

University of Groningen

## GADA persistence and diabetes classification

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## Supporting research leadership in Africa

The Editorial published in *The Lancet Global Health* and *The Lancet Diabetes and Endocrinology* by Davies and Mullan<sup>1,2</sup> spotlighted Africa's need to build local health research capacity. Parachuting in research solutions from developed countries doesn't work: "African researchers are best placed to ask questions that are relevant to African issues."<sup>1</sup> Withdrawal of support from the Wellcome Trust and PEPFAR is a major setback for research development in Africa. Additional challenges include the need to develop multidisciplinary research team approaches, bridge the knowledge translation gap, and find local sustainable African research leadership. But can all of this be done at reasonable cost?

MicroResearch, modelled on microfinance, is an innovative African/Canadian research partnership, which was launched in 2008. The project is aimed at building local health-care professionals' capacity to find solutions for community maternal and child health problems by: (1) training multidisciplinary local teams to identify health problems; (2) coaching teams to develop their question into a scientifically rigorous research proposal; (3) after local ethics approval, providing small funds (CAN\$2000); (4) coaching teams to conduct the project and translating findings into action; (5) sharing findings through publication and forums; and (6) growing local MicroResearch African leadership.<sup>3</sup>

By 2016, 27 workshops were completed with more than 700 African health professionals trained, 50 team proposals launched, 22 completed, and 22 publications, all in a gender equitable manner. Several MicroResearch projects have already led to local programme and policy changes.<sup>3</sup> All of this has been achieved for less than CAN\$500 000. Thus, building research capacity for

health-care worker teams to find local solutions that fit culture, context, and resources, can be done at low cost.

We declare no competing interests.

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- 1 Davies J, Mullan Z. Research capacity in Africa—will the sun rise again? *Lancet Glob Health* 2016; **4**: e287.
- 2 Davies J, Mullan Z. Research capacity in Africa—will the sun rise again? *Lancet Diabetes Endocrinol* 2016; **4**: 375.
- 3 MacDonald NE, Bortolussi R, Kabakyenga J, et al. MicroResearch: finding sustainable local health solutions in East Africa through small local research studies. *J Epidemiology Glob Health* 2014; **4**: 185–93.

I read your Editorial published in *The Lancet Global Health* (May, 2016)<sup>1</sup> and *The Lancet Diabetes and Endocrinology*<sup>2</sup> with some surprise. It is unfortunate that you neglected to mention that the Wellcome Trust has recently greatly increased its commitment to building research capacity in Africa.

In 2014, we reviewed our funding in Africa with the intention of expanding our support. Since then we have launched DELTAS Africa, in partnership with the UK's Department for International Development (DFID).<sup>3</sup> DELTAS Africa is a £60 million scheme over 5 years through which we will fund 11 consortia and expect to train up to 2000 African researchers.<sup>4</sup> This activity is in addition to our major programmes in Kenya, Malawi, and South Africa, the Human Hereditary and Health (H3A Africa) programme, and Global Health Trials, which together total more than £230 million of current investment.

At the same time, with our partners at the UK Department for International

Development and the Bill & Melinda Gates Foundation, we are establishing and investing in the Alliance for Accelerating Excellence in Science in Africa (AESA), the first and only pan-African funding platform whose sole aim is to strengthen research capacity. With the establishment of AESA, we signal a real shift in the centre of gravity of leadership and eventually funding of African science to Africa.

Competition from excellent programmes led by African researchers continues to grow, and while inevitably this means that some will not be successfully funded, it is a sure sign of a flourishing research environment.

I am the Head of International Operations and Partnerships at Wellcome Trust. I declare no other competing interests.

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- 1 Davies J, Mullan Z. Research capacity in Africa—will the sun rise again? *Lancet Glob Health* 2016; **4**: e287.
- 2 Davies J, Mullan Z. Research capacity in Africa—will the sun rise again? *Lancet Diabetes Endocrinol* 2016; **4**: 375.
- 3 The Wellcome Trust. Leading African scientists to drive continent's research agenda. Sept 10, 2015. <http://www.wellcome.ac.uk/News/Media-office/Press-releases/2015/WTP059728.htm> (accessed April 29, 2016).
- 4 The Wellcome Trust. Research boost creates more opportunities for African scientists. April 20, 2016. <http://www.wellcome.ac.uk/News/Media-office/Press-releases/2016/WTP060319.htm> (accessed April 29, 2016).

## GADA persistence and diabetes classification

We warmly support the call of Shazhan Amed and Paolo Pozzoli in their Comment<sup>1</sup> in *The Lancet Diabetes & Endocrinology* for optimising diagnostic accuracy in children and adolescents at onset of diabetes. Measurement of antibodies at onset would definitely contribute to the proper classification and treatment of diabetes in young patients. Despite



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For more on MicroResearch see <http://www.microresearch.ca>



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For more on KEMRI-Wellcome Trust Research Programme see <http://kemri-wellcome.org/>

For more on the Malawi-Liverpool Wellcome Trust Clinical Research Programme see <http://www.mlw.medcol.mw/>

For more on the Africa Centre For Population Health see <http://www.africacentre.ac.za/>

For more on H3A Africa see <http://h3africa.org/>

For more on the Global Health Trials scheme see <http://www.wellcome.ac.uk/Funding/Biomedical-science/Funding-schemes/Global-health-trials-scheme/index.htm>