Present: Adriansjah A (AA), Fernando Lobos (FL), Lingjiang Yang (LY), Patrick Tippoo (PT), Sai D Prasad (SDP), Tiago Rocca (TR), Weidan Huang (WH), Sonia Pagliusi (SP), Maureen Dennehy (MD).

Notes:

EC Meeting ahead of WEF connection: started at 12 noon and finished at 12.30 pm CET

SP briefly reminded the goal of this TC to understand the WEF activities towards COVID response, as Mr. Arnaud Beernaert approached Sai Prasad by phone, on Friday May first, outlining some broad ideas of how to support global access to vaccines, perhaps through a consortium of manufacturers. ¹

SP knows WEF as excellent communications platform for global dialogue and asked if EC members have any experience or comments to the outlined ideas, shared by email of 07th May 2020. LY noted that third item, Point 3, that China would be interested in being involved.

¹ Numerous vaccine development programs for COVID are being run at a fast pace in the current period, with some promising candidates going into phase 1, some advancing into phase 2 subject to FDA granting IND’s, some arguably with the potential to move into phase 3 before the summer which would imply the recruitment of large multi-countries, multi thousand patients cohorts. That said, there is a possibility that when closer to licensing, the manufacturing capacity (from manufacturing to filling and finish) of the ones developing the most promising candidates, will be insufficient to deliver of a global vaccination program that would meet the principle of universal access, equity, and health risk assessment based prioritization of short supply,

It is a possibility that the below dilemma be further exacerbated by the type of public funding arrangements that have been put at play to support vaccine developers in their R&D efforts. Such government partially funded programs do usually come with obligations for the manufacturers to produce on the soil of the country providing financial resources, which may in turn result into restriction of exports, and a limited availability of vaccines use beyond the need of populations of such very countries,

In multiple discussion between WEF and their partners (including governments, CEPI, vaccine innovators, civil society participants), we have learned that consensus can emerge for a large multi country contract manufacturing network to be built, with the goal to increase the global manufacturing volumes in a range that could represent an additional capacity in a multibillion doses magnitude. Large vaccine manufacturers from the DCVMN network, and ones from India, South Korea, Singapore would be prime candidates to host one or more manufacturing hubs as part of the network.

Subject to relevant export percentages allowances from nations hosting hubs of the network, the consortium would possibly receive funding from ACT-A COVAX pledge resource allocation, from nations that have not taken part in the pledge yet (some have expressed interest), with the further support from World Bank and EIB in the form of guaranteed loans (discussions to be initiated there in the next week).

A portion of the consortium funding could also be pulled from Advance Purchase Commitments from countries seeking allocation of vaccines volumes, or traditional global implementers of large vaccination programs such as GAVI, with also the potential participation if IFFIm as part of the financing scheme,

A portion of the consortium funding could serve the purpose of compensating vaccines innovators willing to contribute voluntary IP licenses, transfer of know-how and manufacturing processes to benefit the hubs in the network as they scale up manufacturing volumes. It is understood that such portion of the funding would be required indeed to provide innovators with sufficient compensation/ remuneration for their shareholders, while allowing manufacturers to meeting socially acceptable price points in the spirit of equitable access principles.

A portion of the consortium funding could serve the purpose of partially (% of investment TBD) building in the next six months 4 to 6 manufacturing hubs with capacity in the order or 500 Mio doses per annum, based on different vaccine manufacturing platforms

Participating hub network manufacturers based on the investment risk they are willing to accept (% of investment TBD) would gain a pre-emptive option to pre-select vaccines from the innovators’ group as early as phase 3 trials will commence,

Volume allocation and the organization of the large scale vaccination program to make optimal use of quantities available could be run by GAVI as the lead actor,
Worth asking as 5-6 hubs are mentioned. WH noted that criteria to select and establish Hub in countries should be transparent to support neutrality or fairness; volumes and capacity are also relevant. SP suggested first to focus on concept of the hub and the WEF role, partners and members, details of where and why to be asked later. CEPI and Gavi are known to collaborate with WEF. WH said the main purpose for hub is to solve manufacturing capacity, should discuss DCVMN combined value strengths. SDP offered 3 perspectives: 1. Global community thoughts on Covid vaccines (available in public videos openly accessible): Vaccine community are all trying to select focussed candidates based on various metrics. Mostly for LIC. Members need to continue with development, preclinical and clinical work. 2. Network and international forum inputs: capabilities of DCVMN members could support “distributed” manufacture to obtain scaleup quickly. No single product or company or country can produce for the entire world. The approach must be collaborative: development, manufacture and distribution. 3. WEF inputs: No previous interaction with WEF. But concepts are similar. Unsure if MNCs can do the scale required for developing countries. Creating hubs of manufacturers around world is an idea. Use own tech or get tech in for large-scale production may be part of the solution. Does engagement means funding or other? SP noted that WEF is not a typical funder. More of coordination, facilitate solutions. E.g. Ebola outbreak they coordinated discussions on legal issues of supply of a non-licensed vaccine to DRC/Liberia. WEF helped with WHO to coordinate a global insurance. They can help navigate through global networks. SDP added that Gavi thinking about putting out AMC for LICs (73) after selecting 3-4 candidates may provide market commitment. Vaccines accelerator has been telling community that developers and manufacturers are needed for scale up.

SP suggested a group of DCVMN members to work on this, separate from EC, to share work load and responsibility, engaging members already involved in Covid vaccine development. Six members replied to the recent call to form a COVID ad hoc committee, mostly manufacturers not developing Covid vaccines (Pasteur Int. India, Panacea, Bravovax, Innovax, Synergium, Zhifei). Such an important international discussion topic DCVMN needs people with good experience in handling high level diplomatic/business, with understanding of the field. SDP mentioned to have assigned one person from Bharat at 20FTE to support COVID topics.

SDP commented on two calls so far on ACT Accelerator coordinated by Gavi. Gavi secretariat asked DCVMN secretariat informally to share protocol for nominate representative of DCVMN on Covid issues. Orin Levine invited Sai and Mahima directly; notes from one call were circulated to Gavi suppliers. LY confirmed receipt of email to EC only. Not all members.

ACTION: circulate information to all members and send a reminder to all members on forming the COVID group, and call a COVID E-meeting to update members on global landscape: Gavi, CEPI, WHO, WEF, etc. June 09 or 12th is suggested.
12.30 pm CET – finished at 13.15 pm

SP introduced DCVMN as a public health driven network, and introduced 7 EC voting members, democratically elected by members to represent the constituency in international global health discussions. President, VP and Treasurer and EC members representing emerging vaccine industry collectively. Sai, Patrick, Fernando, Lingjiang, Wendy, Tiago, Adriansjah, Sonia, Maureen introduced themselves.

Arnaud Bernaert (AB) is an Executive board member at WEF, managing healthcare activities of the Forum. 100 companies globally including large vaccine MFs from G7 are all partners of the forum, since 50 years creating conditions for public private collaborations. WEF is a not for profit, no commercial organization, brokering of partnerships. WEF promoted Gavi launch in 1999, Global Fund alaunch in 2002 and CEPI in 2016 and gathering interest from various manufacturers e.g. SII on business models, scientific roadmap. Focus currently on equitable health access, while national interests may prevent access. (e.g. recent US, UK, France recent media news). WEF is willing to connect with governments e.g. Indonesia, Singapore, Korea, S.Africa, Argentina and Brazil, to explore scale up capabilities, representing large investments, commitments in principle from Gavi and some nations. Investments by advance purchase commitments to innovators, manufacturers: some companies are often both. Innovators often do not have a global footprint, and could benefit from large networks like DCVMN, representing the largest vaccine manufacturing capacity in the world, to play a role for COVID global vaccine capacity. Concept note above was also shared with govt. of India, who indicated interest to work with WEF to internationalize.

SP shared a short communication outlining Covid DCVMN engagements in R&D and supply. Clarify DCVMN is public health driven representing both private and government owned companies – China, Indonesia, Brazil.

SDP explained that we are thinking on 3 aspects/compartment: 1. DCVMN manufacturer are developing vaccines. 2. How can members prepare and make themselves available to support other inventors in scale-up. We need to discuss this internally. 3. Experience in supply globally but must focus on routine immunization e.g. measles, polio. If innovations are successful, we quickly transfer to companies for manufacture and local or broader supply. WEF, Gavi CEPI, PAHO all interested. Pandemic response has to come first. Companies and countries able to share – manufacturing volumes and capacities, technology – discussing internally and with global partners will succeed.

AB: Second compartment – capacity available to the world is an important one. Probably building totally new platforms may take too long. Likely, existing capacity for repurposed (with due attention to point 3 above) or increased from existing facilities. Some degree of investment will be needed. Goal to ensure innovations made available to network of manufactures, most likely constituted of DCVMN members. Political aspects can be well addressed by WEF, perhaps more easily than with CEPI. This has been discussed with CEPI, Gavi to internationalize next steps on ensuring capacity available for G7 manufacturers to supply committed volumes. Contract options are mostly in G7 countries engagements, and WEF was encouraged to take this global role that overlaps with DCVMN.

SDP had not appreciated the dynamic of countries not taking a global view. DCVMs, as vaccine specialists, are able to manufacture at scale, safety proven platforms. CEPI has been looking at this plus also more innovative strategies. Many companies are concerned about the high bar on safety and efficacy on new technologies. Can the technology be adopted by manufacturers around the world? These issues need to be raised in more international forums.

AB propose next steps in next few days. Developers e.g. discussions with JnJ and Sanofi and Astra Zeneca possibly Pfizer. WEF is positioned to make it happen. Signal to progress in that directions?

LY thanked for concept and reiterated interest as both DCVMN and manufacturer, and asked about countries to serve as hub. Question of if this is already set.

AB clarified is just a “placeholder”. This footprint could be more global: Indonesia, SA, Brazil, China.
SP DCVMN is here to help advance public health for Covid—innovators and manufacturers. The manufacturers of DCVMN have this proven experience on delivering millions/billions of doses annually, and antigen producing capacity is much higher than 3 billion yearly. It is important to rely on operations that can deliver rapidly. Speed is important for pandemic, while mindful of not to stop existing vaccine operations. WEF seems a good partner to help DCVMN structure thinking and advance. We would like a means to communicate to foster public health and address pandemic.

**DECISION:** EC members agreed that Secretariat keeps in touch with WEF to re-draft these thoughts, add DCVMN capabilities, and focus.

PT thanked the interesting and needed concept and for reaching out. We would like to understand the contribution DCVMN can make, as we take access and supply globally very seriously. This will change the industry [credibility]. There is a need to address short-term impact with long-term view, with long-term capability and way of working. Agree to Sonia’s proposal to sharpen the draft on common priorities and how to go forward through partnership.

**ACTION:** WEF would like to present it by 4th June at London Gavi pledge conference, as an elegant way to synchronize announcement. AB thanked for encouragement, committing to work via secretariat to get out the details.

Approved

______________________________ Location/Date: Hyderabad, India. 07Aug2020

Sai D. Prasad

DCVMN President