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Funding infectious disease research: A systematic analysis of UK investments by funders 1997-2010

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Background: Research investments are essential to address the burden of disease, however allocation of limited resources is poorly documented. We systematically reviewed the investments awarded by funding organisations to UK institutions and their global partners for infectious disease research.

Methods & Materials: We systematically searched databases and websites for information on research investments for the period 1997-2010. We identified 325,922 studies for screening and included 6,165 studies in the final analysis. Public and philanthropic investments were included. We categorised studies by infectious disease, cross-cutting theme, and by research and development value chain, reflecting the type of science.

Results: We identified 6165 funded studies in infectious disease research with total research investment of UK £2.6 billion. Of these, 2385 studies (38.7%) were investments by public research funding organisations totalling £1.4 billion (54%), 2874 studies (46.6%) by philanthropic funding organisations totalling £1.1 billion (42.4%).

Global health studies represented an investment of £928 million (35.7%). The Wellcome Trust was the leading investor with £688 million (26.5%), closely followed by the UK Medical Research Council (MRC) with £673 million (25.9%). Funding over time was volatile, ranging from ~£40 million to ~£160 million per year for philanthropic organisations and ~£30 million to ~£230 million for public funders.

The funding for preclinical research accounted for the majority of investment with £1.6 billion (62.4%) with a median grant of £193 149 (IQR £74 157 - £365 587). Phase I, II, III clinical trials accounted for £147 million (5.6%) with the highest median grants at £213 471 (IQR £53 116 - £839 713). Product development research accounted for the least investment with £133 million (5.1%) with a median grant of £147 621 (IQR £38 625 - £409 663). Operational research accounted for £697 million (26.8%) with the lowest median grants at £88 232 (£18 513 - £250 423).

Conclusion: Infectious disease research funding requires global coordination and strategic long-term vision. Our analysis demonstrates the diversity and inconsistent patterns in investment, with volatility in annual funding amounts and limited investment for product development and clinical trials.

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To implement new method of peer education in Iranian prisons to improve knowledge of inmates on infectious diseases

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Background: Weakness of knowledge of prisoners on health issues especially HIV/AIDS&Infectious diseases is a critical problem all across the world and it is not limited to a country or an especial society. Peer Education Program (PEP) is one of important harm reduction programs in prisons for providing information to change behavioral patterns. In this method members of the target group are selected and trained to transfer key information to their peers through face to face training or small group discussions. Peer education is a behavioral change strategy that has a known theoretical basis.

Methods & Materials: Fission Model of Peer Education (FMP) for incarcerated inmates

Each inmate was first educated by designated health professionals on HIV/AIDS and infectious diseases then requested to educate three other inmates with the assistance of pamphlets. Each of these three inmates in turn trained three more inmates, and the process continued in a spontaneous pyramidal manner.In each prison block, the initial training was just given to the one or two first-level inmate(s) and the knowledge passed on to the next levels spontaneously (Attached). The feedback was then retrieved by means of questionnaires attached to the educational pamphlets to be filled by the inmates. The goal of educating two leader inmates was to create two networks in a competitive atmosphere.

The information was recorded and analyzed using a special software program designed for this purpose, and participating inmates were ranked and rewarded according to the number of inmates they educated.Therfore intervention of personnel in the above processes was limited

Results: This protocol were developed over a period of two years and implemented in a six-month pilot in prisons in 2010-2011. Then it has implemented in 17 prisons for 24 months up to end of Sep2013 (continuing now), also covering about 73,000 inmates. The educational topics were HIV/AIDS, STD, Tuberculosis and Health issues.

Conclusion: The goal of the above models was to install a spontaneous, ongoing educational system with a competitive environment, and we seem to have been successful in achieving this goal. On the other hand, the M&E system of the protocols improved the efficacy of the process.

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