Outbreak Response Principles

August 7, 2026

Version 1.3

Outbreak Response Principles

August 7, 2026 (version 1.3)

Purpose of this document

This document sets out CEPI's current infectious disease outbreak response principles, providing a shared reference to guide decision-making and engagement. These principles are not a fixed endpoint: this first version was developed in 2026 in support of clarifying CEPI's role, as well as supporting ongoing discussions around the broader global health architecture. These principles will be discussed throughout 2026 with partners to assess applicability, relevance, and to inform refinement over time.

I. CEPI's Engagement in Outbreak Response

1.1 Primary Purpose

To contribute to vaccine-related research during a public health response by advancing vaccine candidates toward emergency or full authorization. This includes supporting the generation of scientifically and ethically robust data (e.g. clinical, epidemiological) that cannot be obtained outside an outbreak. During outbreaks, CEPI can act in several roles: as a **funder, technical advisor, catalyst, and advocate**. The type of involvement is informed by level of response required. Many outbreaks will offer an opportunity for countries and regions to strengthen or test capabilities needed to make the 100 Days Mission a reality, alongside work of other partners whose contributions extend "beyond the 100 days".

1.2 Contributions to the Outbreak Response Ecosystem

CEPI works with countries and non-governmental organizations to deploy tools (e.g. products) and capabilities, consistent with national decision-making, to protect populations most at risk. CEPI's involvement often begins before an outbreak, strengthening preparedness with partners, including national and regional authorities. During an outbreak, CEPI aligns its actions to broader response pillars and objectives and coordinates with funders of downstream mechanisms for procurement and financing, to help ensure any safe and effective vaccine can be deployed as quickly as possible. CEPI's role includes collaborating with countries, regulators, World Health Organization, regional institutions, developers, and other partners.

Countries, through their national authorities, decide whether to use licensed vaccines or investigational vaccines, and whether to participate in trials that generate evidence. These decisions are taken in accordance with national legal and regulatory frameworks.

1.3 Dual but Balanced Obligations

In outbreak settings, CEPI will not support research or use of vaccine candidates that have not demonstrated an acceptable safety profile through appropriate preclinical and/or clinical evaluation. In addition to generating scientific and ethically robust data, CEPI must balance its responsibilities to populations affected by outbreaks, to national and regional authorities, vaccine developers, sponsors, manufacturers, and scientific and regulatory communities. Maintaining trust across these groups is essential to deliver impact during outbreaks.

1.4 Developers, Sponsors, and Manufacturers

One or more organizations can hold the following additional roles:

- **Developers** retain responsibility for advancing products and overall development strategy.
- **Sponsors** hold legal responsibility for the development and conduct of clinical trials, including regulatory compliance, safety reporting, and trial conduct.
- **Manufacturers** are responsible for product quality and supply in accordance with applicable standards.

CEPI will not serve as the Market Authorization Holder or Sponsor. CEPI will also ensure that sponsors of outbreak trials (funded by CEPI) possess the appropriate capabilities, quality systems, and legal responsibilities consistent with organizational policies.

2. Core Assumptions

2.1 Regulatory and Ethical Foundations

All CEPI-supported research activities require regulatory and ethics approval and adhere to scientific standards, including International Council for Harmonization Guidelines for Good Clinical Practice (ICH-GCP), to ensure rights, safety, and well-being of participants.

2.2 Vaccine Development Pathways

Outbreak clinical trials should advance a vaccine's end-to-end development pathway toward full authorization, or emergency use where required, including through generation of safety, immunogenicity, efficacy, effectiveness, or other data demonstrating favorable risk-benefit profiles. CEPI supported programmes will engage proactively with regulatory authorities to confirm regulatory strategy and data requirements. As data are generated, emerging evidence is continuously reviewed to assess feasibility and relevance.

2.3 Limitations on Efficacy Trials

For pathogens with historically small or short-lived outbreaks, statistically robust efficacy data may be unattainable, even over multiple outbreaks. CEPI avoids assuming all outbreaks end quickly with minimal morbidity/mortality, as epidemiology is often uncertain at outbreak onset. Use of outbreak trials should reflect this reality and avoid guaranteeing outcomes unlikely to be achieved.

3. Scientific and Ethical Principles

3.1 Scientific Rigor

CEPI only supports research activities that can yield scientifically valid, interpretable findings. Trials must be feasible within the outbreak context, grounded in statistical and epidemiologic realities, and conducted in accordance with ICH-GCP guidelines to ensure participant rights, safety, and well-being are protected. Engagement of affected communities is essential to improve the acceptability, feasibility and relevance of the trial design, as well as to foster trust.

3.2 Preferred Trial Designs

Randomized controlled trials (RCTs) remain CEPI's preferred design where practicable and appropriate to the local context, and where they can generate data needed to advance vaccine development.

3.3 Alternative Trial Designs Under Defined Conditions

Alternative scientifically valid designs may be used when justified, ethical, feasible, and capable of generating meaningful data.

- For outbreaks with limited case counts or localized spread, strategies such as enriching at-risk study population (e.g. through defining rings, contacts, and clusters) may enhance informative data.

- In some outbreak circumstances, it may be appropriate to consider generating evidence through limited open-label vaccination in well-defined high-risk populations, while preserving randomization for others. CEPI can support such approaches when decisions are made in concert with the competent authorities, national regulators and independent ethics review boards. Receipt of investigational vaccines will always occur under informed consent.

Alternative trial designs should ideally be discussed before the emergency as preparedness. Such approaches may generate safety, immunogenicity, or implementation-relevant data and do not necessarily aim to demonstrate efficacy, where this is not feasible or required for regulatory advancement.

3.4 Feasibility and Timeliness

Outbreak trials must be initiated rapidly. This requires availability of licensed or investigational vaccines of appropriate quality, readiness of protocols and sites, capable sponsors, operational frameworks, legal and at-risk funding mechanisms, pre-positioned clinical trial agreements and other contracts enabling consortium formation, and pre-engagement with regulators and ethics bodies.

4. Scope of CEPI Support

4.1 Activities CEPI can Support Include:

- Convening and connecting partners involved in the medical countermeasures ecosystem;
- Evaluation of investigational or licensed vaccines that generate safety, immunogenicity, efficacy, or effectiveness data.
- Activities associated with community engagement ahead of, and during a trial, to inform trial acceptability, feasibility and to foster trust
- Access to investigational products of an appropriate quality, consistent with CEPI's Investigational Reserves Framework.
- Leveraging CEPI's networks and capabilities needed for product development (e.g., specimen collection, assays, standards, analytical support).
- Multi-stakeholder convenings to accelerate response timelines and/or support decision making.
- Biosecurity and biosafety activities related to research.
- Technical assistance to countries, sponsors, and development partners (including access to CEPI internal and awardee expertise).

Additional activities may occur before the onset of outbreaks, including investing in trial readiness through draft protocols, preidentified sponsors & sites, regional CROs, pre-positioned consortium agreements, legal readiness for investigational products, and pre-engagement with partners.

4.2 Activities CEPI cannot Support include:

- Trials compromised by design or implementation such that no scientifically or regulatory meaningful data - relative to the stated objectives and development pathway - can be generated, including where limitations are not transparently acknowledged.
- Late-stage trials of products for which post-trial access commitments or agreements are not in place.
- Activities that could undermine future development of a vaccine candidate or otherwise mislead communities about the product's ability to stop the outbreak.
- Studies not compliant with international ethical and regulatory requirements, including ICH-GCP.
- Providing indemnity, assuming liability, or supporting other risk-transfer mechanisms where such liability should rest with developer, sponsor, country, or another responsible party.

5. Communication & Transparency

5.1 Communication

CEPI provides clear, evidence-based public information about our contributions to outbreak response efforts. Vaccine-related research in outbreaks requires consistent communication with many partners, including that:

- investigational vaccines are unproven and are only provided under informed consent;
- efficacy may not be demonstrable in a given outbreak;
- trial participation does not guarantee protection;

5.2 Data Transparency

CEPI requires timely sharing of study results and underlying datasets from developers, sponsors, and countries, consistent with applicable agreements, regulations, and ethical obligations. Timely data sharing enables rapid decision-making across partners.

6. Application of Principles

6.1 Scenarios

These principles apply flexibly across outbreak scenarios based on epidemiology, product maturity, feasibility, and country needs. They are not a fixed endpoint and will be reviewed and refined over time based on experience, partner feedback, and evolving outbreak contexts

6.2 Continuous Learning for 100-Day Mission

Many outbreaks will offer an opportunity for countries & regions to strengthen or test capabilities for the 100-day mission, improve internal decision-making, and build shared understanding with partners. CEPI supported outbreak response will embed monitoring, evaluation, and learning exercises in support of faster response timelines and broader CEPI strategic goals

6.3 Related CEPI Documents

In support of CEPI's outbreak response efforts, the organization will maintain broader set of internal policies and procedures to operationalize these principles, including: a Core Outbreak Response Plan; Clinical Trials Policy; GxP Quality Requirements; Framework on Investigational Reserves; and Equitable Access Framework, Policy, and End-to-end Access Roadmaps.

Annex: glossary of key terms

Data Transparency: Timely sharing or open access of study results and underlying datasets from developers, sponsors, and countries, consistent with applicable agreements, regulations, and ethical obligations.

Developer: The entity responsible for advancing a vaccine candidate through the development lifecycle, including scientific strategy and overall product development. A developer may also act as the sponsor and/or manufacturer, but these roles are distinct.

Emergency Use Authorization (EUA): When a product is granted emergency use authorization by a national authority, it is no longer considered a clinical trial supply or investigational reserve and is used under the parameters specified in the emergency authorization.

Expanded Access / Compassionate Use: Regulatory pathways allowing access to investigational products outside a clinical trial under specific national rules. Definitions and requirements vary by country and are distinct from emergency use and from CEPI-supported outbreak research.

Outbreak Trial: A clinical study conducted during an outbreak to generate data (including safety, immunogenicity, efficacy, or effectiveness) needed to advance a vaccine candidate toward emergency use or full authorisation, where such data cannot reasonably be obtained outside an outbreak.

International Council for Harmonisation – Good Clinical Practice (ICH-CGP): An international ethical and scientific quality standard for designing, conducting, recording, and reporting clinical trials that ensures the rights, safety, and well-being of trial participants and the credibility of data.

Investigational Reserves (IR): Unlicensed, investigational clinical trial-grade vaccine or monoclonal antibody doses that are produced according to GMP and held in reserve for use in clinical trials during an outbreak (under a research protocol).

Investigational Ready Reserves (IRR): Investigational reserves held in formats and locations that facilitate rapid mobilization in the event of an outbreak.

Investigational Vaccine: An unlicensed vaccine candidate used under a clinical trial protocol or other regulatory framework for the purpose of evidence generation.

Manufacturer: The entity responsible for producing investigational or licensed vaccine material in accordance with applicable quality standards, including GMP, and for ensuring product quality and supply.

National Authorities: Government bodies responsible for public health, regulatory oversight, and legal decisions related to vaccine use, clinical trials, and emergency authorizations within a country.

Sponsor: The individual, company, institution, or organization that takes legal responsibility for the initiation, management, and financing of a clinical trial, including regulatory compliance, safety reporting, and trial conduct.

Trust: Confidence of countries, communities, regulators, and partners in the integrity, legitimacy, and transparency of outbreak-related research, built through ethical conduct, informed consent, clear communication of uncertainty, and respect for national decision-making.

Note: CEPI recognizes that some terms (e.g. Expanded Access, Compassionate Use) are defined differently across jurisdictions. When engaging externally, CEPI teams should clarify usage and defer to national regulatory definitions where applicable.