ANNUAL REPORT 2025









European Vaccine Initiative

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Message from the Chairman and Executive Director

EVI will look ahead in 2026 as we begin preparing our next Strategic Plan. Much has happened in global health and vaccinology since the previous strategic plan was published in 2021. The year 2026 is therefore an opportunity to reflect on some of the key achievements that EVI has delivered over the past five years.

A defining milestone for global health in the past 5 years has undoubtedly been the licensing of two malaria vaccines, RTS,S and R21. EVI has contributed to the development and implementation of both vaccines, with particularly strong support for R21. Invented at the University of Oxford and subsequently developed by the Serum Institute of India, R21 is the result of a global collaboration involving hundreds of researchers, clinicians, regulators, trial participants, and public health specialists. Its success demonstrates what sustained partnerships, academic excellence, and long-term public investment can achieve. EVI continues to support the development and application of R21 as the vaccine is being rolled out across the African continent. EVI is partnering with the University of Oxford and the Malaria Research and Training Center (MRTC) in Bamako, Mali to expanding the evidence base of R21 to document that it can safely be used by women of childbearing potential. EVI is further addressing malaria during pregnancy by developing two vaccine candidates that specifically target placental malaria.

While R21 and RTS,S represent a major step towards controlling malaria through vaccination, there is still ample room for improvement of vaccine efficacy and protective duration. EVI is therefore working with multiple partners to test, compare and develop the most promising 2nd generation malaria vaccines. This includes a Phase 2b study in Burkina Faso that will generate the first efficacy data on the R78C antigen, alone and in combination with RH5.1 and R21, representing an important step towards a multistage malaria vaccine.

While malaria remains EVI´s largest activity area, several other areas have reached important milestones in 2025, including the InvaplexAR-Detox/dmLT vaccine against shigellosis, which entered first-in-human testing in the Netherlands and Zambia through the SUNSHINE trial.

Beyond vaccine development, EVI has also contributed to establishing cross-cutting vaccinology tools and methodologies. Through the VAC2VAC project, EVI contributed to a landmark shift in vaccine testing by generating evidence to support the European Pharmacopoeia's decision to phase out rabbit pyrogen testing in favour of the monocyte activation test (MAT). A decision that will save the lives of thousands of experimental animals every year across the 14 EU Member States. Developing new research methodologies has also been the focus of the Inno4Vac public-private partnership that EVI coordinates. Inno4Vac aims to overcome systemic barriers to vaccine development. This includes advanced use of in silico modelling of immune responses, development of organs-on-chips models and controlled human infection models (CHIMs) by establishing harmonised protocols, and encouraging early engagement with regulatory authorities and ethics committees. PrIMAVeRa, EVI-led public-private partnership, complements these efforts by developing advanced modelling approaches to predict how vaccines can contribute to tackling antimicrobial resistance (AMR).

EVI has expanded its focus to include implementation research and ensuring optimal uptake of the vaccines. Through the MVPE-CC project, EVI has contributed to new policy recommendations reaffirming the safety and effectiveness of a four-dose RTS,S vaccination schedule and produced communication materials to disseminate these findings. In the OPT-MVAC project, EVI supports the immunisation programmes in West- and Central African countries to optimise the roll-out and uptake of malaria vaccines.

EVI recognises that vaccine acceptance requires the integration of social science into vaccine development. This includes a survey among women of reproductive age in Malawi to examine their willingness to accept a future placental malaria vaccine. This study will later be extended to other African countries, and help providing practical guidance for tailoring future communication and vaccine delivery strategies.

The past five years of EVI´s operations have confirmed that vaccine development is never linear. Manufacturing challenges, regulatory requirements, partner capacity, funding cycles and disruption due to the pandemic influence timelines, making adaptive coordination crucial. Creating lasting impact in global health requires investment that reaches well beyond individual projects or clinical trials. Many of the fruits that we are harvesting now in global health were planted more than a decade ago.

Perhaps the most important lesson has been the unpredictability of political priorities and funding. The subsequent in political attention and funding from both public and philanthropic donors has been rapid, with global health investment now at its lowest level since 2009. In this increasingly constrained environment, organisations such as EVI play a critical role by providing an efficient and collaborative model for developing safe, effective, and affordable vaccines for global health.

Professor Samuel J McConkey, *Chair of the EVI Board*
Dr Ole F. Olesen, *Executive Director*

2025 in highlights

Clinical trial to test new malaria vaccine candidate

EVI assumed trial sponsorship for a clinical trial in Burkina Faso to test full length Msp1, a new malaria vaccine.

New clinical trial to protect women against malaria in pregnancy

EVI has launched a Phase II clinical trial in Mali to evaluate the R21/Matrix-M malaria vaccine in women of childbearing potential.

Implementation research expands

EVI supports public health authorities across West Africa with optimising introduction of malaria vaccines.

MVPE-CC informs WHO policy

EVI-contributed evidence supported WHO's reaffirmation of the four-dose RTS,S/AS01 malaria vaccine schedule.

SUNSHINE trial reaches Zambia

The Shigella vaccine, Invaplex$_{AR\text{-}Detox,}$ began clinical testing in sub-Saharan Africa.

TRANSVAC Academy reaches Ghana and The Gambia

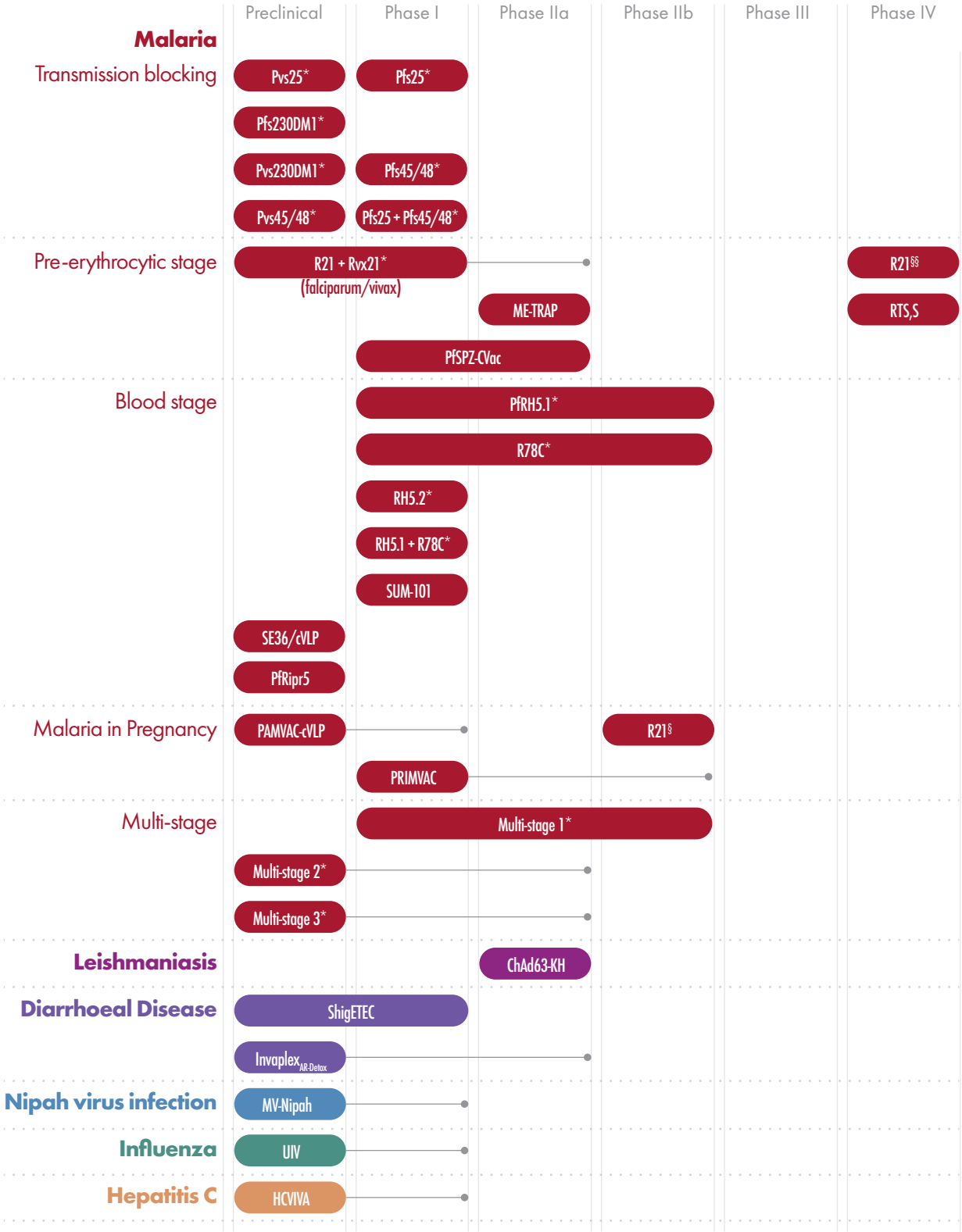
EVI delivered training courses covering translational vaccinology, grant writing, and grant management, with CEPI-supported travel grants enabling participation from across Africa.

A decade of fellowship mentoring

EVI celebrated ten years of the TDR Clinical Research Leadership fellowship programme.



Portfolio 2025



Funding secure

§ Evaluation in adults

§§ Evaluation in infants and children

*Candidates under selection for combination or multistage approach

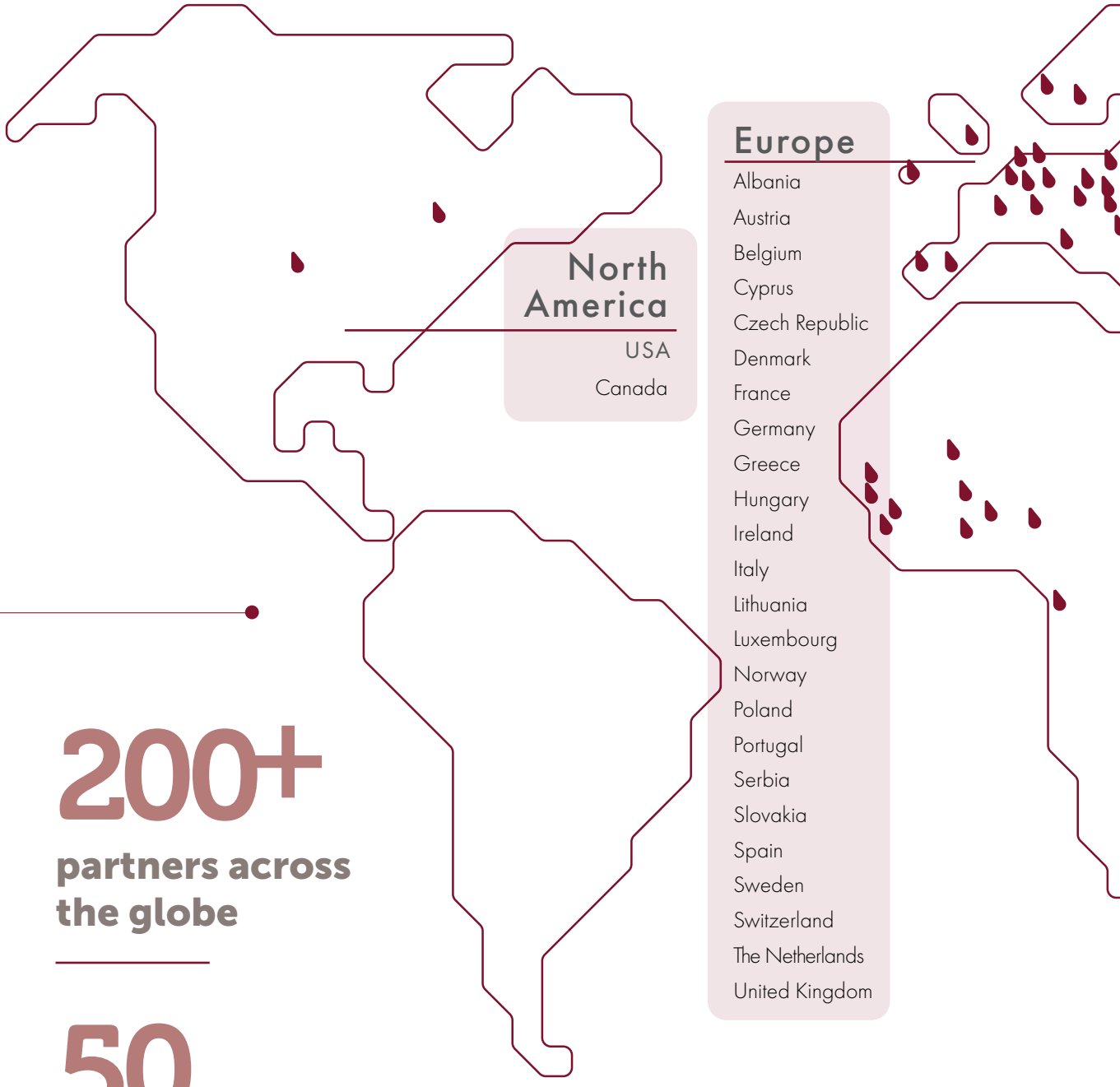
Multi-stage 1 - Combining R21 with blood-stage vaccine candidates

Multi-stage 2 - Pairing whole parasite vaccines with mRNA blood-stage vaccine candidates

Multi-stage 3 - Generating *P. falciparum and P. vivax* combination vaccines that block infection and transmission



Global partners



North America

USA

Canada

Europe

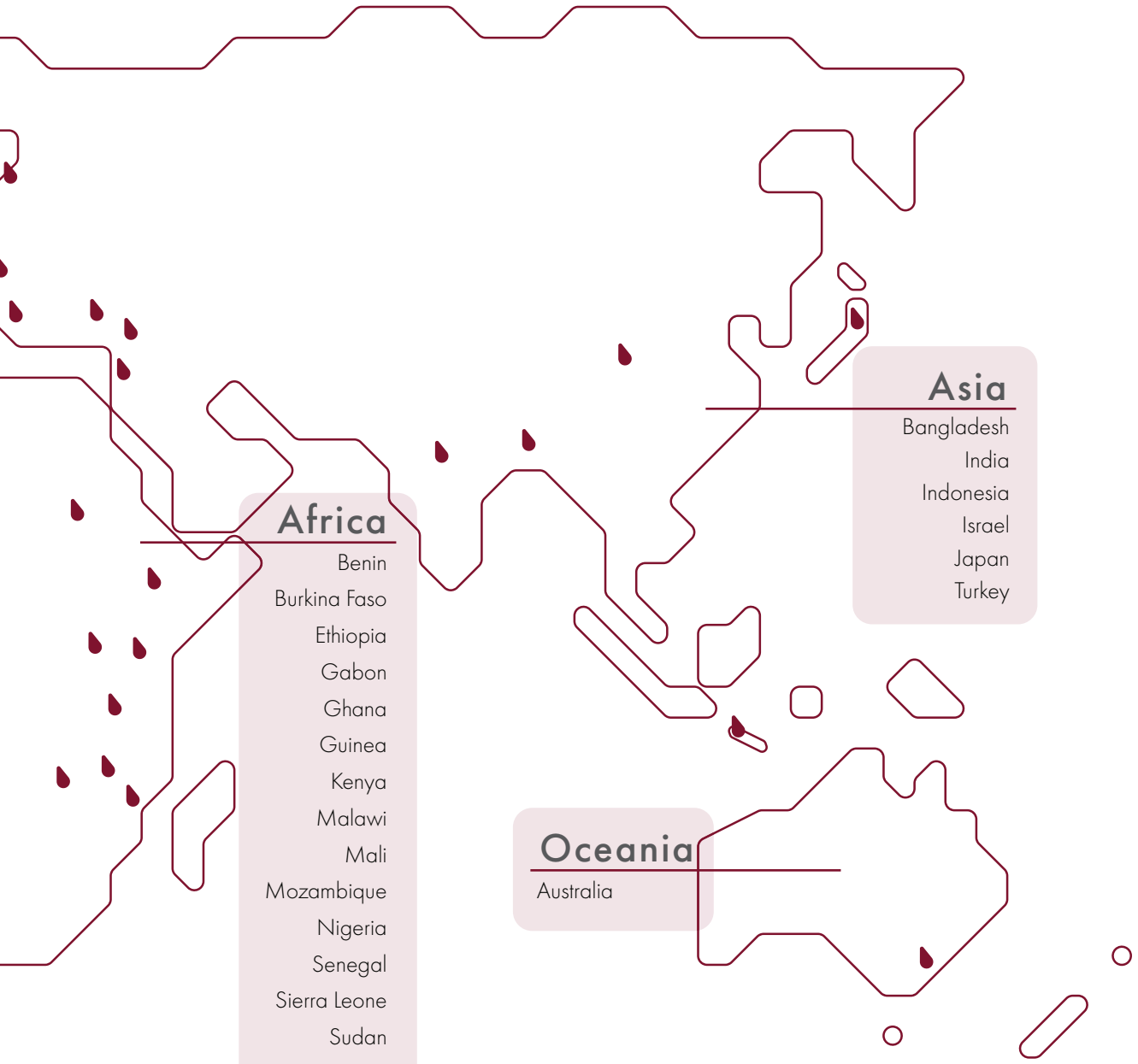
Albania
Austria
Belgium
Cyprus
Czech Republic
Denmark
France
Germany
Greece
Hungary
Ireland
Italy
Lithuania
Luxembourg
Norway
Poland
Portugal
Serbia
Slovakia
Spain
Sweden
Switzerland
The Netherlands
United Kingdom

200+

partners across the globe

50

different countries



Asia

Bangladesh
India
Indonesia
Israel
Japan
Turkey

Africa

Benin
Burkina Faso
Ethiopia
Gabon
Ghana
Guinea
Kenya
Malawi
Mali
Mozambique
Nigeria
Senegal
Sierra Leone
Sudan
Tanzania
Uganda
Zambia

Oceania

Australia

Target zero



Advancing new malaria vaccines and real-world implementation strategies

Malaria remains a major global health challenge, disproportionately affecting the world's poorest communities, despite being preventable and treatable. Global collaboration has led to the licensure of two malaria vaccines for children in high-transmission settings: RTS,S/AS01 (Mosquirix™) and R21/Matrix-M. Having played a key role in the development of R21/Matrix-M, EVI is now focused on advancing and expanding the use of the vaccine through implementation research and clinical testing in real-world settings. These efforts aim to expand vaccine access to other population groups, in particular to women of child-bearing potential, which remain highly vulnerable to malaria during pregnancy. In parallel, EVI is engaged in evaluating innovative delivery strategies for the two existing malaria vaccines, while also accelerating the development of next-generation malaria vaccines with improved efficacy and durable, long-lasting protection.

Sources: WHO (2025) World Malaria Report 2025; GAVI (2026) Malaria vaccine support.

13 million (36%) pregnant women were infected with malaria in 33 African countries

75% of all malaria deaths occur in children under 5

54.7Mio doses delivered of **2 licensed vaccines** in 25 countries

Vaccines **can reduce** malaria cases by **75%** when given seasonally in areas of highly seasonal transmission



Souyet Chang-Rodriguez
Senior Clinical Project Manager

EVI takes the lead in new Malaria vaccine trials

2025 marked a significant evolution in EVI's role in malaria vaccine development. EVI assumed clinical trial sponsorship of a Phase I trial evaluating full-length MSP1/GLA-SE in healthy infants and children in Burkina Faso. This vaccine candidate represents a novel approach to malaria prevention, targeting both the liver and blood stages of *Plasmodium falciparum* infection. In collaboration with Sumaya Biotech and Groupe de Recherche Action en Santé (GRAS) in Ouagadougou, Burkina Faso, this clinical trial builds on encouraging safety and immunogenicity data from earlier Phase I studies in adult volunteers. If successful, this vaccine candidate could offer a valuable complement to existing pre-erythrocytic malaria vaccines in the fight against a disease that continues to claim over 600,000 lives each year. This trial reflects both EVI's growing clinical capacity and its long-term commitment to building research infrastructure in Africa, strengthening local teams, laboratories, and health systems in the countries most affected by malaria.

> **As the sponsor of this trial, we ensure the study is both ethically conducted and scientifically rigorous. Most importantly, we take full responsibility for the safety of participants and the integrity of the data generated.**



Irene Nailain Nkumama
Malaria Programme Manager

From pilots to policy: Malaria vaccines at scale

As malaria vaccine rollout expands across Africa, robust real-world evidence is essential to guide policy and optimise delivery. The MVPE-CC consortium, which includes EVI, has been at the forefront of generating this evidence, conducting case-control studies across Kenya, Malawi, and Ghana to evaluate the safety, effectiveness, and optimal dosing schedule of the RTS,S vaccine. The consortium's findings played a key role in shaping global policy: in September 2025, a joint session of WHO's Strategic Advisory Group of Experts on Immunisation (SAGE) and Malaria Policy Advisory Group (MPAG) reviewed MVPE-CC evidence and reaffirmed the recommendation for a four-dose schedule, confirming that it provides higher protection against clinical and severe malaria than a three-dose schedule in moderate to high transmission settings.

EVI produced a short film *"Proving the value of malaria vaccines: how case-control studies can guide immunisation strategies"* to disseminate broadly the findings of the MVPE-CC consortium. The film reflects EVI's commitment to communicating complex science clearly and accessibly — ensuring that the evidence generated in communities across three African countries reaches not just policymakers, but the wider public as well.

Building on this evidence base, EVI is now contributing to two new implementation initiatives to advance malaria vaccine delivery. Through the OPT-MVAC consortium, a partnership among 14 West and Central African countries and leading African and European research institutions, EVI supports implementation research led by national immunisation, malaria, and pharmacovigilance programmes to tailor delivery strategies to local needs and promote cross-country learning. In parallel, EVI is leading a new study in Guinea and Benin to evaluate the feasibility and impact of a seasonal intensification strategy for malaria vaccination, marking EVI's first collaboration with Gavi, the Vaccine Alliance, in support of the global Malaria Vaccine Programme. Together, these initiatives reflect EVI's commitment to ensuring that malaria vaccines not only reach more children but work as effectively as possible in the communities that need them most.

"The critical evidence generated in the MVPE-CC project is the result of a highly collaborative effort between the ministries of health of Ghana, Kenya and Malawi, researchers, healthcare providers, global health organisations and policy makers. The evidence is clear: children who receive all four doses of the malaria vaccine are much better protected against severe malaria. It is therefore essential that every child at risk is vaccinated and completes the full four-dose schedule to get the best possible protection from the licensed malaria vaccines."



Flavia D'Alessio
Head of Vaccine Research

Two lives, one vaccine:
Protecting mothers and newborns

Malaria during pregnancy can lead to the development of placental malaria, a major cause of significant clinical complications, including maternal anaemia and hypertension, stillbirths, preterm deliveries, low birth weights, retardation of child growth, poor cognitive outcomes and infant mortality. Placental malaria has been a priority for EVI since 2003, and a landmark publication in 2025 marked the organisation's continued leadership in advancing knowledge and innovation in this field. Led by EVI researchers and longstanding partners, the systematic review and meta-analysis *Placental malaria: global burden, risk factors, and maternal and foetal outcomes*, published in the Journal of Global Health, draws on 50 studies conducted since 2013 to provide the most comprehensive assessment of placental malaria to date. The review confirms that placental malaria remains highly prevalent in malaria-endemic regions, particularly sub-Saharan Africa, where nearly 1 in 5 pregnant women are affected. When more sensitive histology-based diagnostic methods were used, prevalence rose to nearly 1 in 4, indicating that many infections may go undetected (Menon et al. J Glob Health. 2025).

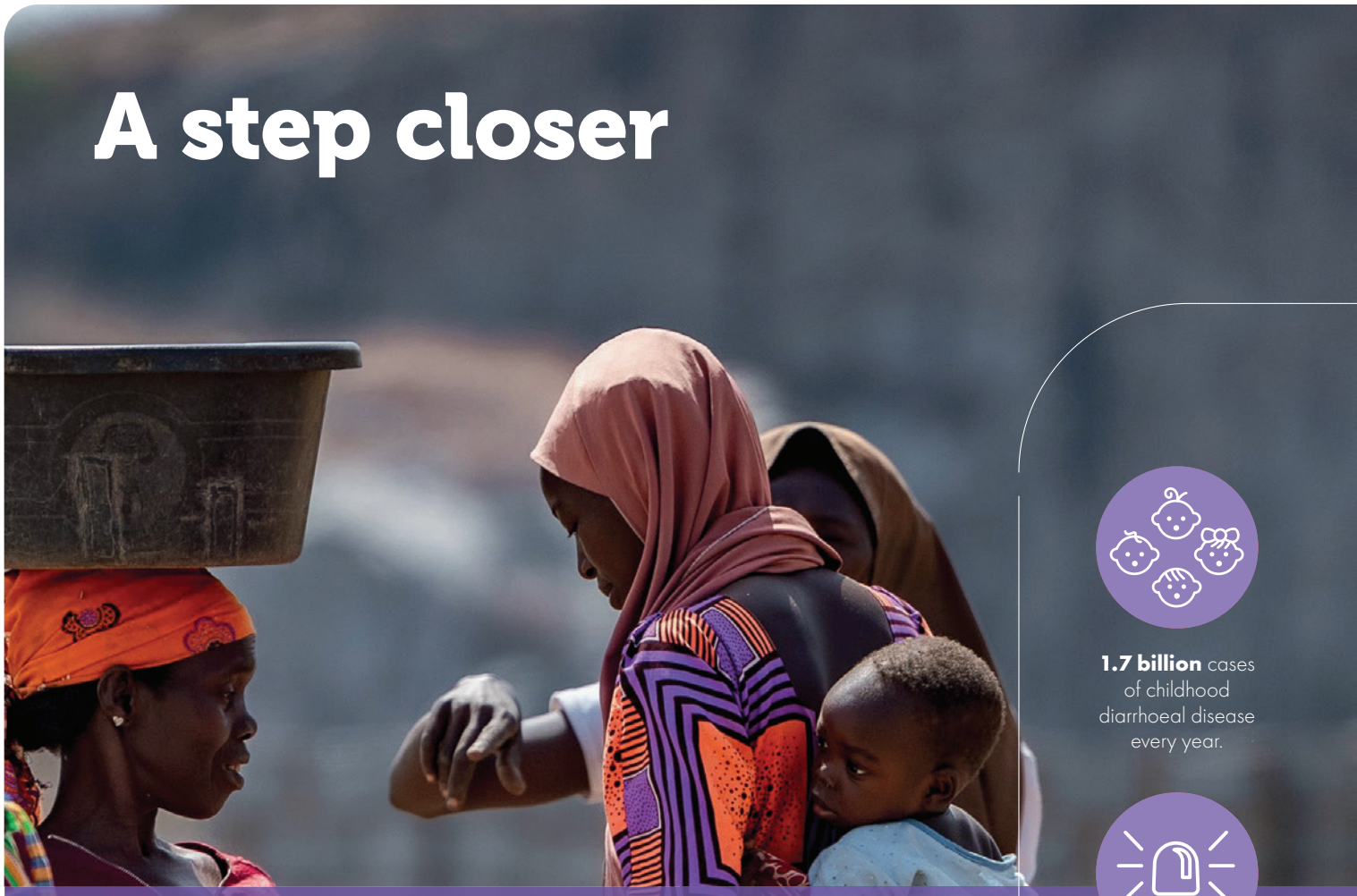
EVI is leading two complementary strategies to advance the development of a safe and effective vaccine against malaria in pregnancy. The first strategy is based on two VAR2CSA-targeting vaccine candidates designed to prevent placental sequestration of *P. falciparum*-infected erythrocytes. PRIMVAC and PAMVAC-cVLP. The second strategy focuses on extending the use of R21/Matrix-M in women of childbearing potential. As part of this approach, in March 2025, EVI launched a phase II clinical trial in Mali in partnership with the University of Oxford and the Malaria Research and Training Center (MRTC), to evaluate the safety, tolerability, immunogenicity, and protective efficacy of R21/Matrix-M in women of childbearing potential. This study will provide critical evidence that could determine whether the vaccine can be safely administered to women planning pregnancy, and addressing a long-standing gap in malaria prevention for this critical group.

Translating this science into deployable interventions requires equal attention to implementation. In June 2025, EVI coordinated a multistakeholder workshop under ADVANCE-VAC4PM, bringing together researchers, regulators, policymakers, and civil society to define strategies for MiP vaccine development and deployment. Widely regarded as timely and critically important, the workshop's findings were published in Vaccine, providing a concrete roadmap for the field (D'Alessio et al. Vaccine 2025).

Through its sustained commitment to Malaria in pregnancy vaccine development, research coordination and scientific capacity strengthening, EVI continues to contribute vital evidence that informs global health planning and future interventions to protect mothers and newborns.

Malaria in pregnancy continues to affect millions of women who are already facing systemic barriers to healthcare. By bringing together the latest global data, we hope to support stronger policies and renewed commitment to safeguarding maternal and newborn health in malaria-endemic regions. Stronger prevention strategies and sustained investment in vaccine development are urgently needed.

A step closer



Clinical advances in *Shigella* vaccine development

Diarrhoeal disease is the third leading cause of death in children under five, with the burden concentrated in low- and middle-income countries where access to clean water and sanitation remains limited. *Shigella* bacteria are among the most significant contributors to this burden, causing severe disease and death disproportionately in young children in low-resource settings, yet no licensed vaccine against shigellosis currently exists. An effective vaccine could prevent an estimated 590,000 deaths over 20 years, and its importance is growing as *Shigella* infections become increasingly resistant to antibiotic treatment, making prevention more critical than ever.

Sources: Hausdorff et al. (2024) Bull WHO 102(1): 65–74.; WHO (2024) Factsheet Diarrhoeal disease.

1.7 billion cases of childhood diarrhoeal disease every year.

Significant risk of AMR

Third leading cause of death in children under 5 years old

Disproportionally affects neglected populations



Sophie Houard

Director of Vaccine Development

Bringing *Shigella* vaccines closer to reality

Developing an effective *Shigella* vaccine has proved challenging. Previous candidates have demonstrated low immunogenicity and limited protective efficacy in infants and young children, and vaccine responses may be weaker in highly endemic regions than in low-exposure settings, a phenomenon known as vaccine hyporesponsiveness. Overcoming these hurdles requires both scientific innovation and carefully designed trials that reflect the diversity of the populations a future vaccine must protect.

The EVI-coordinated ShigaPlexIM project has made significant progress in advancing the Invaplex$_{AR\text{-}Detox}$/dmLT vaccine candidate through clinical development. The Phase Ia/b SUNSHINE trial is designed to assess the safety, tolerability, and immunogenicity of the Invaplex-AR-Detox vaccine co-administered with dmLT, a double-mutant heat-labile toxin adjuvant shown to enhance both systemic and mucosal immune responses, across two distinct settings: the Netherlands, a non-endemic country, and Zambia, a high-endemic setting. This dual-site design is central to understanding how immune responses may differ geographically and ensuring that the vaccine performs across diverse populations.

The safety profile of Invaplex$_{AR\text{-}Detox}$/dmLT was initially confirmed in a clinical trial at Leiden University Medical Centre (LUMC) in October 2024, allowing expansion of the trial to the Centre for Infectious Disease Research in Zambia (CIDRZ) in June 2025, which constitutes a key milestone in evaluating the vaccine's performance in individuals with prior *Shigella* exposure. The trial has progressed well throughout 2025 with completion of vaccinations of all participants in Zambia. As project coordinator, EVI is responsible for clinical trial monitoring across both sites. Beyond the immediate scientific objectives, the ShigaPlexIM project contributes to strengthening clinical research capacity in Zambia and fostering the kind of equitable North-South collaboration essential to developing vaccines that are not only effective, but accessible to the communities that need them most.

> **I am thrilled with the phase Ia/b trial progress; results will be available soon. This will be a key achievement in the development of a *Shigella* vaccine. This would never have been possible without the close collaboration and strong support from all the consortium partners.**

Another EVI-led consortium has been pursuing a complementary strategy, one targeting both *Shigella* and Enterotoxigenic *Escherichia coli* (ETEC), another leading cause of severe diarrhoeal disease in children.

The SHIGETECVAX consortium initiated a Phase 1b age-descending clinical trial in Bangladesh evaluating the safety and immunogenicity of the ShigETEC oral vaccine candidate in increasingly younger participant groups.

Beyond the clinical data, the consortium made important progress on a practical challenge that often determines whether a vaccine can reach those who need it most: partners identified a heat-stable, fast-dissolving oral formulation suitable for use in low-resource settings, a development considered an important step toward enabling broader global access, particularly for the young children disproportionately affected by diarrhoeal disease.




LTX

Preparing today for tomorrow's threats



Emerging threats and AMR

Pandemic threats, antimicrobial resistance, and the ever-present risk of emerging pathogens pose some of the most serious and interconnected challenges to global health and stability. While influenza and COVID-19 have already triggered major global crises, pathogens such as Nipah virus serve as a constant reminder that preparedness cannot wait. At the same time, the silent spread of antimicrobial resistance is eroding the effectiveness of the antibiotics we depend on every day. Vaccines remain one of the most powerful tools available to address both threats, not only by preventing disease, but increasingly by stopping transmission and reducing our reliance on antibiotics.

Sources: Antimicrobial Resistance Collaborators. (2022) Lancet. vol. 399,10325 (2022): 629-655; Naylor, et al. (2025)" BMJ global health vol. 10,6 e016249.; GPMB (2024) The changing face of pandemic risk; Marani et al. (2021) PNAS 118(35): e2105482118.

Drug-resistant infections already claim more lives each year than HIV/AIDS or malaria

Vaccines in use could **prevent** 2.5 billion daily antibiotic doses

38% probability of experiencing COVID-19-like pandemic in one's lifetime

Mucosae house over **80% of the body's immune cells,** yet most vaccines fail to activate immunity at these critical sites of transmission

Science for resilience: Advancing vaccines and biologics against emerging threats



Irina Meln
Head of Innovation

EVI is contributing to the global response to antimicrobial resistance (AMR), one of the most urgent long-term threats to public health. The PrIMAVeRa project, "Predicting the Impact of Monoclonal Antibodies and Vaccines on Antimicrobial Resistance", is developing an open-access, web-based dashboard to model the public health and economic impacts of vaccines and monoclonal antibodies (mAbs) on AMR, helping policymakers, funders, and developers prioritise the most effective strategies. While vaccines are increasingly integrated into AMR modelling, a review by PrIMAVeRa partners found that mAbs remain almost entirely absent from AMR models, a critical gap the project is designed to close. By combining epidemiological data, transmission modelling, and economic analysis, PrIMAVeRa will provide decision-makers with the evidence needed to understand when, where, and how both vaccines and mAbs can make the greatest contribution to curbing resistance.

In addition, EVI is coordinating the DRAIGON project, which aims to accelerate the diagnosis of antimicrobial-resistant infections through the integration of long-read whole-genome sequencing and artificial intelligence. By developing a rapid *in vitro* diagnostic platform capable of identifying pathogens and predicting antimicrobial susceptibility directly from clinical samples, DRAIGON seeks to enable earlier targeted treatment, improve antimicrobial stewardship, and strengthen surveillance of antimicrobial resistance. Together with PrIMAVeRa, the project reflects EVI's commitment to addressing AMR through innovative technologies spanning prevention, diagnosis, and evidence-based decision-making.

At EVI, we believe that prevention must play a central role in the fight against antimicrobial resistance. Through PrIMAVeRa, we are providing decision-makers with the tools and evidence needed to understand where vaccines and monoclonal antibodies can have the greatest impact and how they can contribute to a more sustainable response to AMR



William Martin

Project Manager

ISIDORe closed in 2025, bringing to a close a landmark European initiative that helped researchers and small and medium-sized enterprises (SMEs) to swiftly develop countermeasures against current and future pathogens. The EVI-led TRANSVAC infrastructure (within ISIDORe) provided vaccine-specific scientific services, and supported four projects targeting COVID-19, polio, and malaria. These efforts provided critical research information and support for the development of vaccine candidates, including access to adjuvants, immunogenicity studies, and manufacturing support, to strengthen the European preparedness for future pandemic response.

In ISIDORe, the EVI-coordinated TRANSVAC infrastructure became integrated into Europe's pandemic preparedness effort and contributed to several promising preclinical vaccine candidates. While ISIDORe has now concluded, its successes contributed to the funding of the successor ISIDORe II project. Through this initiative, TRANSVAC will ensure that vaccine development continues to play a central role in pandemic preparedness.





Beyond single vaccines

Average vaccine development time is **10 to 15 years**

Only 1 in 10 vaccine candidates reach the market

CHIMs have been used across **30+ disease** models and **45,000+ volunteers,** with a serious adverse event rate of 0.2%

Incorporating **organoids** and organs-on-chip in vaccine development is critical to the EU's commitment to phase out animal testing

Pioneering the future of vaccine R&D for global impact

The complex landscape of vaccine research highlights the need for cross-disciplinary innovation to advance global health. Emerging technologies such as artificial intelligence and mathematical modelling, organ-on-chip models, and human challenge studies are transforming vaccine development while reducing reliance on animal testing in research and development and improving manufacturing processes.
By embracing these integrated approaches, we can accelerate vaccine development, strengthen preparedness for future health threats, and safeguard public health on a global scale.

In 2025, the EVI-coordinated Inno4Vac consortium, a public-private partnership, made significant advances across its four complementary workstreams: *in silico* tools for vaccine manufacturing, controlled Human Infection Models (CHIMs), *in vitro* 3D mucosal models and an open-access platform for predicting vaccine candidate success.

Sources: IPROVE (2016) A strategic European roadmap for the vaccines of tomorrow: a joint stakeholder reflection ; Cirefice et al. (2023) Biologicals 84: 101702. Laurens (2025) The Journal of infectious diseases vol. 231,5 (2025): 1112-1116.



Ali Harandi
Head of Science Strategy

First line of defence:
Targeting transmission through vaccine innovation

Most vaccines protect against disease, but do not prevent infection or onward transmission, a gap that the NOSEVAC project, coordinated by EVI, is directly addressing. NOSEVAC is exploring how nasal vaccines, delivered through the mucosal surface where respiratory pathogens first enter the body, could be developed to reduce the spread of diseases including influenza, COVID-19, whooping cough, and pneumonia. Using an innovative RNA vaccine platform alongside adjuvanted proteins, the project aims to elicit protective immunity at the point of entry rather than simply preventing severe disease downstream. In 2025, considerable advancements have been made across different activities, including: pre-clinical development of novel vaccine antigens and novel nasal formulations, assessment of few lead candidates in ex vivo 3D respiratory models, and assessment of correlates of immunity in human nasal linings in experimental human trials. Further, NOSEVAC continues to investigate the social and cultural dimensions of nasal vaccine acceptance, recognising that scientific innovation alone is not sufficient, public trust and uptake are equally essential to reducing transmission at population level.

> **NOSEVAC is geared to develop novel immunization technologies to respond to the unmet need of engendering protective immunity at the respiratory tract mucosa, the major portal of entry for pathogens with potential to cause epidemics and pandemics.**

These efforts reflect EVI's commitment to going beyond disease prevention: building the science, the platforms, and the societal understanding needed to stop respiratory pathogens' threats before they spread.



Adriana Vives Vilatersana
Project Manager

Science meets regulation:
Advancing innovative tools for vaccine development against emerging threats

Inno4Vac is helping to transform how vaccine stability is assessed, a critical but often overlooked bottleneck in the development process. The consortium demonstrated that predictive *in silico* stability models can reliably replace lengthy conventional testing, with regulators now open to accepting data packages of just 3–12 months rather than the standard 36 months. If widely adopted, this single change could meaningfully accelerate the time from development to patient access.

It also reflects a broader shift in how vaccine innovation happens, one where smarter models, open data, and proactive regulatory dialogue replace time-consuming sequential processes. EVI's work through Inno4Vac is helping to build the evidence base and the trust needed to make these new tools a standard part of vaccine development worldwide.

CHIMs offer a rapid, cost-effective approach to evaluating immune responses and vaccine efficacy in a controlled environment. EVI organised a regulatory workshop that moved this field forward: establishing that symptomatic challenge models deliver more actionable data for drug development than infection-only models; that adaptive dose-escalation designs can further compress timelines while protecting participants; and that harmonised standards in ethics, conduct, and reporting are essential to ensuring that CHIM data are accepted and trusted by regulators worldwide (Meln, et al. Biologicals 2025).

These efforts reinforce a central Inno4Vac message: early and open regulatory dialogue is essential to building acceptance of new modelling tools and ultimately shortening development timelines.

In 2025, CHIM subtopic partners achieved key scientific advances in strain selection, availability, and characterization, as well as in challenge agent manufacturing for influenza, RSV, and *C. difficile*. Clinical trials for RSV and *C. difficile* were successfully implemented, further demonstrating the maturity and reliability of CHIM platforms. Efforts to align data-sharing processes and ethical governance frameworks strengthened the responsible use of study outputs, improving their integration into pharmaceutical development and enabling more reliable translational decision-making.



William Martin
Project Manager

3D mucosal models:
Building robustness and alignment with CHIMs

The development of *ex vivo* models focused on promising RSV, influenza, and *C. difficile* models, enabling them to directly complement the corresponding CHIM studies. These models reproduce immune-pathogen interactions in the respiratory, gut and urovaginal systems, using organoid and organoid-like models to simulate infections. The Inno4Vac CHIM challenge studies are designed to allow the analysis of clinical samples with these models. This integrated approach, linking *in vitro* models with *in vivo* challenge data, allows validation of the 3D mucosal models and added scientific value to the CHIM studies. This combination strategy represents a significant step toward building a more predictive, human-relevant toolkit for vaccine evaluation. Three publications in 2025 documented key advances in respiratory and mucosal infection modelling, underscoring the growing scientific maturity of these platforms (Koceva et al. Open Biology 2025; Ekanger et al. Frontiers in Immunology 2025; Koceva & Mosig, Methods in Molecular Biology 2025).

The Inno4Vac organoid and organ-on-chip platforms made remarkable progress in 2025, demonstrating the ability of these models to recapitulate key aspects of human infections. While further work is ongoing to demonstrate the level of robustness required to fully incorporate these tools, these tools are expected to provide significant value for testing of new vaccines.









A new resource for reproducible vaccine research: CADET-RDM

Supporting the broader goal of open, reproducible science, CADET-RDM, developed by partners at Modeling and Simulation at Research Center Jülich, became available to researchers in 2025. An open-source research data management tool originally developed for chromatography modelling and integrated within the Inno4Vac ecosystem, CADET-RDM is designed to streamline simulation workflows and ensure full reproducibility through comprehensive version tracking.

CADET-RDM acts as an organised, trackable record of every step in a modelling study, capturing the inputs, settings, and outputs in a way that anyone can follow, verify, and reuse. Researchers can share their work through standard platforms like GitHub, making their findings accessible and auditable by collaborators, regulators, and the wider scientific community. By making modelling workflows more transparent and reproducible, CADET-RDM supports the rigour that regulators increasingly expect and helps ensure that the innovative *in silico* tools being developed within Inno4Vac can ultimately be trusted and adopted in real-world vaccine development.

Together, these advances reflect Inno4Vac's commitment to building the next generation of vaccine development tools, ones that are faster, more human-relevant, and fit for regulatory acceptance.

Driving impact: advocacy & capacity building in action



Building collective strength for pioneering vaccine solutions

EVI is dedicated to strengthening clinical and vaccine research and development capacities in Europe and particularly in low- and middle-income countries (LMICs). EVI supports capacity building through different activities such as fellowships, short-term courses, networking, workshops, and stakeholder meetings, and has served for a decade as hosting institution for the EDCTP Clinical Research and Development Fellowship Scheme and the WHO/TDR Special Programme on Tropical Diseases Research.

Over 80% of global vaccine R&D is conducted in HIC

Short, modular trainings, tailored to LMIC professionals, in vaccine R&D, regulation, and manufacturing are limited in number and geographic reach.

Expanding vaccine R&D capacity in LMICs is crucial for equitable pandemic preparedness.

Vaccine access and uptake face **logistical and cultural barriers.**

Sources: WHO (2024) Global vaccine market report 2024; Kumraj et al. (2022) Hum Vaccin Immunother 18(1): 2020529.

TRANSVAC Academy in action:
Seven courses, two continents

The TRANSVAC Academy, established as a lasting training legacy of the TRANSVAC research infrastructure and coordinated by EVI, completed its first training round. The programme is a structured programme of expert-led, hands-on training across key vaccinology disciplines and designed to raise the standard of vaccine R&D education globally. The Academy has placed particular emphasis on expanding access for researchers from low- and middle-income countries (LMICs), with courses held in Africa and dedicated funding support for eligible participants.

The 2025 programme delivered seven courses in total, four of which were led directly by EVI. Trainings spanned institutions across Europe and Africa, as detailed below:

Provider	Training module(s)	Dates	Location
University of Natural Resources and Life Sciences (BOKU)	Vaccine Process Development and Scale-Up	11-12 Feb 2025	Vienna, Austria
Biomedical Primate Research Centre (BPRC)	Statistics for Preclinical Vaccine Research	3-7 Feb 2025	Rijswijk, The Netherlands
	Statistics for Vaccine Clinical Trials	7-21 Feb 2025	
European Vaccine Initiative (EVI)	Grant Writing	8-9 Apr 2025	Accra, Ghana
	Grant Management	10-11 Apr 2025	
	Translational Vaccinology	14-15 Apr 2025	
European Vaccine Initiative (EVI) in partnership with Medical Research Council Unit The Gambia (MRCG) and the University of Sierra Leone.	Translational Vaccinology	5-6 November 2025	Banjul, The Gambia

Exceptional demand and broad reach

The programme's first year far exceeded expectations in terms of interest and participation. Over 900 applications were received, reflecting particularly strong demand from African institutions, with 116 researchers ultimately completing training.

Post-training surveys consistently highlighted the programme's interactive format, well-organised delivery, and the calibre of its instructors. Participants were enthusiastic about the practical value of what they learned:

"I gained much insight into how to strategically identify collaborators. I also learned a great deal about writing compelling narratives, developing realistic work plans, and crafting impactful grant applications."

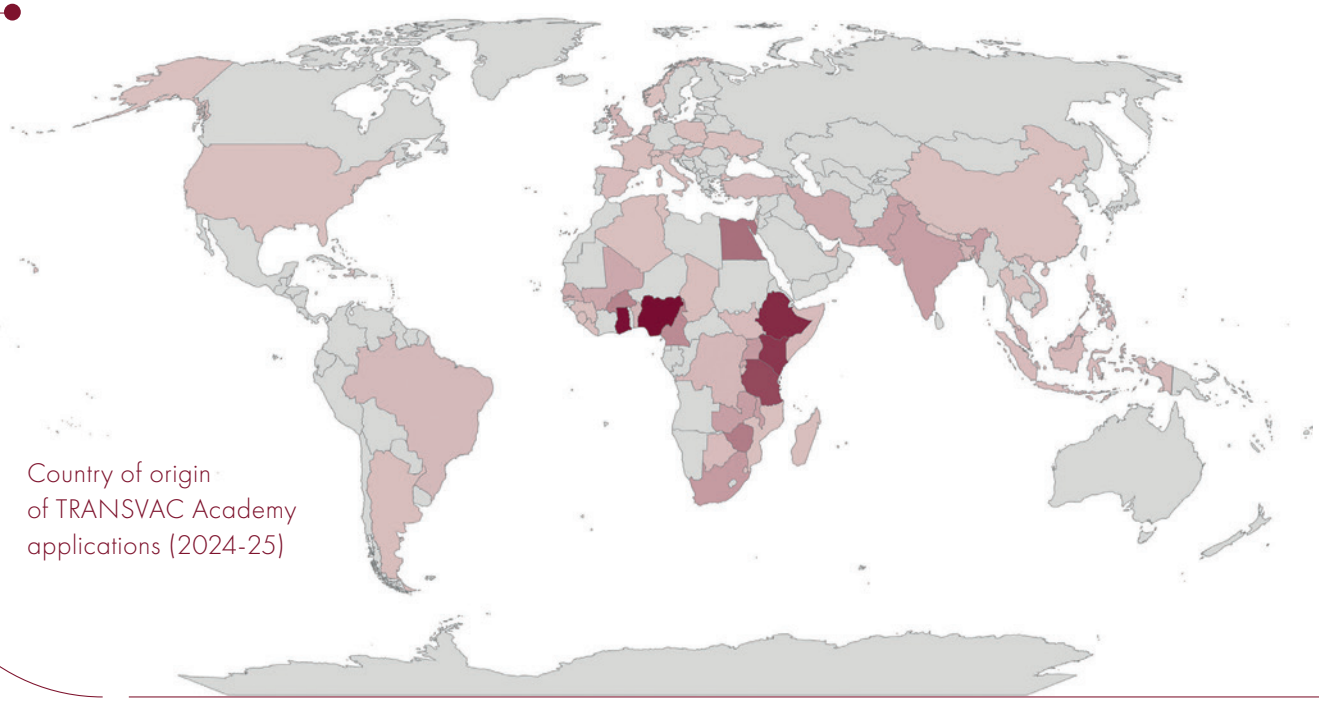
Grant Writing course participant

"The eye-opener for me was the preclinical phase of vaccine production and the regulations in place to safeguard humanity. I also appreciated how immunology was made relatable through the examples provided during the sessions."

Translational Vaccinology course participant



Building on this strong foundation, EVI is committed to refining the Academy's offerings based on trainee and trainer feedback. By equipping the next generation of researchers with cutting-edge knowledge and practical skills, TRANSVAC Academy (www.euvaccine.eu/services) is poised to play an increasingly vital role in shaping the future of global vaccine development.



Country of origin of TRANSVAC Academy applications (2024-25)

Building Bridges:
Stakeholders, Science and engagement

The Science|Business annual public network conference: New mandate, new agenda: Will the EU live up to its promises on R&I?
(Brussels, 06 February 2025)

EVI's Executive Director, Ole Olesen, participated as a panellist in a session bringing together leading experts to address the challenge of how Europe can sustain strong global collaboration while advancing autonomy and sovereignty. The session was supported by Deutsche Stiftung Weltbevoelkerung (DSW) and Impact Global Health.

EVI and Kintampo Health Research Centre (KHRC) strengthen ties with delegation visit
(Heidelberg, 07 - 14 March 2025)

A visit to reaffirm a long-standing partnership with KHRC, rooted in over a decade of collaboration spanning vaccine development, infectious disease research, and global health innovation. Fruitful discussions with Prof. Kwaku Poku Asante, Director of the KHRC, and his team focused on strengthening ties and advancing shared goals in global health.



NOSEVAC Annual meeting 2025: public session
(Lisbon, April 29, 2025)

As part of the NOSEVAC project's annual meeting, the European Vaccine Initiative (EVI) organised a public session titled "Predict, prevent, protect: the science and strategy of vaccine development". The session featured an introduction to the NOSEVAC project, followed by a keynote address on CEPI's 100 Day Mission and the role the RNA vaccine technology plays in this mission. Expert talks explored Novel Approaches for Antigen Discovery Based on Immunopeptidomics, and the mathematics of vaccination: an overview of models and challenges.

EVI hosts BioNTech delegation
(Heidelberg, 22 May 2025)

A delegation from BioNTech visited EVI to engage in a dialogue focused on strengthening global capacity building efforts and supporting scientific training for fellows hosted by both organisations. Fellows from the WHO/TDR Clinical Research Leadership fellowship programme and the AFRIKA KOMMT! Program shared personal insights on how their experiences have shaped their professional growth.



BioNTech delegation of WHO/TDR Clinical Research Leadership fellowship programme and the AFRIKA KOMMT! And EVI team.

Inno4Vac workshop: Utilising *in silico* models to expedite vaccine development, testing, and lifecycle management
(Brussels, 27 May 2025)

Organised by EVI, this workshop brought together industry partners, academics, and European regulators to explore computational approaches, from stability assessment to bioreactor modelling and purification, to boost pipeline efficiency and product quality, while ensuring alignment with regulatory expectations.

Advance VAC4PM webinar: Strategies for using Malaria vaccines to prevent Malaria in pregnancy
(Online, 03 June 2025)

Co-hosted by EVI and Fondation pour la Recherche Scientifique (FORS) under the ADVANCE-VAC4PM project, the workshop brought together global health experts, regulators, and policymakers, including representatives from the WHO, African Vaccine Regulatory Forum (AVAREF), Ministries of Health from across sub-Saharan Africa, to advance strategies for implementing malaria vaccines in pregnancy.



Swiss TPH Symposium Malaria in Focus: From Research to Global Action

(Allschwil, 12-13 June 2025)

EVI's Director of Research, Dr Nicola Viebig, was invited to speak at the Swiss TPH Symposium, presenting "The Global Malaria Vaccine R&D Landscape – What's Next?" and the need for coordinated efforts to develop next-generation malaria vaccines.

EVI's Director of Research, Dr Nicola Viebig, at the Swiss TPH Symposium 2025.

IMPRINT Network Meeting 2025

(Johannesburg, 11 – 13 September 2025)

EVI's Social Science Project Manager, Mandeep Kaur presented initial findings on the acceptability of placental malaria vaccines in Malawi. She was joined by collaborator Dr. Marion Chirwa Kajombo from Malawi University of Science and Technology, reflecting EVI's commitment to evidence-based vaccine research and equitable access.

Mandeep Kaur, Social Science Project Manager presenting at the IMPRINT Network Meeting 2025.





World Vaccine Congress Europe 2025

(Amsterdam, 13-16 October 2025)

EVI's Head of Innovation, Dr Irina Meln, presented on the role of NGOs in stakeholder engagement, showcasing how EVI bridges academia, industry, and regulators to drive the adoption of new technologies, illustrated by EVI's coordination of key stakeholder meetings within the Inno4Vac project.

Dr Irina Meln, Head of Innovation, presenting at World Vaccine Congress Europe 2025.

World Health Organization (WHO)/Medicines Patent Pool (MPP) mRNA Technology Transfer Programme R&D consultation for the African continent

(Brussels, 23-24 October 2025)

The meeting reviewed progress in developing novel mRNA-based products to strengthen regional manufacturing capacity. During the malaria mRNA R&D session, EVI's Director of Research, Dr Nicola Viebig, presented EVI's mRNA malaria vaccine development activities, including the CAPTIVATE project, alongside Prof. Faith Osier and Lindsey Wu.

DRAIGON Project Stakeholder meeting
(Heidelberg, 30 October 2025)

EVI organised a stakeholder workshop in Heidelberg bringing together the DRAIGON consortium and leading experts to gather practical feedback on the implementation of the DRAIGON rapid AMR diagnostics prototype. The workshop explored how the tool could be deployed across a range of real-world scenarios and settings.

LSHTM Annual Trials Day 2025
(Fajara, 04 November 2025)

EVI representatives attended the 3rd Annual Trials' Day at MRC Unit The Gambia (MRCG)/LSHTM in May 2025, where Dr. Souyet Chang Rodriguez spoke on EVI's approach to empowering African partners in the evolving clinical vaccine research landscape. The visit included stops at MRCG clinical trial sites across The Gambia.



EVI team (left to right): Jorge Miguel Ramos de Almeida, William Martin, Petra Zrustova, and Souyet Chang Rodriguez.

American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting 2025
(Toronto, 09 – 13 November 2025)

Dr Nicola Viebig, EVI's Director of Research, participated in the meeting, engaging with global health experts and representing EVI's vaccine R&D work, including its commitment to developing a placental malaria vaccine to protect mothers and babies in malaria-endemic regions.

2025 The International Society for Vaccines (ISV) Next Generation Vaccinologists - NextGenVacc webinar
(Online, 4 December 2025)

Dr. Stefan Jungbluth, EVI's Director of External Affairs, shares insights from his career journey, offering guidance and inspiration for early-career researchers interested in vaccines and global health in a talk titled "From dopamine to vaccine: What is it that you do at work, son?".

Nicola Viebig
Director of Research



Ten years of excellence: Celebrating a decade of the fellowship programme at EVI

In 2025, EVI celebrated ten years of hosting fellows under the TDR Clinical Research Leadership fellowship programme and the EDCTP/TDR Clinical Research and Development Fellowship (CRDF), a milestone that reflects a decade of shared commitment to building research capacity in low- and middle-income countries.

Since welcoming its first fellow in 2015, EVI has supported early- and mid-career researchers from across Africa and the Americas, including Ghana, The Gambia, Tanzania, Burkina Faso, Colombia, Senegal, Nigeria, Zambia, Cameroon, Mali and Uganda, with hands-on training spanning the full vaccine development spectrum, from antigen discovery through clinical research, regulatory pathways, and ethical considerations.

Delivered in partnership with TDR, the Special Programme for Research and Training in Tropical Diseases, the fellowship equips scientists with the technical, leadership, and project management skills needed to drive vaccine innovation in their home countries — contributing to more sustainable, self-reliant research environments worldwide.

EVI extends its sincere gratitude to all past fellows, partners, and supporters who have made this programme a success, and looks forward to the decade ahead.

> **It has been a privilege to see how each fellow grows in confidence and capability during and after their time at EVI. Their enthusiasm and dedication bring fresh perspectives to our work, while the skills and networks they build here continue to strengthen vaccine research capacity globally. We are proud to play a part in their professional journeys and in building sustainable scientific leadership in partner countries.**

TDR Clinical Research Leadership Fellowship

WHO/TDR, the Special Programme for Research and Training in Tropical Diseases of the fellowship programme at EVI



Samiratu Yakubu

WHO/TDR Fellow

During my fellowship at EVI, I gained valuable experience in vaccine research and development coordination through my involvement in several international collaborative projects. I contributed to project management activities, scientific discussions, and the coordination of meetings related to vaccine development and controlled human infection model studies. Many of the projects focused on diseases such as Malaria and ETEC diarrhoea, which remain significant public health challenges in Africa, including Ghana. Working on these initiatives provided valuable insight into global efforts aimed at developing vaccines and other interventions to address these diseases. I also gained a deeper understanding of Controlled Human Infection Models (CHIMs) and their role in vaccine development and improving understanding of disease pathogenesis. This exposure was particularly valuable for appreciating the scientific, ethical, and regulatory considerations involved in CHIM studies.

Overall, the fellowship with EVI strengthened my skills in project coordination, scientific communication, and multidisciplinary collaboration, and equipped me with knowledge and experience that are directly relevant to supporting research and regulatory efforts to address public health challenges in my home country. I also appreciated the supportive working environment and dedicated staff at EVI, which made the fellowship both professionally enriching and personally rewarding.



Zakariah Buwah

WHO/TDR Fellow



My time at EVI gave me a new perspective on vaccine research, moving from the field-based work I had done at Kintampo Health Research Centre (KHRC) to understanding how a sponsor organization thinks about strategy, partnerships, and global clinical trials. During my fellowship, I contributed to project management within multinational vaccine development programmes and supported the coordination of research initiatives with institutions across Europe, East Africa, and West Africa.

Through this, I gained hands-on experience in the full vaccine development pathway, from pre-clinical research to clinical evaluation, and deepened my understanding of how a sponsor-organisation navigates regulatory frameworks, partner management, and operational decision-making across multiple countries. I also gained valuable experience in monitoring and evaluating research capacity-building programmes, with support from the Barcelona Institute for Global Health (ISGlobal) and contributed to a manuscript with the Centre for Experimental Pathogen Host Research at University College Dublin.

Beyond the technical work, I was privileged to engage with experienced clinical research and vaccine development teams, colleagues from institutions across Tanzania, Burkina Faso, The Gambia, Japan, and Germany and contributed meaningfully to the EVI–GIZ collaboration on research capacity building in my home country, Ghana.

I am very grateful to WHO/TDR and EVI for making the fellowship possible, to my supervisor Nicola Viebig for her mentorship, and to management of KHRC for their continuous support. I return to KHRC fully committed to applying what I have learned to support clinical research at KHRC and Ghana Health Service and vaccine development in Ghana and across Africa.

The WHO/TDR Clinical Research Leadership Fellowship at EVI is one of those rare experiences that stays with you for not just for what you learn, but for how it changes the way you think about your work. I came in as a clinical researcher and left with a much broader view of what it takes to bring a vaccine from concept to clinic.
I am grateful to WHO/TDR and EVI for making it possible.

Doctoral Fellowships

As part of the EDCTP2-funded Multi-Stage Malaria Vaccine Consortium (MMVC), EVI has awarded Master and PhD Fellowships to talented African scientists pursuing a career in malaria research and vaccinology. In 2025 we celebrate the graduation of Charles Mulamba:



Charles Mulamba

MMVC PhD fellow at Ifakara Health Institute Clinical Trial Facility, Bagamoyo Research and Training Centre, Tanzania.

Sep 2019 to May 2025

Charles Mulamba's doctoral work aimed to evaluate the capability of a new vaccine (Pfs25-IMX313/Matrix MTM) to induce transmission blocking antibodies in individuals living in malaria endemic areas. Transmission-blocking vaccines induce antibodies that prevent malaria parasite development in the mosquito vector after a blood meal, consequently blocking onward transmission. He also conducted a survey to determine malaria prevalence, gametocyte carriage and the seroprevalence of natural antibodies to transmission-blocking malaria vaccine candidate antigens in Bagamoyo, Tanzania. He is the first author of two publications detailing his findings (Mulamba et al. Malaria Journal 2022; Mulamba et al. Malaria Journal 2025).



Dr Charles Mulamba graduation ceremony.

Corporate communications

In 2025, the EVI Communications Team further enhanced the organisation's network and visibility across both offline and online channels. Offline, EVI maintained a strong presence at conferences and webinars through active staff participation. EVI's digital reach also expanded, with growing social media communities and rising newsletter subscriptions.



Communications team, Romina Di Marzo and Catarina Luís, at EMBL Science & Society Conference "In science we trust?" symposium (Heidelberg, 16-17 June 2025).

In Press

From labs to lives: turning malaria vaccine research into impact (25 April 2025) – Featured in the *Global Health Resilience campaign*, distributed with Guardian and published on www.globalcause.co.uk, highlighting implementation research efforts within OPT-MVAC and Ethnographic study in Malawi.

European Immunisation Week 2025: EU4Health and Horizon Europe projects protecting the health of people of all ages (28 April 2025) – EVI-led NOSEVAC project was featured in the European Health and Digital Executive Agency news as part of European Immunisation Week 2025, spotlighting efforts to develop innovative nasal vaccines to protect against respiratory diseases.

Fighting malaria before birth: clinical trials to protect mothers and babies (19 May 2025) – Featured in the Children's Healthcare campaign, distributed with Guardian and published on www.globalcause.co.uk, highlighting EVI-led clinical research for maternal and child health.

Leveraging *in silico* tools to accelerate vaccine manufacturing: the promise of computational fluid dynamics and hybrid process models (01 July 2025) – Featured Vaccine Insights, how Inno4Vac researchers are integrating computational fluid dynamics (CFD), compartment models, and kinetic modelling into the upstream process design, enabling faster, more efficient, and robust vaccine production.



Delivering on the Promises of Medicines Innovation: Promoting and Achieving Excellence in Regulatory Science in Europe (18 September 2025) – European Medicines Agency (EMA) reflects on how regulatory science bridges the gap between medicines research and the practical application of its findings in regulatory decision-making, and spotlights EVI-led VAC2VAC's role in forgoing the pyrogen tests in rabbits.

How nasal vaccines could reduce the spread of disease (23 October 2025) – Featured in Vaccines Today, Dr. Ali Harandi, scientific lead for NOSEVAC and Head of Science Strategy at EVI, was interviewed, and spoke of the ground breaking work on nasal vaccines, which could transform the way we prevent the spread of respiratory diseases.

New hope for mothers and babies: Spotlight on the ADVANCE-VAC4PM placental malaria vaccine development efforts (30 October 2025) – Featured in the EU Horizon Magazine, highlighting the ADVANCE-VAC4PM project, an EU-funded initiative coordinated by the European Vaccine Initiative (EVI), which is paving the way for the world's first vaccine to protect against placental malaria.

Combating Antimicrobial Resistance: Modeling the Untapped Potential of Monoclonal Antibodies (08 December 2025) – Featured in BioProcess International, spotlights PrIMAVeRa's platform for evaluating the public health and economic impact of mAbs — providing policymakers with evidence-based guidance for AMR control.



Digital community

The digital community on LinkedIn grew another 27% compared to 2025. This year also saw EVI expand its social media presence with the launch of a new Bluesky account.

Newsletter

The number of newsletter subscribers grew by 251 compared to the previous year (2025 vs 2024 growth was 15%). The Communications team ensures that all new email addresses gathered comply with the EU general data protection regulation (GDPR).

Website development

Throughout 2025 EVI managed 12 websites for completed and currently running projects.

Videos

In 2025, EVI produced a short film explaining how case-control studies generate the real-world evidence needed to guide immunisation strategies, translating complex science into a clear, public-facing resource. This video provides valuable insights into the collaborative efforts and scientific rigor underpinning the MVPE-CC project, highlighting its significance in generating evidence to support the global fight against malaria.



Proving the value of malaria vaccines: how case-control studies can guide immunisation strategies.



Financial Performance Report 2025

The year 2025 marked another important step in strengthening EVI´s financial resilience, liquidity and long-term sustainability. Despite a challenging funding landscape and variations in project implementation cycles, EVI maintained a strong financial position and successfully delivered another year of positive financial results.

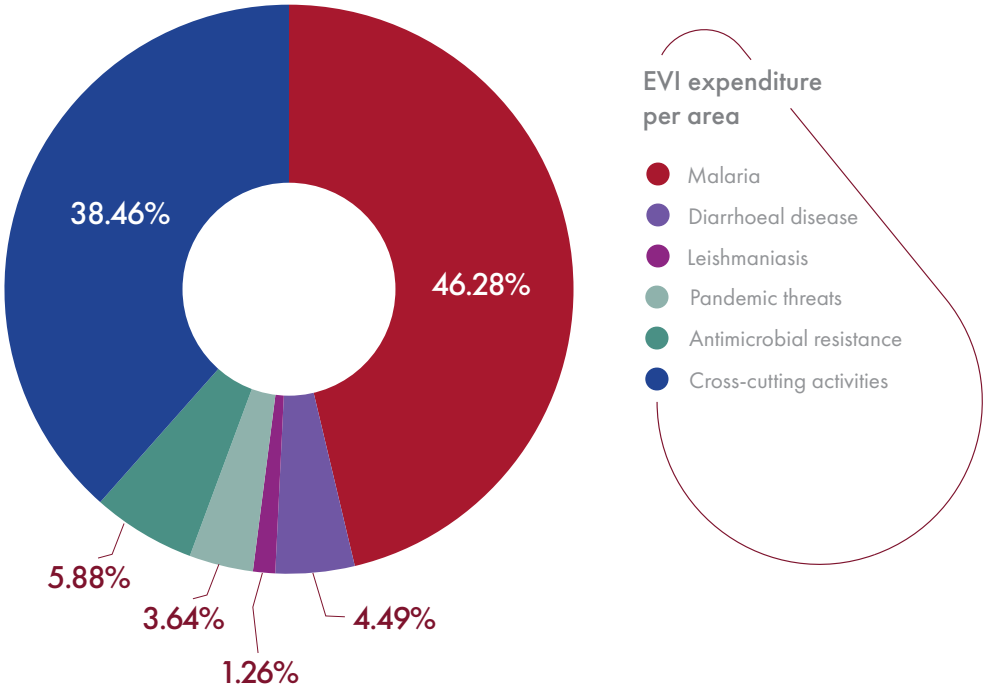
Public and charitable funding from multiple sources continued to provide a solid foundation for EVI's activities, with major contributions from the European Union, national European governments, international agencies and philanthropic organisations.

EVI closed the year 2025 with a positive operating surplus of €0.26 million, continuing the positive development of recent years and further reinforcing EVI's financial independence and stability.

Throughout 2025, EVI continued to invest substantially in its scientific and public health mission, with €13.56 million allocated directly to social mission activities. Malaria vaccine development and implementation research remained major priority areas, alongside significant investments in cross-cutting vaccinology research, antimicrobial resistance, and pandemic preparedness.

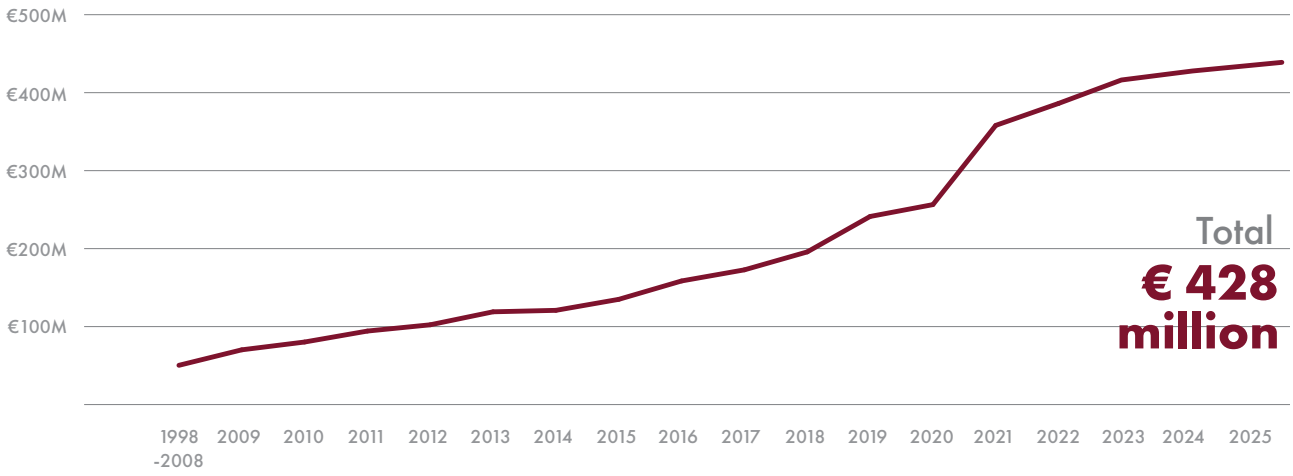
Overall, EVI maintained a positive financial result in 2025 and emerged with stronger equity, substantially improved liquidity and a robust balance sheet. These achievements further demonstrate EVI's financial resilience, responsible stewardship of resources and capacity to support its ambitious global health mission.

EVI expenditure per area



Fundraising

EVI gratefully acknowledges the steadfast commitment of its long-term funders. During the current reporting period, we advanced a diverse portfolio of projects supported by the European Commission (EU), EDCTP, CEPI, IHI, GHIT, DGIS, BMFTR and GAVI.



Statement of comprehensive income for the year as of 31 December 2025

	EUR 2025	EUR 2024
Income		
Turnover from sales	1042264.57	726812.45
Public institutional funding:		
Governmental & International Agency funding	3.818.874,72	6.664.039,90
European Union	6.504.451,11	9.244.205,52
European and Developing Countries Clinical Trial Partnership	1.504.514,91	1.366.050,86
Total public institutional funding	**11.827.840,74**	**17.274.296,28**
Other income net	1.064.517,06	1.058.683,00
Total income	**13.934.622,37**	**19.059.791,73**
Social mission expenditure		
Research & vaccine development expenditure:		
Malaria	6.268.296,20	7.672.306,15
Diarrhoeal diseases	607.922,81	898.218,64
Leishmaniasis	170.201,70	208.187,44
Pandemic threats	492.865,62	675.661,13
Antimicrobial resistance	796.039,37	3.475.715,22
Cross cutting activities	5.208.410,19	5.482.516,92
Advocacy & communications expenses	15.563,63	23.056,06
Total social mission expenditure	**13.559.299,52**	**18.435.661,56**
Supportive social mission expenditure		
Training, quality assurance and project development	2.309,92	15.690,59
Fundraising	2.445,28	13.587,90
Governance	6.903,76	13.701,41
Total supportive social mission expenditure	**11.658,96**	**42.979,90**
Non-social mission expenditure		
General executive administration	768.537,20	626.532,15
Overhead income	(661.689,73)	(982.345,39)
Total non-social mission expenditure	106.847,47	(355.813,24)
Total expenditure	**13.677.805,95**	**18.122.828,22**
Operating surplus / (loss)	256.816,42	936.963,51

Statement of financial position as of 31 December 2025

	EUR 2025	EUR 2024
Current assets		
Cash and cash equivalents:		
Cash and banks - key accounts	13.963.493,94	10.287.144,80
Total cash and cash equivalents	**13.963.493,94**	**10.287.144,80**
Current accounts and receivables:		
Other receivables	1.109.911,48	914.473,33
Financial and debtor receivables	3.000,00	37.286,07
Total current accounts and receivables	**1.112.911,48**	**951.759,40**
Total current assets	**15.076.405,42**	**11.238.904,20**
Non-current assets		
Tangible fixed assets, net	108,00	442,00
Long term Securities	3.294.084,71	4.294.084,71
Deferred expenses	1.004.696,53	337.674,51
Total non-current assets	**4.298.889,24**	**4.632.201,22**
Total assets	**19.375.294,66**	**15.871.105,42**
Current liabilities		
Creditors	130.516,94	1.021.654,15
Accrued expenses	195.725,27	1.300.691,89
Other Liabilities	19.386,85	50.296,72
Deferred income	15.236.357,55	9.961.971,03
Total current liabilities	**15.581.986,61**	**12.334.613,79**
Equity of organisation		
Operating result	256.816,42	936.963,51
Capital Reserves	3.536.491,63	2.599.528,12
Total equity of the organisation	**3.793.308,05**	**3.536.491,63**
Total equity and liabilities	**19.375.294,66**	**15.871.105,42**

For more detailed information about EVI's financial statements and related indicators the "2025 EVI Financial and Performance Report" is available upon request (www.euvaccine.eu/contact-us).

Governance

AS OF 31 DECEMBER 2025

General Assembly

The General Assembly is the highest decision-making body of EVI, comprising a representative of each member institution of the EVI Association. The General Assembly is advised on financial and legal matters by the EVI Finance and Risk Management Committee (FRMC).



Samuel McConkey
Chair
RCSI University of Medicine and Health Sciences, Ireland



Clemens Kocken
Vice-Chair
Biomedical Primate Research Centre, The Netherlands



James Di Santo
Member
Institut Pasteur, France



Michael Lanzer
Member
Heidelberg University, Germany



David Salisbury
Member
Jenner Foundation

EVI Team



EVI staff members at the 2025 Team Retreat in Woudschoten Conference Center, The Netherlands.

EVI Team

In November 2025, the EVI team convened at the Woudschoten Conference Center in the Netherlands for a two-day retreat focused on strategic alignment, operational updates, and team cohesion. The programme combined substantive sessions on organisational priorities with a memorable team-building activity – sheep herding. The retreat concluded with a shared sense of renewed alignment and connection, a reminder that strong teamwork, whether in the meeting room or in the pasture, relies on trust, communication, and shared experience.

Adriana Vives Vilatersana
Project Manager

Aicha Sayeh
Clinical Project Manager

Ali Harandi
Expert Consultant

Candice Marion
Vaccine Development Manager

Catarina Luis
Senior Communication & Project Manager

Daniel Reem
Project & IT Administrative Manager

Elena Ambrosino
Senior Project Manager

Flavia D'Alessio
Head of Vaccine Research

Giovanna Milano
Project Assistant

Irene Nailain Nkumama
Malaria Programme Manager

Irina Meln
Head of Innovation

Jorge Almeida
Clinical Project Manager

Jose Santos
Data Analyst

Julia Lubyanaya
General Counsel

Mandeep Kaur
Project & Communication Assistant

Marielle Elgaß
HR Manager

Monika Ślęzak
Project Manager Consultant

Morten Skjoede
Intern

Nicola Viebig
Director of Research

Ole Olesen
Executive Director

Petra Zrustova
Quality Assurance Manager

Reinhard Liebers
Project Manager

Romina Di Marzo
Senior Communication & Advocacy Manager

Samiratu Yakubu
WHO-TDR Clinical Research Fellow

Sandra Hauenstein
Financial Accountant & Travel Manager

Sophie Houard
Director of Vaccine Development

Souyet Chang-Rodriguez
Senior Clinical Project Manager

Stefan Jungbluth
Director of External Affairs

Sten Larsen Finnsson
Finance & HR Director

Stephanie Farrar
HR & Project Assistant

Thorsten Kohaut
Head of Accounting

William Martin
Project Manager

Zakariah Buwah
WHO-TDR Clinical Research Fellow



Sheep herding team building exercise in in the tranquil woods near Zeist, Woudschoten.

Publications 2025

Meln I, Leclerc Q, Caspar Y, Hasso-Agopsowicz M. **Combating Antimicrobial Resistance: Modeling the Untapped Potential of Monoclonal Antibodies.** BioProcess Int. 2025 Dez 8

Menon S, D'Alessio F, Chaudhuri N, et al. **Placental malaria: a systematic review and meta-analysis of global burden, risk factors, and maternal and foetal outcomes.** J Glob Health. 2025 Nov 28;15:04355. doi: 10.7189/jogh.15.04355. PMID: 41307909; PMCID: PMC12659800.

Héma A, Soulama BI, Sawadogo J, et al. **Incidence and antimicrobial resistance of non-typhoidal Salmonella enterica in stool samples from children under five in peri-urban Ouagadougou, Burkina Faso.** BMC Microbiol. 2025 Nov 24;25(1):784. doi: 10.1186/s12866-025-04515-1. PMID: 41286621; PMCID: PMC12659630.

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A word of thanks

During our more than twenty five years of existence, EVI has succeeded in securing the support of a large number of partners, funders, and other individuals and organisations. We would like to sincerely thank everyone for their backing and collaboration and gratefully acknowledge the financial and other support received from the following organisations.

- Austrian Federal Ministry of Science and Research, Austria
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Partners

EVI thanks all its collaborators that support our common goal of developing vaccines that create health and equity for all people.

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Ajinomoto Co., Inc.	Japan
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Centre for Infectious Disease Research in Zambia (CDRIZ)	Zambia
Centre for Malaria and other Tropical Diseases (CEMTROD)	Nigeria
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Veterna S.r.l.	Italy
Vilnius University Hospital Santaros klinikos	Lithuania
Viroclinics Biosciences BV	The Netherlands
VisMederi SRL	Italy

Project index

Project	Funder	Project Title	Timeline
ADMALVAC	BMFTR	Advancing next-generation malaria vaccines	01 July 2023 – 30 June 2028
ADVANCE-VAC4PM	European Union	Advancing the clinical development of placental malaria vaccines in the context of capacity building and use of digital health technologies	01 June 2022 – 31 May 2027
CAPTIVATE	European Union (Horizon Europe Programme)	CorrelAtes of Protective immuniTy-driven Investigation of malaria VAccine combinaTion stratEgies	01 November 2023 – 30 April 2028
DGIS-PMVAC	RVO PDP IV	Advancing the clinical development of placental malaria vaccines.	01 December 2022 – 01 December 2027
DRAIGON	European Union (Horizon Europe Programme)	Diagnosing Infections with Multi-Drug Resistant Microorganisms using AI-powered Genomic Antibiotic Susceptibility Prediction from Long-Read Sequencing Data	01 January 2024 – 31 December 2027
GAVI - SIRI	GAVI, The Vaccine Alliance	Enhancing seasonal malaria vaccination from EVI to Guinea and Benin, through Gavi's Malaria Learning Agenda	01 May 2025 – 30 November 2026
HCVIVA	Innovation Fund Denmark	Hepatitis C Virus Inactivated Vaccine Advancement	01 April 2025 – 31 March 2029
Inno4Vac	Innovative Medicines Initiative (IMI) and European Federation of Pharmaceutical Industries and Associations (EFPIA)	Innovations to accelerate vaccine development and manufacture	01 September 2021 – 29 February 2028
ISIDORe	European Union (Horizon Europe Programme)	Integrated Services for Infectious Diseases Outbreak Research	01 February 2022 – 31 July 2025
MIMVaC-Africa	EDCTP2	A multilateral initiative to foster the clinical development of effective malaria vaccine candidates in Africa (MIMVaC-Africa)	01 February 2020 – 30 August 2026
MMVC	EDCTP2	The Multi-Stage Malaria Vaccine Consortium (MMVC)	01 April 2018 – 31 December 2025
MVC-2G	Global Health EDCTP3	Optimising a Deployable High Efficacy Multi-Stage Vaccine for Plasmodium falciparum Malaria: 2nd Generation Malaria Vaccine Consortium	08 September 2025 – 07 September 2030
MVPE-CC	EDCTP2	The Malaria Vaccine Pilot Evaluation-Case Control (MVPE-CC)	01 April 2021 – 31 December 2025

Project	Funder	Project Title	Timeline
NOSEVAC	European Union (Horizon Europe Programme)	Innovative nasal vaccines to prevent pathogen colonization and infection in the upper respiratory tract	01 May 2023 – 30 April 2028
OPT-MVAC	Global Health EDCTP3	Optimizing the delivery and uptake of malaria vaccines in countries with areas of highly seasonal transmission in West and Central Africa	01 January 2025 – 30 June 2029
PfRipr5-PD	GHIT Fund	Towards the clinical development of the new asexual blood-stage malaria vaccine candidate PfRipr5 (PfRipr5-PD)	29 August 2023 – 30 September 2025
PREV_PKDL	EDCTP2	Clinical development of a therapeutic vaccine for prevention of post-kala azar dermal leishmaniasis	01 April 2018 – 31 December 2025
PrIMAVeRa	Innovative Medicines Initiative (IMI) and European Federation of Pharmaceutical Industries and Associations (EFPIA)	Predicting the Impact of Monoclonal Antibodies & Vaccines on Antimicrobial Resistance	01 November 2021 – 30 April 2027
SCARDA MV-Nipah	SCARDA	Development of a Nipah measles vector vaccine	01 March 2023 – 30 March 2027
SEmalvac6	GHIT Fund	Biomanufacture and preclinical development of the blood-stage malaria vaccine candidate SE36/cVLP	15 May 2025 – 31 March 2027
ShigaPlexIM	EDCTP2	Early clinical development of an injectable *Shigella vaccine* through phase I and descending age studies with and without an adjuvant in Africa	01 October 2019 – 31 December 2025
SHIGETECVAX	European Union (Horizon 2020 Programme)	Early clinical development of a live, attenuated combination vaccine against Shigella and ETEC diarrhoea	01 September 2019 – 31 March 2026
TRANSVAC Academy	Coalition for Epidemic Preparedness Innovations (CEPI)	TRANSVAC Academy: Advanced training programme in vaccinology	21 June 2024 – 03 October 2025
UltiMalVax	European Union (Horizon Europe Programme), UKRI, SERI	A Vaccine Targeting Eradication of Malaria	01 May 2023 – 30 April 2027
Universal influenza vaccine	Sumitomo Pharma Co., Ltd	Clinical development of a universal influenza vaccine	02 March 2022 – 31 March 2027
VAC4PM	GHIT Fund	Clinical development of placental malaria vaccine candidates	25 October 2021 – 31 December 2026
VACCELERATE	European Union (Horizon 2020 Programme)	European Corona Vaccine Trial Accelerator Platform	28 January 2021 – 27 January 2025

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