Dear Mr Rodríguez,

European and Developing Countries Clinical Trials Partnership

I am writing on behalf of the UK Academy of Medical Sciences in response to your recent consultation on the future proposal for a new European and Developing Countries Clinical Trials Partnership (EDCTP). While the Academy has already submitted a response to the consultation via the proforma on your website and also enclosed, I thought it would be helpful to draw your attention to a few issues that are of particular importance to our Fellowship some of whom have also responded as individuals.

The Academy of Medical Sciences is the independent body in the UK representing the whole spectrum of medical science. Our mission is to ensure better healthcare through the rapid application of research to the practice of medicine. The Academy’s strength lies in its Fellowship who are the UK’s most eminent medical scientists; many of whom work in, or with partners in, the developing world and European countries.

We welcome the opportunity to respond to the consultation and believe that the European Commission should establish a new EDTCP with expanded scope. The EDCTP is in a stronger position now than when it first began and has helped to build much needed research capacity. The EDCTP partners must work even more closely together in the future to achieve their shared goals.

To ensure medical research swiftly benefits the world’s poorest people a new EDTCP should ensure its governance and application processes are as simple as possible without compromising their rigor. Complex governance and application processes slow the translation of research into healthcare and deter excellent researchers from seeking funding for valuable studies.

A central aim of a new EDTCP should be to swiftly improve the health of the world’s poorest people. Of particular importance will be downstream research such as public health interventions, phase IV trials, operational studies and investigations into the better use of existing treatments. While recognising the need to maintain focus, a new EDTCP should
consider broadening its remit to cover more of the diseases that disproportionately affect the world’s poorest people (such as pneumonia and diarrhea) and geographical areas that experience significant poverty-related disease (such as Bangladesh, Cambodia or Laos) in addition to Sub-Saharan Africa.

If you would like to explore the issues raised in this letter please contact Laurie Smith (tel: +44 (0) 20 7969 5289, laurie.smith@acmedsci.ac.uk).

Yours sincerely,

Enc.

Cc.

Dr Ruxandra Draghia-Akli, Director of the Health Directorate
Dr Péteris Zilvagis, Head of the Infectious Disease Unit