

COMMUNITY SECURITIZING MEDICAL RESEARCH AND DEVELOPMENT

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Category: [Opinion](#)

Public health delivery is a public good. But it is often an overlooked and underappreciated area in the greater part of the globe and particularly in the developing south. But alarmingly underfunded is the medical research across the greater part of even those countries which have a significant presence in the public sector health services delivery. As much as we may despise statistics, according to the WHO, the world's medical expenditure (2017) stands at US\$ 7.8 trillion. The countries spending the most on health care today allocate between 3% and 14% of their total gross domestic product (GDP) on health care costs. Now, at a sharp contrast, public funding for global health research and development (R&D) stood at US\$2.3 billion in 2017, according to Policy Cures Research's G-FINDER report . To make matters worse, public funding for global health R&D is heavily concentrated amidst a few donors only. In 2017, the US provided two-thirds of all public funding, US\$1.6 billion, in public sector R&D in the medical sector. The second-largest donor was the UK (US\$186 million, 8% of all funding), followed by EU institutions (US\$119 million, 5%); for the second year in a row, India was the fourth-largest donor (US\$76 million, 3%), and was followed by Germany (US\$65 million, 3%).

The OECD's STAN Database reveals the following additional information:

Year	Australia US Dollar, Millions	Canada US Dollar, Millions	France US Dollar, Millions	Germany US Dollar, Millions	Italy US Dollar, Millions	Japan US Dollar, Millions	Spain US Dollar, Millions	Sweden US Dollar, Millions	United Kingdom US Dollar, Millions	United States US Dollar, Millions
2000	209	517	792	616	633	823	289	23	1,352	18,766
2001	255	706	926	729	727	902	130	15	1,467	21,741
2002	291	856	997	754	..	964	486	15	1,535	24,754
2003	360	943	926	810	..	1,032	569	23	1,670	27,335
2004	365	966	942	837	..	1,040	744	24	1,784	29,346
2005	575	1,084	1,068	853	1,108	1,076	759	24	1,777	29,871
2006	792	1,142	971	934	1,135	1,133	1,301	31	2,001	29,702
2007	573	1,337	1,053	1,052	1,678	1,178	1,518	18	2,071	31,080
2008	675	1,336	1,091	1,045	1,565	1,250	1,369	18	2,326	31,054
2009	681	1,429	1,282	1,236	1,311	1,246	1,357	30	2,569	43,926
2010	794	1,469	1,359	1,241	1,287	1,466	1,545	60	2,708	34,206
2011	853	1,355	1,357	1,386	1,271	1,480	1,478	45	2,731	33,536
2012	726	1,408	1,333	1,608	1,216	1,663	943	45	2,689	33,924
2013	839	1,361	1,403	1,644	1,105	1,698	1,307	64	3,180	32,454
2014	837	..	1,352	1,751	1,060	1,669	1,284	63	3,260	33,451
2015	830	..	1,267	1,791	1,108	1,095	1,308	77	3,438	33,443
2016	888	..	1,223	1,850	..	1,437	..	..	..	35,716
2017	808	..	..	1,926	..	1,445	1,189	88	..	36,304

To give a perspective comparison, according to new data from the Stockholm International Peace Research Institute (SIPRI), the total global military expenditure rose to \$1917 billion in 2019. The total for 2019 represents an increase of 3.6 per cent from 2018 and the largest annual growth in spending since 2010. The five largest spenders in 2019 accounted for 62 per cent of expenditure. This is the first time that two Asian states have featured among the top three military spenders. Global military spending in 2019 represented 2.2 per cent of the global gross domestic product (GDP), which equates to approximately \$249 per person.

The average military spending burden was 1.4 per cent of GDP for countries in the Americas, 1.6 per

cent for Africa, 1.7 per cent for Asia and Oceania and for Europe and 4.5 per cent for the Middle East (in countries for which data is available).

Now, the above information, two different sets, are there for information only. It appears that over the years, national governments were more prone to have a greater propensity to allocate more resources to various intractable commitments of public resources than to invest in public health research. There are valid and reasonable public sector priorities which underwrite the prioritization of the public sector initiative in various endeavours. But COVID19 has exposed deep vulnerabilities across the globe in matters related to both governance and security. Maintenance of public order and even continuing with the run-of-the-mill business as usual have been insurmountable challenges for even the most advanced administrations and state machineries – calling forth for a new intensity in introspection. To reorient resources into finding solutions which are both robust and resilient and can regenerate under conditions of duress.

But national governments cannot do everything alone. A major segment in this effort must be the NGOs. The NGOs and charitable organizations market expected to reach a value of nearly \$385 billion by 2022, significantly growing at a growth rate of around 8% during the forecast period. The growth in the NGOs and charitable organizations market is due to rise in crowd funding. The term "non-governmental organization" was created in Article 71 of the Charter of the United Nations in 1945. An NGO can be any kind of organization provided that it is independent from government influence and is not-for-profit. There are an estimated 10 million non-governmental organizations (NGOs) worldwide - with major players include Wikimedia, BRAC, Acumen Fund, Cure Violence and Medecins Sans Frontiers. If NGOs were a country, they would have the 5th largest economy in the world. Nearly one in three (31.5%) people worldwide donated to charity in 2015 and one in four (24%) volunteered. Probably because of the community participation, Eighty percent of global citizens agree that nongovernmental organizations (NGOs) make it easy to be involved in positive social change.

But where do the NGOs fit in in the global scenario for health research and development? What is the priority for the individuals and communities that they serve? These are valid questions and queries that any individual could have, and these are also areas which warrant immediate attention from the NGO sector – as it purportedly serves the communities and champions their causes. Is it possible for the NGOs to commit themselves in creating a robust global R&D structure in medical research? Particularly at a time when massive access to hitherto unimaginable information resources and simulations are accessible on the fingertip? Is it possible to create interconnected networks of laboratories basically surviving on the fringes of the human existence in the fields of knowledge? Are they not valid expectations for the individual too?

What if we can think of creating pools of both researchers and funds for research through the NGO

sector and equitize such pools with private individual underwritings at a nominal price and also create a risk buffering mechanism? Can the NGO sector take the lead in creating funding arrangements which would ensure that the private individual can subscribe to valid research initiatives and research data into health research particularly in cases of epidemics or pandemics? Can the NGO sector tend to the safety net needs for highly infectious and deadly diseases? Often it is far easier for the NGOs to reach the remotest of regions before the public sector recourses can be mobilized for action.

What if we devise instruments which the individuals and the communities can subscribe and then those instruments could be underwritten by the public sector bodies responsible? Probably, that would give both the fluidity and the velocity that an augmented recourse to any current or future epidemic or pandemic that any nation or any country would face anywhere in the world.

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<https://www.policycuresresearch.org/g-finder>

The OECD Structural Analysis (STAN) database defines total expenditure on health as the sum of expenditure on activities that – through application of medical, paramedical and nursing knowledge and technology – has goals of: promoting health and preventing disease, curing illness and reducing premature mortality, caring for persons affected by chronic illness who require nursing care, caring for persons with health-related impairments, disability and handicaps who require nursing care, assisting patients to die with dignity, providing and administering public health, providing and administering health programmes, health insurance and other funding arrangements.

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