Wellcome Strategy

Supporting science to solve the urgent health challenges facing everyone

Timothy Jinks PhD
November 2020

Wellcome has a new vision and strategy

Wellcome supports science to solve the urgent health challenges facing everyone

Our strategy

We’re taking on **three worldwide health challenges** with programmes of work that will draw on Wellcome’s expertise across science, innovation and society to deliver ambitious goals.

We’ll also support a **broad programme of discovery research** across a wide range of disciplines with the potential to make unanticipated discoveries about life, health and wellbeing – both to help us tackle these challenges, and drive advances in other areas.

Diversity and inclusion, and **research culture**, are central to our strategy and will be embedded into the work we fund and do.

Focus on three urgent health challenges supported by discovery research

Infectious diseases

Escalating infectious diseases are under control in the communities most affected

Global heating

Global heating does not harm health in the communities it affects most

Mental health

No one is held back by mental health problems

Discovery research

Significant shifts in understanding lead to improved human health

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Why these challenges?

The science review used these criteria to decide which health challenges Wellcome should focus on:

- The urgency and scale of the threat
- The opportunity for Wellcome to make a difference
- The ability to harness what differentiates Wellcome from others

The three health challenges we have chosen:

- May cause premature disability and death in future generations
- Will be felt most keenly by resource-poor populations
- Require funding and support which Wellcome can provide

AMR continues to be a high priority

Building on the Drug Resistant Infections Program – a period of bridging activities will lead to the program becoming fully integrated with the new Infectious diseases Challenge Area

A world where nobody is endangered by drug-resistant infections

- AMR continues to pose a significant and escalating global threat requiring urgent action
- We have developed a strategy for action over five-years anchored in a 20+ year perspective
- We designed a two-year bridging proposal toward integrating within the Infections Challenge Area

Wellcome's role in the AMR agenda

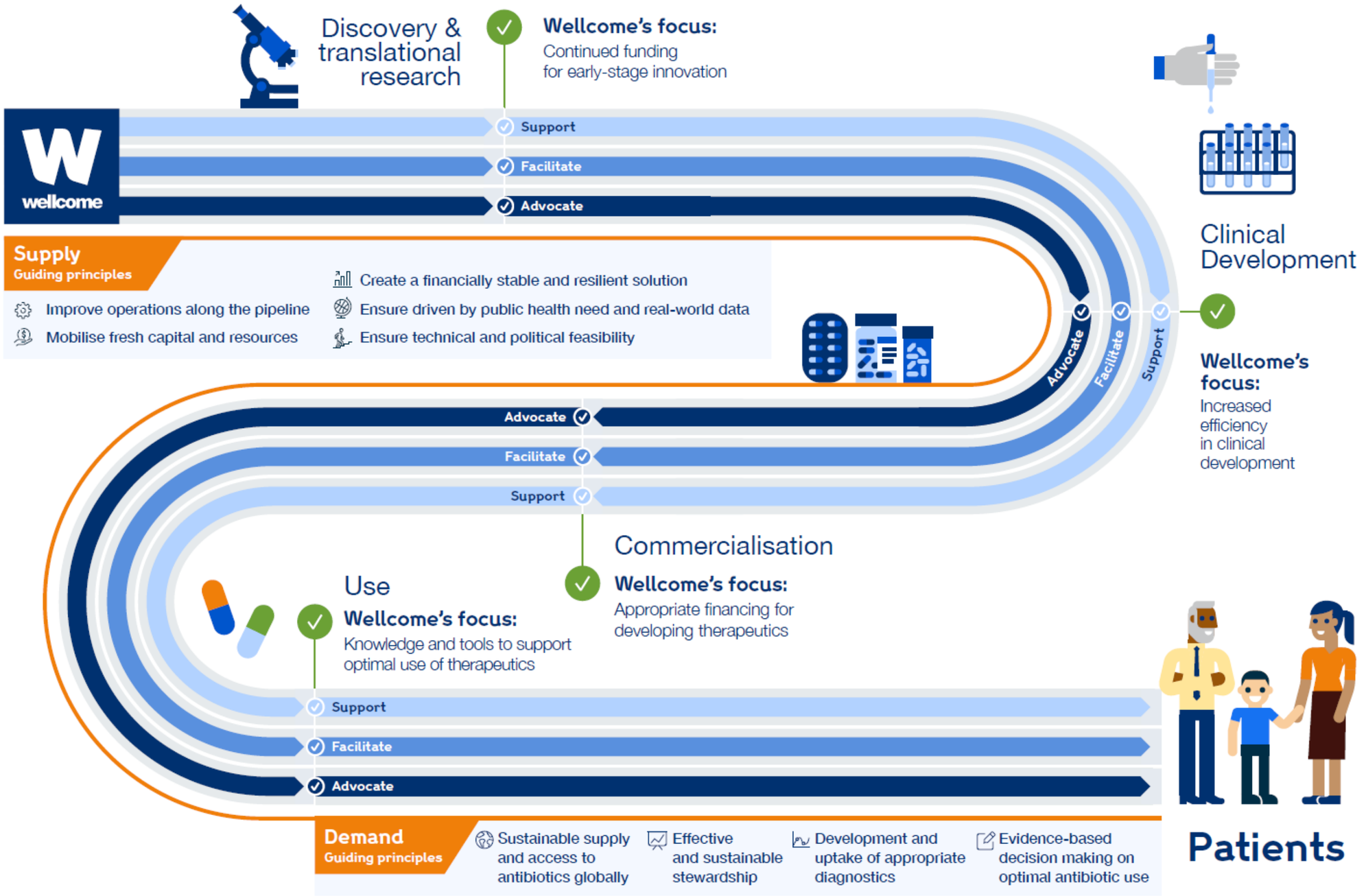
Wellcome's contribution will have the highest impact by focusing on a subset of the AMR agenda

Approach to achieving Goals

- **Support** – fund and invest in projects that will deliver relevant outputs
- **Facilitate** – work in partnership to enable others to deliver results
- **Advocate** – use evidence to influence action

Goal 1

Advance a sustainable pipeline for antibiotics to protect global public health



Goal 2

Foster the mobilisation of government-led action on AMR

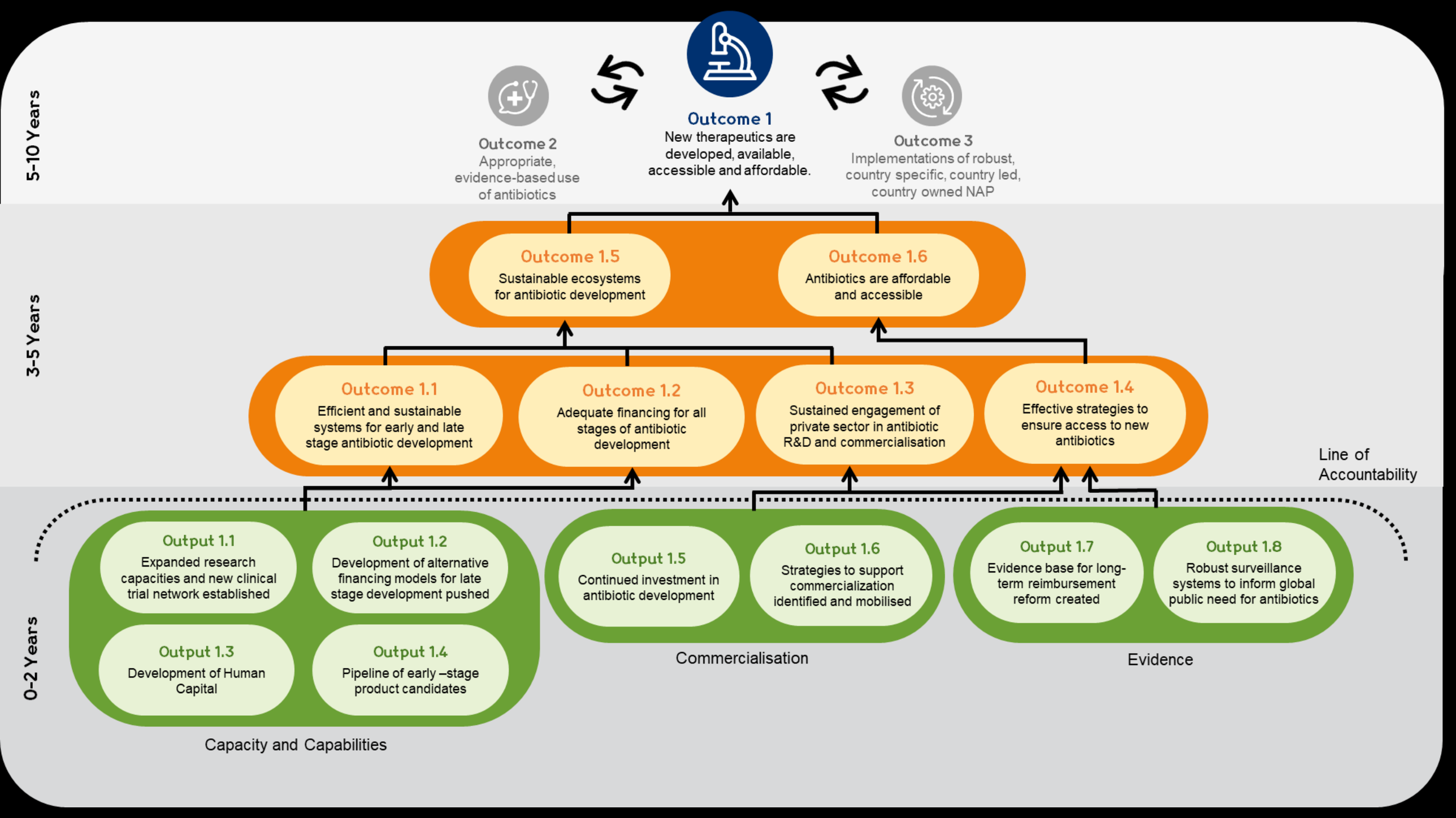
Goals can be achieved through three interrelated Outcomes

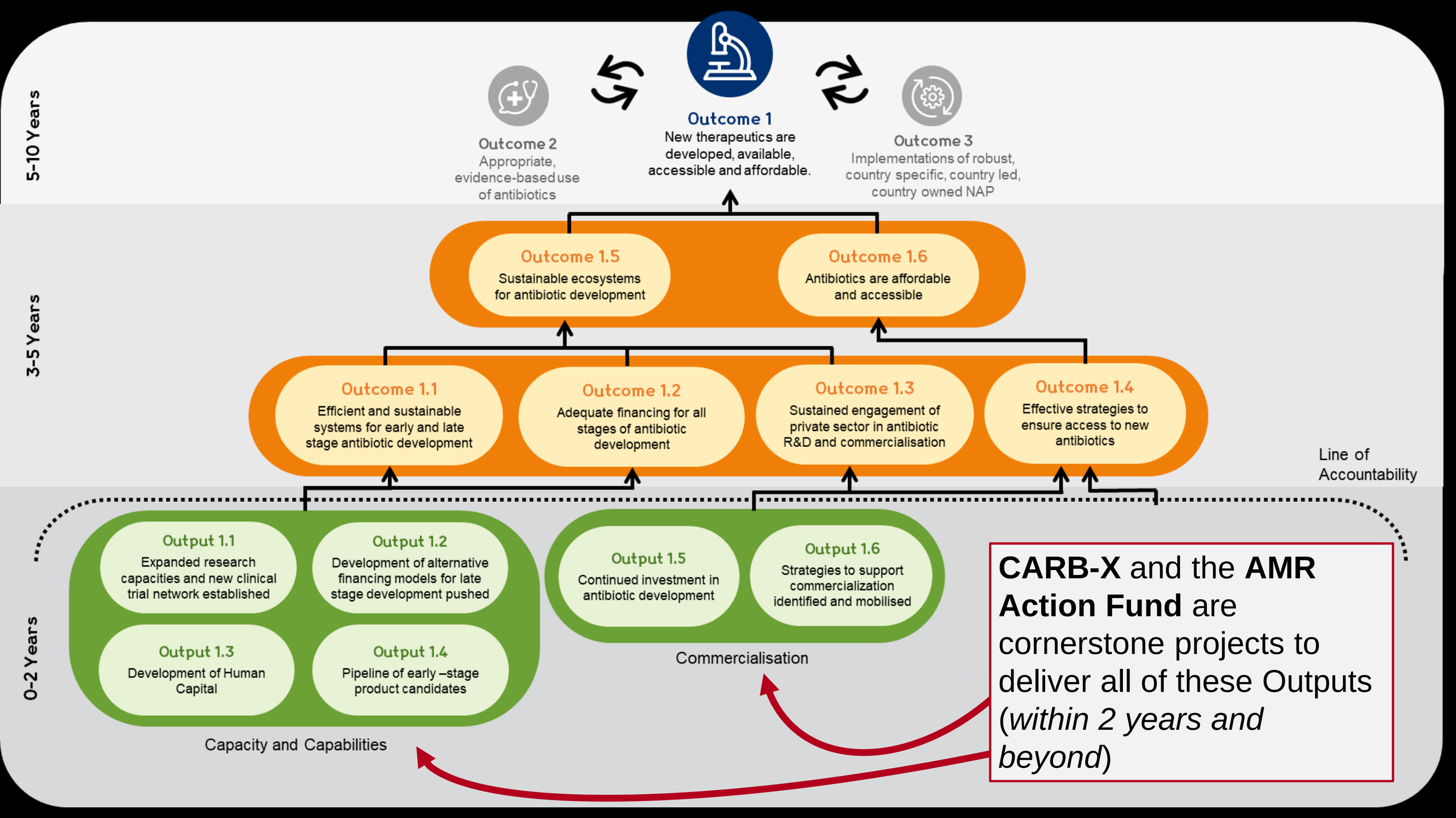
Outcome 1: New therapeutics are developed, available, accessible and affordable

The development of new therapeutics particularly antibiotics, is crucial to offset the effects of AMR. However, antibiotic development is hindered by fundamental economic challenges.

In bridging we plan to prioritise:

- **Policy and advocacy focused on**
  - **i. resource mobilisation to support later-stage development and commercialisation; and**
  - **ii. support supply/access to antibiotics and uptake of diagnostics**


5-10 Years
3-5 Years
0-2 Years
Outcome 1
New therapeutics are developed, available, accessible and affordable.
Outcome 2
Appropriate, evidence-based use of antibiotics
Outcome 3
Implementations of robust, country specific, country led, country owned NAP
Outcome 1.5
Sustainable ecosystems for antibiotic development
Outcome 1.6
Antibiotics are affordable and accessible
Outcome 1.1
Efficient and sustainable systems for early and late stage antibiotic development
Outcome 1.2
Adequate financing for all stages of antibiotic development
Outcome 1.3
Sustained engagement of private sector in antibiotic R&D and commercialisation
Outcome 1.4
Effective strategies to ensure access to new antibiotics
Line of Accountability
Output 1.1
Expanded research capacities and new clinical trial network established
Output 1.2
Development of alternative financing models for late stage development pushed
Output 1.3
Development of Human Capital
Output 1.4
Pipeline of early –stage product candidates
Capacity and Capabilities
Output 1.5
Continued investment in antibiotic development
Output 1.6
Strategies to support commercialization identified and mobilised
Commercialisation
Output 1.7
Evidence base for long-term reimbursement reform created
Output 1.8
Robust surveillance systems to inform global public need for antibiotics
Evidence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Strategies to support commercialization identified and mobilised
Commercialisation
CARB-X and the AMR Action Fund are cornerstone projects to deliver all of these Outputs (within 2 years and beyond)

Outcome 1: Example activity

Creating an evidence base for long-term reimbursement reform

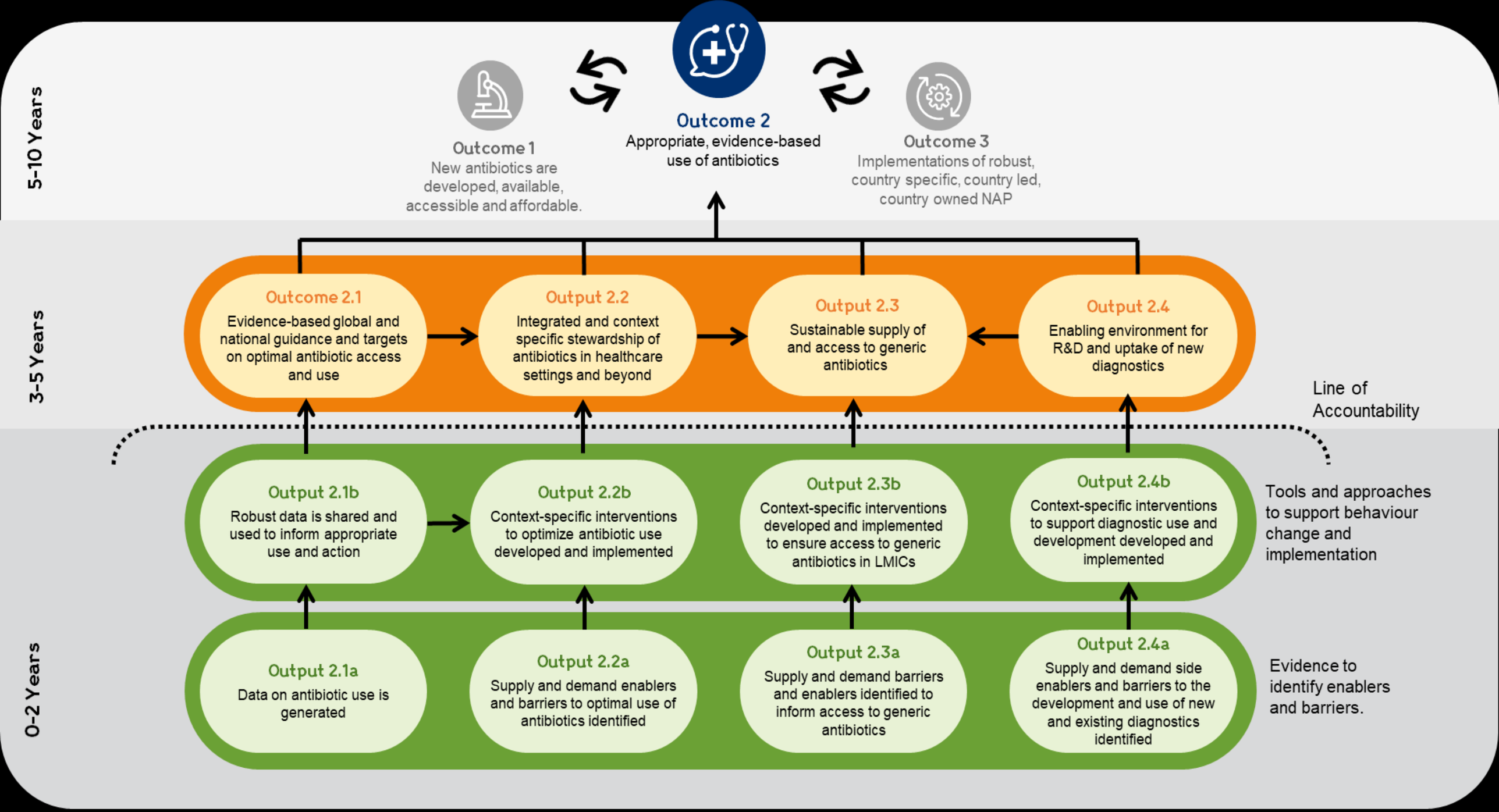
- **Irrespective of progress with the AMR Action Fund, we need to advance our advocacy activities to support and promote development and uptake of new reimbursement models in key markets.**
- **This may include the continuation of Duke-Margolis and OHE work from Phase I, looking into feasible pull incentive solutions in the US and UK**
- **We will look to expand this to develop a more global perspective**

Outcome 2: Appropriate, evidence-based use of antibiotics

Access to antibiotics remains a significant issue and is often of greater concern in LMICs. Meanwhile, antimicrobial treatments are frequently misused, which increases resistance.

In bridging we plan to prioritise:

- **Generating and sharing data on optimal use**
- **Developing context-specific interventions to optimise antibiotic use**
- **Implementation and uptake of capabilities (including diagnostics) for optimised use**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3-5 Years
0-2 Years
Outcome 1
New antibiotics are developed, available, accessible and affordable.
Outcome 2
Appropriate, evidence-based use of antibiotics
Outcome 3
Implementations of robust, country specific, country led, country owned NAP
Outcome 2.1
Evidence-based global and national guidance and targets on optimal antibiotic access and use
Output 2.2
Integrated and context specific stewardship of antibiotics in healthcare settings and beyond
Output 2.3
Sustainable supply of and access to generic antibiotics
Output 2.4
Enabling environment for R&D and uptake of new diagnostics
Line of Accountability
Output 2.1b
Robust data is shared and used to inform appropriate use and action
Output 2.2b
Context-specific interventions to optimize antibiotic use developed and implemented
Output 2.3b
Context-specific interventions developed and implemented to ensure access to generic antibiotics in LMICs
Output 2.4b
Context-specific interventions to support diagnostic use and development developed and implemented
Tools and approaches to support behaviour change and implementation
Output 2.1a
Data on antibiotic use is generated
Output 2.2a
Supply and demand enablers and barriers to optimal use of antibiotics identified
Output 2.3a
Supply and demand barriers and enablers identified to inform access to generic antibiotics
Output 2.4a
Supply and demand side enablers and barriers to the development and use of new and existing diagnostics identified
Evidence to identify enablers and barriers.

Outcome 2: Example activity

AMR Data to Inform Local Action

ADILA: Using data to inform antibiotic optimised use

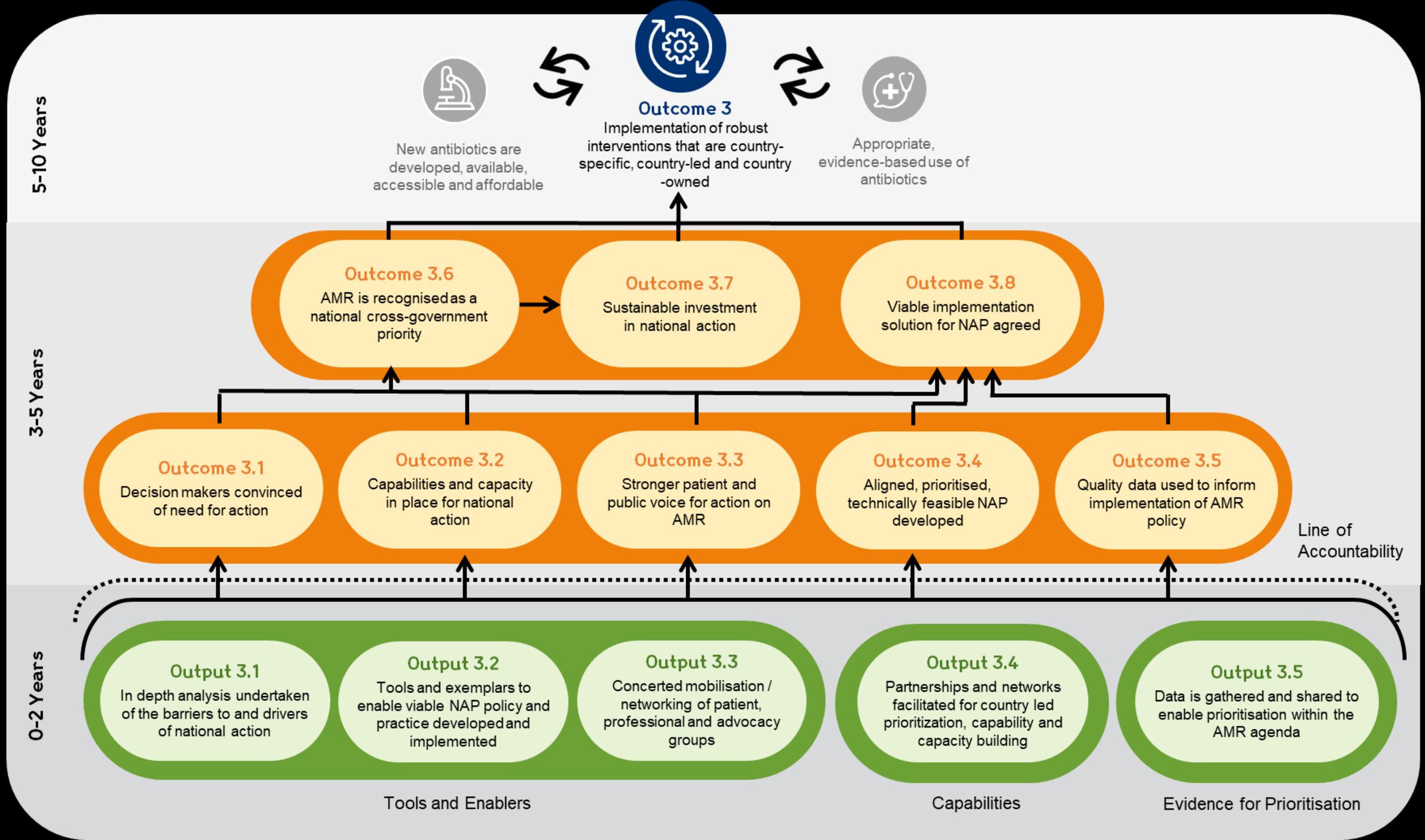
- **Surveillance data on AMR and antibiotic consumption is critical to inform local, national and global responses to AMR**
- **There is a need to create meaningful targets focusing on the reduction of antibiotic consumption**
- **Developing targets requires a complex mix of decision making, currently there is no standard methodology to help countries formulate antibiotic guidance**
- **ADILA will use data to develop and pilot a range of tools that will help inform and support individual countries policies on optimising antibiotic use**
- **Post Bridging: Tools can then be implemented at a wider scale through country-led action**

Outcome 3: implementation of robust interventions that are country-specific, country-led and country-owned

Though most countries have National Action Plans in place, this is a plan which does not automatically translate into action, most acutely in LMIC settings where it is often a lack of available resources to implement, rather than political will, which holds back progress.

In bridging we plan to prioritise:

- **Understanding country-need and Wellcome's role in supporting implementation of national initiatives across a range of countries**
- **Partnerships with delivery partners where Wellcome plays an active role in implementation of initiatives**
- **Building relationships with key government officials**
- **Identifying opportunities where Wellcome can work directly governments, not via partners**


5-10 Years
New antibiotics are developed, available, accessible and affordable
Outcome 3
Implementation of robust interventions that are country-specific, country-led and country -owned
Appropriate, evidence-based use of antibiotics
3-5 Years
Outcome 3.6
AMR is recognised as a national cross-government priority
Outcome 3.7
Sustainable investment in national action
Outcome 3.8
Viable implementation solution for NAP agreed
Outcome 3.1
Decision makers convinced of need for action
Outcome 3.2
Capabilities and capacity in place for national action
Outcome 3.3
Stronger patient and public voice for action on AMR
Outcome 3.4
Aligned, prioritised, technically feasible NAP developed
Outcome 3.5
Quality data used to inform implementation of AMR policy
Line of Accountability
0-2 Years
Output 3.1
In depth analysis undertaken of the barriers to and drivers of national action
Output 3.2
Tools and exemplars to enable viable NAP policy and practice developed and implemented
Output 3.3
Concerted mobilisation / networking of patient, professional and advocacy groups
Output 3.4
Partnerships and networks facilitated for country led prioritization, capability and capacity building
Output 3.5
Data is gathered and shared to enable prioritisation within the AMR agenda
Tools and Enablers
Capabilities
Evidence for Prioritisation

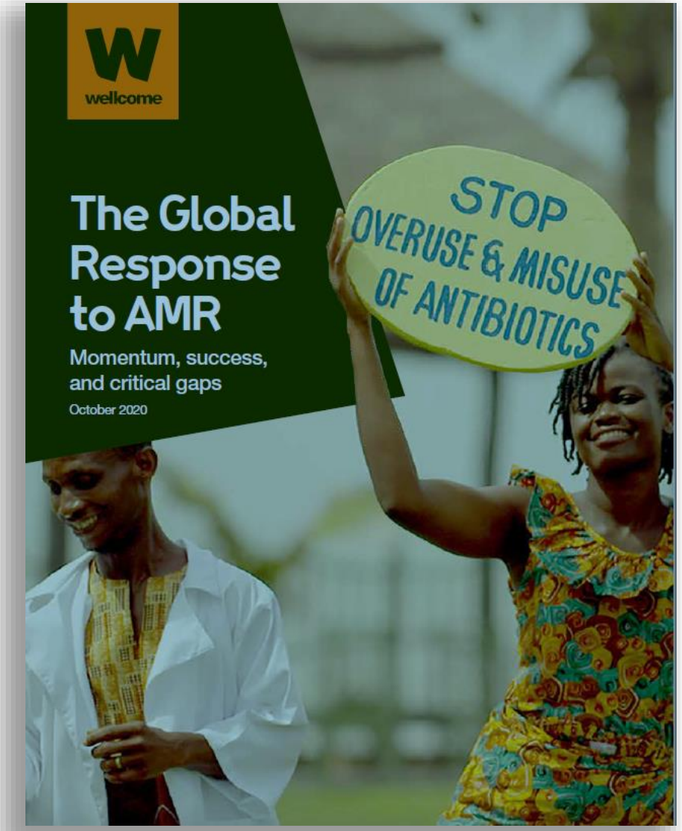
Outcome 3: Example activity

Virtual AMR Policy Think Tank

- **Aim = generation of actionable, evidence-informed policy whilst also building capacity to support policy learning & research globally**
- **Led by the Global Strategy Lab, the Think Tank will coordinate a global network of leading AMR researchers.**
- **Topics will be driven by a review of evidence/policy gaps as rapid response function for urgent requests.**
- **Strong LMIC engagement and focus for policy development.**

Summary

- Wellcome’s new strategy includes a focus on infectious diseases
- Our Infectious Disease Challenge Area will concentrate on finding solutions for those diseases that pose an escalating threat
- AMR is an increasing global health burden requiring urgent action
- Wellcome is committed to continue working on solutions for protecting people from drug resistant infections



The Global Response to Drug-Resistant Infections - momentum, success and critical gaps

Report Launch event: Wednesday 18th November, 15:00-16:00 GMT

To register, please email: DRI@wellcome.org

Thank you

Working for a world where nobody is endangered by drug-resistant infections