

The implications of COVID-19 for building a more equitable pharmaceutical R&D ecosystem.

Webinar: What can we learn from COVID-19 to advance antibiotic R&D?

Knowledge Network for Innovation and Access to Medicines, Global Health Centre, Graduate Institute of Geneva.

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DND*i* was created by public & private health & research institutions and WHO

- Kenya Medical Research Institute
- Indian Council of Medical Research
- Malaysian Ministry of Health
- Oswaldo Cruz Foundation, Brazil
- Institut Pasteur
- Médecins Sans Frontières
- World Health Organization's Special Program for Research and Training in Tropical Diseases

We develop life-saving medicines for neglected patients around the world



















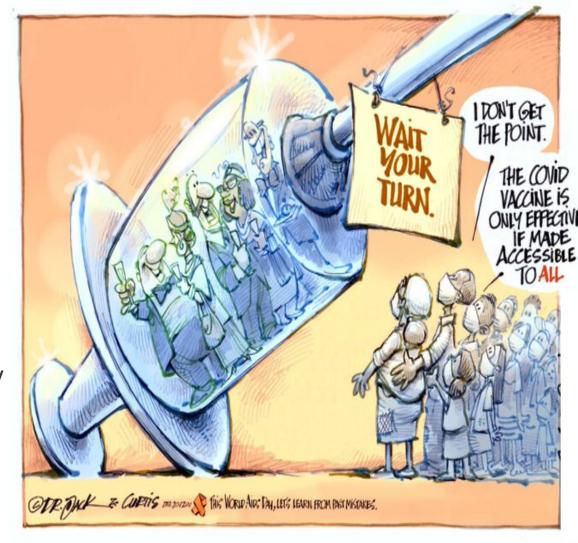




Covid- 19: acute example of chronic issues in innovation system for global health

eg:

- Vaccine nationalism: national interest vs public health
- 2. Slow "trickle down" of innovation from high income countries to LMICS
- Science funding for HICS only. Clinical research in LMICS extremely limited, and most donor funding to HICS institutions
- Specific needs of low resource settings not prioritized
- 5. Public investments vs private profit transparency and IP issues
- **6. Limited open science** collaborations
- 7. Regulatory hurdles especially in relation to LMICS initiatives



Immediate issues to address

- Vaccine Access: critical steps
 - Donate excess vaccines
 - Temporarily lift IP restrictions and support WTO waiver on C19 health technologies.
 - Share know-how and technologies
 - Support and invest in manufacturing hubs in Africa, Asia and Latin America to ramp up production of billions of doses
- Access to Oxygen and PPE
- Effective treatments : need remains acute
 - Well powered, adaptive, comparable clinical trials for repurposed & novel treatments.
 - Specific focus on research on treatments for mild/ moderate covid and post- covid syndrome
 - Aim for simple oral treatments coupled with rapid diagnostic tests to enable large-scale 'test-and-treat' programmes
 - Invest in 'virus –agnostic' discovery for C19 & future pandemics

1. LMICS must be equal partners

- Key role for scientific, medical, and public health leaders and communities in LMICS
 - to define R&D priorities, provide solutions and ensure sustainable access
- Demonstrated innovation capacity in MICS (China, Russia, and beyond)
- Strengthen further and respect the growing regulatory capacity worldwide
 - Build on successful regional approaches eg African Vaccine Regulatory Forum (AVAREF)
 - Reduce dependency on "Stringent Regulatory Agencies" who refocused on their own public health priorities

2. Access must be prioritized from the outset

- Access must drive the inception of any R&D project, and be embedded at all stages, not once a product is in late-stage clinical development or has received regulatory approval (end-to-end approach)
- Open sharing of research knowledge and data at all stages, which improves efficiency and accelerates scientific progress.
- Up front Intellectual Property binding norms to ensure health tools are free of IP restrictions, which can obstruct research and large-scale production of affordable health technologies.
- Comprehensive suite of enabling polices for licensing and technology transfer.
- Upfront agreement on equitable allocation between and within countries .
- Ensure pricing as close as possible to cost of sustainable production, affordable for health systems, free to most at risk and vulnerable

3. Transparency and science funding norms must change

- Transparency -
 - clinical trial results data, contract terms, costs of R&D
- Conditions on R&D funding:
 - greater alignment between funders to ensure affordability and equitable access, transparency and open science end to end.



Thank you!

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COVID-19 AND PANDEMIC-PRONE DISEASES: Coordinating research, sharing knowledge, expediting access to new tools

TREATMENT CHALLENGE

The overwhelming majority of COVID-19 research is taking place in high-income countries — a barrier for the development of vaccines, diagnostics, and treatments adapted to the needs of people in resource-limited settings.

OUR WORK

ANTIC®V

Largest African-led clinical trial testing treatments for mild-to-moderate COVID-19



350-member coalition working to fast-track research in resource-limited settings

OUR GOALS

SPEED TOOLS FOR TESTING AND TREATMENT TO SAVE LIVES IN RESOURCE-LIMITED SETTINGS

- Study treatments for mild-to-moderate COVID-19
- Facilitate and accelerate research through broad coalition of partners
- Define DNDi role in discovery and clinical research to support pandemic preparedness and response



