## From Chairman's Desk

World Health Organization's Top Ten Priority Areas for Pharmaceutical Research include Acute stroke, HIV/AIDS, Neglected tropical diseases (include, but are not limited to, trypanosomiasis (sleeping sickness), Buruli ulcer, leishmaniasis, and Chagas disease), Diabetes (types 1 & 2), Cancer, Tuberculosis, Cardiovascular disease, Pandemic influenza, Infections caused by antibacterial resistance, Malaria etc. In addition to the latest burden of disease data, criteria of social justice, social solidarity, and equity amongst special patient groups (the elderly, children, and women) have also been taken into account in assigning priority status. History of



medical research is very vast. The growth has been consistent and in phases absolutely guided by commercial viability and augmenting therapeutic demands rather a balance between the two. Molecular level understanding of disease etiology, drug molecules, the biochemical functions and establishing quantitative relationship between them broadly enlarged research arena in pharmaceuticals. However, corporate priorities still dominate and determine fate of new molecules. Drug development data reveal that of the 1,325 new medicines launched between 1975 and 1997, only 11 were developed specifically for tropical diseases. This statistics in itself is alarming and underlines the role of academic research in drug to give more importance to neglected segment.

Moreover, WHO has also taken special initiative to identify new priorities so that researchers get proper guidance about practical utility of their research project? After consultations with global experts, the World Health Organization has identified priorities for research, the first of which is childhood diarrhea. Nearly two million children die from diarrhea every year and if this is not addressed urgently, the countries will fail to achieve the fourth Millennium Development Goal target, which is to reduce child deaths by two-thirds by 2015.

It is observed that research into childhood diarrhea has been steadily decreasing since the 1980s and funds available for research in this area are less than those for other diseases that cause fewer deaths. Linking research with quantum of mortality inflicted, is important and such areas need more attention in terms of funding so that projects can be undertaken enthusiastically and research outcomes can be directly utilized clinically. This improves the social image of both the funding agencies and researcher community/institutions.

WHO is also soliciting new ideas for funding sources to stimulate R&D on diseases predominantly afflicting the developing world? Pharmaceutical researchers must utilize the opportunity while drafting research projects for funding by consulting WHO latest thinking on the issue and thus derive global attention to their research work.

Prof. Suresh Nagpal