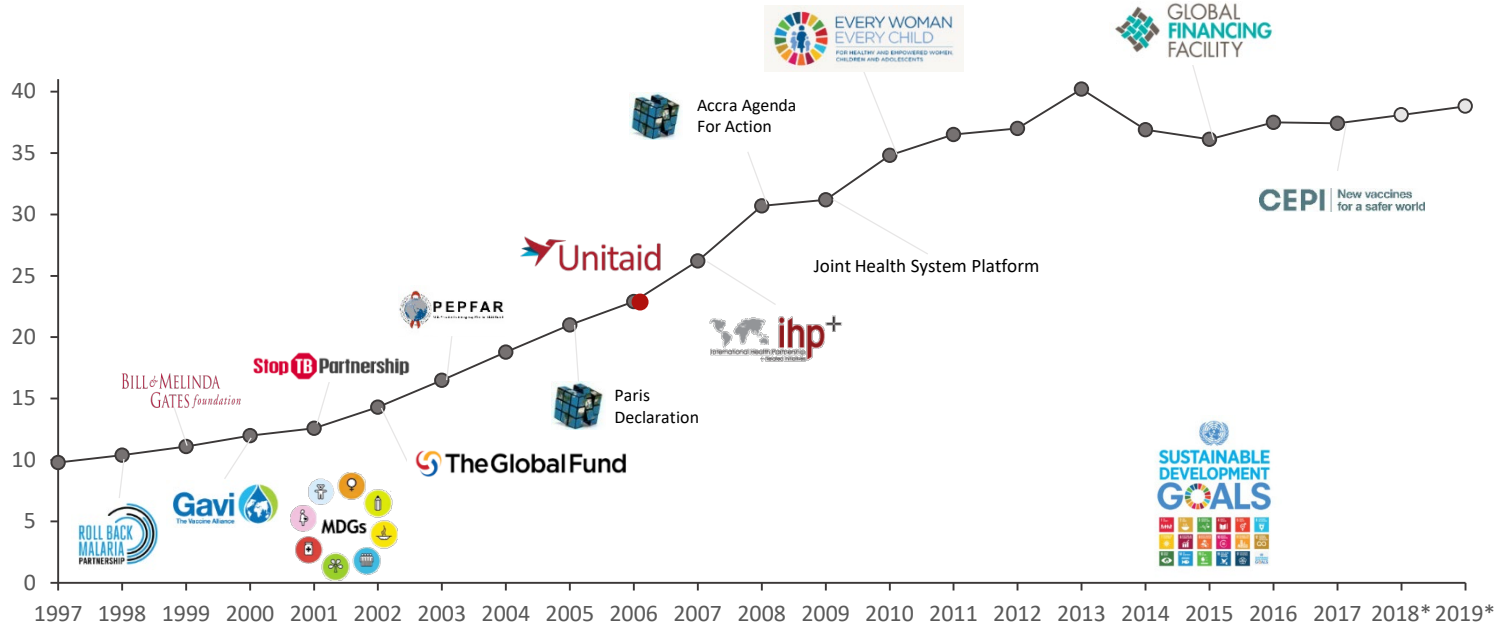


Enabling research that bridges local and global needs

WHO initiatives and personal reflections

Vasee Moorthy MD PhD,
Research for Health, WHO Science Division
24 November 2022, Capetown

Development assistance for health (\$B)



Source: IHME (Institute for Health Metrics and Evaluation), *projections

What we heard from LMIC researchers: SDG Global Action Plan

1. Global agenda setting dominates
2. Generally poor alignment between international donors and national health priorities (>80% of countries had national research agendas, but little empowerment)
3. Gap between knowledge generation and policy uptake
4. Access not embedded into innovation pathways from earlier stages; often leads to delays

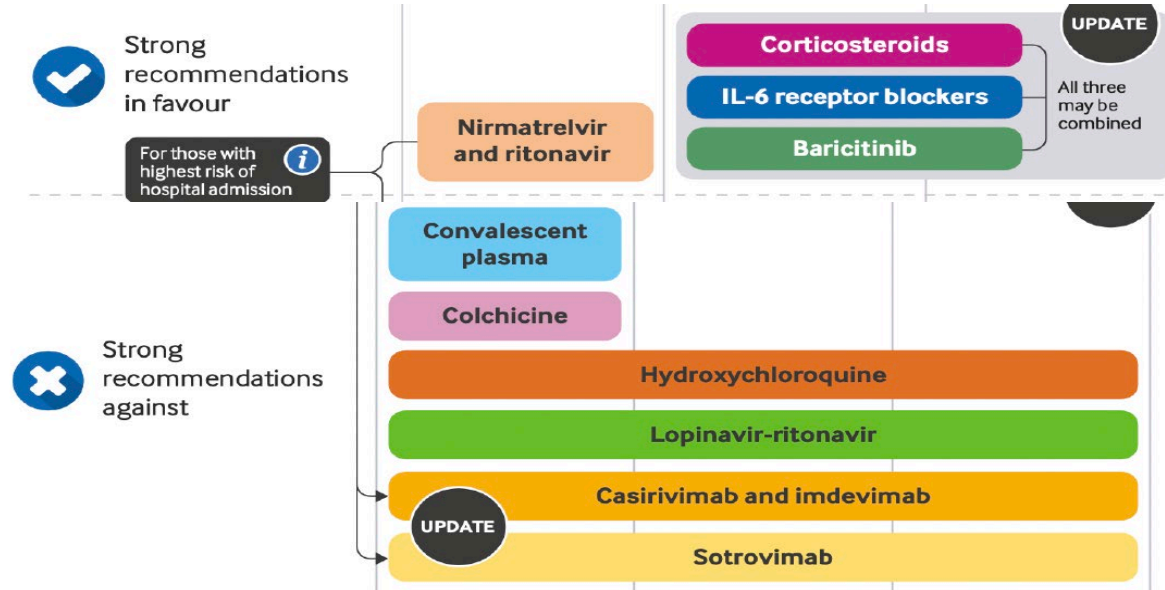
What we heard: WHA 2022 Clinical Trials Resolution

1. Major gap in LMIC capacity support, and need for truly equitable partnerships, with greater focus on needs-driven research
2. Greater collaboration/coordination needed to align initiatives of different funders with local needs
3. Need more focus on factors beyond regulatory authorization, including affordability, availability and suitability

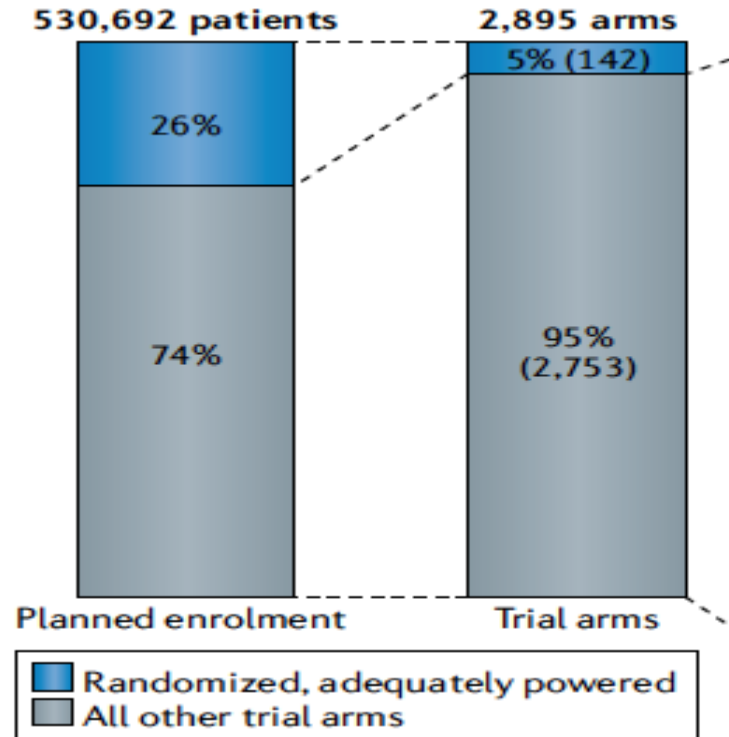
Re-orienting for country leadership

1. Support **country-led forums** to translate evidence-based innovations to large scale in SDG framework
2. Governments and international funders should **explore opportunities for co-funding** to help drive decision making to countries and regions
3. WHO and others should **support horizontal scaling** linked to impact by SDG target
4. **Embed equitable access practices** for Innovation in Health

We need high quality evidence to support decisions



1000s of trials were low quality



Key issues which dictate utility of data for decision- making



Prioritization in generation of research related data according to health needs



Quality of data generated, curation, standards, interoperability



Factors that affect translation of evidence generated to decision-making



Factors affecting efficient international collaboration and coordination

Possible structure for ecosystem strengthening each with sections for normal times, and emergencies

Prioritization

Quality:
Infrastructure,
Capacities,
Standards,
Governance

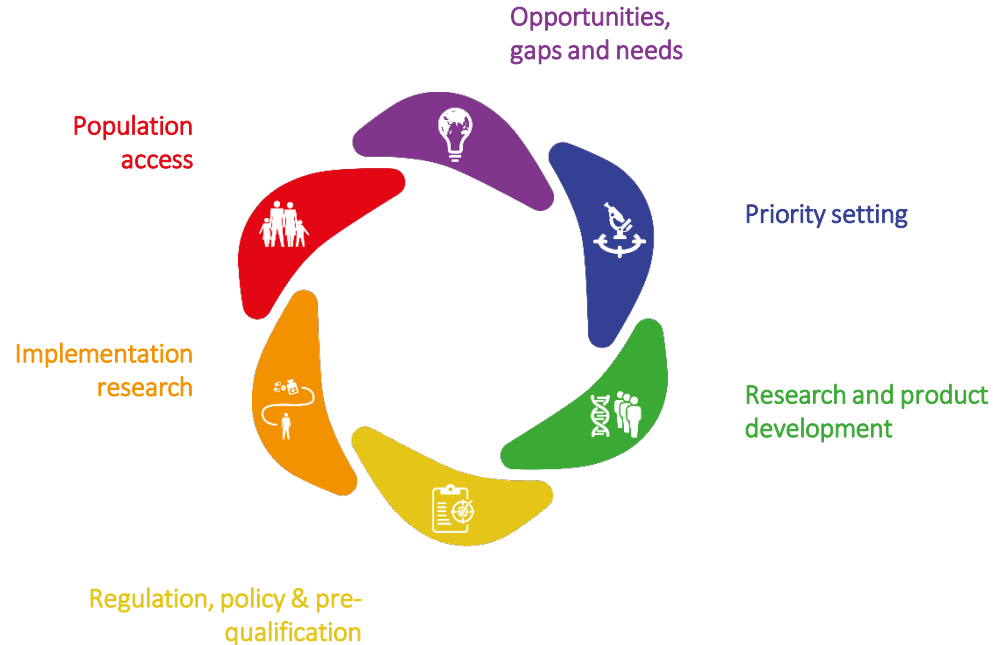
Coordination,
Collaboration,
Networks

Translation to
Guidelines, NRA
authorization

	Prioritization	Quality: Infrastructure, Capacities, Standards, Governance	Coordination Collaboration Networks	Translation
National	Designate priority diseases; Funding for key elements	Expedited NRA, REC approval for priority trials	ICU, Hospital, Primary Care,	Policies on results disclosure,
Regional		Joint review procedures eg AVAREF	ICU, Hospital, Primary Care Trials Networks, Children, Pregnancy	Policies on data sharing, Knowledge translations platforms, EViPNET
Global		Quality guidance for good trials; standards for national procedures	Standard outcomes; endpoints; Allowing pooling	Regulatory harmonization for product authorization

WHO research and development cycle

- Interlinked processes



01/12/2022

How we promote and accelerate R&D



WHO Evidence-informed Policy Network (EVIPNet)

- The approach is bottom-up and country-led, promoting country leadership and ownership in mobilizing the best available global and local evidence for decision-making, based on local needs.
- Operating in 5 WHO Regions and more than 50 countries, EVIPNet is a global leader in strengthening country capacities in linking policy with evidence

[EVIPNet brochure](#) and [EVIPNet website](#)

[WHO Global E2P Summit report](#) on
COVID-19 evidence-to-policy lessons
learned - includes a focus on local
evidence support infrastructures

[BMJ GH commentary](#)

[EVIPNet Call for Action](#)

R&D Observatory Funding/needs mismatch

96% of grants with international collaboration are awarded to HIC recipients

99% of all grants are to HIC

Only 15% of the small number of grants to LIC are for NCD

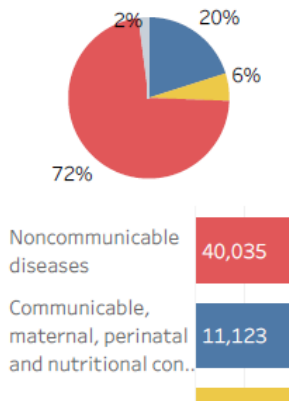
*Data from World RePORT; analysis by the WHO Global Observatory on health R&D

C. No. of grants by WHO region and income group

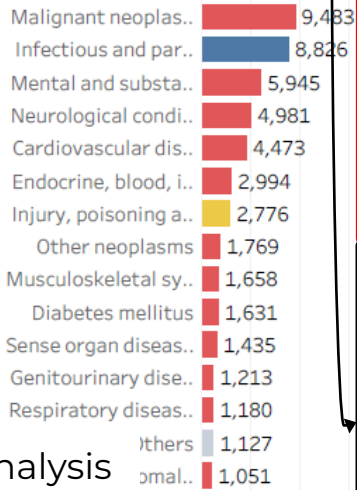
WHO region	High income	Upper middle ..	Lower middle ..	Low income	Unspecified	Grand Total
Africa		165	124	161		450
Americas	58,720	75	15	1		58,811
Eastern Mediterranean		7	11	1		20
Europe	9,854	11	3			9,868
South-East Asia		13	107	2		122
Western Pacific	86	38	24			148
Multiple regions					1	1
Grand Total	68,660	309	285	165	1	69,420

D. No. of grants by health category

D1. No. by main category

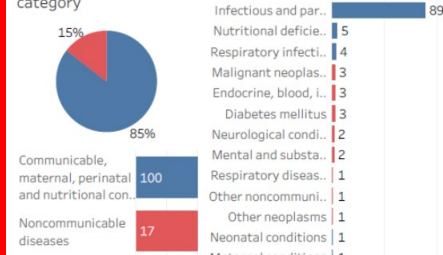


D2. No. by sub-category

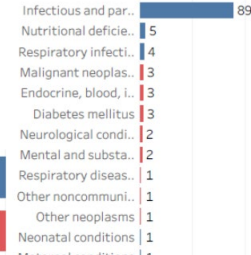


D. No. of grants by health category

D1. No. by main category

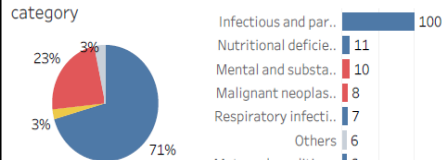


D2. No. by sub-category

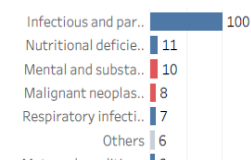


D. No. of grants by health category

D1. No. by main category



D2. No. by sub-category

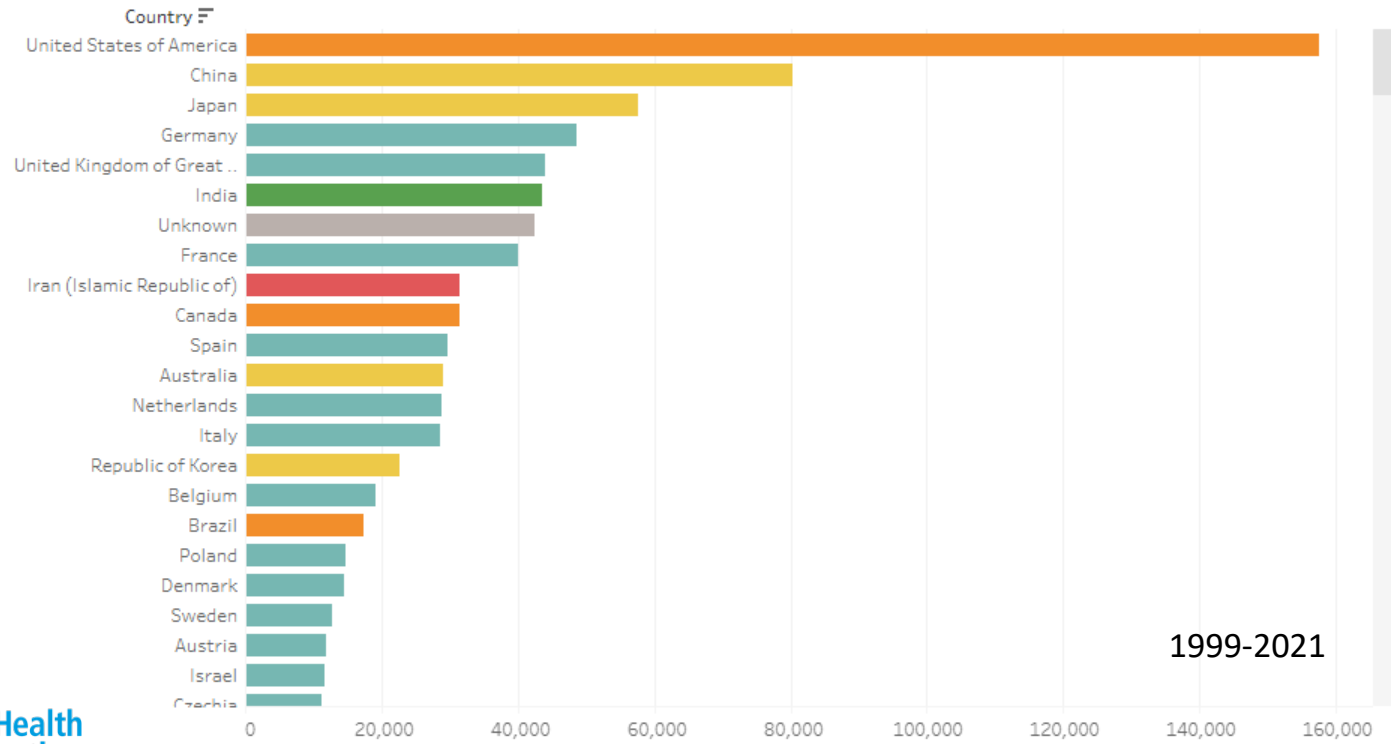


Breast cancer 803
Skin diseases 704
Malaria 665

Most research is in high income countries – major gap in LIC/LMIC

C. Number of trials by country or area

select a country to see trials per year in chart A



Personal reflections

- Take the time to consult with **key local stakeholders** including patients, communities, health care workers, women, marginalized groups
- Have **sustainability, equitable access & capacity development** in mind whatever the project
- More initiatives are not always better; **coordination/collaboration is key**
- A major focus should be **reducing the burden on researchers, while maintaining quality**
- Incremental changes & activism for revolutionary changes can be complementary
- Have the courage of your convictions; the received wisdom can be wrong

Contacts

- Cross-cutting lead: Vasee Moorthy
moorthyv@who.int
- Unit head, Foresight and R&D end – to – end process:
Anna Laura Ross
- Unit co-leads, Health Ethics and Governance:
Katherine Littler and Andreas Reis
- Unit head, Evidence to Policy: Tanja Kuchenmuller

Thank you