GHTC
global health technologies coalition

advancing **innovation** to save lives

July 25, 2022

Cara Chrisman
Deputy Division Chief
Emerging Threats Division
US Agency for International Development
2100 Crystal Dr.
Arlington, Virginia 22202

Dear Ms. Chrisman:

Research and development (R&D) is core to our shared mission of preventing disease, improving health, and saving lives for millions around the world. The US Agency for International Development (USAID) is a flagship institution for global health practices, and the agency's upcoming multiyear strategy for global health R&D will influence the speed, direction, and alignment of global health innovators in the coming years.

On behalf of the Global Health Technologies Coalition (GHTC)—a coalition of 42 organizations based around the world focused on developing new drugs, vaccines, diagnostics, and other global health tools, of which many are working in partnership with USAID—we submit here our recommendations for what should be prioritized in the forthcoming strategy.

In summary, our recommendations are that the strategy should 1) prioritize equity, access, and community-centered research; 2) describe USAID's unique role in product development; 3) articulate clear targets and intended outcomes of product development with clear connections between research and product implementation; 4) include plans for coordinating with many partners; 5) be updated to reflect current global health challenges; and 6) commit to making USAID's research investment data more publicly available.

***

Recommendation 1: The strategy should prioritize community-centered research, equity, and access.

When health products are designed with community engagement, they are more effective and developed more efficiently. For USAID's research investments to be most effective, end users should be engaged at every stage of the research process beginning with priority setting.

Notably, the current strategy does not mention community engagement in research until page 12. We recommend that community-engaged research is included either as a standalone goal or is included as part of a goal in the next strategy. This goal could be labeled *inclusive*

innovation to align with Administrator Samantha Power's call for USAID to advance *inclusive development*.

We recommend the next strategy also prioritize the need for diversity and representation in USAID's research investments. The biomedical research sector at large has a history of excluding women, pregnant and lactating individuals, nonbinary individuals, and other underrepresented populations in research, both as researchers and as participants in clinical trials. The problem has been recognized by many institutions, including the US National Institutes of Health (NIH). Still, however, disappointing gaps remain. In 2019, for example, only an estimated 29 percent of pharmacology studies included both male and female participants. Global health R&D likely reflects some of these gaps, and USAID's strategy should recognize and set indicators and an agenda to address them.

Finally, the strategy should commit USAID to use its leverage as a key spoke of the global health R&D ecosystem to ensure that access to new products is prioritized from the beginning of their development. Considerations for access should include 1) *affordability*; 2) *administration*, such as how much health care expertise is required; 3) *adaptability*, such as the ability to operate in settings with inconsistent access to electricity, running water, or other basic infrastructure; and 4) *availability*, such as whether a product can be scaled and distributed to meet global needs.

Recommendation 2: The strategy should describe USAID's unique role in product development.

In its next strategy, we recommend that USAID define its unique role in global health product development relative to other partners and US agencies. USAID's role in product development was referenced throughout the last strategy, but there was little description of the types of products that USAID sponsors or *why* the agency's investments are needed. For decades, USAID has sponsored the development of new technologies designed specifically for low-resource settings in health areas that have little commercial incentive for the private sector to invest. The next strategy should clearly describe the historic and future role that USAID will have in sponsoring and partnering with other institutions to develop new health products for these health areas that are fit for purpose for the communities that USAID serves—especially relative to NIH, the Centers for Disease Control and Prevention (CDC), the Department of Defense, and the Biomedical Advanced Research and Development Authority (BARDA).

Recommendation 3: The strategy should articulate clear targets and intended outcomes of product development with clear connections between research and product implementation.

The current strategy articulates some of the principles guiding the agency's approach to product development but is missing a description of product development targets that the

agency hoped to achieve. In its next strategy, USAID should create a list of priority products that need to be developed and scaled to achieve the long-term health goals of each of its health and technical areas.

GHTC recognizes that product development targets can be challenging to set and achieve on a timeline. This type of detail, however, would create accountability and clarify what the agency hopes to achieve for policymakers and peer institutions.

One of the greatest challenges of global health product development is transitioning the product from the bench to the affected community or population. Implementation science is important for assessing how to implement individual products, but more than just research will be needed to address the larger challenge of connecting new products to the communities that need them. The next strategy should voice this challenge and outline steps for addressing it. It should outline a clear pathway for the launch and scale of new products sponsored by USAID to the other agency teams, partners, and communities who would implement those products.

Recommendation 4: The strategy should include plans for coordinating with many partners.

The last strategy lacked specific details on how USAID functions internally in advancing R&D and how various programs work together. It included a top-down description of such coordination. We recommend the next strategy describe how programs coordinate both internally and externally to advance R&D goals. This should include how USAID has worked in the past and plans to work in the future with NIH, CDC, and other US government agencies, as well as other public, private, and nonprofit institutions, such as the European and Developing Countries Clinical Trials Partnership, the African Union, and local and regional institutions. It should also detail how these partnerships could be strengthened to better align the community toward shared visions.

Recommendation 5: The strategic priorities should be updated to reflect current global health challenges.

The last strategy included three core priorities: 1) preventing maternal and child deaths, 2) controlling the HIV/AIDS epidemic, and 3) combating infectious disease threats. These priorities remain important, but the agency should consider reframing them to better reflect current global health challenges and approaches. For instance, new priorities could include focusing on community priorities or developing multipurpose products that cross multiple health areas.

This strategy should also reference USAID's growing portfolio of global health security and pandemic preparedness research, and either heavily reference or sub-prioritize antimicrobial resistance. When referencing global health security, the strategy should emphasize USAID's role in developing medical countermeasures specifically designed for use in low-resource settings, which distinguishes USAID from BARDA or other US agencies leading late-stage research of medical countermeasures.

Recommendation 6: The strategy should commit to making USAID's research investment data more publicly available.

Several agencies that support R&D, such as NIH, BARDA, and NSF, make data about their R&D investments available online. USAID's current and past investments can be identified through its annual health-related R&D reports, the Global Health Users' Guide, and third-party sources, but as part of the next strategy, we recommend that USAID commit to making its R&D funding data publicly available soon after new grants are finalized and summarized by year.

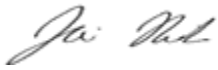
This data should include a portfolio of the products that USAID is investing in, including what partners it is working with and what stage of R&D each product is at. This could look like how BARDA operates its COVID-19 and chemical, biological, radiological, and nuclear medical countermeasure portfolios. Such transparency not only reassures policymakers that taxpayer dollars are being used efficiently and effectively, but it also helps to foster collaboration with a wide range of innovation stakeholders and could help connect new technologies with implementers.

***

GHTC strongly believes in the power of USAID's R&D investments to transform global health programming and enable the United States and the world to meet our long-term global health objectives. We look forward to the forthcoming USAID global health R&D multiyear strategy and thank you for considering our recommendations toward this end.

Please do not hesitate to contact Jamie Bay Nishi at jnishi@ghtcoalition.org if you have any questions.

Sincerely,



Jamie Bay Nishi
Executive Director
Global Health Technologies Coalition