"Building capacity for Access and Delivery of New Global Health Technologies for TB, Malaria, Neglected Tropical Diseases (NTDs), and other Diseases in Low and Middle Income Countries (LMICs)" and "GHIT: Research and Development (R&D) of New Global Health Technologies for TB, Malaria, NTDs and other Diseases for Patients and Citizens of LMICs"

23 April 2013

Present:
Magdy Martinez-Soliman (Deputy Director, BDP), Chair
Mandeep Dhaliwal (HHD Group, BDP)
Takeshi Kohno (BERA)
Naoki Nihei (BERA)
Claudia Bresanovich (RBLAC)
Tenu Avafia (HHD, Group BDP)
Katie Kirk (HHD Group, BDP)

Written Comments: (see Annex B)
Sergelen Dambadarjaa (RBAP)
Ugo Blanco (RBLAC)
Lene Jespersen (RBEC)

Meeting summary: The programme documents were presented by Mandeep Dhaliwal, Director HHD Group. The Project Appraisal Committee (PAC) endorsed both programme documents, subject to incorporation of recommendations.

Chairs introductory comments:

- There have been strong efforts by the team in negotiating with government and private sector partners, who showed persistence and patience to define the areas which all partners see as an opportunity for cooperation. The creative, smart and accommodating efforts of the legal and support offices were central to developing workable formulas.

- These projects will result in measures to support achievement of development goals/the MDGs. In particular, the projects support MDG 8; to develop technological solutions, clinical support, and treatment access which will bridge the gap for people who currently have insufficient access to the technological solutions they need.

- This project has and will continue to draw the high attention of the Government of Japan (GOJ). Therefore tight advocacy and visibility strategies to report the results are necessary. Care will be taken in managing the communications strategy, but given UNDP's experience in managing other sensitive projects, it will be done successfully.

<u>Presentation: (Mandeep Dhaliwal)</u>

- There is increasing attention being paid to addressing neglected tropical diseases (NTDs), often called diseases of poverty. There has been a sharp rise in research and development (R&D) from Brazil and India. In Africa, Ministers of Health are currently meeting in Addis to work on a framework for African Union (AU) to address NTDs and non-communicable diseases (NCDs). There has been a rise in awareness amongst donors; there has been increased engagement from a number of governments, including the GOJ, from private foundations such as the Gates Foundation, and from UN agencies such as UNDP, now also coming to the table.

- Tools that work do exist, but further measures are needed to help ensure these tools, along with basic health services, can reach the poor. These projects are well aligned with UNDP's Strategic Plan – they build on existing work on the MDGs, as well as our growing work on NCDs and health systems strengthening. They are synergistic with existing partnerships, such as the Stop TB Partnership, and with the AU's 'Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response', which incorporates regional initiatives like the 'Southern African Development Community (SADC) Pharmaceutical Business Plan'.

- UNDP adds value through its comprehensive and multi-dimensional approach to development – by recognising that addressing these diseases will involve more than just enhanced access to health technologies. It requires a holistic approach, incorporating environmental, social and economic factors.

- The DIAGRAM (Annex A) represents the inputs and interactions between the project components. Under the <u>Access and Delivery project,</u> UNDP will work with partners, including WHO and PATH, using our local knowledge and connections (especially drawing on regional bureaus) to bring key sectors together to determine two LMICs in which the capacity building around delivery and access of health technologies will take place. The criteria for making such determinations will include factors like: disease prevalence, what is in the pipeline, political will, and partner competencies.

  Under the <u>GHIT project,</u> an independent committee will choose grants based on factors like potential public health impact, viability of pipeline products, and likelihood of successful end delivery. UNDP will have an advisory role with this project, seeking to bring the perspectives of LMIC to research and development of health technologies for TB, Malaria and NTDs.

- The projects are a five year commitment. It is expected that UNDP in partnership with WHO and PATH will disburse approximately US$ 3.5 million a year for fulfilling the deliverables under the Access and Delivery project. UNDP's share will be comparatively modest, given that the role relates to coordination and support as well as the delivery of two out of the six outputs.

- UNDP will make a strong contribution by prioritising and raising the voice of people from LMICs. Often, priority setting and decision making around R&D does not adequately reflect the views of LMICs.

Key comments:

The PAC commended the project documents, considering them to be comprehensive and well-written, and in line with UNDP's mandate.

The PAC questioned the likely appropriateness of HIV in the project, given the perceived lack of prominence of HIV and health in the Strategic Plan. While a decision was made to not give emphasis to Health in the draft Strategic Plan, the reason is not reflective of confidence – the project will achieve its goals.

The relatively high level of risk was questioned. R&D in this area of health inherently carries risk; while risks cannot be eliminated, all measures will be taken to minimise them.

The absence of reference to gender concerned the PAC. The projects will bring gender dimensions in, especially for the main areas of UNDP contribution, including capacity strengthening on legal, policy, technology transfer, policy frameworks, intellectual property, and commercialisation, etc. Gender should be more visible, not only that women should be a targeted group to benefit, but also to raise the involvement of women in the process.

The PAC stressed that that it is very important to have a very clear communications strategy right from the very beginning. This message was well received. The earlier announcement by the GOJ was in fact a 'non-agreement announcement', and a communications strategy for going forward has since been agreed with the partners.

This project addresses the need to fill the gap between how technology is developed and how it is delivered. The close working relationship between bureaus and the private sector has been successful. The relationship with GHIT is very important, and this has gone smoothly.

The contribution of the GOJ must be fulfilled by the end of March 2014. If there are no unforeseen delays, the requirements in that time period. Operational elements relating to the transfer of money between partners is not described in detail, though this will be addressed in detail during the first phase of the projects.

In the absence of any further comments, the meeting was brought to a close, with the two projects approved.

Summary of PAC recommendations:

- A clear, mutually-agreed communications strategy is necessary.

- Risk must be appropriately managed and minimised, where possible.

- Programme document must be clearer about the roles and modalities of the GHIT project.
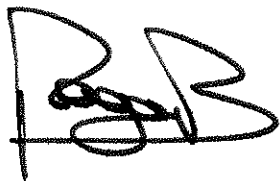
- Gender must be made more visible in the project – especially in respect to how the activities will involve women in the process.

- A communications strategy, together with a knowledge management and community of practice would increase the synergies between the project and other parts of UNDP.

- Project implementation for the first year must be completed by the end of March 2014.

<u>Follow up required:</u>

The PAC endorsed the document with the understanding that the above recommendations (and comments received in writing prior to the PAC meeting; annexed) would be integrated.

The comments received before and during the PAC meeting were thoroughly reviewed, and subsequently addressed in the final programme document.

PAC minutes approved by: Magdy Martinez-Soliman, Deputy Director, BDP

30 JUNE 2013

ANNEX A: operational modalities of GHIT and Access and Delivery Partnership
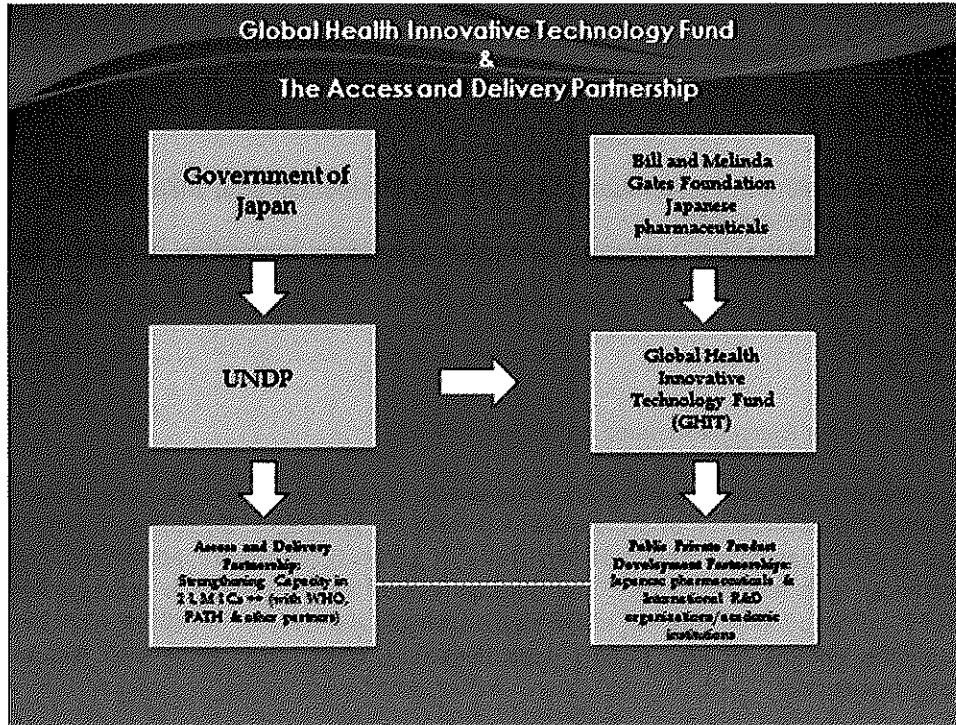
ANNEX B: Comments received in writing

RBAP

From: Sergelen Dambadarjaa
Sent: Thursday, April 11, 2013 6:32 PM
To: Magdy Martinez-Soliman; Tenu Avafia
Cc: Nicholas Rosellini; Clifton Cortez; Kazuyuki Uji; Marie-Claire Angwa
Subject: Re: Project Appraisal Committee (PAC) meeting for Health technology Innovation projects - 23 April 10:00-11:30 am

Dear Magdy and Tenu,

Thank you very much for sharing with RBAP the draft project documents for the Health technology Innovation projects.

Our colleagues in APRC, Clifton and Kaz copied here, have informed us that they have been involved in the development of these projects and the draft documents already incorporate the inputs provided by them.

We would like to wish BDP successful implementation of the projects that have potential for positive impacts on intellectual property rights issues on affordable medicines - a key ingredient in addressing poverty reduction, and social protection.

Kind regards,

Sergelen

RBLAC

From: Ugo Blanco
Sent: Monday, April 22, 2013 2:28 PM
To: Tenu Avafia
Cc: Jessica Faieta; Magdy Martinez-Soliman; Paula Isturiz; Lina Salazar; Maribel Landau; Inka Mattila; Maria Tallarico; Pablo Gago; Claudia Bresanovich
Subject: FW: Project Appraisal Committee (PAC) meeting for Health technology Innovation projects - 23 April 10:00-11:30 am
Importance: High

Dear Tenu,

Kindly find below the comments from our team that we hope are of your interest:

- There is an inherent **knowledge management (KM) component** in the Prodoc that is not explicitly mentioned but that should be considered as an axis that can help to: 1) develop capacities, 2) ensure adequate knowledge transfer (amongst and between research centers), 3) ensure adaptation and appropriation of methods, tools and technology. The development of a KM strategy or stronger KM component will make it easier to follow different knowledge exchanges and transfer initiatives. Also, this can help with continuous learning through project implementation, rather than going over lessons learned at the end of the project.

- Likewise, in order to strengthen networks of research centers, it is suggested to consider creating / promoting **communities of practice** rather than / or together with meetings or seminars. Communities of practice will help promote knowledge exchange and transfer, while building on relationships between practitioners.

Our colleague Claudia Bresanovich, RBLAC focal point for innovation, will participate in tomorrow's PAC meeting.

Best regards,

Ugo

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RBEC

From: Lene Jespersen
Sent: Monday, April 22, 2013 3:44 PM

To: Tenu Avafia
Cc: Haoliang Xu; Rosemary Kalapurakal; Kristine Blokhus; Tahmina Anvarova
Subject: FW: Project Appraisal Committee (PAC) meeting for Health technology Innovation projects - 23 April 10:00-11:30 am

Dear Tenu,

Thank you very much for the opportunity to comment on the two prodocs related to Health technology innovation.

Before going to some specific comments for the Prodocs we were wondering about the commitments already made for these two projects and their implications for UNDP, as it seems that the Japanese Ministry of Foreign Affairs has already announced in a press release the collaboration with UNDP for the two projects: http://www.mofa.go.jp/press/release/press6e_000028.html

Another issue might be how the projects fit with the new Strategic Plan, which does not give prominence to HIV/health and development.

In terms of more specific comments:

The main intention of addressing MDG8 is very laudable and important, and the projects are building partly on UNDP core expertise in providing legal advice about licensing, intellectual property rights and TRIPS flexibilities to protect public health interests and access to affordable medicine. However, the projects (which seem to come in a bundle) might raise questions in some areas concerning available competence within UNDP for a few of the described core activities (for example service in a pharmaceutical R&D committee for product development pipelines) as well as mandate (see risks section).

Specifically on the Prodoc GHIT: Research and development of new global health technologies for TB, Malaria, NTDs and other diseases for patients and citizens of low and middle income countries. While the project idea, target is quite clear, the planned activities could be more clearly described in the AWP, RRF and strategic directions sections, as well as the management arrangement which remain a bit unclear (page 10). It is proposed that the project is going to be implemented under Direct UNDP Implementation and NGO/GHIT (Global Healthcare Innovation Technology Fund) implementation modality. The latter modality and the role of GHIT, as well as the legal instrument for engaging this NGO are reflected in the prodoc, however the role and responsibilities of UNDP vis-à-vis project implementation, are not sufficiently articulated in our view. We would recommend to define clearly both modalities under this section.

In the strategic directions section an argument is made as to why UNDP is well positioned to undertake this work. No mention is made of gender. Given the importance of gender dynamics in determining the spread of diseases, UNDP's experience in this area may be worth mentioning.

In terms of risks: there seems to be an unusual number of high risks, we are wondering how this should be interpreted. Furthermore, some of the risks could be better articulated. For example "UNDP as a donor" is not a clearly articulated risk, what exactly is the risk and how does the management response mitigate it? Also the management responses could in many cases be clearer.

We these comments are helpful.

All the best,

Lene

ENDS.

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