



SHIFTING PARADIGMS INTEGRATING NTDS INTO EXISTING POOLED PROCUREMENT MECHANISMS MEETING REPORT

INTRODUCTION

Advancing research, development, and access of new diagnostic and medicines for Neglected Tropical Diseases (NTDs) is limited by fragmented demand and complicated procurement and supply logistics, among other reasons. One solution to overcome this challenge is to harmonize supply chains and shape market dynamics across vendors and buyers, using pooled procurement pathways for newly developed health technologies. [Uniting Efforts for Innovation, Access, and Delivery \(Uniting Efforts\)](#), a partnership between the Government of Japan, UNDP/ADP and the GHIT Fund, commissioned a landscape analysis to understand the current state of NTD procurement and explore strategies to improve outcomes and increase access. An [Issue Brief](#) summarizing the outcomes of this research was presented during the event on June 14th, just after the WHO NTD partner meeting on 12-13 June 2023. The event was co-hosted by Uniting Efforts and GLIDE and served as the second installment in [GLIDE's Innovative Finance for NTDs Roundtable series](#).

The objectives of the event were to inform participants of Uniting Effort's research findings and use that to engage the NTD community into a discussion of the feasibility of integrating NTDs in existing pooled procurement mechanisms (PPMs), to discuss what would be required to facilitate integration and operationalizing of NTDs into existing PPMs, to identify potential Innovative Finance opportunities to catalyze the integration of NTD technologies into PPMs, and finally to propose concrete steps forward.

The event was in two parts: The first, a [hybrid zoom webinar](#), saw the presentation by Dr. Isaac Chikwanha of the Uniting Efforts [Issue Brief](#) on procurement strategies for NTDs, presenting an overview of an analysis done by Uniting Efforts on the current state of procurement for NTDs and lessons learnt from other diseases. This was followed by an interactive panel discussion moderated by Dr. Ngozi Erondu from GLIDE. The panelists included a range of experts on NTD procurement, including: Dr. Beatrice Greco, Pediatric Praziquantel (PZQ) Consortium; Dr. Paul Erasto, Tanzanian Government; Dr. Brenda Waning Stop TB Global Drug Facility (GDF); Ms. Mae Shieh, Drugs for Neglected Diseases Initiative (DNDi); Dr. Michelle Teo, MedAccess; Dr. Dirk Engels, Uniting To Combat NTDs (UTC), Mr. Sam Mayer, The End Fund; Dr. Christopher Lim, PAHO Strategic Fund; Dr. Brian Asare, Ghana MoH; and Dr. Isaac Chikwanha, Global Health Innovative Technology (GHIT) Fund on behalf of Uniting Efforts. Finally, in-person Roundtable discussions amongst an invited expert group provided an opportunity for in-depth discussions and recommendations, see list of participants in (Annex).

In his introductory remarks, Mr. Simon Bland, GLIDE CEO, highlighted that one of the major barriers standing in the way of controlling and eliminating NTDs is the lack of funding, and he summarized the work GLIDE is doing, exploring innovative financing models to help break these barriers and accelerate progress towards eliminating NTDs. Mr. Tetsuya Itani, Director, Office of Global Health Cooperation in the Ministry of Health, Labour and Welfare, Government of Japan, and GHIT Fund Board member, opened the event on behalf of Uniting Efforts. Mr. Itani reinforced the need for concrete bold actions in his welcome remarks. He brought to attention the momentum from the [Nagasaki Commemorative Event](#) that was held on the sidelines of the G7 Health Ministers' meeting a month earlier, that also focused on accelerating Research & Development (R&D), Access and Delivery for NTDs, singling sustainable procurement as an area that needed attention.

Dr. Ngozi Erondu, Technical Director at GLIDE, framed the discussion as a follow-on from the WHO NTD Programme Partners meeting that was held the preceding two days, noting that NTDs impact 1.7B people worldwide and are unified by being diseases of poverty that affect the most marginalized people in society. The funding challenges are clear across the access value chain: from R&D to access and last-mile delivery and implementation. The goal is overcoming the challenges and move from advocacy to action, to come up with practical solutions for sustainable procurement and innovative financing models to catalyze and ensure equitable access to NTD health technologies.

KEYNOTE PRESENTATION

Dr. Isaac Chikwanha, Senior Director for Access & Delivery at the GHIT Fund, representing Uniting Efforts presented a summary of the landscape analysis providing a background on the current state of NTD procurement. The main conclusions of that analysis are that donation programs are the mainstay of procurement for NTD health technologies and through that, a lot of progress has been made, as seen now with 49 countries having eliminated at least one NTD, which is almost halfway towards the NTD Road map target of 100 countries. However, despite these achievements, donation programs alone will not deliver all the tools needed to achieve control, elimination, and eradication — they cannot cover all the NTDs and all the technologies, nor all the intervention models, and there is need to explore other sustainable procurement pathways to complement the donations.

There are good examples of pooled procurement mechanisms for TB, HIV, malaria, COVID-19, and even for some NTDs. The Uniting Efforts paper posited some questions on strategies to explore to improve NTD procurement and how the lessons learnt from other diseases could be applied to NTDs. These questions served as the backdrop for the panel discussions:

- For which NTDs and technologies could Pooled Procurement Mechanisms (PPMs) work?
- Which existing PPMs could potentially onboard NTDs?
- What needs to be in place, including Innovative Financing, to make this work?

PANEL

Dr. Christopher Lim from PAHO provided insights from 20 years of PPMs for NTDs in Latin America, highlighting the role of PPM as a catalyst for technical cooperation and market shaping between countries. He acknowledged the challenges involved, such as navigating complex IP and patent issues and the limited number of pre-qualified generic manufacturers in the region. Despite the limitations, Dr. Lim emphasized that integrating NTDs into PPMs is feasible. He discussed the establishment of standardized treatment protocols and the use of forecasting tools for budgeting medicines.

Dr. Beatrice Greco, Pediatric [PZQ Consortium](#), presented on the potential impact of PPMs on sustainable delivery for NTDs, using the pediatric praziquantel as an example. The Consortium has developed the potential new pediatric treatment over the course of a decade, with submission to EMA and expectations of positive scientific opinion by 2023, WHO PQ by 2024, and inclusion in the Essential Medicines list by 2025. The new treatment is intended to be provided through an innovative procurement model, with pooled procurement identified as a key element of success. The implementation path to reach young children based on yearly MDAs as well as the characteristics of the product in terms of manufacturing cycle and long term stability would allow for a yearly pooled procurement approach. Pooled procurement would enable long-term forecasting, volume, and price guarantees, and incentivize manufacturers to remain interested and invest in an NTD product.

Dr. Paul Erasto provided Tanzania's perspective as a country partner in the PZQ Consortium; he emphasized the need for procuring pediatric praziquantel to address schistosomiasis in children under five. Tanzania has been actively preparing to provide pediatric praziquantel since 2014, focusing on strengthening the health system and ensuring timely procurement. They have developed a protocol and strategy for a pilot program, with three delivery models to be tested. The goal is to prioritize the most effective model for future rollout. Engaging with product developers and keeping decision-makers informed are essential to ensure readiness and advance preparation for drug availability.

Dr. Brenda Waning, from the Stop TB Global Drug Facility (GDF), discussed the lessons of TB and the GDF for NTDs. Like NTDs, TB is a fragmented, extremely small marketplace with long lead times for suppliers. She emphasized that GDF is not simply a PPM, but an enterprise with tools and services to address issues along the entire product life cycle, from identifying what's missing, incentivizing development of the missing tools, and then on the demand side, generating and quantifying demand.

She emphasized the importance of working in partnership with various stakeholders. Lessons from the GDF's experience with TB are relevant to NTDs, highlighting the need to understand programmatic activities and barriers throughout the procurement pipeline and adapting to the needs of each partner. Measures such as multilingual labeling, registration assistance, and stockpiling are employed to reduce transaction costs.

Dr. Brian Asare from Ghana MoH emphasized the importance of taking a broader health system perspective when addressing NTDs and advocated for their inclusion and integration into the system. He stressed the need to incorporate budgets for neglected diseases in financial planning and procurement, highlighting the need to integrate "neglected" diseases into health systems planning and budgeting. Asare also expressed his view that advocacy is needed to embed the procurement of required resources for neglected diseases into health systems is crucial for sustainability, especially in LMIC contexts. He further emphasized the need for capacity building for data analysis to inform procurements for NTDs, and the need to extend in-country abilities for other diseases for NTDs.

Ms. Mae Shieh summarized a DNDi study that aligned with the Uniting Efforts conclusions, emphasizing the need for a sustainable PPM for NTDs. The study highlighted the Stop TB Global Drug Facility (GDF) as a model solution for diseases with fragmented demand, proposing the strategic implementation of a rotating stockpile. DNDi expressed alignment with the integration of NTDs into existing PPMs and emphasized the importance of learning from the GDF and engaging with endemic countries to understand their specific needs. They expressed a willingness to continue participating in further discussions to develop concrete solutions for sustainability.

Dr. Michelle Teo from MedAccess presented a case study on the 3HP market, showcasing the benefits of a PPM approach for small and fragmented characteristics seen in many NTDs. Through collaboration between MedAccess, GDF, Unitaid, NGOs, and manufacturers, the pooled procurement for 3HP resulted in a significant price reduction from \$45 to \$15 per treatment course. Initiatives were also undertaken to diversify the supply and create multi-year visibility for procurement, breaking the cycle of uncertainty. This case study highlights the challenges and opportunities of shaping effective market landscapes, particularly on strategies to contend with limited financing and the impact of new drug regimens on existing demand, Teo emphasized the importance of ongoing learning and adaptation in these efforts.

Mr. Sam Mayer from The END Fund discussed how pooled funds can act as a catalyst for NTD PPMs, emphasizing the need to attract and retain funding. The best-buy-in-global-health narrative of the important NTD donation programmes motivates many philanthropists. Sustaining philanthropic involvement, especially in the more expensive last-mile treatments, requires innovative approaches and appealing to different stakeholders. Long-term relationships and guaranteed funding have enhanced stability and trust in the deworming space, fostering an enabling environment for private sector and pharma partners. Successful examples with J&J and Merck highlight the importance of adapting strategies to match the motivations of different philanthropists and aligning support with countries' specific plans.

Dr. Dirk Engels, from UTC, provided the civil society perspective on integrating NTDs into existing PPMs, emphasizing the goal of ensuring access to essential medicines while transitioning from a reliance on donations to long-term sustainability. The Kigali Declaration supports continued donations and highlights unprecedented commitments to innovation. However, to address the challenges faced by small-volume NTDs and the limited leverage with producers, a global effort for pooled procurement is necessary. Engels also mentioned that a donor survey revealed a preference for incorporating NTDs into existing systems rather than creating a new mechanism. The focus should be on prioritizing medicines and diagnostics while managing other interventions separately. The introduction of NTD tools will occur gradually as they emerge from the development pipeline.

In closing remarks, Dr. Ibrahima Socé Fall noted that sustainability relies on system and process: without a clear end-to-end system, we will never reach sustainability. He noted that in the two days prior to this event, at the NTD Global Programme Partners meeting, partners talked about solutions and actions. Dr. Fall expressed appreciation for the group's consideration of the important pillar of supply and pooled procurement. He noted that the issues we are facing are not unique to NTDs and there is a need to learn from the experience of other diseases, both their successes and failures. COVID-19 showed what is possible and what is necessary to supply new tools for health. We have a good opportunity now, with so many committed partners gathered. Dr. Fall exhorted the group to focus on how to find solutions and to make sure what we are proposing is aligned with the needs at country level.

ROUNDTABLE SUMMARIES

The hybrid event was followed by an in-person Roundtable with focus-group discussion on three areas:

1. For which NTDs and/or technologies could this work and which should be prioritized?
2. What type of Innovative Financing (IF) approach or levers could/should be employed and who should be involved?
3. Which (existing) PPMs could work?

All three tables also discussed what else needs to be in place to facilitate the successful integration of NTDs into existing PPMs.

FOR WHICH NTDS AND/OR TECHNOLOGIES (INCLUDING DIAGNOSTICS) COULD THIS WORK, AND WHICH SHOULD BE PRIORITIZED?

The key questions addressed during the discussion were related to the considerations beyond funding and specific prioritization of diagnostics for pooled procurement. It was noted that within the healthcare sector, diagnostics have been most neglected – as highlighted by the [Lancet Commission on Diagnostics](#). However, the attention on the needs of the diagnostics has increased since the COVID-19 pandemic. The question is how this momentum can be leveraged for NTD diagnostics as well. The [WHA Resolution on Diagnostics](#) is a positive step but will need greater political will and attention to implement. FIND's [NTD Programme](#) focuses on improving diagnosis and surveillance for NTDs with a focus on diagnostic unmet needs.

Criteria for which diagnostic tools to prioritize could be based on:

- NTDs that need better diagnostics tools, like Visceral Leishmaniasis (VL). VL is a disease that is outbreak prone. Data suggested that at least 15k are affected with VL in the East African countries. Pooled procurement combined with stockpiling strategies is an option that can be adapted in this region. VL is predominantly affecting East Africa and it could be beneficial for the region to negotiate and organize regional PPM with the EA communities. COVID-19 has highlighted the need for self-reliance in Africa and while there is need for a global coordination mechanism that has oversight, regional coordination entities could be better leveraged for a PPM.
- Tools where accurate diagnosis determines the treatment, for example Buruli Ulcer (BU), or where patient-centered diagnosis is necessary for the introduction of other intervention models like Test and Treat. An example given was that of schistosomiasis where the current diagnostic is limited to microscopic detection of parasite eggs in urine or stool specimens. COR-NTD, GHIT Fund and FIND are working on improved diagnostics for schistosomiasis that would facilitate the introduction of test and treat models of care, which is necessary for disease elimination.
- NTDs targeted for eradication like Yaws, however, due to lack of reliable diagnostics, there is no accurate way of defining the burden of disease of Yaws and there is a need for innovative diagnostics need to be improved. In such cases, the focus should be on accelerating R&D but already start considering PPM to facilitate uptake of the tools.

- Diagnostics for NTDs where treatments already exist. It was noted that there is need to have diagnostics and treatment to go hand to hand (and even questionable whether it was ethical diagnose and not offer treatment options).
- Priority could be on Multiplex platforms for diagnostic tools that could be used for multiple diseases at the same time and skin diseases could be ideal for such platforms. The development of diagnostic technologies landscape for NTDs was also discussed, emphasizing the need for target product profiles (TPPs) for each test and exploring the integration of markers into more universal testing systems. FIND's online test directory, tracking the development status of tests for diseases with unmet diagnostic needs, was mentioned as a valuable resource.

On the question of what else needs to be in place to facilitate integration of NTDs, some proposals were made:

- Products under development needs to be primed for such a procurement mechanism while still in late-stage development. (GDF works with product developers at Phase 2)
- Having manufacturing capacity with quality control in the region where the diseases are prevalent is likely to be very positive steps towards the integration of NTDS diagnostics in the existing PPM.
- Need for strong regulatory authorities and the connection between supply, program decisions, and access at the sub-district level were highlighted as essential elements.
- Health System Strengthening to allow for the uptake and scale of the tools that would make for a strong argument for a PPM.
- Financing also plays the important role in identifying and prioritizing the diagnostics to develop. Pandemic fund for current COVID-19 is a good example, and how this kind of similar financing strategies can be applied to NTDs or in what way financing for NTDs are included in the pandemic fund. One of the possibilities is to improve the visibility for all these gaps in the endemic countries, spotlighting some of these gaps to attract more financing bodies to invest in NTDs. The need to address current health challenges and not solely focus on future pandemics was emphasized.

It was also noted that there is a need to maintain the momentum on accelerating diagnostics R&D, Access, and Delivery and to identify opportunities to continue discussing/raising awareness on the topic. One of the potential opportunities is the BRICS Summit, which is scheduled to be held in South Africa. Manufacturing is one of the focus areas of the BRICS summit. Another opportunity lies in the G20 Presidency led by India, as they also focus on regional manufacturing of medical countermeasures.

Overall, the Roundtable discussion shed light on the multifaceted aspects of pooled procurement for NTD diagnostics, underscoring the need for collaboration, innovation, and strategic approaches to address the diagnostic gaps and improve access to essential tools for NTD control and elimination. Regional collaboration was seen as crucial, with a focus on involving regional economic communities and entities to address NTD challenges effectively. The example of the VL issue in East Africa and India highlighted the importance of regional coordination and empowering countries to tackle their specific disease burdens. The discussion highlighted the significance of health diplomacy and strategic positioning to harness the politics of health, particularly in regions where certain populations or disease burdens are prevalent.

WHAT TYPE OF INNOVATIVE FINANCING APPROACH OR LEVERS COULD/SHOULD BE EMPLOYED AND WHO SHOULD BE INVOLVED?

The discussion revolved around catalytic funding and how to incentivize traditional buyers of NTD products, including donors, NGOs, and governments, to become potential investors in an extended PPM. Endemic-country governments were identified as crucial stakeholders in the financing discussion, as they often procure a significant amount of NTD products, as seen in the PAHO example where the regional countries pool their funding to start the PAHO Strategic and Revolving Funds, from which they draw the funding for procurement in the region.

Tailored interventions were suggested to encourage their financial participation, such as offering increased visibility, financial incentives like matched-funding, and superior product guarantees resulting from high standards and monitored quality control. Government financing of NTD programs was considered ideal for the pooled procurement mechanism, emphasizing the need to include NTDs in government budgets. Direct conversations with suppliers and manufacturers were proposed to drive pricing and ensure supply security. The discussion also acknowledged that existing procurement processes for NTD health technologies are complex, suggesting the consideration of regional or global perspectives, such as leveraging organizations like PAHO. Regional approaches were seen as an opportunity to streamline administrative processes through joint tendering, but it was noted that a regional approach may be challenging without a comprehensive understanding of disease epidemiology in each country. For example, Buruli ulcer is endemic in only five West African countries, while other diseases are more widespread, hence the 'regional approach' should not only be limited to geographical regions but could also be a grouping of countries that have an endemic disease in common, as in the case for Buruli Ulcer.

The participants agreed that before establishing the financing model, significant groundwork must be laid to extend the existing pooled procurement mechanism to include NTDs. Governments need to be prepared throughout the procurement planning and NTD integration process. The first step is to identify NTD health products that are available or feasible to integrate into the pooled procurement mechanism, aligning them with the endemic diseases in the respective countries or regions. However, some diseases lack focus by national programs, which leads to a lack of data or case management infrastructure for informing or implementing the pooled procurement mechanism. Addressing the inclusion of these diseases and their products in the pooled procurement mechanism requires addressing the buyer and determining the appropriate intervention.

The participants emphasized the need to define and articulate the potential economies of production for different drugs, considering that some can be pooled together while others may not benefit significantly from pooling. Low demand for certain drugs was recognized as a challenge that needs to be addressed, beyond simply increasing finances. For low-volume products, where pooled procurement is not feasible, there is need to explore R&D and access models that will allow for the products to be affordable and incentivize R&D. PDPs like DNDi and PDP funders like GHIT Fund, BMGF and USAID should continue investing in the R&D while innovative access models need to be explored.

In terms of manufacturing, it was recognized that convincing traditional manufacturers of global health products to produce small batches for affected countries might be challenging. However, engaging with small and medium-sized enterprise (SME) manufacturers, who can produce treatment in small batches, could be a viable solution. Collaboration with SME manufacturers should be pursued systematically, leveraging their interest in building credibility with WHO. It was also acknowledged that both manufacturing and delivering NTD products would entail significant costs, requiring careful consideration during the extension of the pooled procurement mechanism to include NTDs.

The Stop TB GDF was cited as an example of a potential NTD PPM and an example of the link between a global mechanism (GDF) and a regional mechanism (PAHO), however, procurement itself is just one aspect. GDF is not an inconsequential mechanism, and it requires financing to run, that funders might not be willing to absorb, so there is a need to reflect on innovative funding to run the institutions if they are to increase the capacity and include NTDs. There is also a need to identify more national and regional organizations across Africa and other NTD endemic regions, that already involved in procurement, for example, KEMSA (Kenya Medical Supply Authority), research institutions in Africa, Africa CDC, AMA, Africa Union (for the political will) and also to explore synergies with discussions on regional manufacturing that have been spurred on by the access to Covid-19 tools challenges. Additionally, stakeholders already involved in procuring these products, such as DNDi, should be included to share insights and experiences. The added costs of innovative finance mechanisms, including transaction costs and the complexities of working across different countries in Africa, were also highlighted.

In conclusion, the Roundtable discussion emphasized the importance of innovative financing approaches, engagement with diverse stakeholders, tailored interventions to incentivize participation, and a robust foundation for extending the pooled procurement mechanism to include NTDs.

WHICH EXISTING PPM COULD WORK?

Key questions discussed were:

- Does it have to be existing PPM, if so, which ones could work?
- Which model? Global PPM or regional PPM?
- What would it require to put it in place?
- What is the role of private sector or private?

There was unanimous agreement that integrating NTDs into existing PPMs was the way forward, even though it was not the answer for all NTDs and for all products. PPM was seen to enhance market shaping and maintain a steady supply of products, addressing challenges at borders. There is a need to determine which NTDs, which products, which PPMs and how to integrate and to explore innovative financing mechanisms to facilitate it and to also do a thorough analysis and feasibility assessment of where this work.

The need for a global view and an entity with an overview to manage the PPM was highlighted. The discussion acknowledged that the natural implementers of the PPM may vary from country to country, and expertise should be developed within countries over time.

GDF was mentioned as a global entity that could serve as the market steward and pilot NTD integration at a global level and complement existing regional mechanisms like PAHO. It is an enterprise that promotes access and provides technical assistance. GDF has close relationships with countries, expertise in numbers, connections to ordering, and checks against quantification files and Strategic Review Systems (SRS) for new product introductions. GDF has advanced knowledge of upcoming products under confidentiality agreements and coordinates submissions and letters of support. Through its association with WHO, GDF has a close link to logistics systems and integrates product donations into its processes.

The WHO Global NTD Program was identified as potential 'disease steward', while the PPM serves as the market steward.

LOGIC TREE FOR INTEGRATING NTDs INTO EXISTING PPMs.

PPM for NTDs or not?

YES

WHY PPM?

- De-risk/Risk Share
- Incentivize R&D
- Incentivize Manufacturers
- Facilitate purchasing by endemic countries.
- Market-shaping
- Volume consolidation
- Share rotating stockpile.
- Integration

– Potential to have a one-stop purchasing channel for countries to order products that are usually limited quantities, for different products, for different diseases (including NTDs).

Existing or New?

EXISTING

Why Existing

- Why re-invent the wheel?
- No 'appetite' for setting up vertical NTD mechanism.
- Integration
- Long-standing buy-in and track record - If it is an existing PPM that countries are used to work with, it could leverage existing funding and logistics pathways.

If Existing, Which one?

Global

- Market stewardship /Global coordination
- Allows to account for smaller, more fragmented markets. Often with a single or limited #of suppliers
- More resourced.
- More technical capacity.

AND

Regional/Local

- Regional coordination and stewardship
- Regional specificities e.g., political support (AU for AMSP), domestic finances (PAHO Strategic Fund, Afriexim Bank)

Implementers (Clients)

- Countries / National Programs
- NGOs and Other implementing partners.
- Private Sector
- Researchers

RECOMMENDATIONS/ NEXT STEPS

1. A key constituent that needs to be further consulted and engaged are LMICs governments, beyond the two countries that participated in this event. A diverse variety of engagement at country level is needed including MoH, NTD programs, purchasing authorities. Without the involvement, active engagement, ownership, and leadership of LMICs countries, any mechanism set up will not be successful. There is need to convene, consult and effectively engage with endemic countries on this topic to get their inputs. Uniting Efforts and GLIDE could partner with others like the WHO Global NTD Program, NNN (NGO NTD Network) to facilitate such a convening, which could be on the side-lines of other global meetings in the next 6 months (Q3-Q4 2023). Options include UNGA (United Nations General Assembly, in September), NNN Conference (Dar es Salam, Tanzania, September 18th -21st), CPHIA (Conference of Public Health in Africa, Lusaka, Zambia November 27th – 30th), and the Reaching the Last Mile Forum (Abu Dhabi, 30 November 2023).
2. As the Global NTD Program steward, the WHO Global NTD Program should establish a Global Coordination Steering Team/Task Force to develop a Concept Note for a pilot project under its proposed 'Flagship Projects' program. This task force could identify early adopter countries, pilot innovation developers, relevant suppliers, and potential global and regional PPMs to develop the Concept Note. The timeline for delivering the Concept Note should be set for Q3-Q4 2023. Many participants in the Uniting Efforts/GLIDE event expressed their willingness to be part of this core task force.
3. Establish a market stewardship champion/s. This can be led by existing PPM bodies such as the Stop TB GDF (provided GDF is willing to explore this further), PAHO, and new entities like the African Medical Supplies Platform (AMSP).
4. There is need to conduct an analysis on the pros and cons of existing PPMs that would be willing to absorb NTD products (new and already available) in their mandate. The analyses should include resource and financing requirements. Additionally, an evaluation of the existing WHO coordinated procurement system for donated NTD medicines should be undertaken to see how this can be synergised with any new procurement process. This desk exercise can be carried out in the short term to provide a basis for the Pilot as part of #2 above, or this could be undertaken as a separate exercise.
5. Conduct a mapping exercise across NTDs to determine which diseases and which technologies could be ready. Again, this can be undertaken as a workstream for Step 2 or as a separate exercise.
6. Implement a proof-of-concept pilot:
 - a. Engage product developers, including late-stage development candidates and products already being organized for pooled procurement by WHO. Consider potential products: paediatric praziquantel for the treatment of schistosomiasis in children under 5 may be an immediate candidate, and Moxidectin. Fosravuconazole for mycetoma treatment may be considered at a later stage.
 - b. Involve funders who support implementation (e.g., The END Fund or USAID), product development (e.g., BMGF), access and delivery (e.g., Reaching the Last Mile), and other domestic philanthropies.
 - c. Collaborate with implementing partners, including countries and NGOs.

By following these recommendations and taking the necessary steps, progress can be made towards establishing an effective pooled procurement mechanism for NTDs.

ANNEX

In-person participants are listed below. In addition, 149 participants joined the first part of the event remotely.

[Dr. Dorothy Achu](#)

TDV Team Leader, ESPEN

[Mr. Olawale Ajose](#)

Managing Partner, Market Access Africa

[Dr. Brian Asare](#)

Senior Advisor, Ghana MoH

[Mr. Simon Bland](#)

CEO, Global Institute for Disease Elimination

[Dr. Isaac Chikwanha](#)

Senior Director, Access and Delivery, Global Health Innovative Technology Fund

[Dr. Wouter Deelder](#)

Partner, Co-Lead Global Health -Dalberg

[Dr. Camilla Ducker](#)

Senior Advisor, WHO Global NTD Program

[Ms. Thoko Elphick-Pooley](#)

Executive Director, Uniting To Combat NTDs

[Dr. Dirk Engels](#)

Uniting To Combat NTDs /(UTC)

[Dr. Paul Erasto](#)

Director, Tanzania National Medical Research Institute

[Dr. Ngozi Erondu](#)

Technical Director, Global Institute for Disease Elimination

[Dr. Aïssatou Diawara](#)

Technical Advisor, Global Institute for Disease Elimination

[Dr. Ibrahima Socé Fall](#)

Director, WHO Global NTD Program

[Ms. Lisa Goldman-Van Nostrand](#)

Strategic Advisor, Global Institute for Disease Elimination

[Dr. Spring Gombe](#)

Partner, Market Access Africa

[Dr. Beatrice Greco](#)

R&D and Access strategy of the Merck Global Health Institute

[Dr. Joan Herbert](#)

Vice President, Business Development, MMV

[Mr. Tetsuya Itani](#)

Director, Office of Global Health Cooperation, Ministry of Health, Labour and Welfare, Government of Japan

[Ms. Sally Kinrade](#)

Vice President, MDGH

[Dr Christopher Lim](#)

PAHO Strategic Fund

[Mr. Sam Mayer](#)

Vice President, Public Affairs, The End Fund

[Ms. Barbara Roth](#)

Medicine Access Manager, Medicines Development for Global Health

[Dr. William Secor](#)

CDC, WHO NTD DTAG

[Ms. Mae Shieh](#)

Drugs for Neglected Diseases Initiative (DNDi);

[Ms. Karishma Saran](#)

Senior Manager, Advocacy and Communications, FIND

[Dr. Jordan Tappero](#)

Deputy Director, Global Health – Bill and Melinda Gates Foundation

[Dr. Michelle Teo](#)

Chief Investment Officer, MedAccess

[Dr. Emily Wainwright](#)

Senior NTD Advisor, NTD Program -- USAID

[Dr. Brenda Waning](#)

Stop TB Global Drug Facility (GDF)

[Ms. Holly Wheeler](#)

Reaching the Last Mile Forum

[Prof. Kota Yoshioka](#)

Japan Alliance for Global NTDs (JAG-NTDs)