

Reasons to Suspect THAT Public Research in Public Health Has Been Subdued By Private Interests^a

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Background: Research practices contribute to the dominance of vertical strategies and limit the success of evidence based policymaking for strengthening health systems e.g. because competition for funds and international recognition appear to push health researchers toward vertical initiative.¹ They shouldn't have neglected access to multifunction health care (family medicine and hospital care) as a research priority since the vast majority of premature deaths is related to conditions amenable to medical care, some authors² attributing up to 30 years life expectancy gains attributable to preventive and curative health services in the USA during the 20th century.³

In overlooking access to multifunction care, the bulk of public health research workers followed the paradigm international health policies. Since in 1993⁴ the World Bank dismissed access to general care in LMIC as an objective, (inter)national policies ignored it during 15 years -although their alleged cost was an invalid argument to deny it⁵ At the end of the nineties, United Nations (UN) agencies started promoting community insurances, as a substitute for ailing public financing of private providers and an alleged regulator⁵⁻⁷ After having promoted universal access to a limited number of health programs (defined by the MDGs), the UN made a U turn and launched an all-out campaign for care free at the point of delivery⁹ – as they began promoting public private mixes in health care financing^b - at the side of health care commoditization.

The economic and fiscal stakes of health policies are simply huge: in 2007, the total expenditure on health as a proportion of GDP was 8.8 % in the European Region against 15.7 % in the USA¹⁰. Given the size of this market-to-be, policy decisions are issues of fierce legal, financial and regulatory tactics, political influence and distortion of science.¹¹

Which is the political economy of academic orientations underpinning these individual researchers' preferences?

Method: We performed a review of both scientific and grey literature.

Results: Since 1953 US law permits companies to donate money to causes from which they do not directly make profit. Indirectly, however, companies use their donations to influence management of their endowments and grant making decisions.

With assets of 10 billion USD and annual donations of 2.5 billion, the 2733 corporate foundations (2009)^b have the means to align public research to the best of their interest, as they are legally bound to maximize shareholders profits. The operating budget of the Bill and Melinda Gates Foundation has exceeds WHO funds¹². Meanwhile, governments reduced their funding of public universities. An increasing share of public research thus became privately funded, often exceeding public financing of the same by more than 50 %¹³

Public universities developed several mechanisms leading their scientists to abide by private interests. Critical academics were barred or dismissed from universities¹⁴. Career and access to institutional resources became conditioned on the importance of grants attracted by researchers-that is on the extent to which their research accords with the charity foundations' agendas - and on publishing, which is measured by bibliometric indicators^c. High impact biomedical journals are often owned by shareholders investing in health care delivery, pharmaceuticals and health financing. They orient publications and thus research by selecting issues, authors, reviewers and methodologies—the latter being also influenced by those who pay for the studies¹⁵ A conflict of interest thus exists since these journals increasingly mix health policy papers with biomedical ones. Professional associations also own scientific journals, with the same effect: if self-regulation has been questioned on the ground of self-serving interests^{16,17} these journals are likely to orient publications on policies as well. Furthermore, ethical committees have shown expanded their mandate towards censorship of research protocols with a human sciences component.¹⁸

Conclusions: Conflicts of interest in public health research financed by charity foundations controlled by corporate manufacturers of food, tobacco and pharmaceutical goods have been shown to be paramount **Hata! Yer şareti tanımlanmamış**. Similar conflicts in Health Systems Research and Education do exist.

In public universities, private foundations often funded research into marketable devices (e.g. drugs, vaccines, and diagnostics)^c and participation in 'global health initiatives'-public-private partnerships intended to control diseases and to open outlets for products. Their interests span from jobs to capital return and from trade to consultancy.

With funding, private foundations oriented topic selection in public research, disseminating pro-market messages in public universities, publishing papers, making presentations at scientific meetings, hosting conferences and workshops and paying scientists as spokespersons¹⁹ and

by specializing research teams. There are thus reasons to suspect that private funds oriented publicly led *health systems research* to the best of their interest. As a consequence, this latter neglected the medical/health care delivery function of health systems, while elaborating disease control programs and the related managed care.

Keywords: Research in public health, vertical strategies, competition, private foundation.

Footnotes:

^a Some of the arguments presented here are developed in a paper submitted to *Health, Culture and Society*: "The production of critical theories in health systems research and education. An epistemological approach to emancipating public research and education from private interests"

^b Notice that evaluators are rarely compelled to make explicit qualitative comments on a paper in the context of an academic's assessment.

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