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# Post-Webinar Report EBPMN
# September 18th, 2020

## Covid-19 - ACT Therapeutics Pillar

Post-Webinar Report EBPMN Covid-19 ACT Therapeutics Pillar, September 18, 2020This webinar featured a presentation followed by Q&A on the Access to COVID-19 Tools Accelerator (ACT) given by **Dr Mariângela Simão**, WHO Lead in the ACT Therapeutic Partnership.

ACT is a global response program to accelerate the development of countermeasures for the COVID-19 pandemic. Organized into three partnerships (vaccines, therapeutics and diagnostics) and a health system strengthening connector, ACT offers an avenue for international donors to fund a coordinated response to COVID-19.

Mariângela Simão introduced ACT's objectives, highlighted WHO's role in the partnership and interestingly discussed the potential role of manufacturers in LMICs.
The Therapeutics Pillar aims to have 245 million courses or treatments for Covid-19 available by mid-2021 and is led by three agencies: The Wellcome Trust, UNITAID and WHO. She noted that R&D for the Therapeutics Pillar currently is heavily underfunded ($175 million; an additional $485 million is needed), certainly in comparison to the investments made for the Vaccines Pillar. The current pipeline can be divided in simple therapies and novel therapies (e.g. monoclonal antibodies). As of today, only one drug (dexamethasone) has been secured for LMICs. Since monoclonal antibodies probably will be new drugs, there will be potentially IP barriers and a global allocation mechanism may be needed. WHO published a draft framework for such an allocation mechanism on August 9th.

The Covid-19 pandemic has revealed an insufficiency of global manufacturing capacity and weaknesses in global supply chains. Countries relying mostly on importation of medical products are at risk for a lack of access to quality medical products and the markets are different for countries that produce and those that not produce. As regards this last aspect, therapeutics are in a different context than vaccines: there are high income countries that are financially strong but lack manufacturing capacity and there LMICs with less financial strength but with considerable manufacturing capacity. Anticipating shortages, the BMGF has started to invest in contracts to reserve therapeutics manufacturing capacity, also in LMICs.

She concluded that for LMICs, technology transfer is mechanism that can build production capacity but that this takes a long time and that there are challenges with GMP and quality assurance with local products including the functionality of the local or regional NRA.

In the Q&A session, Mariângela Simão strongly voiced the need for a strong global coalition of generic manufacturers for therapeutics similar to the DCVMN. At this moment, the IGBA (International Generic and Biosimilar Medicines Association) has an affiliation with the ACT-Therapeutics Pillar, but since IGBA is not focusing at LMICs only, she strongly recommended EBPMN to reach out to IGBA to get involved, expressing her willingness to act as a liaison if so required. In addition, she would gladly introduce EBPMN to the BMGF. Finally, when asked how WHO can support development of local production in LMICs, she referred to WHO's recently released e-training program on GMP.

The webinar was moderated by Maureen Dennehy and attended by about 25 participants. The presentation will be available on EBPMN's website.