into innovative methodologies for tackling issues of compound attrition, to an in-depth review of drug safety from risk plans in development, through to yellow-card reporting after a product is licensed. Additionally, the programme aims to generate broader interest in, and understanding of, pharmaceutical medicine at the undergraduate level, and to encourage students to develop a genuine and informed interest in pharmaceutical research.

The teaching programme is based on the Diploma in Pharmaceutical Medicine syllabus and comprises eight tutorial-style half-day sessions. Students are asked to do guided background research, through workshops and tutorials, and are provided with the opportunity to discuss the challenges faced in drug development with specialists in pharmaceutical medicine.

At the end of the programme, students have to complete a formal assessment in which they are required to give a short presentation and write an assignment on what they have learnt. They work together to produce an outline development plan for a new drug, on the basis of their research and tutorial work. Their current task is to produce a programme suitable for a novel anti-infective compound, from discovery through to the marketplace.

About 50 students have chosen to take this programme since it began in 2005. Feedback from the students on the value of the programme is consistently positive, with many expressing a change in their opinion of the industry due to their increased knowledge. On the basis of the feedback, the sessions have become more interactive, with the inclusion of exercises in risk management and early-phase development planning. The visit to the Pfizer site now incorporates a debate between students and Pfizer colleagues on drugs for the developing world.

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International family-planning budgets in the “new US” era

Anticipating major shifts in the political complexion of Washington as a result of the 2008 Presidential election, we, as five former directors of the US Agency for International Development’s (USAID) population and reproductive health programme, recently issued a report as part of an effort to increase USAID’s stagnant family-planning budget.1 Our evidence-based report, Making the case for international family planning, recommends an increase from the present level of US$457 million to $1·2 billion in 2010, with modest further annual increases thereafter.

We reached this conclusion after carefully reviewing USAID’s past and present family-planning programmes. Our report notes that there are still over 200 million women who want to delay or to bear no more children, and discusses how such an investment would benefit not only women’s and children’s health but also overall development. We describe how USAID has effectively
used funds in the past and how the agency could scale up its efforts.

With dramatic political shift in Washington, we are optimistic that our message will resonate well in the new policy environment. With the euphoria around the election of Barack Obama as President, it is easy to miss less profound, but still important, changes in Washington. Since 1984, for example, there have only been 2 years, 1993 and 1994, when the Democrats controlled the White House and both chambers of Congress. Now, in 2009, Washington again has a Democratic majority in both the White House and Congress.

For the reproductive health community, this shift is a harbinger of positive change and, indeed, Obama seemed to confirm this expectation when on his fourth day in office he rescinded the detested Reagan and Bush era Mexico City Policy, also known as the global gag rule, because it prohibited funding foreign non-governmental organisations that, even with their own money, discussed the liberalisation of abortion policies and/or provided legal abortion services in their own countries.

On this same day, Obama announced his intention to restore funding to the UN Population Fund (UNFPA), which had lost its support under the Reagan and Bush administrations, saying that international family planning has been a “political wedge issue” and that he has no desire to continue this “stale and fruitless debate”. 5 days later, a Republican senator’s effort to restore the global gag rule was defeated in a 60 to 37 vote.

Under the Clinton administration, USAID saw its largest family-planning budgets in 1994 and 1995. But after the high point in 1995, the budget for international population and family-planning programmes stagnated as it fell victim to Republican opponents in control of Congress and as other health priorities (especially the fight against AIDS) came to the fore.

Had it not been for two key champions of women’s reproductive health between 1996 and 2004—a Clinton administration Undersecretary of State, Tim Wirth, and Bush’s Secretary of State, Colin Powell—along with a solid bipartisan group of supporters in Congress, we believe these budgets would have fallen considerably further. Indeed, during Powell’s 4-year tenure, the family-planning request and funding levels were higher than those during Clinton’s last 4 years in office (figure).

The evidence in our report—that women in many developing countries have enormous unmet need for contraception—should be compelling. Moreover, the effect of persistent high fertility on economic and social development and the natural environment is indisputable in Africa and other regions. Yet the links between family-planning programmes, lower population growth rates, and the achievement of development objectives—first and foremost, poverty reduction—have not been well understood by policymakers. These links represent a virtuous circle, in which success in one area invariably produces positive outcomes in the others.

We have no illusions about the treacherous political terrain of reproductive health in the USA. However, we are much encouraged by Obama’s commitment to bring science back into the service of public policy, his efforts to find common ground in the national debate about abortion, and his and Secretary of State Hillary Clinton’s determination to make international development cooperation and women’s rights far more prominent features of US foreign policy.
The African Network for Drugs and Diagnostics Innovation

Africa bears the greatest burden of disease in the world today, but concrete research and development mechanisms to address this inequity within the continent are lacking. There have been several recent calls through international and regional fora for increased investment in health research and development in developing countries. These reports show that the international community is committed to supporting research activities in developing countries, especially in Africa. However, to ensure sustainability, the leadership to implement local agendas for research and development must come from within. The new African Network for Drugs and Diagnostics Innovation (ANDI), started through partnership among African institutions after an October, 2008, meeting in Abuja, Nigeria, could provide the lynchpin for concrete actions to strengthen research and development capacity in Africa.

The objective of ANDI is to promote and sustain African-led product research and innovation through the discovery, development, and delivery of affordable tools to treat diseases that are prevalent on the continent. A task force charged to develop the strategic and business plan for ANDI had its first meeting in Geneva, Switzerland, on Feb 10, 2009, where timelines were agreed. A consultant is being recruited to work with the task force to develop the ANDI business plan, which will be shared broadly with stakeholders as it is developed.

Mapping of the landscape for research and development in Africa, done to inform the establishment of ANDI, revealed that substantial capacity exists. However, available capacity is yet to be harnessed systematically due to lack of a sustainable mechanism to support translation of research and innovation. Several African institutions have success stories, exemplified by research at the National Institute for Pharmaceutical Research and Development in Nigeria and the Kenya Medical Research Institute, which has led to the development of a natural-products-based formulation (niprisan) for the treatment of sickle-cell anaemia and diagnostic kits for hepatitis B and HIV, respectively. A world-class antischistosome drug-screening facility at the Theodor Bilharz Research Institute in Egypt is evaluating thousands of compounds and natural products, while hit-to-lead projects at the University of Cape Town, in collaboration with other institutes, have identified antimalarial leads and have trained several scientists as part of the projects. Many other institutions

Figure: Summary of research and development landscape in Africa
Examples of available research and development capacity and how ANDI can harness such capacity to stimulate innovation. Circles: capacity for basic research for vaccines, drugs, and diagnostics discovery, traditional medicines and natural products, hit identification, clinical trials, and marketing is widely available. Triangles: capacity for lead identification and optimisation, regulatory affairs, and manufacturing is available but only in some countries. Squares: capacity for toxicological assessment and raw-material processing is limited.


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