

Partnerships for a Healthy Region

Banner: Partnerships for a Healthy Region

Product Development and Access Partnerships Information Session

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Robin Davies, DFAT 00:01

I just want to say a few quick things by way of introduction. I think we'll have all seen the public announcement of the broader Regional Health Partnership Initiative, which came out last Thursday. The initiative was announced by Minister Wong in the course of her visit to Fiji.

What she has announced is a funding envelope of \$620 million over five years. For regional health programs - by regional I mean programs that sit above the level of our existing bilateral health investments, and below the level of our purely global health investments, such as contributions to GAVI and the Global Fund and organisations like that - the kind of thing that happens at the regional level has been brought together in a five-year Regional Health Investment Framework.

\$620 million of that overall framework includes health security investments of around \$350 million, but also investments in health systems strengthening, sexual and reproductive health, and non-communicable disease prevention and control. So it's a slightly different structure than some of you saw last time where we had a five-year Health Security Initiative. And then some separate investments in those other areas that I just mentioned.

It's now all sitting within the one strategic framework so that's the broad framing of the overall framework. Within the sub-component dealing with health security, the government has made provision for a further \$75 million over five years. For product development partnerships, this is the same amount of funding that was provided in the previous five-year period. And there's one important footnote there that in the previous five-year period, we provided some additional funding for the now famous CEPI on top of the original \$75 million and early last year, the previous government propped up that funding in quite a big way with a full \$100 million contribution to CEPI over the next few years. So CEPI is outside this bucket - it was last time and it is again. This \$75 million is for PDPs. So that's the overall picture.

The second point just on history, in terms of funding for our PDPs we're one of a relatively small group of donors who provide significant funding for PDPs. You know, depending on the year you're looking at, there are really only five to seven sovereign donors that do this in a significant way. And Australia has been in that category since about 2012 roughly. So we've got quite a long-standing record of support for PDPs. And the scope of that support, in general has tended to be limited to drugs, diagnostics, vector control tools. With a pretty heavy emphasis on malaria and tuberculosis up to quite recently, certainly up to the point where we began to invest heavily in CEPI.

In the current call for proposals, you will see that that scope has widened considerably. The disease focus has widened considerably, and there is in principle a capacity to support vaccine development provided it does not compete effectively with the work that CEPI has undertaken on a number of priority pathogens. You will see also in the current call that there is a much more explicit emphasis on supporting product access. That's reflected in the title of the call as compared with last time and it's reflected in the guidelines. The emphasis on product access is not intended to place the onus entirely on PDPs themselves to invest more in supporting access. It's intended to promote partnerships between PDPs and other organisations that address some of the steps and some of the barriers towards product access particularly in the countries of our region.

And the final point is that, through the way the call was framed, we have sought to promote optimal use of Australian health and medical research expertise and to maximize the extent to which trial and access activities undertaken in countries that are central to the overall regional health initiative, in other words, countries of the Pacific and Southeast Asia. So, I think that's all I want to say by way of introduction.

I'd like to open up now for questions and responses. And I'm just having a very quick look at the chat already. Yes, the recording will be available via a link. Okay, so if we can now move to signaling interest in speaking either through raising your electronic hand or just putting your name and organisational affiliation in the chat because sometimes your zoom tag is not fully informative. So either of those options is fine - over to you. All right, we'll start with Nigel Beebe and Nigel if you could just give your affiliation before you proceed.

Nigel Beebe, UQ 08:06

Yes, Nigel Beebe, University Queensland. Just a question on the PDPs - how far through the research and fieldwork process were you expecting these PDPs to come from? How early in say the research production? I'm thinking of relatively blue-sky stuff like, you know, genetically modified anti-malarial mosquitoes for places like Solomon Islands, and Vanuatu, just you know, very blue-sky, you know there's a lot of work happening in Africa in that area.

Robin Davies, DFAT 08:48

Yeah, that's right. I mean, this is a little bit kind of 'a read the guidelines response' but if you have a look, we are focused on supporting organisations that have very broad product portfolios, with different products at different stages of development and some products in the latter stages of development moving in a credible way toward registration. So we will not be looking at either single products or at

organisations that only have very early stage products. Now, some of the technologies you're talking about are actually very advanced. So I'm not suggesting that that's the case. I hope that that's clear.

Nigel Beebe, UQ 09:38

No, that's a nice clarification. Thanks.

Robin Davies, DFAT 09:41

We've got a couple of questions in the chat. Paul, if you could introduce yourself.

Paul Domanico, CHAI 09:56

Hi, I'm Paul Domanico, Senior Director of Clinical Health Sciences at the Clinton Health Access Initiative (CHAI). CHAI is co-lead of a group which is a consortium chaired by the WHO to advance paediatric medicines for a number of infectious diseases. We're starting to look at non-infectious diseases. I'm curious if paediatric formulations would be considered for something like this.

Robin Davies, DFAT 10:27

Definitely. And if you look at the portfolios of some of the organisations we're already supporting, particularly some do significant development work on paediatric formulations of drugs. So yes, in a portfolio context, again, you know, single products are out of scope, but as part of the portfolio of products, definitely.

Paul Domanico, CHAI 10:52

Thank you very much.

Fred Yeomans, IVCC 10:53

I was just wondering if there were any changes in terms of the countries that you see as priority countries in the region. I know that certain countries that DFAT doesn't tend to invest in because they have, you know, relatively better health systems. For example, I don't know if there's any kind of changes in those target countries that we should be aware of in this next round.

Robin Davies, DFAT 11:41

Essentially, no, but it sort of depends what you mean. So in terms of our - I don't like to use the word beneficiary, but I guess the beneficiary set of countries - it's the same as the developing countries of the Pacific and Southeast Asia. Of course, some circumstances have changed. It's very difficult to do anything whatsoever in Myanmar at the moment, for example.

But I guess one other thing that has changed a little bit through the pandemic, courtesy of our pandemic response, is that our relationship with health ministries in some of the more advanced countries of Southeast Asia has really developed and I see scope for working in partnership mode with health ministries and research institutions in some of those countries, so not as beneficiaries, but much more as partners and, for example, our national science agencies because CSIRO is building its relationships with Thailand, Malaysia, in particular. Singapore would be another example in the fully developed category.

So it might be that there are elements of the work of some of the organisations here that draw strongly on the strengths of some of those more advanced countries, not as beneficiaries but as partners in general, the answer is - it is the same priority countries as previous.

Fred Yeomans, IVCC 13:09

Excellent. Thank you.

Rhiannon Dalrymple, UQ 13:15

Thank you, Rhiannon Dalrymple, from UQ, I'm project manager for the rapid response vaccine pipeline there. I just was wondering if you could provide a bit more information, a bit more clarity, about what you said that projects could not be competing with CEPI's work on WHO priority pathogens? Can you say a bit more about that, please?

Robin Davies, DFAT 13:37

Sure. I mean, I think that's reasonably straightforward. So CEPI is pretty heavily funded for work on a range of pathogens, and they're pretty transparent about what they're working on.

Rhiannon Dalrymple, UQ 13:54

There would be no funding for anything on their priority list?

Robin Davies, DFAT 13:59

It depends on the details. I mean, we're not going to completely rule out any funding for vaccine development for pathogens that they may have on the agenda. But if it looked competitive, rather than collaborative, you know, that proposal is unlikely to be very highly rated. It's as simple as that.

Rhiannon Dalrymple, UQ 14:26

Okay, all right. Thank you.

Robin Davies, DFAT 14:32

Jenny from Biointelect, over to you.

Jenny Herts, Biointelect 14:42

Hi, Robin. I was just interested to understand what constitutes an eligible PDP. So you know, really, is it targeted at existing ones? And if not, what do you have to do to qualify to be a PDP?

Robin Davies, DFAT 14:59

I'll just refer you to the guidelines on that. It's really about the breadth and the overall stage of development of the product portfolio. So, not purely early stage, not single product. And there is a pretty obvious positive list of who constitutes a PDP but I'll just refer you to the guidelines on that one.

Jenny Herts, Biointelect 15:30

Okay, so I was thinking more in terms of you know, entity structure, type, etc, which I don't think is clarified in the guidelines. Unless I haven't read closely enough.

Robin Davies, DFAT 15:41

It doesn't really matter how the PDP is constituted in administrative terms, could be a range of things sometimes, in principle they could be incorporated entities or non-government organisations that, you know, there's a range of structures that exist. The key thing from our perspective is that they maintain a broad and credible portfolio of products, some of which are moving towards registration, as well as obviously addressing the priority terms of our region.

Jenny Herts, Biointellect 16:19

Okay, thank you.

Robin Davies, DFAT 16:25

Who's next after Jenny? Yudi, you could just introduce yourself?

Yudi Srifiana, University Indonesia. 16:36

Good morning. I'm from Indonesia. One question, can educational institutions proceed? What is the best spot? Regarding this program for research and product development: what is the outcome for this program?

Robin Davies, DFAT 17:12

Universities can certainly participate as partners of PDPs. And in terms of outcomes, you know, the key thing is the development of products that achieve market authorisation and focus on the disease burdens of countries in our region, whether they be malaria, tuberculosis, Zika, a whole range of things, but it's very much focused on the product and getting it through the pipeline to registration and then getting it to people. So inevitably, there will be roles for a range of universities in these partnerships. Some of those relationships between PDPs and universities will happen automatically, they'll be part of an existing set of relationships that the PDP has brought to the table. And in some cases, maybe a PDP would make a university an explicit consortium partner if the university had something additional to add in the access domain. So I hope that answers the question.

Yudi Srifiana, University Indonesia. 18:28

Okay, thank you.

Robin Davies, DFAT 18:30

Okay, and then to Kandarp Patel.

Kandarp Patel, Uni Adelaide 18:35

Hi, I'm Kandarp, I'm an academic from the University of Adelaide. I had a question regarding the eligibility of the diseases, I can see there are many diseases from the World Health perspective, but I was just wondering are diseases of Animal Health are important? So also eligible for this round?

Robin Davies, DFAT 19:02

If you're talking about the development of products for use in animals?

Kandarp Patel, Uni Adelaide 19:08

Yes.

Robin Davies, DFAT 19:09

No. If you're talking about the development of products for zoonosis, yes, but not purely for use in animals. There is one sort of borderline case which would be rabies, right, which where the vaccination of dogs makes a big difference to human health. So I don't want my answer to be quite as black and white as it sounded. But at first blush that is the only exception that springs to mind. So on the whole, we're talking about vaccines, drugs, and diagnostics for human beings, plus vector control tools.

Kandarp Patel, Uni Adelaide 20:01

Yeah, and I did see rabies was on the list of neglected diseases. Thanks for that. Thanks for clarifying.

Robin Davies, DFAT 20:11

Misha Coleman.

Misha Coleman, Australian Centre for Prevention of Cervical Cancer. 20:13

Yeah. Thanks, Robin. So I'm from the Centre for Cervical Cancer Prevention. My question really is about the eligibility of digital health products such as a population wide digital health platform, you know, bringing in vaccination and other screening sort of results. So it would that type of digital health product be something that would be considered in this?

Robin Davies, DFAT 20:43

Not in this program. That is something that we do support by other means, through a separate stream of funding for data for decision making, and that will be again a significant stream of funding under the new program and that would fall under a separate call for proposals on which we are briefing organisation's tomorrow. But here we're talking about vaccines, drugs, diagnostics, vector control tools, and that's it.

Misha Coleman, Australian Centre for Prevention of Cervical Cancer. 21:13

Okay, so sorry. Just to clarify the data for decision making call is under the broader regional health partnerships?

Robin Davies, DFAT 21:20

Correct

Misha Coleman, Australian Centre for Prevention of Cervical Cancer. 21:20

Great. Okay. Great. Thank you for that.

Robin Davies, DFAT 21:24

All right. Is that a separate question from Paul and then I'll go to Adam.

Paul Domanico, CHAI 21:41

Alright, thank you very much. So for a number of themes and disease areas, like AMR or sickle cell disease, understanding optimal use or optimum treatment therapy portfolio is going to be very important and for AMR, maybe more important than improving access to brand new drugs. So would this grant opportunity support implementation research to demonstrate best practices that influence policy around optimal use?

Robin Davies, DFAT 22:10

It's exactly the same answer that I just gave Misha, Paul. So that's important, but it's not for this call for proposals. It would be something that could be proposed under the separate call for proposals.

Wayne Dimech, National Reference Laboratory 22:26

Okay, thank you very much.

Mr Robin Davies, DFAT 22:27

Okay. Adam Craig.

Adam Craig, UNSW 22:30

Right Robin, I think you've actually answered the question in your response to Misha, was a similar question around use of digital tools to address some of the outcomes that I've mentioned around workforce development, staff training.

Robin Davies, DFAT 22:47

I wouldn't focus overly on the word 'products', it's for particular products for a set of diseases. Now to Stefan.

Stefan Jungbluth, EVI 23:09

This is a question I put in the chat in relation to consortium competition. You mentioned earlier that some partners could be made formal partners in the consortium rather than being part of the network existing to a PDP. So if part of this consortium would be a large vaccine manufacturer in our case, would such an organisation be better made formal partner or is it enough if this would be part of the natural partnership? Do you know what I mean?

Robin Davies, DFAT 23:42

Yes, in general, I wouldn't think that's necessary because of course, it's part of the very model of a product development partnership that they are working with major vaccine or drug or diagnostic development organisations in the private sector. So normally, it comes with the territory, there may be some scenario in which it would make sense to explicitly make a company or a pharmaceutical company, part of a consortium but in general, I think it's kind of automatic as soon as there's a PDP in the picture that you also have the pharmaceutical industry in the picture.

Sandeep Juneja, Global Alliance for TB 24:22

So my introduction - I head Access at TB Alliance and the question is, what's the [scope on] adherence tools and technologies deployed in conjunction with new treatments? Would that be in scope of this call?

Robin Davies, DFAT 25:05

So you're thinking of like mobile x-ray services, that kind of thing?

Sandeep Juneja, Global Alliance for TB 25:11

More of say treatment adherence tools, digital adherence technologies, the various types that have been worked upon and some are coming to market and there is a school of thought combining them along with new treatments and deploying them together. So I'm just wondering if that kind of work would be in scope.

Robin Davies, DFAT 25:37

Yes, that might be in the slightly curly category. The answer could be yes, but without having a better understanding of what you have in mind I'm hesitant, it might be safest if you could send us that question in writing with a bit more detail and then we'll respond in writing so that everyone can see. I just don't want to mislead on that point.

Wayne Dimech, National Reference Laboratory 26:03

This is Wayne Dimech, from the National Reference Laboratory in Melbourne. Quality control materials which support the diagnostics for infectious diseases and also non communicable diseases are in themselves IVDs [(in vitro diagnostic)] -- would their development be covered under the grant?

Robin Davies, DFAT 26:29

It's a bit like the previous question. I feel like probably, yes. But I think I'll just give you the same answer. If you can just flick that one to us in writing. We might take those two together and come back to the to the group.

Wayne Dimech, National Reference Laboratory 26:51

Good. I just send through an email?

Robin Davies, DFAT 26:54

Yes, I just want to have a careful look at it before we go ahead.

Arika Garg, CHAI 27:03

I'm Arika Garg from the Clinton Health Access Initiative (CHAI), part of our global diagnostics team. My question is actually around the access piece of this RFP because I understand that's a critical component as well. So a couple questions there. I think there was a question around implementation research. It was in the context of something else that I did want to clarify and to confirm my understanding. In order to introduce and potentially to scale up a product in country often implementation research is used as part of that process. So do I understand that implementation

research broadly as a tool to introduce and scale up a product in a country, would be in scope of the RFP? Is that understanding correct?

Robin Davies, DFAT 28:05

Correct, if it's part of a proposal relating to a specific product or set of products, correct, yes.

Arika Garg, CHAI 28:12

Okay, great. And secondly, are there any expectations or minimum requirements around the number of countries in which we would expect for this product to be introduced and/or scaled up in?

Robin Davies, DFAT 28:26

No.

Arika Garg, CHAI 28:30

Okay, great. Thank you.

Bridie Rushton, DFAT 28:31

It is Bridie Rushton, Assistant Secretary here. There's inbox which is chs@dfat.gov.au for those people to send questions through to us. The email address is in the guidelines and the invitation, if there are more questions, they can come to that one central inbox and we can respond to them.

Robin Davies, DFAT 29:03

Nick McKay over to you.

Nick McKay, USyd 29:11

The question is whether bacteriophages has been considered as part of this call?

Robin Davies, DFAT 29:22

No reason why not, subject to the points made at the beginning. You know, if the work is being undertaken, as part of a broader portfolio of work with products and various stages of development, fine, but we're not here to fund a specific program of R&D on a particular bacteriophage.

Bayden Wood, Monash 30:00

Bayden Wood, Monash University. I'm just wondering how AI based technologies would be viewed - would that fit the scope of the program?

Robin Davies, DFAT 30:24

The same answer, a diagnostic is a diagnostic and if some work is proposed by a PDP, as part of a program of work, that would be fine.

Biniam Kabethymer, WHO 30:48

Okay. Thank you very much for the briefing and my question is somehow related to the previous question. I'm from WHO, Division of Pacific technical support. So if the proposal is focusing on facilitation of access to different technology and pool at the community level in different Pacific

countries, would it be fully considered in this call for proposals even though it doesn't have any production of a new tool and development?

Robin Davies, DFAT 31:28

Not for this call, no, it could conceivably be considered under the parallel call under the regional health partnerships call, which we will be talking about tomorrow, but if it has no product development component then not under this call.

Biniam Kabethymer, WHO 31:44

Thank you.

Robin Davies, DFAT 32:21

Charlie, over to you.

Charlie Masding, MMV 32:24

Thank you. Good morning. Charlie Masding, MMV. Apologies for asking this question now. I waited until there was a gap. I'm actually looking at the guidelines for the regional health partnerships and aware that there's a conversation that's for tomorrow. Just for clarity section 3.1.2 talks about organisations that are in negotiation to be or are engaged by DFAT directly under this call - are they also eligible to apply for the other funding? Or is that sort of completely separate in the idea not to have any overlap? I mean, obviously, I note it's Australian and regional entities would be the lead organisation under the Regional Health Partnership. But could a PDP be a partner in a consortium? Thank you.

Robin Davies, DFAT 33:15

Yeah, I see. Okay. So just for the broader group. We have seen in the guidelines for the parallel call, that there is a subset of public sector organisations, both Australian public sector and international public sector, with whom we are negotiating directly to form strategic partnerships, this is a very small group of organisations. And those organisations are therefore not able to bid for resources under the parallel call so that all relates to the other call, not this one. So I think the answer is there's no barrier in principle to PDPs participating as a consortium partner in a proposal under the other call. I have to say I can't immediately envisage what that would look like. But there's no problem in principle with that. So I think that's the answer.

Charlie Masding, MMV 39:14

Helpful, thank you very much.

Robin Davies, DFAT 39:19

Okay. So we have got a little bit of time if there were a couple of other questions.

Paul Domanico, CHAI 39:51

Thinking about - as portfolios evolve to include more long-acting products. We're going to need to think about those formulations. So a two-part question. Would this grant opportunity cover the assessment of novel formulations? And second, some of those formulations could be novel enough that they've never

been tried in babies or the youngest. Would this support research [to] ensure those formulations are safe?

Robin Davies, DFAT 40:24

This is the same as the answer to your earlier question about pediatric formulations with drugs or vaccines or whatever, that as part of a portfolio - Yes. Mathias over to you from IVCC.

Mathias Mondy, IVCC 41:13

Thank you very much for the opportunity. This is Mathias Mondy, IVCC. We've started to work in Smarty Grants. But we saw that the preview form that should be available to download, and I'm assuming as PDF, is actually not working and the file seems to be corrupted. So is it possible to have a copy of this file to facilitate the work offline and the collaborative work within the team?

Robin Davies, DFAT 41:41

Yeah, I think it's just that particular form. I think the actual online form is working but, Margot, do you want to jump in?

Mathias Mondy, IVCC 41:49

That's correct. The online form is working with Smarty Grants, this is the just the download version.

Margot Morris, DFAT 41:55

Just to say that we're aware of that and apologies for that. We're trying to fix it as quickly as possible. If it's worth us uploading the form to the website we can do that, as an interim fix, but we are trying to fix it as soon as possible.

Robin Davies, DFAT 42:22

Oh, there was another question from Yudi.

Yudi Srifiana, University Indonesia. 42:32

How much research time is given in this program? The duration?

Robin Davies, DFAT 43:05

The duration of the grants will be five years in total. And that's the same approach we took last time. That duration is actually very unusual in our system, but it is the kind of certainty that PDPs and partners need so it'll be the same again this time. All right. We may have reached the end of our questions. I'll just say a couple more things. Cam over to you.

Cameron Simmons, WMP 44:00

Thanks, Robin. Cam Simmons from the World Mosquito Program. Robin, do you see any barriers to organisations pitching for this scheme and also the Regional Health Partnerships that we will speak to tomorrow?

Robin Davies, DFAT 44:15

There is nothing stopping an organisation doing both. Of course, the Technical Assessment Committee and the Evaluation Committee will need to make judgments about which is the most appropriate program to support a proposal and you know, there are some organisations that are right on the cusp of implementation, as opposed to R&D and early access. And such organisations could apply on both sides and may succeed on one side or the other. So certainly no barrier.

Ada Mirkovic, TeleMedC 45:07

Yes hi, I'm Ada Mirkovic from TeleMedC. It's a company that does AI driven diagnostics, and we're in the area of diabetes and cardiovascular. I was wondering whether the diseases that are looked at by different entities are given different weightings depending on need. I just wondered whether there was a resource allocation for each disease or are you just looking at all of the proposals.

Robin Davies, DFAT 45:42

There certainly is not a resource allocation per disease. It's a fairly holistic assessment, looking at the burden of diseases in our region, the feasibility of getting products through to market authorisation and adoption. So we've put all of those factors together. There's no *a priori* allocation of dollars to diseases. Okay, thank you.

Paul Domanico, CHAI 46:36

Would you entertain/encourage co-investment from, let's say the US government specifically, NIAID, in the area of let's say TB?

Robin Davies, DFAT 46:48

We are always obviously very happy to see co-investment in programs we support for the reason that it provides greater impact. It's certainly not a requirement. It's certainly something we would entertain. We're not actively encouraging it because we don't want to imply that that would give somebody an edge. But completely happy if proposals come forward with built-in co-financing provided of course that that doesn't create an extra layer of complexity that could see massive delays in program implementation.

Paul Domanico, CHAI 47:26

Thank you.

Robin Davies, DFAT 47:32

Okay. Maybe one or two more questions, but just let me highlight one thing in the guidelines. So, as in the previous period, significant weight is attached in the assessment process to how organisations address issues around gender equality, disability and social inclusion. And our existing partners have all had to do that and have done that quite well. That's a factor again, this time it's something that's particularly important to the current Minister for Foreign Affairs and she has really reinforced DFAT's focus on this area, right across the aid program. And there has been some additional target setting in this area. So I just really urge people to have a close look at that section of the guidelines as you're preparing proposals.

Margaret Louey, CHAI 48:36

Hi, Margaret Louey from CHAI. The question is related to drug products. I'm just wondering if it needed to be a new chemical entity. Could it be an existing drug that's still on patent in, you know, US, Australia, high income countries but is not currently available in low income countries? And like getting, like making generic combination or new products with existing licensing?

Robin Davies, DFAT 49:18

Yeah, I mean, there's a few sort of variants of that question I can imagine. I mean, it doesn't have to be a new chemical entity by any means. It could be a new indication, could be a new formulation and all the questions about that. It could be an existing product that is repurposed, and we've seen that happen with a couple of drugs in recent years. Or it could be any existing drug that simply is not actually authorized for use in developing countries for a range of reasons. So I think the answer is yes to your question. But it might depend a little bit on the details. That might be another good one. If you can just ask the question a little bit more fully by email to our inbox. We'd be happy to give you a full response in writing on that, and we'll get that to everyone. Thanks. Okay, we might be approaching the end. Let me give a second opportunity to anybody who's joined by telephone. If you want to pipe up before we go to next steps. Okay, all right. Thanks for your message. Bridie, do you want to just speak to the next steps?

Bridie Rushton, DFAT 51:04

Sorry I was a little bit late to the briefing this morning. Most of the next steps are actually available in the documentation that's online. Have a good look at that timeline in particular, it's got lots of dates in there that are really quite important about when you can submit questions, how you submit questions and the deadline for questions.

So Robin may have touched on this earlier but every question that comes in we answer and everybody has access to our Frequently Asked Questions page, which is open and you can see the answers to those questions. So if you do ask us a question, just note that everybody will get the answer to that question at the same time, just for fairness. And that's where some of the questions that have been asked today in particular, will be published in due course.

The deadline for applications is the most important date. It is the 20th of April and we won't be accepting applications after this time. Over the next few weeks there is plenty of time to ask questions. And also too if you are finding there are glitches in the Smarty Grants forms, please just let us know as soon as possible so that we can make sure that everybody can get access to that system in case of issues. Hopefully, there's only one gremlin and we will resolve that shortly.

And the last thing I just want to touch on really and Robin has mentioned this a couple of times today already, is there is a separate briefing tomorrow morning between 10am and 12pm - the Zoom details are up on our website - for the other call for proposals for strategic partnerships and projects that we're running contiguous with the product development and access partnerships call as well. So if you're interested in this, there's a number of organisations here that I imagine are interested in that process as well. There's a briefing between 10am and 12pm tomorrow.

Robin Davies, DFAT 52:43

Good. All right. Thanks all and from now on, as I said please come at us through our inbox. We will answer any further questions you have so that everybody can see responses. Have a good day.