
House of Commons International Development Committee: Inquiry into the Department of International Development's Bilateral Programme in India**Response by the Wellcome Trust**

November 2010

Introduction

1. The Wellcome Trust is a global charitable foundation dedicated to achieving extraordinary improvements in human and animal health. We support the brightest minds in biomedical research and the medical humanities. Our breadth of support includes public engagement, education and the application of research to improve health. We are independent of both political and commercial interests.
2. We have a long established involvement with India, with support for research dating back to the 1950s. We have recently launched several new initiatives which have significantly increased our funding and presence in India. We are currently committed to over £170 million of funding in India towards various initiatives supporting biomedical and translational research. We therefore welcome the opportunity to submit evidence to this inquiry.
3. We support the continuation of the Department for International Development's (DFID) bilateral programme in India and believe that there are several ways that DFID can maximise the impact of its funding in India and significantly assist India in decreasing poverty and meeting the Millennium Development Goals (MDGs).
4. We therefore recommend that DFID consider the following:
 - Increased partnership working;
 - Influencing the development agenda;
 - Supporting its strategy with research; and
 - Increasing communication activities.

Maintaining DFID presence in India

5. We recognise that India is the single largest recipient of bilateral aid from DFID. We strongly support the continuation of the DFID Bilateral Programme in India given the scale and complexity of the development agenda which India faces. Although India is an 'emerging economy', indicators of health and poverty rank lower than many low income countries. Assessments of India's progress towards meeting the MDGs, especially in the area of child and maternal health and HIV-AIDS, combating poverty and eradicating communicable diseases indicate that significant on-going external support is still required.
6. However, we also recognise that over time India will increasingly develop its ability to address its own development priorities – including health. Therefore, we believe that DFID should work to maximise its value-for-money in India to ensure its funding is achieving real progress in decreasing poverty and reaching the MDGs. Our recommendations on how DFID can achieve this are outlined below.

Developing Partnerships

7. By working in partnership, DFID can maximise the impact of its engagement overseas without increasing expenditure. We feel that DFID has much to offer as a partner in India, because of its long history working at both the national and state level. DFID could provide valuable operational guidance which could save donors time and money. Furthermore, DFID could use its leverage to aid other donors in entering India; allowing them to build their own reputation and establish independent activities in the future.
8. There are a number of funders and donors that DFID could potentially partner with:
 - *UK donors* – UK Research Councils; Department of Business, Innovation and Science; research charities;
 - *UK universities* – such as Imperial Innovations: Imperial College's technology transfer vehicle;
 - *Private sector* ;
 - *Country donors* – major funders in India include Japan, Germany and France and the European Union;
 - *International organisations* – the Global Fund for AIDS, TB and Malaria; World Bank – International Development Agency; UNICEF and other UN organisations; and
 - *Wellcome Trust*.
9. We are also interested in working with DFID in India to ensure our initiatives are complementary. Our activities in India include:
 - *WT-DBT Alliance Biomedical Research Career Programme*: The Alliance is a jointly funded initiative with the Government of India's Department of Biotechnology (DBT). It aims to strengthen the research base of Indian biomedical sciences through a series of fellowship programmes. Joint funding of £80 million over five years has been made available for this initiative.
 - *R&D for Affordable Healthcare in India*: This £45 million initiative is a partnership between the DBT, the Government of India and the Trust. The objective is to fund translational research projects that will deliver safe and effective healthcare products for India – and potentially other markets – at affordable costs and without compromising quality.
 - *Hilleman Laboratories – Joint venture between MSD and Wellcome Trust*. This joint venture with Merck & Co. Inc is a first of its kind. It aims to establish a not-for-profit research and development enterprise focusing on producing affordable vaccines to prevent diseases that commonly affect low-income countries. A total of £90 million over seven years has been committed to this project.
 - *Strategic Awards*: Several of the Trust's Strategic Awards focus on India, including a collaboration between the Public Health Foundation of India (PHFI) and a consortium of 14 Public Health Schools in the UK. It aims to build the capacity of the network of Indian Institutes of Public Health being established by PHFI. The capacity building programme includes:
 - a) MSc and PhD studentships;
 - b) India-based fellowships and collaborative research grants; and
 - c) Visiting faculty exchanges between PHFI and the UK consortium.
 - *Public Engagement*: the Trust supports several activities in India which aim to increase the public's engagement with science, including workshops, theatre projects and art exhibitions.

Influencing the development agenda

10. DFID could utilise its status within India to influence the local development agenda at a national and state level to promote specific priorities which align with DFID's priorities. It could also influence other country's development activities through the UK's bilateral relations and memberships in multilateral organisations such as the EU, UN, WHO and the World Bank.
11. Despite a growing economy in India, development experts have argued that this has not yet translated into greater social investment. Equally the balance of investment in research is heavily skewed to defence, atomic energy and space (50% in 2009-10). Despite a rise of more than a fifth of the budget from previous year, development-related research received only a modest increase with the health research budget rising only 5%.¹ Public spending on healthcare is also very low. A WHO study from 2007/8 found that India spent 5.2% of GDP on healthcare, 0.9% of which was public spending. In comparison, in 2008 2.6% of GDP was spent by the government on the military.²
12. Even though donor funding in India has remained high, India's progress on the MDGs has been slow, with it lagging behind in meeting several MDGs. One reason for this may be lack of coordinated targeting of development funding towards specific areas of development, such as maternal and child health and malaria-the emerging areas of priority for DFID³. Whilst UK assistance channelled through DFID has a strong focus on health and education- (48% and 19% of funding respectively)⁴, assistance from other countries often prioritises energy, agriculture and rural water.⁵ External assistance to the health sector has also been low ranging from 1% to 3% in any given year.⁶ Hence, encouraging coordinated targeting of MDG priorities can increase DFID's impact in these areas.

Supporting its strategy with research

13. In order for DFID to have an impact in India, be it through direct activities, partnerships or influencing the development agenda, it is important that its strategy is supported by evidence. An excellent way to ensure that DFID's activities in India have a real impact on the MDGs, is to utilise research to improve the effectiveness of health programmes, as detailed in DFID's Research Strategy (2008 – 2013). Research findings could be used to improve existing MDG programmes and to create new ones.
14. Through its programmes in India, DFID could do more to encourage local research to be of direct relevance to the country. A study found that from 2002-8 a large number of Indian public health research papers did not reflect disease burden in the country, with no papers published on the evaluation of public health interventions for leading communicable diseases. The quality of the papers was also questionable with only 25% of the reports obtaining a score of adequate or better.⁷
15. There are several areas in which DFID could become involved in supporting health research in India. In the recent draft 'National Health Research Policy', published in March 2010 for consultation⁸, the following constraints and concerns, which DFID could work to improve, were outlined:

¹ <http://www.scidev.net/en/south-asia/news/india-pours-funds-into-climate-space-research.html>

² http://www.sipri.org/research/armaments/milex/resultoutput/milex_15

³ <http://www.dfid.gov.uk/Global-Issues/Emerging-policy/>

⁴ <http://portfolio.theglobalfund.org/Country/Index/IDA?lang=en#>

⁵ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60831-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60831-8/abstract)

⁶ <http://www.dfid.gov.uk/Where-we-work/Asia-South/India/>

⁷ http://www.searo.who.int/en/Section313/Section1519_10852.htm

⁸ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2766381/>

⁸ <http://www.icmr.nic.in/>

- policy makers do not translate health research into health programmes - most health programmes in the country were not adopted until they gained international support;
- lack of coordination in health research;
- lack of research culture or climate to foster health research;
- lack of capacity development for human resources and infrastructure;
- the medical education system does not foster a research culture;
- lack of incentives in place for research productivity;
- lack of clear research career structure; and
- weak inter-sectoral linkages and inaccessibility to modern information technology and biotechnology tools.

Increasing communication activities

16. Communication is another fundamental aspect which should underpin all of DFID's activities. It is necessary for DFID to develop its communication activities in order to develop partnerships, influence stakeholders and promote the use of research through:

- *Increased communication with country offices.* Having country offices is one of DFID's major strengths. However, they are often not effectively utilised with key staff members often being moved to other offices, thereby losing continuity of in-country knowledge and developed relationships. Increased communications between country offices, DFID headquarters and international stakeholders would increase knowledge sharing and support partnership working.
- *Increased transparency.* It is often unclear to other donors what projects and programmes DFID is involved in through its bilateral programme in India. This severely limits the ability of other donors to identify ways to coordinate, collaborate and partner with DFID.
- *Influencing the development agenda.* External communication of research findings and activities undertaken in India can help to influence the broader development agenda and the decision of other donors and stakeholders to engage with India.