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Thank you for the opportunity to present the 3P project to the high level panel in Johannesburg.

Please find attached the full business plan that outlines the full costs of the 3P project and an explanation for the rationale for placing the prize at earlier in the pipeline rather than at the end of clinical development. The business plan also outlines the various risks for the 3P project and how they have been addressed. The business plan was discussed with a number of stakeholders (outlined in the annex), including smaller biotechs and academic institutes who are involved in TB R&D to ensure that the appropriate challenges and barriers had been accurately highlighted and sought their input into the suggested 3P proposal.

With regards to the suggested funders for the 3P proposal, we see this as an opportunity to attract new funders to TB R&D, particularly middle income countries. The variety of streams of funding, particularly the prizes provide an opportunity for these countries, particularly the BRICS countries to increase their contribution to TB R&D funding. Also these countries have increasing academic and clinical trial capacity and the 3P project ensures early and appropriate rewards to further build this capacity as well as developing appropriate and affordable treatments that will directly benefit the populations of these countries.

Although the 3P project has been specifically developed to overcome the barriers in TB treatment R&D (the exit of large pharmaceutical companies from research due to the perceived lack of market incentive, tools being developed not answering the public health needs and the importance of stewardship of the end product) the innovative use and combination of incentive mechanisms such as push funding, pull funding and pooling of the IP resulting in the cost of the final product being de-linked from the R&D costs and ensuring that the innovator is appropriately rewarded throughout the R&D pipeline could be expanded out to other disease areas. Antibiotic/anti-infectives is an area that is very closely linked to TB, and suffers many of the same problems with regards to perceived lack of market incentives and need for stewardship of end product where a similar combination of incentives that delinks R&D costs from end product price and volume, such as the 3P project, may be helpful in addressing the current problems with lack of investment. However, other diseases of public health importance, particularly any that involve combining products for better treatments, could benefit from and the principles behind the 3P project could be implemented in these areas.

As was also discussed there are already incentive mechanisms in place that could become part of the 3P project, the FDA priority review voucher is an example. This does reward innovators for research in neglected disease areas, however it does not have access to the product at its core. I attach the letter recently sent highlighting the weaknesses in this incentive system and the changes needed which would ensure the reward of innovators was linked to access to the product by those who need it most.