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Why have Unitaid and Wellcome come together in the Therapeutics Partnership?

PS: We stepped up to co-convene the ACT-Accelerator Therapeutics Partnership with Unitaid because global collaboration and pooling resources to fund the research, manufacturing and equitable distribution of treatments is the only way out of this crisis.

The research and development work stream of the Therapeutics Partnership is overseen by Wellcome and the Bill & Melinda Gates Foundation. It will fund the rapid assessment of potential candidates and coordinate large-scale clinical trials. This complements the work of the manufacturing and market entry work stream overseen by Unitaid to evaluate the potential to scale promising treatments and support their market entry, including facilitating regulation and ramping up manufacturing capacity.

The third work stream - procurement and delivery - overseen by The Global Fund with support from Unicef, WHO, Unitaid and the Bill & Melinda Gates Foundation will work with the WHO to design fair allocation models, purchase approved treatments and deliver 245 million courses to meet the needs of low- and middle-income countries.

Each work stream works collaboratively to ensure we are complementing one another's work and making informed, clear decisions to get ahead of the pandemic.

PhD: The main purpose of the Therapeutics Partnership is to enable equitable access to medicines on a global scale as quickly as possible, as soon as we get the results of the clinical trials. By bringing together these actors, we are providing an end-to-end solution: supporting research, negotiating prices, securing volumes and regularity approvals, along with registration and provision in low and middle-income countries. This holistic approach has already been tested out with dexamethasone. After the Recovery clinical trial, we evaluated the demand, engaged in negotiations with industry, in partnership with Unicef, and secured 60% of the estimated needs, which will now be made available.

What lessons can be drawn from past experiences of the fight against epidemics and infectious diseases on a global scale?

PS: Defeating COVID-19 requires global collaboration and pooling resources on everything from research infrastructure and funding to long-term planning. This is not something that one research team, one company or even one country can solve alone.

We've seen what can be achieved with global collective action –for example through global health partnerships like Unitaid and The Global Fund to fight AIDS, Tuberculosis and Malaria. Through these, governments, NGOs, public and private sector organizations have come together to finance and scale up access to innovations, including treatments.

Since 2002, the number of deaths caused by AIDS, TB and malaria has been reduced by 40% in the countries where the Global Fund invests – showing the massive impact that collective action can make.

PhD: Innovation in health to fight epidemics has helped us learn some key lessons. The response to HIV/AIDS in particular has shown us that in the absence of a vaccine, it is possible to control a disease with effective tests and treatments. For certain illnesses, treatments can prevent transmission. We await with interest the results of the trials currently being conducted for COVID-19 treatments, to see if this is the case. Other infectious diseases have also taught us that quarantine is a fundamental tool in managing an epidemic.

What are the challenges ahead?

PhD: The challenge is now one of timing. While we are waiting for the results of the ongoing clinical trials, we need to start preparing the ground to enable equitable access to treatments, including monoclonal antibodies and new antivirals for everyone. This involves securing production capacity, estimating needs, negotiating pricing and preparing for the introduction of these treatments in countries in the Global South so that they have access at the same time as northern countries. This is the whole point of the Therapeutics Partnership. If we let market forces take over, the richest countries will come out on top.

PS: We must act fast to secure global availability for promising treatments. Manufacturing capacity for monoclonal antibodies is scarce and competition is fierce. For novel antivirals, we need to secure non-US manufacturing capacity that can be flexibly adapted to various formulations.

But there is a major funding gap. As of the end of September, only \$283 million has been pledged for treatments through the ACT-Accelerator. This is far from the \$7.2 billion needed to continue the rapid pace of treatment research and ensure that the most marginalized communities can access the benefits too.

PhD: Yes, and time is running out. Between now and the end of 2020, we need to raise between \$400 million and \$1b to fulfil the preparatory work, securing volumes and preparing orders. It's ambitious, but crucial to the success of this collective effort.