to show commitment to solving the problem.

Over the last three decades there have been major conferences and high level ministerial forums at which Ministers of Health have pledged 2% of their health care budget on research for health but most have failed to adhere to this undertaking. Development partners have also been enjoined to invest at least 5% of their development assistance to the health sector in research. It is unfortunate that in some instances donors will request for a demonstration of a governments fulfilment of the ministerial commitment before committing to the contribution from aid. While this may be a way to induce governments of low income countries to fulfil their commitment, it should be possible to establish an international peer review mechanism to encourage investment in research for health and the utilisation of knowledge derived from their own investment and that of other countries.

In the last year several pronouncements have been made that seek to drive an agenda in research and development of innovations directed at controlling diseases endemic to low income countries including diagnostics, prevention and treatment. While some advances have been made, like insecticide treated nets, several challenges in disease control remain. The advances have largely involved limited participation by institutions and decision makers in low income disease endemic countries. This has implications for the utilisation of research findings. National arrangements for health research agenda and priorities as well as national and institutional arrangements for research ethics, management of intellectual property, regulation of research and research products are some of the key challenges.

One of the areas of interest to many low income countries is the development of new treatments from indigenous medicinal knowledge. A major hurdle to overcome is the entrenched view of investment in single chemical entities by major research funders rather than broadening the scope to include herbal extracts. The degree of availability of resources to achieve progress in this area varies from country to country. Many institutions in low income countries have the capability of doing basic studies in pharma-

cology and toxicology but these results are taken no further. In practically all countries there are local enterprises that focus on indigenous herbal preparations for health problems. There is need to support these local efforts to achieve high quality product development processes as well as quality assurance on products. Most of these markets are not regulated and pose a threat to the very health problems they attempt to treat. Some of such products actually find a place in international commerce.

Obviously, very few low income countries can support a full programme of research and development in the area of therapy and diagnostics for endemic diseases. Opportunities exist now in the increase in sources of funding for research to address diseases of poverty as well as actual increases in funds for research. National and regional collaboration in drug discovery and development based on intergovernmental and inter-institutional alliances is possible as well as arrangements to deliver the products. There are current efforts by organisations like the European & Developing Countries Clinical Trial Partnership (EDCTP) to create networks of excellence at regional levels in Africa. In this arrangement the strengths of well established research institutions are used to stimulate activity and improve the capacity of less endowed institutions with a good dose of capacity building.

Regional collaborative efforts through existing economic and health groupings could be enhanced to address some of these issues. There could be regional standards for the conduct of clinical trials, laboratory practice and regulatory matters. A centralised documentation system for indigenous knowledge related to herbal medicines and intellectual property will be required to promote the search for new therapies for endemic diseases. In the use of natural resources, a regional policy to conserve biodiversity will be another important area to focus on. In these considerations one should always have a plan for commercialising the product.

Enormous resources are required to place a promising product on the market. Models of product development partnerships or other innovative partnerships should be defined to promote commercialisation to the advantage of low income countries. Governments have a responsibility in providing a clear vision and leadership to deliver such interventions.

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