Enabling research that bridges local and global needs

WHO initiatives and personal reflections

Vasee Moorthy MD PhD,
Research for Health, WHO Science Division
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Development assistance for health ($B)

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

Slide courtesy of UNITAID
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

| Priority 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
<table>
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<tr>
<th>Prioritization</th>
<th>Quality: Infrastructure, Capacities, Standards, Governance</th>
<th>Coordination Collaboration Networks</th>
<th>Translation</th>
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<td><strong>National</strong></td>
<td><strong>Regional</strong></td>
<td><strong>Global</strong></td>
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<td>Designate priority diseases; Funding for key elements</td>
<td>Expedited NRA, REC approval for priority trials</td>
<td>ICU, Hospital, Primary Care, Primary Care Trials Networks, Children, Pregnancy</td>
<td>Policies on results disclosure,</td>
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<td>Joint review procedures eg AVAREF</td>
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<td>Policies on data sharing, Knowledge translations platforms, EViPNET</td>
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<td>Quality guidance for good trials; standards for national procedures</td>
<td>Standard outcomes; endpoints; Allowing pooling</td>
<td>Regulatory harmonization for product authorization</td>
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<td>Global coordination eg WHO TPP, global research roadmaps</td>
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WHO research and development cycle

- Interlinked processes

- Opportunities, gaps and needs
  - Population access
  - Priority setting
  - Research and product development
  - Regulation, policy & pre-qualification
  - Implementation research
How we promote and accelerate R&D

- Global Health Foresight
- International Clinical Trials Registry Platform
- R&D Observatory
- Research Priority Setting
- Target Product Profiles
- Guidance on Evidence Generation
- Co-ordinated Scientific Advice
- Responsible use of life sciences
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.
Most research is in high income countries – major gap in LIC/LMIC

https://www.who.int/observatories/global-observatory-on-health-research-and-development
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