











# Global FMD vaccine security: progress and directions since the EUFMD Open Session 2018

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Why can't livestock owners access FMD vaccines when they need them?

## FMD SHOTS **NOW AVAILABLE**

Walk in anytime No appointment necessary





Money is often NOT the problem. There are other barriers

### THINGS MONEY

- COMMON SENSE
- CHARACTER

- MORALS

- CLASS
- LOVE

And **FMD VACCINES** 













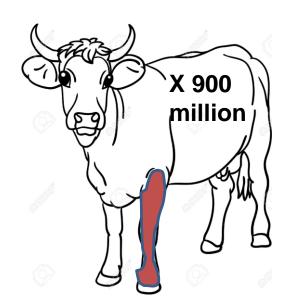
# What is the extent of vaccination coverage in large ruminants in non-free countries?

#### ~ 13% at best

(much less in SS Africa)

#### Assuming:

- > 900 million LR (excludes China)
- ➤ Bi-annual vaccination (=1.8 billion doses needed)
- All vaccine is used for cattle/LR (unlikely – some pigs/SR)
- Based on C Miller, OS18 paper



Currently

-not even one leg to stand
upon = insecurity







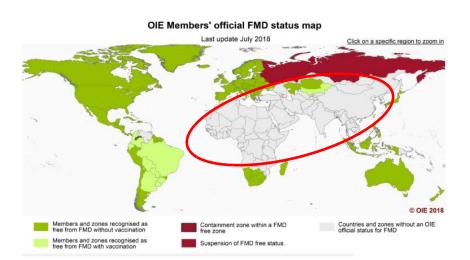






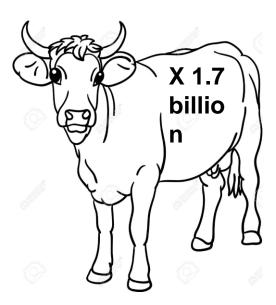
#### FMD CONTEXT (2019)

Non –free (Endemic): Africa, Asia, Mid-East Free countries (70), countries with free zones (19)



Global large ruminants 1,782 MILLION:

~ One billion of these are in FMD endemic countries [Hundreds of millions of owners]



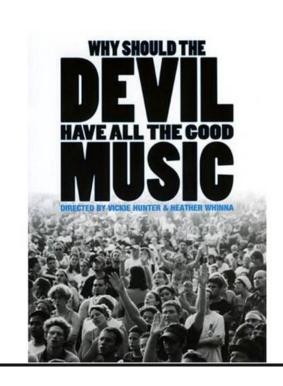


VACCINE Security is not equal

Why should the FMD FREE COUNTRIES have the good VACCINE?

CAN VACCINE BANKS BECOME PART OF THE GLOBAL SOLUTION?

**AESOP** 



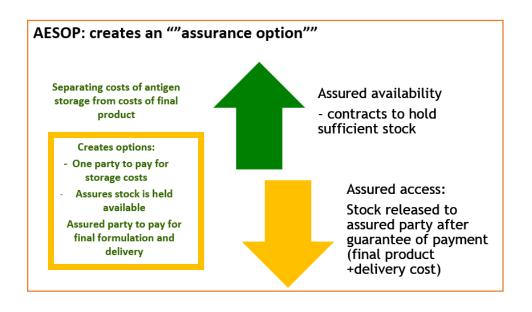




#### Assured Emergency Supply OPtions (AESOP)

- addressing need to increase reserves for FMD emergencies

EuFMD Feasability study -2017/18



But: Needs first a prequalification step to select quality suppliers













### **GLOBAL VACCINE SECURITY -**















### Vaccine security —the concept

"Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life. Household food security is the application of this concept to the family level, with individuals within households as the focus of concern (FAO, 2003) "

#### **Vaccine Security**

.....people, at all times have physical, social and economic access to sufficient, safe and effective vaccines to meet their needs and of the livestock in their care.....









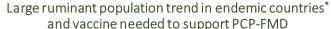


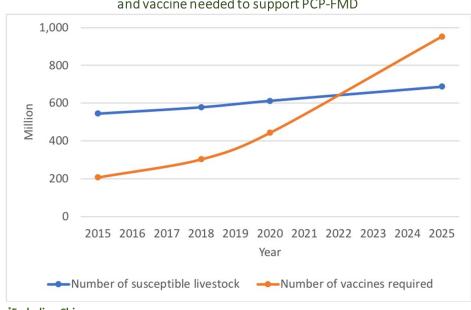


## Vaccine use (2017) in relation to projected trends

	2011a		2017 <sup>b</sup>	
Dogion				
Region	Doses	%	Doses	%
	(millions)		(millions)	
China	1600	68.	1614 <sup>c</sup>	67.8
		1		L
India	150	6.4	21 <sup>d</sup>	0.9
Rest of Asia	50	2.1	95	4.0
Africa	15	0.6	21	0.9
Middle East	20	0.9	71	3.0
Europe and	15	0.6	38	1.6
Turkey				
South	500	21.	520	21.8
America		3		
Total	2350	100	2380	100.
		.0		0

<sup>&</sup>lt;sup>a</sup> Hammond, 2011; Knight-Jones and Rushton, 2013





\*Excluding China

<sup>&</sup>lt;sup>b</sup> Mean annual use from 2015-2017 unless otherwise stated (OIE WAHIS, 2018)

<sup>&</sup>lt;sup>c</sup> SEACFMD, 2018

<sup>&</sup>lt;sup>d</sup> Reported annual use for 2015 (OIE WAHIS, 2015)

<sup>\*</sup> Work ongoing to validate current estimates













### Vaccine supply challenges

- Inaccessible and/or non-quantified market
- Lack of sales forecasts
- Complex supply models: sudden surges
- Long term and heavy capital investment required
- Difficulty & costly to produce quality FMD vaccine
- Constant R&D investment in emerging strains
- Complex and costly studies for registration
- → Few global manufacturers
- → Shortage of quality FMD vaccine













# Since 2012 – global progress *yes*-but the challenge remains to transform the daily reality of millions

#### Needs

- a massive upscaling in access to information, services and vaccine supply
- INNOVATION
- MAJOR private sector investments
- MAJOR public sector policy support for vaccine access
- High level recognition that this is a problem with global impacts affecting multiple, preventable TADS

Vaccine security affects us all!





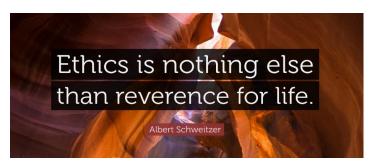








# Why preventing disease matters for welfare, global environment and health



3 additional imperatives for action to make vaccines available

- 1. Animal disease: the welfare imperative
- Ethics and economics
- 3. Animal disease and the global environment
  - 3. FMD and AMR everything is connected













### Animal disease: the welfare imperative

#### FMD is preventable

- Is it ethical to withhold prevention?
- public policies often constrain vaccine acccess













# Vaccination – its role considering a % of livestock green house gas emission is disease related

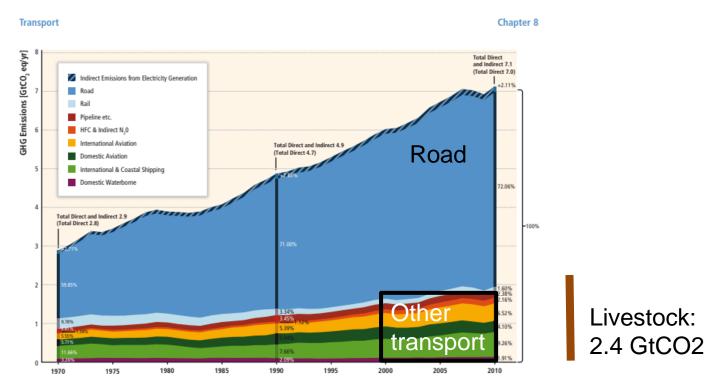


Figure 8.1 | Direct GHG emissions of the transport sector (shown here by transport mode) rose 250 % from 2.8 Gt CO<sub>2</sub>eq worldwide in 1970 to 7.0 Gt CO<sub>2</sub>eq in 2010 (IEA, 2012a; IRC/PBL, 2013; see Annex II.8).













#### FMD and antimicrobial usage – its huge

If we base estimates on 250 million FMD cases per annum

- and 10% of these are treated with AM (Tetracyclines)
- 25 million cases x 12 g OTC/case = 300 tonnes OTC

300 tonnes OTC is greater than the total use of AM by 15 EU countries

(266 tonnes, 15; 7781 tonnes, EU28+SWI)

If 1% are treated: still exceeds total for 6 EU States total AM in livestock

Preventing FMD cases will reduce AM usage. Much more attention needed to this area. Great uncertainty in numbers of cases and AM use; figures simply illustrative for arguments sake















### Key Recommendations of OS18

- 1. Improving vaccine availability
- 2. Engagement with manufacturers
- 3. Development of a PPP network to:
  - Create an enabling environment for investment
  - Support R&D for innovative technologies and partnerships
  - Ensuring inclusion of all stakeholders in the value chain
- 4. Understand the barriers such as registration and legislation
- 5. Support manufacturers tackling five major challenges: bio-secure facilities; expensive process; constant R&D; registration;
- 6. Support activities for monitoring of circulating viruses & vaccine matching
- 7. Pursue right to access effective vaccine for livestock keepers in endemic settings















### GLOBAL VACCINE SECURITY – OUR PARTICIPANTS VIEWS









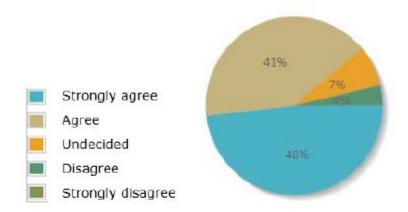




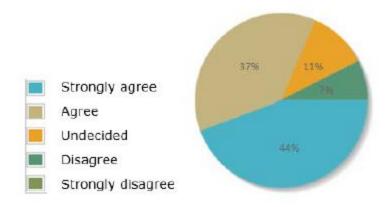


### OS18: Overwhelming support for action

Idea 1: Improving vaccine availability needs urgent attention by both the public and private sectors and a new form of partnership is needed to achieve real change in vaccine supply.



Idea 2: Development of a public-private professional network is needed to increase global security in the supply of effective vaccines.









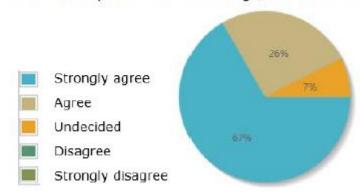






## Almost all believed that barriers to vaccine access must be addressed

Idea 3: Quality vaccines are not enough, the barriers that prevent their availability must be addressed.









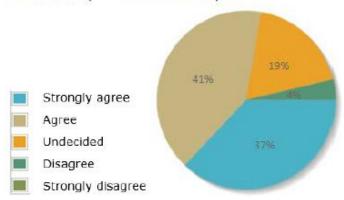




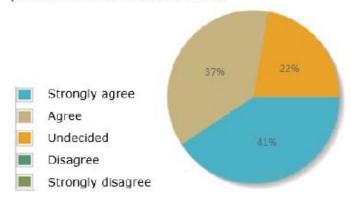


# Barriers must be studied, but less support for a "right to access vaccines""

Idea 5: There exists a willingness to pay for vaccine for FMD, but further work is needed to understand the drivers for adoption and barriers to uptake.



Idea 6: In many endemic settings, livestock keepers should have the right to access effective vaccines to protect their livestock and livelihoods.









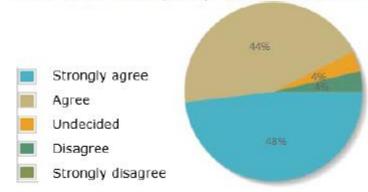






# Strong support for work to quantify future growth in demand for vaccines (92%)











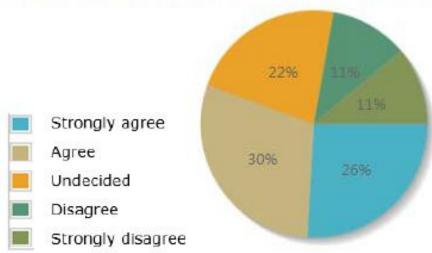






# Attenuated vaccines: ~50% supported defining a target for safety for use in endemic regions

Idea 10: EuFMD Biorisk Management Committee should examine the question of what level of FMD attenuation would be safe for use as a modified live vaccine in an endemic or free region.















### WHAT DID WE DO AFTER?















### Any progress?

- 1. Improving vaccine availability
- 2. Engagement with manufacturers
- 3. Development of a PPP network
- 4. Understand the barriers such as registration and legislation
- 5. Support manufacturers on five major challenges
- 6. Support activities for monitoring of circulating viruses & vaccine matching
- 7. Pursue access rights endemic settings

- New investments and initiatives [GFRA showcase]
- PPP network planned meeting 1/2020, also to address #4,5
  - 3. Continued funding global network of FMD reference centres
- Access to vaccine and role of veterinary paraprofessionals – more study needed













### Multi-Stakeholder Platform on Vaccine Security

1st PPP –VSP meeting: 23-24th January 2020, Rome

- Public and private stakeholders invited
- Public sector -medicines regulators, emergency managers, key reference centres
- Private sector focus on vaccine producers
- to identify priorities for action by the Platform
- sharing of new initiatives
- Launch of the FMD Vaccine Challenge Initiative (AgResults initiative managed by GALVmed).







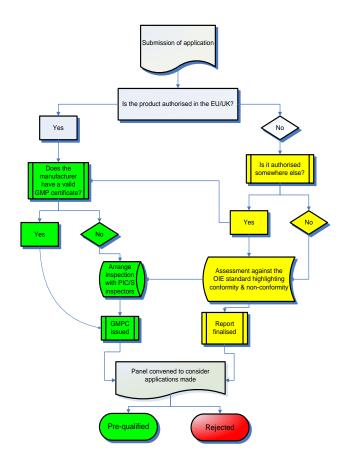






## Consultation on introducing a pre-qualification (PQ) system for FMD vaccines

- to safeguard quality of vaccines procured
- Greater confidence that international standards for FMD vaccines are met
- Enables UN procurement from list of PQ vaccines/producers
- Opens new emergency supply options
- International Listing as PQ will have commercial significance beyond sales to UN agencies?













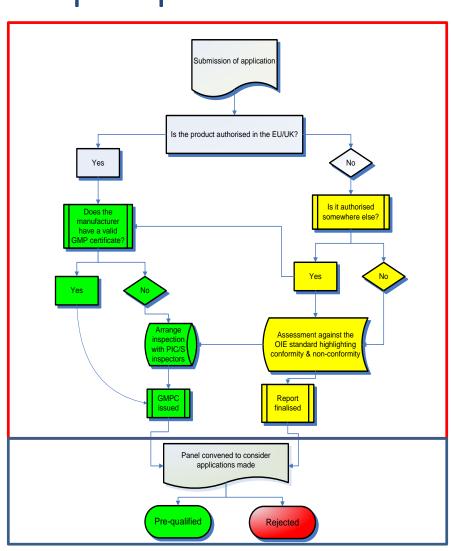


### Consultation on FMD vaccine pre-qualification

Guidance paper commissioned – VMD, UK

#### Key elements:

- Clear process
- Considers evidence from existing authorisations of vaccines
- 1st stage review of evidence by specialized regulatory assessment agency
- GMP inspections may be required
- 2<sup>nd</sup> stage decision by a Review Panel (FAO-convened) on whether the vaccine can be considered prequalified or not



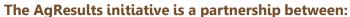




# Foot and Mouth Disease (FMD) Vaccine Challenge Project 2020~2028

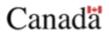
## [to be presented in more detail by Jeremy Salt, GALVmed @GFRA]

















#### FMD Vaccine Challenge Project (2020-2028): Overview

The AgResults FMD Vaccine Challenge Project is a \$17.7 million cost-share mechanism that aims to meet both the technical and market requirements for an FMD vaccine in East Africa.

#### **Mechanism Overview**

- 1. The Project will aim to incentivize vaccine manufacturers to develop and produce an improved FMD vaccine tailored to East Africa.
- It will support government and private sector actors to consistently purchase high volumes of FMD vaccines by reducing the cost-per-dose, enabling public and private actors to better combat FMD through higher purchase volumes.
- 3. The Project will also support the liberalization of the FMD vaccine markets in East Africa by setting aside a minimum volume of vaccines available for purchase by only private sector actors.















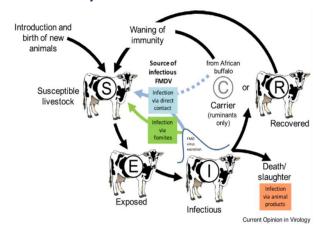
#### Vaccine demand predictions – workplan

(Component 3.4: 2020-23)

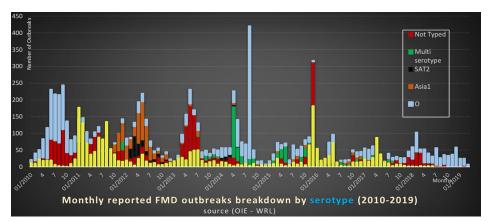
- ""Big data"" partnerships
- Demographics of animal population and ownership
- Public-private policies
- Control strategies (PCP)

#### Many drivers for demand

- Risk epidemiologic
- Risk social risk perceptions
- Risk -economics & trade strategies
- Maturity of public –private partnering
- Political structure (decentralisation)
- significance of cattle



FMDV transmission model, Paton et al (2018).



Monthly reported FMD outbreaks by serotype in the Middle East, North Africa and West Eurasia regions; EuFMD (unpublished), 2019.













#### **Conclusions**

- Since 2012 global progress on FMD yes
   but the challenge remains to transform the daily reality of millions
- 2. The gap between supply and <u>needs will continue to grow</u> <u>unless significant new production is secured</u>
- 3. Private sector investment is vital to meet current and future needs
- 4. New initiatives (AgResults FMD challenge) are extremely significant potential for increased vaccine security in Africa
- 5. Need to keep momentum a public -private platform should assist [platform meeting January 2020]















Where do you think the next Open Session will be held?

Send us an email with country and city to win 1 free registration



### **27**th - **30**th October 2020

Save the date!

The largest meeting on FMD and similar transboundary animal diseases

