



Jeff Maunitzen

Straight talk with... Melinda Moree

For many people, the biotech industry and global health community might seem like strange bedfellows. One is driven by commercial success, the other largely by philanthropy. Innovation is key, however, for both fields, and the Washington, DC–based not-for-profit BIO Ventures for Global Health (BVGH) is trying to draw on that commonality. Melinda Moree, who officially became BVGH's chief executive at the start of this year, has experience bringing new technologies to the poorest and unhealthiest of communities. A former director of the Malaria Vaccine Initiative, Moree oversaw a successful proof-of-concept study for a malaria vaccine. **Christian Torres** spoke with Moree about how BVGH engenders partnerships between biotech and global health and how it might produce the next big achievement for both.

What separates BVGH from other organizations focused on global health, such as the Bill & Melinda Gates Foundation or the GAVI Alliance? How is it unique?

Well, compared to those two organizations, we don't have a huge pot of money behind us. So we're different in that we're not a donor. What we're trying to do is find a space in between that's highly pragmatic—that tries to meet the needs of global health and addresses those problems but functions in a way that also works for [industry]. I'm not going to use the trite 'win-win', but that really is what we're looking for. And we have a unique niche and understanding of the industry side, so we can find solutions that work for industry.

Can you give a specific example of BVGH bringing together biotech and global health?

We probably get inquiries two or three times a week from companies with technologies. I got a call this week about a nasal inhalation technology, where you can inhale drugs or vaccines very easily through this cheap nasal inhaler. Delivery is a huge problem in the developing world—we know that. Children have trouble swallowing pills, and everybody would

prefer something other than an injection for a vaccine. If you can find a delivery system that would make this easier, then this could have an enormous impact on the developing world.

[The developer of the technology] is offering out intellectual property, but, at the same time, we're connecting him up with different groups that have expertise in the areas he's looking for—both companies and individual researchers—and really building up his network of global health knowledge that can help.

The proof-of-concept study for a malaria vaccine was a major achievement when you were director of the Malaria Vaccine Initiative. Now that you have 16 neglected tropical diseases under your purview, what milestone do you think is closest in reach and why?

This may be my bias, but I still think one of the next greatest milestones coming up will be the results of the phase 3 clinical trial of the malaria vaccine. That's probably the product coming along that's going to make the biggest difference in global health. There are a lot of drugs [for malaria] coming out, a lot of them being incremental changes—so they're beneficial, but not game changing. I think a malaria vaccine has the potential to be game changing.

BVGH has been instrumental in advocating for industry to pursue priority review vouchers, which are given to companies by the US Food and Drug Administration when they bring products for neglected diseases to market. You've also advocated for the advanced market commitment, in which donors subsidize a vaccine or drug to make it cheaper for poor communities while also ensuring that the industry sells enough product so it has a return on investment. What new incentives are you advocating for or looking into?

The one idea we're looking at now is really focused on the early stages of research and development. We call it a 'pay-for-success' incentive, where a group would set out certain milestones for preclinical work and set up specifications for that. Any company that meets those specifications would get a payment [from a donor or government entity], and that payment would both cover their costs as well as provide a reward.

The nice thing about it is that if nobody's successful, you don't pay anything for it. We feel there's a lot of appeal in that for donors and for companies—it's the way they work now; it fits in with their commercial model.

Earlier this year, it was announced that BVGH would be managing the intellectual property pool being assembled by GlaxoSmithKline (GSK) and Alnylam, spurring research into neglected diseases. With BVGH handling the discussions and identifying areas of need, how do you plan to set the agenda?

The part we're playing in that is really to get the end users, say, researchers with the US National Institutes of Health or Medical Research Council in the UK, to understand what is available through this intellectual property pool, what they can access from it and how it can be helpful to them.

I think when it was first announced, people thought it was just a bunch of patents. I don't think they understood that both GSK and Alnylam—and others that are soon to join—are actually willing to work with groups and share a lot of information and their know-how.

Could you describe a little more what a typical day is like for you? What kinds of tasks and things do you have to work on?

Like anyone, a lot of my time is spent on email. On a typical day, I might get a request, out of the blue, from someone I may have met or may have heard me talk at a meeting and they say, "we've got a technology. We're interested to see what we could do in global health. Can we set up a meeting to talk about this?" That's not at all unusual.