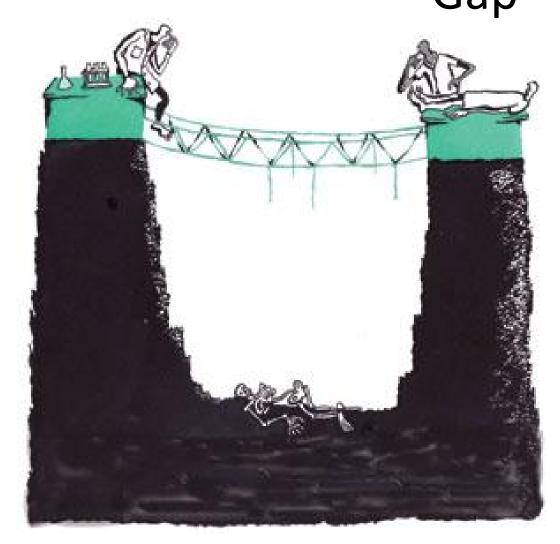




GLOBAL HEALTH POLICY FORUM
12 JUNE 2014, 13:00-16:00
Remko van Leeuwen



The Vaccine Translational Research Gap







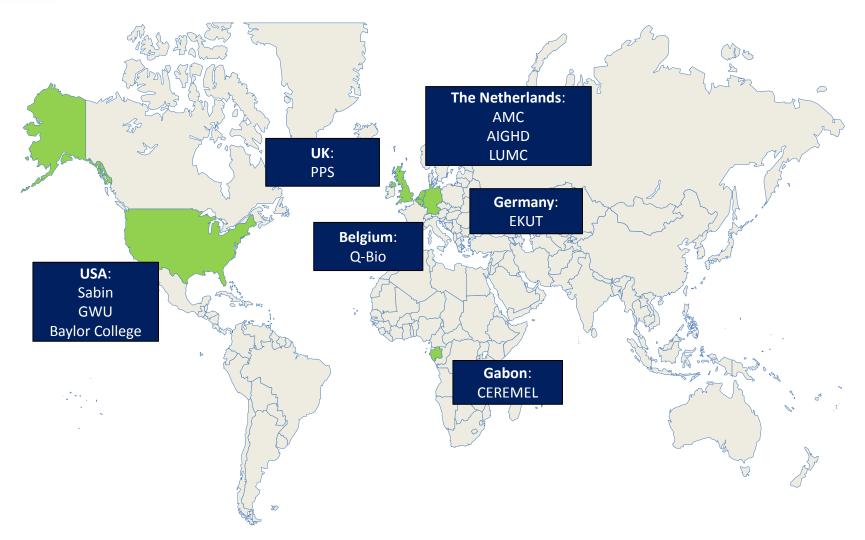


6 MILLION EU GRANT / 4 year

- Vaccine development & manufacturing
 - Vaccine clinical testing
 - Advocacy



HOOKVAC consortium







Human Hookworm Infection

- Highly prevalent neglected tropical disease
- A leading cause of maternal and childhood anemia in low- and middle-income countries



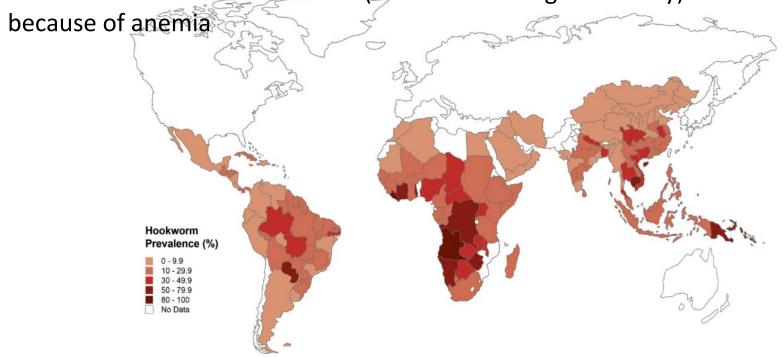




Wherever Rural Poverty and Tropical Climates Overlap

- 444 million cases
- 3.2 million DALYs
- The leading NTD along with schistosomiasis and leishmaniasis

All of the DALYs result from YLDs (Years Lost through Disability)



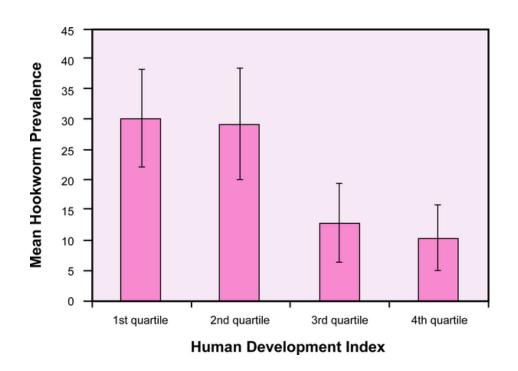




Hookworm and Poverty

Links with poverty

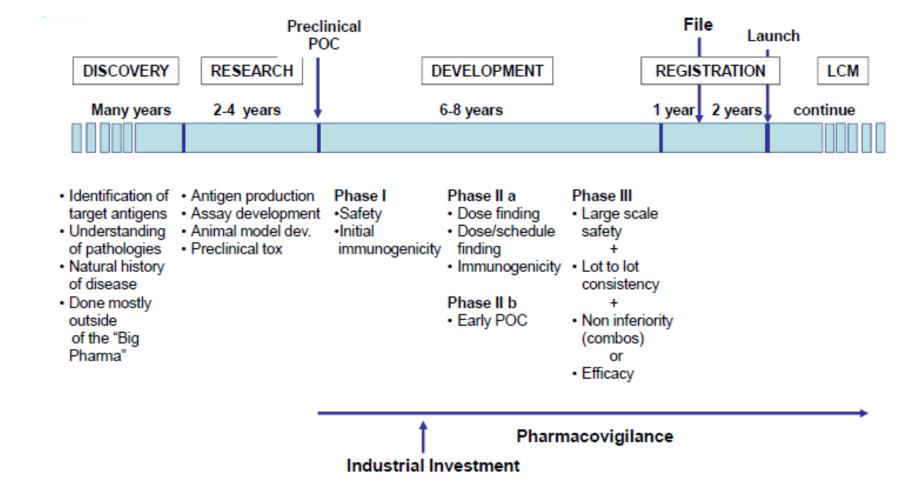
- Hookworm occurs in the setting of rural poverty
- Hookworm causes poverty
- 40% reduction in future wage earning (Bleakley et al)
- 20% increase in labor supply (Baird et al)







Steps in Vaccine Development







Steps in Vaccine Development

- Long and Complicated process
- ➤ Usually takes **10-15** years
- > Many vaccine candidates fail for every success
- Costs: \$ 100- \$ 700 million per successful

vaccine

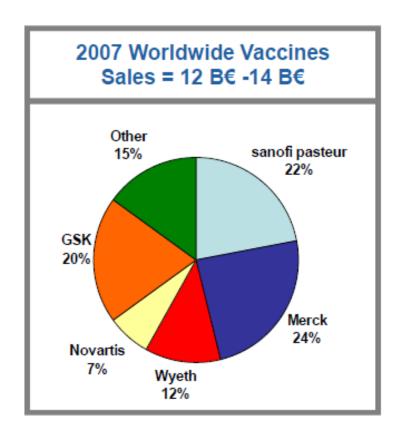




So who is willing to take that financial risk..?

Vaccines: Only a Small Portion of Pharmaceutical Market, But Increasingly Important





Source: IMS Health Market Prognosis (includes IMS Audited and Unaudited markets). All information current as of March 28, 2008.



Vaccine market

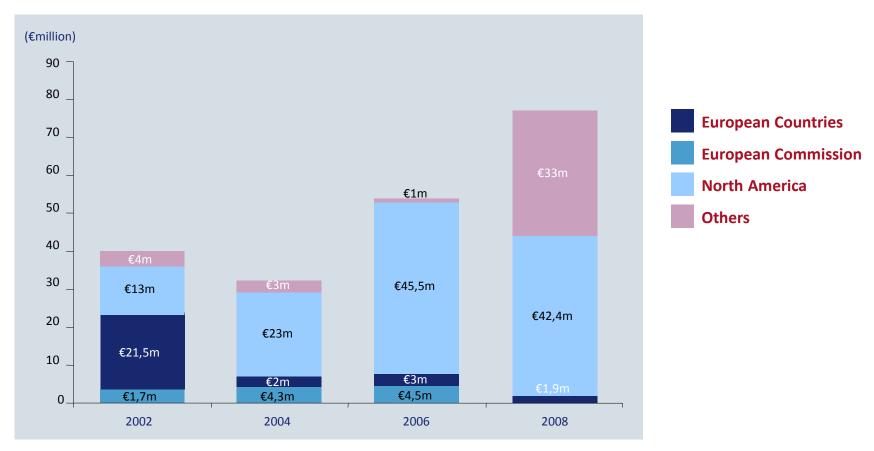
 For NTDs, not-for-profit PDPs have been playing a key role in funding vaccine research and development.

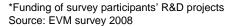




Public funding of vaccine industry R&D is growing outside Europe - EVM

European public funding* has declined in recent years





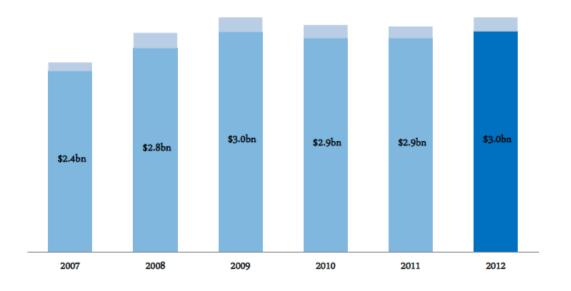




Overall spending on product development in Global Health

Findings OVERALL



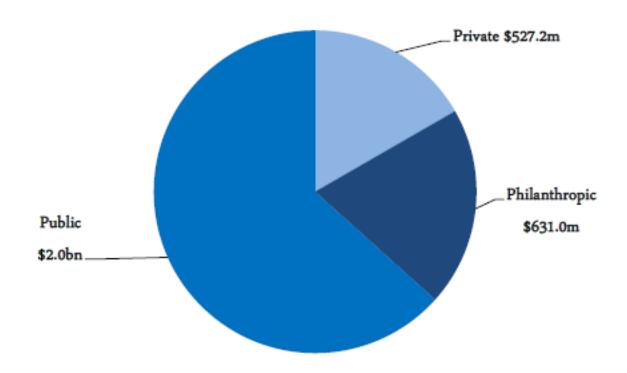


\$92.1m higher in 2012 than in 2011





Overall spending on product development in Global Health



All sectors increased funding in 2012

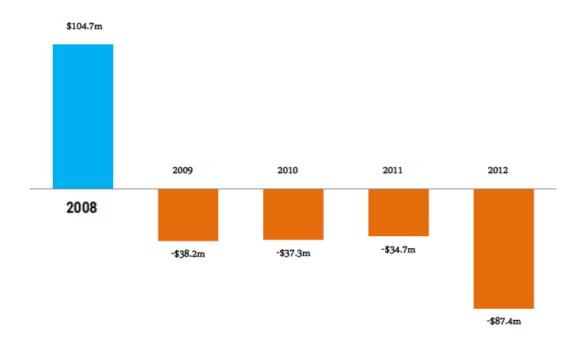




Overall spending on product development in Global Health

Findings
PDP FUNDING





The biggest decrease yet in PDP funding

- down \$87.4m (-20%)





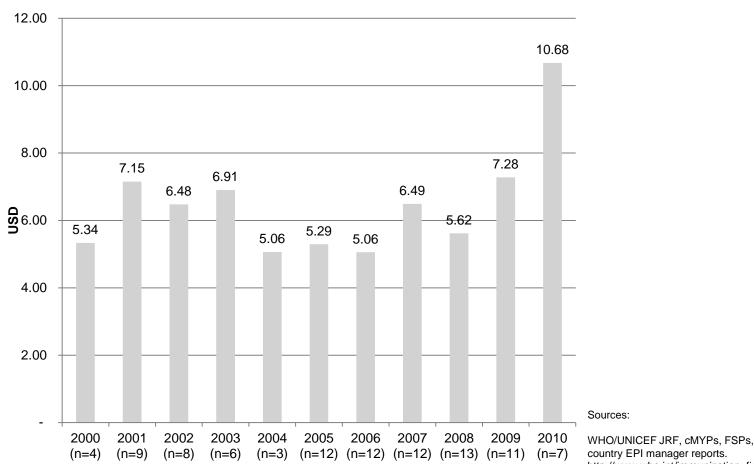
...and delivery funding issues...

- Cost per child fully immunized- US\$30- exceeds most governments' total per capita public health expenditure
- Fiscal gaps in immunization budgets are growing rapidly
 - Countries are underinvesting
 - Chronic external donor dependency
 - ➤ Newer vaccines are driving up costs





Average spending on routine immunization per child in 15 SIF* countries (2000-2010)



country EPI manager reports.

http://www.who.int/immunization_financing/data/en/





So what needs to change..?





What is needed in Europe?

- To foster European Efforts for a global impact
- To maintain and strengthen European Infrastructure: European leadership in vaccine R&D as driver force



What is needed for HOOKVAC..?

- Partner early to allow affordable production processes transferable to manufacturers in endemic regions.
- Modify the rules for pre-qualification (from mortality prevention to disease prevention)
- Fundraising for further development (100M+)





Local Partnering..! ROTAVAC

 The vaccine may be available for a price as low as 54 rupees per dose (0,61 EUR), whereas originator Rota vaccines costs around 1,000 rupees (12 EUR), and much higher prices in developed countries (90-100 EUR).





From HOOKVAC to EUROPAID

 Scale up and optimize production of both antigens to allow affordable production processes transferable to manufacturers in endemic regions.





HOOKVAC consortium



Kick-off meeting in Amsterdam



That's all Folks!