



Blog - Redefining Development

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Redefining development: Moving to 'Square 3'

It seems that 'development cooperation' remains stuck in its preoccupation with ensuring 'aid effectiveness' and reducing corruption. This view creates the opposite of what 'development' aims to achieve. But the aid mentality persists, despite growing evidence that aid itself is a main source of corruption and that governments which are dependent on aid for substantial parts of their budgets for prolonged periods are more responsive to donors than to their own citizens.

Forty years ago, development activities were based on aid, or charity. If we think of this as Square 1, then Square 2 is the moment when development aid became focused on vertical programmes aiming to solve a single disease or issue (e.g. malaria, TB, polio).

Today, while vertical programmes still predominate the development landscape, we are set to move into Square 3 – this is a move from northern-driven thinking and programmes to the use of the vast southern capacity; and from aid and charity to market opportunity – driven by the talent and investment available today in many low income countries.

This approach can be put into action by focusing on two areas:

- Developing the role of research, science & technology and innovation as a tool to achieve health, equity and development.
- The role of social and commercial entrepreneurship in creating innovation, and going to scale to become an economic force in low income countries.

Potential power of vertical programmes

The current situation is illustrated in the example of GAVI – the Global Alliance for Vaccines and Immunisation – the big, influential and successful vertical programme, now in its 10th year. Among its achievements, GAVI has saved over 5 million lives since starting its work, and excellent achievement. But there is one statistic missing: after ten years of work – most of which targets Africa – there is not one WHO pre-qualified vaccine producer in Africa. This suggests the question: *Ten years from now, would the Alliance's work be considered a success if it had not help build the capacity for Africa to be a supplier and producer of at least some of the vaccines used on the continent?*

A similar story is repeated in most vertical programmes in the health sector today. Success in delivering cures and solutions that save lives, but less priority and investment in leaving behind a stronger and lasting science and technology capacity in partner countries. Should the building of countries' science and technology capacity not also be a metric to track the quality and relevance of international programmes, and criteria by which countries select which global



health partners are best for them? If so, the implications of such a 'systems focus' to capacity development go far beyond the current training and project-based approaches on offer from most programmes....and current thinking on what constitutes, capacity building and empowerment.

The point of this example is not to advocate for all countries in Africa to become producers of medicines, vaccines and diagnostics. But it does mean that if we speak about 'development' we should stop thinking about charity and start seeing Africa as a market, with lots of expertise and creativity and an economic growth rate second only to Asia.

The case of pharmaceutical innovation is another telling example. The prevailing view among many northern governments and international programmes is that '*we can help countries by improving access to medicines through programmes for low cost drugs for low income countries*'. To this invitation, a number of African countries responded by presenting to international and northern partners their agenda for medicines access and for strengthening their ability to pursue pharmaceutical innovation.

Africa has its science and technology foundation

For health research, a foundation to achieve a new approach to development has been built in the past four years. The starting point was the process of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG), that is being put into action today by the WHO's Public Health and Innovation initiative. On its side Africa has the African Union's Pharmaceutical Manufacturing Plan for Africa. For pharmaceutical innovation in Africa, the scene is set for countries to assess their needs, develop action plans and plan to build capacity and skills to procure or develop medicines (or to build regional partnerships to deliver on their needs).

This is not to be critical of vertical programmes. But rather, to encourage them to become more relevant to countries needs and today's realities by becoming catalysts for countries long term development. They can move from focusing exclusively on disease treatment or immunisation objectives – and risk and being seen as 'aid' or 'development cooperation' (which in reality constitutes humanitarian relief) – and participate in designing a more balanced approach to achieving health, equity and development. *This approach emphasizes building infrastructure, institutions, systems, and enabling environments.* This where the end of poverty can be found. In development, not in aid and relief.

In this light, would 'real development' not mean that in its next decade, GAVI sees that at least three of the ten vaccines used in Africa are sourced from Africa?

Why not focus on country needs?

Take the example of health research in low income countries. There is not a single country in the world in which HIV/AIDS, TB and malaria together cause most morbidity or mortality. When then is over 90% of globally funded research and programme funding focused on these three



diseases? This skewed investment practice has a profound long term effect on research and innovation capacity in low income countries. It draws this scarce in these countries away from addressing ALL problems that the country faces that require research and innovation – focusing it narrowly on the topics for which the north is willing to pay.

In calling for the ‘redefining’ of development, we are not only calling on donor countries to change, but also on low and middle income countries. They need to optimize the use of resident capacity, leadership and creativity.

The question then is, what is specifically is Square 3, and how can we get there? While there is no quick answer, the direction is clear: create a climate that encourages entrepreneurship as the means to stimulate investment in innovation. Donor countries should no longer be donors, but rather develop the expertise to engage partner countries in building science, business and social enterprise.