Commentary

Towards Bamako: a European perspective on the global health research agenda

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In November 2004, health ministers and their representatives from 52 countries, including many from Europe, met in Mexico City to discuss how research could contribute to strengthening of health systems.

Their final statement set out a series of important principles. Starting from a recognition of the importance of strengthening health systems so they can deliver effective interventions and of influencing factors outside the health sector that have a significant impact on health, it argued for a significant increase in research to help achieve these goals. It called for all countries, including the least developed, to build capacity to conduct health research, to implement and evaluate policies and programmes and to communicate and use what is learnt. This, it noted, will necessitate new kinds of partnerships and broader collaborations linked to political will to strengthen domestic scientific capacity and infrastructure and to ensure that health research shapes policies for planning, funding and co-ordinating health systems. It highlighted the positive role that can be played by knowledge brokers and by systems that enable potential users of research to participate in setting research priorities and called for more effective communication of the results of research.

Four years on, in November 2008 at Bamako in Mali, health ministers from around the world will meet again, at a Global Ministerial Forum on Research for Health¹ organized jointly by the Council on Health Research for Development, the Global Forum for Health Research, the Government of Mali, UNESCO, the World Bank and the World Health Organization. The stated task is to 'strengthen research for health, development and equity, by generating increased commitment to research and innovation and by developing coherence and connectivity between the many different stakeholders active in this field'.

In the run up to Bamako, a number of consultations are taking place across the world, seeking views about the key issues that should be discussed. Over 50 people from across Europe attended one such consultation at the EUPHA conference in Helsinki, in October 2007. Three issues emerged. These were the need to hold governments to account for their previous commitments, the importance of including issues that are important to Europe in a global health agenda and identification of what Europe can contribute to the global research community. The following paragraphs summarize the views expressed.

At Mexico, ministers made a number of recommendations. National governments were called upon to fund health research required to ensure vibrant health systems and reduce inequity and social injustice, implement national health research policies, promote activities that would strengthen national health research systems, including support for informed decision makers and establish sustainable programmes to support evidence-based health policies. Among those present, however, there was widespread consensus that, with a few exceptions, very little had happened in the intervening period. The Bamako conference was seen as an opportunity for the organizing bodies to ask governments to report on what they had done to implement the recommendations from Mexico, ideally in time to allow civil society organizations in each country, including public health associations, to comment on their reports.

There was consensus of the need for a global health agenda to include certain key issues of concern to everyone, such as HIV, tuberculosis, mental health and tobacco control, as well as major causes of disease that are largely confined to tropical countries, such as malaria. However, there are some issues that are of particular importance to Europe (and other industrialized countries) and which are of increasing importance in other parts of the world. It was felt that there should be space somewhere on a global health agenda for the health effects of migration, ageing and alcohol. The first two reflect the importance of understanding and responding to the challenges and opportunities facing European health systems as a consequence of demographic change. The last reflects the need to understand much better one of the leading contributors to the overall burden of disease in Eastern Europe and one that is exciting a rapidly increasing toll in many Western European countries.

Finally, what can Europe offer the world? The global health agenda has been dominated by the struggle against infectious disease and there is clearly much more to be done. Nonetheless, although often less visible, there is a growing tide of non-communicable disease in many low-income countries, in part a consequence of successes against infectious disease but also a result of the transfer of unhealthy lifestyles and in particular smoking, from rich countries. Europe contains a wealth of expertise in the aetiology and management of non-communicable diseases that should be shared with others.

Bamako, in 2008, offers an important opportunity to take the global health research agenda forward. It is essential that Europe contributes to this process. Anyone who wishes to join this discussion can e-mail comments to either of us.

Conflicts of interest: This consultation was undertaken at the request of the World Health Organization’s European Advisory Committee on Health Research, of which M.M. is a member. However, the views expressed should not be considered to represent those of the World Health Organization.

References


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