

HIGH LEVEL MINISTERIAL MEETING ON HEALTH RESEARCH

OPENING OF THE TECHNICAL MEETING

15TH TO 16TH JUNE 2006

**KEYNOTE ADDRESS BY
THE MINISTER OF HEALTH**

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**Madam Chairperson,
Hon Ministers of Health
Representatives of Country and Regional Offices of the WHO
Representatives of other bilateral and Multilateral Organization
Distinguished Invited guests
Ladies and Gentlemen**

Over the last fifty years, achievements in science and technology have been phenomenal.

We continue to push the frontiers of outer and inner space and in the effort, we have unearthed many discoveries which have increased our knowledge of the environment, ourselves and the relationship between the two.

We have propounded several theories of why diseases occur and how to treat and avoid them. Indeed, we have the answers to many if not most of our health problems.

Consequently, life expectancy has gone up by over twenty years in many low income countries and on the average, infant mortality has reduced by about 50%.

We have eradicated small pox and we are on the verge of eradicating polio. Global population has increased by nearly two fold in the same period.

These developments can be attributed to the intensive research and development activities in the health sector, which has led

to the discovery of a large arsenal of drugs, technologies previously unthought-of and our ability to process large volumes of information in the decision making process.

Madam Chairperson, the paradox is that we also live in an era where the foundations of these gains are being threatened by factors both within and outside the health arena.

We are at a time in the history of mankind where our very existence is being threatened not only by diseases, but also by our own neglect of the knowledge we have accumulated over the years and of basic social and cultural norms.

Permettez-moi de me répéter. Nous vivons dans un temps de l'histoire où notre existence est en train d'être menacée non seulement par les maladies mais par notre propre négligence des connaissances que nous avons accumulées depuis des années.

The HIV/AIDs pandemic, the resurgence of Tuberculosis, the persistence of malaria and other debilitating diseases such as Guinea worm present mankind with challenges which can only be met by recognising that socio-economic and cultural factors are prime determinants of health and health care.

Unfortunately, as scientists we have and continue to place significant emphasis on finding scientific or laboratory solutions to our health problems expecting or rather hoping that the social systems will adapt.

Madam Chairperson, there is an increasing need for us as health policy formulators to recognise that people's ideas and practices concerning health and illness as well as social and cultural conditions leading to illness are critical in the design of health interventions.

We need to understand how diseases that afflict us originate in the context of people's living conditions and lifestyles.

We also need to understand how health problems are communicated in ways that are culturally prescribed, and how they are labelled and experienced in accordance with existing cultural concepts and belief systems. Natural sciences can only tell us what happens but delivering effective interventions requires much more.

Madam Chairperson, I have taken some time to raise these issues for a number of reasons. Firstly although this meeting is focusing on health research, the outcome is about how effectively we formulate policies that can help reduce the disease burden in developing countries.

To do this, health research must increasingly have a social and ethno-cultural outlook.

Indeed, health research must focus more on health promotion, prevention of diseases and protection from injuries by emphasising more on the adaptation of cultural norms in the fight against diseases.

If children are still dying of malaria, mothers are dying through childbirth and after 25 years HIV/AIDS is showing no sign of burning itself out, we in developing countries must definitely rethink our health policies.

This can only be done if we find the right balance between research and the design of appropriate interventions and how the majority of us live.

My second reason is that most of us now recognise the link between ill health, poverty and underdevelopment. Indeed, in our parts of the world being poor, being female and being adolescent are risk factors to a myriad of health problems ranging from sexually transmitted diseases to substance abuse.

In many instances these vulnerable groups have less knowledge, fewer resources and less power to defend or protect themselves yet many of our research activities are not tailored to answer these questions.

My third reason is the need for us to break the vicious circle of underestimation of the value of research for development, the worsening or shortage of resources for research and the persistence of problems of endemic diseases.

It is no longer sufficient to talk about building research capacity and research infrastructure without examining ways of ensuring sustainable funding and significant investment in bridging the gap between research and policy.

It is also important that the issue of coordination, ownership and relevance should begin to take centre stage in our deliberations.

In other words, we need to have our own independent means of validating the research findings published by the international community and influence their focus to address local health concerns as well.

Madam Chairperson, promotion of research in traditional and alternate medicine is necessary, indispensable and above all has the potential to provide practical efficient and low cost solutions to many endemic diseases.

Unfortunately this is an area where most developing countries have left underdeveloped and remains shrouded in mysticism.

The best legacy we can leave for our children is to start a radical revival of this branch of medicine with an infusion of the scientific knowledge we have accumulated over the years.

The question we should ask is why indigenous techniques and processes practiced over many years have been left dormant or indeed left under studied.

Some of us believe that our understanding of traditional and alternate medicine in our parts of the world stems out of the limited investments in research in this direction.

There are many health challenges before us. We need to be broadminded in our approach and diversify our interventions.

Our success in the research and development of traditional medicine will probably be the best contribution the health sector can make to the economic development of the developing world.

Madam Chairperson, apart from diseases afflicting individuals and population, we also have deficiencies in the health systems which receive little or no attention from international and local research institutions.

These areas include infection control in our health facilities, integration of health information systems and improving efficiency in the utilization of resources available in the public and private health sector. This underscores the need for us to start focusing on research that improves the functioning of the health system as a whole.

Let me be quick to add that there have been some very good initiatives in this direction.

The Community Based Health Planning and Services, which is now a major strategy for improving access to basic health services in Ghana was the result of one such research.

There may be many more but the fact still remains that judging from the magnitude of the problem this is still an under resourced area.

Madam Chairperson, we also need to demonstrate the results of our actions or inactions when it comes to the burden of diseases we carry.

How much does it cost us as developing countries to manage diseases such as malaria and other endemic health problems?

The fact is that we talk about estimates and indeed estimates that are done outside the actual environment in which the diseases are experienced. The long and short of it is that we do not have a clear knowledge of the economic burden of the diseases we are handling.

This is an area for intense research in the short term because if we have to make a case as developing countries and review our policies towards disease management, prevention and health promotion we must do this on a cost- benefit basis.

It is only after engaging in such an exercise that we can see more clearly the correlation between health and wealth creation.

In other words, such a research should point on one hand, the savings to be made from the reduction in treating preventable and avoidable diseases, and on the other hand, the wealth to be created from the high productivity of a healthier populace.

We also have to reorganize ourselves in the efforts to ensuring that the right focus is achieved on the international research arena.

It is not enough to accept research results, conclusions and recommendations done on our behalf. What we must realize is that some of such results, conclusions and recommendations are not based on real local scenarios.

That is to say that many of the confounding factors within our local environments are usually not taken into consideration.

Let me give an example. The HIV/AIDS pandemic is being fought through the ABC campaign i.e. abstinence, faithfulness to one's partner and condom use. As we speak, there is no substantive evidence that this strategy has led to behavioral change. Yet, we have not done any research into why this is so.

Perhaps the reason for the low acceptance of condom use may have its roots in our socio-cultural values which may be

addressed by fashioning localized strategies based on those values. That is the only way we can develop and implement effective interventions.

Madam Chairperson, this technical session precedes the High Level Meeting of Ministers of Health from countries in Africa, Asia, the Middle East and South America.

What you are expected to produce at the end of the technical session will be tabled at the meeting to represent our position as developing countries on the global health research agenda.

It should not only be a set of resolutions but also a call for action in seeking a new impetus for the control of diseases that afflict us most and a call to fast track our efforts at meeting the Millennium Development Goals.

Au lieu d'une simple résolution, nous appelons à une concrétisation. Nous avons besoin de présenter au monde une position qui nous conduira rapidement vers le MDG.

We also have a rare opportunity to input significantly into shaping strategy and vision of the Special Programme for Research and Training in Tropical Diseases which is holding its 29th annual meeting here next week.

What we should then aim at is to present to the Joint Coordinating Board a position that they can and should buy

into. I have no doubt at all, looking at the array of experts gathered here that this objective will be achieved.

Madam Chairperson, Ladies and Gentlemen; if we are to move from our present socio-economic status as developing countries we should seriously work on improving the health of our people and we can only do that if we place a high premium on research.

Because at the core of knowledge lies good research.

The challenge for you over the next two days is to articulate the issues clearly and frankly and ensure that it can be owned by all.

Thank you.