

**Attendees:** Apoorv Kumar (AP), Dat Do (DD), Kalpana Sarode (KS), Ladda Suwitruengrit (LS), Linsen Du (LD), Marcos Freire (MF), Martin Reers (MR), Ricardo Palacios (RPG), Sekar Thangaraj (ST), Sivakumar Sakthivel (SS), Valeria Brizzio (VB), Sonia Pagliusi (SP), and Sonia Villasenor (SV). **Excused:** Adriansjah Azhari (AA), Raches Ella (RE), Sunil Gairola (SG) Rajinder Suri (RS)

TC started at 12:05 CET and finished at 12:48 CET

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- AP chaired the meeting and welcomed everyone to the 11<sup>th</sup> working meeting.
- SP suggested to update the Covid Committee members list on our website with the names of the ones who frequently join the calls, and delete the ones that do not participate. Participants agreed.
- SP mentioned that in the DCVMN DAC it was agreed to create a DCVMN Clinical & Medical Affairs Working Group and, since this committee has a Clinical Trials subgroup, the idea is to combine the participants in these meetings with interest in clinical and medical affairs to establish the DCVMN Clinical & Medical Affairs Working Group to discuss the key issues on clinical trials, that are also relevant for COVID. SP will send an email to all members asking for volunteers to sign up and organize a meeting only on clinical/medical affairs topics. Members could then nominate somebody from their companies to participate. This was agreed by participants.
- AP gave an epidemiological update. Since 3 weeks ago, COVID cases have increased in North America and Europe but the number of active cases has gone down. Unfortunately, the death rate is still on the upward trend. In Asia, both the cases and active cases have increased. In South America there is an increase in the number of cases, active cases and deaths. Africa and Oceania are fairly stagnant. Brazil is seeing the higher daily reported cases and deaths, apparently going into a third wave; in the USA this third wave is starting to drop down. Jordan is having a second wave peak, as well as in the UAE.
- AP reminded the group of the need of having a point person who could update on the mutations of the SARS-CoV-2-virus and asked for volunteers. There were no volunteers nor recommendations from the group. SV will recirculate an email to try getting a volunteer.
- VB gave an update on total vaccines doses administered; there was a global increase to 312 million doses in 118 countries. USA is the country with the most doses administered, from 55 million to 92 million doses applied. EU went from 22.56 to 42.30 million doses administered. All of the countries have increased slowly due to the limited number of vaccine doses available. In terms of percentage, Israel has given 102 single doses per 100 persons, followed by UAE 63.7, UK, Bahrain, US and Chile with 25.89 (Pfizer and Sinovac vaccines). VB referred to vaccination policy with few countries giving universal vaccination (adults): Israel, Bulgaria, Thailand and Bahrain.
- VB also showed the vaccine tracker, last time there were 10 vaccines in use, now Janssen vaccine and one from Chumakov center (Russia), which is an inactivated vaccine grown in Vero Cells, have been approved for Emergency Use. VB also showed the tracker of vaccines under clinical trials per platform. Most of the vaccines that are already in use are inactivated, but many others are in vector (non-replicating) and mRNA. Finally, showed the tracker of the DCVMN vaccine candidates: Around 21 member companies are involved in different stages of development for Covid vaccine candidates. The platforms most used are subunit and inactivated; 2 inactivated vaccines are in use, 4 have started phase III. Few are vector replicating. LW will be supporting VB with this vaccine tracker for the next meetings. For this report, only the vaccines from own developments were considered, not tech transfer nor CMO roles. They could be included.
- RPG requested VB to keep them separated as the kind of discussions and support is different for those who are developing their vaccine candidates from those of CMO or receiving tech transfer.
- RPG suggested to include the names of these companies in the DCVMN website, in order to show how valuable is the work of DCVMs in manufacturing and supply to the poorest countries in the world. RPG pointed out that IFPMA is getting a lot of publicity, and DCVMs' work is not being publicized and acknowledged.
- VB supported the idea, but noted that there was a specific request not to name the companies in this report; however, she can add the names. SP said that since developing of these vaccines is moving very fast, if we publicize

on our website, the effort of keeping it updated would be significant, at the end what counts is what goes into the market. SP added that IFPMA members have more visibility because they are publishing their data on papers, regulators are reviewing, and the buyers and policy makers are looking for this information; they do not make any publicity in IFPMA's website. SP encouraged manufacturers to have more publications of their clinical data.

- RPG mentioned that although it is a good way to have the papers. Some IFPMA companies have not yet published data but are getting publicity. In some way it is to underscore how important is DCVMN in providing vaccines to most of the world, IFPMA members are receiving a lot of attention for providing their vaccines to limited number of countries and DCVMNs are receiving less attention for providing vaccines to most countries.
- MF agreed with RGP on the need to publicly acknowledge DCVMs' importance in providing vaccines to the world, no matter if it is own development or CMO or tech transfer. The amount of vaccine SII has provided is very important, as well as Bharat Biotech. Brazil depends on these manufacturers to provide them the vaccine; today what is more important is who has the capacity to produce.
- AP agreed that if we are able to help elevate the network's current impact on the pandemic from the manufacturers' standpoint, we should try to do so, because several DCVMN companies are making the efforts towards manufacturing and distributing vaccines and are helping several countries across the world, having larger reach by accumulating their capacities.
- AP welcomed KS from BioE, India, who is assisting her company with strategic business development. She will be supporting the Partnership and Manufacturing subgroup. SV will send the list of the participants in the subgroup and minutes of the group as well as the ToR of the Covid-19 committee.
- There was no QC update.
- RPG mentioned that he is working within the sub team clinical operations and development group in COVAX and they are interested in hearing the needs and perceptions of the DCVMN members on the topics of future workshops. He requested the group to share publicly their ideas or send him an email in this regard.
- The date for the next meeting will be later on established by AA

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*Notes taken by SV, edited by SP*



Apoorv Kumar  
Alternate Chair DCVMN COVID-19 Committee  
Nyon, March 10<sup>th</sup>, 2021