Tracking Health Research

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- Commission on Health Research, 1990:
  - Globally, 5% of the global annual resources for health research were devoted to the 90% of the world's health problems
  - Recommends 2% of national health budget for health research
  - 5% of external contributions to the health sector for health research and capacity building

Why track?

- Economic
- Health
- Human Rights
- Development

Source: Global Forum, 2004

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  - Health industry
    - one of the largest economic sectors in the world
    - Accounts 8% of the global GDP
    - about $trillions each year
  - Health research is fundamental to the functioning of the health industry
    - providing the basis for knowledge and technology,
    - introducing new products and services and understanding efficiency and effectiveness of existing ones

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- Health
  - Health challenges “await and arise”
    - despite improvements made in health sector in developed, transition and developing countries
  - Challenges:
    - Revival of TB and antibiotic resistant infections
    - emergence of new communicable and lifestyle diseases like SARS, HIV AIDs
    - rise of non communicable diseases and conditions like lung cancer, diabetes and obesity

Why track?

- Human Rights
  - Access to good social, mental, physical, medical and spiritual health is a basic human right (UN, 1984)
  - Every child has the right to the best attainable standard of health (1989 Convention for the Rights of the Child)
  -

Why track?

- Human Rights
  - Access to good social, mental, physical, medical and spiritual health is a basic human right (UN, 1984)
  - Every child has the right to the best attainable standard of health (1989 Convention for the Rights of the Child)
  - the 10/90 gap still exist between developed and developing countries in terms of health research resources

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- Development
  - Being healthy and having longer life expectancy is part of human development
  - With the rise of human rights paradigm, and globalization,
    - there is a growing consensus that the world is not divisible
    - a more participatory approach is needed to reduce inequities of all kinds (especially between developed and developing countries)

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- Avoid duplication of efforts
- Optimize use of resources
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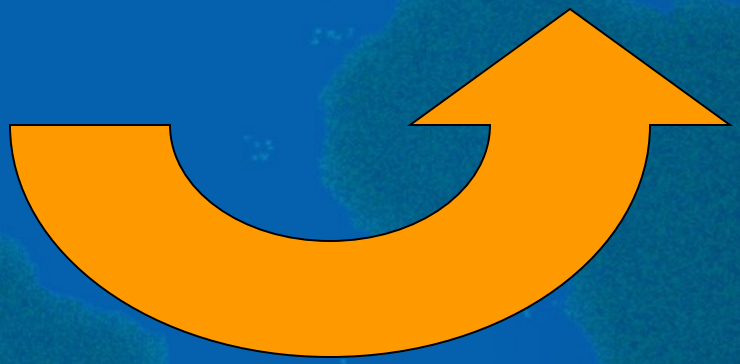
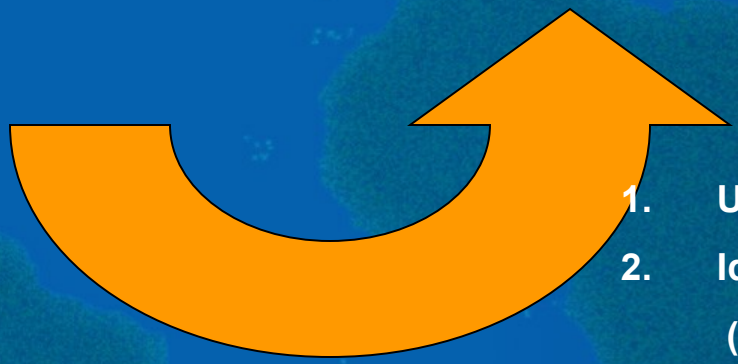
- Provide inputs for planning:
  - health research agenda
  - capability development
  - ethics in health research
  - research utilization and
  - resource mobilization
  - Other strategies (e.g. structures/ mechanisms)

What has been done?

What needs to be done?



What has been done? What needs to be done?



1. Update the research agenda
2. Identify areas for capability development (technical and ethics review)
1. Identify topics for research utilization
2. Identify areas needing funding or resource mobilization
3. Other s

Who should track?

- Stakeholders in research:
  - Policy making bodies
  - Funding agencies
  - Research bodies and organizations
  - Interested parties (civil society, people organizations)

Recommendations from the PNHRS 2004 Assembly…

- Designation of a body to monitor health R&D resources and their uses
  - designation of PCHRD as Convenor; DOH and NIH as members
  - establish continuous data collection
  - establish incentives for routine data reporting; tie up with COA
  - development/maintenance of database
  - signing of MOA
  - include R&D in NHA

When should we track?

- Often?
- Regularly?
  - Quarterly?
  - Semi annual?
  - Annual?

Recommendations from the Monitoring Resource Flows Project (2004)…

1. Conduct periodic survey (every 3 years) of large sources and users of funds

1. Encourage network members to monitor R&D spending by disease or by institution

1. Conduct bibliometric monitoring of published R&D activities starting with PCHRD database

What should we track?

According to the Global Forum for Health Research, 2003

- Health Related R&D
  - Fundamental (basic) or non oriented research
  - Health conditions, injuries or diseases
  - Exposure, risk factors that impact on health determinants
  - Health systems research (including policy and planning research, health services delivery and surveillance)
  - Capability building (including capital expenditures)

What should we track?

- Health R&D Projects/Program
  - Objectives
  - Main Outputs
  - Implementing Agency
  - Collaborators
  - Location
  - Funding Source
  - Budget Estimate

How should we track?

- Setting mechanisms or structures in place
  - At sub-national or regional level
  - At national level

Other recommendations from the TWG on Resource Mobilization and the Resource Flows Project (2004)…

1. Establishment of monitoring/tracking system for resources generated and their uses

1. Provide shelf space for archiving records

1. Coordinating agencies should track health R&D components of FAPs

1. Work with NSCB to improve monitoring of health R&D spending in the NHA

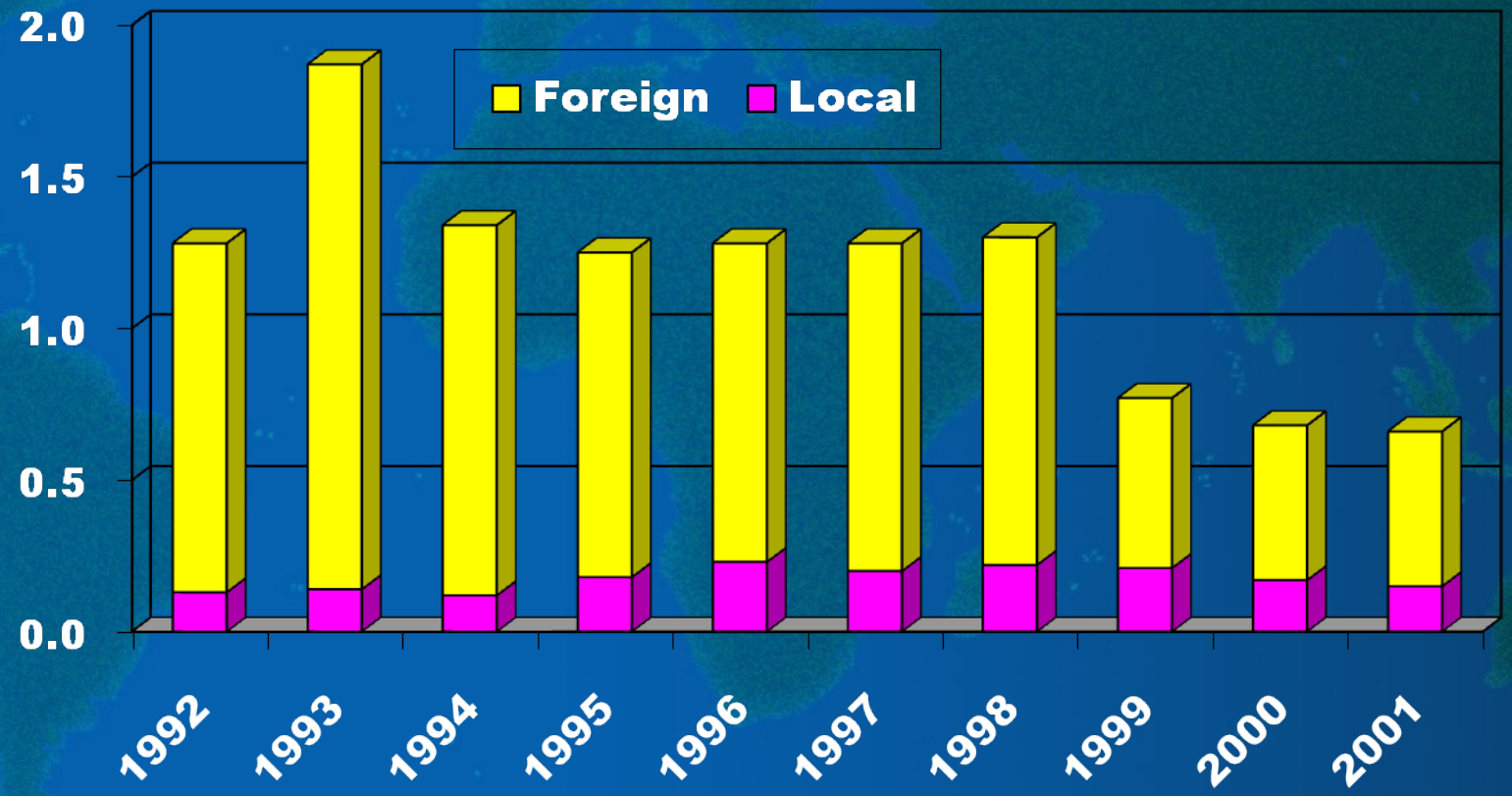
1. PNHRS to ensure commitment of network members not covered by NHA

1. Assist NSCB in refining definition and classification of R&D activities

Examples of Government Initiatives

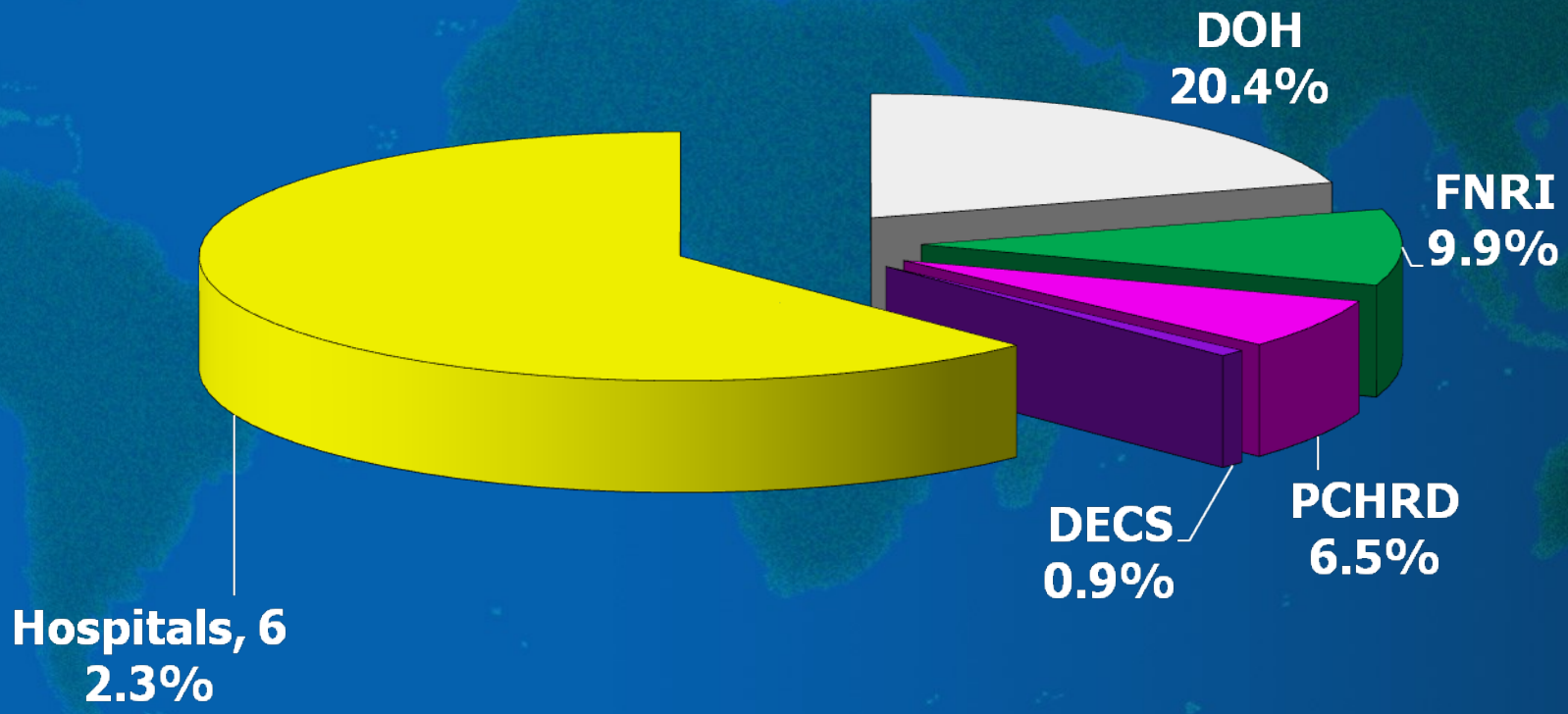
- PCHRD Surveys (1989-90, late 90s, 2002+)
- Resource Flows Project (Alano, late 90s)
- Monitoring Resource Flows Project by Clarence Pascual (2004)
- Technical Working Group on Resource Mobilization for the 2004 Philippine National Health Research Assembly
- DOST R&D Survey (2004-2005)

R&D as % of national health expenditures (NHE)



(Pascual, 2004)

Distribution of local funds



(Pascual, 2004)

Problems encountered in tracking health research

- Poor compliance
- Poor inputs from the private sector (health industry, pharmaceutical companies etc)

Questions…. ?

1. What needs to be done to enhance the tracking system?

1. How can we mainstream the tracking health research in institutions or in the regions?

Responsible Agencies for Tracking

- At national level
  - DOH- for its units and attached agencies
  - DOST- for its units and for other sectors
  - CHED- public and private Higher Institutions of Education
  - UP NIH- for the UP System
  - Other private partners – pharmaceutical industry, NGOs

- Sub-national level
  - NEDA
  - CHED
  - DOST
  - DOH
  - Private partner, NGOs