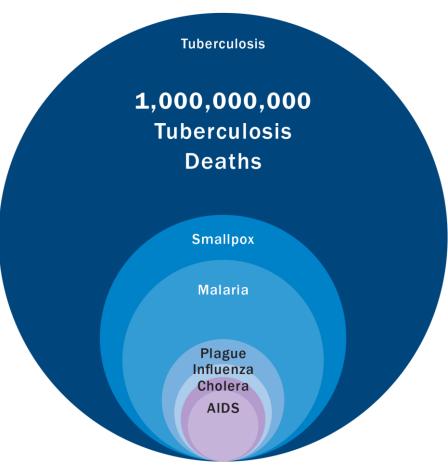


TB Vaccine Development Strategy Overview

October 28, 2014

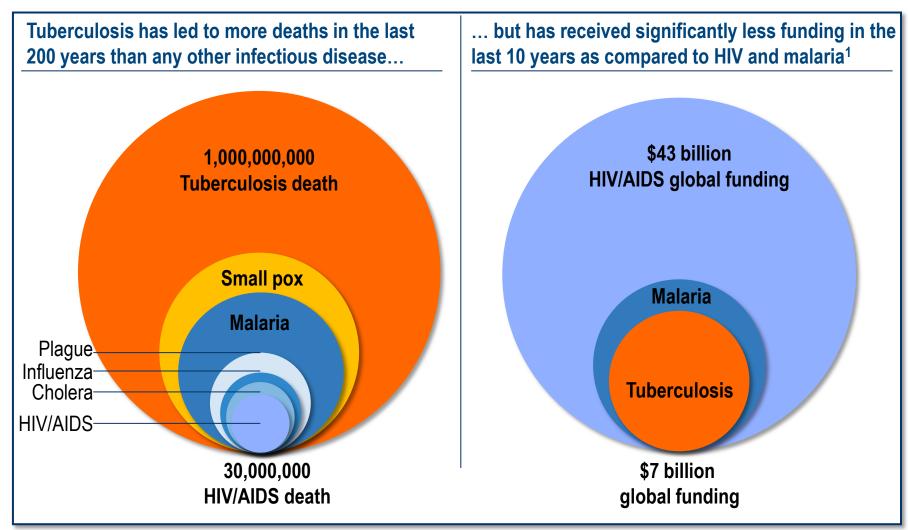
Angeline Nanni, MBA, MS Aeras Director, Global Access TB is Mother Nature's number one killer over the past centuries

- TB is spread through the air like a common cold
- Nearly 8.5 million people become sick with TB each year
- TB kills 1 in 4 people infected with HIV
- 530,000 annual cases among children aged under 15
- 410,000 women killed annually by the disease



Source: Nature/ World Tuberculosis Report, 2013

Yet, funding priorities have lagged relative to the morbidity and mortality of tuberculosis



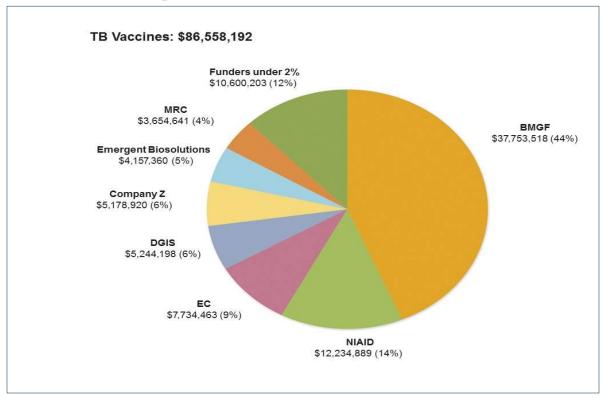
¹ Based on OECD and IHME Development Assistance for Health (DAH) funding data

Source: Global Tuberculosis Report 2012, WHO (2012), Nature Vol 502, No. 7470 Suppl, S2 (2013), Financing Global Health 2012, IHME

Who is funding the TB vaccine field?

5 funders comprise 80% of global resources

- Limited number of new governments coming on board to support PDPs
- Alignment around a scientific strategy among major donors is poor



- Estimated <\$500 million required to strengthen and advance the global portfolio - highly cost-efficient portfolio management approach through 2021
 - Today, <22% of the total needed funding is earmarked/committed
 - Only 2 major donors (BMGF & DFID) committed through 2016

The cost of underfunding TB vaccine development: economic impacts

COUNTRIES

TB costs the global economy an estimated \$1Billion each day

GROWING COST OF DRUG-RESISTANT TB*

Cost of treatment for MDR - \$6,772 per patient in South Africa and \$113,000 in the U.S.

Treatment for one XDR patient - US\$250,000 in the Industrialized countries

BUSINESS SECTOR

Emerging economies, for example, China estimated to be up to \$1.182 Trillion from 2006-2015

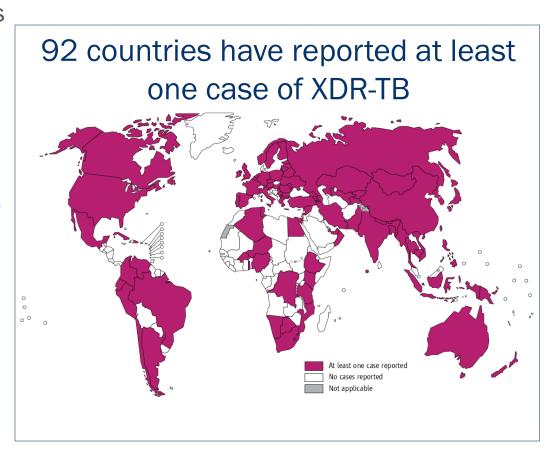
Annual cost to the South African mining sector is over \$880 million

FAMILY

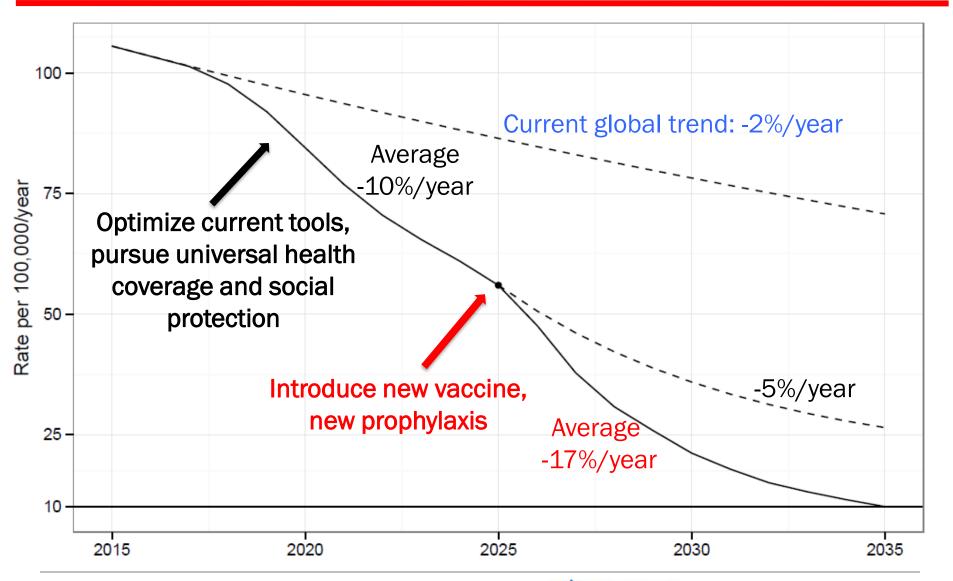
TB primarily strikes down working-age adults

Antimicrobial Resistance is Confounding Global Efforts to Control the Epidemic

- ~ 650,000 drug-resistant cases in 2013
- 1 in 5 individuals with drugresistant TB are being accurately diagnosed and even fewer are receiving appropriate treatment
- Current treatments for drugresistant strains require a minimum of 2 years using highly toxic drug regimens
- Evolving with some strains becoming virtually untreatable



Vaccines feature prominently in the Post-2015 Global Agenda: Targets approved by World Health Assembly in May, 2014



Major challenges facing the TB vaccine field Scientific

- Lack of correlate or biomarker of protection
- Current preclinical portfolio lagging and lacks sufficient diversity
- Human challenge model not yet developed
- Development timelines long and expensive
- Animal models not validated



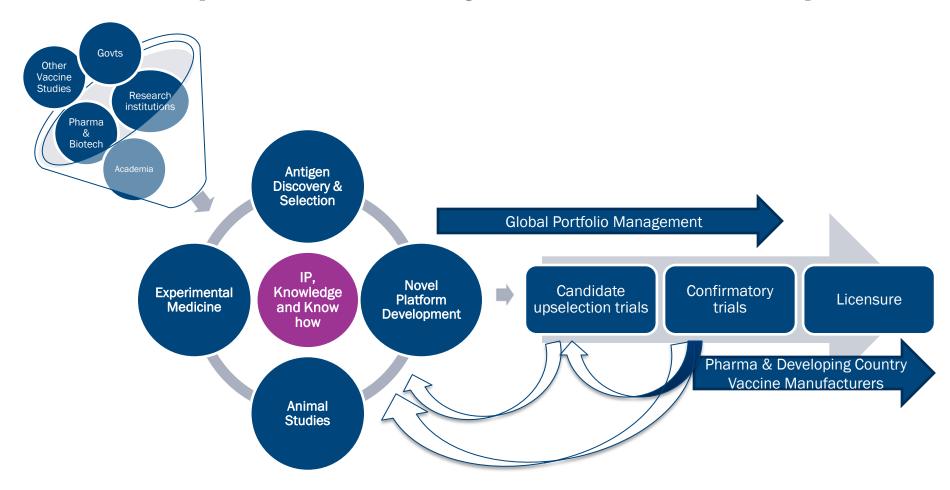
 Discovery field lacks mechanisms to address gaps and opportunities generated by findings from clinical development

Aeras strategic objectives to address challenges Through enhanced collaboration with key stakeholders:

- 1. Strengthen and diversify the preclinical pipeline
- Employ an iterative cycle of preclinical, animal model and experimental trials in humans to define the strengths and weaknesses of a variety of platforms and approaches
- 3. Advance diverse and novel candidates into innovative trials to assess for biological effect
- 4. Utilize a cost-effective portfolio management approach, advance selected candidates into larger Proof-of-Concept studies
- 5. Expand the worldwide support of TB vaccines through advocacy, outreach and education



Aeras 'field of engagement' includes collaboration with partners and a dynamic feedback loop



Engagement of strategic partners is critical



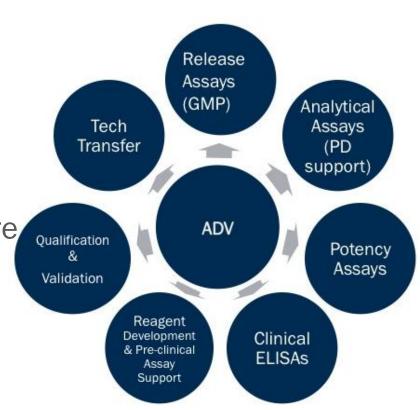
- Engage, listen and learn in affected countries and regions
- Network with a wide variety of stakeholders
- Only enter areas in which Aeras represents added value
- Develop local offices and expertise- SA and China

The Global Clinical Pipeline of TB Vaccine Candidates

PHASEI	PHASE IIa	PHASE IIb	PHASE III
Ad5 Ag85A McMaster CanSino	VPM 1002 Max Planck, VPM, TBVI, SII	MVA85A/AERAS-485 Oxford, Aeras	M. Vaccae Anhui Zhifei Longcom, China
MTBVAC TBVI, Zaragoza, Biofabri	H1 + IC31 SSI, TBVI, EDCTP, Intercell	M72 + AS01E GSK, Aeras	
ID93 + GLA-SE IDRI, Aeras	RUTI Archivel Farma, S.L		
Crucell Ad35/MVA85A Crucell, Oxford, Aeras	H4: IC31 SSI, Sanofi-Pasteur, Aeras, Intercell		
DAR-901 Dartmouth, Aeras	H56: IC31 SSI, Aeras, Intercell		
TB/FLU-04L RIBSP	Crucell Ad35/AERAS-402 Crucell, Aeras		
VIRAL VECTOR rBCG			

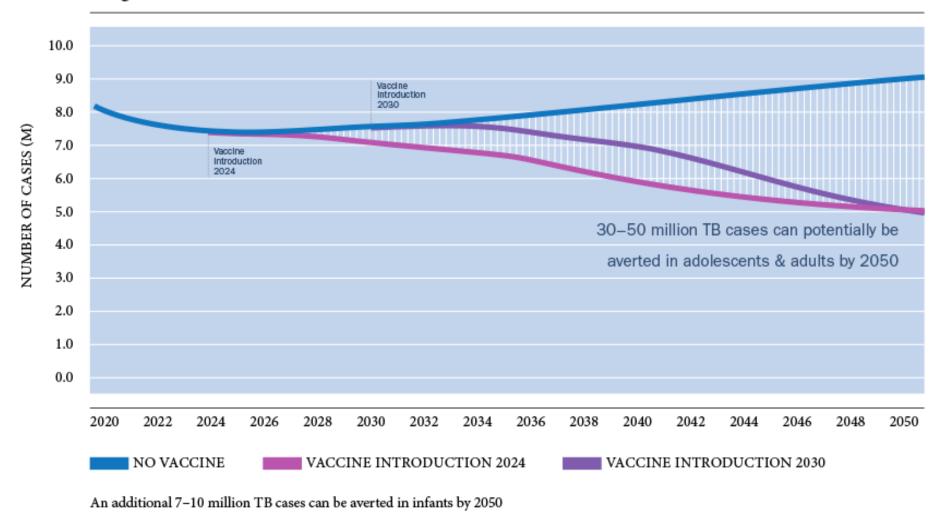
Aeras serves as a critical translational bridge for product development in the area of CMC

- Characterization of the GMP manufactured product
 - Potency, identity and stability
- Providing quality control mechanisms and risk assessment characterizations that more closely resemble more experienced manufacturers
- Assay development and qualification to determine immunogenicity

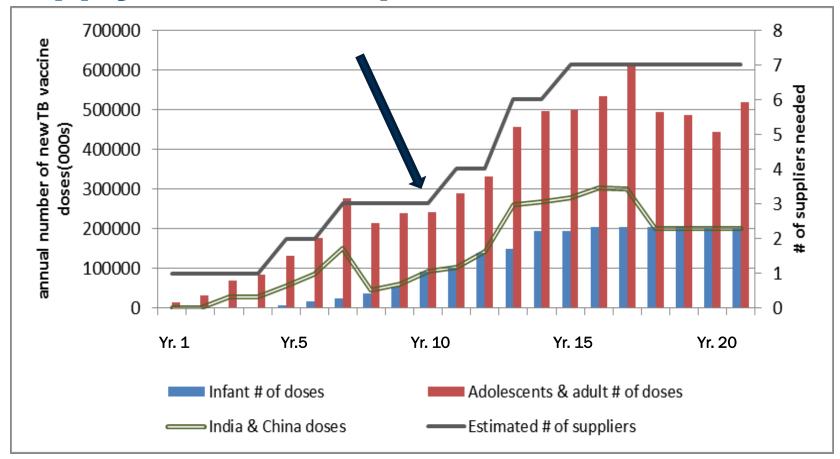


Potential Health Impact of New TB New Vaccines

Range of TB Adolescent & Adult Incident Cases Averted

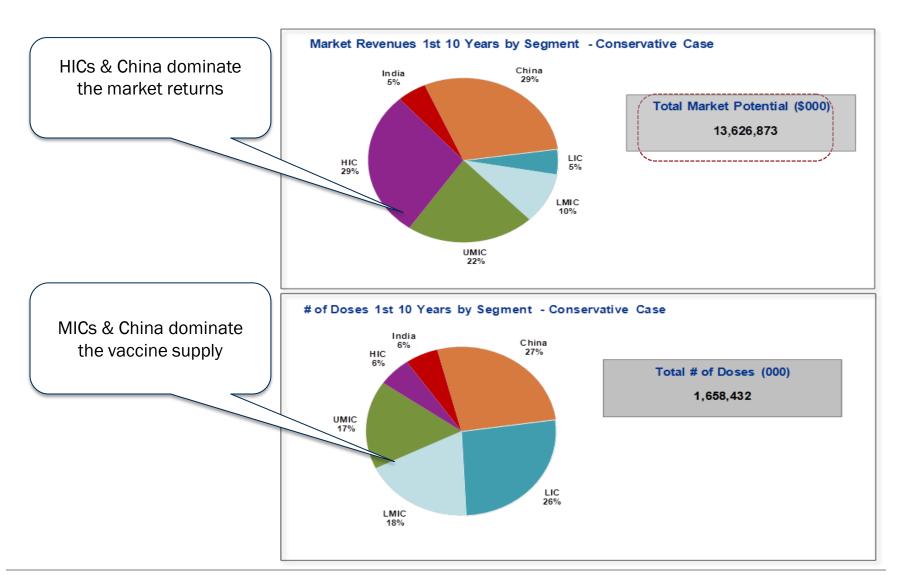


TB vaccines early estimates of global supply & demand potential



A minimum of 3 suppliers would be required to meet potential demand within 10 years after vaccine introduction (~250,000 M - 300,000 M)

Overall market revenue potential



So how can the DCVMN support TB vaccine development

DCVMN - over 40 vaccine manufacturers representing 17 countries

- China
- India
- Indonesia
- Thailand
- South Africa
- Viet Nam
- Bangladesh
- Brazil

High degree of interest for TB vaccine development

- high burden of disease

or

- existing partnerships

or

- manufacturing capacity

or

- clinical trial capacity

Major Funders and R&D Partners













































Thank you.

www.aeras.org