Executive Summary of the First Advisory Committee Meeting of the Global Coalition of Local and Regional Production, Innovation and Equitable Access

The First Advisory Committee Meeting of the Global Coalition of Local and Regional Production, Innovation and Equitable Access took place virtually on the 3rd and 5th of March 2026. The meeting was chaired by Dr. Jeremy Farrar and Dr. Fatima Serhan, representatives from WHO, and counted with the participation of Dr. Mario Moreira, Executive Secretary of the Global Coalition. The list of participants is in Annex A.

This executive summary presents the key takeaways from the two days of discussions, organized around the guiding questions shared with members.

Guiding Questions:

1. How can the Coalition leverage capacity mapping not only as a diagnostic exercise, but as a strategic tool to build a coordinated and complementary regional production architecture?
2. Which thematic areas or diseases should be explicitly prioritized?
3. Are there technologies, approaches, or development stages that should be explicitly included/excluded?
4. How do we prevent scope creep while maintaining flexibility?
5. Are there political, reputational, financial, or implementation risks to consider?
6. What is the minimum acceptable maturity level (proof of concept, prototype, near-market) aiming at a 5 year window?

- **Anchor the initiative in equity**

Firmly position the Coalition to address local and regional production to enable equitable access of neglected diseases health products to vulnerable populations , while tackling structural asymmetries and market failures and proactively articulating public health demand.

- **Clarify the nature of the Call for Proposals**

Define whether the Call is catalytic, funding-based, endorsement-oriented, funding matchmaking, or blended, and clearly specify what “selection” of a project entails.

- **Narrow and focus the first Call**

Consider a targeted pilot with a defined disease scope or structured eligibility criteria to ensure measurable five-year impact. Keep the focus on neglected diseases and persons in vulnerable situations, but also consider opportunities that could make the world more prepared for future outbreaks.

- **Establish transparent prioritization criteria**

Base selection on a structured R&D gap analysys across the value chain, including burden, inequity, sparse production and innovation landscape, supply vulnerability, scalability,

sustainability, health security relevance and the strategic intention to use public purchasing power and market-creation capacity to shape sustainable and equitable actions

- **Set clear maturity and feasibility thresholds**

Define minimum clinical stage/TRLs, GMP and diagnostics validation expectations, credible pathway to production, and regulatory pathway requirements within specific time frame (5 year in general).

- **Embed financial sustainability of projects from the outset**

Require demand forecasting, identification of procurers, pricing strategy, regulatory pathway clarity, and long-term viability plans. Consider the use of different tools, such as advanced market commitments, de-risking instruments, pooled procurement, public manufacturing.

- **Clarify the Coalition's financing role**

Specify funding sources, indicative funding ranges, Secretariat and members resource mobilization responsibilities, and degree of financial certainty.

- **Operationalize equitable access**

Require a structured Access & Affordability Plan, including fair benefit-sharing and contractual access provisions.

- **Promote regional and ecosystem approaches**

Encourage multi-country proposals and integrated value-chain development, including multi-platform and multimodal capacity strategies. Require applicants to situate projects within broader local and regional capacity architectures and ecosystem development plans.

- **Use mapping strategically**

Treat mapping as a dynamic gap-analysis tool to identify fragmentation, ecosystem weaknesses, low-hanging fruit in existing capacities, avoid duplication, and leverage coordination with partners.

- **Ensure transparent evaluation and governance**

Publish criteria, weighting, evaluation stages, and clarify governance roles and trade-off decision-making.

- **Align with existing initiatives and avoid duplication**

Position the Coalition to close concrete production and access gaps rather than replicate existing innovation or financing platforms, coordinate with regional actors.

Strong Priority Disease Candidates

1. Tuberculosis
   - Major burden in LMICs.
   - Clear production, particularly in API, and access gaps, especially in Latin America and Africa.
   - Needs shorter treatment regimens, optimized drugs combinations, stronger diagnostic integration, and reinforced capacity for the production and regional diversification of active pharmaceutical ingredients (APIs)
   - Strong equity and health security rationale.

2. Dengue
    - Climate-sensitive, multi-country burden with increasing incidence.
    - Some technology exists, but manufacturing capacity is uneven.
    - Absence of specific treatment, which represents a major innovation gap alongside manufacturing and access challenges.
    - Clear access and production gaps.
    - Strong candidate for regional manufacturing strategies, with potential for cross-disease integration within a broader vector-borne/febrile diseases approaches.

3. Malaria
    - Known bottlenecks and mapped capacities.
    - Strong case for regional manufacturing and diagnostic integration.
    - Health security and high disease burden rationale.
    - Opportunities for cross-disease synergies within vector-borne disease platforms, alongside the need to address antimicrobial resistance (AMR) risks through coordinated platforms.

4. HIV
    - Mature global experience in technology transfer and pooled procurement.
    - Ongoing production and diagnostic gaps in some regions.
    - High-volume diagnostics can anchor integrated multi-disease platforms.
    - Long-acting technologies are a priority and could be technology used for other diseases like TB, malaria, prevention of NTDs. Some good progress, but still lack production of long-acting in Sub-Saharan Africa and Latin America.

5. Antimicrobial Resistance (AMR) - as a cross-cutting priority
    - Incorporating antimicrobial and drug resistance trends as a criterion for prioritizing diseases, products and technologies.
    - Strong win-win framing: affects vulnerable populations and global health security.
    - Market failure is well documented.
    - Potential to link with adaptable platform technologies.
    - POC tests help with rational use of antimicrobials.

Other possibilities mentioned:

6. Syphilis in pregnancy
    - Strong public health case (maternal and neonatal impact).
    - Clear diagnostic gaps.
    - Feasible for integrated testing platforms.

7. Type 2 Diabetes
    - Massive burden in Global South.
    - Manufacturing potential for relatively simple treatments.

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Suggested Product and Health Tool Priorities

Guiding Questions:

1. For the selected priority disease, which priority products should be emphasized (prevention, surveillance, diagnostics, therapeutics, or platform technologies), based on its epidemiological profile and unmet public health needs?
2. Where do you see critical gaps in health tools that require development, scaling up, or improved access, particularly within neglected diseases or vulnerable populations?
3. How can the call be structured to accommodate multi-platform or multi-disease approaches while safeguarding coherence and focus?
4. Would prioritizing integrated, cluster-based proposals enhance public health impact, sustainability, and regional resilience more effectively than product-specific investments?
5. How to best determine the ideal level of a region's productive development so it represents a relevant new node in the health production landscape, and that it is already dense enough as to projects have traction.

Products with clear development or production pathways, aiming at a 5 year time frame, strong potential for equitable access, and alignment with regional manufacturing and regulatory ecosystems, such as:

- Integrated ecosystem solutions, combining product development and production with:
  - manufacturing capacity,
  - regulatory strengthening,
  - quality assurance and quality control systems,
  - supply chains,
  - and access and procurement mechanisms.
- Vaccines and vaccine platform technologies, particularly adaptable and scalable ones that can be repurposed across diseases.
- Diagnostics, especially:
  - Near-point-of-care tests
  - Decentralized and rapid diagnostic tools
  - New sampling technologies
  - Cross-pathogen diagnostics
  - Diagnostics supporting surveillance systems
  - Diagnostics that enable evidence-based treatment decisions and inform vaccination and public health response strategies
- Therapeutics, particularly where there are clear late-stage candidates that could reach development or deployment within the proposed timeframe.

- Platform technologies that can be adapted across diseases (vaccine platforms, modular manufacturing technologies, flexible small-molecule production lines, cross-pathogen diagnostics).
- Products addressing antimicrobial or drug resistance, including diagnostics or therapeutics that respond to emerging resistance trends.
- Manufacturing-enabling technologies and inputs, including development of API production capacity, key reagents for diagnostics, and technologies supporting formulation, fill-finish, and CMC optimization
- Technologies close to market entry that could reach regulatory pathways within the timeframe and be scaled quickly to deliver early impact.

Possibility of establishing focused Subcommittees and Ad-Hoc Mechanisms

Guiding questions:

1. What operational bottlenecks (review capacity, timelines, funding size, partnerships) should we anticipate?
2. What concrete problem would sub-committees or ad hoc mechanisms solve?
3. What is the role of the Members in advocating for and convening funders for the projects?

Members broadly supported the creation of focused subcommittees to help operationalize the Coalition's work and support the implementation of the Call. Subcommittees could also provide technical advice to selected projects, including on specific issues identified at the start of implementation or encountered as projects progress. They should be action-oriented, flexible, and able to address concrete implementation challenges, with clear mandates and reporting lines to the appropriate governance bodies.

Priority areas for subcommittee work highlighted:

1. Equitable Access

This subgroup would focus on ensuring that equity remains at the core of the Coalition's work. It could explore access strategies, affordability considerations, benefit-sharing approaches, public procurement and purchasing mechanisms and alignment with public health needs. The group could also help define principles and practical frameworks to operationalize equitable access across projects and across the Coalition's work.

2. Finance and Sustainability

This subgroup would examine financing pathways for the selected projects and long-term sustainability models. It could help identify funding opportunities, blended finance approaches, alignment with internal and external funding mechanisms, public purchases and pooled procurements, and strategies to ensure projects are financially viable beyond initial catalytic support. It could also address long-term financing needs, including both supply-side investments and demand-side sustainability, as well as other possible market-shaping tools to strengthen demand predictability and support sustainable supply.

3. Evidence Support and mapping

This group could provide technical guidance on evidence generation and use, including epidemiological justification, public health impact assessment, portfolio prioritization criteria, and monitoring frameworks. Its role would be to strengthen the analytical foundation underpinning decision-making processes. It could also work as a dedicated effort to consolidate existing mappings of manufacturing capacity, infrastructure, funding, supply chains, regulatory pathways, and partnerships.

4. Regulation and Quality

Given the importance of regulatory pathways, policy frameworks and quality standards, this subgroup could explore harmonization opportunities, regulatory preparedness, quality assurance frameworks, and strategies to anticipate and mitigate regulatory bottlenecks, particularly in multi-country or multi-regional projects.

5. Project Selection and Monitoring

This subgroup could support the refinement and implementation of selection criteria, evaluation methodologies, and monitoring indicators. It would complement the Secretariat's initial triage by providing structured technical and strategic input, helping ensure transparency, rigor, and coherence across the project portfolio.

Annex A - List of Participants

March 3rd:

- Jeremy Farrar — WHO
- Fatima Serhan — WHO
- Dylan Pulver — WHO
- Michelle Childs — DNDi
- Sergio Sosa Estani — DNDi
- Dayo Adetifa — FIND
- Wanjiru Munene — Gates Foundation
- Gitanjali Chaturvedi — Gavi, the Vaccine Alliance
- Charlotte Diez-Bento — The Global Fund
- Daniel Peña-Ortiz — The Global Fund
- Komal Kalha — IFPMA
- Armand Mbanya — IPPS
- Junhee Lee — IVI
- Monica Rull — MSF
- Mauricio Muniz Barretto — NDB
- Kerri Elgar — OECD
- Frederik Kristensen — RVMC
- Carlos Passarelli — UNAIDS
- Matthew Kavanagh — UNAIDS
- Andrew Owain Jones — UNICEF
- Alejandro Rivera Rojas — UNIDO
- Borut Strukelj — UNIDO
- Beatriz Nascimento — Unitaid
- Julian Kelechi Uzor — Unitaid
- Mirja Channa Sjoblom — World Bank
- Mario Moreira — Executive Secretariat
- Priscila Ferraz Soares — Executive Secretariat
- Marco Aurelio Nascimento — Executive Secretariat
- Luana Bermudez — Executive Secretariat
- Paula Pereira de Souza Reges — Executive Secretariat
- Bianca Carvalho — Executive Secretariat
- Aline Khoury — Executive Secretariat

- João Miguel Estephanio — Executive Secretariat
- João Otavio Figueiredo Bueno — Ministry of Health / Steering Committee Presidency
- Rafael Chacon Ruiz Martinez — Ministry of Health / Steering Committee Presidency
- Seila Tolentino — Ministry of Health / Steering Committee Presidency

March 5th:

- Jeremy Farrar — WHO
- Fatima Serhan — WHO
- Dylan Pulver — WHO
- Armand Mbanya —IPPS
- Bruno Tricoire — CEPI
- Charlotte Diez-Bento — Global Fund
- Daniel Peña-Ortiz — Global Fund
- Helga Fogstad — UNICEF
- Komal Kalha — IFPMA
- Michael Lusiola — RVMC
- Michelle Childs — DNDi
- Vitoria Ramos — DNDi
- Rajinder Suri — DCVMN
- Sanjana Mukherjee — UNAIDS
- Carlos Passarelli — UNAIDS
- Borut Strukelj — UNIDO
- Junhee Lee — IVI
- Sushant Sahastrabuddhe — IVI
- Faith Mangwanya — Unitaid
- Julian Uzor — Unitaid
- Beatriz Nascimento — Unitaid
- Myrian Grubo – Pasteur Network
- Ifedayo Adetifa — FIND
- Shanelle Hall — Africa CDC
- Rachel Soeiro — MSF
- Mario Moreira — Executive Secretariat
- Priscila Ferraz Soares — Executive Secretariat
- Marco Aurelio Nascimento — Executive Secretariat
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