Confronting the scale of antibiotic resistance
Each year, up to 214,000 newborns die from an infection resistant to antibiotics.¹
But Orum was one of the lucky ones. After many rounds of treatment at the Kawempe Hospital in Uganda, he survived a life-threatening infection. GARDP is working to ensure more children around the world have a happy ending in their fight against bacterial infections.

Our mission

Our activities are threefold:

1. Accelerate the development of new and improved treatments for drug-resistant infections

2. Expand antibiotic access to all people

3. Connect the antimicrobial R&D community to fuel innovation
# Table of contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message from the Board Chair and Executive Director</td>
<td>5</td>
</tr>
<tr>
<td>2022 milestones</td>
<td>6</td>
</tr>
<tr>
<td><strong>Changing times</strong></td>
<td>8</td>
</tr>
<tr>
<td>Antibiotic resistance: a global health crisis</td>
<td>9</td>
</tr>
<tr>
<td>Addressing the most urgent threats to public health</td>
<td>10</td>
</tr>
<tr>
<td>Renewed political commitment</td>
<td>11</td>
</tr>
<tr>
<td>Accelerate antibiotic development</td>
<td>12</td>
</tr>
<tr>
<td>GARDP’s portfolio of antibiotic treatments</td>
<td>13</td>
</tr>
<tr>
<td>Children’s Antibiotics</td>
<td>14</td>
</tr>
<tr>
<td>Serious Bacterial Infections</td>
<td>16</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>18</td>
</tr>
<tr>
<td>Discovery &amp; Exploratory Research</td>
<td>20</td>
</tr>
<tr>
<td>Expand access to antibiotics</td>
<td>22</td>
</tr>
<tr>
<td>Accelerating access</td>
<td>23</td>
</tr>
<tr>
<td>SECURE: The Antibiotic Facility</td>
<td>24</td>
</tr>
<tr>
<td>Connect the antimicrobial R&amp;D community</td>
<td>25</td>
</tr>
<tr>
<td>Advancing antimicrobial R&amp;D: capturing and sharing information with the antimicrobial R&amp;D community</td>
<td>26</td>
</tr>
<tr>
<td>Funding partners</td>
<td>28</td>
</tr>
<tr>
<td>Tackling antibiotic resistance together</td>
<td>29</td>
</tr>
<tr>
<td>Governance and management</td>
<td>30</td>
</tr>
<tr>
<td>Finance</td>
<td>37</td>
</tr>
<tr>
<td>Income</td>
<td>38</td>
</tr>
<tr>
<td>Expenditure</td>
<td>39</td>
</tr>
<tr>
<td>Take action</td>
<td>40</td>
</tr>
<tr>
<td>Contact</td>
<td>41</td>
</tr>
</tbody>
</table>
In 2022, the world discovered that antimicrobial resistance (AMR) is now among the leading causes of death globally. A study in the Lancet revealed that nearly 1.3 million people had died of drug-resistant infections in 2019 alone. These findings underscored a central tenet in GARDP’s mission: The world needs new medicines to outpace antibiotic resistance.

GARDP is working to bring this crisis into greater focus—and find solutions. One study from GARDP and our partners found that, across 11 countries, health workers are severely limited in treating sepsis in newborns in part because of growing antibiotic resistance. In fact, doctors could only prescribe recommended treatments in 13 percent of cases studied.

In 2022, we made significant strides in developing new treatments for some of the deadliest drug-resistant infections. Together with Venatorx Pharmaceuticals, Inc. (“Venatorx”), we welcomed positive phase 3 results for cefepime-tanoborbacam. We also expanded recruitment for the phase 3 trial of zoliflodacin, a novel oral treatment for gonorrhoea, that will be completed in 2023. With this progress in antibiotic research and development (R&D), we are moving toward our 5 new treatments by 2025 goal.

We are also improving access to antibiotics. With Shionogi & Co., Ltd. (“Shionogi”) and the Clinton Health Access Initiative (CHAI), we are working to make the antibiotic cefiderocol available in 135 countries through new license and collaboration agreements. Cefiderocol has the potential to improve the treatment of many serious bacterial infections. Meanwhile, the SECURE initiative, developed by GARDP and the World Health Organization (WHO), is laying the groundwork for a new paradigm in access and has received international recognition.

Indeed, world leaders have taken notice of both our work and the crisis at hand. Germany, Japan, Monaco and Switzerland have made new or renewed funding commitments to GARDP. The Wellcome Trust provided seed funding and Canada pledged financial support for SECURE. In May, G7 leaders followed Germany’s lead, making antimicrobial resistance (AMR) a priority issue. The G20 health ministers also published a call to action to face this crisis.

Looking ahead, continued leadership, resources and investment will remain critical. As The Lancet study made clear, AMR takes more lives each year than either malaria or HIV/AIDS. But if there is a silver lining in this moment of reckoning, it is the fact that the global community has come together to tackle those and other crises in the past. We can do so again—provided we act now.

Message from the Board Chair and Executive Director

3. GARDP Foundation. Transforming the care of babies with sepsis. GARDP Foundation; 2022.
2022 Milestones

**FEBRUARY**

**CO-ORGANIZED** the annual Antimicrobial Chemotherapy Conference with the British Society for Antimicrobial Chemotherapy (BSAC)

**APRIL**

**WELCOMED** positive results on a stage 3 clinical trial for the drug cefepime-taniborbactam

**PUBLISHED** findings on the rising death rate among newborns with sepsis

**MARCH**

**RECEIVED** a £4.5M grant from the United Kingdom

**CO-ORGANIZED** a session at the AMR Conference on Novel Antimicrobials & AMR Diagnostics

**JANUARY**

**ENDORSED** findings from the landmark study in *The Lancet* that exposed the global burden of antibiotic resistance

**MAY**

**WELCOMED** G7 support for our pivotal work to counter antibiotic resistance, including our access efforts through SECURE

**JUNE**

**ANNOUNCED**, with Shionogi and CHAI, landmark licensing and collaboration agreements to expand access to cefiderocol

**RECEIVED** US$1.8M from the government of Japan and signed a memorandum of understanding with Japan's National Center for Global Health and Medicine to work on building a clinical research network in Asia and worldwide
2022 Milestones

**JULY**
- PRESENTED an online webinar to introduce the innovative cefiderocol access project
- RECEIVED media coverage of work on zoliflodacin in the Financial Times

**AUGUST**
- RECEIVED CHF300,000 inception funding from the Swiss Agency for Development and Cooperation (SDC)

**SEPTEMBER**
- CO-HOSTED a session on sexually transmitted infections at the IUSTI World Congress in Zimbabwe

**OCTOBER**
- RECEIVED renewed funding from Germany (€56.7M) and Monaco (€400,000), and new support for SECURE from the Wellcome Trust (CHF1.2M) and a pledge from Canada (CA$300,000)
- LAUNCHED the website for SECURE
- CO-ORGANIZED a session on sexually transmitted infections at the IUSTI World Congress in Zimbabwe
- ORGANIZED a panel session on antibiotic R&D and access at the World Health Summit

**NOVEMBER**
- BEGAN study in South Africa on antibiotic-resistant infections in hospitals
- WELCOMED the G20’s recognition of SECURE as a key access initiative

**DECEMBER**
- CO-HOSTED sessions on neonatal sepsis and antibiotic access at the 2nd International Conference on Public Health in Africa (CPHIA 2022) in Rwanda
- SCREENED, over 12 months, more than 20,200 substances for antibiotic activity
- RECEIVED a 5-year €14.35M grant from the Ministry of Foreign Affairs of the Netherlands
Changing times
Antibiotic resistance: a global health crisis

More than 1 million people die of antibiotic-resistant infections each year.

GLOBAL DEATHS IN 2019 (MILLIONS)

<table>
<thead>
<tr>
<th>CANCERS</th>
<th>HEART DISEASE</th>
<th>STROKE</th>
<th>ANTIBIOTIC RESISTANCE</th>
<th>HIV</th>
<th>MALARIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>9.14</td>
<td>6.6</td>
<td>4.95</td>
<td>0.9</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Source: GBD 2019 Diseases and Injuries Collaborators

A landmark study published in January 2022 revealed the true toll of antibiotic resistance for the first time. This health threat now claims more lives than either HIV or malaria. A situation is getting worse. If we do not act, antibiotic resistance could contribute to as many as 10 million deaths a year. The economic impact of antibiotic resistance is also expected to spiral. The World Bank estimates that the global increase in healthcare costs related to antibiotic resistance could range from US $300 billion to more than $1 trillion per year between now and 2050.

Addressing the most urgent threats to public health

In the context of this global health crisis, action is needed. As a not-for-profit R&D organization, GARDP focuses on accelerating development and access to antibiotic treatments that address significant threats to public health:

**Children's Antibiotics**

Children and newborns are especially vulnerable to growing antibiotic resistance. One in five deaths caused by antibiotic resistance occur in children under the age of five, and as many as three million newborns get serious infections that lead to sepsis every year. GARDP is working to identify and develop new treatments and provide data to support optimal and appropriate use specifically for children and newborns.

**Serious Bacterial Infections**

Serious bacterial infections are among the major causes of death for people in hospitals and other healthcare settings. Currently, the most difficult-to-treat hospital infections are caused by Gram-negative bacteria, which have become resistant to most antibiotic treatments. In severe cases, these infections cause sepsis, which is responsible for roughly one in five deaths worldwide. GARDP aims to provide new treatments for serious bacterial infections in children and adults.

**Sexually Transmitted Infections**

Gonorrhoea is among the three most common sexually transmitted infections and is rapidly becoming resistant to antibiotics. Even the last-resort option recommended for gonorrhoea—ceftriaxone (sometimes in combination with azithromycin)—is facing bacterial resistance. If we continue down the current path, this disease may become untreatable. GARDP is acting now to develop a new antibiotic for gonorrhoea infection in patients with limited treatment options.

---

Renewed political commitment

With greater awareness of the crisis at hand, the effort to confront antibiotic resistance has gained new momentum. Germany, which hosted the 2022 G7 meeting in May, made this issue a top priority. The next country to host the G7, Japan, has also signaled strong support for GARDP’s work. Together, the G7 Health Ministers noted the importance of supporting GARDP’s 5 by 25 initiative, which aims to deliver 5 new treatments by 2025.

Health Ministers at the G20 also highlighted our work—recognizing our accomplishments and calling on continued engagement in the research and development of novel antibacterial treatments, diagnostics and vaccines.

---

**KEY PLEDGES TO GARDP IN 2022**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>PLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARCH</td>
<td>£4.5M Additional investment from the U.K.</td>
</tr>
<tr>
<td>JUNE</td>
<td>US$1.8M Donation from Japan, as part of a 5-year pledge</td>
</tr>
<tr>
<td>AUGUST</td>
<td>CHF300,000 Grant by the Swiss Agency for Development and Cooperation (SDC)</td>
</tr>
<tr>
<td>OCTOBER</td>
<td>€56.7M Renewed funding from Germany</td>
</tr>
<tr>
<td>DECEMBER</td>
<td>€14.35M 5-year grant by the Netherlands</td>
</tr>
</tbody>
</table>

Accelerate antibiotic development
GARDP’s portfolio of antibiotic treatments

WHO and the Drugs for Neglected Diseases initiative (DNDi) created GARDP in 2016 in response to the Global Action Plan on AMR, which highlighted the lack of new antibiotics. Since then, GARDP has become an established R&D and access organization. With a significant portfolio of antibiotic treatments targeting WHO priority pathogens and priority infections—particularly those affecting underserved, high-burden populations and countries—we are progressing towards our goal of developing 5 new treatments by 2025. We are also working on securing agreements with manufacturers and distributors to provide access to these antibiotics in resource-limited settings.

* ESBL: extended spectrum beta-lactamases – producing Enterobacteriales; CRE: carbapenem-resistant Enterobacteriaceae; CRPA: carbapenem-resistant Pseudomonas aeruginosa; CRAB: carbapenem-resistant Acinetobacter baumannii.

** FDA: US Food and Drug Administration; EMA: European Medicines Agency.

<table>
<thead>
<tr>
<th>DISEASE AREA</th>
<th>GARDP PROGRAMME AREA</th>
<th>TREATMENT</th>
<th>TARGET PATHOGENS* (WHO PRIORITY PATHOGENS)</th>
<th>DESCRIPTION</th>
<th>OBJECTIVE</th>
<th>GARDP’S 2022 HIGHLIGHTS</th>
</tr>
</thead>
</table>
| SEPSIS       |                      | TREATMENT 1: neonatal sepsis treatment regimen | ESBL        | Treatment for sepsis in newborns using existing antibiotics:  
• fosfomycin-amikacin  
• flomoxef-amikacin  
• fosfomycin-flomoxef  | Provide a new standard for the treatment of sepsis in newborns and change the treatment guidelines  
Ensure that new combinations are accessible  | • LAID groundwork for a clinical trial to validate the doses of two antibiotics for use in newborns and to compare patient outcomes involving these new treatments with existing regimens |
|              |                      | TREATMENT 2: cefiderocol | CRE CRPA CRAB | Treatment for hospital- and community-acquired bacterial infections in:  
• adults  
• children  
• newborns  | • Provide affordable and sustainable access to cefiderocol for patients in need while preserving this antibiotic’s efficacy through appropriate use and good stewardship  
• Support the ongoing development of this drug for children and newborns  | • SIGNED license and collaboration agreements with Shionogi and CHAI to treat bacterial infections by expanding access to the antibiotic cefiderocol in 135 countries |
|              |                      | TREATMENT 3: cefepime-tanibobactam | CRE CRPA | Treatment for hospital- and community-acquired bacterial infections in:  
• adults  
• children  
• newborns  | • Obtain FDA** and EMA** registration for a new antibiotic treatment for serious bacterial infections in adults  
• Support the development of a paediatric indication  
• GARDP’s partnership with Venatorx includes a license agreement supporting access in 66 LMICs  | • WELCOMED positive results in Venatorx’s pivotal phase 3 clinical trial for cefepime-tanibobactam  
• BEGAN an observational study to assess standards for diagnostics and clinical management as well as patient outcomes for infections caused by carbapenem-resistant bacteria in high-burden settings |
| SEXUALLY TRANSMITTED INFECTIONS |                      | TREATMENT 4: zoliflodacin | Neisseria gonorrhoeae | Oral treatment for uncomplicated gonorrhoea  | • Obtain FDA** and EMA** registration for an innovative oral antibiotic for gonorrhoea  
• GARDP’s partnership with Entasis includes a license agreement supporting access in all LMICs  | • INCREASED recruitment of participants for a phase 3 trial of zoliflodacin, setting this trial on track for completion in 2023. All 16 trial sites across 5 countries are now active and all participants have been recruited |
Children’s Antibiotics

2022 highlights

Each year, 20 million children get sepsis, and 3 million die as a result.\(^{19}\) GARDP aims to provide new treatment options for these children.

**Groundbreaking clinical trial to test treatment combinations**

GARDP and partners have laid the groundwork for a public health-focused clinical trial (“NeoSep1”) to evaluate three new combinations of older antibiotics (fosfomycin-amikacin, flomoxef-amikacin and flomoxef-fosfomycin) in comparison with the current WHO-recommended standard of care (ampicillin-gentamicin) used to treat babies with sepsis. In early 2023, GARDP will begin recruiting patients to study the efficacy of these treatments in hospital sites in Kenya and South Africa. The trial will later expand to many other countries and regions, ultimately enrolling more than 3,000 newborns.

**Preparation of new paediatric antibiotics**

We also prepared the development of a paediatric indication for cefepime-taniborbactam and cefiderocol to treat serious bacterial infections in children. In September, we completed the pre-clinical phase of the toxicity study of cefepime-taniborbactam. The paediatric committees of the FDA and EMA reviewed the clinical study plan for this drug combination. GARDP’s Scientific Advisory Committee approved the study protocol. GARDP has supported Shionogi in the set-up of their study to evaluate cefiderocol use in newborns by advising on the protocol and identifying sites in South Africa, Thailand and Vietnam.

**Calling for urgent action**

We increased awareness of the need to develop new treatments for children and newborns through news articles in various markets, social media, a digital campaign and corporate events. GARDP experts, including Sally Ellis, Seamus O’Brien and Manica Balasegaram called for urgent action to accelerate the development of antibiotics for newborns in an article published in the WHO Bulletin.\(^{23}\) Over 90 participants from 28 countries tuned in for our webinar, “Putting children first—Towards a better outcome for children and newborns with drug-resistant infections,” during World Antimicrobial Awareness Week in November. GARDP co-hosted a session on neonatal sepsis at the Conference on Public Health in Africa (CPHIA) held in Rwanda in December.

**Publications in peer-reviewed journals**

GARDP published several critical new studies. The GARDP-sponsored neonatal observational study revealed that an increasing number of babies die of drug-resistant infections because current treatments have become ineffective. The study’s findings are expected to be published in a scientific journal in 2023.\(^{20}\) Another study confirmed that a dose of fosfomycin is safe for treating babies with neonatal sepsis.\(^{21}\) A third study found that the antibiotic combination of fosfomycin and flomoxef can kill bacteria responsible for serious infections in newborns in LMICs.\(^{22}\)

---

Okwenathi was tiny and fragile when he was born prematurely at Cape Town’s Tygerberg Hospital. Already facing health challenges, he picked up an antibiotic-resistant infection and had to fight for his life. Nurses needed to take extra care to prevent the infection from spreading to other babies in the ward. Okwenathi’s anxious mother, Busisiwe Sibango, kept a vigil at his bedside.

This story is part of a larger pattern. Drug-resistant infections are increasingly common, especially in low-income settings, and doctors need better tools to diagnose and treat newborns. GARDP is working with public and private partners to accelerate the development of new antibiotic combinations specifically adapted for children and babies.
Serious Bacterial Infections

2022 highlights

Worldwide, 29 million adults contract sepsis and 8 million people die annually from this condition. GARDP works to develop new treatments for drug-resistant bacterial infections that can lead to sepsis.

Phase 3 clinical trial success

In March 2022, GARDP welcomed positive results in Venatorx’s pivotal phase 3 clinical trial for cefepime-taniborbactam. A New Drug Application seeking approval for cefepime-taniborbactam is on track to be filed with the US Food and Drug Administration (FDA) in 2023. If approved by the FDA, cefepime-taniborbactam will be the first new antibiotic treatment to be developed in collaboration with GARDP. As part of the collaboration and license agreement with Venatorx, GARDP has contributed to the pivotal phase 3 trial and will undertake the development of cefepime-taniborbactam for use in children and newborns. GARDP will also have an active role in the clinical interventional studies that are needed to generate real-world evidence for the proper use of cefepime-taniborbactam in the treatment of adults with multidrug- or carbapenem-resistant infections.

A safety assessment for new antibiotics

GARDP provided support for a clinical study to assess the cardiac safety of a novel antibiotic in development by the biopharmaceutical company Bugworks Research Inc. The Bugworks compound belongs to a class of broad-spectrum antibiotics that target serious infections caused by extensively drug-resistant bacteria.

Observational study to assess treatments for carbapenem-resistant infection

At the end of 2022, we started an observational study to assess the standards of microbiological diagnostics procedures, clinical management and the outcomes for patients with infections caused by carbapenem-resistant bacteria in high-burden settings. The study will expand in 2023 to include a total of 11 sites across India and South Africa. This effort, a collaboration with the Indian Council of Medical Research (ICMR), will help assess feasibility needs for future trials.

Serious Bacterial Infections

South African microbiologist Justyna Wojno has witnessed first-hand how an ever-growing number of bacterial strains mutate rapidly. Far too often, Justyna and her colleagues see organisms that are resistant to antibiotics.

Serious bacterial infections are among the major causes of death for people in hospitals and clinics. GARDP is collaborating with Venatorx to develop a new treatment to address this issue. If approved by the FDA or another stringent regulatory authority, this treatment, cefepime-taniborbactam, would be a new option for treating drug-resistant bacterial infections. GARDP has the commercialization rights to make cefepime-taniborbactam accessible in 64 countries with limited resources, as well as the public markets in India and South Africa.

Sexually Transmitted Infections

2022 highlights

Each year, 82 million people contract gonorrhoea. GARDP is developing a new oral treatment for drug-resistant gonorrhoea that could curtail the spread of this disease.

GARDP visited the Institute of HIV Research and Innovation (IHRI) in Bangkok, Thailand. The IHRI is one of three sites in the country that is participating in a global phase 3 clinical trial—sponsored by GARDP—to develop a new treatment for gonorrhoea.

Significant progress in phase 3 trial of a novel gonorrhoea treatment

GARDP has partnered with Entasis Therapeutics Limited (“Entasis”) to develop zoliflodacin, a new drug with a novel mode of action that targets drug-resistant, uncomplicated gonorrhoea. In 2022, we added additional sites to our study. All 16 trial sites across five countries are now active and all participants have been recruited. This is the final, pivotal phase before submitting this treatment to health authorities. Results are expected in late 2023.

Advancing zoliflodacin’s pharmaceutical development

GARDP completed the manufacture of the registration batches of zoliflodacin granules. This step is one of the last stages of pharmaceutical development.

New insights into gonorrhoea and its treatment

We shared results from several studies that furthered understanding of this sexually transmitted infection and how we might counter it. In April, we published an evaluation of zoliflodacin in eradicating certain strains of gonorrhoea. In July, we published a genomic study of the determinants of antimicrobial resistance in gonorrhoea infections. And in November, we published findings from a study of the antibiotic lefamulin, used to treat gonorrhoea.

Broader awareness of our programme

Our work on gonorrhoea was featured in February in the British newspaper The Telegraph. An original research article, published in Frontiers in Pharmacology in April, discussed the effects zoliflodacin on several gonorrhoea strains. In July, an article from The Financial Times cited GARDP’s zoliflodacin project. In September, GARDP co-hosted a session on sexually transmitted infections at the International Union against Sexually Transmitted Infections (IUSTI) World Congress in Zimbabwe.

Sexually Transmitted Infections

In the Netherlands, as in many parts of the world, cases of gonorrhoea are on the rise. For doctors such as dermatologist Henry de Vries at the STI Clinic of GGD Amsterdam, that trend is troubling. “With more infections, the risk of antimicrobial resistance rises,” he says. “My great hope for treating STIs in the Netherlands is that we will always stay one step ahead of the bug.”

The STI Clinic, where de Vries is Principle Investigator, is one of the sites for the phase 3 clinical trial of zoliflodacin, a new treatment option developed in partnership with Entasis. In addition to the Netherlands, this trial engages partners and participating sites in several critical regions. GARDP has secured the necessary rights to make zoliflodacin accessible across many regions, including all low- and lower middle-income countries.

Zoliflodacin drug project partners

BELGIUM
- Institute of Tropical Medicine (ITM)

INDIA
- Aurigene Pharmaceutical Services Limited
- Dr. Reddy’s Laboratories Limited

KENYA
- National AIDS and STI Control Programme (NASCOP)
- Ministry of Health Kenya

NETHERLANDS
- GGD Amsterdam - Department of Infectious Diseases, Public Health Service Amsterdam

SOUTH AFRICA
- National Institute for Communicable Diseases (NICD)
- Wits Reproductive Health and HIV Institute (Wits RHI)
- South African Medical Research Council (SAMRC)
- Botha’s Hill Clinical Research Site
- SAMRC Tengaat Clinical Research Site
- University of KwaZulu-Natal
- Foundation for Professional Development (FFD)

SWEDEN
- WHO Collaborating Centre, Orebro University Hospital

SWITZERLAND
- Drugs for Neglected Diseases initiative (DNDi)
- World Health Organization (WHO)
- Foundation for Innovative Diagnostics (FIND)

THAILAND
- Thailand Ministry of Public Health (MoPH)
- Bangrak STIs Center, Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health
- Silom Community Clinic at the Hospital for Tropical Diseases
- Institute for HIV Research and Innovation Foundation
- Thailand MoPH U.S. CDC Collaboration Laboratory
- Siriraj Institute of Clinical Research (SICRES)
- Faculty of Medicine Siriraj Hospital, Mahidol University

UNITED STATES
- Entasis Therapeutics Limited
- National Institute of Allergy and Infectious Diseases (NIAID)
- University of Alabama at Birmingham (UAB)
- Ball Flower Clinic
- San Francisco Department of Public Health
- University of Washington
- Louisiana State University
- Jefferson County Department of Health (UAB Satellite site)
GARDP’s goals are to ensure that research stays ahead of the most threatening drug-resistant pathogens and to cover gaps in the global antibacterial pipeline. Any molecule that shows promise could become a new antibiotic or restore efficacy to existing antibiotics.

**2022 highlights**

**Thousands of compounds screened** in the search for new medicines

GARDP is screening and assessing compounds for the ability to act against multi-drug resistant *Klebsiella pneumoniae* and *Acinetobacter baumannii*. In 2022, we screened over 20,200 substances for antibiotic activity, reaching a total of nearly 120,000 compounds since 2018. These carefully selected compounds were obtained via several collaborations with pharmaceutical companies and organizations (such as AnalytiCon Discover, Mitsubishi Tanabe Pharma Corporation, Sumitomo Pharma Company, limited and Medicines for Malaria Venture). Along with several partners, including consultants and contract research organizations, we pursued the investigation of three series of compounds as possible new antibiotics—and an additional three compounds for their potential to enhance existing treatments.

**Horizon scanning reports** and other exploratory activities

GARDP is identifying gaps in the global antibiotic pipeline through regular evaluation of new research and discoveries. In 2022, we reviewed unexploited bacterial proteins and some biosynthetic pathways as targets for new antibiotics. We also assessed substances that inhibit bacterial pumps that export antibiotics and give bacteria resistance to drugs. In 2023, we will share this information with the scientific community in the form of review articles in globally recognized journals.

**New partnership** for synthetic chemistry and tests of drug pharmacokinetics and toxicity

GARDP started a collaboration with TCG Lifesciences in India to expand our work in compound synthesis, drug metabolism and early testing of pharmacokinetics (this includes the processes by which the body absorbs, distributes and excretes drugs) and toxicity. These activities have provided us with key information for deciding which chemical series have the potential to become new antibiotic treatments.

**Revamping a searchable online database on drug development**

In partnership with the University of Leeds, the University of Edinburgh and Dr Ursula Theuretzbacher (Center for Anti-Infective Agents), we updated and added new content to the searchable online database “AntibioticDB,” which documents antibiotics at all stages of development, including those approved for clinical use.
Discovery & Exploratory Research

GARDP’s Discovery & Exploratory Research programme brings together public and private partners to identify tomorrow’s new antibiotics.

“Japanese companies have worked with GARDP over the last several years with the aim of improving children’s antibiotics and expanding antibiotic access, as well as discovering new antibiotics. These contributions by the government and by industry are beneficial for the world as well as Japan.”

KAORI NAKATANI, DIRECTOR OF DNDI JAPAN
Expand access to antibiotics
Accelerating access

2022 highlights

GARDP’s vision is to help build a world in which equitable access to effective antibiotics is a reality for everyone, everywhere.

Signing a groundbreaking license agreement for cefiderocol

Together with Shionogi and CHAI, we announced landmark license and collaboration agreements to treat bacterial infections by expanding access to the antibiotic cefiderocol in 135 countries. The license agreement is the first of its kind between a pharmaceutical company and a not-for-profit driven by public health priorities. With CHAI, we began reviewing submissions from manufacturers who could supply cefiderocol in LMICs. To expand awareness of our work, all three partner organizations co-authored an article for the World Intellectual Property Organization to promote voluntary license agreements. 30

“The cefiderocol license and collaboration agreements take us one step closer to a world in which low- and middle-income countries that need antibiotics to fight resistant infections have the same options as high-income countries.”

JENNIFER COHN, GLOBAL ACCESS DIRECTOR, GARDP

Contributions through new research and publications

GARDP published the report “Access to Essential Antibiotics for India: Challenges & Opportunities,” which builds on discussion with Indian leaders about developing a roadmap to tackle antibiotic resistance in that country. 31 Working with the University of Cape Town and Imperial College London, GARDP has a new study underway that seeks to investigate both the causes of antibiotic shortages and the possible interventions to address this problem. GARDP also contributed to the first-ever WHO Paediatric Drug Optimization (PADO) process for AMR. The forthcoming report will identify a list of antibiotics that should be prioritized in developing antibiotic regimens for children.

Broad awareness of antibiotic access issues

In December, GARDP co-hosted a session on antibiotic access at the 2nd International Conference on Public Health in Africa (CPHIA 2022) held in Rwanda. In July, the GARDP webinar “Breaking down access barriers for antibiotics” introduced the cefiderocol access project, a pathfinder in the effort to offer improved access to much-needed antibiotics.

Application for the addition of flomoxef to WHO Essential Medicines

We worked hand in hand with Shionogi in the ongoing process to add a generic antibiotic (flomoxef) to the WHO Model List of Essential Medicines. This recognition will help facilitate flomoxef access in resource-limited settings.


SECURE: The Antibiotic Facility

2022 highlights

SECURE seeks to accelerate access to a portfolio of essential antibiotics, including existing antibiotics that are in short supply or not widely available, as well as newly approved “Reserve” antibiotics for drug-resistant bacterial infections.

Expansion of the SECURE initiative

The SECURE initiative is a collaboration of GARDP and WHO, with strategic support from UNICEF and CHAI. SECURE seeks to accelerate access to a portfolio of essential antibiotics. This initiative is currently in the development phase and should begin moving into the implementation phase in 2024.

Acquisition of seed funding for development

At the end of 2022, SECURE entered the development phase on strong financial footing. The Wellcome Trust provided critical seed funding for this stage and the government of Canada also pledged financial support. This funding, raised by GARDP, in combination with Health Emergency Preparedness and Response (HERA) funding, raised by WHO, will help SECURE further define its business and procurement model to allow for greater country engagement in this initiative.

Launch of the SECURE website

In 2022, we launched a dedicated website to serve as a resource to introduce others to our efforts, share breaking news and describe ongoing projects.

Recognition by the international community

Both the G7 Health Ministers’ Declaration and G20 Health Ministers’ Call explicitly recognized SECURE as a key access initiative. In addition, the International Conference on Public Health in Africa (CPHIA), the World AMR Congress and the World Cancer Congress featured an official presentation of SECURE to attendees.

Increasing public awareness

GARDP’s Chair of the Board, Professor Ramanan Laxminarayan, wrote in the Financial Times about the importance of improving antibiotic access and the role of SECURE in responding to this need.32

Publication of the SECURE pilot draft business model

GARDP also completed a document that formalizes the proposed business model for SECURE and outlines the initiative’s activities.

Connect the antimicrobial R&D community
Advancing antimicrobial R&D: capturing and sharing information with the antimicrobial R&D community

2022 highlights

GARDP’s goal is to capture essential R&D technical knowledge and share expertise with the global community through REVIVE.

**Expansion of REVIVE’s content and community**

GARDP shares and preserves essential R&D expertise with the global community through the online platform REVIVE. In 2022, the site reached the following milestones:

- 217,727 views
- 57 webinars
- 48 Antimicrobial Viewpoint articles
- 200 Antimicrobial Encyclopaedia entries
- 10,400 webinar participants
- 158 REVIVE experts

**Co-organization of the annual Antimicrobial Chemotherapy Conference**

In February 2022, GARDP jointly organized the third annual Antimicrobial Chemotherapy Conference with the British Society for Antimicrobial Chemotherapy (BSAC). More than 1,100 people registered for this conference and 773 people from 67 countries attended the live event. REVIVE provides free access to recordings from this event as well as conference workshops, symposia and bootcamps that GARDP helped to organize.
Advancing antimicrobial R&D: capturing and sharing information with the antimicrobial R&D community

Working together to make a difference

More than 75 organizations around the world support REVIVE by participating in our activities. GARDP, CARB-X, the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR) and REPAIR Impact Fund have a memorandum of understanding to co-organize educational activities.

“REVIVE plays a key role in promoting scientific collaboration and providing advanced education on antimicrobial R&D and AMR.”

PROF. ANGELA DRAMOWSKI, PROFESSOR, HEAD OF CLINICAL UNIT: GENERAL PAEDIATRICS, TYGERBERG HOSPITAL; DEPARTMENT OF PAEDIATRICS AND CHILD HEALTH, STELLENBOSCH UNIVERSITY

Scientific Affairs & REVIVE’s main partners
Funding partners
Tackling antibiotic resistance together

GARDP’s work is made possible by our funders, which include governments, private foundations and others who share our view that effective antibiotics are essential to modern healthcare and global health security. They recognize that urgent action is needed to counter the rising threat of drug-resistant infections, save lives and reduce the economic impact associated with antibiotic resistance.
Governance and management

GARDP was created in 2016 by WHO and DNDi to deliver on the Global Action Plan on AMR. The organization was legally founded as the GARDP Foundation in 2018. We draw both from WHO’s mandate to drive the global response to AMR and DNDi’s expertise in harnessing public-private partnerships and building R&D pipelines to meet public health needs. The composition of GARDP’s governance and management teams reflects these dual origins and diverse skillsets.
Our Board of Directors, which meets at least twice a year, is GARDP’s ultimate policy and decision-making authority and includes leading international figures in global health. The Board’s seven members determine GARDP’s strategic goals and ensure that its management works efficiently to achieve them. They establish the key policies and principles we follow and appoint the Chair, Vice-chair and Treasurer of the Board as well as the Executive Director.

### Board members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramanan Laxminarayan</td>
<td>Chair</td>
<td>One Health Trust, The United States of America</td>
</tr>
<tr>
<td>Marie-Paule Kieny</td>
<td>Vice-Chair (until August 2022)</td>
<td>INSERM and DNDi, France</td>
</tr>
<tr>
<td>John-Arne Røttingen</td>
<td>Vice-Chair (from September 2022)</td>
<td>Ministry of Foreign Affairs, Norway</td>
</tr>
<tr>
<td>Frédéric Vallat</td>
<td>Treasurer (until June 2022)</td>
<td>DNDi, Switzerland</td>
</tr>
<tr>
<td>Stanislas Zuin</td>
<td>Treasurer (from July 2022)</td>
<td>Stanislas Zuin Consulting, Switzerland</td>
</tr>
<tr>
<td>Glenda Gray</td>
<td>Board member</td>
<td>South African Medical Research Council, South Africa</td>
</tr>
<tr>
<td>Chieko Ikeda</td>
<td>Incoming Board member</td>
<td>Ministry of Health, Labour and Welfare, Japan</td>
</tr>
<tr>
<td>Veronika von Messling</td>
<td>Board member</td>
<td>Federal Ministry of Education and Research, Germany</td>
</tr>
<tr>
<td>Hiroki Nakatani</td>
<td>Board member (until December 2022)</td>
<td>Global Research Institute, Keio University, Japan</td>
</tr>
<tr>
<td>Bernard Pécoul</td>
<td>Board member (from September 2022)</td>
<td>Formerly DNDi, Switzerland</td>
</tr>
</tbody>
</table>

### Observers of the Board

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregg Alton</td>
<td>Board observer</td>
<td>Formerly Gilead Sciences, The United States of America</td>
</tr>
<tr>
<td>Hanan H. Balkhy</td>
<td>Board observer</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>Prabhavathi Fernandes</td>
<td>Board observer</td>
<td>SAC Chair (in extenso)</td>
</tr>
<tr>
<td>Luis Pizarro</td>
<td>Board observer (from September 2022)</td>
<td>DNDi, Switzerland</td>
</tr>
<tr>
<td>Nora Kronig Romero</td>
<td>Board observer</td>
<td>Federal Office of Public Health, Switzerland, DPAC Chair (in extenso)</td>
</tr>
</tbody>
</table>
GARDP leadership and programmes

GARDP’s leadership team and staff work to deliver on our vision by supporting the R&D ecosystem while developing and securing sustainable access to new treatments. GARDP has a flexible R&D operating model that enables cross-functional project leadership, integrating technical disciplines from across GARDP and our partners. At the core of the model is a collaborative project team that focuses on the development and delivery of antibiotic treatments. Led by GARDP’s project leaders, the collaborative project teams follow development plans underpinned by target treatment and product profiles, with progress reviewed by GARDP’s R&D governance team and our Board-appointed Scientific Advisory Committee.

GARDP Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manica Balasegaram</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Peter Beyer</td>
<td>Deputy Executive Director</td>
</tr>
<tr>
<td>Jennifer Cohn</td>
<td>Global Access Director</td>
</tr>
<tr>
<td>Vincent Constantin</td>
<td>General Counsel</td>
</tr>
<tr>
<td>Pierre-Yves Delhez</td>
<td>Director of Internal Operations</td>
</tr>
<tr>
<td>Yann Ferrisse</td>
<td>Business Development &amp; Partner Engagement Director</td>
</tr>
<tr>
<td>Seamus O’Brien</td>
<td>R&amp;D Director</td>
</tr>
<tr>
<td>Jean-Pierre Paccaud</td>
<td>Corporate Strategy Director</td>
</tr>
<tr>
<td>Laura Piddock</td>
<td>Scientific Director</td>
</tr>
<tr>
<td>Subasree Srinivasan</td>
<td>Medical Director</td>
</tr>
</tbody>
</table>

R&D leads

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pierre Daram</td>
<td>R&amp;D Drug/Treatment Project Leader (Sexually Transmitted Infections)</td>
</tr>
<tr>
<td>Sally Ellis</td>
<td>Children’s Antibiotics Project Leader</td>
</tr>
<tr>
<td>François Franceschi</td>
<td>Head of Asset Evaluation and Development and Serious Bacterial Infections Project Leader</td>
</tr>
<tr>
<td>Julie Miralves</td>
<td>R&amp;D Portfolio and Planning Leader</td>
</tr>
<tr>
<td>Seamus O’Brien</td>
<td>Sexually Transmitted Infections Interim Project Leader (until April 2022)</td>
</tr>
<tr>
<td>Laura Piddock</td>
<td>Discovery &amp; Exploratory Research Project Leader and Scientific Affairs Project Leader</td>
</tr>
</tbody>
</table>
GARDP’s Scientific Advisory Committee (SAC) is made up of scientists with expertise in various disciplines within infectious diseases and microbiology. The SAC has a consultative function: its members advise and make recommendations to GARDP’s Board of Directors to support GARDP in carrying out its scientific objectives, assess its scientific strategy and projects and provide guidance and medical and scientific expertise to GARDP’s programmes.

Scientific Advisory Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prabhavathi Fernandes</td>
<td>Chair</td>
<td>The United States of America</td>
</tr>
<tr>
<td>Herman Goossens</td>
<td>Incoming Chair</td>
<td>University of Antwerp, Belgium</td>
</tr>
<tr>
<td>Karl-Heinz Altmann</td>
<td>Committee member</td>
<td>Swiss Federal Institute of Technology, Switzerland</td>
</tr>
<tr>
<td>Marc Bonten</td>
<td>Committee member</td>
<td>University Medical Centre Utrecht, The Netherlands</td>
</tr>
<tr>
<td>Anthony Coates</td>
<td>Committee member</td>
<td>St George’s, University of London, The United Kingdom</td>
</tr>
<tr>
<td>Ana Cristina Gales</td>
<td>Committee member</td>
<td>Universidade Federal de São Paulo, Brazil</td>
</tr>
<tr>
<td>Angela Dramowski</td>
<td>Committee member</td>
<td>Tygerberg Hospital/Stellenbosch University, South Africa</td>
</tr>
<tr>
<td>Roy Jamieson</td>
<td>Committee member</td>
<td>OkerPharma Consultancy AB, Sweden</td>
</tr>
<tr>
<td>Mark J Goldberger</td>
<td>Committee member</td>
<td>Formerly AbbVie, The United States of America</td>
</tr>
<tr>
<td>William Hope</td>
<td>Committee member</td>
<td>University of Liverpool, The United Kingdom</td>
</tr>
<tr>
<td>Marc Mendelson</td>
<td>Committee member</td>
<td>University of Cape Town, South Africa</td>
</tr>
<tr>
<td>Rudo Mathivha</td>
<td>Committee member</td>
<td>Chris Hani Baragwanath Hospital, South Africa</td>
</tr>
<tr>
<td>Malcolm Page</td>
<td>Committee member</td>
<td>Formerly Roche, Switzerland</td>
</tr>
<tr>
<td>Andreas Rummelt</td>
<td>Committee member</td>
<td>InterPharmaLink AG, Switzerland</td>
</tr>
<tr>
<td>Kamini Walia</td>
<td>Committee member</td>
<td>Indian Council of Medical Research, India</td>
</tr>
<tr>
<td>Nicholas White</td>
<td>Ex officio member</td>
<td>DNDi, Switzerland</td>
</tr>
<tr>
<td>Valeria Gigante</td>
<td>Ex officio member</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Donor Partnership Advisory Committee

The Donor Partnership Advisory Committee (DPAC) ensures that key funding partners are represented as stakeholders and partners in GARDP, enabling them to bring their insights to the Board. Crucially, it assists the Board in fulfilling its mission by reviewing the success of previous and ongoing donor investments in GARDP and advising on how further funding can deliver the highest possible impact. It also provides advice to the Board on how GARDP can expand and better manage its partnerships with governments and other important global health funders. The Chair of the Committee represents the DPAC at Board meetings and relays the Board’s key decisions to the rest of the Committee.

The Donor Partnership Advisory Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nora Kronig Romero</td>
<td>Chair</td>
<td>Federal Office of Public Health, Switzerland</td>
</tr>
<tr>
<td>Jasper Claessen</td>
<td>Committee member</td>
<td>Ministry of Health, The Netherlands</td>
</tr>
<tr>
<td>Eiji Hinoshita</td>
<td>Committee member</td>
<td>Ministry of Health, Labour and Welfare, Japan</td>
</tr>
<tr>
<td>Louise Norton-Smith</td>
<td>Committee member</td>
<td>Department of Health and Social Care, The United Kingdom</td>
</tr>
<tr>
<td>Dagmar Reitenbach</td>
<td>Committee member</td>
<td>Federal Ministry of Health, Germany</td>
</tr>
<tr>
<td>Niresh Bhagwandin</td>
<td>Committee member</td>
<td>South African Medical Research Council, South Africa</td>
</tr>
</tbody>
</table>

Strategic Partnerships Committee

The Strategic Partnerships Committee (SPC) is a subcommittee of GARDP’s Board that ensures GARDP’s partnerships align with our vision, mission and objectives.

The Strategic Partnerships Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenda Gray</td>
<td>Chair</td>
<td>South African Medical Research Council, South Africa</td>
</tr>
<tr>
<td>Veronika von Messling</td>
<td>Committee member</td>
<td>Federal Ministry of Education and Research, Germany</td>
</tr>
<tr>
<td>Dominique Carouge</td>
<td>Committee member</td>
<td>Formerly Sanofi, France</td>
</tr>
<tr>
<td>Rachel Christinat</td>
<td>Committee member</td>
<td>Schaller et Associés, Switzerland</td>
</tr>
<tr>
<td>Gregg Alton</td>
<td>Committee member</td>
<td>Formerly Gilead Sciences, The United States of America</td>
</tr>
<tr>
<td>Jean-Pierre Paccaud</td>
<td>Committee secretary</td>
<td>GARDP</td>
</tr>
</tbody>
</table>
The Audit Committee is a subcommittee of the GARDP Board that currently includes two Board members and two former external auditors. This committee oversees financial aspects of the organization.

The Nomination, Remuneration and Safeguarding Committee is a subcommittee of the GARDP Board. Its members are responsible for reviewing key questions about the Board itself (e.g. structure, size, and composition), reviewing organizational changes and decisions that require Board approval, and overseeing safeguarding matters (i.e. formal complaints of abuse of power or harassment).

### The Audit Committee

- **Stanislas Zuin**
  - Chair
  - Stanislas Zuin Consulting, Switzerland

- **Dominique Carouge**
  - Committee member
  - Formerly Sanofi, France

- **Bernard Pécoul**
  - Committee member
  - Formerly DNDi, Switzerland

- **Tal Schibler**
  - Committee member
  - DGE Avocats, Switzerland

### The Nomination, Remuneration and Safeguarding Committee

- **Ramanan Laxminarayan**
  - Chair
  - One Health Trust, The United States of America

- **Marie-Paule Kieny**
  - Committee member (until August 2022)
  - INSERM and DNDi, France

- **Frédéric Vallat**
  - Committee member (until August 2022)
  - DNDi, Switzerland

- **Hiroki Nakatani**
  - Committee member (until December 2022)
  - Global Research Institute, Keio University, Japan

- **John-Arne Rettingen**
  - Committee member (from September 2022)
  - Ministry of Foreign Affairs, Norway

- **Stanislas Zuin**
  - Committee member (from September 2022)
  - Stanislas Zuin Consulting, Switzerland

- **Pierre-Yves Delhez**
  - Committee secretary
  - GARDP
GARDP’s global network

The GARDP Foundation is based in Geneva, Switzerland. As of December 2022, it had 71 employees and 20 contractors with rich experience from the private, non-profit, academic and public sectors.

GARDP works hand in hand with a global network, including GARDP North America Inc., representation in Australia, the Drugs for Neglected Diseases initiative (DNDi), the DNDi-GARDP Southern Africa joint-office (Cape Town) and associated regional offices in Brazil, India, Japan, Kenya, and Malaysia.

**GARDP Foundation**
Set up as an independent not-for-profit foundation in 2018, GARDP’s headquarters are located in Geneva, Switzerland.

**GARDP North America**
Established in the US in 2021, this independent organization (501c3) aims to increase awareness, raise funds and advocate for policy change to counter AMR.

**Latin America—DNDi regional office in Rio de Janeiro**
It supports GARDP’s work on surveillance studies of resistance in Latin America.

**East Africa—DNDi regional office in Nairobi**
It assists in GARDP’s work in the region, including clinical trials and studies on neonatal sepsis and sexually transmitted infections.

**DNDi-GARDP Southern Africa**
Established by DNDi and GARDP in 2018, this independent organization is responsible for the implementation of GARDP’s trials and studies in South Africa. It also builds regional networks for advocacy, access and stewardship strategies for antibiotics.

**South Asia—DNDi regional office in New Delhi**
It supports GARDP’s observational studies which will help plan future interventional trials in India. GARDP also works with Indian drug developers and other actors.

**Southeast Asia—DNDi regional office in Kuala Lumpur**
It assists in GARDP’s work in the region, including GARDP’s work on sexually transmitted infections in Thailand.

**Japan—DNDi Tokyo office**
It helps GARDP liaise with Japanese companies and the Japanese government.

**Representation in Australia**
It links GARDP with companies and the Australian government.
Finance
Income

From its inception in 2016 to the end of 2022, GARDP raised €178M. This is largely thanks to continued support from government donors over the past seven years.

In 2022, we were able to successfully secure further funding from several partners, including:

- €56.7M from Germany
- €14.35M from the Netherlands (5-year grant)
- £4.5M from the U.K.
- USD$1.8M from Japan (part of a 5-year pledge)
- CHF1.2M from the Wellcome Trust
- €400,000 from the Principality of Monaco
- CHF300,000 from the Swiss Agency for Development and Cooperation

Although 2022 saw renewed support from our main funders, the funding environment remains volatile due to the continued war in Ukraine and increasing costs. GARDP will need not only the continued support of our core funders, but also contributions and pledges from new funders.

Total funding commitments and pledges to date:

<table>
<thead>
<tr>
<th>PUBLIC CONTRIBUTORS FROM 2016: €173M</th>
<th>PRIVATE CONTRIBUTORS FROM 2016: €4.9M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany (BMBF and BMG)</td>
<td>Wellcome Trust</td>
</tr>
<tr>
<td>€116.8M</td>
<td>€2.3M</td>
</tr>
<tr>
<td>The Netherlands (VWS and DGIS)</td>
<td>Bill &amp; Melinda Gates Foundation</td>
</tr>
<tr>
<td>€21.9M</td>
<td>€1.8M</td>
</tr>
<tr>
<td>The United Kingdom (DFID, DHSC: GAMRIF and NIHR)</td>
<td>Médecins Sans Frontières</td>
</tr>
<tr>
<td>€21.3M</td>
<td>€0.6M</td>
</tr>
<tr>
<td>Japan (MHLW)</td>
<td>Leo Model Foundation</td>
</tr>
<tr>
<td>€8.8M</td>
<td>€0.2M</td>
</tr>
<tr>
<td>Switzerland (FOPH and SDC)</td>
<td></td>
</tr>
<tr>
<td>€1.7M</td>
<td></td>
</tr>
<tr>
<td>South African Medical Research Council</td>
<td></td>
</tr>
<tr>
<td>€0.9M</td>
<td></td>
</tr>
<tr>
<td>The Principality of Monaco</td>
<td></td>
</tr>
<tr>
<td>€0.8M</td>
<td></td>
</tr>
<tr>
<td>Canton de Genève</td>
<td></td>
</tr>
<tr>
<td>€0.5M</td>
<td></td>
</tr>
<tr>
<td>Australia (Department of Health)</td>
<td></td>
</tr>
<tr>
<td>€0.2M</td>
<td></td>
</tr>
<tr>
<td>Grand Duchy of Luxemburg</td>
<td></td>
</tr>
<tr>
<td>€0.1M</td>
<td></td>
</tr>
</tbody>
</table>
Expenditure

The year 2022 saw expenditure rise to €24.3M from €17.4M in 2021.

The number reflects the increased activity and significant progress within the Sexually Transmitted Infections programme in relation to the zoliflodacin phase 3 trial, alongside the continued strengthening of our Access activities.

2022 and 2021 R&D, Access, and Scientific Affairs expenditure\(^1\) (€ million)

<table>
<thead>
<tr>
<th>Category</th>
<th>2022 expenses</th>
<th>2021 expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Transmitted Infections</td>
<td>€6.8</td>
<td>€9.7</td>
</tr>
<tr>
<td>Children’s Antibiotics – Neonatal sepsis</td>
<td>€24.3</td>
<td>€18.7</td>
</tr>
<tr>
<td>Children’s Antibiotics – Paediatric</td>
<td>€0.6</td>
<td>€1.1</td>
</tr>
<tr>
<td>Discovery &amp; Exploratory Research</td>
<td>€1.4</td>
<td>€1.2</td>
</tr>
<tr>
<td>Serious Bacterial Infections</td>
<td>€0.6</td>
<td>€0.9</td>
</tr>
<tr>
<td>Access</td>
<td>€2.4</td>
<td>€1.9</td>
</tr>
<tr>
<td>Scientific Affairs</td>
<td>€1.2</td>
<td>€1.1</td>
</tr>
</tbody>
</table>

GARDP’s total expenditure since inception in 2016 totals €100.4M

2022 expenses

- 87% Social Mission
- 13% Non-Social Mission
- 69% Research & Development
- 8% Access\(^2\)
- 10% International network
- 13% Fundraising and general administration

1. Figures include programme coordination and support
2. All activities related to Access and SECURE
Anyone can be affected by antibiotic resistance. Everyone can play a role in stopping it.

To help GARDP achieve its mission, you can:

Connect & share

- **Spread the word**: Follow and share our news on LinkedIn, Twitter and YouTube
- **Connect first-hand with antibiotic researchers** via our scientific platform, REVIVE (revive.gardp.org)
- **Stay informed and engaged** via the GARDP newsletter (gardp.org/newsletter-sign-up)
- **Share your story** (gardp.org/share-your-story)

Support & collaborate

- **Donate to support GARDP’s vital work** to develop and make accessible new treatments for drug-resistant infections that pose the greatest threat to health (gardp.org/donate)
- **Collaborate with GARDP on research and development** as well as access activities. See our current requests for proposals (gardp.org/requests-for-proposals).

Thank you for your support.
The Global Antibiotic Research & Development Partnership (GARDP) is a Swiss not-for-profit organization developing new treatments for drug-resistant infections that pose the greatest threat to health. GARDP was created by the World Health Organization (WHO) and the Drugs for Neglected Diseases initiative (DNDi) in 2016 and legally founded in 2018 to ensure that everyone who needs antibiotics receives effective and affordable treatment. GARDP is funded by the governments of Australia, Germany, Japan, Monaco, the Netherlands, the Public Health Agency of Canada, South Africa, Switzerland, the United Kingdom, the Canton of Geneva, as well as the European Union, Wellcome Trust and private foundations. GARDP is registered under the legal name GARDP Foundation.

All rights are reserved by GARDP Foundation. This document may be freely reviewed and abstracted, with acknowledgment of source. This document is not for sale and may not be used for commercial purposes. Requests for permission to reproduce or translate this document, in part or in full, should be addressed to the External Affairs Department of GARDP.