A PIVOTAL YEAR IN COUNTERING ANTIBIOTIC RESISTANCE
WE ALL RELY ON ANTIBIOTICS.

EVERY MINUTE COUNTS.

Judith, a nurse, knows that standard treatments for sepsis are failing.

TREATING CANCER, MANAGING INFECTIONS.

Honar, a doctor, can’t imagine a world without effective antibiotics.

A HIGH PRICE TO PAY.

Momipal is afraid that drug resistance will take away her livelihood as well as her health.

ANTIBIOTICS OFFER HOPE.

Benz is thankful he was able to get access to antibiotics.

Discover more
Established as a Swiss foundation in 2018, GARDP is the only organization in the world working to address both the market and public health failures in antibiotic drug development. Driven by public health need rather than profit, we develop new antibiotic treatments, and make sure that they are available to the people who need them, while working to revitalize the antimicrobial research and development (R&D) ecosystem.

GARDP: OUR MISSION, VISION AND FOCUS

MISSION
We accelerate the development and access of treatments for drug-resistant bacterial infections.

VISION
A world where all infections are treatable for everyone, everywhere

FOCUS

PRIORITY DISEASES & INFECTIONS
WHO PRIORITY PATHOGENS
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The year 2023 marked an important inflection point for GARDP. After an initial five years of growth, our organization has developed the partnerships, teams and expertise needed for our unique R&D partnership model and public health-driven approach to the escalating global crisis of antimicrobial resistance (AMR). By accelerating research and development of new antibiotic treatments as well as ensuring equitable and appropriate access to them, GARDP is helping communities around the world address the AMR crisis.

We have made incredible progress towards our goal of developing 5 new antibiotic treatments by 2025. We have successfully completed a phase 3 trial for a potential new treatment for uncomplicated gonorrhoea. This antibiotic, zoliflodacin, has been co-developed by GARDP and our partner Innoviva Specialty Therapeutics. We also welcomed the US FDA acceptance for review of a New Drug Application for cefepime-taniborbactam, a potential treatment for complicated urinary tract infections.

Last year, we also took significant steps to identify improved treatments for neonatal sepsis. In June, GARDP and partners published the results of a landmark global observational study on neonatal sepsis in PLOS Medicine, finding WHO-recommended regimens are becoming less effective in safeguarding the lives of newborns with sepsis. GARDP and partners built on these findings to launch a clinical trial to evaluate new combinations of three existing antibiotics (flomoxef, amikacin and fosfomycin) as well as other treatments for neonatal sepsis. Then in September, GARDP and Orchid Pharma Ltd. signed a manufacturing sublicensing agreement to improve access to cefiderocol for certain serious infections which may be resistant to other treatments. This agreement will help accelerate access to this important antibiotic for many people in lower-income and middle-income countries, whose access to medicines can lag behind that of wealthy countries by more than a decade.

Each achievement individually represents a leap forward in terms of finding global solutions to address AMR. These accomplishments bring us closer to achieving our mission of improving treatment options for adults, children and newborns, especially in countries hardest hit by AMR. Collectively, they demonstrate that our public-private R&D partnership model works. This progress has been made possible by our donors, who have committed €183 million to GARDP since it was legally established in 2018.

We thank global leaders for showing courage and commitment in the face of this crisis. In 2023, we received essential new pledges and commitments from the European Commission’s Health Emergency Preparedness and Response Authority (HERA), the Global Health EDCTP3 Joint Undertaking (via DNDi GARDP Southern Africa), the Japanese Ministry of Health, Labour and Welfare (MHLW), the RIGHT Foundation in Korea, the Swiss Agency for Development and Cooperation (SDC), the Swiss Federal Office of Public Health (FOPH), the Swiss State Secretariat for Education, Research and Innovation (SERI), and the UK Department of Health and Social Care’s Global AMR Innovation Fund (GAMRIF).
2019-2023: 5 YEARS OF PROGRESS

LAYING THE FOUNDATION FOR AN ECOSYSTEM OF ANTIBIOTIC R&D AND ACCESS

In 2015, the Global Action Plan on AMR underscored the urgent need for initiatives to develop novel antibiotic treatments. GARDP responds to this need through antibiotic research, development and access initiatives. Created by WHO and the Drugs for Neglected Diseases initiative (DNDi), GARDP was legally established in 2018. Soon after, GARDP announced an ambitious plan to deliver five new antibiotic treatments by 2025.

Our portfolio now includes one approved treatment and several investigational drugs for serious bacterial infections and sepsis in adults, children and newborns, as well as a new, first-in-class investigational treatment for drug-resistant gonorrhoea. For three of these antibiotics (cefiderocol, cefepime-taniborbactam and zoliflodacin), GARDP holds the licensing rights in many low- and middle-income countries (LMICs).

By the end of 2023, GARDP had assembled all the pieces needed to address the AMR global crisis, including a strong team with extensive cross-sector R&D experience and a diverse group of partners from the R&D community, governments, industry, implementing countries and beyond.

Now as GARDP enters its next strategic five-year phase, we will build on this progress. Having laid the foundations, we aim to bring together different workstreams, along with global partners, to establish a sustainable ecosystem for antibiotic R&D and access.

“GARDP has been able to bring all the stakeholders together to create a collective agenda for AMR with respect to research and development of new therapies. Going forward, the challenge is to maintain this momentum and continue to generate the funding that is required for the clinical trials.”

KAMINI WALIA
Scientist, Division of Epidemiology and Communicable Diseases
Indian Council of Medical Research, New Delhi

2019-2023: KEY MILESTONES

- Raised €183 million to invest in antibiotic R&D and access
- Developed a portfolio of antibiotics that cover a number of WHO priority pathogens to treat drug-resistant infections in adults, children and newborns
- Built a global network to carry out cutting-edge research and expand antibiotic access in areas that are hardest hit by drug resistance
- Pioneered and validated a new antibiotic R&D and access partnership model that is driven by public health needs
- Successfully completed the first pivotal phase 3 trial for an antibiotic targeting a priority pathogen sponsored by a non-profit
- Signed the first ever license and technology transfer agreement to expand global access to an approved antibiotic (apart from agreements to expand access to treatments for tuberculosis)
- Built a global competence knowledge hub, REVIVE, to preserve and freely share scientific knowledge and tools for antimicrobial R&D
- Engaged in strategic collaborations to advance the discovery of substances that have the potential to become the innovative antibiotics of the future
2023: A PIVOTAL YEAR
2023: GARDP’S KEY ACHIEVEMENTS

In a 12-month period, GARDP achieved several R&D and access milestones and garnered critical support and funding.

**SEXUALLY TRANSMITTED INFECTIONS**

- **ANNOUNCED** positive phase 3 trial results for zoliflodacin
  - If approved, this will become the first in a new class of antibiotics—and the first novel treatment for gonorrhoea in decades.

**SERIOUS BACTERIAL INFECTIONS AND SEPSIS**

- **WELCOMED** US FDA’s acceptance to review the New Drug Application for cefepime-taniborbactam
  - If approved, this new potential treatment developed by Venatorx Pharmaceuticals, Inc., with GARDP support could improve outcomes for adults and children with serious bacterial infections.
- **SIGNED** an agreement to improve access to cefiderocol
  - GARDP signed a manufacturing sublicense and technology transfer agreement with Orchid Pharma Ltd. in India that will improve equitable global access to cefiderocol as a treatment for certain Gram-negative infections.

**NEONATAL SEPSIS**

- **LAUNCHED** a groundbreaking clinical trial to evaluate new combinations of three existing antibiotics to treat neonatal sepsis
  - The trial builds on a landmark global observational study by GARDP and partners, published in *PLOS Medicine*, which concluded that WHO-recommended antibiotics are losing efficacy against sepsis in newborns.²

**DISCOVERY & EXPLORATORY RESEARCH**

- **SEARCHED** for new antibiotics
  - In 2023, we purchased more than 139,000 commercial compounds, which we are now in the process of screening for Gram-negative antibacterial activity. This effort will bring the total number of compounds screened to over 300,000.

**SECURE INITIATIVE**

- **COMPLETED** an analysis of an economic and procurement model
  - The analysis confirmed the feasibility of several SECURE tools to improve access, including pooled procurement, supplier guarantees and regional stockpiles.

**CONNECTING THE antimicrobial R&D community**

- **CO-ORGANIZED** the annual Antimicrobial Chemotherapy Conference
  - In partnership with the British Society for Antimicrobial Chemotherapy (BSAC) and in collaboration with ReAct Africa and the Africa CDC, GARDP organized the 4th annual Antimicrobial Chemotherapy Conference, which drew more than 2,000 registrants.
LAUNCH OF GARDP’S 2024-2028 STRATEGY

PUTTING PUBLIC HEALTH NEEDS AT THE CENTRE OF ANTIBIOTIC DRUG DEVELOPMENT

In December 2023, GARDP published a new 5-year strategy to tackle antibiotic resistance.

GARDP: AN INNOVATIVE PARTNERSHIP MODEL TO TACKLE THE AMR CRISIS

By 2028, we aim to demonstrate how our unique antibiotic R&D partnership model can address the global AMR public health failure, while making antibiotic drug development more efficient and cost-effective. Our model consists of three components:

1) Integrating R&D and access: GARDP links innovation and access throughout the product development and delivery process. We carefully select antibiotic drug development and access projects to address urgent public health needs, taking either a lead or complementary role in the development process. We ensure that every treatment is safe, effective, affordable and suitable for use in diverse settings, including those with high AMR burden and limited resources.

2) Collaboration and license agreements: We negotiate collaboration and licensing agreements with pharmaceutical companies to lower financial risk in drug development. In exchange for our expertise and financial support, we seek the rights to manufacture and distribute treatments, especially in regions with high morbidity and mortality due to antibiotic resistance, as a means of facilitating access at affordable prices.

3) Equal partnership: Alongside our collaboration with governments in the countries where we work, our model involves working across the public and private sectors to coordinate efforts in the antibiotic pipeline of drug development and access. Through these relationships, we bring together diverse expertise, skills, knowledge and resources, as well as geographic reach.

“I warmly welcome GARDP’s 2024–2028 strategy and its vision of building a world in which everyone, everywhere can access life-saving antibiotic treatments. By fixing the public health failure, addressing the needs of the most vulnerable populations and designing trials that overcome historic inequities, we can make meaningful strides in combating AMR and safeguarding the health and well-being of future generations.”

DR TEDROS ADHANOM GHEBREYESUS
Director-General of the World Health Organization

OUR FOCUS

Going forward, we will continue to develop our current portfolio and expand it as appropriate with new projects deemed essential to address current and emerging public health needs. We have identified several such projects, including the development of a novel broad-spectrum treatment for serious bacterial infections, new treatment regimens for ESBL infections, new treatments for newborns with certain carbapenem-resistant infections and a new treatment for sexually transmitted infections (see portfolio below). We will continue to build access considerations into R&D, so that promising new products have a clear pathway to market and are available and affordable for appropriate use in countries with the greatest need.
GARDP has prioritized treatments for adults, children and newborns for serious bacterial infections and sepsis, as well as treatments for sexually transmitted infections. The current portfolio is rooted in the ambitious plan to deliver five new antibiotic treatments by 2025. Our portfolio now includes one approved treatment and several investigational treatments. GARDP has the rights to provide access to three treatments, upon approval, through sublicensees in many countries. GARDP’s strategy for 2024-2028 details how we may expand our portfolio with up to four new treatments (in grey) in coming years.

CR: carbapenem-resistant  ESBL: Extended-spectrum beta-lactamases producing Enterobacterales
SERIOUS BACTERIAL INFECTIONS AND SEPSIS

In a given year, more than 13 million people around the world die of sepsis. GARDP is working to develop new treatments and expand access to them to address serious bacterial infections that can lead to this life-threatening condition.3

New Drug application for cefepime-taniborbactam accepted for review by US FDA

In August, the United States Food and Drug Administration (US FDA) accepted the New Drug Application for cefepime-taniborbactam for review—a first for an antibiotic in the GARDP portfolio. This combination drug was developed by Venatorx Pharmaceuticals, Inc., in partnership with GARDP. Cefepime-taniborbactam could significantly advance treatment for patients with complicated urinary tract infections and potentially treat other serious infections caused by drug-resistant bacteria. GARDP has exclusive distribution and sub-distribution rights for cefepime-taniborbactam in 64 low- and middle-income countries (LMICs) as well as the public markets in India and South Africa.

Sublicense agreement with Orchid Pharma for equitable access to cefiderocol

In September, GARDP signed a manufacturing sublicense and technology transfer agreement with India-based Orchid Pharma Ltd. to accelerate access to the antibiotic cefiderocol to treat certain resistant infections. This agreement is part of a project led by Shionogi & Co. Ltd., GARDP and the Clinton Health Access Initiative (CHAI) to ensure more LMICs have appropriate access to this antibiotic. The technology transfer between Shionogi and Orchid began in late 2023 and will continue in 2024.

UPDATE ON CEFEPIME-TANIBORBACTAM

In February 2024, the US Food and Drug Administration (FDA) issued a Complete Response Letter regarding the New Drug Application (NDA) for cefepime-taniborbactam. The letter did not identify clinical safety or efficacy issues in the NDA, and the FDA did not request any new clinical trials to support the approval of cefepime-taniborbactam. However, the FDA did request additional chemistry, manufacturing and controls (CMC) and related data about the drug, testing methods and manufacturing process.
SERIOUS BACTERIAL INFECTIONS AND SEPSIS

ADDITIONAL ACTIVITIES

- In 2023, GARDP expanded an observational study on the management of infections caused by carbapenem-resistant Enterobacterales and/or Pseudomonas aeruginosa (CREP) in hospitals. This investigation was launched a year prior at five sites in South Africa; in 2023, it was expanded to five sites in India.

- In July, GARDP signed a non-binding term sheet with Bugworks Research, Inc., a clinical-stage biopharmaceutical company, on the development of a new broad-spectrum antibiotic compound aimed at treating serious infections caused by multidrug-resistant bacteria.

- In November, GARDP published its Access Strategy and Priorities. This document, which will be regularly updated, presents GARDP’s strategy to facilitate access to its portfolio of antibiotic treatments as well as leverage activities that improve access to other antimicrobials.

ADDRESSING THE RISE OF ANTIBIOTIC RESISTANCE IN INDIA

At the Tata Medical Centre in Calcutta, India, Dr Soumyadip Chatterji is leading a team that will contribute to an observational study of the management of carbapenem-resistant infections in hospitals. The study, which GARDP began in South Africa in 2022, expanded to India in 2023. Dr Chatterji sees the investigation as timely. “In the last couple of years, we’re seeing a trend of carbapenem resistance,” he says. “Things won’t look bright unless we have enough antibiotics in the pipeline to keep up with this challenge.”

Several factors contribute to the rise of resistance in India, including high levels of exposure to these drugs. As an article published in The Lancet Microbe journal in 2021 reported, the country leads the world in human antibiotic use. In addition, Dr Chatterji says that antibiotics are used extensively in animal husbandry. Research has revealed high levels of these compounds throughout the environment in India. “We can find antibiotics in the water bodies,” he says, “everywhere we can find traces.” In response, several strategies are needed, including widespread education on the appropriate use of these medications—at the right dose, at the right time and with the guidance of a physician.

The observational study, to which Chatterji’s team is contributing, will help determine the scale of the current problem. The study will collect and analyse data from patients being treated for infections caused by carbapenem-resistant organisms at multiple hospitals. The results will provide crucial information that could ultimately be used to improve treatments and to reduce illness and deaths due to bacterial infections.
NEONATAL SEPSIS

Newborns are especially vulnerable to sepsis, which affects 3 million babies worldwide. As many as 19 percent of babies with sepsis may die as a result, and those who survive can suffer neurological harm. By identifying new potential treatment options, GARDP is working to help these children.

2023 HIGHLIGHT

New trial of antibiotic combinations, building on results from observational study

In May, GARDP and partners began an international clinical trial (“NeoSep1”) to evaluate new potential antibiotic combination treatments—fosfomycin-amikacin, flomoxef-amikacin and flomoxef-fosfomycin—for newborn babies with sepsis. This investigation will rank the safety and effectiveness of these combinations with other existing antibiotics, including WHO-recommended treatments. It will also assess and validate the appropriate dosage of fosfomycin and flomoxef for newborns. These results may help determine whether some antibiotic treatments perform better than others for the empiric treatment of babies with neonatal sepsis, particularly in LMICs where highly resistant bacteria are common. The trial will also shed light on how these combination treatments can best be used in hospital settings with varying levels of antibiotic resistance. The trial began in South Africa and Kenya and will expand to other regions in 2024. It builds on results from a neonatal sepsis observational study published in *PLOS Medicine* in June, which revealed that current recommended antibiotics are becoming less effective in safeguarding the lives of newborns with sepsis.

**The Telegraph**

Antibiotic treatments 'outdated' as study shows thousands of babies dying from preventable infection

**Süddeutsche Zeitung**

Was der Mangel an Kinder-Antibiotika bedeutet

**THE TIMES OF INDIA**

Many newborns dying due to loss of efficacy of antibiotics against sepsis: Study

**spotlight**

Antibiotic-resistant bugs claim over 200,000 infants globally per year, finds major study

TWO GARDP PORTFOLIO ANTIBIOTICS RECOGNIZED BY WHO

In March 2023, WHO published the first list of priority antibiotics for development for infants and children, representing a significant step forward in efforts to save young lives from bacterial infections. Cefiderocol was placed on the paediatric drug optimization priority list, and cefepime-tanoboractam was placed on the paediatric drug optimization watch list. Both antibiotics are part of the GARDP portfolio.
NEONATAL SEPSIS

Rebecca Kyomugisha, a mother in Uganda, had a difficult pregnancy. At six months, she developed an infection that she passed on to her twin babies. The doctors put the newborns on intravenous antibiotics, which ultimately saved their lives. “I feel good seeing my babies alive, happy and gaining weight,” Kyomugisha says.

Dr Flavia Namiiro, a paediatrician at the Mulago Specialised Women and Neonatal Hospital, where Kyomugisha’s twins were treated, explains that not all families are so fortunate. She estimates that more than 70 percent of bacterial infections in newborns show resistance to the commonly available antibiotics gentamicin and ampicillin, which underscores the urgent need for new treatments.

“The neonatal sepsis study was a good eye-opener,” Dr Namiiro says, pointing to the findings of the landmark observational study carried out by GARDP and partners and published in *PLOS Medicine* 10. “We had an opportunity to actually investigate the babies and ensure they got the antibiotics.”
SEXUALLY TRANSMITTED INFECTIONS

Gonorrhoea is among the most common sexually transmitted infections in the world, with more than 82 million new cases each year. If approved, a new potential oral treatment for uncomplicated gonorrhoea, co-developed by GARDP, could slow the spread of this disease.

2023 HIGHLIGHT

Successful results in phase 3 trial of a novel gonorrhoea treatment

In November, GARDP in collaboration with Innoviva Specialty Therapeutics (an affiliate of Entasis Therapeutics Limited and a subsidiary of Innoviva, Inc.) announced that zoliflodacin, a first-in-class antibiotic, met its primary endpoint in an unprecedented global pivotal phase 3 clinical trial. This trial was the first to address a WHO priority pathogen and be sponsored and led by a non-profit organization. If approved, zoliflodacin will be the first new antibiotic for treating gonorrhoea in decades. The positive top-line results were the capstone of a year that saw several critical milestones for the drug’s development. GARDP led the clinical and pharmaceutical development activities needed for future registration of zoliflodacin.

DRUG-RESISTANT GONORRHOEA IS SPREADING

Gonorrhoea is treatable in most cases with antibiotics, however drug-resistant strains are on the rise all around the world. In 2023, new data was published by the Enhanced Gonococcal Antimicrobial Surveillance Programme (EGASP) in Cambodia. The data showed that a genetic feature associated with resistance to the last-line antibiotic ceftriaxone was more common than previously recorded in scientific literature, suggesting that ceftriaxone-resistant strains of N. gonorrhoeae may have already spread widely across Southeast Asia.
SEXUALLY TRANSMITTED INFECTIONS

OVERCOMING STIGMA TO RECRUIT STI TRIAL PARTICIPANTS

Recruiting participants for a global phase 3 clinical trial is not easy—particularly when that trial involves sexually transmitted infections. Stigma and privacy concerns make discussing these diseases difficult. That’s why Yamkelani Simkuhle, from the Desmond Tutu Health Centre, worked hard to get to know people in the recruiting area of Masiphumelele in Cape Town, South Africa, for the zoliflodacin phase 3 trial. “It’s good to meet and chat with people and let them know about the trial and the importance of getting treated for gonorrhoea,” Simkuhle says. “It’s also vital to retain people in the trial, so we often do follow-up visits.”

That effort made it possible for researchers to collect information from enough participants to understand the effects of taking zoliflodacin. In total, the trial was carried out in 16 sites across five countries—Belgium, the Netherlands, South Africa, Thailand and the US. The trial’s success is an extraordinary milestone for a disease that has developed defenses against all existing classes of antibacterial medicines.13

As Simkuhle’s colleague at the Desmond Tutu Health Foundation, site director Katherine Gill, explains, “Zoliflodacin could be a game-changer in the future. We don’t have antibiotic resistance here yet, but it could happen anytime. We need other options.”

INVESTING IN SEXUAL AND REPRODUCTIVE HEALTH

On the basis of its disease area strategy, GARDP invests in treatments for sexually transmitted infections, and in particular gonorrhoea. This infection may have serious, lifelong consequences in men and women, and it can amplify the spread of HIV in high-prevalence settings. When left untreated in women, gonorrhoea can lead to pelvic inflammatory disease that elevates the risk of complications in pregnancy, including the likelihood of ectopic pregnancies and infertility. During birth, gonorrhoea can be transmitted to newborns, who in turn may have health problems like gonococcal conjunctivitis and skin infections.
ADVANCING DISCOVERY AND EXPLORATORY RESEARCH

2023 HIGHLIGHTS
GARDP harnesses 21st-century technologies and engages in strategic partnerships to advance the discovery of compounds that have the potential to become the innovative antibiotics of the future.

### ABOUT GARDP’S DISCOVERY AND EXPLORATORY RESEARCH

This programme aims to build a portfolio of new chemical entities that show antibacterial activity against clinically relevant multidrug-resistant bacteria that have the potential to deliver preclinical candidates that align with GARDP’s disease area strategy for sepsis. Our portfolio now comprises five research areas: small molecules, natural products, potentiators, unrealized targets and undeveloped agents. To date, we have developed 70 research projects including three later stage Hit-to-Lead projects. Of these, 23 are currently under active investigation. To carry out this work, we have established partnerships in 10+ countries to access and screen compounds and bacterial extract libraries, develop in silico models and provide other cutting-edge research tools. We have collaborations and networks between academia, contract resource organizations (CROs) and pharmaceutical companies.

### Extensive compound evaluation in the search for new antibiotics

- Started the process of screening more than 139,000 commercial compounds, which we purchased in 2023. This will bring the total number of compounds screened to 300,000+
- Advanced several projects to the next stage in the pre-clinical pipeline, including into the Hit-to-Lead stages
- In collaboration with the Mitsubishi Tanabe Pharma Corporation (MTPC), developed and completed the design phase of a Hit-to-Lead project
- Started the process of developing a Hit-finding consortium on unrealized targets
- Building a network to develop models of Gram-negative bacterial accumulation
- Evaluating options for the development of novel natural products arising from the C4D consortium

### New research areas

- Considered 37 old, undeveloped antibacterial compounds to form the basis for a discovery project (part of our research on “undeveloped agents”)
- Completed experimental evaluation of the shortlisted compounds and commenced three follow-on search projects
- Advanced two approaches to potentiators: 1) we screened a repurposing library, which led to an advanced Hit-to-Lead project in 2023; 2) we conducted a due diligence review of efflux inhibitors, including extensive patent checking and medicinal chemistry analysis to identify starting points for future projects

### 2023 HIGHLIGHTS

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DISCOVERY & EXPLORATORY RESEARCH

2023 HIGHLIGHTS

Sharing discoveries with the global research community

GARDP led the writing of an article, “Unrealized targets in the discovery of antibiotics for Gram-negative bacterial infections,” published in October in *Nature Reviews Drug Discovery*. The article describes promising but as-yet-unrealized targets for antibacterial drugs against Gram-negative bacteria as well as examples of associated inhibitors. It highlights lessons learned from past drug discovery programmes and enables discovery research of unrealized targets by the wider antibiotic discovery community. This research is helping GARDP to prioritize unrealized targets for the development of candidate molecules aligned with its clinical development portfolio. As part of this effort, GARDP is working with Google DeepMind and the University of Buenos Aires on advanced modelling and analysis of several proteins identified as promising but unrealized targets for new antibiotics.

Resources for antimicrobial discovery research

Supported by the University of Leeds, the University of Edinburgh and Dr Ursula Theuretzbacher (Center for Anti-Infective Agents), we continued our efforts to revamp the searchable online database Antibiotic DB, which documents antibiotics at all stages of development, including those approved for clinical use.

“There is a disconnect between the content of the antimicrobial research and development pipeline versus the magnitude of the antimicrobial resistance threat. Most new agents in clinical development are of existing classes [...] new treatments that work in new ways, unaffected by current drug resistance mechanisms are required.”

LAURA PIDDOCK
Scientific Director, GARDP

Read the full post on the blog of the Federation of European Microbiological Societies (FEBS).
EXPANDING ACCESS TO ESSENTIAL ANTIBIOTICS

2023 HIGHLIGHTS
The SECURE initiative, a collaboration between WHO and GARDP, seeks to improve access to essential antibiotics.

Analysis of economic and procurement tools for three categories of antibiotics

In 2023, the SECURE team completed an economic and procurement analysis focused on three categories of antibiotics to be prioritized to address access challenges: high-cost, low-volume “Reserve” antibiotics; low-cost, high-volume generic “Access” antibiotics; and “Watch” antibiotics. The findings to date confirm the feasibility of several tools to improve access, including pooled procurement, volume guarantees and revolving stockpiles. The analysis also found that countries could benefit from more affordable, reliably supplied and quality-assured products. Suppliers, meanwhile, could gain from more incentives to enter the market and greater ability to predict demand. These analyses will inform the implementation phase of SECURE.

Additional activities

- The SECURE team is developing several intervention projects, including an antibiotic forecasting model, a cost-of-goods analysis for select antibiotics, a landscaping review of best practices in regulations and policies to mitigate against shortages, and WHO operational guidance on the introduction and preservation of new Reserve antibiotics.

- From 2024 to 2027, the goal is to implement the initiative in three regions or countries, adapting SECURE interventions as appropriate to address their public health needs. SECURE is now identifying key partnerships and securing funding for these proof-of-concept activities.

Visit secureantibiotics.org

Fighting for access to reserve antibiotics in Malaysia

When Dr Helmi bin Sulaiman treats his patients at the University of Malaysia, he does not always have options. Southeast Asia is one of the regions most burdened by antibiotic resistance—yet access to treatment can be a serious challenge. Recently, Dr Helmi had a patient with life-threatening infections in his liver, lungs and bloodstream. After initial success in treating these conditions, the man returned with two bacteria in his blood. Dr Helmi and his team realized that only a handful of existing antibiotics would help. So, the physician requested special “compassionate use” permission to treat his patient with a recently approved antibiotic not yet registered in Malaysia.

The process of obtaining this medication took more than three weeks and cost about US$3,000, which amounts to a quarter of the average annual income per person in Malaysia. But it made all the difference: after almost five months in the hospital, the patient was able to return home, infection-free. “This compassionate use programme has helped us a lot,” Dr Helmi says. “But it doesn’t solve the problem: I do not have access to the right medications.” He is engaging with the Ministry of Health and contributing to clinical trials of new antibiotics to bring new treatment options to his patients.
CONNECTING THE ANTIMICROBIAL R&D COMMUNITY

2023 HIGHLIGHTS
GARDP supports antimicrobial researchers around the world by making educational materials and cutting-edge scientific insights available and freely accessible. All resources are open access and available on the REVIVE website.

2023 HIGHLIGHTS

Co-organizing the Antimicrobial Chemotherapy Conference
In February 2023, GARDP jointly organized the 4th annual Antimicrobial Chemotherapy Conference (ACC) with the British Society for Antimicrobial Chemotherapy (BSAC) and in collaboration with ReAct Africa and the Africa CDC. ACC conferences are fully virtual and free-of-charge, enabling researchers to attend who would otherwise not be able to do so. Like all events organized by GARDP’s scientific affairs team, the recordings of ACC2024 are freely available online.

Scientific materials and events for the antimicrobial R&D community
GARDP shares essential antimicrobial R&D expertise with the global community through the REVIVE website, which receives more than 20,000 views each month. The site provides free recordings of webinars and conference sessions, viewpoint articles as well as other valuable resources like the Antimicrobial Encyclopaedia. In 2023, GARDP added:
- 10 webinars
- 9 Antimicrobial Viewpoint articles
- 40 Antimicrobial Encyclopaedia entries
- 4 encyclopaedia videos
- 17 experts
Two researchers received the GARDP Travel Award

To support antimicrobial researchers in regions with limited financial resources, GARDP provided two 2023 travel stipends to candidates from low- and middle-income countries so they could attend key in-person conferences in their field.

DID YOU KNOW?

GARDP’s Antimicrobial Encyclopaedia has become a leading resource for reliable, clear and up-to-date definitions of terms related to antimicrobial research and development. Many entries feature explanations by experts as well as helpful videos or animations. The most popular terms to date are “Dosing” (18,687 views) and “Phase 1, 2, 3, 4 trials” (11,226 views). The Scientific Affairs team will continue to expand this resource to benefit researchers everywhere.

More than 75 organizations around the world support REVIVE by regularly sharing updates and events with their networks.
OUR GLOBAL NETWORK

Based in Geneva, GARDP is committed to expanding its global presence by creating a collaborative network of research, development and access partners across various regions to ensure that our portfolio of treatments reaches patients in countries where the need is critical.

On the basis of an alliance with our co-founder, DNDi, GARDP teams are currently hosted by DNDi in several locations worldwide, including Brazil, India and Japan. To advance engagement in Africa, an independent collaborative entity known as DNDi GARDP Southern Africa was established in 2018. The ratio of resources allocated to the GARDP Foundation in Switzerland v. the global network is 58%:42% (v. 63%:37% in 2022). These resources cover staff who support various functions, including R&D, business development, communications and access.

At the end of 2023, GARDP employed worldwide a total of 99 staff with rich experience from the private, non-profit, academic and public sectors, including 84 permanent employees, 3 fixed-term employees and 12 contractors. In comparison, GARDP employed 87 staff in 2022.

We strive for equality and diversity in all our activities and aim to achieve a gender balance across all areas within GARDP. At the end of 2023, 50% of all leadership positions (directors and heads of programmes) were held by women, and 69% of GARDP staff were women.
PARTNERING WITH RESEARCH AND HEALTHCARE INSTITUTIONS AROUND THE WORLD

Research and healthcare institutions in India, South Africa and many other low- and middle-income countries are leading efforts in clinical trials, pharmaceutical development and data collection to inform guidelines. GARDP partners with these institutions, particularly in regions that are heavily affected by drug resistance, drawing on local expertise and skills and building local capacity as needed.

**GARDP STUDY AND TRIAL PARTNERS**

**ZOLIFLODACIN TRIAL SITES**
The largest phase 3 trial of a first-in-class oral antibiotic to treat uncomplicated gonorrhoea, involving 930 patients at 16 sites across 5 countries.  
**2023 update:** Positive Phase 3 results announced

**CARBAPENEM-RESISTANT INFECTIONS OBSERVATIONAL STUDY SITES**
A study to shed light on the management of antibiotic-resistant infections in hospitals in India and South Africa.  
**2023 update:** Study expanded to hospital sites in India

**NEONATAL SEPSIS OBSERVATIONAL STUDY SITES**
One of the largest ever studies on newborns with sepsis, including 3,200 newborns in 11 countries.  
**2023 update:** Results published in *PLOS Medicine*

**NEONATAL SEPSIS TRIAL SITES**
An international clinical health trial to rank the safety and effectiveness of new combination treatment regimens for newborns with sepsis.  
**2023 update:** Launched trial in Kenya and South Africa

[Read our full list of partners](#)
A LEADING VOICE FOR AN EQUITABLE, SUSTAINABLE AMR RESPONSE

AMR is not an isolated crisis. Rather, the rise of drug-resistant infections is intimately related to the pressing issues of our time, including increased geopolitical conflict, climate change, pandemic risks and inequity in health. Revealing the interdependency of human, animal and environmental health, AMR is a potential threat to us all, and particularly to vulnerable populations, such as women, children and the elderly. If not sufficiently addressed, AMR could roll back progress towards the Sustainable Development Goals, such as Universal Health Coverage (SDG 3) and Reduced Inequalities (SDG 10).

Any durable response must reflect AMR’s global nature and its complex intersection with diverse issues, populations and contexts. At the political level, that means firmly placing AMR within broader government objectives. AMR should be integral to government efforts that prepare for and respond to future pandemics. Furthermore, AMR must itself be recognized as a pandemic of drug-resistant infections. Governments should also prioritize AMR within their commitments to achieve Universal Health Coverage and the Sustainable Development Goals. GARDP advocates for these principles in our engagement with governments and international leaders.

2023 HIGHLIGHTS

Multilateral engagement

- **Contribution to the 2023 G7 in Japan.** In 2023, the G7 Health Ministers’ Declaration recognized GARDP as a key contributor to antimicrobial R&D and access, and GARDP participated in several multilateral processes to shape the global response to AMR. Notably, GARDP Executive Director Manica Balasegaram served as an expert for the Hiroshima G7 Global Health Task Force (GHTF), which provided guidance to the government of Japan and other G7 members on health-related topics. In addition, GARDP Director of Business Development & Partner Engagement Yann Ferrisse participated in the “Global Health Multistakeholder Dialogue: From Hiroshima to Puglia,” which offered recommendations to the G7 on the transition from the Japanese to Italian presidency.
A LEADING VOICE FOR AN EQUITABLE, SUSTAINABLE AMR RESPONSE

2023 HIGHLIGHTS

National engagement

- Engagement on national R&D policies: We recognize the importance of working with governments as they consider measures to strengthen antimicrobial R&D and make other efforts to counter AMR at the national level. We engage with governments to identify ways to support our work, either through financial contributions or through partnerships with relevant research institutions. GARDP also contributes to ongoing national discussions on priority setting, the design and size of push funding and pull incentives to finance R&D, regulatory requirements and procedures, and multilateral cooperation.

- Facilitating equitable access to new and existing treatments: GARDP works with Ministries of Health in high-burden countries to identify policies that will enable appropriate and affordable access to antibiotic treatments in the GARDP portfolio and beyond.

Thought leadership

To inform and influence the global response to AMR, GARDP shares its opinion in public fora and at conferences, as well as through mainstream and scientific media.

STAT
Gaza, Ukraine, and other conflicts could be accelerating antibiotic resistance

The Washington Post
This new antibiotic fills me with hope. Here’s why.

NZZ
Die Suche nach neuen Antibiotika - wie man das Marktversagen lösen kann

DownToEarth
AMR awareness week: public health needs to be bottom line
FUNDING AND FINANCE
Committed donors are critical to ensuring GARDP can reach its objectives and deliver long-term impact in addressing antimicrobial resistance. In 2023, we were fortunate to welcome several significant new financial pledges and commitments:

The European Commission’s Health Emergency Preparedness and Response Authority (HERA) | US$4.9M
---|---
The Global Health EDCTP3 Joint Undertaking (via DNDi GARDP Southern Africa) | €0.1M
The Japanese Ministry of Health, Labour and Welfare (MHLW) | US$1.8M as part of a pledge of one billion yen
The RIGHT Foundation in Korea | ¥4B
Swiss Agency for Development and Cooperation (SDC) | CHF3M
Swiss Federal Office of Public Health (FOPH) | CHF0.3M
Swiss State Secretariat for Education, Research and Innovation (SERI) | CHF0.7M
UK Department of Health and Social Care’s Global AMR Innovation Fund (GAMRIF) | £7.5M

GARDP also benefited from ongoing support:

- Canton de Genève
- German Federal Ministry of Education and Research (BMBF)
- Government of The Netherlands, Directorate-General for International Cooperation (DGIS)
- Government of The Netherlands, Ministry of Health, Welfare and Sport (VWS)
- The Japanese Ministry of Health, Labour and Welfare
- The Principality of Monaco
- Public Health Agency of Canada (PHAC)
- South African Medical Research Council (SAMRC)
- Swiss Agency for Development and Cooperation
- Wellcome

“We have been a funder and a partner of GARDP since its inception and we’re really happy to see all the milestones that have been achieved so far. We believe GARDP is an excellent example of an organization that takes both new and creative approaches to deliver real value but also really makes a difference for a lot of people in the world.”

JASPER CLAESSEN
Senior Advisor at the Department of Pharmaceutical Affairs
Dutch Ministry of Health
GARDP’S FUNDING PARTNERS

ENSURING A HIGH VALUE, COST-EFFECTIVE RETURN ON INVESTMENT

As a not-for-profit organization, GARDP is responsible for delivering the highest value for money possible. Without the constraints of seeking commercial returns, GARDP successfully pools resources from the public, philanthropic and private sectors and works with experts in over 20 low-, middle- and high-income countries to develop cost-effective interventions rapidly and efficiently.

GARDP’s ability to deliver value for money starts with its portfolio of short- and long-term approaches for antibiotic treatment development. This pipeline approach allows GARDP to gauge progress and adjust to the most cost-effective pathways based on lessons learned from previous projects. We also make investments in pharmaceutical development to reduce the cost of production and simplify the route to registration. Chemistry, Manufacturing and Controls (CMC) activities tend to be the Achilles’ heel of biotechs, which currently make up about 80% of antibiotic developers. By intervening in this area, GARDP can provide critical support for antibiotic development and streamline manufacturing processes that result in lower production costs.

A tangible example of our cost effectiveness is the development of zoliflodacin as a treatment for drug-resistant gonorrhoea. **Up to December 2023, we spent €55 million on this project.**

<table>
<thead>
<tr>
<th>STI PROGRAMME</th>
<th>EXPENDITURE IN MILLIONS 2017 – 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical development</td>
<td>€37</td>
</tr>
<tr>
<td>Pharmaceutical development</td>
<td>€13</td>
</tr>
<tr>
<td>Other pre-clincal/non-clincal</td>
<td>€5</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>€55</td>
</tr>
</tbody>
</table>

We estimate that GARDP’s cost for the development of this first-in-class treatment for multidrug-resistant gonorrhoea will amount to approximately €80 million. This figure includes the now-complete delivery of a full phase 3 trial, preparation of regulatory submissions, registration in at least two priority countries and the future expansion of the safety database in specific populations (e.g. women who are pregnant or breastfeeding).

GARDP collaborates with many other players in the field to avoid duplicating efforts and to use funds efficiently. Additionally, our alliance with our co-founder DNDi allows both organizations to pool resources through shared staffing and office space for efficient use of funds. Our strong management, financial procedures and internal safeguards underpin our commitment to an effective and streamlined portfolio and a carefully controlled budget delivering exceptional value for money.
FINANCIAL CONTEXT AND OUTLOOK

Financial context

Although 2022 saw renewed support from our main funders, the funding environment remains volatile due to the increase in regional conflicts 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

PUBLIC CONTRIBUTIONS FROM 2016: €189.9M

<table>
<thead>
<tr>
<th>Country/Organization</th>
<th>Amount (€)</th>
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<tbody>
<tr>
<td>Germany (BMBF &amp; BMG)</td>
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<tr>
<td>United Kingdom (DHSC (GAMRIF &amp; NIHR))</td>
<td>€29.9M</td>
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<tr>
<td>Netherlands (VWS &amp; DGIS)</td>
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<tr>
<td>Japan (MHLW)</td>
<td>€8.3M</td>
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<tr>
<td>The European Commission’s Health Emergency Preparedness and Response Authority (HERA)</td>
<td>€4.6M</td>
</tr>
<tr>
<td>Switzerland (FOPH, SDC &amp; SERI)</td>
<td>€2.8M</td>
</tr>
<tr>
<td>The RIGHT Foundation*</td>
<td>€2.8M</td>
</tr>
<tr>
<td>South African Medical Research Council</td>
<td>€0.9M</td>
</tr>
<tr>
<td>The Principality of Monaco</td>
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<tr>
<td>Canton de Genève</td>
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<tr>
<td>Australia (Department of Health)</td>
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<tr>
<td>The Global Health EDCTP3 Joint Undertaking</td>
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<tr>
<td>Grand Duchy of Luxembourg</td>
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PRIVATE CONTRIBUTIONS FROM 2016: €4.9M

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<th>Organization</th>
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<tr>
<td>Wellcome</td>
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<tr>
<td>Bill &amp; Melinda Gates Foundation</td>
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<tr>
<td>Médecins Sans Frontières</td>
<td>€0.6M</td>
</tr>
<tr>
<td>Leo Model Foundation</td>
<td>€0.2M</td>
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</table>

*The RIGHT Foundation is a public-private partnership between the Government of Korea, Korean life science companies, and the Bill & Melinda Gates Foundation.

THE IMPORTANCE OF CORE FUNDING

We can take a strategic approach to financial and operational planning thanks to unrestricted core funding. This form of support is timely, flexible and predictable. It is essential to our model, ensuring we can address our mandate broadly, embrace new, high-value opportunities and ensure an efficient workflow with maximal impact. Without it, GARDP’s work would be subject to the many limitations of earmarked project-linked funds. Through unrestricted core funding, our supporters can see significant results from a moderate investment.
**EXPENDITURE**

**Expenditure overview**

In 2023, expenditure increased to €25.9 million (up from €24.3 million in 2022). The increase is largely due to the launch of the neonatal sepsis trial, “NeoSep1,” and greater investment in access activities, including the SECURE initiative.

**Limiting overhead expenses**

GARDP seeks to improve cost efficiency and maximize impact by prioritizing projects that align with our mission. Our emphasis on partnerships is critical in this work: we have cultivated a global network that allows us to share knowledge, expertise and resources. As a result, we are proud to report that we spent 13% of our expenses on fundraising and administration in 2023—the same percentage as in 2022. GARDP is committed to closely managing these overhead costs.
GOVERNANCE AND MANAGEMENT
GOVERNANCE AND MANAGEMENT

GARDP’s governance ensures accountability, transparency and effectiveness. The Board is the ultimate decision-making body of GARDP, guiding overall strategy and organizational management. The Observers of the Board offer counsel and participate in all board meetings but do not have voting rights. A number of committees further guide the Board with recommendations, assessments and insights: the Scientific Advisory Committee; Donor Partnership Advisory Committee; the Strategic Partnerships Committee; the Nomination, Remuneration and Safeguarding Committee; and the Audit Committee.

GARDP’s co-founders, WHO and DNDi, remain key partners and are represented in our governance structure. GARDP also strives for equal representation within this structure, including regional and gender balance. Over 40% of GARDP governance positions, including the Board and various governance committees, are held by women (14 women; 19 men).

**BOARD MEMBERS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
</tr>
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<tbody>
<tr>
<td>Ramanan Laxminarayan</td>
<td>Chair (until 30 June 2024)</td>
<td>One Health Trust, USA</td>
</tr>
<tr>
<td>John-Arne Røttingen</td>
<td>Vice-Chair (until 31 December 2023)</td>
<td>Ministry of Foreign Affairs, Norway</td>
</tr>
<tr>
<td>Stanislas Zuin</td>
<td>Board Treasurer</td>
<td>Independent</td>
</tr>
<tr>
<td>Glenda Gray</td>
<td>Board member</td>
<td>South African Medical Research Council, South Africa</td>
</tr>
<tr>
<td></td>
<td>Vice-Chair (1 January 2024 to 30 June 2024)</td>
<td></td>
</tr>
<tr>
<td>Chieko Ikeda</td>
<td>Board member</td>
<td>Independent</td>
</tr>
<tr>
<td>Veronika von Messling</td>
<td>Board member</td>
<td>Federal Ministry of Education and Research, Germany</td>
</tr>
<tr>
<td>Bernard Pécoul</td>
<td>Board member</td>
<td>Independent</td>
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**OBSERVERS OF THE BOARD**

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Gregg Alton</td>
<td>Board observer</td>
<td>Independent</td>
</tr>
<tr>
<td>Hanan H. Balkhy</td>
<td>Board observer</td>
<td>World Health Organization, Switzerland</td>
</tr>
<tr>
<td>Herman Goossens</td>
<td>Board observer</td>
<td>University of Antwerp, Belgium</td>
</tr>
<tr>
<td>Luis Pizarro</td>
<td>Board observer</td>
<td>DNDi, Switzerland</td>
</tr>
<tr>
<td>Nora Kronig Romero</td>
<td>Board observer</td>
<td>Federal Office of Public Health, Switzerland</td>
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**GARDP DIRECTORS**

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<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>Laura Piddock</td>
<td>Scientific Director</td>
</tr>
<tr>
<td>Jeffrey Rowland</td>
<td>External Relations Director</td>
</tr>
<tr>
<td>Carol Ruffell</td>
<td>Director of DNDi GARDP Southern Africa</td>
</tr>
<tr>
<td>Subasree Srinivasan</td>
<td>Medical Director</td>
</tr>
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### SCIENTIFIC ADVISORY COMMITTEE

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herman Goossens</td>
<td>Chair</td>
<td>University of Antwerp, Belgium</td>
</tr>
<tr>
<td>Karl-Heinz Altmann</td>
<td>Committee member</td>
<td>ETH Zurich, 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 Hospital, University of London, UK</td>
</tr>
<tr>
<td>Angela Dramowski</td>
<td>Committee member</td>
<td>Stellenbosch University, South Africa</td>
</tr>
<tr>
<td>Ana Cristina Gales</td>
<td>Committee member</td>
<td>Universidade Federal de São Paulo, Brazil</td>
</tr>
<tr>
<td>Mark J. Goldberger</td>
<td>Committee member</td>
<td>formerly AbbVie, USA</td>
</tr>
<tr>
<td>Roy Jamieson</td>
<td>Committee member</td>
<td>OkerPharma Consultancy AB, Sweden</td>
</tr>
<tr>
<td>Rudo Mathivha</td>
<td>Committee member</td>
<td>University of Witwatersrand and Chris Hani Baragwanath Hospital, South Africa</td>
</tr>
<tr>
<td>Marc Mendelson</td>
<td>Committee member</td>
<td>University of Cape Town, South Africa</td>
</tr>
<tr>
<td>Sumathi Nambiar</td>
<td>Committee member</td>
<td>Johnson and Johnson, USA</td>
</tr>
<tr>
<td>Malcolm Page</td>
<td>Committee member</td>
<td>formerly Roche, Switzerland</td>
</tr>
<tr>
<td>Kamini Walia</td>
<td>Committee member</td>
<td>Indian Council of Medical Research, India</td>
</tr>
<tr>
<td>Valeria Gigante</td>
<td>Ex-officio member</td>
<td>WHO, Switzerland</td>
</tr>
<tr>
<td>Nicholas White</td>
<td>Ex-officio member</td>
<td>DNDi, Switzerland</td>
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</tbody>
</table>

### THE DONOR PARTNERSHIP ADVISORY COMMITTEE

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nora Kronig Romero</td>
<td>Chair</td>
<td>Federal Office of Public Health, Switzerland</td>
</tr>
<tr>
<td>Niresh Bhagwandin</td>
<td>Committee member</td>
<td>South African Medical Research Council, South Africa</td>
</tr>
<tr>
<td>Jasper Claessen</td>
<td>Committee member</td>
<td>Ministry of Health, 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, UK</td>
</tr>
<tr>
<td>Dagmar Reitenbach</td>
<td>Committee member</td>
<td>Federal Ministry of Health, Germany</td>
</tr>
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</table>

### THE STRATEGIC PARTNERSHIPS COMMITTEE

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenda Gray</td>
<td>Chair</td>
<td>South African Medical Research Council, South Africa</td>
</tr>
<tr>
<td>Gregg Alton</td>
<td>Committee member</td>
<td>Independent</td>
</tr>
<tr>
<td>Dominique Carouge</td>
<td>Committee member</td>
<td>Independent</td>
</tr>
<tr>
<td>Rachel Christinat</td>
<td>Committee member</td>
<td>Independent</td>
</tr>
<tr>
<td>Chieko Ikeda</td>
<td>Committee member</td>
<td>Independent</td>
</tr>
<tr>
<td>Veronika von Messling</td>
<td>Committee member</td>
<td>Federal Ministry of Education and Research, Germany</td>
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### THE NOMINATION, REMUNERATION AND SAFEGUARDING COMMITTEE

<table>
<thead>
<tr>
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<tr>
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<tr>
<td>Bernard Pécout</td>
<td>Committee member</td>
<td>Independent</td>
</tr>
<tr>
<td>John-Arne Rattingen</td>
<td>Committee member</td>
<td>Ministry of Foreign Affairs, Norway</td>
</tr>
<tr>
<td>Stanislas Zuin</td>
<td>Committee member</td>
<td>Independent</td>
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### THE AUDIT COMMITTEE

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<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Stanislas Zuin</td>
<td>Chair</td>
<td>Independent</td>
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<tr>
<td>Dominique Carouge</td>
<td>Committee member</td>
<td>Independent</td>
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<td>Bernard Pécout</td>
<td>Committee member</td>
<td>Independent</td>
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<tr>
<td>Tal Schibler</td>
<td>Committee member</td>
<td>DGE Avocats</td>
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TAKE ACTION

Despite significant progress over the last decade to address AMR, the global response is off course. There has been greater progress in high-income countries, while low- and middle-income countries lag behind, largely due to inadequate funding and investment.

The United Nations High-Level Meeting on AMR taking place in September 2024 is an opportunity to galvanize governments and people around the world to do more in responding to this growing crisis.

Help us get the word out. Heads of State are expected to sign a Political Declaration that will set a common vision and chart a new way forward. We can guide their decision-making.

- **We call on people everywhere** to help raise awareness about AMR in their communities and networks, including by sharing materials from PowerOfAntibiotics.org, our digital awareness-raising campaign.
- **We call on governments** to continue to recognize GARDP as a critical international agency in responding to the global AMR crisis by fully funding our cost-effective and innovative R&D and access model.
- **We call on all participants in the global AMR response community**, whether governments, civil society, pharmaceutical companies or international agencies, to build consensus for a Political Declaration that fully responds to the scale of the AMR crisis and puts the needs of the most vulnerable, especially women, children and infants, at the centre of the response.

Revive the #PowerOfAntibiotics
REFERENCES


The Global Antibiotic Research & Development Partnership (GARDP) is a not-for-profit organization that develops new antibiotic treatments for drug-resistant bacterial infections that pose the greatest threat to human health, and makes them accessible to the people who need them. It puts public health needs at the centre of antibiotic drug development to address the immediate crisis of antimicrobial resistance (AMR). Its work is funded by the governments of Canada, Germany, Japan, Monaco, the Netherlands, South Africa, Switzerland, the United Kingdom, the Canton of Geneva and the European Union, as well as Global Health EDCTP3, the RIGHT Foundation, Wellcome and other private foundations. GARDP was created by the World Health Organization and the Drugs for Neglected Diseases initiative (DNDi) in 2016 and legally registered as the GARDP Foundation in Geneva, Switzerland in 2018.