

Transcript: Investing in innovation for health: an interview with BT Slingsby
28 October 2015, Development Policy Centre

Camilla: My name is Camilla Burkot. I'm a research officer at the Development Policy Centre, and it's my pleasure to be sitting down today with Dr. BT Slingsby, who heads the Global Health Innovative Technology Fund, or GHIT. Welcome.

Dr. Slingsby: Thank you.

Camilla: Thank you for being here. Perhaps we could start off, you could just tell us or give us a sort of snapshot. What is GHIT? What do you do?

Dr. Slingsby: Yes. GHIT is a public-private partnership fund. It's essentially a fund that drives forward new product development for infectious disease. The products that we fund are going to be drugs, diagnostics, vaccines for diseases like malaria and tuberculosis, and other neglected tropical diseases.

These diseases affect almost three out of seven, or almost half of the world's population. And they actually cause a great deal of suffering, be it in terms of health, in terms of livelihood, in terms of economic suffering. And it takes these innovations going forward to actually control and eliminate these.

Camilla: Okay. And so then how would you say—maybe you can give us a sense, in practice, of what you do. So, as I understand, you're in partnership with the funding from the Japanese government, from Japanese pharma companies and the Gates Foundation?

Dr. Slingsby: Yes. And the Wellcome Trust.

Camilla: And the Wellcome Trust. So what's your model? If somebody's thinking about, say, an MMV or a similar PPP or PDP – how do you differ, or what makes you similar to them?

Dr. Slingsby: Sure. Well, you know, regardless if it's MMV, or it's a university, or another PDP, or even a company, they are all trying to develop products. Now if you look at overall drug development, in the world these days, Japan as an industry ranks around number 3. Enormous capacities, enormous capabilities, enormous knowhow in terms of drug development.

And that really was not being fully utilised for global health. So the idea was how to tap into the enormous knowhow in Japan for drug development and bring that innovation technology to the forefront in global health. And that's precisely what we are doing. What we do is we're a funder, so we facilitate partnerships between Japanese entities and non-Japanese entities.

Now these non-Japanese entities could be PDPs, it could be universities like Monash, it could be institutions like QIMR, it could be private companies.

And so regardless of the institution, that non-Japanese entity would partner with a Japanese entity. And through that international partnership it would drive forward product development for these diseases.

Camilla: Okay. That's interesting. So do you sort of play a matchmaking role, or do people or organisations come to you?

Dr. Slingsby: Both actually. So there's often the term "Are you a hunter or are you a gatherer?" And so we do both. We both facilitate partnerships, but we also have open calls in which partners can come together and apply for funding. So either/or. It's fun.

Camilla: It's good to have that flexibility I guess.

Dr. Slingsby: Oh yes – flexibility, agility, speed.

Camilla: All those words that come with innovation!

Dr. Slingsby: Exactly, exactly. And I think that's kind of a fundamental principle behind our management, is those types of terms or principles. I mean, if you look, we've been in operations for a little over two years, maybe two and a half years now, and we have a very full portfolio. Almost 40 projects in our portfolio, all international partnerships ranging from discovery, to preclinical, to clinical. We'll have six clinical trials ongoing this year throughout the world, regardless if it is South Africa, or Africa, or Asia. And I believe that it's true, that we have tapped into innovation from Japan and now we're lining up with global partners.

Camilla: Well that's great. And I'm glad you mentioned sort of trying to tap into this huge knowledge base.

Dr. Slingsby: Yes.

Camilla: I was curious to ask a little bit more about sort of the origin and the context of the establishment of GHIT. Was that driven by Japanese government? Or was it sort of the case of private sector partners, the pharma industry, kind of waking up to these needs?

Dr. Slingsby: It was timing. It was both, in a sense. Many of these large Japanese pharmaceutical companies are increasingly becoming global. They have to become more engaged on global issues. They have to create a more of a global corporate brand. They have to develop more of a mixed portfolio for the developing world. So the timing was right in terms of the private sector, and a lot of champions, primarily the CEOs of these companies, stepped up to the challenge. Likewise, when Prime Minister Abe went into office, he was looking at economic policies that can speed up economic growth in the world, and thus speed up economic growth for Japan. Meanwhile, he also launched a global health policy that really put innovation in its forefront, saying that, you know, innovation is absolutely necessary to increase the level of health of citizens throughout the world. And Japan's role in doing that is driving that forward. So both.

Camilla: There's a lot of mutual benefits to be gained, yeah. So that's great that they're able to still capitalise on that timing. And it sounds like, based on the number of projects you've got going, it's becoming a really productive and really fruitful endeavour. I wonder if you could give me a specific example of a project, something that's really been a big success?

Dr. Slingsby: Sure, sure. Well I mean one of our projects is a project between one Japanese pharmaceutical company called Takeda in Japan, and an entity, as I think many of your

readers or your audience will know it as MMV, Medicines for Malaria Venture. And they are developing a single dose cure for malaria. As you know, the current dosing for malaria is not a single dose cure.

So to increase the adherence and compliance of treatment and make it much, much easier. And that's monumental in terms of how you treat patients in the developing world; they need the facility and the easiness of therapeutic regimens. It is also very effective in terms of resistant strands of malaria.

And that is actually going on in partnership between those two entities, in Peru right now. In terms of the clinical trial, phase two. But within that same type of partnership, between Takeda and MMV, they've actually worked with our researchers here in Australia for a non-human primate challenge studies, and challenge models.

And in the front you see a possibility from MMV and Takeda, in terms of our investees. But a lot of our projects are actually in collaboration with the institutes in Australia, be it Monash University, or be it institutions in Sydney or Cairns. I think that Australia definitely has a powerhouse of infectious disease researchers and scientists.

Camilla: I was interested, just while you were saying that, I noticed that you used the word 'investees', rather than 'grantees'.

Dr. Slingsby: Yes.

Camilla: And I'm assuming that's a deliberate choice in the way that you're thinking about the funds that you are dispersing.

Dr. Slingsby: So our management is completely kind of private-sector driven. All of our reviews, in terms of potential investments, look very similar to a venture capital or a private equity firm or even what a pharmaceutical company looks at in terms of projects. We look at management.

We look at, you know, obviously the science, the applicability of that science, in terms of access, in terms of marketing, in terms of introduction. We look at the cogs. We set up the agreements with each of our investees in terms of looking at milestones, looking at stage-gates.

It's very, as a colleague in your government just recently said, it's been ruthless almost in terms of how we allot our investments, in that they're very product development driven. We're not just investing in research. We're investing in product development. And that's a key fundamental difference between typical research grants and product development investments.

Camilla: Right. I suppose some people might argue that, on the flip side, if you take a sort of very business-, or kind of commercial or an investment-oriented approach, is then who are you—who are these products are being developed for?

Dr. Slingsby: Yes.

Camilla: Are they being developed for people who are the poorest of the poor, who in many cases who are vulnerable to malaria and NTDs? How do you manage or address issues of accessibility, of making sure that once these products actually are developed and come to market – do you have a hand in making sure that they’re actually accessible to the people who really need them?

Dr. Slingsby: Yes, yes. I mean the emphasis on kind of a private sector driven management is very different than access issues. One is that we call these investments, we manage these as investments. But essentially as fiscal instruments, they are grants. We don’t get equity. We don’t get IP [intellectual property].

Neither are they loans. So in terms of fiscal structure, or in terms of fiscal instrument, in terms of the type it is a grant, first of all. And second of all in terms of those access issues, we have a very firm access policy that says if this product is developed with primarily our funds, then it has to be provided at essentially cost plus a little bit in order to cover pharmacologic and internal cost.

Our ideal structure there is looking at a price pattern, or a price that is sustainable for the company or for the manufacturer. But the lowest price as possible to be sustainable, which basically means at cost plus a few percent. If it is going to be a licensing agreement to other manufacturers, for the endemic populations throughout the world, it has to be royalty-free.

So these are not commercial investments. These are essentially, for lack of a better term, public goods. And we invest in that manner. So access is taken very seriously in terms of the review. We look at cogs: accessibility, availability, adoption, affordability.

And with that, we try to first develop accessible products in terms of the specifications of those products. But once they are developed then in terms of delivering those products. Again imposing accessibility conditions on those.

Camilla: Just thinking a little bit more broadly, there’s a lot of people working on malaria, TB, these are some of the big ones. But on NTDs, until recently – you’ve got DNDi, there are a few organisations working there – but I was interested to see recently that NTDs seem to be really coming up in profile.

I saw the Nobel Prize being given to people involved with avermectin development. We’ve got NTDs actually being included in the SDGs now. Do you think that’s sort of going to change maybe the focus of what GHIT’s doing, now that NTDs are kind on the rise?

Dr. Slingsby: No. In terms of GHIT, from the very beginning, we’ve had a focus on NTDs, and neglected tropical diseases, as well as malaria and tuberculosis, as well as HIV/AIDS. I mean for us, these are all neglected diseases. Now personally, I would prefer not to actually even use the term neglected tropical diseases, or neglected diseases.

It’s kind of an awful term. However, you know, if you look at the term, it’s really the communities, the families, the patients, persons who are afflicted with these diseases, they are being neglected in terms of the wealth of the world, the innovation of the world. And that’s what we are trying to do is bring that innovation and that access to the healthcare to these communities and patients, and people.

Camilla: So then the last question that I really have for you is: where do you see GHIT going, or how do you see its work evolving, over the next few years?

Dr. Slingsby: Getting the products out there. That's the bottom line. We have an increasingly robust portfolio in terms of international partnerships driving for product development. And I think that within a few years, you're going to see our products come out of the pipeline. With our products, you're going to see greater access to healthcare and obviously in impact on people's lives.

Camilla: That's encouraging. It's good to hear. Thank you very much for taking the time to speak with me. I look forward to following these products as they come out of the pipeline and seeing them make a difference.

Dr. Slingsby: Thank you.