Strengthening research capacity and ensuring sustainable funding for neglected diseases

The Role of Donors

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DNDi Stakeholders meeting, 23 June 2009

Outline

1. Encouraging R&D innovation
2. Strengthening research capacity and the research uptake environment
3. Encouraging funder harmonization and sharing knowledge
1. DFID, R&D and Innovation

- DFID’s mission: reduce poverty
- Research and innovation are crucial to development and economic growth
  - viewed as an investment both for health and for human development
- Investment in R&D is one part of an overall strategy for improving access to medicines for neglected diseases

**Bottlenecks in discovery, delivery and access**

- Low commercial incentives
- Limited product development expertise in public sector
- Limited R&D/trial capacity in developing countries
- Limited donor and Dev Country expertise in private sector

- Poor demand data
- IP challenges
- Limited technical capacity for some products
- Regulatory

- Weak logistics, infrastructure and information
- Poor coverage
- Leakage
- Mark-ups
- Inefficiencies

- Unclear pathways for first launch in DCs
- Multiple approvals and registration (little harmonisation)
- Standards for new classes
- Very limited capacity at country level – approval, quality, pharmacovigilence

- Limited and/or unpredictable financing
- Multiple channels
- Poor use of pricing info
- Non-transparent
- Poor demand forecasting

- Affordability/ lack of social financing
- Limited access
- Social barriers
- Poor information
- Low health literacy
- Poor adherence
- No utilisation data

- Limited HR (MDs and pharmacists)
- Informal sector
- Limited regulation
- Unethical promotion
- Poor practice

- Limited coverage
- Poor supply chain
- Logistics
- Poor adherence
- No utilisation data
Where can we intervene?

- **Innovation**: ‘Push’ Investment: PDPs
- **Enabling Environment**: Improve Regulatory Paths and Capacity strengthening
- **Health Systems**: Industry Good Practice

**DFID Push - PDPs**

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<tr>
<th>Donor Challenge</th>
<th>PDP Model</th>
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<tr>
<td>Limited Technical Capacity</td>
<td>Expertise - science and industry</td>
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<tr>
<td>Picking ‘winners’</td>
<td>Portfolio Management</td>
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<td>Unfamiliar Partners</td>
<td>Partner Management</td>
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<td>Encouraging efficiency</td>
<td>Target profiles</td>
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<td>Politics</td>
<td>Advocacy &amp; country engagement</td>
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<td>Impact = Uptake</td>
<td>Explicit access focus</td>
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<td>Strategic Coordination</td>
<td>Business Cases</td>
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<td>Donor management</td>
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**DFID**

Department for International Development
DFID Push - PDPs

- First government donor to PDPs
  - IAVI (1997)
- Currently fund 5 PDPs ~£25m p.a
  - IAVI, MMV, IPM, TB Drug Alliance & DNDi
- Increase commitment over 5ys
  - Renewal of existing PDP funding
  - Expand portfolio (currently considering proposals)
- DNDi funding: £18m (2008-13)

2. Research Capacity strengthening

- Capability to use and to do research are closely linked
- Need to focus on improving research capability by supporting environments that encourage people to use research
- Improve researchers skills, as well as their access to research information and resources
- DFID will pay more attention to capacity development
- Aim to strengthen African research organisations by supporting regional organisations and research initiatives
Health Research Capacity Strengthening Initiative

• Joint initiative with Wellcome Trust and Canada’s IDRC in Kenya and Malawi (total funding-£21 million)
• Aims to:
  • strengthen capacity for generation of health research knowledge
  • improve its use in evidence-based decision making, policy formulation and implementation
• Main activities
  • support and train promising individual scientists
  • strengthen key academic research and policy-making institutions
  • facilitate collaborative engagement of national representatives
  • improve regulation and co-ordination of the national research environment

HRCS in Kenya

• Led by the newly created National Consortium for Health Research (CNHR)
• International NGO which brings together key players in health research in Kenya
• Will address:
  ➢ research co-ordination,
  ➢ prioritization of research activities,
  ➢ training and leadership
  ➢ institutional support,
  ➢ strengthening the legislative environment
  ➢ sharing knowledge
HRCS – Current activities

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<th>Internship grants</th>
<th>Research Leadership Grants</th>
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<td>• Call early 2009</td>
<td>• Call in April 2009</td>
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<td>• First group of interns: Jan – Jul 2009</td>
<td>• Targets research leaders working in national teaching and research institutions</td>
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<td>• Commitment to mentorship and training</td>
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<td>• Focus on national research priorities (MDGs 4,5 and 6)</td>
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<td>• up to Ksh34M for up to 3 yrs</td>
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<td>• Awards to be made in July 2009</td>
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Find out more at http://cnhrkenya.org/

3. Funder harmonization

- Aim should be to build on partnerships with all kinds of international research funders
- Ensure that funding fits with regional priorities and initiatives
- PDPs allow funders to work together to fund more diverse research projects
- DFID current chair of the PDP funders coordination group
  - Aim is to share information, esp on PDP metrics, evaluation and funding plans
- ESSENCE funders group for capacity strengthening (pilot in Tanzania)
Sharing knowledge

Find out more about DFID research at http://www.research4development.info

The role of the donor

- Provide support across the R&D and access to medicines pathway (including strengthening health systems)
- Create an enabling environment for scientists in disease endemic countries to do and use research
- Harmonize activities with other funders, and align with country priorities