

REPORT OF THE 3rd SCIENTIFIC ADVISORY BOARD (SAB) OF THE GLOBAL HEALTH AND TROPICAL MEDICINE RESEARCH CENTRE AT THE INSTITUTE OF HYGIENE AND TROPICAL MEDICINE – UNIVERSIDADE NOVA DE LISBOA (IHMT/NOVA)

Dates: 20-21 April 2022

Members of the SAB:

Present on site (OS) or online (OL):

Prof Sylvie Manguin (SM)-OS Institut de Recherche pour le Développement, Montpellier, France

Prof Afranio Kritski (AK)-OS Federal University of Rio de Janeiro, Brazil

Dr Mateus Webba da Silva (MWS)-OL Ulster University, United Kingdom

Prof Umberto D’Alessandro, Chair (UDA)-OS London School of Hygiene and Tropical Medicine, United Kingdom

Apologies for absence:

Dr Maria do Rosário Bragança Sambo (MRB) Ministério do Ensino Superior, Ciência, Tecnologia e Inovação - República de Angola

The meeting was held at the IHMT in Lisbon on April 20-21, 2022. The meeting was opened by Prof Filomeno Fortes, Director of the IHMT/NOVA, who welcomed the SAB members.

Miguel Viveiros (MV), the scientific coordinator of the Global Health and Tropical Medicine Research Centre (GHTM), provided an overview of the 2021 activities and outcomes, and of the implementation of the SAB’s recommendations formulated last year. The current GHTM project with the Fundação para a Ciência e a Tecnologia (FCT) started in January 2020, the contract was signed in September 2020, an interim evaluation is expected at the end of the 2022, and the project will end in December 2023. However, an extension up to December 2024 is expected. Highlights were the increase in competitive funding (from 5M in 2021 to 13M in 2022), with an increase in 2022 of the number of projects of whom 41% are international compared to 38% in 2021. Notably, the GHTM secured as coordinator a large proposal from the European Union’s Horizon 2020 program involving 29 countries, for a budget of 9M euros. The GHTM has continued to be extremely active on Covid-19, both publishing 32 international papers and being often in the national news. However, GHTM did not participate to any of the 33 clinical trials on COVID-19 implemented in Portugal thus far. Most of the SAB recommendations in 2021 were implemented. Among those not completed were the following:

1. Capacity in clinical trials has not been developed as intended. However, the new head of the Individual Health Care (IHC) group has been in function only since January 2022.
2. Uniting the whole laboratory infrastructure into a common platform has not been completed.
3. For the Biobank, priority samples have not been identified yet.

MV’s presentation was followed by those of individual research groups and then by that on the VIASEF and the Biobank. The research groups raised several issues. The IHC group has a new head, Marcelo Ferreira (MF), who continues to have strong collaborative links with Brazil. The group “inherited” the treatment trials on Human African Trypanosomiasis. However, MF has mainly worked on malaria, and

he intends to continue this line of research. He mentioned the IHC group is small, and all its members are heavily involved in teaching and health care provision. He also mentioned the lack of infrastructure for complex field studies or randomized clinical trials. However, a protocol of collaboration will be signed this month (April 2022) with a Lisbon hospital having an infectious diseases service (Hospital Egas Moniz). The other research groups also mentioned the difficulties encountered by a substantial proportion of their staff in securing research funds and conducting research, often due to the high workload, especially teaching.

The Biobank has progressed but the implementation of the prospective collection of biological samples encounters substantial challenges, mainly logistical. The VIASEF was opened in June 2021 and there are currently some ongoing projects. However, there is a lack of human resources specifically allocated to VIASEF as it is completely dependent on externally funded projects. In addition, there is no website to attract funding. Overall, there is no business plan and no outreach plan for a variety of reasons.

The last presentation by Dr Tiago Correia was on the different definitions of Global Health, Planetary Health and One Health, with the aim of stimulating a discussion on where the GHTM is best situated. The GHTM area of research is Global Health with a Planetary and One Health visions.

SAB discussion, feedback, and recommendations

The SAB's overall impression was extremely positive. The GHTM has progressed substantially in terms of collaboration between research groups and cross-cutting issues. The increasing GHTM quality and visibility is shown by the continued publication of high impact work and securing the coordination of a large EU project (CLIMOS) involving 29 countries. In addition, there is increasing collaboration between GHTM and African Lusophone countries and Brazil, which is also supported by the teaching activities as alumni are appointed to key positions in Ministries of Health and Research Institutions, e.g., Cabo Verde, Angola.

After discussion, the SAB recommends the following:

1. The capacity in clinical trials is still very low. It is surprising that no clinical trial on Covid-19 could be implemented during the epidemic. The SAB suggests carrying out an assessment on the capacity for clinical trials in hospitals in Lisbon, to identify potential study sites with whom to collaborate. The head of the IHC group is relatively new. The SAB suggests visiting institutions with good expertise in explanatory clinical trials (phase 2 and 3) in Africa such as the Manhica group in Mozambique and the MRC Unit in The Gambia. It is also recommended to develop a business plan, which should consider also phase 4 trials (implementation trials) or cluster randomized trials.
2. The issue of human resources and on how to encourage grant submission was discussed. The SAB suggests creating a system that encourages the discussion of research ideas, identifies potential sources of funding, and support the development and write up of the proposals. The group leaders should timely identify the need for help, and provide individual mentorship. Mentorship activities should be suitably appreciated in career assessment activities. The SAB appreciates that this may result in meetings that will add to the current burden. However, it is important that securing research funding is not left to the individual researchers and that GHTM supports these efforts. In addition, the GHTM may consider rewarding successful researchers and/or providing more administrative support.

3. For VIASEF, the priority should be finalizing a business plan that would allow attracting external partners and also costing the activities, and the allocation of resources within the IHTM. There is the need of having one person responsible for the VIASEF activities and coordination. Similarly, for the Biobank, there is the need for a business plan and for a solution to the logistical problems highlighted during the presentation. The SAB expects that business plans and the recruitment of dedicated persons, one per structure, should be completed by the end of 2022.
4. The SAB noticed that some projects with promising results, e.g., diagnostic, may end without further development. For such projects, the SAB recommends developing a “pathway to impact”, possibly using the institutional one. Interaction with stakeholders/ industry should be promoted and is highly recommended by the SAB.
5. It was mentioned that Associated Laboratory in Translation and Innovation Towards Global Health (NOVA, Evora Univ, Coimbra Univ) is still waiting for funds from the Portuguese Government. The SAB recommends developing a plan specifically anticipating a scheduled alignment of GHTM with NOVA Health Cluster.
6. The SAB maintains the recommendation about creating a common laboratory platform although it recognises the inherent challenges. The management of GHTM should decide on how to support the infrastructure, e.g., finalize the implementation and integrated management and maintenance support plan for key equipment.
7. The SAB noticed teaching represents an important proportion of the GHTM staff time. However, GHTM is mainly evaluated for its research outputs, although teaching may support research as well. It would be important to evaluate the quality of teaching and its specific impact on research activity. In other words, assess the cost-effectiveness of the impact of teaching on research, and its impact on the career progression within GHTM.
8. Continue to promote formal training programs in African countries and Brazil. Consider extending the training of statistics applied to health sciences to other lusophone countries. In addition, promote capacity building using e-learning courses on Clinical, Implementation and Qualitative Research.
9. About half of the GHTM publications are open access, whilst a reasonable target is 85%. The SAB recognises the challenges in funding open access and recommends developing a policy for open access, with clear procedures on how to support it. Such policy should be known across the GHTM.
10. Finally, the SAB recommends to finalise the development of a conceptual framework for Global Health using the One Health and Planetary Health view.