Department for International Development

UKaid from the British people

Nick Hurd MP
Parliamentary Under-Secretary of State

Caroline Lucas MP
House of Commons
London
SW1A 0AA

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Dear Caroline,

Thank you for your letter of 17 February to Justine Greening (ref: ML.JC.N0023.CM.17.2.16), writing on behalf of your constituents about the Youth Stop Aids campaign on the UK's role in biomedical research and development reform. I am responding as the Minister with responsibility for the issues raised.

The burden of diseases such as TB, HIV and malaria is still unacceptably high and the development of new technologies, to better control these diseases and reduce their impact on the poorest, is an important priority.

We committed in our manifesto to lead a major new global programme to accelerate the development of vaccines and drugs to eliminate the world's deadliest infectious diseases (including malaria, TB, neglected tropical disease, disease of epidemic potential such as Ebola), and in November Ministers announced the £1billion Ross Fund which will deliver on this commitment, supporting the development of new drugs, vaccines and diagnostics, building on existing systems wherever possible.

In addition to this ground-breaking new Fund, the UK is a leading investor in public-private Product Development Partnerships (PDPs), designed to stimulate research and development (R&D). PDPs de-link the market incentives to produce a drug from the R&D process, prioritise the public health needs over profit and work in partnership with a wide range of different organisations, covering the public, private and philanthropic sectors. This model is leading the way in breaking the link between profit and R&D.

The UK is currently supporting 10 PDPs covering malaria, TB, HIV, neglected tropical diseases, diarrhoeal disease and meningitis. Since 2008, the UK has committed approximately £340million to PDPs. UK-supported PDPs have brought 11 new technologies to market, including a number of treatments for malaria (for both adults and children) and a new vaccine for rotavirus, and there are over 350 possible new drugs and vaccines being tested, including 90 drug and vaccine candidates and 32 diagnostic or vector control candidates. Through one of our PDPs, DFID funding has supported the development of a new diagnostic test for drug resistant TB (speeding up diagnosis from weeks to 2-4 hours) which will make a huge difference on the ground and is something we should celebrate. DFID is also supporting the ongoing testing of new combination therapies for drug resistant TB – potentially reducing treatment times from over 24 months to six months. Technologies developed by PDPs are affordable and the work of PDPs has stimulated innovation.

It is also important to continue to think about how to strengthen the global systems for health research and development. As your constituent highlights, the WHO is currently establishing a global R&D observatory and developing a pooled fund for product R&D, as recommended by the Consultative Expert Working Group (CEWG) on Research and Development. The UK Government has supported these initiatives through the Executive Board of the WHO.

The UK does not think that agreement concerning a legally binding instrument for health research coordination will be achieved, nor is it likely to be necessary. In other areas where similar legally binding agreements have been developed, for example, the Framework Convention on Tobacco Control has not been successful in generating resources and we should take lessons from this. In fact, the UK believes that discussions over a global R&D Convention would be likely to delay any progress in this area. Rather, the UK view is any agreement should build on existing mechanisms (such as those proposed by the CEWG), be voluntary and monitored. Like many Governments, the UK is cautious about too many global binding targets. The priority should be to ensure that current global targets are met and we are committed to playing our part in this.

Yours Nick.

NICK HURD