
Establishing a Global Coordination Mechanism for Research and Development to Prevent and Respond to Epidemics: Scoping Meeting

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Introduction

Coordinated and proactive research and development (R&D) efforts, before and during epidemics, are needed to save lives and prevent global health crises. Mandated by its member states, the World Health Organization (WHO) R&D Blueprint for Action to Prevent Epidemics aims to reduce the time lag between the outbreak of an epidemic and the availability of medical countermeasures for use in the field. Under the R&D Blueprint, WHO has prioritized nine pathogens that could trigger epidemics in the near future, for which no licensed medical countermeasures exist. Given the complexity of R&D processes and the timescale usually associated with the development of medical countermeasures, a mechanism to coordinate the global R&D agenda is needed in order to ensure a rapid and effective response to future epidemics.

This meeting summary is a record of discussions held on 10 November 2016, at Chatham House. The aim of the meeting was to stimulate a high-quality dialogue among experts from a broad range of public health and R&D environments to define the need for, and principles of, a Global Coordination Mechanism (GCM) for R&D to prevent and respond to epidemics. The meeting was held under the Chatham House Rule.¹

Discussion Summary

The nature of global R&D coordination

The nature of the global R&D coordination needed to improve responses to epidemics was extensively discussed by participants. All of whom agreed that the primary role of a coordinating mechanism would be to address the global R&D agenda in a collaborative manner in order to ensure that identified R&D gaps are filled effectively. To succeed the coordination mechanism would need a governance framework agreed by key stakeholders. In short, the mechanism would identify what should be done to ensure that progress is being made, rather than attempting to operationalize all activities. As a result, a high-level continuum between coordination and governance would be needed in order to bridge the recognized misalignments in R&D preparedness and response.

It was acknowledged that a global fund for epidemic R&D preparedness would be ideal but the apparent lack of appetite among donors for such a fund was noted.

The nature of the collaborating partners involved in any such coordinating mechanism was discussed. Participants agreed on the need to map such partners at both the clinical research and implementation levels. WHO is already developing a visualization tool, in order to map the current global R&D ecosystem and existing collaborations.

The need to involve regulators, the private sector, and low- and middle-income countries in defining the scope of the coordination mechanism was also acknowledged.

The scope of the coordination mechanism

The WHO R&D Blueprint focuses primarily on R&D activities associated with the development and availability of medical countermeasures. It was recognized that a broad spectrum of supportive activities was also required, from research in epidemiology to generate fundamental knowledge, to capacity-building that would facilitate implementation on the ground. At the same time, there was an agreement

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that covering all aspects of infectious disease control, particularly the more routine aspects, would not be achievable, but that epidemiological and clinical research should be incorporated under the umbrella of the coordination mechanism, alongside product R&D before and during public health emergencies.

Participants discussed to what extent coordination should cover inter-epidemic periods, and it was agreed that coordination during emergencies can only be successful if it builds on established practices. Therefore preparation should be ongoing and not only initiated during public health emergency operations.

The mechanisms of coordination

In establishing a coordination mechanism, it is important to embrace existing networks like Global Research Collaboration for Infectious Disease Preparedness (GloPID-R) and emerging initiatives such as Coalition for Epidemic Preparedness Innovations (CEPI). The International Health Regulations (IHR) could also be explored as an instrument to assess the minimal research capacity needed at the national level in order to allow a safe, rapid and efficient R&D response in case of an epidemic.

The role of WHO was discussed extensively. WHO was first envisioned as a convenor and participants ultimately agreed that it was the most legitimate global health institution that could overcome competing interests. As such WHO should take the lead, manage a portfolio of relevant actors and be accountable to its member states for results.

Coordination could build on a voluntary non-binding agreement including core principles and a framework for participation.

Transparency would be the prime driver for accountability in this process. Peer pressure could act as a lever for accountability for each actor but best practice guidelines should be developed as a frame of reference.

First priorities for coordination: data sharing, ethics and regulations

Participants agreed on three areas that would benefit from immediate attention for coordination, namely data sharing, ethics and regulation. Mapping of current work and initiatives around these areas would facilitate understanding of gaps and overlaps, and help foster engagement of developing countries.

Next steps

All agreed that a GCM led by WHO was needed.

Discussions at the meeting will facilitate the development of a proposed scope for the GCM and for draft terms of reference by Chatham House and WHO.

A further meeting will be convened in the first quarter of 2017 to review the proposed scope and terms of reference and to agree on the establishment of the GCM.

Three additional papers will be prepared for this additional meeting, on data sharing, ethics and regulatory gaps.