The Challenge of Epidemics

Epidemics of emerging infectious diseases are a significant and growing threat to life, health and prosperity. They can arise anywhere at any time, but disproportionately affect low-income countries where needs are often greatest. In a world of denser cities, increased mobility and ecological change, their disruptive impact is increasing, making epidemics among the most pressing health security issues facing the world today.

Recent outbreaks, such as Ebola and SARS, have claimed thousands of lives and cost billions of dollars, both to countries that were directly affected and those that contributed to responding. Similarly, ongoing outbreaks of Zika will pose devastating health and economic impacts for years to come.

All these events have exposed serious flaws in the world’s capacity to prepare for epidemics, and to react when they strike. The time is right for action.

The Role of Vaccines

A suite of public health capacities and global health reforms are needed to increase the world’s resilience and capacity to prepare, detect and respond to epidemic threats. In addition, we need the toolset that better biomedical countermeasures can offer. Vaccines can play a critical role in containing epidemics to help avert humanitarian crises, but the safe and effective vaccines we need aren’t being developed quickly enough. The risks and costs of development, always significant, are especially great for epidemic diseases.

Outbreaks come and go, and hit poor countries the hardest, straining already fragile health systems. Trials are particularly complex to conduct, and market potential is often limited. When a vaccine is developed, complex regulations and laws that vary from country to country can delay getting vaccines to people who desperately need them.

Ebola demonstrated that epidemic vaccines can be developed swiftly, even in extremely challenging conditions. Trials that normally take years were done within months. But this achievement was possible only because viable candidates were already in the pipeline, and the gravity of the crisis forged ad-hoc partnerships between the private, public and philanthropic sectors, who each took on unusual, unsustainable and unrepeatable risks. And even this unprecedented speed was too slow. Candidate vaccines had not been tested for safety in advance, delaying efficacy trials. By the time anybody in West Africa could be vaccinated, the epidemic was waning, and many people who might have been protected had died.

Even this limited success will be difficult to replicate. The vaccine pipeline is weak for most epidemic threats, and developers are unlikely to take on similar risks a second time around. We are unlikely to have advance vaccine candidates as far as possible before epidemics emerge, and then run efficacy trials immediately when they do.

CEPI – the Coalition for Epidemic Preparedness Innovations – will provide that new system. It will tackle the barriers to epidemic vaccine development, advancing safe, effective and affordable vaccines that can help to contain outbreaks at the earliest possible stage. It will give us the joint global insurance policy we need, helping the populations most at risk and making us all safer.

A Global Mandate

Ebola exposed the need for a global mechanism to coordinate research and development for health technologies (diagnostics, vaccines and medicines) against epidemic threats. Discussions began in March 2015 with an expert meeting in Berlin, convened by Chancellor Merkel as part of G7 discussions and chaired by Bill Gates. Four high level expert assessments of the Ebola response then reached a common conclusion that the current system is broken.¹

In response to this clear mandate, stakeholders from international organisations, governments, the pharmaceutical industry, public and philanthropic R&D funders, academia, NGOs and civil society groups agreed at the 2016 World Economic Forum Annual Meeting in Davos to explore new ways to drive vaccine innovation for priority public health threats, in alignment with the WHO R&D Blueprint for action to prevent epidemics. This initiative is CEPI – the Coalition for Epidemic Preparedness Innovations. The coalition was officially launched in Davos January 2017.

Vision

Vaccines contributing to preventing outbreaks of emerging infectious disease from becoming humanitarian crises.

Approach

CEPI will build a new system to advance the development of safe, effective and affordable vaccines, ensuring that price is not a barrier to access for populations most at need. This will offer the world an insurance policy against the growing threat from emerging infectious diseases. CEPI will be a partnership of public, private, philanthropic and civil organisations tostimulate, finance and co-ordinate vaccine development against priority threats, particularly when development is unlikely to occur through market incentives alone.

CEPI will pursue a proactive (“just-in-time”) and accelerated (“just-in-time”) vaccine development strategy for epidemic threats by:

- Moving vaccine candidates through late preclinical studies to proof of concept and safety in humans before epidemics begin, so that larger effectiveness trials can begin swiftly in an outbreak and small stockpiles are ready for potential emergency use;
- Building technical platforms and institutional capacities that can be rapidly deployed against new and unknown pathogens.

¹ WHO Ebola Interim Assessment Panel, Harvard-LSHTM Independent Panel, US National Academy of Medicine and the UN Secretary General’s High Level Panel

CEPI 03/02/17
Governance

CEPI is in start-up phase until the end of 2017. During this period, an Interim Secretariat provided by the Government of Norway is coordinating CEPI activity with close support from the Government of India, Wellcome Trust, the Bill & Melinda Gates Foundation, and the World Economic Forum. John-Arne Rettingen, from the Norwegian Institute of Public Health, was appointed Interim Chief Executive Officer of CEPI in June 2016. A permanent CEO will be appointed Q1 2017. The Interim Board, with representatives from founding partners, industry, governments and non-governmental organisations, is chaired by K. Vijay Raghavan, Secretary of the Department of Biotechnology of India, and with Peter Piot, Director of the London School of Hygiene and Tropical Medicine, as vice-chair.

Initial target diseases

CEPI has chosen for its first call for proposals the three diseases MERS, Lassa and Nipah taking as its starting point the WHO’s list of priority pathogens against which medical countermeasures are urgently needed. CEPI’s Scientific Advisory Committee chose the three diseases based on a set of criteria including the public health impact, the risk of an outbreak occurring and the feasibility of vaccine development, based on current knowledge, tools and pipeline candidates.

Investors

CEPI has an initial investment of US $540m from the governments of Germany, Japan and Norway, plus the Bill & Melinda Gates Foundation and the Wellcome Trust. In addition the European Commission plans to co-fund with EUR 250m. India will as one of CEPI’s founders announce its investments later this year.

Next Steps

- Formalize Interim governance and plan for permanent arrangements
- Explore the CEPI concept with G7 and G20 countries and with UN member states
- Broaden advocacy and secure additional funding

Key Dates

- 21-22 February, 2017 - Scientific Community Meeting (Paris, France)
- 22-23 February, 2017 - Second Scientific Advisory Committee meeting (Paris, France)
- 27 February, 2017 - Third Interim Board Meeting (Oslo, Norway)
- February/March 2017 - Appointment of CEPI CEO
- 8 March, 2017 - Call for Proposals - Deadline for submission