

Accelerating access to Ebola vaccines Dr Manica Balasegaram, MSF Access Campaign

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Introduction

A strategic approach is key to accelerate access to Ebola vaccines; often parallel rather than sequential development

Beyond accelerated R&D, tangible policies and approaches that may promote timely and appropriate distribution of vaccines fall along the following lines:

•Funding and procurement mechanisms

- •Stronger health systems to address public health needs
- •Ensuring needs based access
- •Preparedness and future outbreaks



1. Funding and procurement mechanisms

- Additional funding: Funding provided to address the Ebola outbreak must be additional and not replace current donor contributions; especially for downstream activities.
- **Transparency:** Of procurement and subsidies to manufacturers to compensate investment:
 - Mapping donor and public sector funds for R&D
 - Publish subsidies for appropriate vaccine price negotiations
 - Cconfirmation of production cost (per dose)
- Separation of costs: Compensation subsidies for product development should be separated from the actual price paid
- Start with a classic procurement mechanism, with assured funding



2. Stronger health systems to address public health needs

- Health system strengthening: Weakened health care systems in affected countries must be prioritised and expanded to both address current and future outbreaks and other public health issues.
- EPI vaccine strategy: Ensure delayed and interrupted vaccination is carried out for standard EPI vaccines to provide adequate paediatric protection from vaccine-preventable diseases.
- **Timing of decisions:** Urge govts and other to act quickly to contribute to the growing global response.



3. Ensuring needs based access

- Available supply and stockpiling: Sufficient doses may / not be available due to competing demands from countries that wish to establish a stockpile for biodefense or public health goals.
- **Global solidarity:** Regarding near term purchases some countries that could face an outbreak may not be able to pay for vaccines irrespective of pricing.



4. Preparedness and future outbreaks

• Develop a second generation vaccine:

- 1. Adapted to conditions in affected countries (thermo-stability)
- 2. Covers multiple filovirus strains
- 3. Provides longer duration of protection
- 4. At lowest possible price, setting a widely affordable target price
- Future outbreak strategies and preparation: Flexible delivery strategy & rapidly deployable stockpile to ensure access
- Identify additional suppliers if relevant: Encourage additional vaccine manufacturers to invest in the development and production of an Ebola vaccine, including technology transfer
- Strengthening surveillance: need to also invest, including in innovation aspects: e.g. diagnostics; when to deploy..



Where are we know?

- Significant public funding for R&D invested
- Gavi and WHO moving to secure supply and possibly incentivise 2nd generation Vax
- Steps taken by certain manufacturers to scale up supply
- Collaboration btw companies to optimise approach: GSK J&J
- Rate limiting factor remains R&D:
- Need rapid and full disclosure of phase I and then II data for desicion making
- Focus on 1st generation for short term, invest in 2nd generation
- With evolving outbreak: need to ensure phase III is implementable, generates data, sets a pragamatic efficacy bar beyond dosing & safety; optimisation strategies can follow.



And beyond?

- Do we need to start thinking about a international 'biothreat' fund
- Not a new discussion; has also occurred in various guises
- To consider:
- Scope of diseases (pandemic flu, AMR)
- Activities: R&D funding, alternative models of incentives and rewarding innovation, procurement & stockpiling
- Who would take responsibility: WHO, multiple GHAs, something new? Role of industry?
- How would this be funded: sustainable, long term, <u>not</u> donor driven
- How will this fit in with National /Regional initiatives
- Public Health & Security

Thank you http://www.msfaccess.org/

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