Dr Chris Hentschel, CEO, MMV

I am very pleased to present you, colleagues, friends and partners, the very first issue of the MMV Newsletter. It will I hope, offer you interesting news not only on our activities, but on related issues as well. For this first issue we have a feature interview with Mr Louis Currat, Executive Secretary of the Global Forum for Health Research. Mr Currat, who is on our Board of Directors, was a member of the Strategic Planning Group that conceived MMV before we even had a name or a logo.

A great deal has happened since we first established our offices at the ICC Building in Geneva. Our staff has grown to now include 10 full-time people as we recently welcomed three new Scientific Officers to manage our growing project portfolio. I am proud to say that MMV has the largest single coordinately managed malaria drug R&D pipeline since WWII. In 2001 MMV funded 8 projects to a level of USD 6 million. Other projects are in negotiation for funding in 2002 and we hope that by December 2002 the malaria R&D portfolio will include about 14 projects at varying stages of development.

In 2001 we also produced our first Annual Report and this, our first Newsletter, coincides with the recent launch of the new MMV web site (www.mmv.org) that I invite you to visit.
MMV's Mission

"Renewing and sustaining the supply of affordable antimalarials"

Malaria kills between one and three million people annually. The majority of its victims are children under five and pregnant women. Each year 300 – 500 million new clinical cases are announced and theoretically half of humanity is at risk. Approximately 90% of malaria cases are found in Sub-Saharan Africa but with global warming this imbalance could change; creating climactic conditions in other parts of the world that would facilitate the spread of the disease.

The countries today that are most affected neither have the resources nor the money to combat malaria. The figures justifiably raise alarm bells. It is estimated that every 30 seconds one child dies from the disease. Many technical challenges remain in the path of vaccine development and so at present medicines continue to be the major intervention in the prevention and cure of malaria. However with growing resistance to existing drugs, the sustainable discovery and development of new drugs to combat the disease at affordable prices for poor disease endemic countries is a public health priority.

An obstacle to the discovery of new drugs remains the enormous costs and time needed for R&D, with little or sometimes no prospect of return upon the investment. MMV therefore finds its “raison d’être” in the failure of the market to provide the required incentives for wide scale R&D in new medicines to treat malaria. The method chosen to address this problem is termed a public-private partnership. MMV is among the first of these public-private partnerships established to tackle a major global disease. The initiative arose from discussions held between the World Health Organization – WHO and the representative body of the R+D based pharmaceutical industry, the International Federation of Pharmaceutical Manufacturers Associations – IFPMA. Early partners in these exploratory discussions were the Rockefeller Foundation, the World Bank, the Swiss Agency for Development and Cooperation, the Association of the British Pharmaceutical Industry and the Wellcome Trust. The combination of the pharmaceutical industry, with its knowledge and expertise in drug discovery and development, and the public sector, with its depth of expertise in basic biology, clinical medicine, field experience and above all its public health remit, constitutes the rationale for MMV.

Established as a Foundation in Switzerland, MMV was officially launched on November 3rd 1999.

New at MMV.org

Visit the new MMV web site @ www.mmv.org!

MMV launched its new web site on November 5, 2001. As well as its attractive new look, it presents an overview of the history of malaria and how new scientific disciplines and recent technology can advance malaria drug R&D. We invite you to discover this exciting new web site and to return to visit www.mmv.org as it will continually evolve, being one source for the latest news on the disease.
MMV News

NATURE INSIGHT

MMV co-sponsored with Glaxo-SmithKline the February 7th 2002 Nature Insight supplement on malaria. Dr. Rob Ridley, Chief Scientific Officer, MMV, also contributed an article entitled: "Medical Need, Scientific Opportunity and the Drive for New Antimalarial Drugs".

MMV partners with the Indian Council of Scientific Research to build research capacity

On September 28 MMV and the Indian Council of Scientific Research signed a Memorandum of Understanding that is the premise for the future building of research capacity on malaria in India.

MMV will provide its scientific and project management experience to facilitate the progress of malaria drug R&D in India. This country will provide industrial research capacity in view of producing affordable antimalarials for disease endemic countries.

Read!

A recently published book on malaria by Mark Honigsbaum “The Fever Trail: The Hunt for the Cure for Malaria”, Macmillan, London, 2001. A lively account of the quest that began in the 17th century to find the elusive cinchona tree that was thought to hold the key to a cure for malaria (then called ague or Intermittent fever). The author traces the history of the development of quinine, extracted from the cinchona tree and finally identified in the early 19th century as the compound that treated the disease. The book ends with a look at the rise of the development of synthetic antimalarials during and after WWII as an alternative to quinine, which due to the Japanese occupation of Java became for some time extremely scarce. The author ventures as far as today’s research into vaccines and the creation of organisations like MMV to respond to the lack of the pharmaceutical industry’s engagement in drug R&D to find new antimalarials that can counter the growing resistance to the existing synthetic antimalarials.

Commissioned by the WHO, the Macroeconomic Report on Health was officially presented to Dr. Gro Harlem Brundtland, Director-General of the WHO, in London on the December 20th 2001. The report presents the results of evidence-based research that confirms the theory that poor health and disease can debilitate developing countries’ economic growth. To quote the Executive Summary: “The linkages of health to poverty reduction and to long-term economic growth are powerful, much stronger than is generally understood”. Many public-private partnerships were studied for the report, including MMV whose case is looked at on p. 79. The MMV web site has a direct link to the Macroeconomic Report on Health, but it can also be accessed directly @http://www3.who.int/whosis/menucfm?path=whosis,cmh&language=english
Interview with Louis Currat for MMV News issue n° 1

Louis Currat, Executive Secretary of the Global Forum for Health Research (GFHR) and Board member of MMV, chats with Souzie Zador, Communication Officer, MMV, about the MMV public-private partnership particularly within the context of global public health issues.

Louis Currat was one of the members of the Strategic Planning Group that was formed to respond to the increasingly urgent need to address the global disease burden of malaria. Mr Currat has been interested in development issues since he studied economics at the University of Michigan, Center for Research on Development in the 1960s. Since then he has continued to work in the field of development and global public health, having spent 7 years at the World Bank and 19 years at the Swiss Agency for Development and Cooperation prior to taking up his position as Executive Secretary of GFHR. Louis Currat also continues to sit on the Board of MMV and takes an active interest in MMV's activities and progress in the funding and management of its R&D project portfolio.

The idea of MMV was borne out of the realisation that with the decreasing efficacy of available antimalarials and the lack of market incentives for new R&D, some other method would have to be found if new drugs were one day to become available. What motivated you to get involved and what was your personal role in building the concept that was to become MMV?

I was Director of the Technical Services of the Swiss Agency for Development and Cooperation when I was asked to help collate and present one of the recommendations of the 1996 Adhoc Committee Report that was the Global Forum for Health Research. Over the years I had become convinced that health and education are preconditions for fighting poverty and for arriving at any kind of economic development. In 1997 we proposed the foundation of the Global Forum for Health Research and Forum 1 accepted it in June of the same year. I was invited to become Executive Secretary of GFHR and officially took up the position in January 1998. One of the major goals of the GFHR is to help correct the 10/90 gap and one of the strategies is to support efforts to develop health networks.
to concentrate on neglected diseases. In that capacity I was asked to chair a group to assess the state of malaria. Over the course of our meetings it appeared that only joint efforts from the public and private sectors could lead to solutions in developing new antimalarials. The Foundation Council of GFHR agreed to support the development of a concept for a virtual organisation that would develop new antimalarials.

Who formed the Strategic Planning Group?
The thinking towards the founding of an organisation to combat malaria began even before Forum 1 and involved WHO and TDR, the World Bank, the International Federation of Pharmaceutical Manufacturers Association (IFPMA), the Swiss Agency for Development and Cooperation, the Association of the British Pharmaceutical Industry, the Wellcome Trust and the Rockefeller Foundation.

When was the decision to found a public-private partnership made? Were any other alternatives to the public-private partnership explored?
The public sector is well versed in upstream research but not in downstream research, which is, however, one of the key competencies of the pharmaceutical industry. The strategic planning committee suggested bringing the two sectors together early on in the discussions and there was enough interest on both sides to pursue the concept. It took two years however to find the right format and the concept of a virtual R&D organisation was not initially evident.

No other alternatives were proposed by GFHR because a purely public solution would have been too difficult to implement. A purely private solution could not have worked either because of the huge financial costs with no hope of return on investment. It was only by bringing together the comparative advantages of both sectors that a solution could be found.

How did the name MMV come about? Could you explain the origin of the word Venture?
Medicines was evident because it is clear that we are not dealing with vaccines. Malaria is obvious but Venture comes from the “venture capital fund”. Hence Medicines for Malaria Venture or MMV. MMV is what you could call a “public venture fund” because as malaria is a public health issue we need to mobilise public funding.

Was there any conflict, debate or scepticism during the planning or after the decision to found MMV?
There was a lot of commitment from both the public and private sectors. GFHR was a catalyst in the foundation of MMV. Both the public and private sectors believed we would make it because of the quality of the people involved in the cause. It was due to the efforts of the individuals who believed and had vision that MMV was borne. For valid reasons the first proposal was not initially accepted by the private sector. We had to work some more to find the correct format but at no time did the group appear tired, saturated or discouraged. I think that those individuals who believed in the concept decided to forget their egos and put their differences aside in order to collaborate and reach a win/win situation. Scepticism or doubt will always exist because of the risk of investing millions of dollars and not discovering or not really knowing how much it will cost to deliver a new antimalarial.
Do you think those doubts are justified?
Scepticism is good and stimulating, and forms part of the whole
process of analysis. Risk is the inherent nature of research but
research is there to find solutions and to do so in the most effective
way. There is a saying: “if research is too costly, well then try dis-
ease!” The poorer a country, the more it must research its problems
because disease breeds even more poverty.

Can anyone claim authorship of this new kind of organisation, the
public-private partnership, to combat global health issues?
The concept existed even before the name “public-private partner-
ship” came into being. It is only now that individuals are develop-
ing a theory on why it is so important and are determining what the
roles of each partner should be and how the interface between each
entity (public, private and civil society including NGOs) can func-
tion. We are now at the stage of the fourth dimension, which is to
consider the theory and how the collaboration between all partners
Reinicke and F. Deng, is a good example of the kind of publications
that are now appearing on the subject.

In the light of what has been happening in world politics since the
September 11 terrorist attacks in New York do you think govern-
ments in higher income countries will be even more responsive to
the dangers of allowing lower income countries to suffer poverty and
poor health, in other words to see the gap increase again?
Yes. I think that that tragedy has taught us the importance of deal-
ing more effectively with global public goods issues as well as glob-
al public “bad” issues (of which global health is one). In higher
income countries we cannot afford not to deal with global bads if we
do not want to suffer the consequences. Walter Fust, Director-Gen-
eral of the Swiss Agency for Development and Cooperation, summed
it up eloquently at the opening plenary session of Forum 5: “With-
out progress in health and development, there will be no global
security, and industrialised countries will in turn be confronted with
all the negative consequences of man-made disasters.” Poverty, bad
health and despair feed terrorism and other negative consequences
that affect the whole world. The official figures of development
assistance are in the order of US$50 billion but we need much more
if we want global security.

Do you think that one day lower income countries will not only have
access to medicines but will be able to compete in global health
research? Or is “brain drain” an inescapable fact, as even countries
like Australia have suffered from this?
Lower income countries are already contributing to research but it
is not well known, if known at all. We must identify the people and
institutions involved in research and work with them. Building
research capacity within countries for their own problems is a key
element towards development. In the end, even if a lot of research
is conducted in higher income countries, the benefits have to be
translated, adapted and applied to the problems of lower income
countries within those countries. Yes there is a “brain drain”
because the working conditions in lower income countries are less
attractive but one must look at the whole research framework and
make it globally competitive. This is a very difficult issue to tackle
because it means reforming public administration systems. Howev-
er we must not give up because it is an issue that is very high on
priority.
Being Swiss, how do you rank Switzerland in terms of commitment to research and global health issues?
Switzerland will devote even more resources to health research in the future. Walter Fust opened both Forum 1 in 1997 and Forum 5 this year. There is a deep commitment from Switzerland to contribute to global health and development. This must go beyond development aid to go deeper into the decision making of any country that has not been able to resolve its health and development problems alone.

If you could have dinner with three people this evening whom would they be and why?
I would like to have dinner with a mother who is about to deliver a child and is not sure she will survive. The second person I would like to join us would be an HIV infected person but who is nonetheless hopeful because we have organisations like the International Aids Vaccine Initiative (IAVI) that are trying to find a solution. The third dinner guest would be a child who sees this terrible world in which he lives but he cannot understand why things are the way they are. We could surely learn from these people and begin to understand them better. GFHR and many other intermediaries would then perhaps be more empowered to make their messages to the rest of the world loud and clear so that we ACT!

Do you have any other thoughts to share with us?
I would conclude by saying that we should all stare at the 10/90 gap until we change it. Otherwise it will end up hurting all of us.

Robert Ridley Chief Scientific Officer

MMV on the road

FORUM 5, GENEVA, 9-12 OCTOBER

MMV participated in the Global Forum for Health Research’s Forum 5 meeting held this year in Geneva. Dr. Hentschel gave a presentation on the subject of the complexity of managing drug R&D pipelines during the parallel session, “Medicines for malaria: from drug development to effective delivery systems”.

The session was chaired by John Kilama (President, Global Biodiversity Institute, USA) and by Ogobara Doumbo (Director, Malaria Research and Training Centre, University of Mali, Mali). Other faculty speakers during >
that session were David Alnwick (Project Manager, Roll Back Malaria), Liza Kimbo (Executive Director, Cry for the World Foundation, Kenya) and Ravi Narayan (Community Health Adviser, Community Health Cell, India). The session was well attended and some lively and thought-provoking discussion entailed after all the presentations had ended.

During another parallel session on “Public-private partnerships for health”, Dr. Robert Ridley, Chief Scientific Officer of the MMV, presented examples of the growing number of public-private partnerships that are being created to tackle neglected diseases and that address issues as varied as contraception and drug development.

MMV staff attended various plenary sessions as well as some parallel sessions. The MMV stand at the market stall attracted many Forum 5 participants and interest from the journalists who attended the event. In addition MMV held a drinks party at their offices on the second evening to welcome the people they sponsored and some of their partners who participated at Forum 5.

In spite of the September 11 terrorist attacks in New York, Forum 5 was a success and, perhaps in some way due to the attacks, it became evident that reducing the 10/90 gap of resources allocated to 90% of the global disease burden is more urgent than ever.

MMV IN CHINA, NOVEMBER 2001

Dr. Robert Ridley and Dr. David Ubben attended a meeting on antimalarial drug development organised by the WHO and the Chinese Ministry of Health. The objective of the meeting was to discuss how Chinese scientists could be assisted in the development of antimalarial drug combinations using artemisinin derivatives. MMV believes that these kind of combination treatments have potential and could counter growing resistance to existing antimalarials.

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Dr. Chris Hentschel, CEO, MMV, attended the World Economic Forum’s annual meeting that was held in New York for the first time. The overall theme of the Forum was “Leadership in Fragile Times: A Vision for a Shared Future”. Six core themes, related to the overall theme, included the topic “Improving Poverty and Equity” and one of its parallel sessions “Global Health: Your Business and Mine”, was of particular interest to MMV as it examined the broader impact of malaria, TB and HIV/AIDS on societies and economies around the world and specific ways in which businesses can engage more broadly in the fight against these diseases. The agenda points for that session (held on Saturday February 2nd) were:
1. Why infectious disease is a business and economic issue, particularly in poor countries
2. Ways in which business can provide in-kind and financial assistance in partnership with health service providers and other donors, and also effective strategies for advocacy.

The first two days of the conference focused on the development of new drugs to combat the disease. As well as scientists, researchers, doctors and NGOs, government officials connected with Public Health and Pharmaceuticals attended the conference.

MMV held its first annual retreat for staff members in the picturesque town of Glion. Situated 300m above the Lake Léman, Glion, with its panoramic view of the lake and Swiss Alps, offered the perfect setting to unwind and discuss future objective.

The MMV ESAC met at the MMV offices in Geneva from Monday January 14th to Tuesday January 15th to review the current scientific portfolio and assess the progress of the various discovery and development projects.
MMV New Staff Appointments

We would like to welcome the following persons who have recently joined us at MMV as Scientific Officers:

Dr. David Ubben from USA, who comes to us from Novartis Switzerland, where he has spent much of his career, first in pre-clinical research and more recently as a Senior Manager in their Regulatory Affairs Department.

Dr. Solomon Nwaka from Nigeria, who has strong academic credentials in molecular biology and drug discovery. He comes to us from QuantaNova Canada, a biotech company.

Dr. Lise Riopel from Canada, who has extensive experience in clinical drug and product development. She comes to us from Salix Pharmaceuticals, a California biotech company.

MMV Diary

Arusha, Tanzania 12-15 November 2002: FORUM 6  
www.globalforumhealth.org for details and on-line registration.
MEMBERS OF THE MMV BOARD

CHAIR
Dame Bridget Ogilvie,
University College London, United Kingdom

Mr David Alnwick,
Project Manager, Roll Back Malaria, World Health Organization, Switzerland

Dr Enriqueta Bond,
President, Burroughs Wellcome Fund, USA

Mr Louis Currit,
Executive Secretary, Global Forum for Health Research, Switzerland

Dr Winston E. Gutteridge,
Chief, Product Research and Development, World Health Organization, Switzerland

Dr Trevor Jones,
Director-General, The Association of the British Pharmaceutical Industry, United Kingdom

Dr R.A. Mashelkar,
Director General, Indian Council of Scientific and Industrial Research

Dr Graham Mitchell,
Chairperson, Scientific and Technical Advisory, Special Programme for Research and Training in Tropical Diseases (TDR), WHO, Switzerland

Dr Francis Nkrumah,
Director, Noguchi Memorial Institute for Medical Research, University of Ghana, Ghana

Dr Leon E. Rosenberg,
Department of Molecular Biology, Princeton University, USA

MMV HAS RECEIVED FUNDING AND SUPPORT FROM THE FOLLOWING ORGANISATIONS:

Bill and Melinda Gates Foundation
ExxonMobil Foundation
Global Forum for Health Research
International Federation of Pharmaceutical Manufacturers Association
Netherlands Minister for Development Cooperation
Rockefeller Foundation
Swiss Agency for Development and Cooperation
United Kingdom Department for International Development
World Bank
World Health Organization
Roll Back Malaria
WHO / TDR