

Innovation and Technology Transfer for Global Health

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

***A conference supported by
The Bill and Melinda Gates Foundation
Oxford
9 -13 September 2007***

Testimonials

Below are some of the comments made from participants in the 2007 Conference. The comments are broadly grouped in to key insights from the conference and policy developments since the conference. Some of these comments also raise points for further discussion.¹



"I learnt a lot about global health and had many excellent interactions and discussions with the other participants. I sincerely extend my gratitude and thanks to the organisers of the conference. I have attended more than 50 international conferences world-wide but among them all this conference is the best conference."

Dr. Ramesh Babu Rayapu

"My work greatly benefited from the conference and the network thereafter."

Dr. Kenneth Matenegu

"It was wonderful experience for me and this conference was quite helpful for me as a technology manager to understand the niche areas while negotiating with industry."

¹ If you wish to add a testimonial, add a comment, or update on a recent development, please contact andrew.farlow@economics.ox.ac.uk.

Dr. Sadhana Srivastava

"I found the conference gave me a much better perspective on the interplay between the developed and the developing world in tackling problems of global health. It also highlighted for me the challenges faced by scientists in the developing world who are not sufficiently resourced or empowered to be able to undertake meaningful research into health problems that are directly relevant for their countries."

Prof. Jane Morris

"As globalization reaches every corner of the globe, the potential for new technologies to connect researchers, patients and healthcare providers dramatically increases. This means that access to quality healthcare moves beyond the phase of information gathering into supply-chain management, strategic planning and operation logistics. For instance, supplying immunizations to the most vulnerable populations for the least amount of money in the shortest period of time is now a matter of coordination, money, and the will of the various stakeholders, from the local populations to the NGOs and governmental officials to the medical experts and shipping firms, to collectively work toward a common solution. Part of the solution might involve medical supplies, another refrigeration, and still another passable roads on which transport vehicles must travel. The complexity of these challenges leaves open the possibility for local entrepreneurs to inculcate competition and innovation into this space, which increases the ecology for new market-based, sustainable solutions, even for healthcare, which has been largely regarded as a domain that falls outside of the scope of market forces."

Michael Maltese

"Many issues still remain over the role of government. For example, there is a certain cacophony in many developing countries where the private sector is going in its own direction without adequate supervision. It is as if the governments have abdicated from their responsibilities to ensure the provision of adequate and safe health facilities and means to their populations. Although some governments are attempting to deal with the issue despite many hurdles, it is important that governments forge a real partnership with the private sector and provide them with facilities conducive to innovation in the health sector that would lead to the development of goods destined (or at least affordable) by the developing country populations. Where governments provide only a small fraction of the resources required for the functioning of health systems (the main bulk coming from donors and partners) it is difficult to build any kind of sustainability when introducing solutions in the system. External actors have always played a role in health delivery in the developing world. This has become even more evident since the wave of debt relief operations that are being negotiated in many developing countries. The principles of district based operations formulated in Alma Ata in 1978 are still valid today. Surely the involvement of communities in planning and in the innovation process will lead to a better understanding of the products and their eventual use. The African Union and NEPAD should play an important part in this process."

Prof. Peter Ndumbe

"The major consequence of the meeting for me was its forceful identification of Access as a critical issue that is quickly evolving as PDPs conduct their work and progress toward product introduction. As a consequence efforts are underway by a wide range of PDPs to convene a meeting later in 2008 to examine Access in detail."

Dr. Rich Mahoney

Major Developments since the Conference

"At present I am working on a project to develop a networking model between stakeholders (Private sectors /Corporate Social Responsibility), Government and Community) involve in Development of Desa Siaga. Through this activity I will set up and organize several round table discussions at the national and Districts levels and in-depth interviews at the Village levels to discuss and raise issues on what should each stakeholders response to community health needs and how should these responses organize and collaborate at the community level. It is expected that at the end of this project I will have a model/ framework of collaborative networkings and commitments (in kind or in cash) from those involved."

Dr. Siti Sundari

"The Legatum Center for Development and Entrepreneurship at the Massachusetts Institute of Technology (MIT) was established in September 2007 based on the belief that bottom-up entrepreneurship is the central driver of both economic development and the emergence of good governance. Since autumn 2007, Global Medical Knowledge, Inc. (GMK) has been working with the University of Pennsylvania on a National Institutes of Health (NIH) sponsored project that will provide access to HIV/AIDS research in Malawi via the Internet."

Michael Maltese

"Since the meeting, the WHO has set up an External Reference Group to help in the validation of a WHO Research Strategy Document as requested by the World Health Assembly."

Prof. Peter Ndumbe

"Excellent networking was established with several participants. Following meetings, Mr McLean Sibanda from the Department of Science and Technology in South Africa, initiated the drafting of a Bill for IPR from the Publicly Financed Research Bill in South Africa and I was invited to be a member of the International Review Panel for the Bill. The Egyptian participants at the conference invited me to deliver talks at the BIOVISION 2008 conference, which was held in Alexandria in April 2008. The interaction has opened up further opportunities for collaborative work."

Dr Prabuddha Ganguli

"I have the pleasure to mention that the Oxford Conference was instrumental in establishing a strategic alliance with the Technology Development and Transfer Group of the Medical Research Council of South Africa, headed by Tony Bunn, the genomics company Gknowmixs, and the Center of Proteomics and Genomics Research (CPGR), all at Cape Town. We have had a very productive meeting in April 2008 at Cape Town, and since then we have been actively engaged in an international collaboration to launch a program of Digital Molecular Medicine that has just started here in Caracas. We are also planning to extend our collaboration to Panama, perhaps in the form of a joint venture between Gknowmix and Genotron, a Venezuelan biotech venture headed by me. I am very grateful and honored to be in this position thanks to the networking that was made possible by the Oxford Conference."

Prof. Rafael Rangel-Aldao

"It has indeed been a very valuable outcome of the conference for us in our joint endeavour to progress medicine and individual health and well being."

Dr. Tony Bunn