SCALING UP SYNERGIES BETWEEN
THE GLOBAL FUND AND INNOVATORS
TO BREAK DOWN BARRIERS TO HEALTH
INNOVATION FOR THE MOST VULNERABLE

A meeting held ahead of the
6th Global Fund Replenishment Conference
Lyon - France | Oct. 8th, 2019
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## Abbreviations

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<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>AFD</td>
<td>Agence Française de Développement</td>
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<td>ALCS</td>
<td>Association de Lutte contre le Sida</td>
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<td>ANRS</td>
<td>France Recherche Nord &amp; Sud Sida-hiv Hépatites</td>
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<td>ARV</td>
<td>Antiretroviral therapy</td>
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<td>BD</td>
<td>Becton Dickinson</td>
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<td>BPaL</td>
<td>bedaquiline and linezolid</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>DNDi</td>
<td>Drugs for Neglected Diseases initiative</td>
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<td>DTG</td>
<td>Dolutegravir</td>
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<td>FIND</td>
<td>Foundation for Innovative New Diagnostics</td>
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<td>GAVI</td>
<td>The Vaccine Alliance</td>
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<td>GDF</td>
<td>Global Drug Facility</td>
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<td>Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>IPM</td>
<td>International Partnership for Microbicides</td>
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<td>ITN</td>
<td>Insecticide-treated mosquito net</td>
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<td>IRS</td>
<td>Indoor residual spraying</td>
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<td>IVCC</td>
<td>Innovative Vector Control Consortium</td>
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<td>LMIC</td>
<td>Low or middle-income country</td>
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<td>MMV</td>
<td>Medicines for Malaria Venture</td>
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<td>OPP</td>
<td>Open polyvalent platforms</td>
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<td>PDP</td>
<td>Product development partnership</td>
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<td>PrEP</td>
<td>Pre-exposure prophylaxis</td>
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<td>R&amp;D</td>
<td>Research and development</td>
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<td>SDG 3</td>
<td>Sustainable Development Goal 3</td>
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<td>STEP-TB</td>
<td>Speeding Treatments to End Pediatric TB</td>
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<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>UNOG</td>
<td>United Nations Office in Geneva</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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The event “Scaling up synergies between the Global Fund and innovators to break down barriers to health innovation for the most vulnerable” was held in Lyon one day ahead of the Sixth Global Fund Replenishment Conference on 8 October 2019.

It was co-organized by the Drugs for Neglected Diseases initiative (DNDi), the Foundation for Innovative New Diagnostics (FIND), the International Partnership for Microbicides (IPM), the Innovative Vector Control Consortium (IVCC), Medicines for Malaria Venture (MMV), PATH, and TB Alliance, and brought together a diverse group of panellists and participants from academic and research institutions, civil society groups, development agencies, governments, medical device and pharmaceutical companies, product development partnerships (PDPs), and non-governmental and multilateral organizations.

The meeting served as a platform to identify strategies to improve the development of, and enhance access to, innovative health products and tools for the most underserved populations, both upstream and downstream of Global Fund-financed programmes. Discussions built on the recommendations and conclusions of the consultation, “Tackling bottlenecks that impede access to health innovation”, which explored approaches to address bottlenecks along the pathway to the rollout of innovations in healthcare, and was hosted by the Global Fund, the World Health Organization (WHO), and PDPs in Geneva on 12 July 2019.
Throughout the discussions, speakers observed that innovative tools and approaches have played an important role in the success of Global Fund–financed health programmes both in terms of health impact and increasing value for money, and will continue to be essential to achieve the third, health-related Sustainable Development Goal (SDG 3, Ensure healthy lives and promote well-being for all) by 2030. Highlighting the synergies that link the work of innovators and implementers, they stressed that a fully funded Global Fund and global health response, and a fully funded research and product development agenda for diseases of poverty will be crucial to meet the world’s health needs and address future global health challenges.

Other important factors were identified to successfully reach the most vulnerable populations with new health tools that better meet their needs. These include national political leadership, domestic funding and community engagement, as well as expanded public–private partnerships, with better coordination and planning across the entire value chain. As a next step, a call was issued to encourage participation in the workstreams aimed at removing bottlenecks to access in healthcare, created after the consultation which had been held on 12 July.

Mark Chataway, Managing Director of Hyderus, moderated the event.
Welcome Remarks

Ms. Andrea Lucard, Executive Vice-President of Corporate Affairs at MMV, introduced the PDPs co-sponsoring this meeting.

Together we represent as a group many of the innovators who are providing the products for the important work of the Global Fund... it is extremely important of course that we’re able to keep the pipeline going so that we can continue to fight these terrible diseases.

Andrea Lucard, MMV

Mr. François Rivasseau, Permanent Representative of France at the United Nations Office (UNOG) in Geneva, welcomed participants and thanked PDPs for their important work.

Innovation is important for France. We have invested a lot in innovation. For us, innovation is the key to success. And because it is the key to success, it is important to think about initiatives like those of DNDi, because they allow us to take giant steps forward.

François Rivasseau, Permanent Mission of France to UNOG

He added that, from his vantage point in Geneva, it is encouraging that all global health institutions are currently working on innovation, and it is important that silos are broken down and that organizations work together. He congratulated the organizers of this event for promoting synergies across organizations.
Opening Remarks

- Strengthening collaboration to improve global health results

Ms. Michèle Boccoz, the WHO Director-General’s Envoy for Multilateral Affairs, spoke about the importance of collaboration and innovation to meet global health commitments.

«Without innovative tools and innovative approaches, we won’t be on the right trajectory towards 2030. We won’t be able to deliver expected results. We won’t be able to reach vulnerable populations with the health services they need. Without innovation, we won’t be able to accelerate progress towards the Sustainable Development Goals.»

Michèle Boccoz, WHO

Now is an important time for global health, and an opportune moment to think about the role of innovators and PDPs. At the 74th session of the UN General Assembly in September 2019, heads of state adopted the political declaration on Universal Health Coverage (UHC), and 12 major global health organizations committed to the Global Action Plan for Healthy Lives and Well-being for All. This plan includes an accelerator programme focused on research and development (R&D), innovation and access. At the same time, WHO has been undergoing a process of reform to improve its accountability and impact, to place greater emphasis on the role of science, research, and innovation.

An unprecedented effort to reduce the burden of the three diseases has brought remarkable progress over the last 15 years. But many hurdles still need to be overcome to reach vulnerable populations. UHC will require sustainable and predictable financing, affordable health care, stronger health systems, and programmes to address the social determinants of health. We will also need to work together to remove the social, economic, operational, and regulatory bottlenecks to access innovation in healthcare, and the recommendations of the 12 July consultation will help us improve our collective action in this area. The international community will not succeed in reaching SDG 3 without innovative tools and approaches, strong partnerships, including a strong collaboration between WHO and PDPs, and a fully financed Global Fund and global health response.

Enhancing synergies across organizations

Dr. Marijke Wijnroks, Chief of Staff at the Global Fund, spoke about the significance of the 12 July consultation, highlighting innovators’ important contributions to global health.

“It’s obvious more financial resources from a successful Global Fund Replenishment but also from domestic sources will be fundamental to ending the three diseases. But money [for programme implementation] is not enough, we also need better innovation and better tools.”

Marijke Wijnroks, Global Fund

In recent years, many new drugs, diagnostics and other products to fight HIV, TB and malaria have become available. There are new health tools in the pipelines, but coordination across organizations is not always optimal, and it is difficult to prioritize which product to move forward.

At the consultation held on 12 July, PDPs, WHO and the Global Fund discussed how to move promising new tools as fast as possible through the entire cycle, while ensuring they are affordable, accessible, and meet the needs of the people. This agenda is very important because more can be done collectively to leverage the great work happening in these organizations. The Global Fund will remain active in these discussions and will support the R&D accelerator programme in the Global Action Plan for Healthy Lives and Well-being for All, while focusing on its role of delivering new health tools to vulnerable populations.

Acting as one for greater impact

Dr. Catharina Boehme, CEO of FIND, stressed that enhanced partnerships are needed for future success and called on participants to engage in the workstreams set up after the 12 July consultation.

“Access to new innovations can be accelerated if we work together, and speak and address problems with one voice.”

Catharina Boehme, FIND
The innovator community has delivered approximately 35 new health tools over the last two decades, many of which have played a critical role in the results achieved by the Global Fund and countries. Today, there are 55 innovations in the near-term pipeline. To bring forward these promising new health tools as fast as possible, stronger partnerships will be required.

Participants at the 12 July consultation identified 10 key bottlenecks. The July consultation and this event have brought the innovator community closer to the implementing community, creating a stronger interface than ever before. Capitalizing on existing mechanisms for HIV, TB and malaria can also drive the uptake of other innovations, help strengthen primary healthcare settings and achieve UHC more broadly.

Testimony from affected communities

- How to reach the most vulnerable with innovations

Ms. Estelle Tiphonnet Diawara, Director of Partnerships and Knowledge at Coalition PLUS, spoke on behalf of affected communities, explaining that marginalized populations are particularly excluded when it comes to access to innovation. She pointed to a few solutions to address this problem.

“Innovation is the key to success, but only when it is accessible to everyone. Too often, key populations are just boxes to be ticked [in programme implementation]. But we have to do better than that. What’s important is to take into account the needs of patients who do not go to health services. We have to actively go and seek them out.”

Estelle Tiphonnet Diawara, Coalition PLUS
The Global Fund has proven its effectiveness in bringing health tools to vulnerable populations. But to make innovations more widely accessible, efforts can be made to increase country ownership of the Global Fund’s pooled procurement mechanism; scientific studies demonstrating the acceptability of tools such as pre-exposure prophylaxis (PrEP) are helpful; governments need to put in place the legislation and necessary conditions to buy high-quality medicines and ensure transparency in purchasing procedures; and de-medicalisation is needed if most at-risk populations are to access rapid diagnostic tests and health services.

Civil society groups need to continue to be closely involved in Global Fund processes. When the Global Fund exits countries, in-country advocates are often needed to campaign on behalf of marginalized populations who are not always supported by their governments. The Global Fund has been a historic partner to civil society since its inception, and it is hoped this collaboration will continue.

3. Demedicalization has been defined by WHO as the “rational redistribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available human resources for health”. Available from https://www.who.int/healthsystems/TTR-TaskShifting.pdf
Panel 1: Innovation upstream—from R&D to more powerful tools

- Public-private partnership is needed to develop and deliver health tools at scale

“As a public agency, the ANRS could develop these ideas without constraints. It had an important network of African partners in the countries in which it worked. But this was not enough, because to develop this concept we needed at least one industry partner. And the means were required that I at the agency did not have. So we established a partnership with Unitaid to develop this kind of product.”

François Dabis, ANRS

Dr. François Dabis, Director of France Recherche Nord & Sud Sida-hiv Hépatites (ANRS), noted that public-private partnerships are key to achieving impact, illustrating the example of the OPP–ERA project.
The OPP–ERA project

A viral load test is a key marker of success of antiretroviral (ARV) treatment. Access to the test is very limited in sub-Saharan African countries. The OPP–ERA project aimed to fill the diagnostic gap and contribute to the global strategy to end HIV/AIDS, particularly the “third 90” of the UNAIDS 90–90–90 targets, meaning that 90% of patients on ARV treatment would have an undetectable viral load by 2020.

OPP–ERA – OPP, standing for Open Polyvalent Platforms, is an innovative system to detect HIV viral load, which enables machines and reagents coming from different manufacturers and suppliers to be used together while allowing diagnostic tests of various infectious agents to be performed. Unlike closed systems, open platforms can facilitate the combination of elements from different manufacturers and increase market entry of new technologies, thus allowing for a diversification of the supply and a reduction of the unit cost.

ANRS was a co-funder and head of scientific coordination of this project, which was supported and financed by Unitaid. The project was implemented by Solthis, Expertise France, and Sidaction in four countries in sub-Saharan Africa: Burundi, Cameroon, Côte d’Ivoire, and Guinea, and ended in July 2019.

ANRS, as a public agency, needed additional financial means and industry partners to develop an open polyvalent platform and scale up its use. Establishing a partnership with Unitaid met these needs.

A polyvalent, or multi-disease diagnostic tool, was developed for type 2 HIV, type 1 HIV, and Hepatitis B. After 5 years, laboratory professionals and clinicians were trained, and open systems were put in place in 12 hospitals. Results were rapidly obtained for more than 200,000 people living with HIV. The price of commercial viral load testing kits declined dramatically during the lifespan of the project. Taking this to scale required the involvement of industry partners, but polyvalency, one of the philosophies of this type of technology, is often not a consideration in strictly commercial developments.
A solid business case is required to incentivize the private sector

Ms. Renuka Gadde, Vice-President for Global Health at Becton Dickinson (BD), pointed out that public-private partnerships are often required to solve complex global health problems, particularly in low and middle income countries (LMICs), and can also help companies make the business case to invest in these settings.

“When you’re talking about reaching the vulnerable with innovations, I don’t think any single organization can do it alone, not even a big company, because [pathways] can be complicated. You need to have a collaborative partner. It is the coming together of partners with different competencies, looking at holistic end-to-end solutions that can really help overcome some of the challenges.”

Renuka Gadde, BD

Obstacles can impede progress at several stages of research, product development and roll-out. These are commonly referred to as ‘valleys of death’. For example, during the product development to commercialization stage, innovations may fail due to a lack of funding to advance R&D. During the commercialization to roll-out stage, barriers can include insufficient commitment from country stakeholders, a lack of demand generation, or a lack of resources to adopt the innovation.

For example, one of BD’s early PDP collaborations was with PATH, which enabled them to develop the world’s first auto-disable syringe for childhood immunization programmes in LMICs. The product was developed in 1991. BD invested in manufacturing, but it was not until 2000 that scale was increased. A few developments helped: the establishment of GAVI; policies issued by WHO, UNFPA, American Red Cross, and UNICEF; the creation of a procurement arm via UNICEF that achieved last-mile reach; and commitment from country governments, to name a few. These enabled BD to expand scale and drive down costs. Today, over 6 billion children have been safely immunized using BD’s auto-disabled syringes. Additionally, over the years several other companies have entered this market.
Achieving scale with volume guarantees

Dr. Tom McLean, Chief Access Officer at IVCC, explained that volume guarantees can give industrial partners the confidence to invest in a new product and take it to scale.

“This [initiative] has energized many of our other partners who say, ‘now we have confidence that the world will actually support these products coming through, and that enables us to invest in R&D’.... Given the great wave of ... very exciting products coming through the pipeline, we need to think about how sustainability is going to be achieved as those products hit the marketplace.”

Tom McLean, IVCC

Bringing new mosquito nets to malaria endemic countries through collaboration

The use of insecticide-treated mosquito nets (ITN) helped avert 69% of the 663 million clinical cases of malaria between 2000 and 2015. However, more than 60 countries now report resistance to at least one insecticide class used to combat malaria. BASF has developed a new ITN designed specifically to combat resistance in the fight against malaria.

An agreement between, BASF, MedAccess and the Bill & Melinda Gates Foundation will facilitate the supply of 35 million mosquito nets by the Global Fund and the President’s Malaria Initiative. The agreement enables BASF to better plan long-term resources and reduce the cost of the new nets by 40%. This will make the nets more accessible and affordable for countries where insecticide resistance is growing.


Bringing new insecticides to the marketplace requires collaboration—across industry, global partners, and funders. Securing the engagement of industrial partners, who are needed to develop, manufacture and distribute the products, requires that they have confidence in the marketplace: the product needs to be affordable while providing sufficient returns to the manufacturer.

The application of volume guarantees has been very effective in this regard. MedAccess, the Bill & Melinda Gates Foundation, IVCC, and BASF have announced that they are collaborating on a new generation of net which overcomes resistance to the pyrethroid insecticides. Pilot studies supported by the Global Fund and Unitaid will use the new ITNs to demonstrate the cost-effectiveness of this new intervention and support the development of policy and guidance to countries in their decision-making on which ITNs to buy in future. In its next phase, the Global Fund should consider setting aside money to accommodate more not-yet foreseen technologies.
Early planning and collaboration save lives

Mr. Willo Brock, Senior Vice President of External Affairs at TB Alliance, emphasized the need for swift planning and action.

“Together, with unity...we can ensure that these products get faster into the hands of patients.”

Willo Brock, TB Alliance

A new drug to fight drug-resistant TB

The drug pretomanid, developed by TB Alliance and partners, was approved by the United States’ Food and Drug Administration for a 6-month course in August 2019. This new treatment, which in combination with two other drugs, bedaquiline and linezolid, is known as BPal, reduces the time needed to tackle the most severe forms of drug-resistant TB, and is also more effective. The Stop TB Partnership’s Global Drug Facility (GDF) announced that the full regimen will be available for US$1,040 per treatment course to 150 countries. This will ensure significantly better outcomes for patients while reducing treatment times 3 to 4-fold, and also helping Global Fund and national health systems treat patients at significantly lower costs.

TB Alliance has just registered a new drug regimen for severe drug-resistant TB that brings treatment back from 24 months to 6 months with a 91% success rate. Donors, countries, Unitaid, the Global Fund and scientists from around the world worked together so that this new treatment can transition to the national level.

To accelerate the transition of new health tools to the national level, it is important to plan introduction as soon as possible. Waiting for any measure of time means lives will be lost unnecessarily; in TB, this amounts to tens of thousands of lives each year. Value for money can also be increased if products are introduced as quickly as possible: 2% of patients who have drug-resistant strains of TB account for 29% of Global Fund budgets for TB treatment. Furthermore, to ensure speedy delivery of products into the hands of patients, the Global Fund could use its country coordination mechanisms to give product developers feedback on what country demand and priorities are likely to be.
MEETING REPORT > SCALING UP SYNERGIES BETWEEN THE GLOBAL FUND AND INNOVATORS TO BREAK DOWN BARRIERS TO HEALTH INNOVATION FOR THE MOST VULNERABLE
Panel 2: Innovation downstream—from new health tools to impact

How the private sector mindset can help resolve a public health challenge

Mr. Sherwin Charles, CEO of Goodbye Malaria, described the private sector’s added value in introducing new technologies in countries.

«Some of the roadblocks are low awareness and demand among healthcare professionals ..., low country implementation, not enough local R&D, and of course, the funding....As entrepreneurs, those are issues we deal with all the time. We can look at these innovations to guide the PDPs and innovators on how to bring them to market, and we have the ability to test them on the ground.»

Sherwin Charles, Goodbye Malaria

Goodbye Malaria is a public-private partnership in Southern Africa that encourages the use of indoor residual spraying, (IRS), to support the elimination of malaria within the region. The combination of donor funds and private sector money has had a massive impact in the journey towards zero malaria in the region. The African entrepreneurs who created Goodbye Malaria, having built global brands, can see how to remove bottlenecks to introduce innovations into the country, and what is needed to make them sustainable and fundable.

A company like Nando’s helped deliver results by making its staff their most important stakeholder—by focusing on their welfare, and also getting them to understand the greater purpose of the business. Staff have been given incentives to be embedded in the healthcare programmes, and the feedback was extremely positive. This encouraged Goodbye Malaria to do a lot more, leading to a big increase in their commitment to the Global Fund for the Sixth Replenishment.
Innovation, strong health systems, leadership, and community engagement: keys to success

After recognizing the unique commitment of the Zambian President, Edgar Lungu, towards achieving Health for All, Dr. Chitalu Chilufya, Minister of Health in Zambia, emphasized the importance of new health tools, innovative ways to engage communities, re-engineered health systems, and new ways to secure sustainable financing.

“Innovation is critical for us to successfully wage war against HIV, TB, and malaria.”
Chitalu Chilufya, Ministry of Health, Zambia

How new health tools are driving progress in Zambia

The uptake of HIV testing improved after Zambia’s President Lungu announced the policy of test and treat, and HIV self-testing kits were introduced. Zambia also committed to transitioning all those who are currently taking ARVs to Dolutegravir (DTG) based regimens. This has resulted in suppressed HIV viral loads and better compliance.

New machines for TB diagnosis, known as GeneXpert, more sensitive and efficient in the diagnosis of TB, have been rolled out in the rural parts of the country. Shorter treatment regimens have improved treatment success for both sensitive and drug-resistant TB, improving indicators to 90% and 71%, respectively, from 85% and 31% over the last 5 years.

In a pilot study carried out in a rural community in Zambia, the introduction of rectal artesunate as a pre-referral treatment in children reduced malaria mortality by 96%. Zambia has adopted it in its policy and is looking for partnership to finance its rollout.
After explaining how new health tools drove progress in Zambia (see box above), Minister Chilufya stressed that innovative community engagement—with religious leaders, traditional leaders, and teachers—is essential for the effective delivery of tools. National health systems must also be re-engineered so that a premium is placed on health promotion and that transformative tools can be embraced and delivered.

New ways of securing sustainable and predictable funding are important. Zambia has introduced a new law on compulsory health insurance, which is a more predictable way of raising resources to finance health care. The Minister of Health ended his intervention by calling for increased health care financing and improved local resource mobilisation.

Prioritizing neglected populations

Dr. Bernard Pécoul, CEO of DNDi, spoke of the forthcoming treatment revolution for children living with HIV.

«New HIV paediatric formulations are now on the point of being registered... but partners must honour their commitments to accelerate implementation.»

Bernard Pécoul, DNDi

Children living with HIV are a neglected population. There was no incentive to develop ARV paediatric formulations, due to the absence of a viable commercial market.

As a result, while adult treatments have radically improved over the last 20 years, children have lagged behind. Until recently, they have had a choice between a nevirapine-based regimen, which is not very efficacious, or another drug regimen, based on lopinavir and ritonavir, which is a foul-tasting syrup and needs to be maintained in a cold chain.

But today, we are on the cusp of seeing new ARV formulations for children: the 4 in 1 that was developed by DNDi with CIPLA and Unitaid, for example, will be coming in 2020. DTG-based formulations are also expected soon. These products need to be
made available quickly, particularly with regard to registration, procurement and facilitated purchase. Since companies cannot be expected to proactively market these drugs for a neglected population, all public health actors must honour their commitments to speed up delivery.

### Building end-to-end partnerships for paediatric TB

Ms. Sanne Wendes, Chief of Staff at Unitaid, explained how Unitaid has helped to fill gaps in paediatric TB formulations.

> Partnership along the whole value chain is important...and not just looking at individual projects but realizing you might need a lot of different pieces of the puzzle to succeed in getting impact."

Sanne Wendes, Unitaid

Unitaid issued a call for proposals to develop a new formulation of a paediatric TB drug in 2013. At that point, only adult versions of these drugs were being given to children. This creates problems: it is difficult to get children to take these medicines in the right doses, and it increases the risk of the TB bacteria’s developing resistance to the drugs.

### STEP-TB: how collaboration was critical to success

STEP-TB worked closely with national TB programmes, TB Alliance, WHO, Management Sciences for Health, the Global Fund, USAID, and GDF among others. Active collaboration with pharmaceutical partners ensured widespread adoption and contributed to ensuring affordable pricing and sustainable supply of products; buy-in from donors was crucial, and broad stakeholder involvement at the national level drove guideline and adoption decisions.
TB Alliance was selected to implement the STEP-TB project, and the drug was developed in 11 months with an Indian generic manufacturer—it is dispersible, liquid, and has a strawberry taste that children like. Today, almost a hundred countries across the world are using this drug and over 800,000 treatment courses have been purchased. The project also allowed WHO to reassess the number of children with TB—from 500,000 children across the world to 1,000,000 children. About half of the cases of TB among children are not found, so Unitaid has currently invested in projects to widen the availability of new diagnostic tools for children, identify new delivery mechanisms to reach children, and deliver preventive treatment to children.
Closing Remarks

“We need a steady pipeline of the innovation tools needed to address resistance, facilitate elimination and also to address the underserved and vulnerable populations. The great news is that we are working together. Thank you all for your commitment—this is about innovation with urgency so let’s do it!”

David Reddy, MMV

Dr. David Reddy, CEO of MMV, provided the closing remarks, distilling the discussions into a few key points.

- A steady pipeline of innovative tools is necessary. Priority targets are the under-served and vulnerable populations, particularly children, women of child-bearing potential and pregnant women, who are often the very last to receive interventions.

- New products do not become tools for prevention, diagnostics or medicines until they reach the patients that need them, so it is necessary to think and plan end-to-end, across the whole value chain.

- The Global Fund is also highly needed. Ending the three diseases will not be possible without a fully funded Global Fund, combined with domestic funding and commitment, down to the level of community involvement.
Innovators, PDPs, the Global Fund, the private sector, implementers, advocates and governments have been working together effectively and have achieved a lot. However, current efforts need to be taken to the next level to ensure that they have maximal and timely impact. This requires better coordination, and better and earlier planning across the entire value chain—from building the target product profile to product usage, demand forecasting, demand creation, and innovations in funding, delivery and scale-up.

As a concrete step and as a result of the 12 July consultation, work streams are being created to map out a path to address barriers to access to health innovations. All parties are needed and participants in this event are welcome to join or support these work streams.
Venue: H7 Confluence Oct. 8th, 2019 70 Quai Perrache, 69002 Lyon

Co-hosts: DNDi, FIND, IPM, IVCC, MMV, PATH, TB Alliance

Welcome
- François Rivasseau, Permanent Representative of France to UNOG

Opening session
- Michèle Boccoz, Director-General’s Envoy for Multilateral Affairs, WHO
- Catharina Boehme, CEO, FIND
- Marijke Wijnroks, Chief of Staff, the Global Fund

Testimony from affected groups/communities
- Estelle Tiphonnet Diawara, Director of Partnerships and Knowledge, Coalition PLUS

Panel talks: Innovation upstream and downstream the Global Fund’s work – how to achieve optimal synergies
- Moderator: Mark Chataway, Managing Director, Hyderus

Innovation upstream: from R&D to more powerful tools
- Willo Brock, Senior Vice President, External Affairs, TB Alliance
- François Dabis, ANRS
- Renuka Gadde, Vice-President for Global Health, BD
- Tom McLean, Chief Access Officer, IVCC

Innovation downstream: from new health tools to impact
- Sherwin Charles, CEO and co-founder, Goodbye Malaria
- H.E. Chitalu Chilufya, Minister of Health, Zambia
- Bernard Pécoul, Executive Director, DNDi
- Sanne Wendes, Chief of Staff, Unitaid

Closing remarks
- David Reddy, CEO, MMV
ANNEX 2

LIST OF PARTICIPANTS

Michael Anderson, CEO, MedAccess
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Oliver Karsten, Consultant, EU Institutions, Friends of the Global Fund Europe
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David Reddy, CEO, MMV
ANNEX 2

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Marijke Winjroks, Chief of Staff, the Global Fund
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Younes Yatine, National coordinator of prevention programmes, ALCS, Coalition Plus
John Zarocostas, Journalist, Health Policy Watch
ANNEX 3

ABOUT THE ORGANIZERS

A not-for-profit research and development organization, DNDi works to deliver new treatments for neglected diseases, in particular, human African trypanosomiasis, leishmaniasis, Chagas disease, filarial infections, mycetoma, pediatric HIV, and hepatitis C. Fexinidazole is the first new chemical entity to be developed by DNDi.
www.dndi.org

FIND is a global non-profit organization that drives innovation in the development and delivery of diagnostics to combat major diseases affecting the world’s poorest populations. FIND’s work bridges R&D to access, overcoming scientific barriers to technology development; generating evidence for regulators and policy-makers; addressing market failures; and enabling accelerated uptake and access to diagnostics in LMICs. Since 2003, FIND has been instrumental in the delivery of 24 new diagnostic tools. Over 50 million FIND-supported products have been provided to 150 LMICs since the start of 2015. A WHO Collaborating Centre, FIND works with more than 200 academic, industry, governmental, and civil society partners worldwide, on over 70 active projects that cross six priority disease areas. FIND is committed to a future in which diagnostics underpin treatment decisions and provide the foundation for disease surveillance, control, and prevention.
www.finddx.org

IPM is a nonprofit organization dedicated to developing new HIV prevention tools like the dapivirine ring and other sexual and reproductive health technologies for women, and making them available in developing countries. IPM has offices in South Africa, the United States and Belgium.
www.IPMglobal.org
IVCC is the only PDP working in vector control. Established in 2005, IVCC works with stakeholders to facilitate the development of novel and improved public health insecticides and formulations to combat the rapidly growing problem of insecticide resistance. IVCC brings together partners from industry, the public sector and academia to create new solutions to prevent disease transmission. By focusing resources and targeting practical scientific solutions IVCC accelerates the process from innovation to impact. IVCC is funded by the Bill & Melinda Gates foundation, UKaid USAID, Unitaid, The Global Fund, SDC and Australia Aid. www.ivcc.com

MMV is a leading PDP in the field of antimalarial drug research and development. Its mission is to reduce the burden of malaria in disease-endemic countries by discovering, developing and facilitating delivery of new, effective and affordable antimalarial drugs. Since its foundation in 1999, MMV and partners have built the largest portfolio of antimalarial R&D and access projects ever assembled, have brought forward 11 new medicines and have assumed the access stewardship of a further two. An estimated 2.2 million lives have been saved by these MMV co-developed medicines. MMV’s success is based on its extensive partnership network of around 150 active partners including from the pharmaceutical industry, academia and endemic countries. MMV’s vision is a world in which innovative medicines will cure and protect the vulnerable and underserved populations at risk of malaria and help to ultimately eradicate this terrible disease. www.mmv.org
PATH

PATH is a global organization that works to accelerate health equity by bringing together public institutions, businesses, social enterprises, and investors to solve the world’s most pressing health challenges. With expertise in science, health, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales solutions—including vaccines, drugs, devices, diagnostics, and innovative approaches to strengthening health systems worldwide.

http://www.path.org

TB Alliance

TB Alliance (The Global Alliance for TB Drug Development, Inc.) is a not-for-profit organization dedicated to finding faster-acting and affordable drug regimens to fight TB. Through innovative science and with partners around the globe, TB Alliance aims to ensure equitable access to faster, better TB cures that will advance global health and prosperity. TB Alliance operates with support from Australia’s Department of Foreign Affairs and Trade, Bill & Melinda Gates Foundation, Cystic Fibrosis Foundation, European & Developing Countries Clinical Trials Partnership, Germany’s Federal Ministry of Education and Research through KfW, Global Health Innovative Technology Fund, Indonesia Health Fund, Irish Aid, Medical Research Council (United Kingdom), National Institute of Allergy and Infectious Disease, Netherlands Ministry of Foreign Affairs, Rockefeller Foundation, United Kingdom Department for International Development, and the United States Agency for International Development.

www.tballiance.org