R&D intervention:

Thank you Chair,

On behalf of Health Action International, ReAct – Action on Antibiotic Resistance is grateful for the opportunity to speak at today's meeting.

The WHO Secretariat has in the past year carried out important technical work to better inform financing of research and development of novel antibiotics. This includes work on analyzing the current state and quality of the R&D pipeline and identifying priority pathogens to guide R&D financing.

Many policy documents and proposals have suggested to solve the innovation crisis by establishing big pull incentives. However, every dollar spent on buying drugs is a pull incentive, so assertions that more focus is placed on push than pull are misplaced.

As the WHO pipeline analysis clearly showed, the sad reality is that there is very little of public health interest to pull through the pipeline.

Several major barriers in antibiotic research are scientific and found in the early stages of development. Antibacterial drugs have a ten-fold lower yield in the discovery stage of identifying promising new compounds compared to all drug classes. We are also still struggling to find ways to ensure entry of promising antibiotic compounds into Gram-negative bacteria as well as figuring out how to keep them from being expelled.

The necessary large-scale funding needed to overcome these scientific barriers and reinvigorate the pipeline with promising compounds is however lacking. This requires radically increased and specifically targeted funding towards the actors involved in the early stages of drug development.

R&D financing cannot be seen a separate issue from securing affordable access nor stewardship of end products. The choices that governments make on R&D financing models will greatly impact our efforts to secure affordable access to end products, as well as our ability to preserve their effectiveness through stewardship efforts.

Delinking the costs of R&D from both price and sales volume has already been acknowledged as an important financing model in the UNGA political Declaration on AMR alongside the CEWG principles. We are pleased to see that initiatives like GARDP strive to follow these principles.

However, we are concerned that this definition of delinkage and the CEWG principles are not automatically the starting point for other initiatives and discussions on R&D – we call on initiatives such as the G20 Innovation Hub and CARBX to follow these globally adopted principles. And we expect the Inter-Agency Coordination Group to base their upcoming discussions on R&D incentives on these principles in line with the UNGA Declaration from which this group derives its very own mandate.

The mentioned vaccine prioritization exercise to identify which vaccines would have the greatest impact on antibiotic use or antibiotic resistance is promising. However,

future R&D financing for vaccines should be informed by the existing affordability barriers in low- and middle-income countries, which hamper uptake of new important vaccines such as the Pneumococcal conjugate vaccine, that we know have great potential for reducing antibiotic use.

The foreseen work on mapping existing diagnostics for antimicrobial resistance, identify the gaps and develop target product profiles (TPPs) for diagnostics is promising and needed. In the discussions on new financing models for R&D, Member States should ensure that diagnostics are included as this area is too often overlooked in the debate.

Finally, we are very concerned about risk of duplication of work due to unclear mandates, as well as the possibility of emerging contradicting recommendations on R&D financing between the WHO, the G20 Innovation Hub and the Inter-Agency Coordination Group.

Clarification on how the G20 Innovation Hub and the Inter-Agency Coordination Group processes relate to the Development and Stewardship Framework is needed.