

Developing Countries' Vaccine Manufacturers' Network International

Improving vaccination for all people



Developing Countries Vaccine
Manufacturers Network

Mission

- To **protect people** against known and emerging infectious diseases, by **increasing the availability of high-quality vaccines** to developing countries.

DCVMN International

- It is a voluntary, non-governmental, non-partisan, non-confessional, not-for-profit, public health driven, civil-society alliance of vaccine manufacturers, research and policy organizations from all over the world.
- Legal entity established in Switzerland, according to articles 60 and ff. of Swiss Civil Code, with liaison offices in India.
- Operates based on principles of technical, scientific and economic cooperation at international level.

OUR VALUES

EQUITY

Maximize access to vaccines making them affordable to all people, and provide information and opportunities to all members

RESPONSIBILITY

Each and all our activities aim to achieve our common mission

TRANSPARENCY

Foster a culture of good governance based on collegial decision making processes

ACCOUNTABILITY

Provide accurate reports and financial statements to all members

RESPECT

Different views and opinions are welcome and respected

Memberships and Strong Partnerships



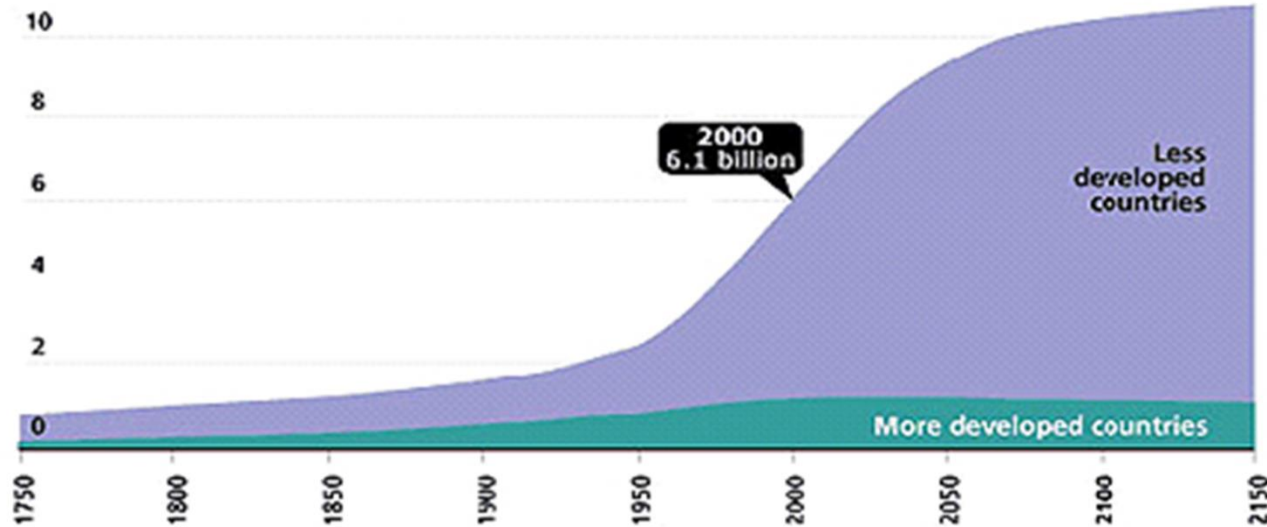
Credit: <http://www.vibincblog.com/?tag=partnership>

Need to respond to needs of developing countries

The developing world needs vaccines

World Population Growth, 1750–2150

Population (in billions)



Source: United Nations, *World Population Prospects, The 1998 Revision*; and estimates by the Population Reference Bureau.

Developing Countries



- developing economies according to the IMF
- graduated to [developed economy](#)

The World Bank classifies countries into four income groups. These are set each year on July 1. Economies were divided according to 2011 GNI per capita using the following ranges of income:^[11]

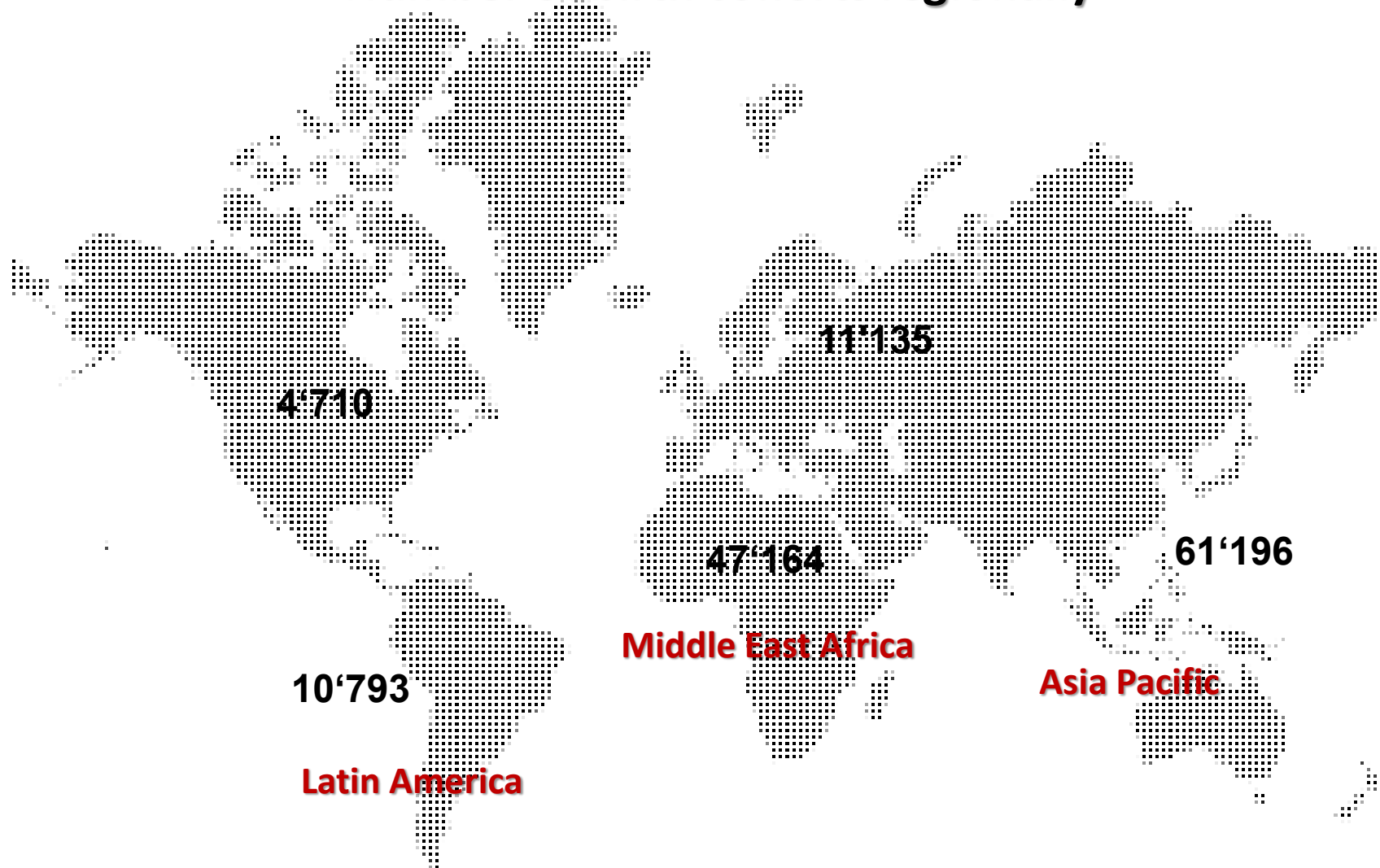
Low income countries had GNI per capita of US\$1,026 or less.

Lower middle income countries had GNI per capita between US\$1,026 and US\$4,036.

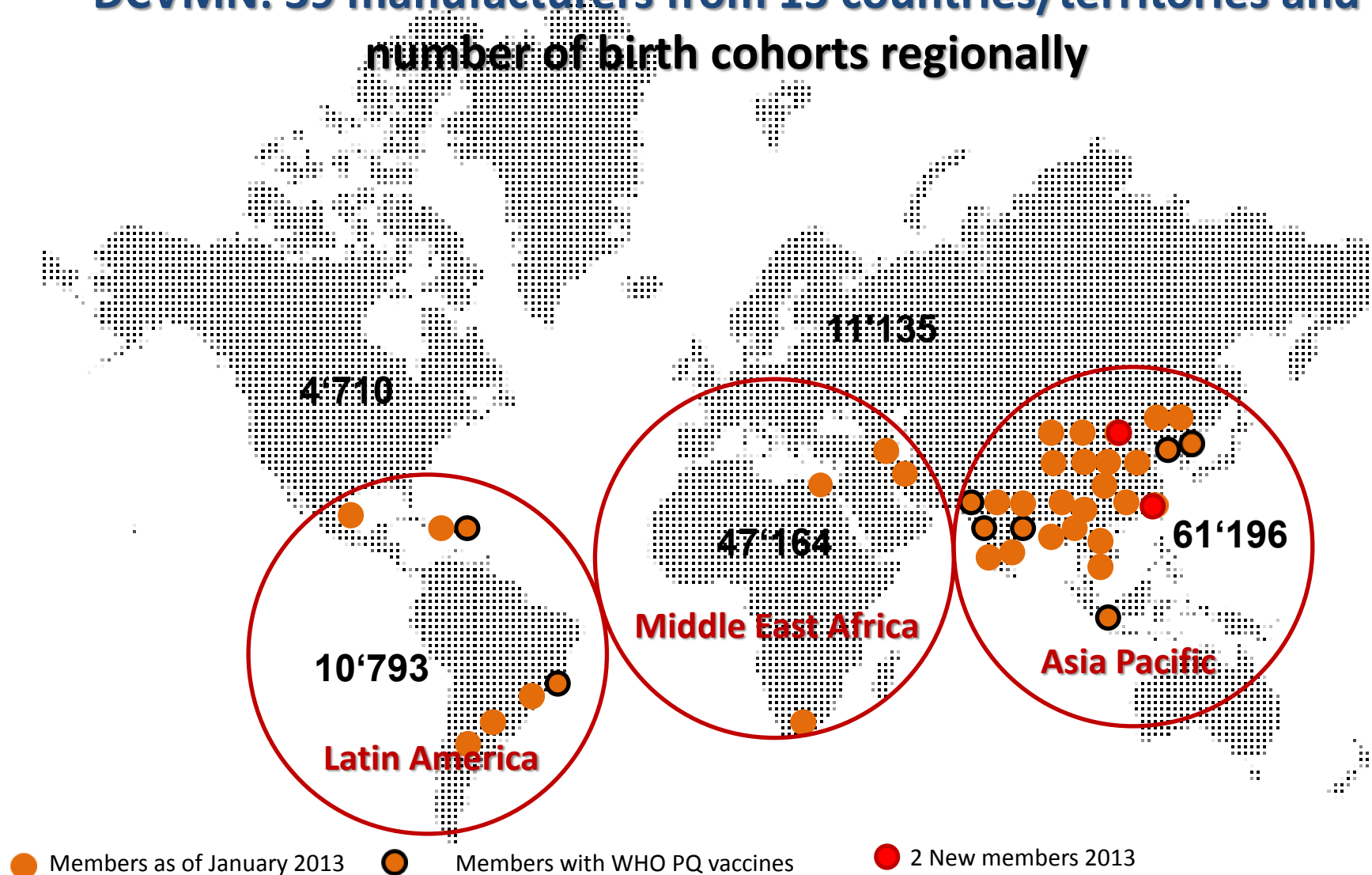
Upper middle income countries had GNI per capita between US\$4,036 and US\$12,476.

High income countries had GNI above US\$12,476. http://en.wikipedia.org/wiki/Developing_country (2012-10-09)

Number of birth cohorts regionally



DCVMN: 39 manufacturers from 15 countries/territories and number of birth cohorts regionally



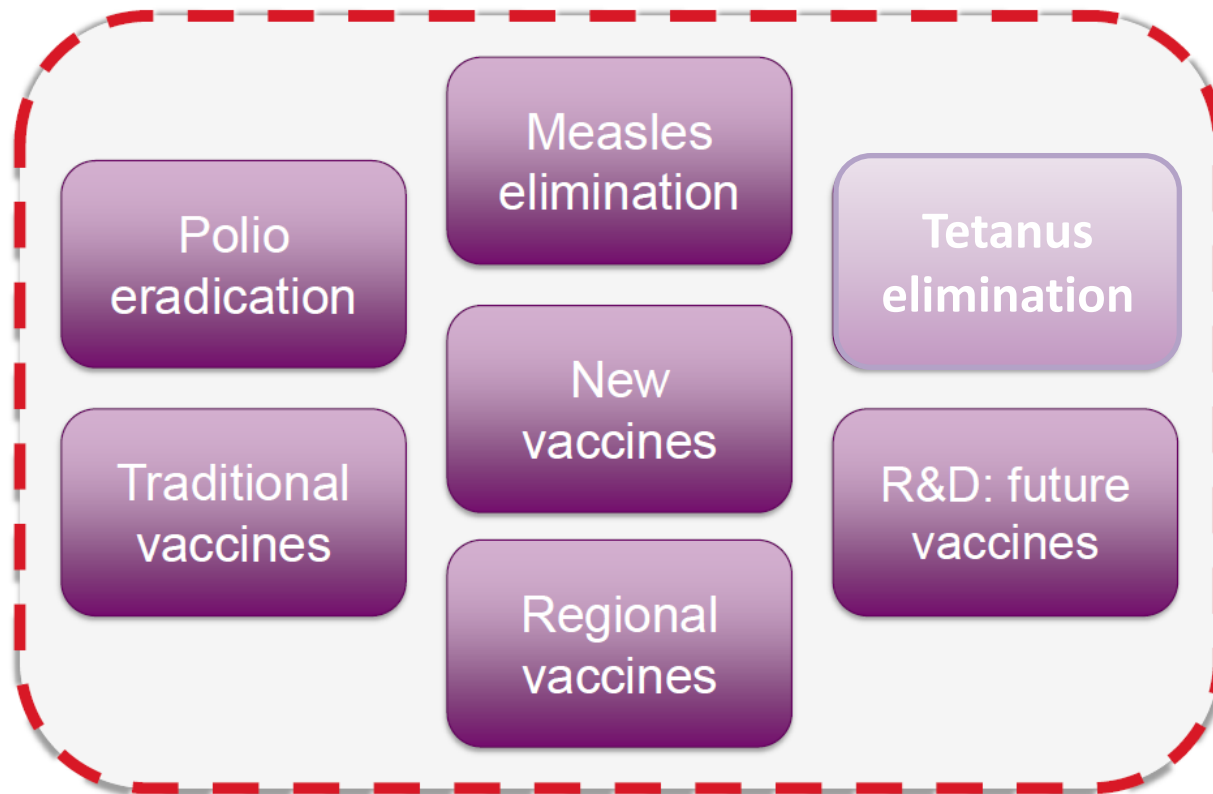
Matrix of vaccines portfolio by DCVMN

	ANLIS	BHARAT	BIOFARMA	BIOLOGICALE	BIOMANGUI	NHOS	BIONET	BIRMEX	BUTANTAN	CADILA	CIGB	CNBG	CDBIO	FINLAY	GPO	HAFFKINE	INDIAN	IMMUNOL	INNOVAX	IVAC	LGLS	PANACEA	PASTEUR	INST. IRAN	QSMI	RAZI	SERUM	INST.INDIA	SINOVAC	MINHAI	VABIOTECH	VACSERA	WALVAX
VACCINES																																	
BCG																																	
Rabies																																	
Typhoid																																	
Pertusis a																																	
OPV 3																																	
OPV 1																																	
OPV 1/3																																	
OPV tri																																	
IPV																																	
Tetanus Toxoid																																	
DT or Td																																	
DTPacelular																																	
DTPwhole cell																																	
DTPwHepB																																	
PENTAVALENT																																	
Haemophilus i. b																																	
DTPhib																																	
Hepatitis A																																	
Hepatitis B																																	
Hepatitis E																																	
Yellow Fever																																	
Meninge A																																	
MeningeA/C																																	
MeningeB/C																																	
Measles (M)																																	
Rubella (R)																																	
MR																																	
MMR																																	
Japan. Encephal.																																	
Rotavirus																																	
Pneumo 10																																	
Pneumo 23																																	
Flu seasonal																																	
Flu H1N1																																	
Cholera																																	
Hemoragic fever																																	
Leptospirosis																																	
Varicella																																	
Anthrax																																	
Tick encephalitis																																	
Brucella																																	

■=PQ

DCVMN Contributions to the Global Vaccination Landscape

Synergies and shared learnings



*GAVI Alliance Board meeting
Dhaka, 16–17 November 2011*

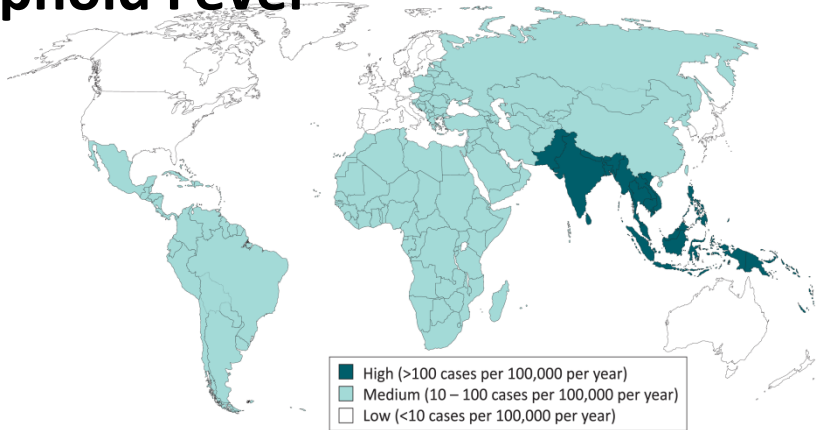
DCVMN Contributed to a Polio Free India

- **12 January 2012** - India completed one year without polio since its last case, in a 2-year-old girl in the state of West Bengal, on 13 January 2011.
- DCVMN members, e.g. Panacea, Haffkine, Bharat and Biofarma contributed by producing & supplying billions of doses of Oral Polio Vaccine over 2 decades.



DCVMs fighting regional infectious diseases

New conjugate vaccines to Typhoid Fever



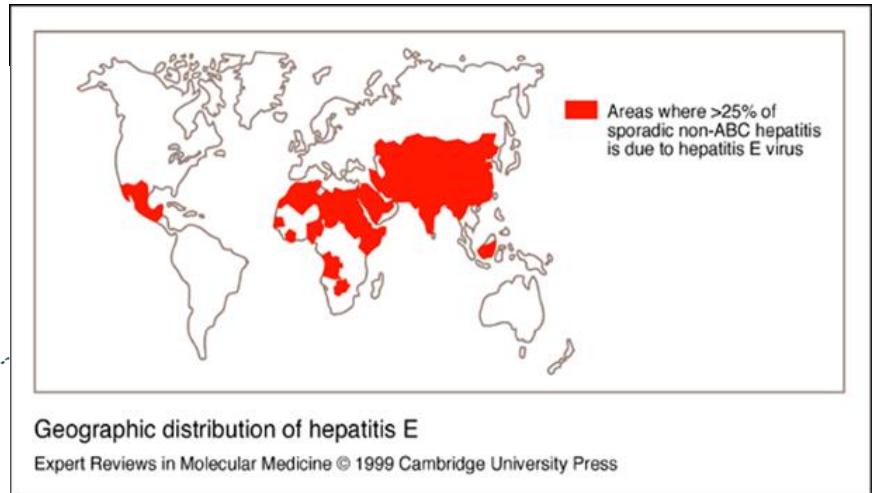
Jevax™, Japanese encephalitis



MenAfriVac™



Hepatitis E vaccine, Hecolin™

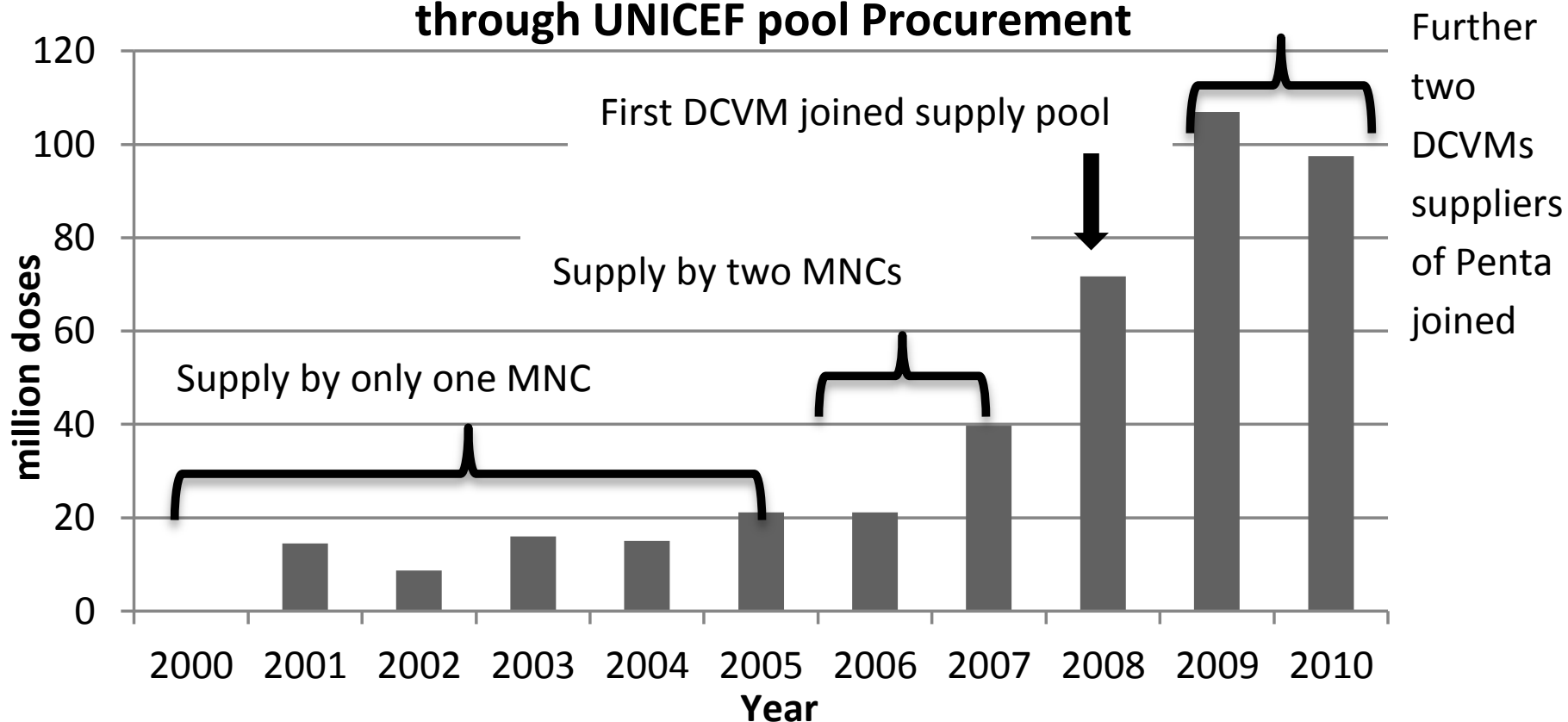


Yellow Fever Vaccines



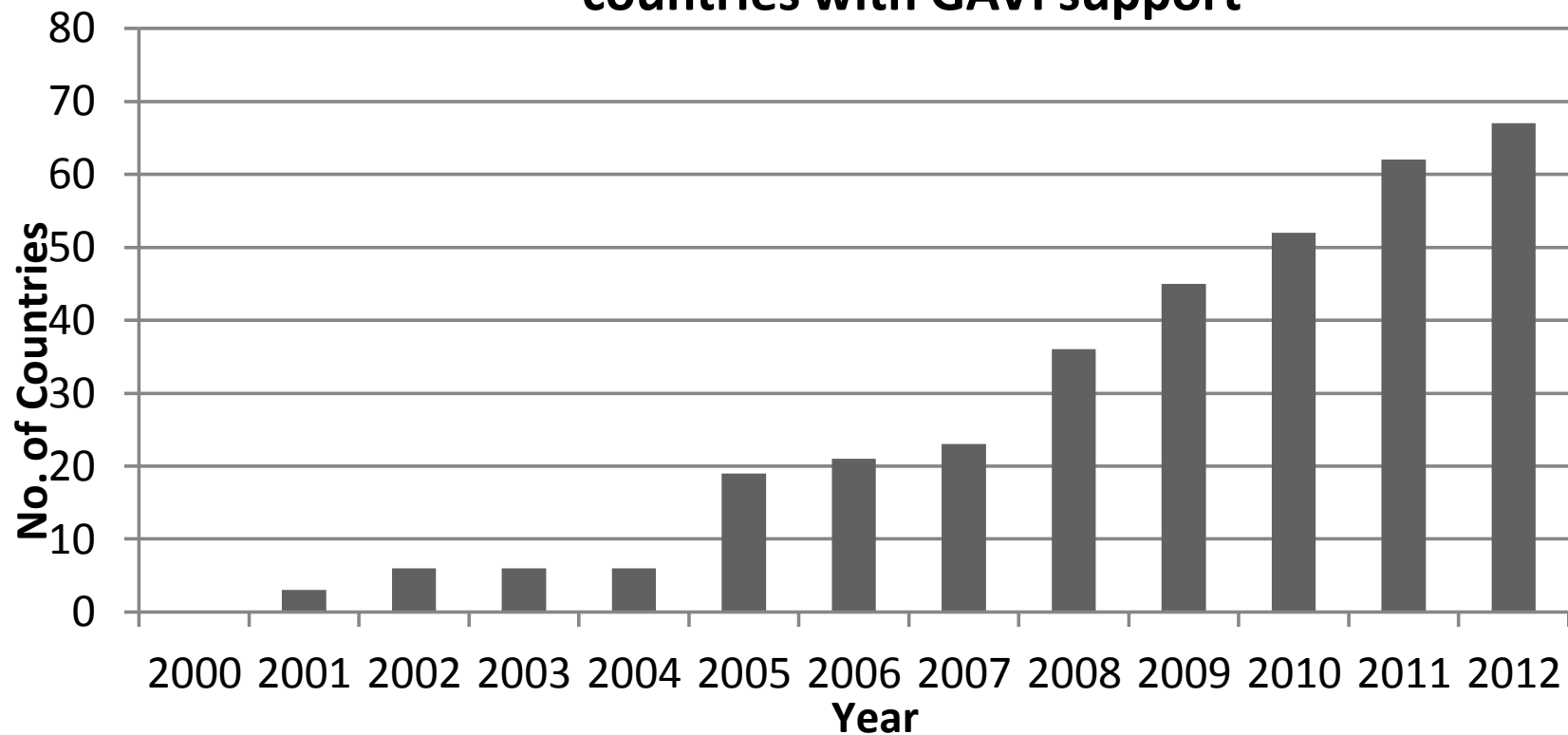
The growing demand for vaccines in developing countries

A) Number of doses of Pentavalent - DTPHepBHib - supplied through UNICEF pool Procurement

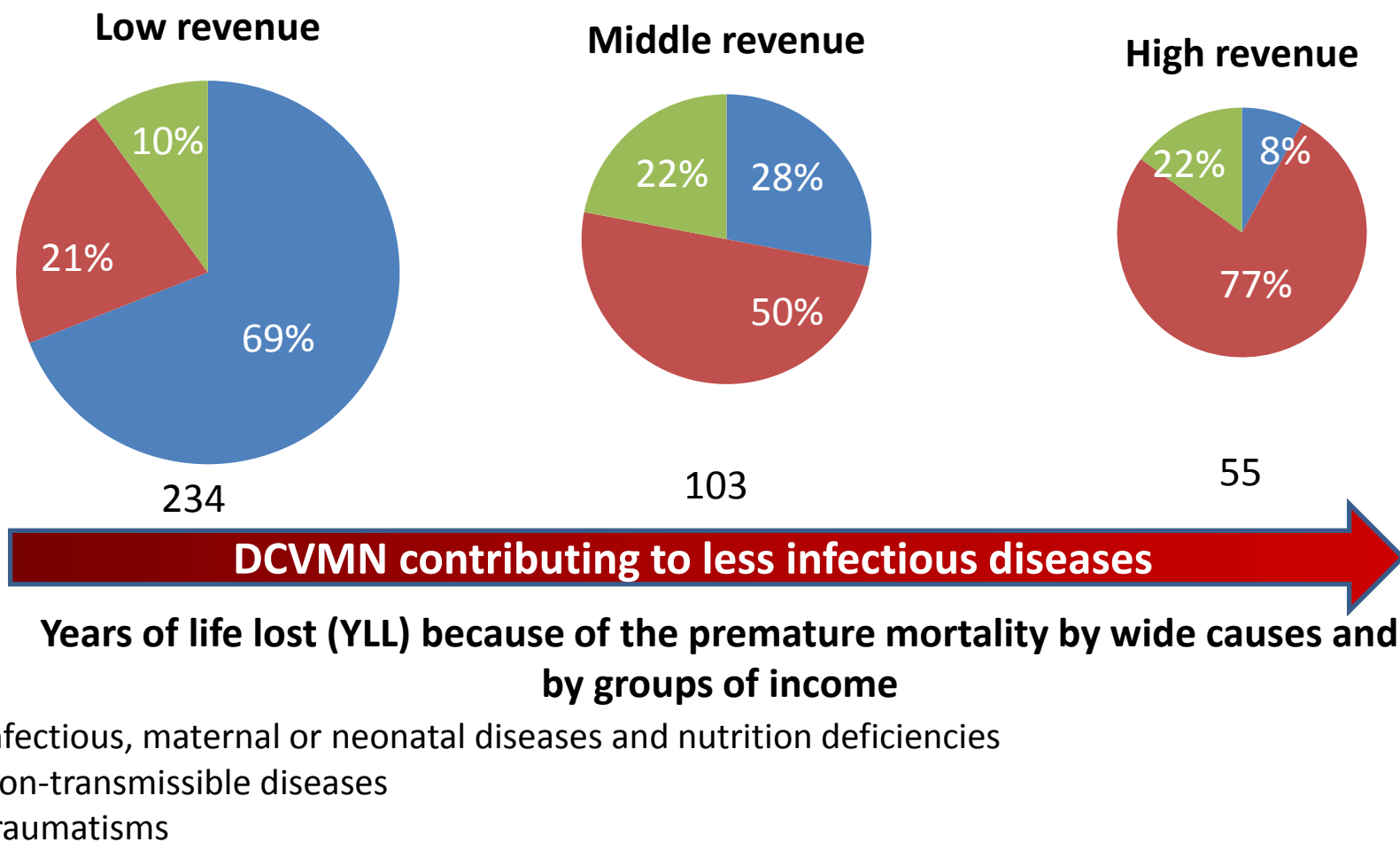


Demand by countries to introduce Pentavalent vaccines, over the last decade with GAVI support

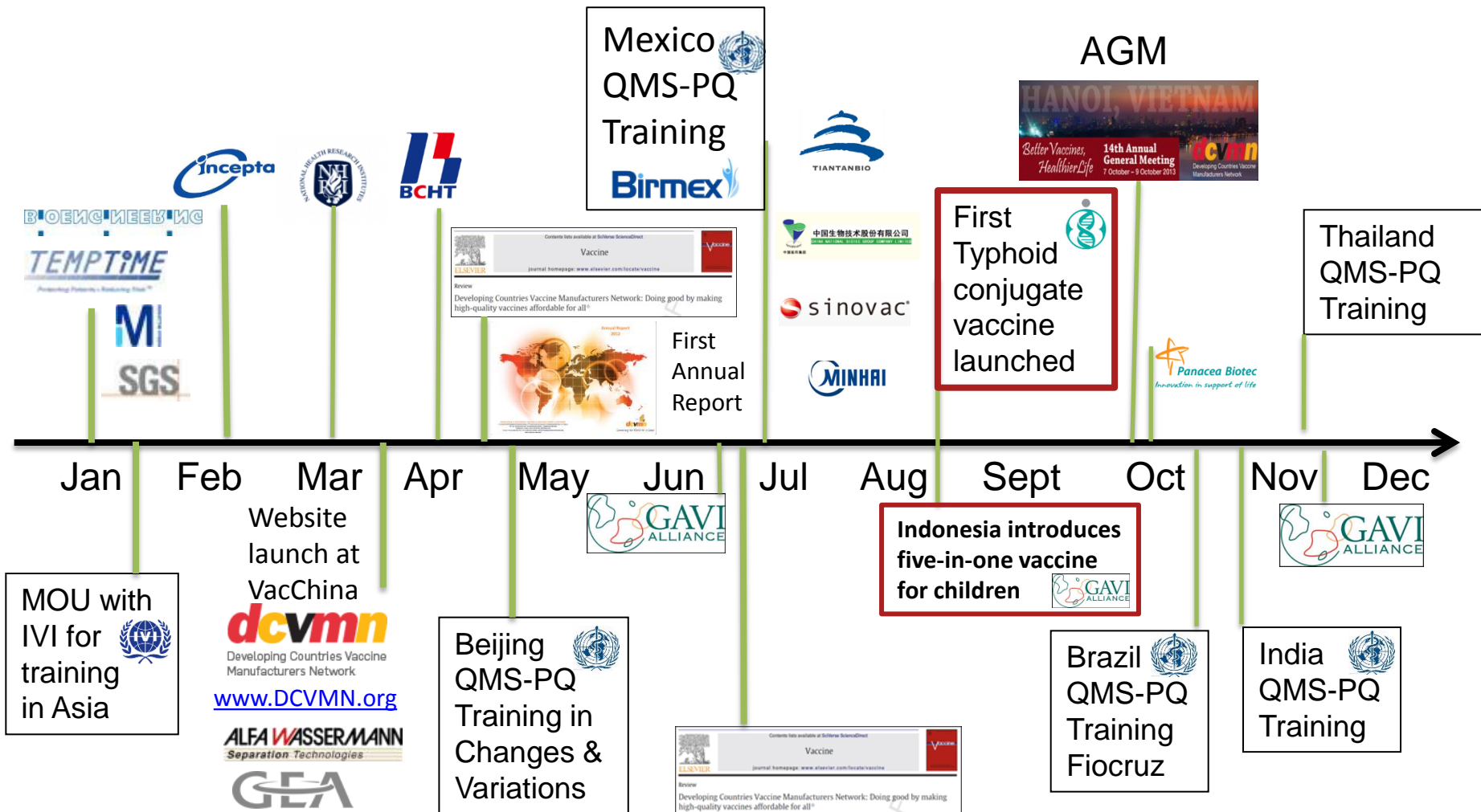
B) Introduction of Pentavalent - DTPHepBHib - Vaccines in countries with GAVI support



The control of infectious diseases as element of acceleration of the economic transition



2013 milestones



Global Vaccine Academy (GVAc)

reaching out for expertise sharing and professional training

- **Ongoing Webinar series on science and technology**



1. **August '12:** Quality compliance challenges, SGS-life sciences (n=68)
2. **September'12:** Expedited Review of imported pre-qualified vaccines, WHO (n=39)
3. **November'12:** Quality from all angles: ICH Q8;Q9,Q10, PATH (n=57)
4. **January'13:** Lot release testing, RIVM (n=43)
5. **March'13:** Biosafety Considerations, Vitrology (n=35)
6. **May'13:** GAVI Alliance Overview and investment, GAVI (n=24)
7. **June'13:** processing tool for Large Scale Viral Vaccines, AW (n=29)
8. **September'13:** Sabin-IPV Technology Transfer program, Intravacc
9. **October'13:** Aseptic Process, Millipore
10. **November'13:** VPPAG or Optimize

- **DCVMN QMS workshops 2013**
Connecting with experts



1. **May 2013, Beijing:** Post licensure variations and changes to vaccines (n=48)
2. **July 2013, Mexico City :** Sharing experiences in PQ and beyond, (n=50)
3. **July 2013, Beijing:** Cell banks Characterization, Beijing (n>50)
4. **October 2013, Rio/BA:** Approaches to risk assessment (>50)
5. **November 2013, Delhi/Hyderabad:** WHO Post Licensure variations and changes to vaccines, Safety and Stability testing of vaccines for Global markets
6. **November 2013, Bangkok,** cell banks characterization and stability testing

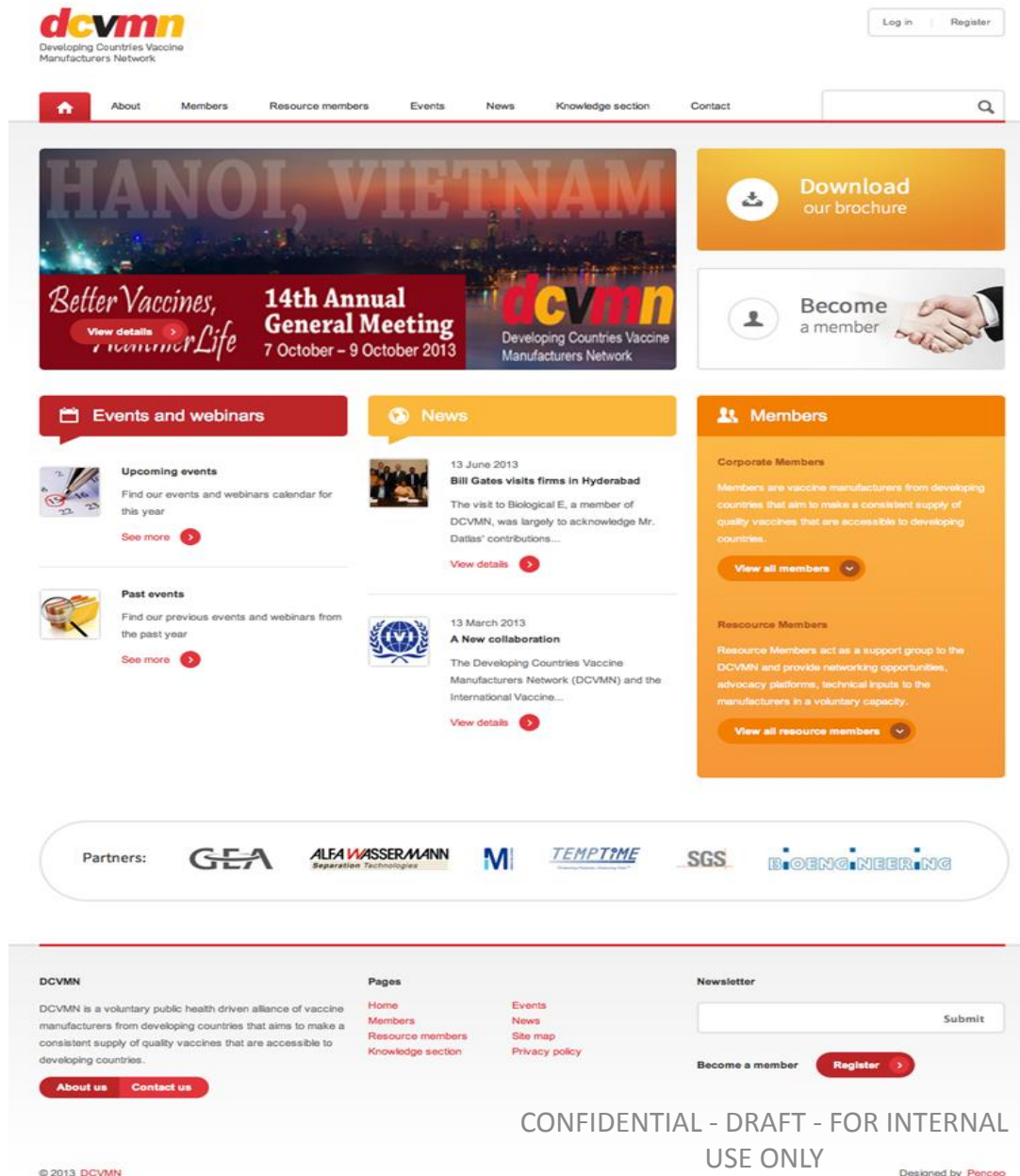
Total ~ 300 professionals benefited

Three pillars for financial sustainability and independence to support international vaccine manufacturing cooperation

- **Membership fees**
- **Private Donations**
- **Private or Public Grants**



New Website – to be translated into Spanish



CONFIDENTIAL - DRAFT - FOR INTERNAL
USE ONLY

Nyon



Thank you

DCVMN International

www.dcvmn.org