

# Antimicrobial Resistance: PPPs The Way Forward, Speakers Say <sup>🔒</sup>

25/05/2017 BY [CATHERINE SAEZ](#), INTELLECTUAL PROPERTY WATCH — [LEAVE A COMMENT](#)

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With global funding for research and development decreasing, and the growing threat of antimicrobial resistance, ways to incentivise research are seen as key to solving the problem. Speakers at a side event to the World Health Assembly this week presented models of public and private partnerships to address the issue.

A side event organised by the Medicines for Malaria Venture, the Council on Health Research for Development, Global Health Council, Global Health Technologies Coalition, TB Alliance, and PATH on the first day of the 70th World Health Assembly, taking place from 22-31 May, looked into investments in research and development to address antimicrobial resistance.



Precious Matsoso, director general of health, South African Ministry of Health, moderating the event, said diseases continue to constitute a threat to development and add barriers to the attainment of SDGs. In order to overcome these threats, investments are required, she said, adding that it will also require engagement of partners, including new donors.

### **R&D Investments Declining**

Sabine Campe, partner at SEEK Development, a Berlin-based consulting group, presented the global R&D funding landscape. She said four main areas of R&D contribute to global health, with some overlaps.

Those areas are: poverty related and neglected diseases, antimicrobial resistance, epidemic and pandemic preparedness, and pandemic influenza.

The key funding trends, without considering Ebola, is that there is a 14 percent decrease of overall funding to support development and poverty-related and neglected diseases,

she said. The public funding has decreased in volumes, but also in the share of overall funding.

If Ebola, which has attracted considerable investment, is included in the picture, there is a large increase of global funding in 2014 and 2015, she said. The private sector plays “a very important role” in these investments, she said, although the public sector still accounts for two-thirds of the funding provided, mainly for Ebola.

On the distribution of funding, she said funding for HIV/AIDS, Malaria and Tuberculosis, has decreased over the past years, in particular HIV/AIDS and Malaria.

Funding is highly concentrated, she said, with the five top donors, accounting for 90 percent of all public funding for poverty-related and neglected diseases product development. Within that group, she added, the United States is still responsible for 72 percent.

Important cuts to the US budget for agencies involved in global health R&D are foreseen, she said, adding that the only department involved in R&D likely to get an increase is the Department of Defense. However, it is unclear whether that will benefit global health R&D, she said.

The European Union is the second largest donor, she said, and the EU funding has been increasing.

Current R&D financing is insufficient, she said, and there is a need particularly in light of the public funding decline, to have new mechanisms to incentivise stronger private investment with market-shaping mechanisms, such as advanced purchase commitments, market entry rewards, and licensing agreements.

### **Public Private Partnerships Way Forward**

David Reddy of the Medicines for Malaria Venture (MMV) said the model of MMV is to use syndicated investments from governments and philanthropic organisations, and work in partnership with academia and industry to develop a drug pipeline. MMV selects molecules and make sure that the contracts that they have with their partners ensure affordability and access to molecules that eventually become drugs.

Malaria remains a significant burden, he said, and one of the key challenges is antimicrobial resistance, he said. The efficacy of drugs is dropping over time, and the only solution to that issue is the development of new agents.

Barbara Kerstiens, deputy head of unit, Research and Innovation Directorate-General at the European Commission, said in terms of global health, including product development, in the past 10 years, more than €1.2 billion has been spent by the European Union.

The EU has been diversifying its instruments to allow to go from the basic research to implementation, she said, through collaborative research, the [Innovative Medicine Initiative](#) (a public-private partnership), and since 2015, a system of loans.

She underlined the value of partnerships, “we cannot address things on our own,” she said, noting the European and Developing Countries Clinical Trials Partnership, which she said focuses on conducting clinical trials in sub-Saharan Africa to help develop products relevant to this area.

Outside of its borders, the EU also participates in the [Joint Programme Initiative on Antimicrobial Resistance](#), she said.

Alex Schulze, co-head of the Global Programme Health, Swiss Agency for Development and Cooperation (SDC), described the Swiss approach to poverty-related and neglected diseases R&D investment and access.

From the Swiss side, he said, “we think not only we need to link R&D more to the whole access agenda but basically embed it much more into the UHC [Universal health Coverage], and toe the health system strengthening agenda,” if health for all is to be achieved.

One of the key messages, he added, is that R&D should be linked to other relevant elements, such as improved access, he said, adding that Switzerland is supporting a number of product development partnerships (PDPs).

Another element would be helping countries to establish solid health financing or social health protection strategies, he said, and helping countries to be able to purchase already affordable medicines.

For Switzerland, he said, PDPs are a good approach, a platform approach with different partners, including the private sector "which is the big merit of these PDPs," he said.

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