

CEPI

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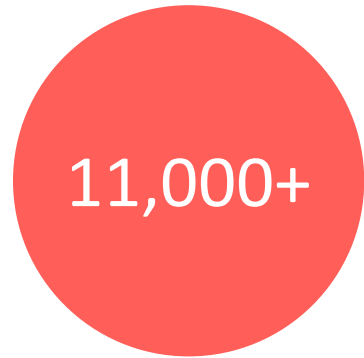
Richard Hatchett, CEO

SAGE

Geneva, 4 April 2019



Global impact of epidemics: Ebola

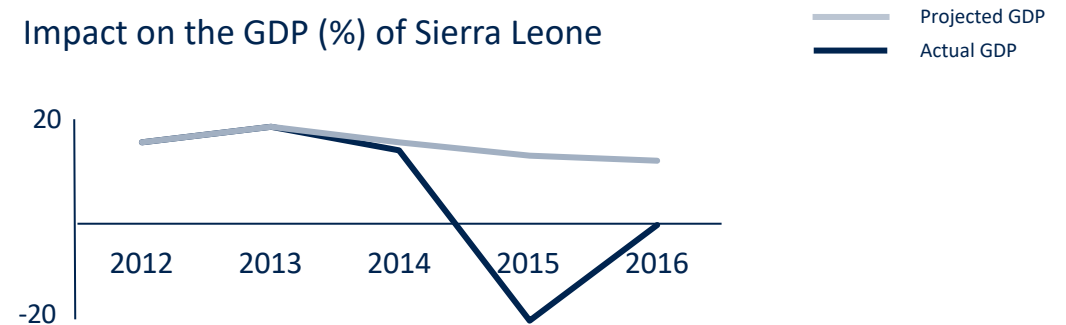


Deaths



Estimated negative economic impact of 2014 outbreak in west Africa (Huber C et al, 2018)

Impact on the GDP (%) of Sierra Leone



Impact on health systems

Most maternal and child health indicators significantly declined during Ebola outbreak.

Malaria morbidity and mortality in Ebola-affected countries caused by decreased health-care capacity.

We are a global coalition

- Made up of public, private, philanthropic and civil society organisations
- We will stimulate, finance and coordinate vaccine development for emerging infectious diseases
- We identify priority threats and act when market forces fail to drive needed development
- We will build capabilities for rapid response to unknown threats
- We will move vaccine candidates through late preclinical studies to proof of concept and safety in humans before epidemics begin

A sustainable partnership

CEPI's role as a facilitator

CEPI's role as a funder



CEPI's investors

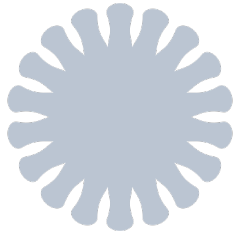
	Investment	Type of investment
European Commission	€ 200 m	Multi year
Japan	US\$ 125 m	Multi year
Norway	NOK 1.6 b	Multi year
Bill & Melinda Gates Foundation	US\$ 100 m	Multi year
Wellcome Trust	US\$ 100 m	Multi year
Germany	€90 m	Multi year
United Kingdom	£10 m	Single year
Canada	CA\$ 14 m	Multi year
Australia	AU\$ 6.5 m	Multi year
Belgium	€0.5 m	Single year



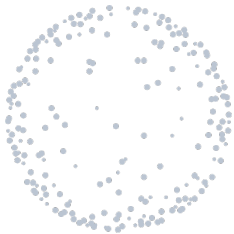
Our mission

CEPI accelerates development of vaccines against emerging infectious diseases and enables equitable access to these vaccines for affected populations during outbreaks

CEPI's initial priority pathogens



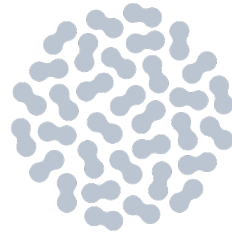
MERS



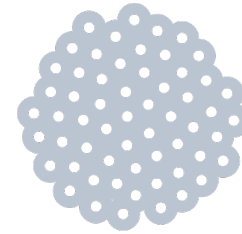
Lassa



Nipah



Chikungunya



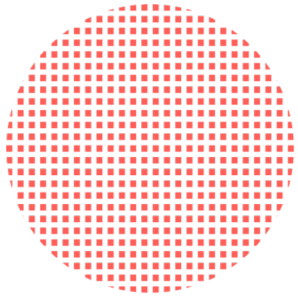
Rift Valley fever



Disease X

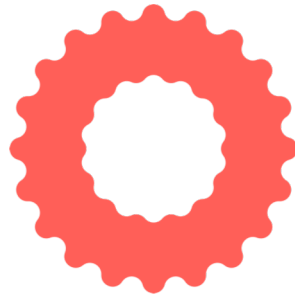
Selected from the WHO R&D Blueprint List of Priority Diseases, and watch list

Our strategic objectives



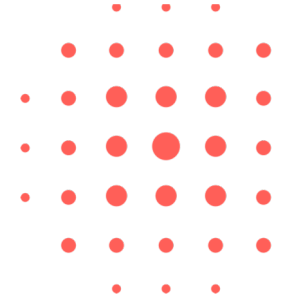
Preparedness

Advance access to safe and effective vaccines against emerging infectious diseases



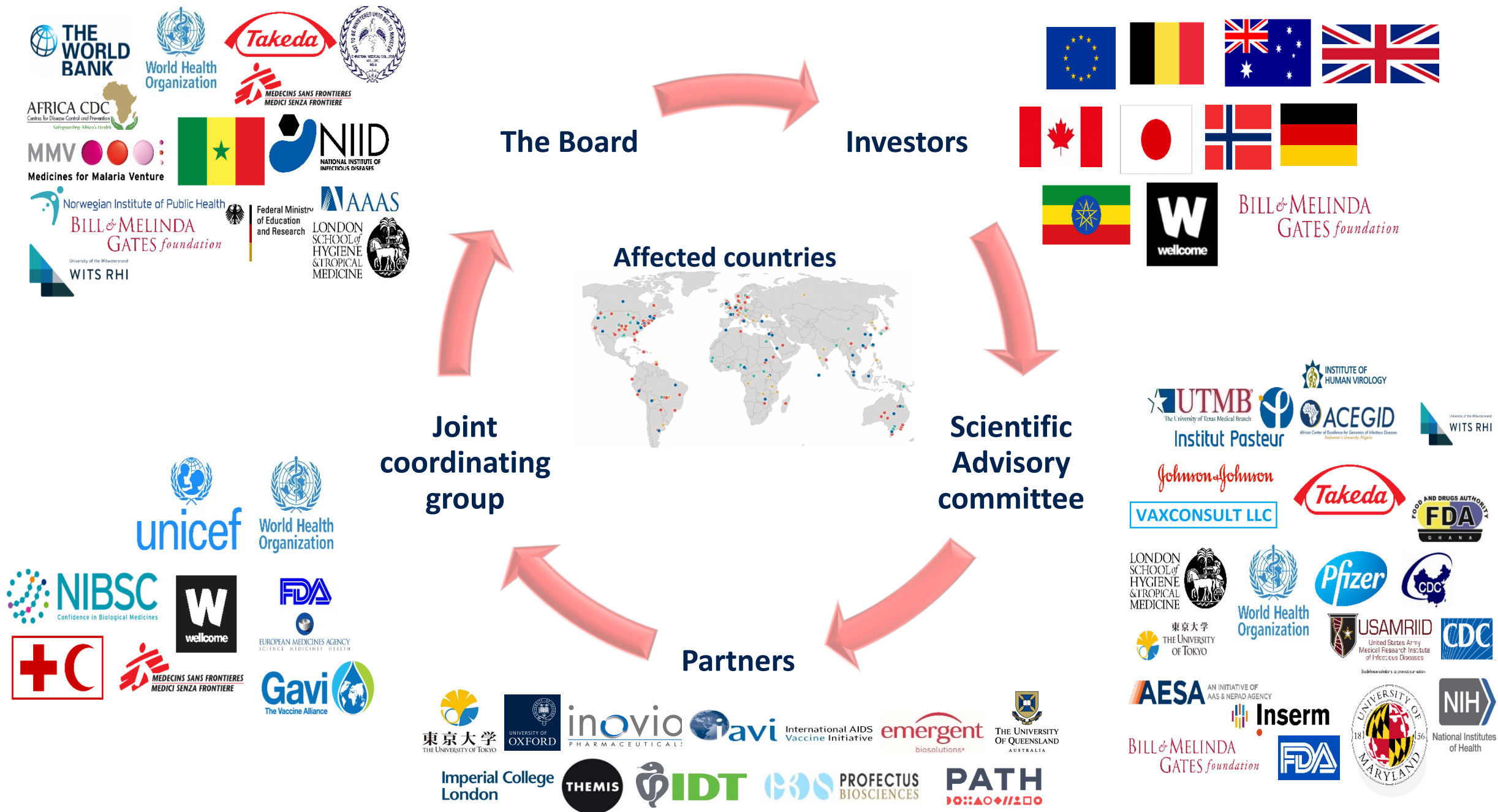
Response

Accelerate the research, development and use of vaccines during outbreaks



Sustainability

Create durable and equitable solutions for outbreak response capacity



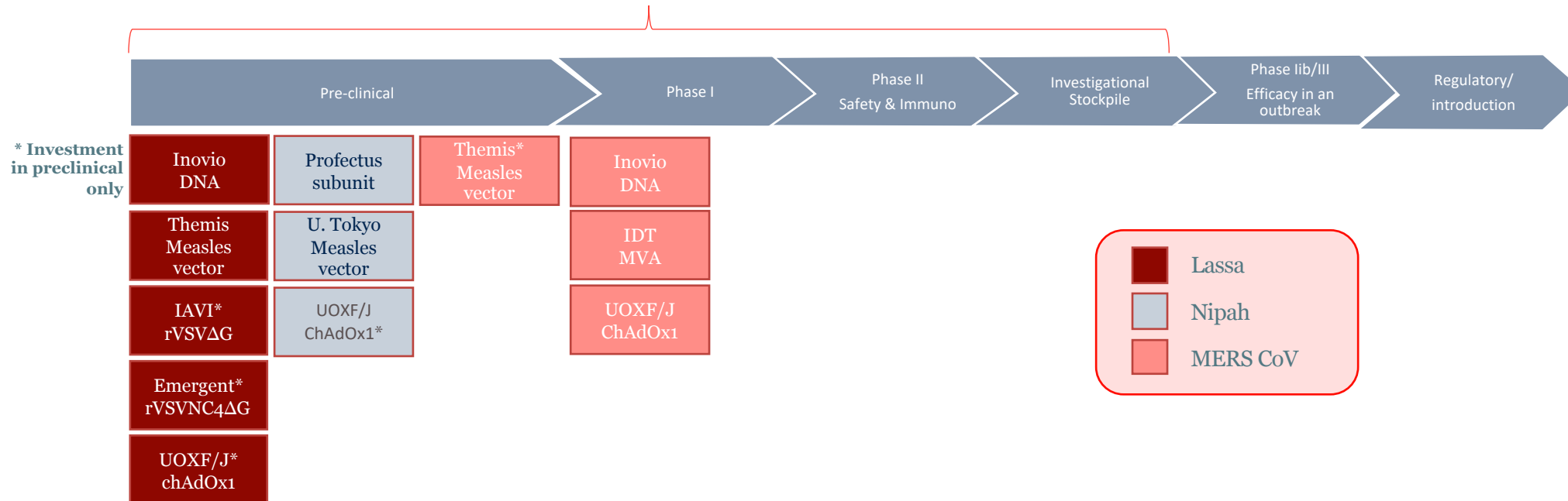
11 partnership agreements signed

Themis Bioscience	Lassa & MERS vaccines	Up to \$37.5m
Inovio Pharmaceuticals	Lassa & MERS vaccines	Up to \$56.0m
International AIDS Vaccine Initiative	Lassa vaccines	Up to \$54.9m
Profectus Biosciences, Emergent Biosolutions & PATH	Nipah vaccine	Up to \$25.0m
Profectus Biosciences, Emergent Biosolutions & PATH	Lassa vaccine	Up to \$36.0m
IDT Biologika	MERS vaccine	Up to \$36.0m
Janssen Vaccines & University of Oxford	MERS, Lassa and Nipah vaccines	Up to \$19.0m
University of Tokyo	Nipah vaccine	Up to \$31.0m
Imperial College London	saRNA platform (Rabies, Marburg, 'Flu)	Up to \$8.4m
University of Queensland	Molecular clamp platform (MERS, RSV, 'Flu)	Up to \$10.6m
CureVac	mRNA platform (Rabies, Yellow Fever, Lassa Fever)	Up to \$34.0m

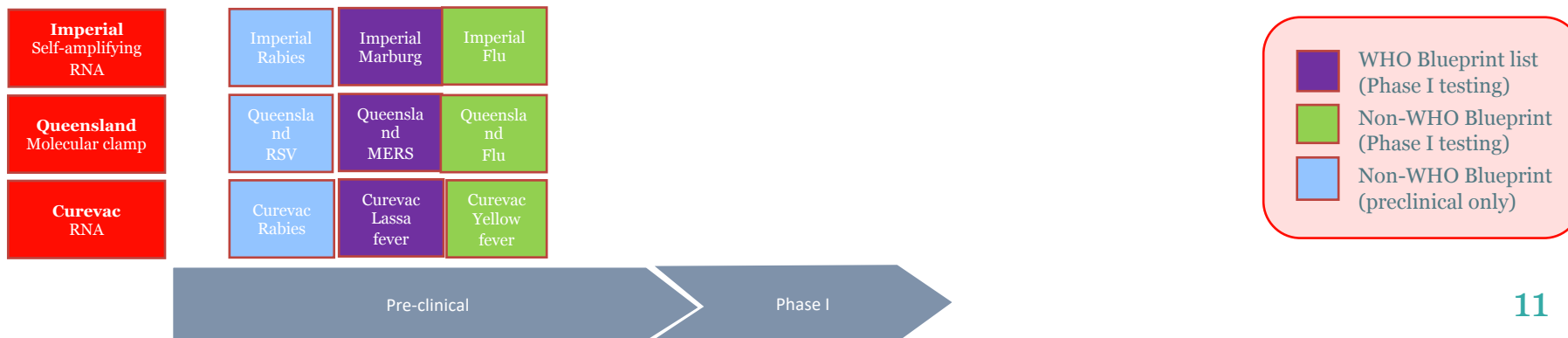
CEPI priority pathogen and platform portfolio

Note: The diagram indicates where the projects are currently.

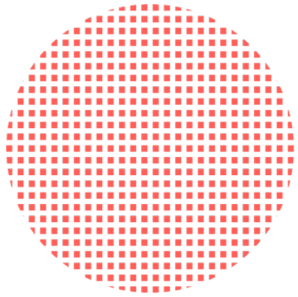
Priority pathogens: CEPI funds late preclinical through phase II S&I and investigational stockpile generation



Awardee/Platform



Ongoing Ebola outbreak in DRC



Confirmed cases

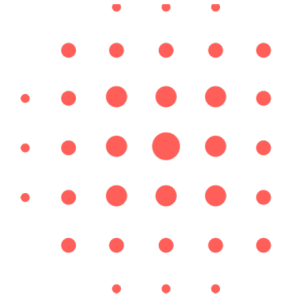
This is the second largest Ebola outbreak since the disease was identified in 1976.

1029 cases (964 confirmed, 65 probable)



Case fatality

642 (66%) deaths were reported in confirmed cases.



Vaccination

As of March 2019, over 90,000 people have been vaccinated.

Questions: equitable access policy

- **Definition:** Equitable access to epidemic vaccines in the context of an outbreak means that appropriate vaccines are first available to populations when and where they are needed to end an outbreak or curtail an epidemic, regardless of ability to pay.
- **Our Commitment:** CEPI is committed to achieving equitable access to the outputs of all CEPI-supported programmes including vaccines, platforms, data, results, and materials. Our commitment to access is unwavering and our ability to deliver is enhanced by experience.
- **Our policy:** CEPI's Equitable Access Policy has evolved from a “rules-based approach” that previously mandated specific contractual requirements that proved to be a barrier to many potential partners, to a “principles-based approach” that provides a robust foundation for advancing equitable access.
- **Implementation of our policy:** We have just published a paper—available via [CEPI.net](https://cepi.net)—that explains how CEPI will advance equitable access to the epidemic vaccines we have funded through our partnering agreements.

Other questions

- **Prioritisation:**
 - Driven by strategic objectives
 - Pathogen selection driven by public health impact and feasibility of vaccine development
 - Vaccine development is unpredictable – CEPI has a risk adjusted portfolio approach
 - CEPI has a focus on outbreak response and is developing an emergency response plan
- **Preparedness in mobile population:**
 - CEPI is engaging with countries and regional bodies (IFRC, UNICEF)
 - Committed to equitable access;
 - Conscious of e.g. Hajj and MERS
- **Immunoglobulins:**
 - CEPI currently focused exclusively on vaccines against WHO R&D Blueprint pathogens
 - Relaunch of platform technology call planned Q3 2019 may allow for expansion to include “vaccine-like” technologies