

A conversation with Dr. Dermot Maher on February 3, 2014

Participants:

- Dr. Dermot Maher – International Portfolio Manager, The Wellcome Trust
- Jake Marcus – Research Analyst, GiveWell

Summary

GiveWell spoke with Dr. Maher as part of an investigation of the treatment of non-communicable diseases (NCDs) in the developing world. Dr. Maher discussed the Wellcome Trust's approach to funding projects, argued that treatment for NCDs in the developing world is underfunded, and shared thoughts on vertical versus horizontal health systems.

***Note:** This set of notes was compiled by GiveWell and gives an overview of the major points made by Dr. Maher.*

The Wellcome Trust's approach

The Wellcome Trust aims to fund outstanding ideas from outstanding researchers. In general, research funding at the Trust doesn't follow disease-specific themes. Rather, proposals from investigators drive the direction of research in response to the main areas of strategic interest to the Trust (maximizing the health benefits of genetics and genomics; understanding the brain; combating infectious diseases; investigating development, ageing and chronic disease; and connecting environment, nutrition and health). For example, the Trust funds proposals for research, whether in the UK or in developing countries, based mainly on scientific excellence, rather than specifically on the disease being investigated or the scale of impact. Only rarely does the Trust have a disease-specific scheme. This approach could change under the Trust's new Director.

In general, the Wellcome Trust's themes focus more on a research area than a specific disease. For example, the Trust currently has a collaboration with the National Institutes of Health (NIH) to research genetics in Africa.

The Trust funds a lot of very basic biomedical and biological research in the UK. In the UK, it funds more basic research, while internationally it funds more clinical trials and population health research. The Global Health Trials Initiative aims specifically at supporting late stage clinical trials, and the Health Systems Research program promotes research on health systems in developing countries. The range of research funded by the Trust includes research on NCDs, but not systematically through a specific scheme for NCDs. In April 2013, the Trust held a consultation to review the area and identify neglected areas of research.

The Wellcome Trust approach may differ from that of some other funders, such as the Gates Foundation, which support research in a way which is more directive and with more disease-specific themes. Other funders have seemed to have less of a focus on health systems, perhaps because it's sometimes perceived as more of an amorphous research

area. Funders may also avoid funding health systems because they see them as the government's responsibility.

Diagnosis and treatment of non-communicable diseases in developing countries

In general, research on NCDs is underfunded in developing countries. A specific area lacking funding is the development of a systematic approach to integrated primary care for people with NCDs. There's little data on what happens to patients in the primary care system in many countries. The Wellcome Trust is interested in maximizing the use of data to support improvements in health. Dr. Maher has a specific personal interest in improving the primary care response to NCDs in developing countries. He and Prof Tony Harris (International Union Against Tuberculosis and Lung Disease) have proposed a framework for a primary care response to NCDs, based on systematic data collection on management of people with NCDs. , A sponsor to continue that work would enable field evaluation of the proposed integrated primary care approach.

There is a lot of focus globally on the upstream determinants of NCDs, e.g. tobacco control, but there is not much focus on diagnosis and treatment. Health systems should not focus exclusively on population-wide approaches, but should also be able to effectively diagnose and treat individuals with these diseases. The lack of focus on diagnosis and treatment may be due to major funders not realizing the potential impact of an integrated model of care. Primary and clinical care have not been very popular recently in global health, although it is not clear why. There is increasing recognition of the difficulties facing health systems , including a lack of information on diagnoses and treatments. There are estimates of those figures, but often a lack of real data.

Domestic governments could fund some of this work, and bilateral funders may need to be involved at some phase.

One reason the private sector is not filling this gap could be that patients seek treatment, whether for communicable or non-communicable diseases, through private practitioners, who tend not to be good at collecting data and working with national programs. For example, in India, tuberculosis is normally treated in private practices, and it's been very difficult to get private practitioners to engage in national disease control programs. In general, it can be difficult to get private practitioners to use standard case management programs or protocols.

The WHO has a set of NCDs that it defines as common NCDs: obesity, diabetes, cardiovascular disease, and hypertension. It doesn't include mental health problems but under some definitions those would be included. All of these diseases can be treated using the same framework, and the overlapping nature of the diseases means that it makes sense to support integrated primary care management systems rather than managing them individually.

Horizontal versus vertical health systems

The development of health systems takes a long time, and it can be hard to measure the impact of measures aimed at strengthening health systems. The debate between proponents of vertical and horizontal health systems won't be settled soon, but there are areas of overlap between these approaches.

There are examples of vertical health programs in some developed countries. For example, the UK has had a vertical program for managing sexually transmitted infections (STIs) through STI clinics that aren't integrated into primary care. The historical reason for the vertical STI approach was to treat returning soldiers after World War I in a confidential way, and because general practitioners often would not have the skills to deal with STIs.

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