



## Research for Universal Health Coverage

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**For research on  
diseases of poverty**  
UNICEF • UNDP • World Bank • WHO



# Research in the WHO Constitution 1948

## Chapter II

- Functions – Articles

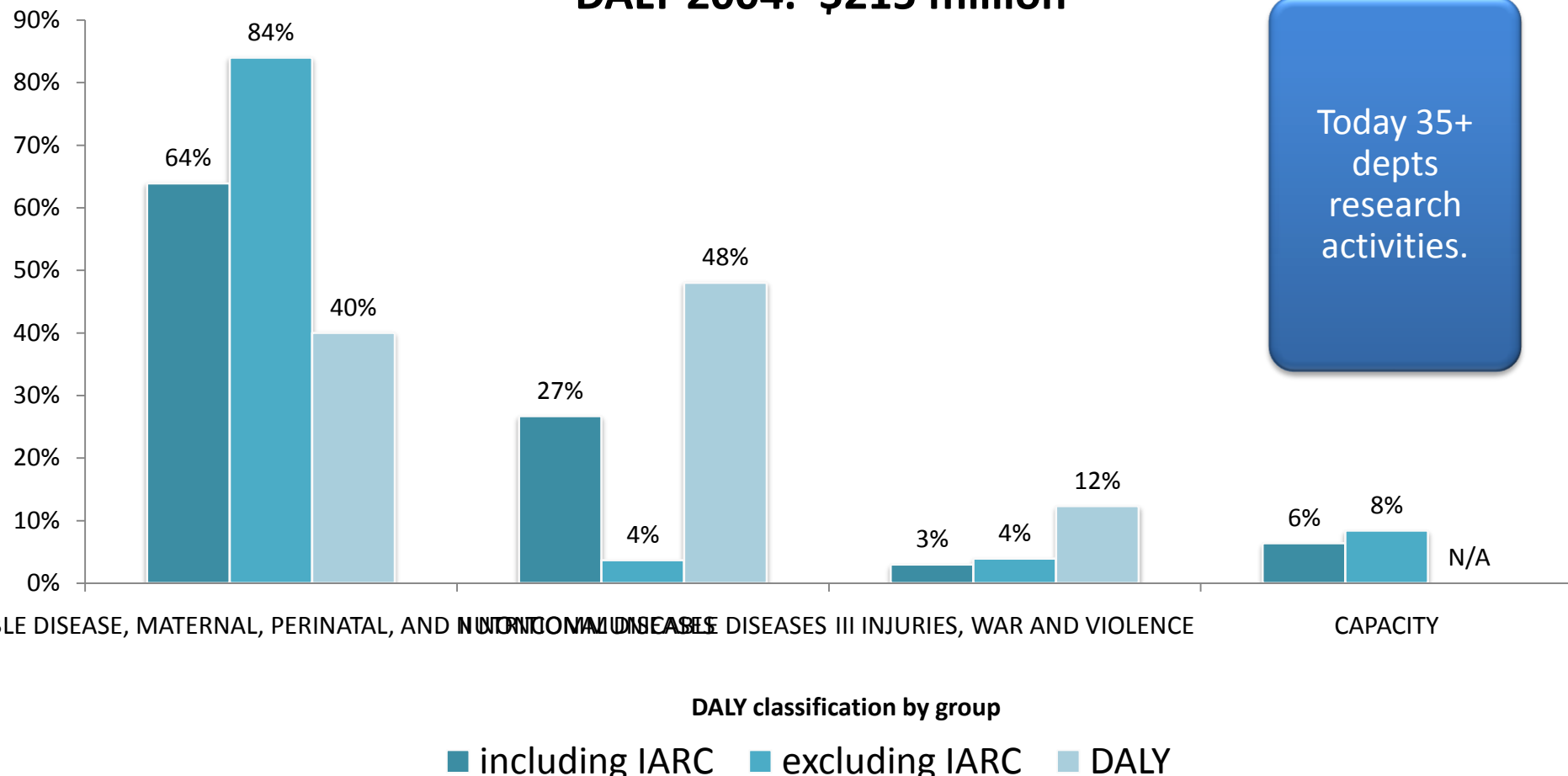
(*n*) to promote and conduct research in the field of health;

- Important inclusion but...

- WHO is not a research funding agency...
- WHO helps promote national policies in research

# Overview of Research at WHO

## WHO Research Expenditure 2006/2007 Comparison to Global DALY 2004. \$215 million



# Global health R&D expenditures

## Challenges

### General

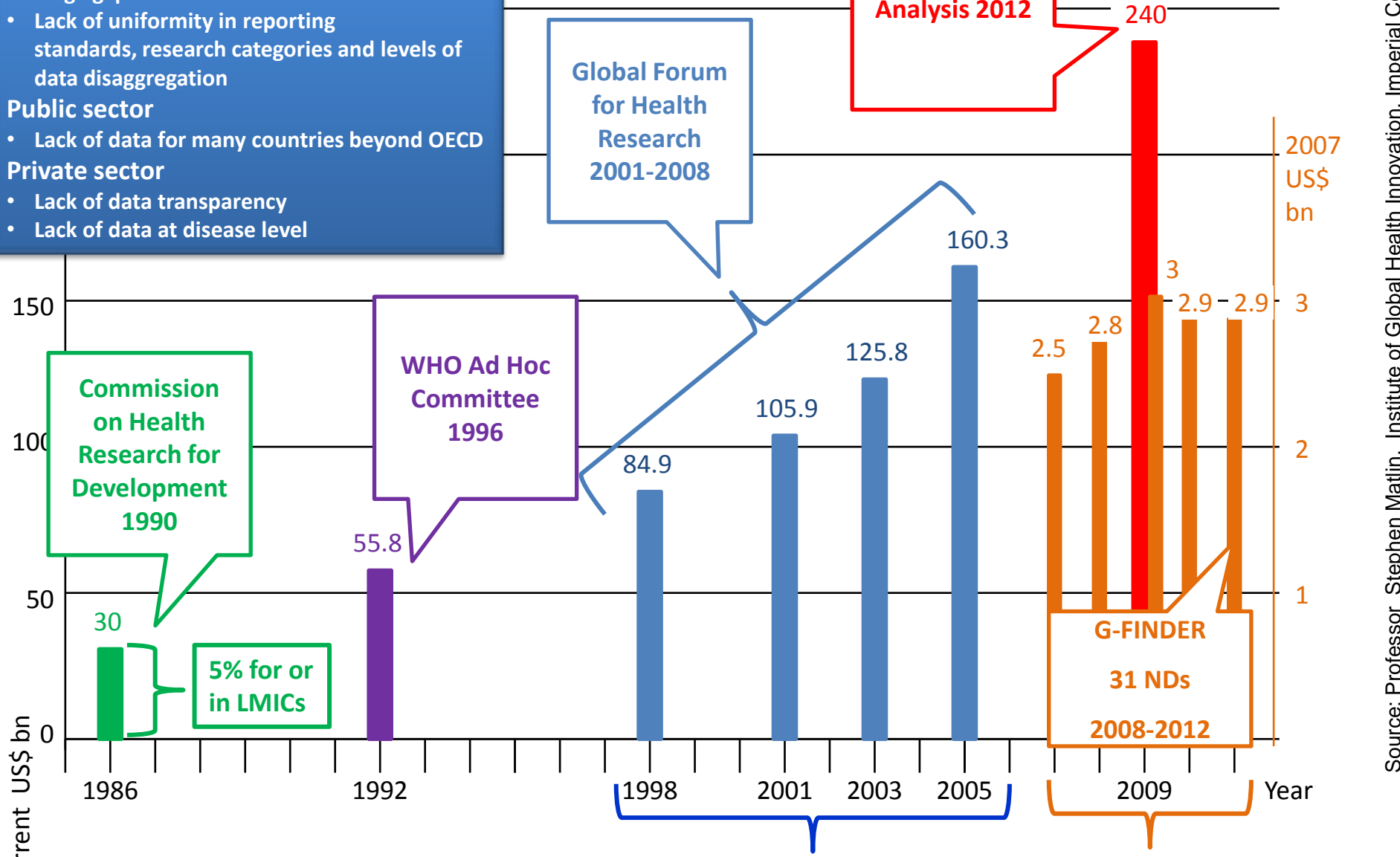
- Large gaps in data
- Lack of uniformity in reporting standards, research categories and levels of data disaggregation

### 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

# Complex array of initiatives

Global Alliance to Eliminate Leprosy (GAEL)



Initiative on Public-Private Partnerships for Health

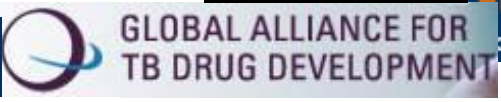
SECURE THE FUTURE<sup>®</sup>



Medicines for Malaria Venture



Global Polio eradication Initiative



DNDi Drugs for Neglected Diseases initiative



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BUSINESS COALITION ON HIV/AIDS



NetMark Public-Private Partnership



The European Malaria Initiative



US Presidential Initiative FIGHTING MALARIA SAVING LIVES IN AFRICA



Hope for African Children Initiative



# 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.



# Standards: Research priority setting checklist

One output from the strategy on research for health

## 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!

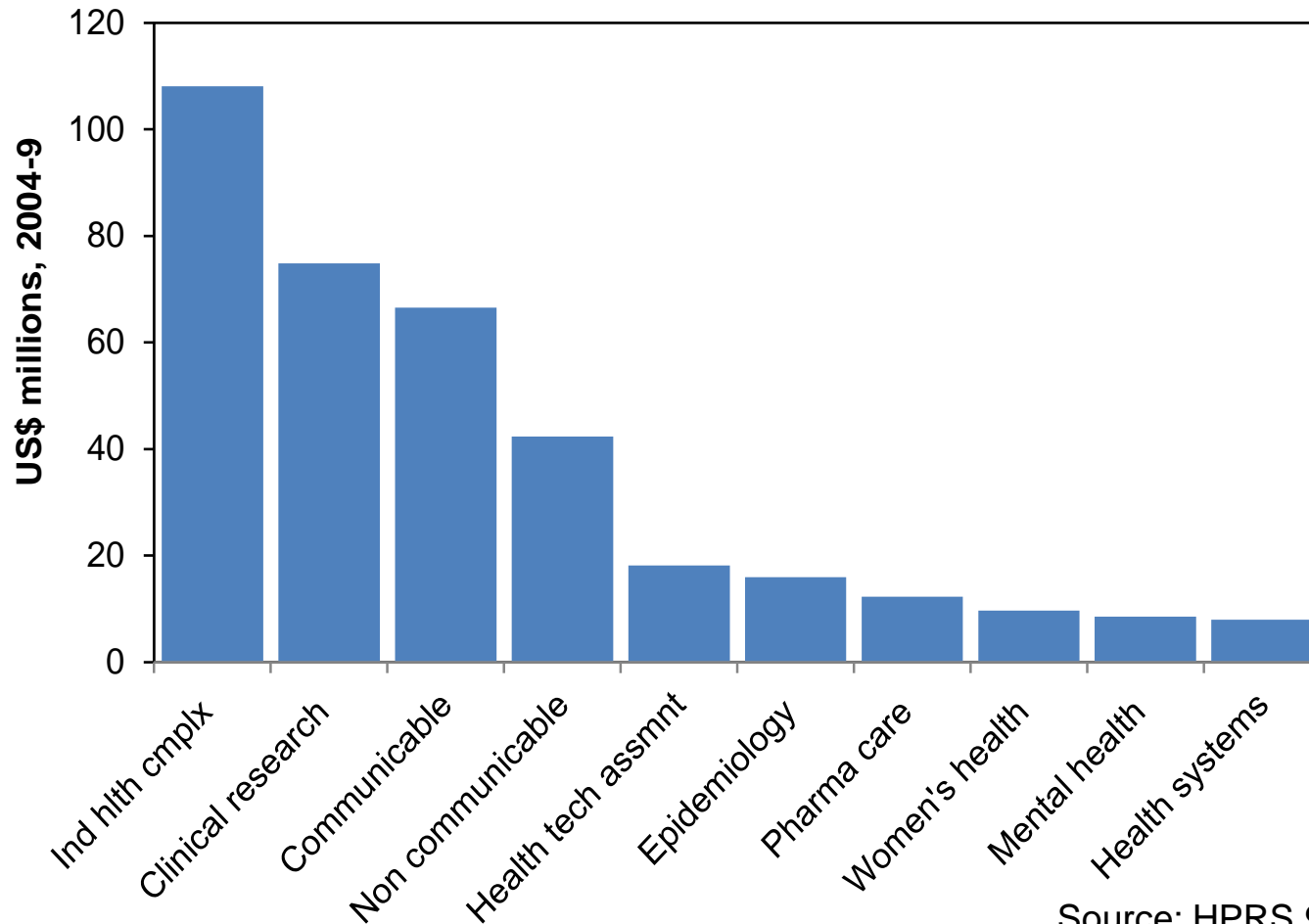
## 9. Transparency

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

# Research for Universal Health Coverage

The World Health Report 2013

**Research for Universal  
Health Coverage**

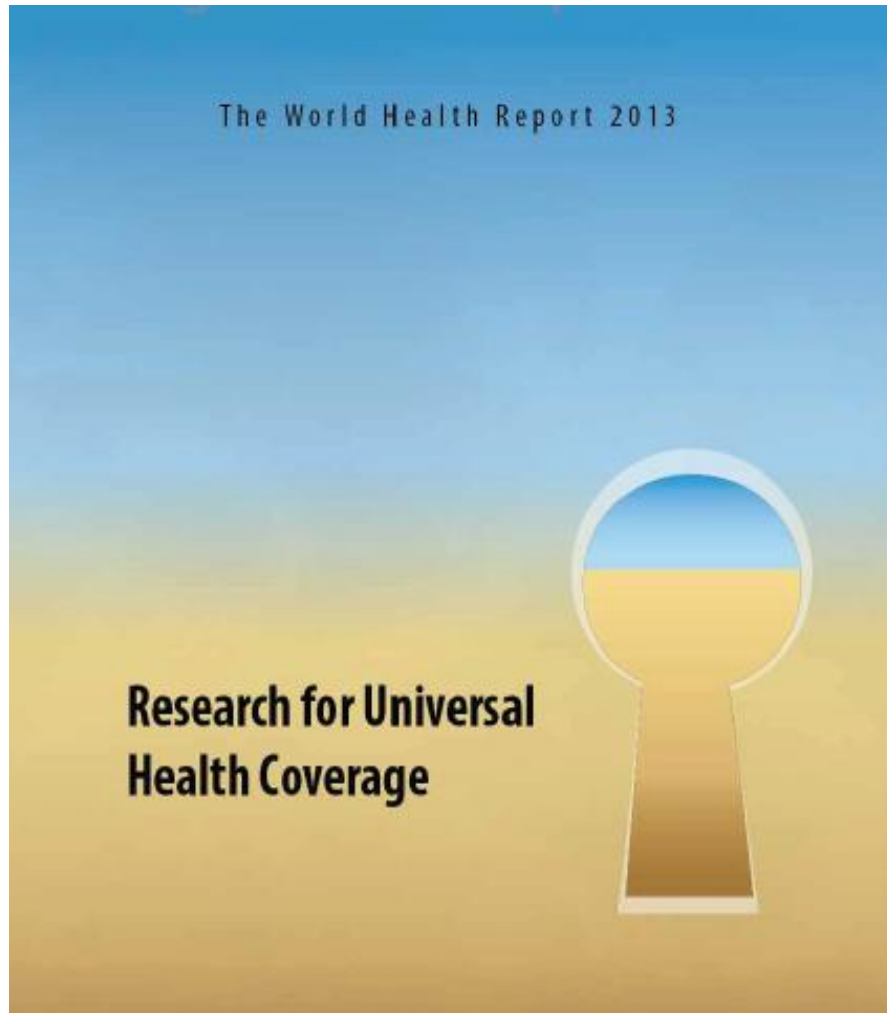


## The World Health Report 2013



**World Health  
Organization**

# 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

# Research for universal health coverage

“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*

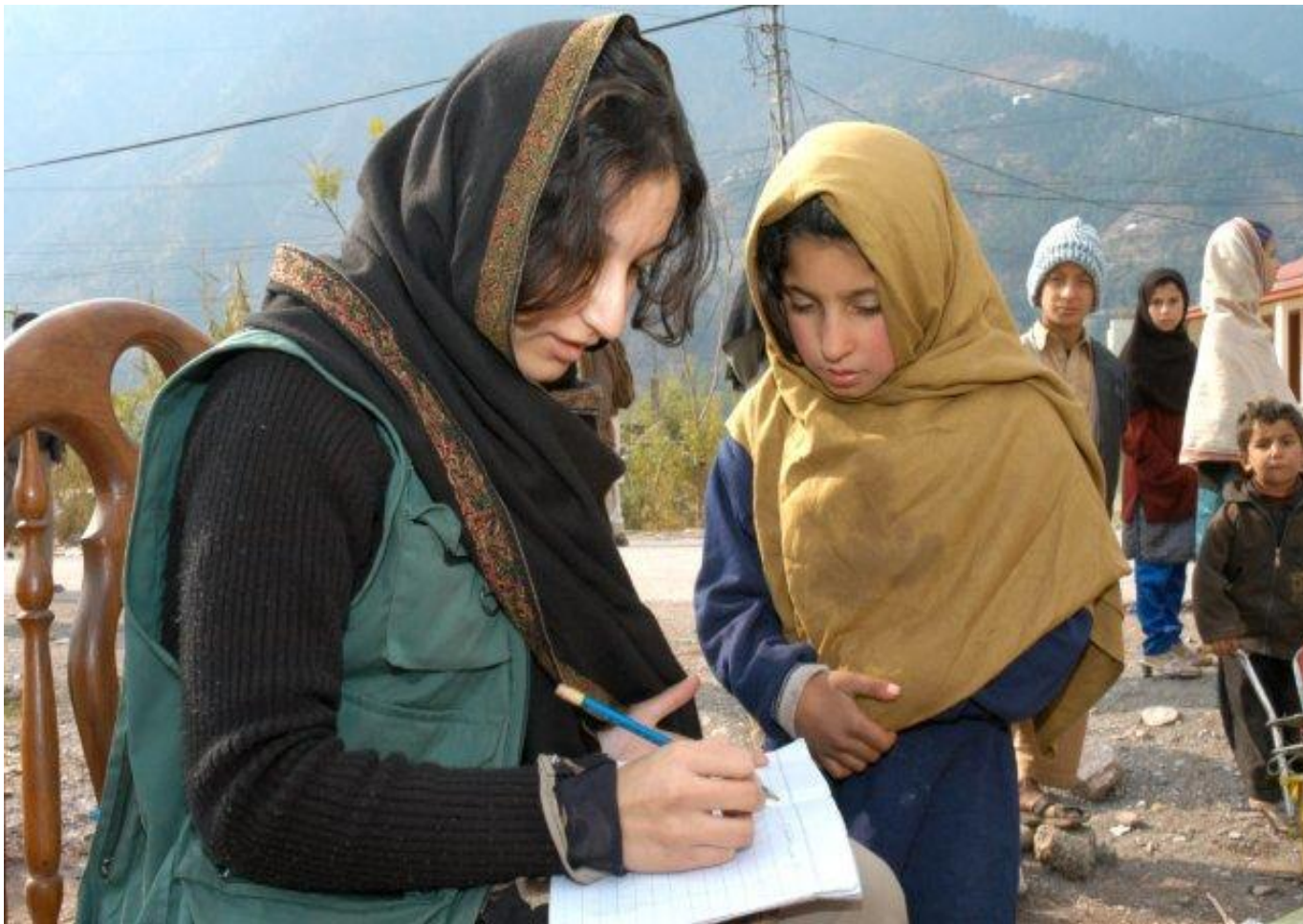
“Another lesson is the importance of long-term investment in the research institutions that generate evidence for policy ...”

*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,  $\approx 150\text{M}$  people incur catastrophic expenditure yearly



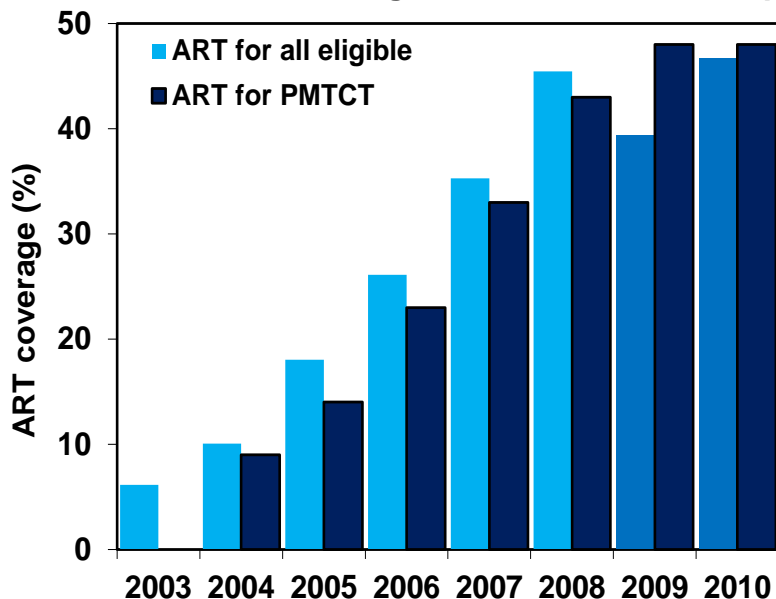
Source: WHO



# 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

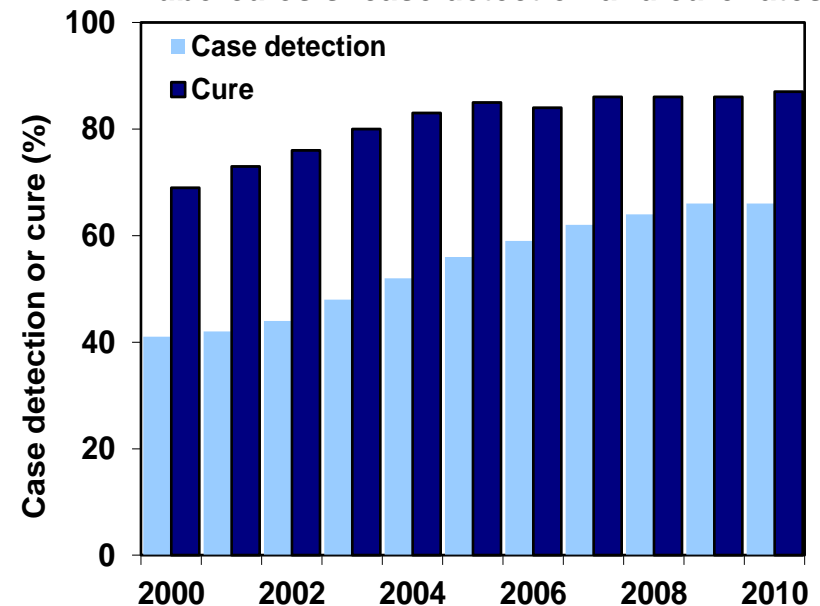
HIV/AIDS: coverage of antiretroviral therapy



Source: Lancet 381, 413-418 (2013)

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

Tuberculosis: case detection and cure rates

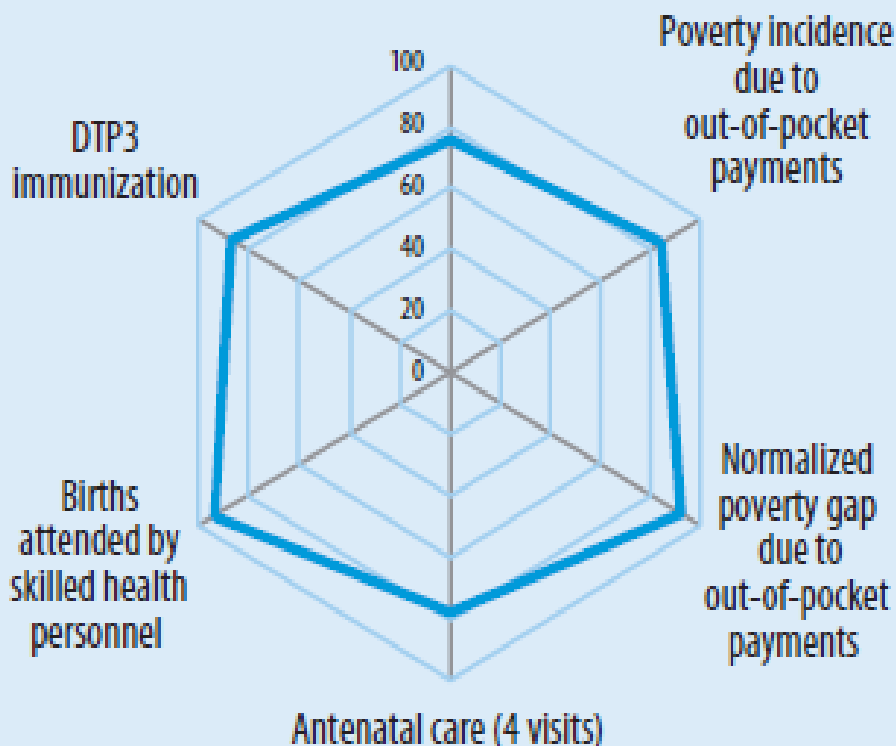


# Measuring coverage is vital

Global and local “tracer” indicators can be used to track improved in coverage of health services and financial risk protection

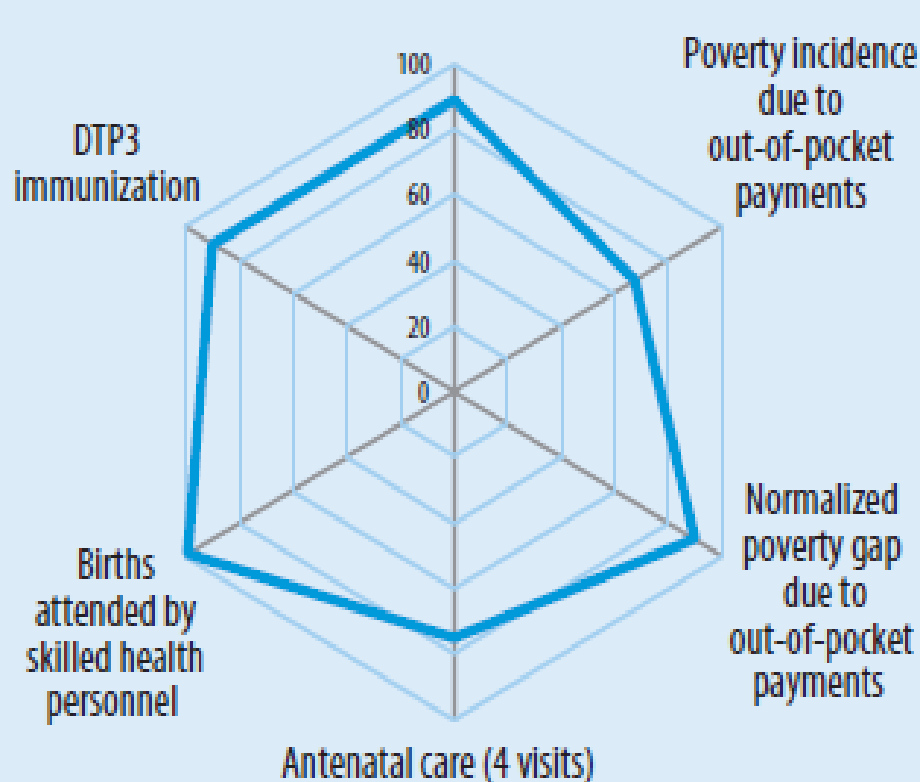
## Philippines

Incidence of catastrophic health expenditure



## Ukraine

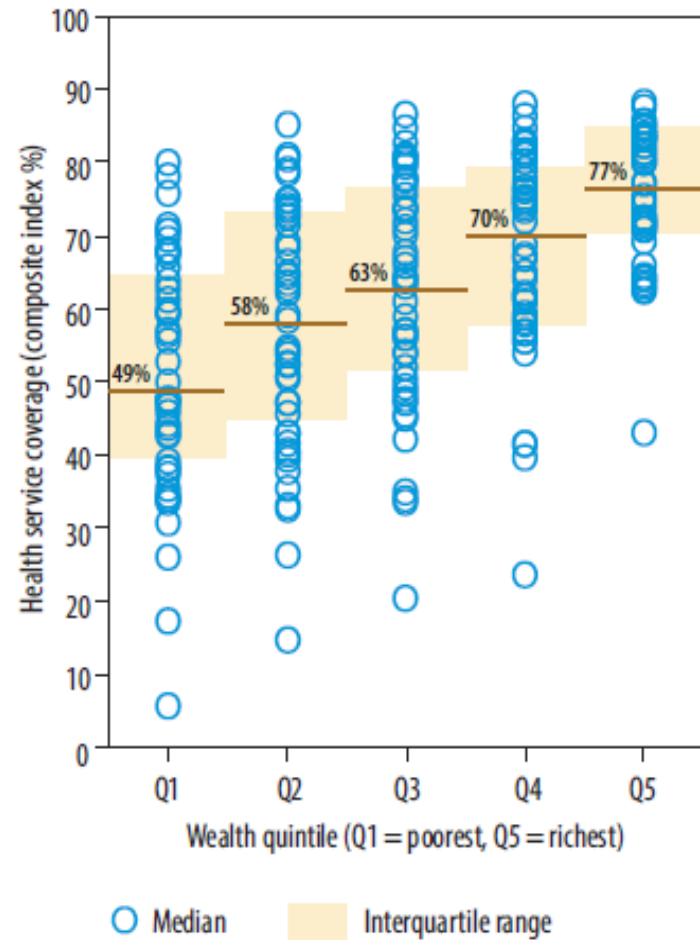
Incidence of catastrophic health expenditure



# Equity is an essential ingredient of universal health coverage

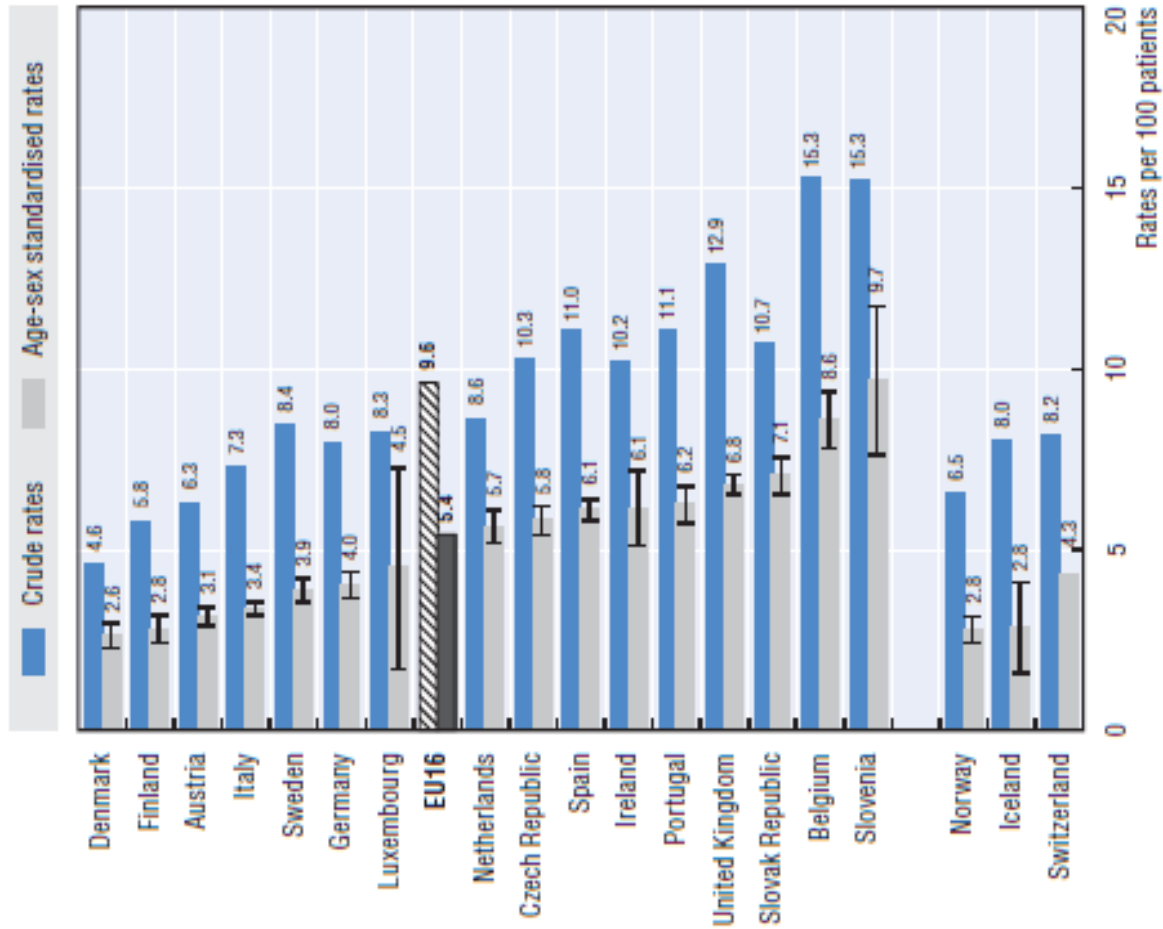
Coverage of maternal and child health services increases from poorest to richest wealth quintiles, but varies greatly within each quintile

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...

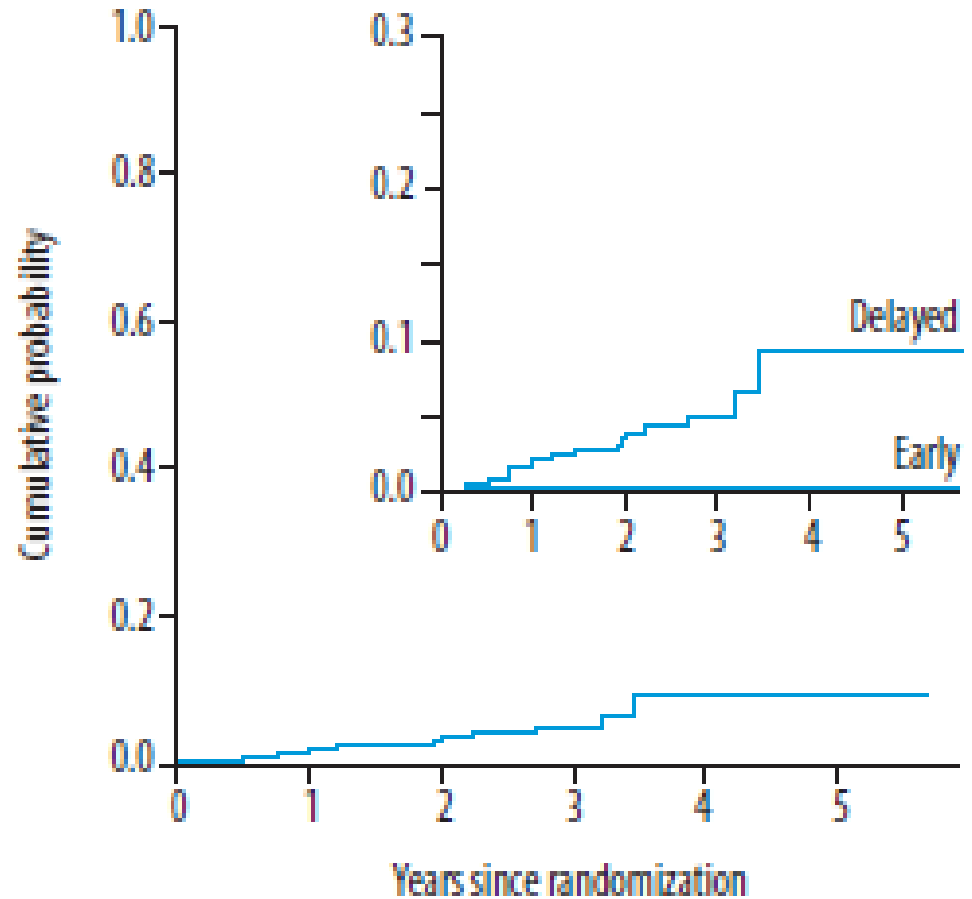
to universal health coverage



# Case study 1

## Antiretroviral therapy prevents HIV transmission

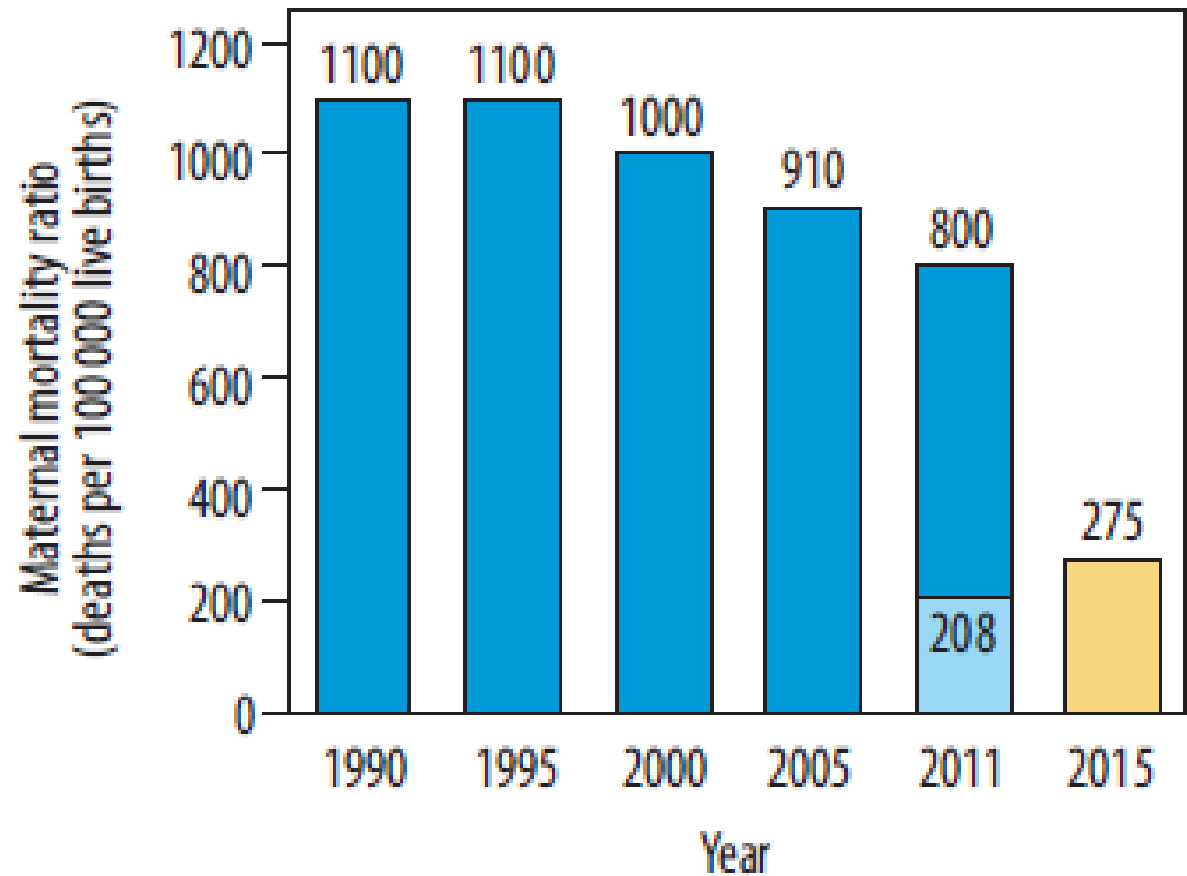
- 1763 HIV-discordant couples in 9 countries were enrolled in a randomized placebo-controlled trial.
- HIV-infected persons with CD4-counts of 350-550 cells/uL received ART immediately (early ART group) or after the CD4 count fell to  $\leq 250$  cells/uL or after the development of an AIDS-related illness.
- 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  $\approx 1$  cm among children up to 4 years old; decrease in the probability of being stunted, underweight or chronically malnourished.

# The World Health Report 2013

## Key messages

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.