



# 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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**BEST SCIENCE**  
FOR THE MOST NEGLECTED

**DNDi**  
Drugs for Neglected Diseases *initiative*

# DNDi 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

● Sleeping sickness



● Leishmaniasis



● Chagas disease



● Filarial diseases



● Mycetoma



● HIV



● Hepatitis C



● Malaria (Until 2015)



● Antimicrobial resistance



● COVID-19





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

eg:

1. **Vaccine nationalism:** national interest vs public health
2. Slow “**trickle down**” of innovation from high income countries to LMICS
3. **Science funding for HICS only.** Clinical research in LMICS extremely limited, and most donor funding to HICS institutions
4. **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 policies 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

ANTICOV

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

COVID-19  
Clinical Research Coalition

**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**

