



**International
Diabetes
Federation**



**International
Federation of
Surgical Colleges**



Constituency Statement on Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property

74th World Health Assembly (Agenda item 13.4)

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The International Diabetes Federation (IDF), the International Federation of Surgical Colleges (IFSC), and the World Organization of Family Doctors (WONCA) welcome the report on global strategy and plan of action on public health, innovation, and intellectual property. This coalition especially appreciates the recommendations to address research and innovation difficulties in low and middle-income countries (LMICs).

We believe that LMICs are rich in global health research opportunities, and they have the human potential to do such research themselves.

Rich countries support junior researchers to do short research projects in poor communities, which usually just skim the surface of what the real public health issues are. The intellectual property of the research remains with the rich country institution, with LMIC health care workers sometimes not even being recognized at all.

We assert that primary health care (PHC) has been embracing the principle of co-design, whereby research is conducted by and for, not on key stakeholders and end-users. Yet, there is also a relative paucity of PHC research in LMIC. Family medicine and other primary care training programmes are often in the early stages of development, academics in the field have yet to reach 'critical mass', and the workload demand on clinicians allows little time to also engage in research. The research capacity in an LMIC is further depleted by the 'brain-drain' and the lack of research funding.

We call on the WHO to support member countries in LMICs to own their own research data by supporting systems that actively stop the flow of research data from poor countries to rich countries. Researchers in LMICs should lead the project, sometimes with support from high-income country (HIC) colleagues. Innovations like the College of Surgeons for East, Central and Southern Africa ([COSECSA](#)), [AfroPHC](#), or the [African Research Collaborative](#) recently put in place.

Our recommendations are:

- First, ensure ownership and utilisation of findings by end-users by promoting embedding research as an integrated and systematic part of decision-making and implementation, which enables a country's policy-makers, researchers, and communities to work together to collaborate on research projects, ensuing the principles of co-design and co-production.

- Second, waive author publication fees for peer-reviewed publications, if the lead author is from an LMIC, so the research is freely available to those to whom the research pertains.
- Third, promote ring-fenced health research funding for primary care research in LMIC to ensure that community-based participatory primary care research does not compete with lab-based medical research for funding.
- Fourth, promote dedicated funded time for local primary care clinicians and teachers, and practice-based research networks.
- Finally, embrace innovative methods in research methodology teaching for young researchers in LMICs.

We appreciate the opportunity to present this statement and call on the WHO and member states to help decolonize health research and property rights.