

## Editorial: European Union's research policy: a moving target?

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Last year, a malaria epidemic claimed an estimated 300,000 deaths in Burundi. Preliminary investigations show high resistance to chloroquine and sulphadoxine/pyrimethamine (Roll Back Malaria 2001). Malaria drug policy has become a major issue for Ministries of Health in developing countries, as there are few alternatives to the cheap and commonly used but increasingly ineffective first-line drugs. The lack of affordable, effective and safe drugs and the spread of drug resistance are amongst the most important constraints not only for effective malaria control but also for leishmaniasis, sleeping sickness and helminthiasis control. Whereas the increasing bacterial resistance to antibiotics has triggered global surveillance and drug development efforts, the same does not apply to tropical parasitic diseases. Drug development for these diseases has been foregone both by market forces and international funding agencies, mostly because such drugs do not guarantee return on the initial investment. This is why tropical parasitic infections have earned the label 'neglected diseases' (Trouiller *et al.* 2001).

The Institute of Tropical Medicine and Médecins sans Frontières co-organized an international colloquium on 'Parasites, resistance and access to drugs' in Antwerp, on 4–6 December 2000. The aim of this meeting was to examine the impact of the evolving parasite drug resistance on human health. One hundred and seventy-nine scientists and health professionals both from the North and the South reviewed the available evidence and discussed how research in this neglected domain could be encouraged. This supplement issue of Tropical Medicine and International Health gives an overview of the scientific contributions. The more political conclusions drawn from the debate have been communicated to the European Commissioner for Research, Mr P. Busquin. The main recommendations of the meeting in the field of R & D were to develop an international legal framework; to define a need (priority)-driven R & D agenda; to give the mandate for R & D in neglected diseases to a not-for-profit international entity; and to strengthen drug R & D and drug-regulatory agencies in developing countries (D'Alessandro *et al.* 2001).

In his reply, the Commissioner referred to EU's action programme on the major communicable diseases linked to poverty adopted on 21 February 2001, which gives particular importance to malaria research. Furthermore he stated that the EU was negotiating new research contracts on the order of 9 million Euro on new compounds against malaria, leishmaniasis and sleeping sickness (Busquin 2001). Can we thus sit back, browse quickly through this TMIH supplement and shelve it 'for future reference'? We believe that it is too early to celebrate victory, notwithstanding recent breakthroughs in access to drugs, such as renewed production of eflornithine and other sleeping sickness drugs (Gastellu Etchegorry *et al.* 2001).

First and foremost, eflornithine should be accessible to the patients who need it. There is a tremendous deficit in health care services in many developing countries, and the areas hit by sleeping sickness or leishmaniasis are often the worst off. Securing access to health care for patients in developing countries will indeed be the main challenge in the coming decades (Anonymous 2001). However, since the World Health Assembly (WHA) through the Alma Ata declaration (WHA 1978) identified essential drugs as one of the eight pillars of primary health care, nobody will contest that drugs are a key element.

In our opinion drug research and development for parasitic diseases is a public responsibility. The pharmaceutical industry is profit-driven, and there is no reason to expect it will invest in neglected diseases of developing countries. Publicly funded research has always played a major role in drug innovation, but unless it becomes a political priority, there will be no spontaneous shift in public resource allocation to R & D in tropical diseases. Priorities for publicly funded research are and will continue to be set in a 'territorial' way. The richest countries of our planet have long understood that research and innovation are a core condition for their economic growth. The allocation of public research funds is made on the basis of the strategic importance of research themes to their economies, strong competition between centres of excellence, market prospects and publicly perceived needs.

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Therefore, the future share of worldwide R & D allocated to diseases affecting 90% of the world's population will depend to a large extent on how strongly the 'people' of the richest countries and their representatives voice concern over issues such as high mortality caused by sleeping sickness in Uganda. The research priorities currently identified by the EU commission for the 6th Framework Programme of the Directorate-General for Research (2002–2006) are genomics and biotechnology for health, information society technologies, nanotechnologies, aeronautics and space, food safety and health risks, sustainable development and global change, and citizens and governance in European societies (EU 2001). Although research on malaria, TB and AIDS will be generously supported, the INCO-DEV programme that specifically addressed research needs of developing countries will disappear. Will this future EU research policy make a difference for R & D on neglected tropical diseases? Is this about the right time to cut funding for health systems research in developing countries? At the time of writing, the commission's proposal is submitted for debate to the European Parliament. One might wonder what political importance will be given to solidarity with the public health needs of populations in developing countries. It may well depend on your voice.

## References

- Anonymous (2001) A global health fund: heeding Koch's caution. *Lancet* 358, 1 (editorial).
- Busquin P (2001) Reply by Philippe Busquin, Commissioner for Research, DG XII, European Commission, April 18, 2001. <http://www.itg.be/colloq2000>. Accessed on 16/07/01.
- D'Alessandro U, Boelaert M, Matthys F & Henkens M (2001) Letter to Philippe Busquin, Commissioner for Research, DG XII, European Commission, March 15, 2001. <http://www.itg.be/colloq2000>. Accessed on 16/07/01.
- European Commission (2001) *Research Programmes: New Framework Programmes 2002–2006*. <http://www.europa.eu.int/comm/research>. Accessed on 16/07/01.
- Gastellu Etchegorry M, Helenport JP, Pecoul B, Jannin J & Legros D (2001) Availability and affordability of treatment for Human African Trypanosomiasis. *Tropical Medicine and International Health* 6, 957–959.
- Roll Back Malaria (2001) *Burundi to Try Different Drugs in Fight Against Malaria*. <http://mosquito.who.int>. Accessed on 16/07/01.
- Trouiller P, Torreele E, Olliaro P *et al.* (2001) Drugs for neglected diseases: a failure of the market and a public health failure? *Tropical Medicine and International Health* 6, 945–951.
- World Health Assembly (1978) *Declaration of Alma Ata*. WHO, Geneva.