UNPRECEDENTED DEMAND

- There are about 40 million children born every year in malaria areas in Africa who would benefit from a vaccine.
- Since July 2022, when Gavi, opened a funding window to support program eligible countries in the vaccine roll out ...over 28 countries expressed interest in introducing the vaccine.
- The available vaccine supply for the period 2023-2025 is currently limited to 18 million doses.
- The demand is estimated to be 40 to 60 million doses by 2026 alone.
The RTS,S malaria vaccine is designed to target the Plasmodium falciparum parasite that causes malaria, which is spread by anopheles mosquitoes.

The vaccine targets the sporozoite.
HOW DOES THE VACCINE WORK?
The RTS,S vaccine has been tested in rigorous clinical trials and shown to be safe and effective in children, including in those with HIV and malnutrition.

Both the R21 and RTS,S malaria vaccines prevent around 75% of malaria episodes when given seasonally in areas of highly seasonal transmission where malaria chemoprevention is provided.

Since 2019, nearly 2 million children at risk have been reached with the malaria vaccine across Ghana, Kenya and Malawi countries.
• RTS,S/AS01
  ▪ The RTS,S/AS01 vaccine reduces malaria deaths by 30% and is especially important for children, who are most at risk from malaria.
  ▪ If you had 100 children who would die from severe malaria, you could save 30.

• R21/Matrix-M
  ▪ The second vaccine, R21/Matrix-M, is highly effective, reducing cases of malaria by 75%.
  ▪ Hundreds of millions of doses of this vaccine can be produced each year.
The Framework Allocation Implementation Group, comprised of technical staff from the WHO, UNICEF, Gavi Secretariat, and Africa Centres for Disease Control and Prevention (Africa CDC).

Together is group review country applicants and recommend the malaria vaccine quantities to be allocated to countries by systematically following the principles, considerations and indicators defined in the Framework.
Key Framework considerations include:

1. Ensure continuity of access to vaccine once a programme has started & Honouring commitments to Malaria Vaccine Implementation Programme (MVIP) countries.

2. Allocate vaccines to countries with the greatest need & Foundational value of solidarity.

3. Allocate vaccines to Maximize health impact.

4. Allocate vaccines to countries to ensure Fair benefit sharing.
GAVI WITHIN THE MALARIA ECOSYSTEM

- Gavi’s country-ownership model is unique in that it requires eligible countries to contribute a portion of vaccines costs themselves.

- USG contributions have helped leverage more than $1.5 billion in country contributions to improve immunization campaigns between 2008-2022.

- Gavi’s sustainability model transitions countries away from Gavi support once the country achieves certain national income and development standards.

- By the end of 2022, 19 countries have successfully transitioned away from Gavi support since 2020, and another 10 are expected to transition in the next 20 years.

- For every $1 of taxpayer dollar invested in global vaccines, approximately $54 is returned in economic benefits, decreased health costs, and lives saved.
Ghana, along with Malawi and Kenya, was part of the Malaria Vaccine Implementation Programme (MVIP), which kicked off in May 2019.

Just one year after the initial rollout, confirmed malaria cases per 1,000 people dropped from 192 in 2019 to 159 in 2020.

151 malaria deaths in 2022 vs 2,799 in 2012.

Countrywide prevalence rate – which measures the total number of cases divided by the total population- declined from 27.5% in 2011 to 8.6% in 2022.

Figure 2: Percentage of children aged 6-59 months who tested positive for malaria by microscopy by setting (Source: GDHS 2022)
GHANA’S PLAN

- Following the successful first year of malaria prevention, Ghana’s Ministry of Health developed the National Malaria Elimination Programme (NMEP) which aims to reduce malaria mortality by 90% by 2028, and reduce malaria case incidence by 50% by 2028
- Sub-national elimination strategy, rather than a nationwide approach
- NMEP has rolled out the RTS,S malaria vaccine in seven regions, reaching over 1 million children
- Each child receives four doses of the vaccine, beginning at six months of age
PROGRESS SO FAR

Across Ghana, Malawi and Kenya:
- 13% reduction of all-cause mortality among children
- 22% reduction in hospitalised severe malaria cases
- 17% reduction in general hospitalized positive malaria test cases
TAKE ACTION!

TELL YOUR SENATORS TO SUPPORT THE GAVI RESOLUTION
THANK YOU

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