



Biovac in the context of COVID-19

Outline of Presentation



1. Vaccine Market

2. About Biovac

3. COVID-19 Vaccines manufacturing possibility

1. Vaccine Market

A new study, published February 2016 in the journal *Health Affairs*, puts a precise figure on the value of vaccinating children.

IMMUNISATION

A HEALTHY RETURN ON INVESTMENT



Indicative figures based on the rounded average values cited in the following sources:

1. Return on investment from childhood immunizations in low- and middle-income countries, 2011-20. *Health Affairs*. 35(2):199-207. Ozuwa S, Clark S, Portnoy A, Gersl S, Bransel L, Walker D. 2016.
2. The rate of return to the HighScope Perry Preschool Program. Department of Economics, University of Chicago, April 2009.
3. The Economic Benefits of Public Infrastructure Spending in Canada. The Centre for Spatial Economics, September 2015.
4. Strengthening primary health care through community health workers. Dessalegn H, Chambers R, Clinton C, Phamathi L, Sileshi T, et al. 2015.
5. Example bond issued with a fixed coupon rate of 5% over a 10-year period.
6. Return on Billiwicki Biomedical Research and Development. Australian Society for Medical Research, 17 October 2011.



1.5 million children die annually from vaccine-preventable diseases.

Gavi, the Vaccine Alliance is dedicated to addressing this issue.

Immunisation not only saves lives, it contributes to the social and economic wellbeing of communities.

More than US\$ 586 billion in economic benefits for 94 of the world's poorest countries (2011-2020).

Vaccine Industry - Globally

Industrialised countries

Developing countries

15%

85%

Population

7%

93%

BoD

82%

18%

Vaccine sales

Human Vaccine Manufacturers



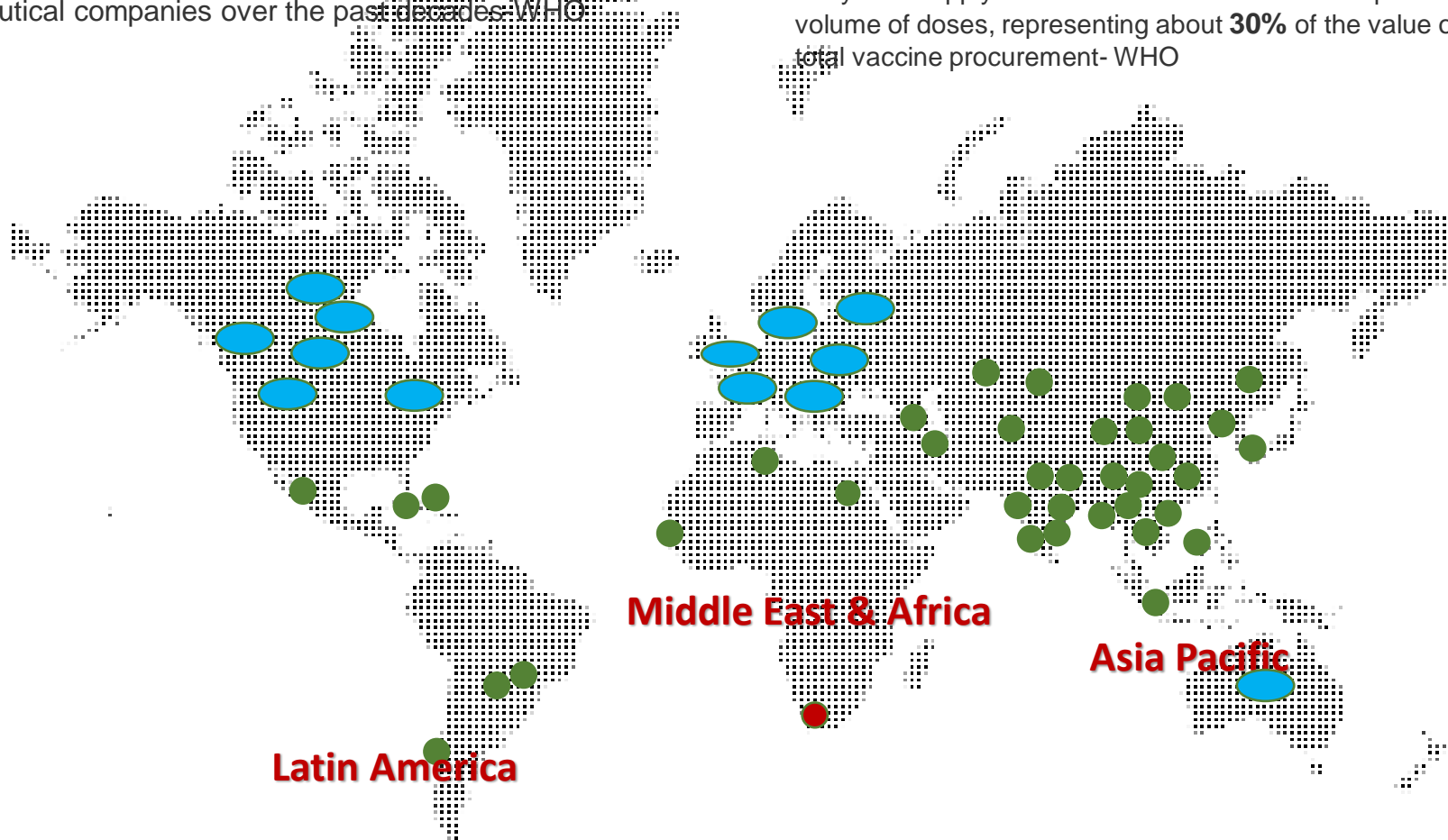
Multinational

About **80%** of global vaccine sales come from five large multi-national corporations (MNC) that were the product of various mergers and acquisitions of pharmaceutical companies over the past decades- WHO

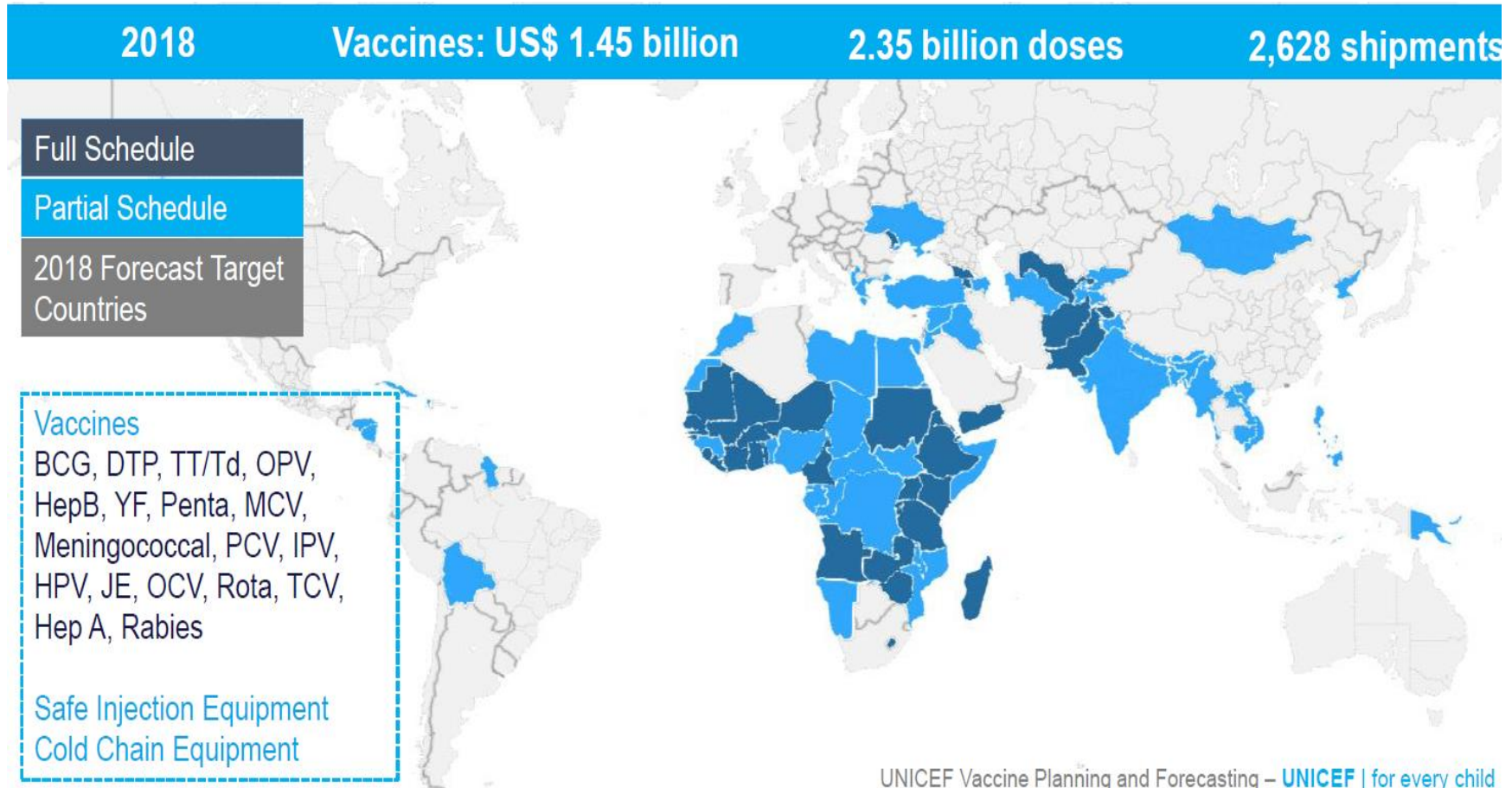


Developing world manufacturers

They now supply about half of UNICEF's vaccine procurement in volume of doses, representing about **30%** of the value of UNICEF's total vaccine procurement- WHO



Africa has limited vaccine purchasing capacity: Donor dependent



Technology Transfers take 5- 7 years

(under normal circumstances)



“before conducting transfer of technology it is important to look beyond 5–10 years to see what the long-term value of the product is. This is especially true for vaccines, where even with transfer of a mature technology it may take up to 5–7 years for the locally produced product to be tested and licensed, by which time the market may have changed.”

Source: WHO – Increasing access to vaccine through technology transfer, 2011

2. About Biovac

History: ...prior 2000

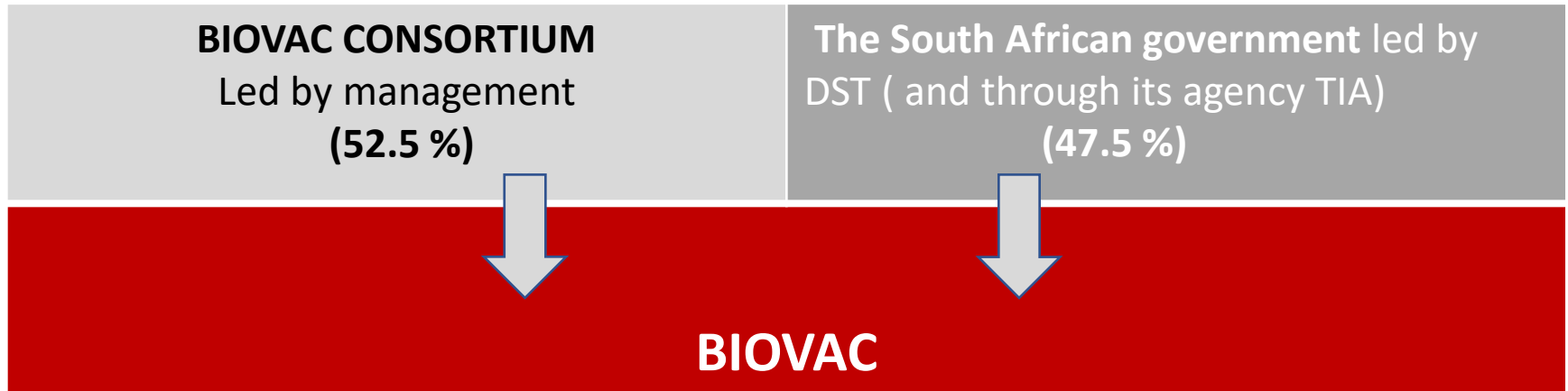
- South Africa once used to have vaccine manufacturing capability as below
- All entities were state owned

Name	Established	Production	Ceased
National Institute of Virology (NIV)	1950's	Oral polio Yellow fever	1995
SAIMR	1935	antivenoms typhoid	2000
State Vaccine Institute (SVI)	1965	Rabies, human growth hormone, small pox	2001

- All the capability was lost and the last vaccine that was produced was percutaneous BCG in 2001
- During the late 90's a decision was made to revive vaccine manufacture but that the state should not have a majority stake. That it should be built with Public Private Partnership (PPP) principles

Public Private Partnership*

(2003- June 2020)



Mandates given to Biovac by government:

1. Establish vaccine manufacturing capacity
2. Supply uninterrupted EPI Vaccines*

*Formal PPP ends in June 2020. Biovac now needs to participate in tender procurement

Establish domestic
vaccine production
capacity

Ensure economic
viability

Develop and
retain local
vaccine
production skills

To be a Centre of Excellence
rooted in Africa for the
development and manufacture
of affordable quality vaccines
for Africa and the developing
world's needs

Establish strong
R&D capability

Create a
competitive
platform for export

Enable BBBEE

Infrastructure



Infrastructure

Building I

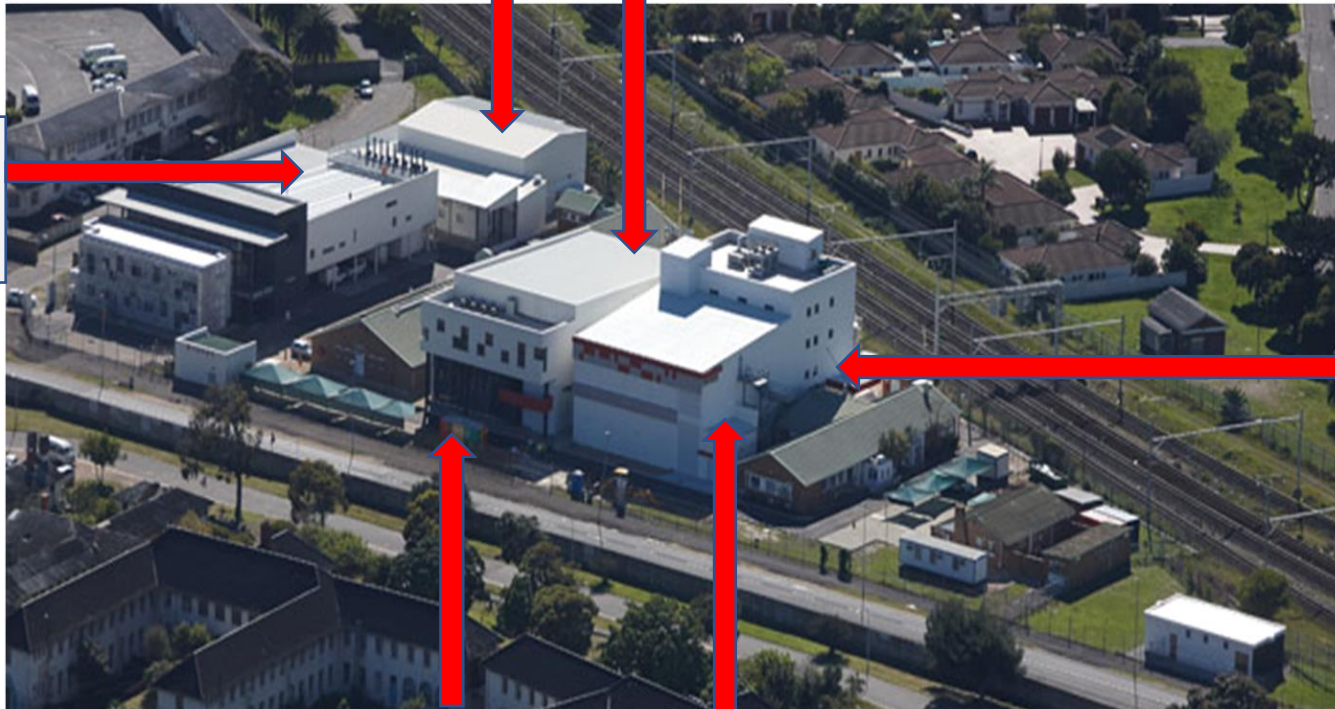
Cold room storage
Manual and Automated
Inspection

Building C

Aseptic vial
manufacturing facility

Building A

QC Labs



Building C1

, Labelling &
Packaging

Building C

API (fermentation &
purification)
manufacturing facility

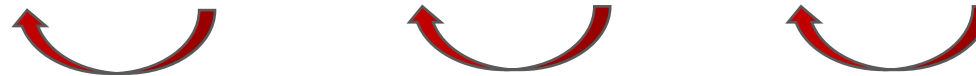
Building C1

Aseptic pre-filled syringe
manufacturing facility

Vaccine Manufacturing Infrastructure



Reverse Integration Strategy



4th transition
bacterial vaccines

3rd transition

2nd transition

1st transition

Internal vaccine
development: GBS

Technology transfer with
Pfizer

Technology transfer with
Sanofi

Packaging of 5 vaccines
under cold chain
conditions



SANOFI PASTEUR



BioNet

AJVaccines

biofarma

Human Capital Overview:

Building a transformed biotech company



Headcount

314

Turnover

'19: 4.04%

'20: 2.5%

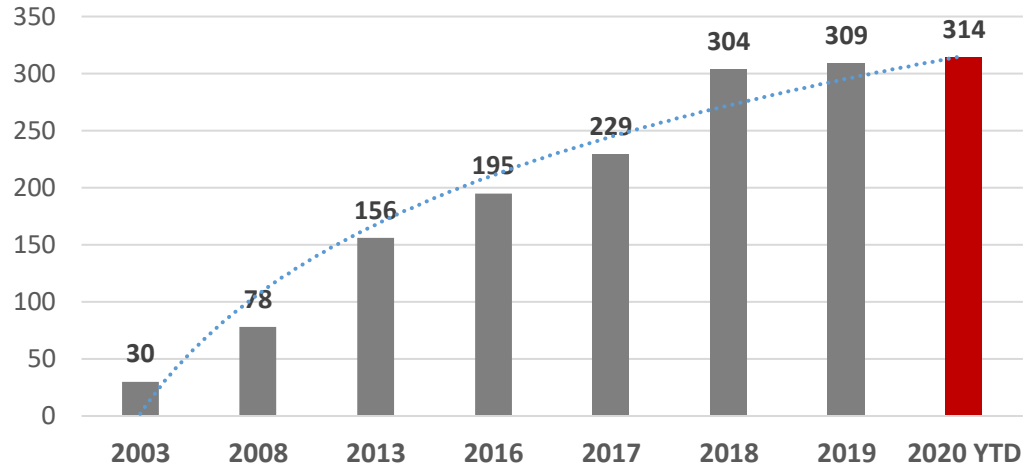
- Shareholders
- Management Control
- Employment Equity
- Enterprise/ Supplier Development
- Community Development

BEE LEVEL 1

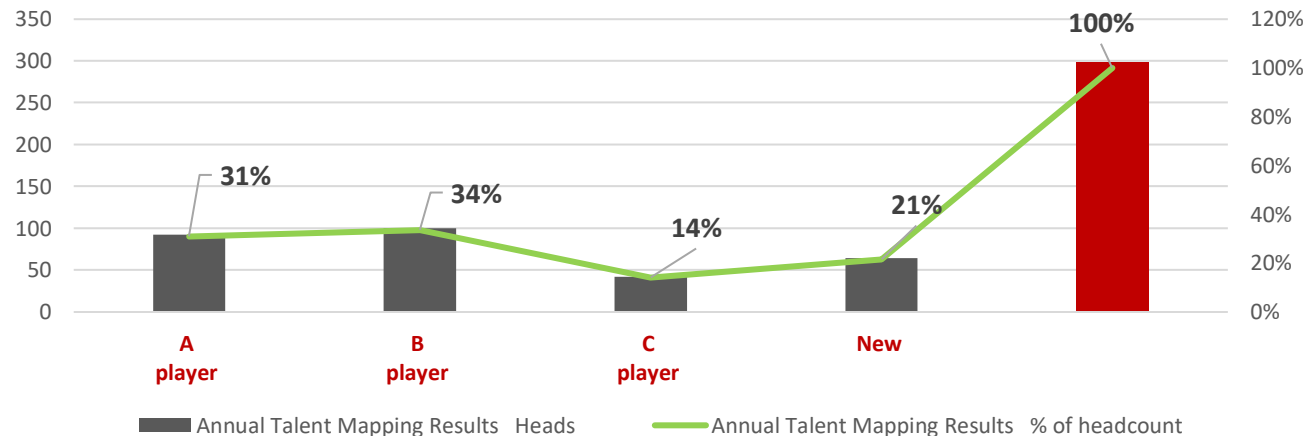
Our Team Diversity Portfolio

Females	58%
Black Employees	90%
Emp with Disabilities	2%

Headcount Growth 2003 - 2020



Our Internal Talent Map

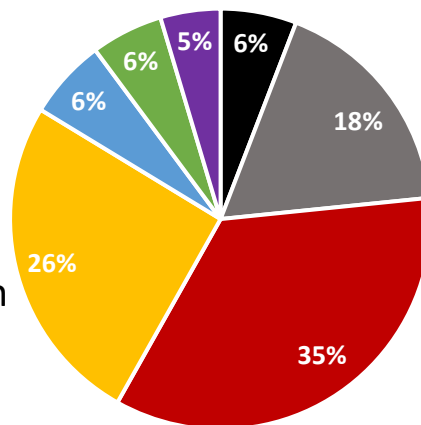


Attracting & Developing Skills within our Industry

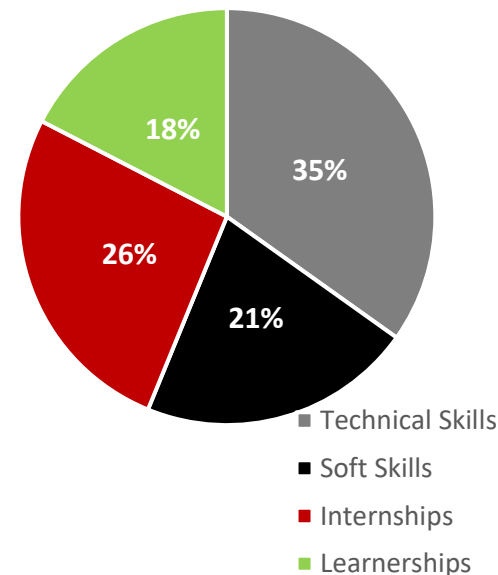
Sourcing Core Scientific Skills:

- Internal staff referrals
- Agency – Sci staff
- UCT Job boards
- UCT student referrals
- LinkedIn
- Interns mainly from CPUT/ Stellenbosch

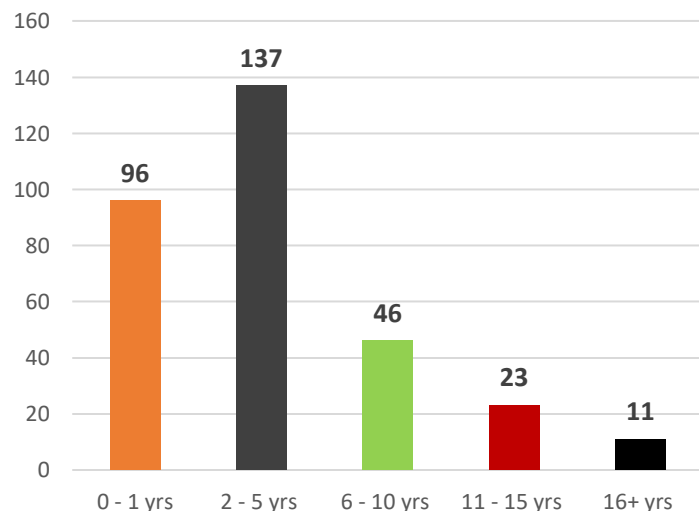
Current Education Credentials:



Skills Development Spend (4% of payroll):



Employee Tenure



Year	Interns recruited	Total Interns absorbed post Internship
2019	11	27%
2018	13	77%
2017	17	71%
2016	15	87%
2015	12	67%

Trade Balance Impact Assessment

Biovac contributing **R650m** economic benefit to the economy



Biovac Packaging & Distribution

Biovac Formulation & Filling

Trade Balance =
Exports - Imports

Trade Balance = Exports R48 million –
R1.47 billion

Trade Balance = Exports R48 million –
R1.16 billion

Trade Balance = -R1.42 billion

Trade Balance = -R1.12 billion

Assumption: Biovac cost and import
reduction due to local packaging

Assumption: Biovac cost and import
reduction due to local filling & formulation

-R1.42 billion < -R1.12 billion

-R1.77 billion

**R650 million
benefit to the
South African
Economy, annually**

-R1.12 billion



3. COVID-19 VACCINE IN SOUTH AFRICA- FOR AFRICA

Africa was not prepared for a flu pandemic

-Not Prepared for COVID-19 vaccines

Influenza Vaccine Production Capacity By Country -- 2006 and 2010



-  Countries with influenza vaccine production capacity in 2006
-  Countries with new or planned influenza vaccine production capacity after 2006

The boundaries and names shown and the designation used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legitimacy of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
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Of the global COVID vaccine candidates, what can Biovac possibly manufacture?



Platform/type of vaccine	Developer	API	Formulation /Fill	Finish
		Ability of Biovac to manufacture in current facilities		
RNA-based vaccines virus gene(s) mainly S gene derived	Moderna/NIAID Pfizer/ BioNtech Sanofi/Translate Bio			
DNA vaccines S gene derived	Innovio			
Inactivated whole virion vaccines	Sinovac			
Replicating Viral Vector Recomb live VSV or measles viruses	IAVI/Batavia Institute Pasteur)		Requires biosafety	
Non-Replicating Viral Vector Adenovirus-with S gene	Oxford University Janssen			
MVA expressing VLPs	Geovax			
Protein subunit S protein derivatives made in tissue/cell culture	Sanofi/GSK; Univ. Queensland/ Dynavax/ GSK/CEPI; Clover Biopharmaceuticals (China)/GSK/Dynavax			
S protein derivatives made in plants/ S protein-based VLPs	Medicago; BAT/KBP;			
S protein derivatives made in yeast cell culture	TechInvention			

Short Term vs Long term ability to manufacture



Biovac capacity	Current / Short Term view (0 – 18 months)	Future / Long Term view (4 – 7 years)
Drug Product (Formulation, Fill, Finish)	<p>Number of doses that can be filled: Capacity per annum: 10 million vials and 12 million prefilled syringes</p> <p>Readiness: Facility available immediately Technology transfer activities can start in 3 months Product readiness: 12 – 18 months dependent on technology</p>	<p>Investment in larger, flexible, containment facility required for pandemic readiness & possibly future HIV vaccines</p> <p>Number of doses that can be filled: 50 - 100 million doses</p> <p>Facility readiness timelines: 3 – 5 years</p> <p>An expanded facility could create an addition 500 (science-related) jobs</p>
Regulatory approval	Commercial manufacturing can be expedited through ongoing collaboration with SAHPRA throughout the roll out.	

Summary



•Packaging, Labelling and Distribution:

Biovac is well positioned to handle any of the vaccine products in development assuming vial or pre-filled syringe (pfs) presentations and normal cold chain requirements.

•Formulation and Filling:

Biovac's current formulation and filling facilities are limited to liquid presentations in vials or pfs. Live virus vaccines cannot be processed in the current form/fill facilities as they do not meet the required biosafety standards for live virus vaccines

•API Manufacture:

Existing API facilities at Biovac could be modified to manufacture most of the vaccine candidates in the current pipeline at small scale and with varying degrees of effort and expense (and time), except those produced through plant-based technologies.

•Large scale production:

requires investment in a new facility

What is needed?

No one partner or entity can do it on their own

BIOVAC

+

Technology
Transfer
Partner

+

Enabling
Environment

=

SA MADE VACCINE
FOR SA AND
AFRICA



PEOPLE



FACILITIES



EQUIPMENT

PROCESS

PRODUCT

SUSTAINABLE
PROCUREMENT
FRAMEWORK

Development
Finance

REGULATORY

THANK YOU

