Wellcome Library, London

Straight talk with…
Jeremy Farrar

Jeremy Farrar is no stranger to running a charitable organization. In 2011, the clinician-scientist and avid cricket player launched the Farrar Foundation, which spends around £9,000 ($15,000) per year supporting medical and sporting activities in Southeast Asia. As director of the Oxford University Clinical Research Unit, based in Ho Chi Minh City, Vietnam, Farrar wanted to give something back to the people he had worked with in region. Now, he is taking his research and philanthropic agendas to a global level. On 1 October, Farrar took the helm of the Wellcome Trust, the second largest nongovernmental funder of biomedical research in the world.

It's a natural fit for the Wellcome Trust and Farrar alike—Farrar has leadership experience in the global health arena and the Trust has supported much of his research into dengue, typhoid and other tropical diseases. But the Wellcome Trust, with its £16 billion endowment, is far more than just an enabler of biomedical research. It is also a key player in wider science policy debates, driving forward agendas such as open access while also maintaining active programs of public engagement. Farrar sat down with **Daniel Cressey** at the Wellcome headquarters in London to discuss his Trust issues.

As a clinician-scientist, do you think the Wellcome Trust should be devoting more resources to translational research?

You could be under pressure to say, "There is significant funding for what's called basic science, and maybe the Trust should move in a much more translational direction." I have to say, I don't agree with that. Even though I come from the more clinical end of clinical science, everything that I've done in my career has essentially been translated from some sort of understanding of basic science. Of course we've got a huge desire to translate things into clinical practice, to change people's lives, whether it's epidemiology, whether it's drugs, whether it's vaccines, diagnostics. But I believe the Trust has a role to play in encouraging that basic science before it becomes necessarily translatable.

The Wellcome Trust endowment rose 18% between October 2012 and September 2013. With a bigger pot to draw from, do you expect spending on research to go up under your tenure?

Our annual expenditure is driven by what we can return on our investments, and there are mechanisms for trying to even that out in both good and bad years. Of course I'd love to see us spending more year after year. This year [the amount is] £750 million. That's a great increase [compared with £726 million for the previous financial year, October 2012 to September 2013]. That is remarkable really given the economic climate. Of course we would all like to see that continue.

In terms of where you spend the money, are there areas you are particularly keen to see funded?

I have inherited the strategic plan, which takes [the Wellcome Trust] from 2010 to 2020. Within that, there are five high-level areas [genetics and genomics; understanding the brain; infectious diseases; aging and chronic disease; and environment, nutrition and health]. But I've always said that the most important emerging infection of the twenty-first century is going to be drug resistance. I think it's going to be one of many areas that I focus on.

The Wellcome Trust has actively supported campaigns to make all clinical trial data public. How are those efforts going?

Much more work needs to be done to make data available in the public domain, without a doubt. We are in discussions with some of the major pharma around the world to try and see how we may encourage that. There has been a shift—a real, significant shift—going on. It's not as quick as many of us might like, but I think we will get there.

Given the different priorities, what kind of partner is pharma on these issues?

I personally believe that pharma has a critical role to play in health. They've got a model, which of course is a commercial model, that has driven great innovation in health care, whether that's in diagnostics, devices, scanners, imaging, therapeutics or vaccines. We come from a totally different perspective, but it's in our interests that we have a constructive relationship with pharma. That does sometimes mean being critical of them. We also have to acknowledge the contribution they make.

You spent 17 years in Vietnam. How did that experience shape your approach to medicine?

If you're working in a hospital everyday where you see the challenges of working in lower-and middle-income countries, of course it has a huge influence. Take one example: open access. Open access has been pushed very hard by the Trust over the last decade—I believe absolutely rightly. It's very important to see open access in the context of the liberalization that that brings at a global level. A scientist now sitting in the Ho Chi Minh City University of Sciences may not have all the kit and the consumables, money, etc., that somebody across the road here [in London] would have, but at least they'll have access to most of the same information. It's difficult to overestimate the impact that's had on science.