Q: What is the purpose of the Global Health PRN?

The Global Health PRN is intended to focus independent research on some key policy and finance problems facing global health today, and to use that research to get good new ideas about how to solve those problems onto the agenda of donor and technical agencies. We're trying to find ways to connect the excellent conceptual and empirical work that is done in academic contexts with the real world questions about how to mobilize and effectively use financial and technical resources to make a difference in the health of the poor.

One feature that distinguishes us from the many other efforts in global health is our audience. Consistent with the mission of the Center for Global Development, we're emphasizing the problems (and solutions) that are related to what the international community does, rather than what Ministers of Health and district medical officers do.

Another distinctive feature is our independence. There are lots of groups who are working on many big problems in global health policy, but they tend to be associated with or led by the various funding or technical institutions. That's tremendously useful, of course, but I think we add something by creating an environment in which people can think outside of their relatively narrow institutional self-interest. It's a process of moving from asking, "What can my institution do?" to "What needs to be done?"

Q: How does the network work?

We organize activities primarily around working groups that concentrate on particular questions or problems – say, for example, the problem of how to ensure that the supply of new, high-value health products will be there when the funding is mobilized to buy them; or the question of what we've learned from the multiple experiences with "pay for performance" schemes in donor-funded programs. For each working group, we invite about 15-20 experts from around the world – both researchers and implementers – to engage in a several-month working group process. During that process, we collectively define the problem in very specific terms, and undertake analytic work to better understand the problem and flesh out the advantages and disadvantages of potential solutions. In this, the contributions of the research community can be very important; the skills of being able to systematically analyze a problem and weigh the evidence help us get out the typical sort of conversation that occurs when only advocates and policymakers with relatively short-term time horizons are in the room. At the same time, the contributions of individuals who really understand on-the-ground realities are equally important, to move the debate from "what?" and "why?" to the "how?" questions.

Then the working groups develop recommendations aimed at the international community. From that point, we really try to open up the conversation and get input, critique and support from as broad a set of interested parties as we can manage – often through the use of e-consultations. The comments we get then inform the final working group report, which we circulate as widely as possible.

Q: You have just completed the network's first conference. What was achieved?

The main objective of the conference was to get input about what topics the Global Health PRN should focus on over the next 4 years or so. We did this by trying to listen, in a structured way, to the thoughts of people who are involved in policymaking, implementing health programs in developing countries, and conducting research on health financing and policy issues.

The ideas that came out were really very useful, I think. There was certainly a lot of convergence around some of the central problems in global health, as well as a few ideas that really should be on the agenda but are not yet. We'll be web-publishing the list of topics for those who might be interested.

One of the new ideas, for example, was to look at how the resources of wealthy countries, like the US, could be better used to strengthen the response to avian flu (and other emerging diseases) in poor countries. It's really striking that the reflexive response by industrialized countries is to stockpile Tamiflu, which is the only treatment for avian flu. This has driven up the price and greatly reduced the global supply, leaving countries like Thailand and Indonesia, where avian flu is a very real problem, without the ability to get the drug. In the long run, that makes the problem much worse for everyone. It's just one example of how we have to think about health in strategic, rather than reactive, ways to solve the problems. At CGD, our comparative advantage is not to describe the epidemiology of the problem or develop a blueprint for building up manufacturing capacity. But what we can do is shed some light on how the policies and actions of the international community can be altered to improve prospects for the health of the poor.

Q: Previous and ongoing work includes Millions Saved: Proven Successes in Global Health; Making Markets for Vaccines: Ideas to Action, and a new initiative, Closing the Evaluation Gap to increase the quality and quantity of evaluations of development projects. What topics that the Global Health PRN is likely to tackle in the near future?

We're sorting that out now, so I don't have a final answer for you. I think we will do work in three general areas: First, how to improve the reliability and affordability of much needed health products. Second, what strategies should be used to scale-up and promote the sustainability of health services that respond to the main health needs in poor countries. Third, how health fits into the broader picture of economic and social development, including trade policies, development assistance mechanisms, and other dimensions.

One of the central questions that many people are concerned about these days – and that came out in virtually all of the discussions during the meeting – is how to deal with the fact that donor funding tends to be earmarked for prevention, control or treatment of a particular disease, but those disease-specific programs don't always support or strengthen the core health-related functions of government, and may even undermine those functions if separate information, personnel, supply chain and other systems are set up. This is the now very active debate about "vertical programs" and "health systems." For us to tackle that issue will require that we break it down into manageable parts and look at specific aspects, such as how donors can support the development of a supply chain for a broad set of products, rather than creating individual systems for each and every type of product as is largely the case now.

Q: James Surowiecki, author of The Wisdom of Crowds, was a keynote speaker at the Global Health PRN conference. Why is his work of interest to the Network?

The most pressing problems in global health can be solved only with a very broad range of expertise, and relevant knowledge exists in many disciplines, locations and levels. For example, if you're thinking about how to solve problems with the supply chain, then you need to tap into the knowledge of people in industry, funding agencies, procurement agencies, and all the way down the distribution pathway. No one person or group has all the information. *Wisdom of Crowds* makes a compelling argument for the value of bringing widely dispersed knowledge together – even knowledge that isn't based on formal expertise – and also suggests the best ways to do it.