

Innovation and Technology Transfer for Global Health

'Bridging the Gap in Global Health Innovation – From Needs to Access'

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SESSION SUMMARIES – DIMENSIONS OF THE CHALLENGES¹

An introductory session chaired by John Kilama of the Global Biosciences Development Institute, USA, looked at the challenges that policy makers face in relation to global equity and access to medicines.

Despite the unequal distribution of access to healthcare in particularly the developing world, there have been tremendous achievements in global health in the last twenty years. These include an unprecedented response to HIV, TB and malaria, as well as commitments to address problems related to neglected diseases (such as trachoma, river blindness, and guinea worm) and chronic diseases (such as cancer, diabetes, hypertension and childhood respiratory illness). The Innovative Developing Countries (IDCs) are heralding a new wave of change, displaying potential to address some of the challenges with new paradigms of health innovation and systems delivery.

The session emphasised the need to build developing countries' health systems to improve integration of health interventions. The remaining challenges relate to coverage of treatment, which still misses a huge portion of the poor, particularly the rural poor; sustainability; misalignment of funding to need and a dearth of emphasis on prevention.

Free Market Strategy in Healthcare: Key to achieving Product Availability and Access: Dr Stephen Mallinqa, Minister of Health, Uganda

In Uganda, the health system faces many challenges, especially in the field of Maternal & Infant Health, which is seen as one of the primary indicators of a country's development. There is a shortage of trained staff due to brain-drain, an absence of effective referral and community support and in general, a lack of confidence in modern medicine. Recognising the challenges its health system faces, Uganda is developing a strategy to bridge the gap between needs and access, aiming to encourage innovation through a free market approach and through working with public-private partnerships. Its tiered system of referral aims to make more effective use of scarce health service resources at the district and regional levels.

New Solutions for Global Health Challenges: Ms. Patricia Atkinson, Bill & Melinda Gates Foundation, USA

For the Bill & Melinda Gates Foundation (BMGF), the foundational principle of all investments and product development is to ensure global access to healthcare. BMGF works to ensure cost-effective interventions, sufficient supply, effective delivery strategies and optimal product use. Efforts to sustain research into improved

¹ Prepared by Rachelle Harris and Sarah Miller. Please address any comments or queries regarding this session summary to andrew.farlow@economics.ox.ac.uk.

product profiles and to drive the “discovery engine” are still required despite product development partnerships’ (PDPs) successes in creating exciting product pipelines.

Alongside consideration of other important issues such as the infrastructure and context of introducing a new product, this will help to bring about “product readiness”. A focus on “systems readiness” aims to facilitate policy-making and to ensure that health systems are ready to absorb products at affordable prices. This requires accurate market assessments, development of regulatory capacity and innovative solutions to existing limitations in financing, procurement and health insurance. The symbiosis of these areas is key to understand and improve delivery of health products.

Innovation, Access and Public Health: Dr. Harold Jaffe, University of Oxford, UK

Providing HIV Therapy to the approximately 40 million people living with HIV/AIDS presents many challenges to developing country health systems. The extent of the disease burden and the growing rate of resistance of HIV/AIDS means that the current emphasis on treatment is not sustainable. Consequently, in addition to the need to ensure secure and sustainable supply chains and the need to increase the number of trained personnel, there is a need to focus on prevention.

The increasing strain exerted on fragile health systems by the growing influx of anti-retrovirals (ARVs) in developing countries (due to price reductions and funding subsidies) also affects quality of delivery in other parts of those systems. The possible effects of funding plateaus in the future should be factored in to current policy thinking, to ensure that populations are not left without treatment if priorities change. It should be a matter of immediate concern for the international community to consider how both international organizations and countries can be responsible for their infected populations in a manner that is in any way sustainable.

Challenges to Vaccine Financing and Systems Support: Rebecca Affolder, GAVI Alliance, Switzerland

Through partnership, GAVI has accelerated access to vaccines and has provided a forum in which innovative ideas on development, finance and programming can be tested. Three core challenges exist – insufficient and unpredictable funding at country levels limits the ability of both governments and industry to plan on a multi year basis; insufficient commercial incentives exist vaccine producers to dedicate research and development (R&D) specific to the needs of the developing world; and weak and underfinanced health systems are increasingly fragmented and are undermined by inappropriate and/or uncoordinated development strategies. GAVI is committed to strengthening capacity of health systems in order to deliver immunisations and other health services in a sustainable manner.

GAVI has been able to create incentives for commercial organizations through working with the private sector, giving industry more confidence in the durability of future markets. GAVI has also been able to develop successful new financing mechanisms that deliver sustainable immunisation, including an un-earmarked fund that produced fifteen million childhood immunisations. The replicability of this model for research and development (R&D) was explored.

The Intergovernmental Working Group: Dr. Howard Zucker, WHO, Switzerland

The WHO’s Intergovernmental Working Group on intellectual property rights, innovation and public health (IGWG) was described in relation to its background,

process and future objectives. The IGWIG report prioritised several key areas including promotion of research and development; building and improving innovative capacity in developing nations; improving delivery and access; ensuring sustainable financing mechanisms; establishing reporting processes; technology transfer; and management of intellectual property rights.

Who is Listening to Those in Need?: Prof. Peter Ndumbe, University of Buea, Cameroon

Policy makers in developed and developing countries need to listen to those in developing countries who lack access to medicines. Recognising the challenges faced by decision makers who need to prioritise certain interventions in the context of limited resources, governments must ensure that markets exist so that access to health can always be achieved and they must support regulatory frameworks that encourage industry to operate.

The other two key areas to focus on are research and innovation. Research is a raw resource that fuels the health economy and is the engine of change in the health system. Health innovation, if properly nurtured, can improve health, drive evidence-based change in the health system and increase economic prosperity. Linkage of the scientific, entrepreneurial and health delivery sectors is essential to enable research to be translated into accessible products. Research and innovation must not only be an integral part of any plan for health care reform, “it must be the centrepiece”.

Discussions

As access to health is a global public good, a sustainable funding mechanism needs to be driven externally but there is a risk of misalignment between ideological and practical ground-level approaches, and “champion” may be needed for a new intervention to be successful. Governments of developing nations need to develop a ‘systems’ approach, which actively integrates health systems, communities and infrastructure with product development.

Countries are heterogeneous and consist of different communities. It is important to share and develop best practice. At the policy level, lessons could be learnt from those developing countries which have closed the technological and economic gap on OECD countries. At the community level, the experiences of different communities should be used to assist policy makers through communicating local understanding. There is a need to ensure that the plethora of groups working towards improving global health avoid duplication of efforts and expertise and instead utilise collective resources to realise any potential synergies that exist.