Research for Universal Health Coverage

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Research in the WHO Constitution 1948

Chapter II

- Functions – Articles
  
  \((n)\) to promote and conduct research in the field of health;

- Important inclusion but...
  - WHO is not a research funding agency...
  - WHO helps promote national policies in research
Overview of Research at WHO


- Comparison to Global DALY 2004
- $215 million

DALY classification by group:
- including IARC
- excluding IARC
- DALY

Today 35+ depts research activities.

http://www.health-policy-systems.com/content/8/1/25
Global health R&D expenditures

Challenges

General
- Large gaps in data
- Lack of uniformity in reporting standards, research categories and levels of data disaggregation

Public sector
- Lack of data for many countries beyond OECD

Private sector
- Lack of data transparency
- Lack of data at disease level

Public: 41-45%  Private: 48-51%  Philanthropic: 7-8%

Public: 66%  Private: <
Philanthropic

Source: Professor Stephen Matlin, Institute of Global Health Innovation, Imperial College
Complex array of initiatives
Principles

Quality - research that is ethical, expertly reviewed, efficient, effective, accessible to all, and carefully monitored and evaluated.

Impact - priority for research with greatest potential to improve global health security, health-related development, redress health inequities and attain MDGs

Inclusiveness - partnership, multisectoral approach, support and promote the participation of communities and civil society in the research process.
<table>
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<tr>
<th>Standards: Research priority setting checklist</th>
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<td>One output from the strategy on research for health</td>
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| 1. Context: |
| Which contextual factors underpin the process: What resources are available for the exercise? What is the focus of the exercise (e.g. who is it for)? |

| 2. Use of a comprehensive approach |
| Adopt or adapt an established method or develop own. |

| 3. Inclusiveness |
| Decide who should be involved and why. Balance/representation expertise and balanced gender and regional participation? |

| 4. Information gathering |
| Literature reviews, collection of technical data (burden of disease or cost-effectiveness data), broader stakeholder views, reviews or impact analyses of previous priority setting exercises or exercises from other geographical levels. |

| 5. Planning for implementation |
| Establish plans to translate the priorities to actual research. Who will implement the research priorities? And how? |

| 6. Criteria |
| Select criteria to focus discussion around setting research priorities. |

| 7. Methods for deciding priorities |
| Choose an approach to ranking or reaching consensus on priorities. |

| 8. Evaluation |
| Define when and how the priorities will be reviewed. Research priority setting is not a solitary exercise! |

| 9. Transparency |
| Write a clear report: Who set the priorities? How exactly were the priorities set? |
Value of setting national research priorities

Brazil’s top 10 investments in health research, 2004-2009

Source: HPRS 9, 35, 2011
Towards coordination: Main Recommendations of the CEWG Report

- Approaches to supporting R&D – where no market incentives
- Funding mechanisms – how to fund the risk of R&D
- Pooling resources
- Strengthening research and development capacity and technology transfer
- Coordination
- Implementation through a binding global instrument for R&D and innovation for health
66th World Health Assembly Resolution

- R&D Observatory for health
- Improved coordination for health R&D
- Financing
- Demonstration projects
How research contributes to universal health coverage

WHR 2013 presents 12 case studies to illustrate:

- the range of methods from observational studies to randomized controlled trials
- the diversity of problems for which research can offer solutions
- the nature of the research cycle (questions, answers, more questions)
- the relationship between study design and strength of inference
- the link between research, policy and practice
“Universal health coverage is the single most powerful concept that public health has to offer”

Dr Margaret Chan, Address to the Sixty-fifth World Health Assembly, May 2012

“Another lesson is the importance of long-term investment in the research institutions that generate evidence for policy ...”

Lancet, 2012, 380:1259, on the approach to universal health coverage in Mexico
The role of research...

for universal health coverage
Why research? Understanding the gap in financial risk protection

In many countries, out-of-pocket expenditure is high in relation to total health expenditure, ≈150M people incur catastrophic expenditure yearly

Source: WHO
HIV and TB: two examples of the gap between current and universal health coverage

Only half of HIV-positive people eligible for antiretroviral treatment received it in 2010, and one third in 2012

Fewer than 70% of TB cases were detected and reported in 2010, and this was still true in 2012

Source: Lancet 381, 413-418 (2013)
Measuring coverage is vital
Global and local “tracer” indicators can be used to track improved in coverage of health services and financial risk protection.
Equity is an essential ingredient of universal health coverage

Coverage of maternal and child health services increases from poorest to richest wealth quintiles, but varies greatly within each quintile

Source: DHS or MICS surveys in 46 low-middle income countries (WHO)
Quality as well as quantity of health services
Variation in case fatality following ischaemic stroke after admission to hospitals in OECD countries

Source: OECD
How research contributes... to universal health coverage
Case study 1
Antiretroviral therapy prevents HIV transmission

- 1763 HIV-discordant couples in 9 countries were enrolled in a randomized placebo-controlled trial.
- HIV-infected persons with CD4-counts of 350-550 cells/μL received ART immediately (early ART group) or after the CD4 count fell to ≤ 250 cells/μL or after the development of an AIDS-related illness.
- Of 28 HIV transmissions, only 1 was in the early ART group, a 96% reduction in the risk of HIV transmission (NEJM 365, 493, 2011).
Case study 2
Emergency obstetric care reduces maternal mortality

In Burundi, emergency obstetric care, coupled with an ambulance transfer system, reduced maternal mortality to 208 deaths per 100,000 live births, achieving the MDG 5 target of 75% reduction well before the 2015 deadline (TMIH 18, 166, 2013).
Case study 3
Conditional cash transfers stimulate demand for health services

Studies from low- and middle-income countries show that conditional cash transfers can, in some circumstances, increase the use of health services and improve health outcomes (Cochrane 2009).

CCT schemes in Brazil, Colombia, Honduras, Malawi, Mexico and Nicaragua achieved:

- 27% increase in individuals taking up HIV testing (Malawi)
- 11–20% increase in children attending health centres in the previous month
- 23–33% more children <4 years old making preventive health-care visits.

Positive effects on child growth: increase in height of ≈1 cm among children up to 4 years old; decrease in the probability of being stunted, underweight or chronically malnourished.
Universal health coverage cannot be achieved without evidence from research.

Research can address a wide range of questions about how to reach universal coverage, showing how to improve human health, well-being and development.

All nations should be producers of research as well as consumers. The creativity and skills of researchers should be used to strengthen investigations both in academic centres and in public health programmes.

Research for universal health coverage requires national and international backing.

Systems are needed to develop national research agendas, to raise funds, to strengthen research capacity, and to make appropriate and effective use of research findings.