# Turning knowledge into health benefits for the poor

**Article by Alastair Ager**[1]

Developing new knowledge through research has an increasingly central place within the UK Department for International Development's (DFID) work towards the goal of poverty elimination.[2] But does an increasing pool of global knowledge inevitably bring benefits to the world's poor? DFID strategy sees an increasing level of investment in research – up to around US$80 million in the health field in the current year – but also increased attention to the manner in which research effort is focused.

There are three key issues that have shaped DFID policy in promoting research effort for maximum impact on health equity and poverty: funding mechanisms; links to policy and practice; and capacity development. Each of these areas' structures can work to either strengthen or weaken the impact of new knowledge on the health of the poor. How can we make sure that the new knowledge we gain is of maximum benefit to the poor?

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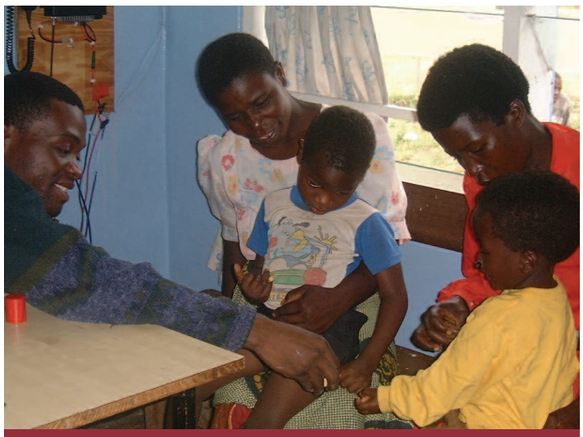
## Funding mechanisms

It is clear that funding mechanisms shape research agendas, and research agendas determine the focus of new knowledge. If we are concerned to ensure that knowledge is maximally relevant to the needs of the poor we need to examine the appropriateness of funding mechanisms for this purpose. In recent years there has been increased recognition, for instance, that market mechanisms alone are insufficient to enable the development of essential medicines for poor people. It was recently estimated that less than 1% of global health research funding is directed at developing new interventions for diseases predominantly impacting on the poor.[3] DFID, as a development agency with a commitment to science as a key tool for poverty elimination, has thus seen this area as a key focus for investment.

Product Development Public-Private-Partnerships (PD PPPs) are mechanisms that bring together public and private sector expertise and finance to develop effective health interventions that are accessible to the poor. They are focused in translating discoveries of basic science into the development of new products, and making these accessible in the situations where they are needed. The management of such a 'product pipeline' requires deep engagement with scientific innovation, commercial and clinical skills in managing a 'portfolio' of potential products, and close working with the wide range of stakeholders (including clinical trial sites, regulatory bodies, manufacturers and distribution channels) required to get an effective product into the field. This wide participation of stakeholders – generally with a significant representation from developing country scientists, governments and NGOs – potentially provides a channel for funding that ensures access both to the best of global science and to individuals and institutions within countries most significantly impacted by the relevant disease. DFID – along with other funders in this area – is currently engaged in analysis of the approach of different PPPs, seeking to identify the best means of approaching the above 'ideal' of integrating scientific rigour, commercial acumen and 'pro-poor' impact.

The impact on the poor of new knowledge in this area is potentially immense. As part of its overall commitment to address AIDS, DFID has to date committed investment of over $100 million in research into new preventive technologies regarding HIV inflection, including work on vaccines and microbicides. Studies have estimated the

Picture 1: New health knowledge can bring great benefits to the poor



Picture 2: Linking research into policy and practice is crucial

impact of introducing a microbicide of 60% efficacy could prevent nearly one million HIV infections per year if used consistently. As well as being an intervention very much under the control of women, microbicides are relatively easy to use and are thus an accessible technology for most potential users.

Another major example of DFID seeking to structure research funding in a manner that maximizes potential benefit to the poor is the 'untying' of DFID research funding. 'Untying' is the process of procuring services on the basis of the maximum benefit to the beneficiary, rather than with respect to the interests of the supplier. DFID has sought to lead the way in 'untying' of aid monies, such that contracts are only awarded to British companies when the goods and services supplied by them (be they vehicles, equipment or whatever) are clearly the 'best deal' for the beneficiary.

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Picture 3: Building sustainable research capacity is a key goal for Africa

Similarly, calls for DFID bilateral research funds are now open to institutions from throughout the world. The excellence of proposed work, and its potential impact on the lives of the poor in the developing world, are the key criteria. For example, funds have recently been granted to the University of Cape Town – in competition with applications from throughout the world – to lead an innovative research programme consortium examining interventions for promoting community mental health. Given the excellence of British science, significant funds are still allocated to British research institutions. However, in most cases this is on the basis of demonstrably strong partnership with institutions within the developing world. The centrality of research institutions from the South in taking forward the health research agenda of the South is critical in ensuring the ultimate impact of research on the health of poor people in the South.

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## Links to policy and practice

DFID has become increasingly aware that the traditional model of research dissemination (principally through publication in peer review journals) has failed to have significant and sustained impact on policy and practice. In a recent review of health research programmes funded by DFID, wide variation in the effectiveness of researchers in demonstrating clear impact of their work on policy and practice was noted. Those demonstrating greatest influence were marked by: a strategic approach to communication and influence; a direct engagement with policy-makers; and a preparedness to 'translate' research findings into a form that could be utilized by policy-makers and practitioners.

As a result, DFID now encourages a very purposive strategy of policy influence for the work it funds with, from this year, 10% of funding for research programme consortia now expected to be directed to specific communication activity. DFID has employed communication 'specialists'

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with the principle goal of communicating the key findings of commissioned research to relevant users. This involves support ranging from electronic access to journals for developing world academics, through the commissioning of abstracting services accessible by policy-makers, to the production of a 'radio soap opera' communicating key health messages to communities in Africa.

The Regional East African Community Health (REACH) Policy initiative[4] is an example of an initiative that addresses the local demand for research as well as its effective supply. The Ministries of Health in Kenya, Uganda and Tanzania have come together to propose a mechanism for the synthesis and communication of health research conducted within these countries to inform the development of evidence-based health policy in the region. Such structures – very much reflecting the thinking of the Ministerial Summit on Health Research in Mexico in 2004 – offer a very promising strategy to maximize the impact of new knowledge on the health of poor people.

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## Capacity development

Both of the above issues point to the centrality of capacity development in seeking to ensure that knowledge gain brings direct benefits to the poor. As we come to see health research as a key part of the wider agenda of development for countries of the South, we must acknowledge that the means of production of new knowledge is key in determining its ultimate impact on the poor. In these terms, capacity development may still occasionally involve such means as making doctoral training opportunities available in 'northern' institutions, but in general, and far more fundamentally, it will focus on the establishment of strong research institutions to drive knowledge development in the South. The vision for the future must be North:South (and South:South) institutional relationships based on the genuine reciprocity of interest and expertise that has characterized North:North institutional links for decades.

For this vision to become a reality, however, there is clear need for sustained investment. The 10/90 gap of research investment in health problems of the developing world, is commonly mirrored by a 10/90 imbalance in the South-North distribution of relevant scientific expertise. It is for such reasons that the Commission for Africa has called for investment in Centres of Excellence that become African regional hubs of research and development of genuinely global significance.[5]

It is also the basis of planned investment by DFID – in collaboration with the Wellcome Trust – in research capacity strengthening initiatives in Kenya and Malawi. Building upon existing capacities, the goal is to establish a research infrastructure that, as well as contributing to global scientific knowledge, relates such knowledge increasingly closely to the national health policy needs and secures sustainable national institutions that can recruit and retain skilled and knowledgeable researchers.

## New vehicles for new knowledge

Growing awareness of the potential value of science and technology in driving and supporting development has recently propelled the field of global health research into significant profile. The potential value of new knowledge is clear. But to make sure that new knowledge is of maximum benefit to the poor we need to look carefully at how research is funded, communicated and institutionalized. All stakeholders in the field of global health research who share the vision that the overriding priority for new knowledge is its benefit to the poor need to explore new vehicles fit for this purpose. ❑

***Professor Alastair Ager*** *is Senior Research Manager with the UK Department for International Development, with overall responsibility for its health research programme. He has worked as researcher and consultant across south-Saharan Africa, south Asia and the Middle East and holds honorary appointments with Queen Margaret University College, Edinburgh, the University of Oxford and Tulane University.*

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