



Health
Food Chain Safety
Environment

Towards Coordinated Public Funding of Clinical Studies & Trials on Infectious Diseases During Outbreaks

Preliminary results (Part 2)

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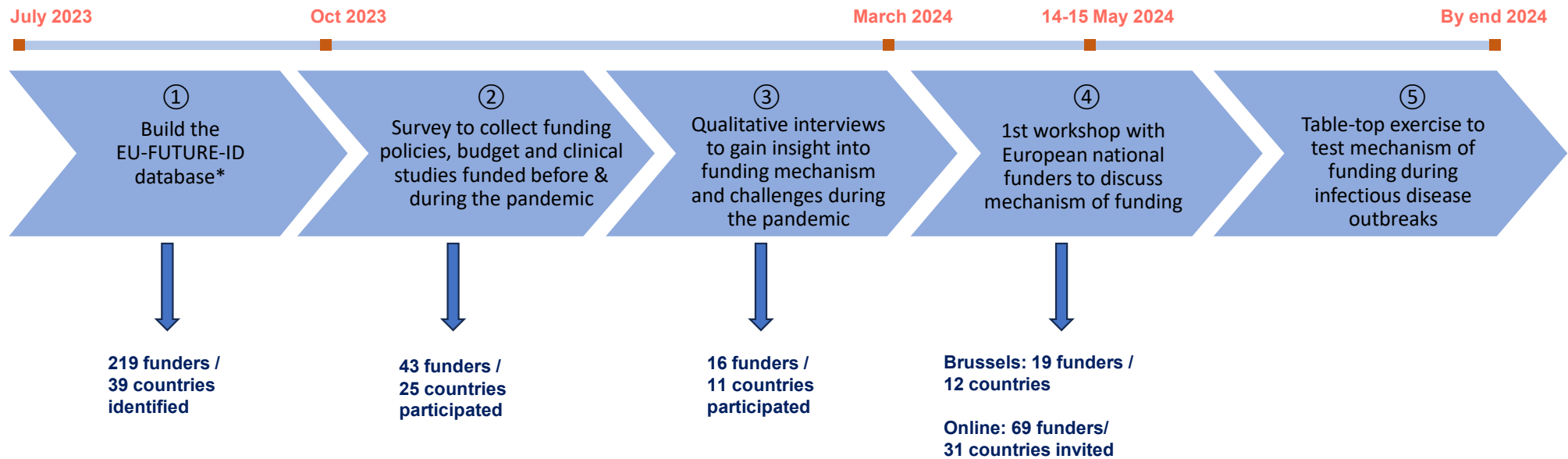
15 May 2024



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Multi-step Approach

Towards Coordinated Public Funding of Clinical Studies & Trials



*EU-FUTURE-ID database : European FUnders of clinical studies, Trials and Urgent REsearch for Infectious Disease outbreaks

PLAN

Day 1

14 May

1. Database of European Funders on Infectious Diseases
2. Survey & Interviews - Approach and Challenges
3. Funding Organisations Attending the Workshop

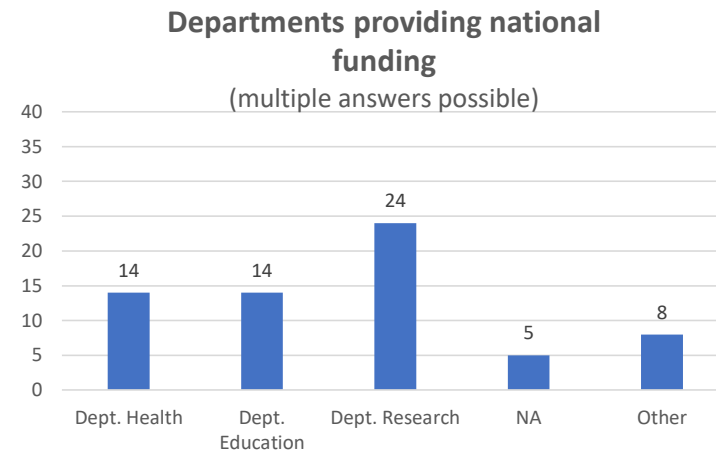
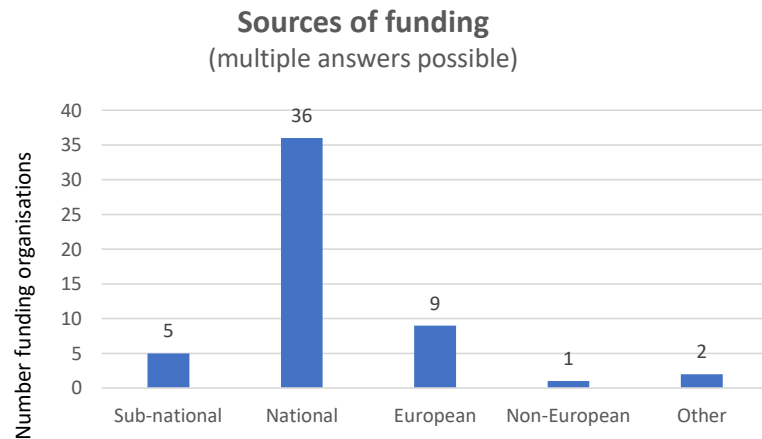
Day 2

15 May

1. Funding Landscape & Policies
2. Number of Funded Studies & Trials & Budget Distribution
3. Multinational Clinical Studies & Trials on Infectious Diseases
4. Gaps & Obstacles Limiting a Coordinated Funding of Multinational Clinical Studies & Trials

1. Funding Landscape & Policies

Funding Landscape – General Information (1)



1- Inherent complexity of the clinical research landscape

- Source of funding primary originates for national funds and diverse departments.
- National funders operate with distinct organisational structures and norms.
- National funders operate with mandates closely aligned with their own regional/ national and political interests.
- Funders face challenges in having a holistic view of their own research landscape (who is funding what at national level).

“We need to get this understanding [...], this holistic view to get [the departments] in contact with the global health division and with the other national funding schemes.”

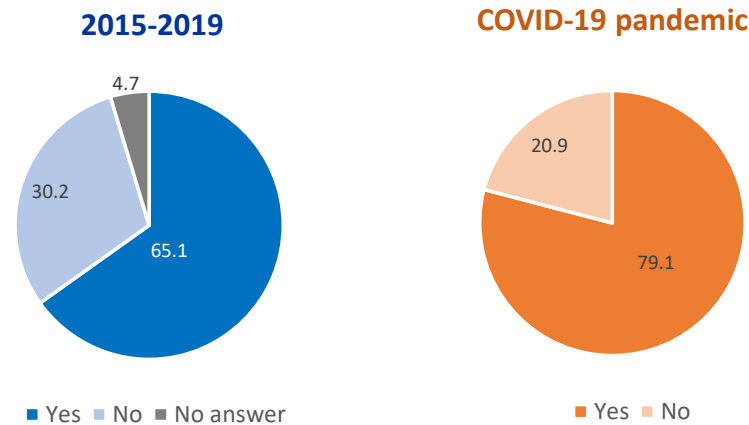
Funding Landscape – General Information (2)

2- Communication with other funding organisations at national level

“We do have a lot of informal connections, and connectivity with other funders. So we do connect...We want to look towards the future of having a funder 's network. So we are building on that currently, it is something we don't have, where all the funders just sit together and talk about common issues. We do it maybe in pockets, it's ad hoc...we are thinking of it as a gap at the moment.”

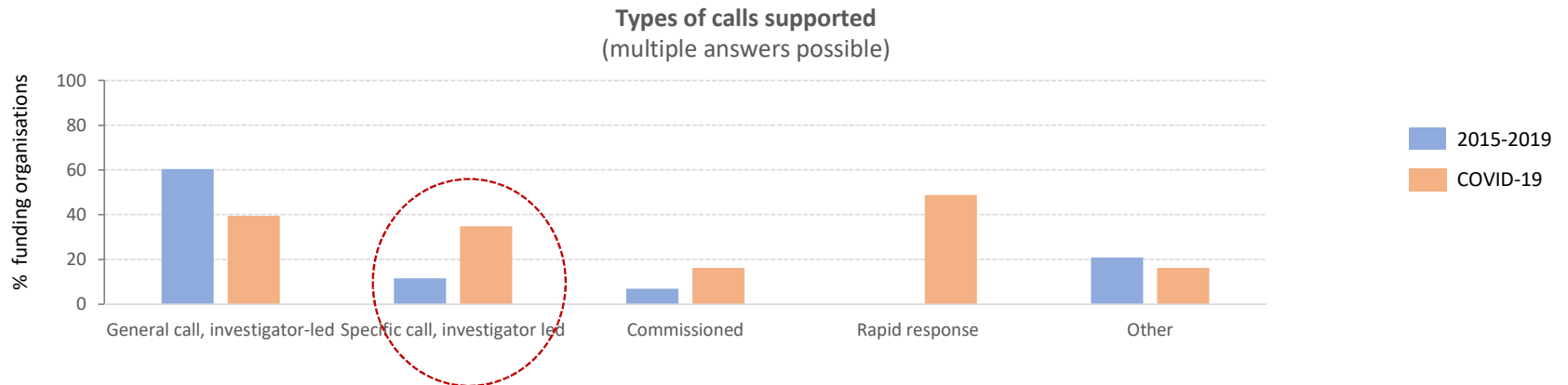
Funding Clinical studies & Trials on Infectious Diseases

Organisations (%) funding clinical studies & trials on infectious diseases



- Funding organisations have a broad scope of funding, generally not specific to infectious diseases.
- Database successfully targeting funders of clinical research on ID (65% funders launched calls for clinical research on ID before the pandemic).
- 14% organisations exceptionally funded COVID-19 clinical studies although they usually do not fund clinical studies on ID.
- Some organisations initiated the funding of clinical studies on ID during the pandemic and continued thereafter.

Funding Mechanisms During the Pandemic (1)

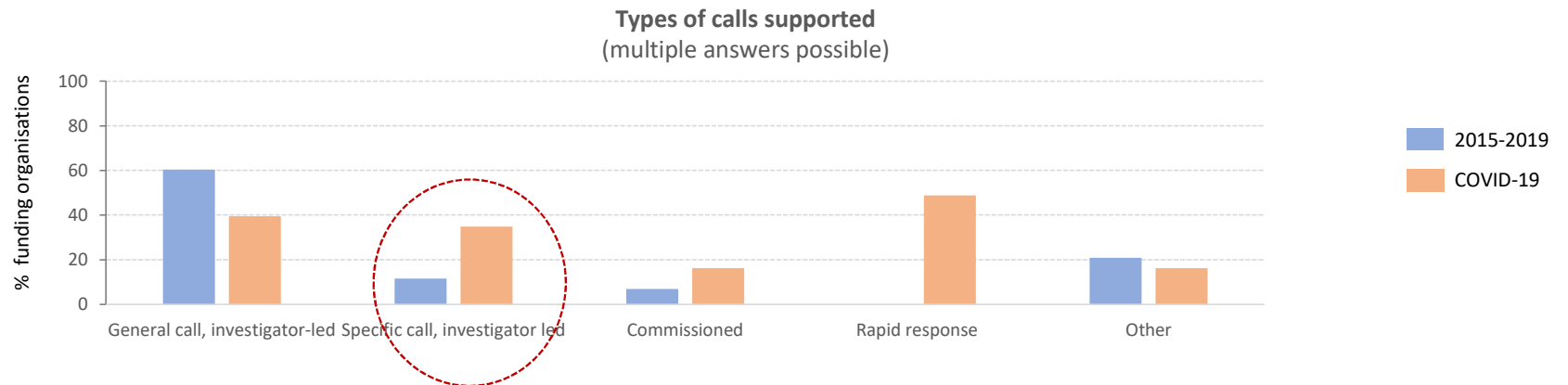


- **Significant increase in number of investigator-led specific calls during the pandemic, reflecting the strong endorsement of the bottom-up approach**

“Most of our programs are not strategic programs. We fund research based on excellence. If we have a very good clinical program, we don't care about the domain, we fund it. That's a bottom-up approach, that's the main approach.”

“What we did during the COVID pandemic is that we took our normal funding scheme, but we adapted it to be quicker because normally it takes us I think a year or more [...] from publication of the call until the actual project starts. And during the pandemic, we put several steps in our review processes and in parallel [...] so that we could be quicker instead of doing it sequentially. But I think in the schemes, nothing has changed.”

Funding Mechanisms During the Pandemic (2)



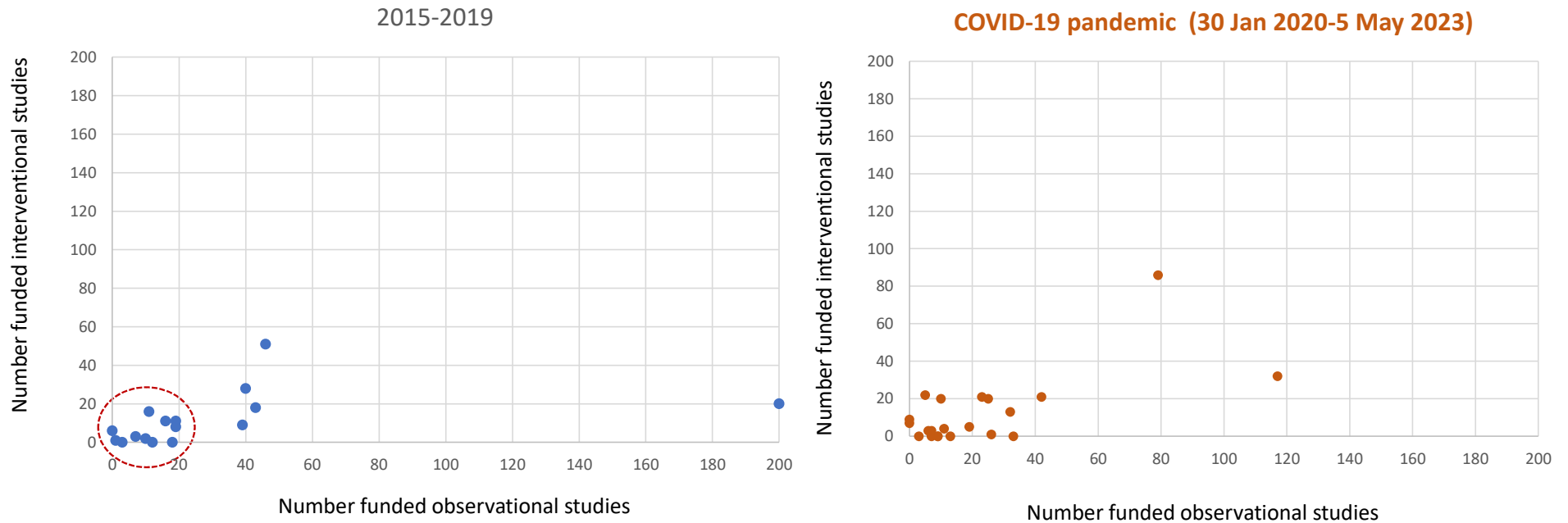
- Research prioritisation during the pandemic not always supported by a clear and transparent mechanism

“There's a need for clearer and more transparent mechanisms for identifying priority topics and how we do that”.

“It was never 100% honest, because it depends who shows up for the prioritization meeting , who can talk the loudest, but in general, but it is more fair and honest I think then other metrics.”

2. Number of Funded Studies & Trials & Budget Distribution

Distribution Observational vs. Interventional Studies on Infectious Diseases



- Significant increase in the number of funded observational studies during the pandemic.
- Funding organisations overall funded more observational than interventional studies during the pandemic.

Annual Budget Allocated to Clinical Studies and Trials on Infectious Diseases



- Budget allocated by funders during peace time varies from below 300K to over 10M.
- Some organisations have notably increased their annual budget during the pandemic (range 1-3M and over 10M).
- Organisations faced challenges in leveraging rapidly funds during the pandemic.

“...That’s the funding we asked from the Ministry of Health and I don’t know how we decided how much we would ask. I think it was more like, let’s ask this...and then the Ministry of Health quickly approved it because they also saw it was necessary”.

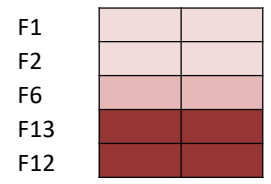
“And for [...], still quite stubborn and slow and [they gave] very little money. I don’t know anymore, they should have given much more. But they gave very little. We had difficulties getting the urgency on their plate. Also, everyone was so busy trying to run the program that you hardly had time to go out and ask for more funding here and there”.

Budget Allocation Patterns by Funding Organisations (1)

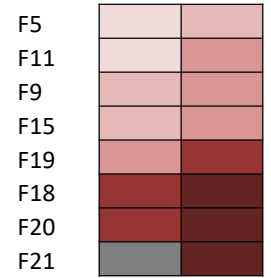
Annual budget

2015-2019
COVID-19

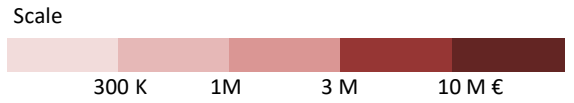
A No significant change



B Increased budget



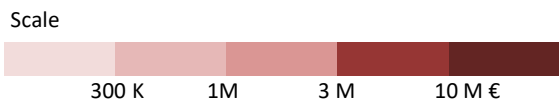
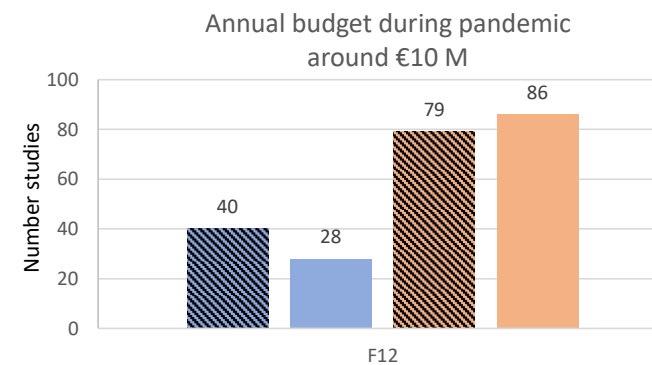
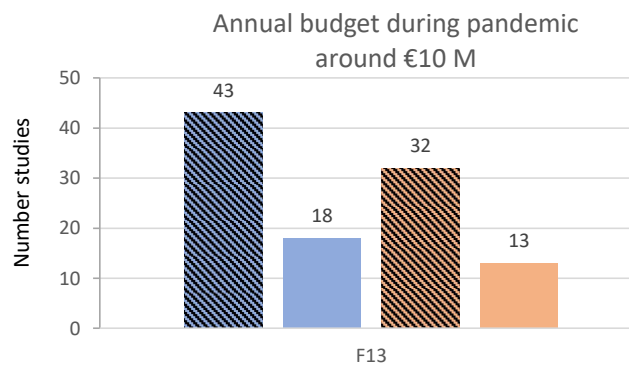
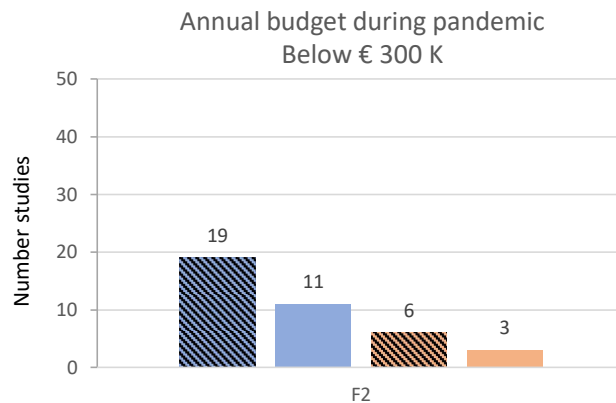
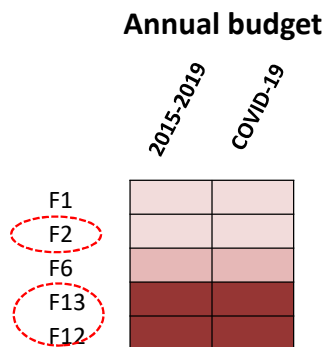
C Decreased budget



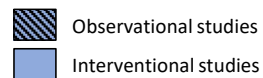
Budget Allocation Patterns by Funding Organisations (1)

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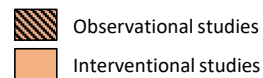
No significant change



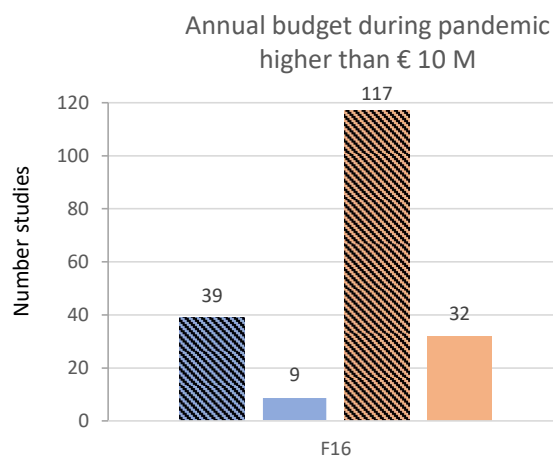
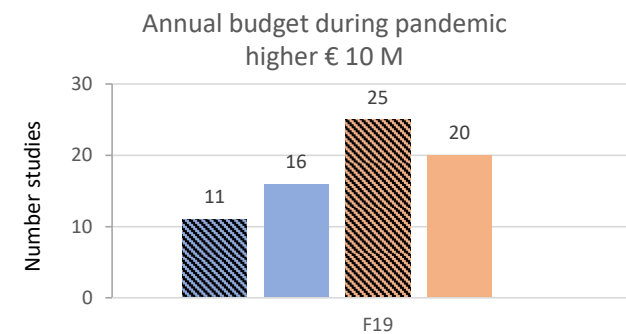
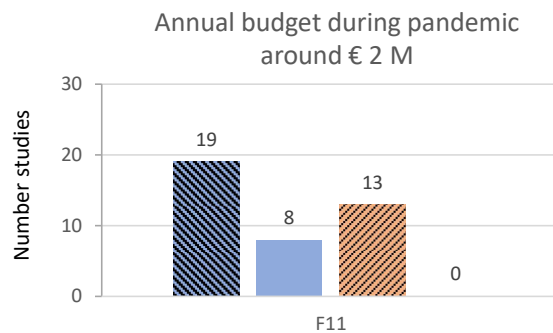
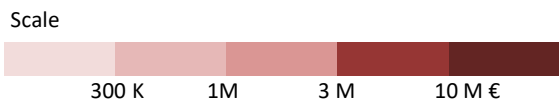
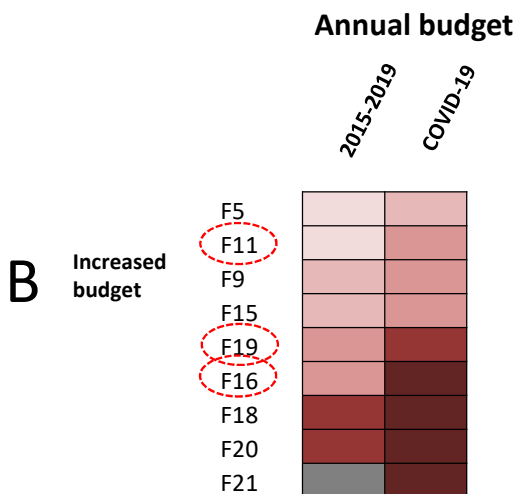
2015-2019



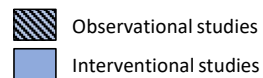
COVID-19



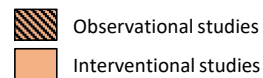
Budget Allocation Patterns by Funding Organisations (2)



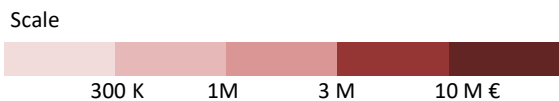
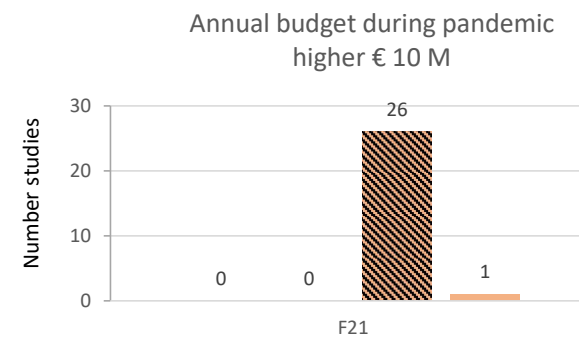
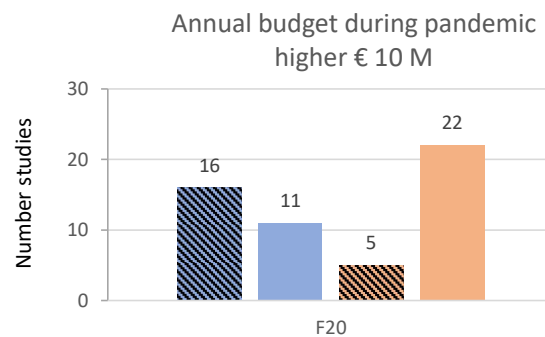
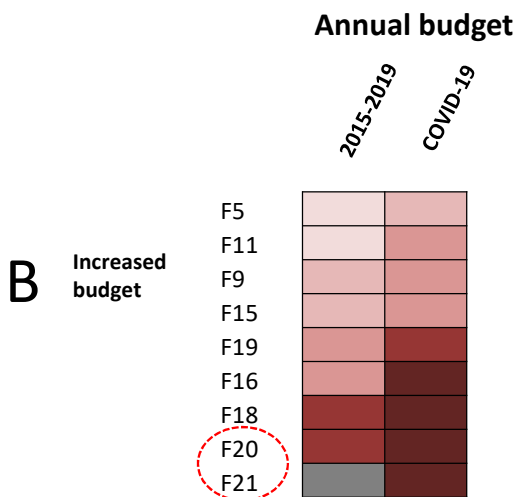
2015-2019



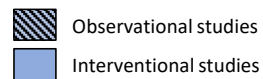
COVID-19



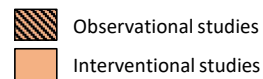
Budget Allocation Patterns by Funding Organisations (2)



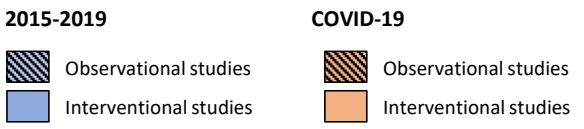
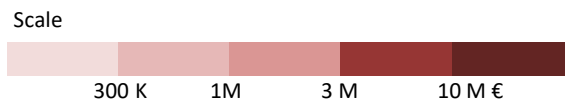
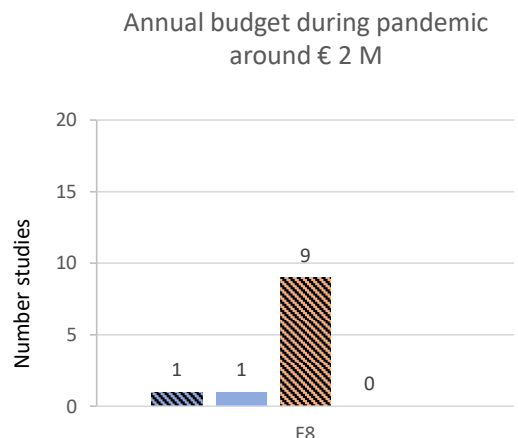
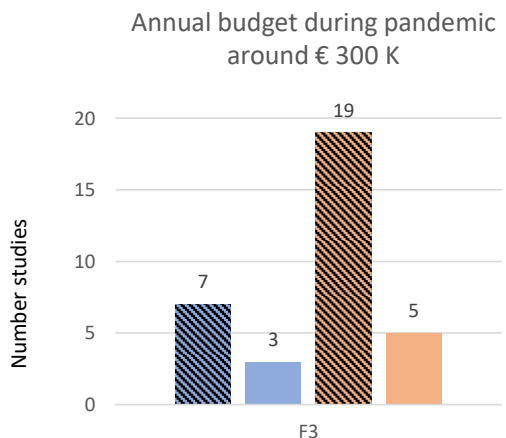
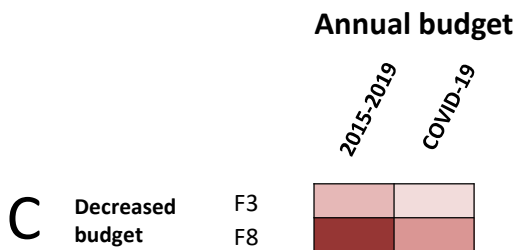
2015-2019



COVID-19

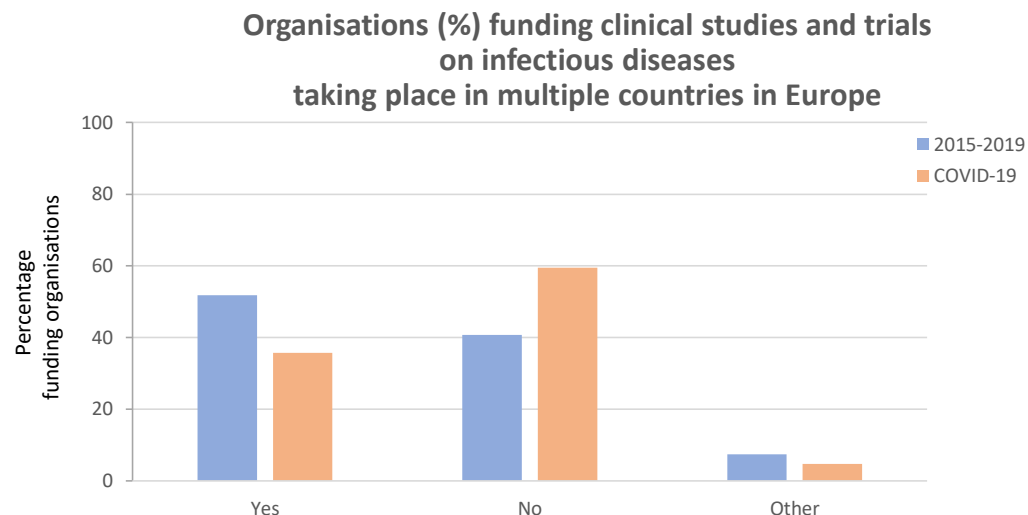


Budget Allocation Patterns by Funding Organisations (3)



3. Multinational Clinical Studies & Trials on Infectious Diseases

Multinational Clinical Studies & Trials - Funding Policies (1)



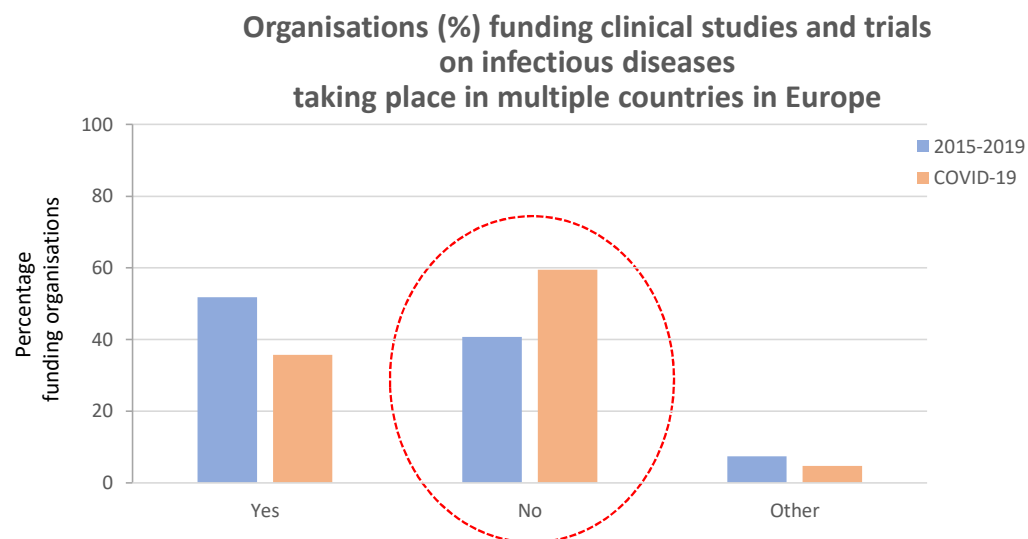
- **Limited experience in multinational clinical studies & trials**

“Usually, we don't fund so much multinational clinical trials, to be honest...we have the national schemes and we have an opening clause if for some reason, the PIs show that the recruitment cannot be done nationally. I don't know because it's a rare disease or for whatever reason, then we can fund centers in other countries...so it has to be national and only if there's justification, it can be a multinational clinical trial.”

- **Pre-existing collaborations are challenging**

“It's true, we do have international collaboration [...], where we do joint funding, but you should see how much of the budget goes into just agreeing on the contract. It's really a lot of the time that you can do in peacetime. But you cannot do that in crisis time, that's impossible, impossible”.

Multinational Clinical Studies & Trials - Funding Policies (2)



- **Priority for national clinical studies during the pandemic**

“Even though we are also part of Glopid-R and we share our data and we're actively involved in the discussions among funders, we ran into the same story that we just funded nationally instead of you know, looking bigger”.

- **Strong advocacy for research freedom and sovereignty in decision-making**

“It's very complex because every funder has different requirements, [they have] for example a problem with anything that affects the national sovereignty...because they want of course to decide, they really propagate freedom of research and freedom of decisions on their program. So anything that would dictate them what to do in terms of topics and so on, it's very difficult for [them]”.

4. Challenges & Gaps Limiting an Effective Coordination of Funding of Multinational Clinical Studies & Trials During Infectious Disease Outbreaks

Gaps & Obstacles Limiting a Coordinated Funding of Multinational Clinical Studies & Trials (1)

- **Shifting mindset from a competitive to a collaborative mode of funding**

“Initially there was a huge challenge because traditionally our country come from a highly competitive mode of funding. Research funding is very competitive. So we basically had to really make a point in telling people that if they come with competing proposals, none of them will get any funding.”

- **Strengthening communication among funders**

“It is something we don't have where all the funders just sit together and talk about different issues. We do it maybe in pockets, it's ad hoc...We are thinking of it as a gap at the moment for a national coordination of funders, national funders to come together on common issues.”

- **Gaining experience in multinational clinical research based on trustworthy collaborations**

“You need to be plugged in to either at a European level or international. But it's just having that mechanism to do that and a clear experience, this is where we do need the experience of multi-national clinical trials. So we need to know and trust working together to deliver because I think that it is what works in REMAP CAP, in the sense that everybody had that trusted relationship of delivery and proven experience of delivery and the flow of funds and processes, it seemed to be very well established”.

“We hope that once we have this ever-warm clinical trial network, the coordination process will immediately be started to prevent having all these small national clinical trials.”

Gaps & Obstacles Limiting a Coordinated Funding of Multinational Clinical Studies & Trials (2)

- **Diversifying the funding mechanisms to adapt to needs and ensure that funding is allocated strategically**

“There's a real mixed economy [...] in terms of the research that we fund. We operate research and lead opportunities where researchers can come to us with an idea in a specific area and that's coming from the community itself as researcher-led calls. But we also run what we call commissioned calls as well, which are very, very specific calls in areas of priority. And again, they may have come from the Department of Health. But there's also mechanisms that the patients and charities can feed into as well.”

- **Having a clear and transparent decision-making process**

“You should have a mechanism that has key national experts stitched in and involved so that they're almost all in agreement, [...] but you should have for particular infectious diseases other expertise at the table and engaged [them] to make that decision.”

- **Aligning rapid funding with the system responsiveness**

“We had one experience that was shocking and that was the WHO solidarity trial. So, we basically allocated national funds for our PIs to participate in the therapeutic Solidarity trial..... And in the end, it never happened, even though we were really quick. You know, the PIs, they were really willing to participate in Solidarity. But in the end, it didn't work out. So not a single patient was included in the end.”

- **Ensuring the quality and robustness of the funded studies**

“But do we have a funding mechanism that we can just turn on in a pandemic and ensure the quality and the robustness? No, we don't. I think that is one of our lessons learned to think about that, for the future of having that funding mechanism that you can respond really quickly and ensure it's the right trial, it's the right protocol”.

THANK YOU