DRAFT WORKING PAPER 2\(^1\)

COORDINATION AND PRIORITY SETTING IN R&D TO MEET HEALTH NEEDS IN DEVELOPING COUNTRIES

**Executive Summary**

Five distinct but complementary areas of work can contribute to improved coordination and prioritization of R&D:

- Improve information sharing (role for the Global Observatory for Health R&D);
- Establish new fora to discuss health R&D – a health R&D week;
- Put in place global advisory body by adapting existing structures e.g. WHO, ACHR, and;
- Use demonstration projects to explore new modes of coordination.

New standards and norms are needed to improve priority setting methodology, the reporting of priorities and to compare priorities across disease areas. The R&D Observatory would form the library to host priority setting documents.

WHO is synthesizing existing prioritization documents, holding regional consultations (AFRO in May and SEARO in July) and working with the non-profit product development sector to explore options in this area.

---

\(^1\) In order to deepen the analyses presented in the Background document prepared for the open-ended meeting of Member States in November 2012 - where the report and the feasibility of the recommendations proposed by the Consultative Expert Review Group’s report were discussed - the WHO Secretariat has developed draft Working Papers focusing on four main elements: the global observatory for health research and development (R&D); R&D coordination and prioritization; R&D financing; and options for demonstration projects. The Working Papers are drafts and will be revised based on feedback received.
Goal & Background

To identify actions that could strengthen the prioritization and subsequent coordination of efforts that support R&D for health needs in developing countries.

Building on the Background paper (A/CEWG/3) prepared by the Secretariat for open-ended meeting of Member States (26-28 November 2012, Geneva), this paper explores the potential actions that could be taken to strengthen the coordination of health R&D. It is also informed by the deliberation of an expert workshop organised on this issue by The Graduate Institute and the Harvard School of Public Health in April 2013.

Building on the previous background paper presented by the WHO Secretariat (A/CEWG/3), there are generally three levels of activities which could improve the coordination of R&D, namely: a passive approach through the improved sharing of information; an active approach where networks of researchers agree on priorities and collaboration; and managed coordination where formal structures are put in place to manage the research undertaken and the allocation of resources to support related activities. These represent stages on a spectrum which overlap and can be mutually reinforcing. The three areas are explored further below with suggestions for actions and highlighting the linkages to the Global Observatory for Health R&D, potential financing mechanisms and demonstration projects.

Improved sharing of information

As recognised by the CEWG report, one weakness of the current global health R&D efforts is the absence of quality information that provides a comprehensive overview on what is being supported, who is supporting it, how it is being supported and where it is being supported. Also lacking is the knowledge and capacity to set priorities at a high level and the extent to which many countries can collect and analyse this data in order to manage their own health research systems. One response to this is the proposal to establish a Global Observatory for Health R&D focussed on the public health issues that are priorities for the poorest populations. The information and data on the R&D Observatory would enable users to:

- Analyse data on financing and policy for global health R&D;
- Produce analysis to inform national R&D portfolios management;
- Guide R&D priority setting at national, regional and global levels;
- Benchmark activities e.g. between countries; and
- Monitor and evaluate trends against national, regional and global strategies.

This proposal is set out in more detail in Draft working paper 1: A Global Observatory for Health R&D – Developing a Case for its Development and is therefore not explored further here.
Active coordination: research networks, joint planning and collaboration

Providing better information may lead to better coordination but real improvement will require more active measures to bring the various stakeholders together, identify priorities and agree on separate or collaborative research to address those priorities. At the simplest level this can be in the form of publications and online communications and networks. Meetings or conferences are well established in a majority of disease focussed groups among research networks, the professional societies of researchers and research funders. Donor agencies often bring these types of groups together, however there are relatively few fora that aim their focus on the topics covered by the GSPA-PHI and the diseases that impact the poorest.

Health R&D week

A global health R&D week or conference could be established to maintain focus and momentum on these issues. Ideally its location would rotate around the world’s regions and be hosted by a major research institutes active in this area.

The proposal would be for this to be facilitated or supported by WHO under its banner, but it would be hosted and sponsored by a major research (-funding) organisation in a Member State ideally on a rotation basis. Such an event would allow for the profiling of institutions and research agendas.

Global Advisory Body

The CEWG report recommended a global body or committee that monitors and evaluates the activities in support of health R&D. Ideally the Observatory for Health R&D would be able to provide this data and analysis and the global committee would consequently produce recommendations on priorities and trends.

Within WHO it would be relatively easy to re-constitute the existing Advisory Committee on Health Research (ACHR). There are already plans to strengthen the ACHR by ensuring half of its membership be drawn from the existing science and technology advisory committees that exist for the WHO technical programmes that have a major research component, such as TDR and RHR. The remaining members of ACHR would be drawn from outside the WHO advisory structures and could bring in donors, private-sector and civil society. It would have a strong influence with the WHO as part of the membership is drawn from and embedded within existing programmes and, if sufficiently representative, could gain the credibility required to have influence at a global level. The introduction of other consultation platforms however, might be necessary. A precedent exists within the development and donor community that funds research – the ESSENCE group – and the research funders – Heads of International Research Institutes (HIROS) – so adaptations of these could be explored.

The impact of such a committee would be measured in the degree to which it influenced existing actions, networks and the funding behaviour of research bodies towards the agreed global priorities. The Global Observatory for Health R&D would provide one mechanism for monitoring this impact.
Managed coordination

As stated above managed coordination requires formal structures and agreement around joint programming with pooled funds and/or new sources of funding. The governance arrangements here are explored in the related background Draft working paper 3: Financing Mechanisms for R&D.

Such financing mechanisms would separate the governance functions. In other words, the strategic and political functions of the government would be separated from the technical decisions about the allocation of funds if new funds were made available or the re-allocation of existing funds.

Implementation of some demonstration projects would demonstrate – among other factors, such as meeting priority health needs – the different processes required to improve coordination, particularly in active and managed actions where new or pooled funding was being used in order to meet priority health needs.

Priority setting – improving current practice

In the area of health research there is no shortage of priorities. Nearly every disease, even those diseases of poverty have active research groups and networks that meet and decide on research priorities and subsequently produce roadmaps, strategies and reports. However, there is a lack of a comparison mechanism across these different reports, particularly if the aim is to establish priorities at a global level and then use those findings to advocate and mobilize efforts towards them i.e. to improve coordination in global health R&D and compare coordination efforts across different public health needs.

This suggests coordination will also require the development of standards and norms to improve current practice. The validation of these standards would be overseen by the new global advisory committee.

Firstly, there is no agreed approach for setting priorities but a number of reports have made recommendations on good practice which have been summarised. Improved harmonization of approaches will enable greater comparability between priorities. Secondly, there is no common approach to compare R&D needs across diseases and so a framework for discussion at this high level will need to be developed. It does not need to be perfect but there will be a need for transparency as to how any decision, particularly with regard to allocation of funds, is taken. Next, the reporting of priorities could be more standardized in a fashion similar to the standards applied to the reporting of clinical trials. Using approaches such as those developed by the Cochrane Collaboration, a synthesis or systematic review could enable high level reporting to be undertaken much as it is for many disease areas. Finally, the Global Observatory for Health R&D, in addition to its other functions described in Draft working paper 1 would form the repository of these priority documents forming a

---

2 A checklist for health research priority setting: nine common themes of good practice
publicly accessible library of priorities available to researchers, civil society, research funders, donors and Member States.

WHO has undertaken some exploratory measures in the creation of standards for R&D reporting and will set these out in more detail in the forthcoming World Health Report – Research in support of Universal Health Coverage – to be launched at the UN General Assembly in September 2013.\(^3\)\(^4\)

Since 2005 more than 200 reports have been produced under WHO by various disease groups that highlight R&D priorities. These are being reviewed and the R&D and health technology priorities will be systematically extracted and summarised. A similar exercise is being undertaken for other major institutions that have published priority listing including IGOs, civil society and industry groups such as IFPMA.\(^5\) This will build on and add to recent work undertaken by TDR (supported by the European Union) and a similar exercise undertaken by PAHO, to be published shortly.\(^6\)

WHO is also supporting regional consultations to identify priorities with meetings in AFRO 14-15 May and in SEARO 26-27 July 2013.

Finally, WHO is in contact with the bodies that represent the non-profit product development organizations and they are reviewing these organizations to identify the challenges and barriers to developing and delivering their products. The financial incentives required and the priorities in R&D needed from their perspective are also identified. A similar engagement with the private sector will also be an essential component in strengthening coordination across all stakeholders.

\(^3\) Mapping global health research investments, time for new thinking - A Babel Fish for research data Robert F Terry, Liz Allen, Charles A Gardner, Javier Guzman, Mary Moran, Roderik F Viergever Health Research Policy and Systems 2012, 10:28 (1 September 2012)
\(^5\) Pharmaceutical R&D Projects to Discover Cures for Patients with Neglected Conditions. IFPMA February 2013.