

# WHO R&D Blueprint Update

*progress and plans*

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March 2018

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**R&D**  
BLUEPRINT



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# Why an R&D Blueprint?

Experience during the Ebola epidemics has demonstrated that it is possible to accelerate R&D during emergencies

BUT

R&D preparedness and effective collaboration frameworks should be accelerated in advance of any new epidemic

# Operational objective of the Blueprint

Declaration  
of PHEIC  
emergency



Availability of  
effective diagnostics,  
therapeutics &  
vaccines



Day 0...|...|...|...|...|...|...|...|...|...|...|...|...|...|...|...|... Day available

The R&D Blueprint seeks to create an enabling environment through which all actors, through increased funding, data sharing and partnerships, can drive change in the public health landscape to provide an elevated level of global impact.



# AN R&D BLUEPRINT FOR ACTION TO PREVENT EPIDEMICS

PLAN OF ACTION  
MAY 2016



# A

Improving coordination  
& fostering an enabling  
environment

# B

Accelerating Research &  
Development processes

# C

Developing new norms &  
standards tailored to the  
epidemic context

# BEFORE EPIDEMIC

Prepare for the inevitable

<b>1</b> Governance & Coordination 	<b>2</b> Knowledge sharing 	<b>3</b> Assess threat & define priority pathogens 
<b>4</b> R&D Roadmap 	<b>5</b> Funding 	<b>6</b> Set regulatory pathway 
<b>7</b> Collaboration & Partnerships 	<b>8</b> Expand local capacity 	<b>9</b> Regulatory review & Policy development 

# DURING EPIDEMIC

Fast access to interventions

<b>1</b> Foster coordination 	<b>2</b> Facilitate studies 
<b>3</b> Share results & lessons learned 	<b>4</b> Regulatory evaluation & policy making 

# R&D Blueprint overview

Prioritization

List of Priority  
Diseases

**R&D  
Roadmaps**

Target Product  
Profiles

Development of Products

Clinical Trial  
Design

Regulatory  
Pathways

*Data & Sample  
Sharing*

**SAG**

Scientific Advisory  
Group

**GCM**

Global Coordination  
Mechanism

**M&E**

Monitoring  
& Evaluation

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# Prioritization: List of priority diseases 2018

(The order of pathogens on this list does not denote any ranking of priority)

- Lassa Fever and other severe Arenaviral haemorrhagic fevers
- Crimean Congo Haemorrhagic Fever
- Filoviral pathogens (including Ebola and Marburg)
- MERS-CoV
- Other highly-pathogenic coronaviral pathogens (e.g. SARS)
- Nipah and related henipaviral pathogens
- Rift Valley Fever
- Severe fever with thrombocytopenia syndrome
- Zika

And any pathogen identified by the decision instrument

Chikungunya Virus continues to warrant further research and development.



# R&D Roadmaps: A generic methodology

Developing and implementing R&D Roadmaps for priority pathogens with epidemic potential

R&D Blueprint roadmaps are forming a strategic framework that underpins strategic goals and research priorities of the global R&D community



developed on the basis of

a **generic methodology**

purpose: to provide a standardized procedure that structures and harmonizes the development and implementation of R&D roadmaps



## Cycle of review

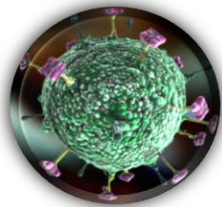
- Internal review – **completed**
- Intermediate review – **completed**
- External review – **ongoing**
- Pilot testing for development of the following roadmaps (taskforce) – **ongoing**
  - Ebola/Marburg, Lassa and Nipah (CIDRAP)
  - CCHF (WHO)
  - Pathogen X (BMGF)



# Target Product Profiles

	Circulation of draft TPP to Expert Working group for comments	Public consultation of draft TPPs	Final TPP published at WHO website
Monovalent Ebola – reactive and preventive use	✓	✓	2015 ✓
Multivalent filovirus vaccine TPP – preventive use	✓	Oct 2016 ✓	Nov 2016 ✓
<b>Revised</b> Zika virus vaccine TPP (first version, published July 2016)	✓	Dec 2016 ✓	Feb 2017 ✓
MERS Co-V vaccine TPPs (3)	✓	Feb 2017 ✓	May 2017 ✓
Nipah Virus vaccine TPP	Q1 ✓	Q1 ✓	✓
Lassa Fever virus vaccine TPP	Q1 ✓	Q2 ✓	✓

# Global level



Nipah

Roadmap  
Mar 2018

Critical path for research and potential use  
Criteria for candidate products prioritization  
Dashboard progress (Taskforce)

TPP  
V 2017

Dashboard of candidate products vs TPPs  
R&D Observatory

Generic protocols  
2019

No. of doses for Phase 2b/3 trials  
Site selection  
Modelling  
Method. discussion

Deployment  
(outside trials)  
2018

SAGE or STAC recommendations  
Trained teams  
Logistics  
Coordination plan  
Community engagement  
Access to candidate products

Non product research  
WHE/GOARN

GCM

Mapping of stakeholders

SAG / TAG

*Recommendations  
priority research  
during event*

WHE/IMS

Country Operational  
Emergency Plan

# Country level

NRAs + ERCs - AVAREF joint reviews of protocols

Support to countries for liability and compensation

Tools for review/design of trials at country level

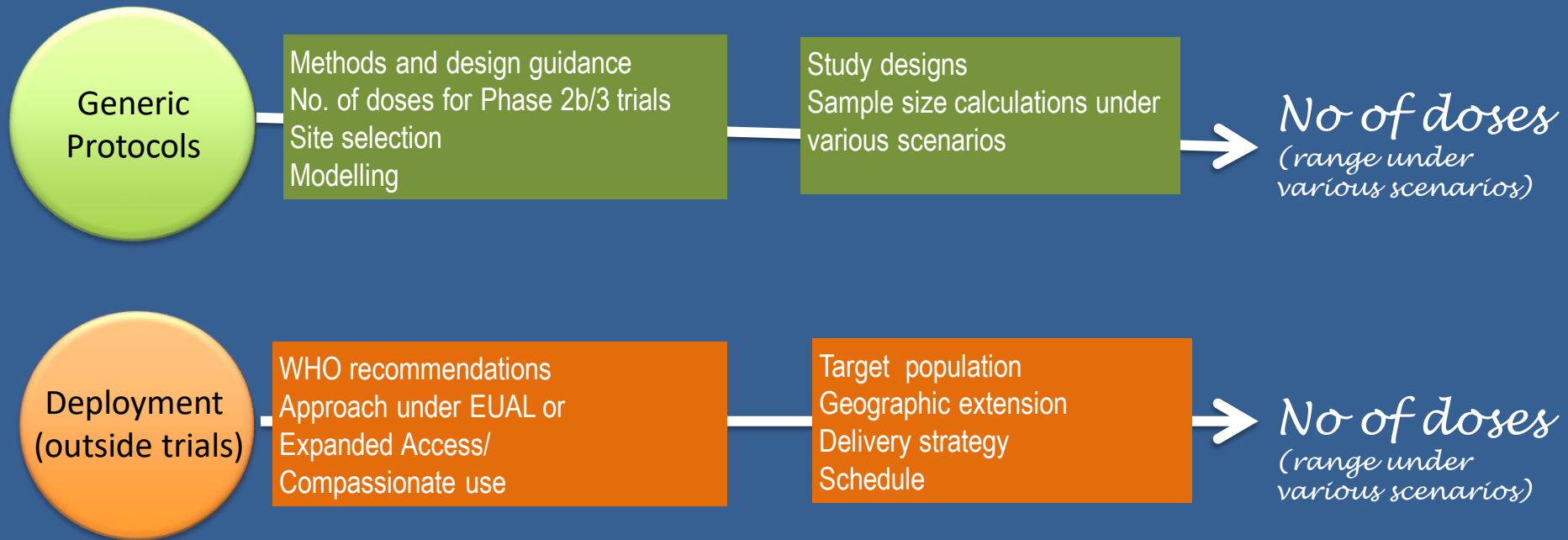
Tools for data sharing and sample sharing

Basic capabilities: surveillance, lab, case management, ...



# Determining number of doses GMP grade material

for trials and expanded access / compassionate use





# Supporting basic capacity at country level

NRAs + ERCs - AVAREF joint reviews of protocols

Support to countries for liability and compensation (outside trials)

Tools for review/design of trials at country level

Tools for data sharing and sample sharing

Basic capabilities: surveillance, lab, case management, ...

Regulatory guidance (see next slide)

Set regulatory pathway

6

Regulation

Ethics

Evaluation

# Supporting regulatory capacity at global, regional and country level

**Standard setting**

**Capacity building**

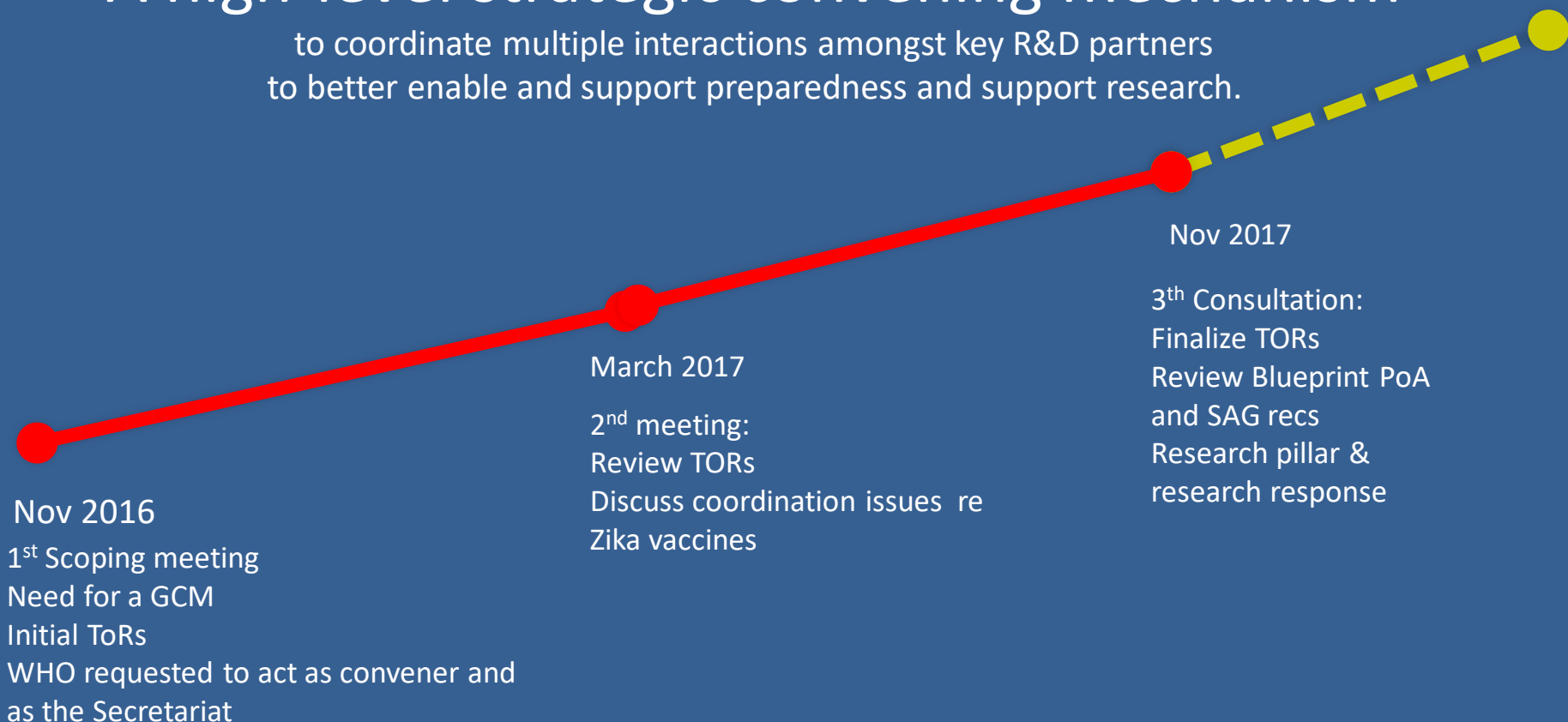
**Review of WHO  
EUAL**



# Global Coordination Mechanism (GCM)

## A high-level strategic convening mechanism

to coordinate multiple interactions amongst key R&D partners to better enable and support preparedness and support research.



# Developing a RESEARCH PILLAR for the emergency response

Mapping of research capabilities at global & country level

Mapping of stakeholders

Definition of ToRs and composition of needed independent advisory groups

Definition of ToRs and composition of the Global Coordination Mechanism

Definition of SOPs guiding the interactions between the various bodies involved in the research and with the IMS

Consultative process with all stakeholders involved

Finalize and test the process  
Adjust as needed



**DURING EPIDEMIC**

Fast access to interventions