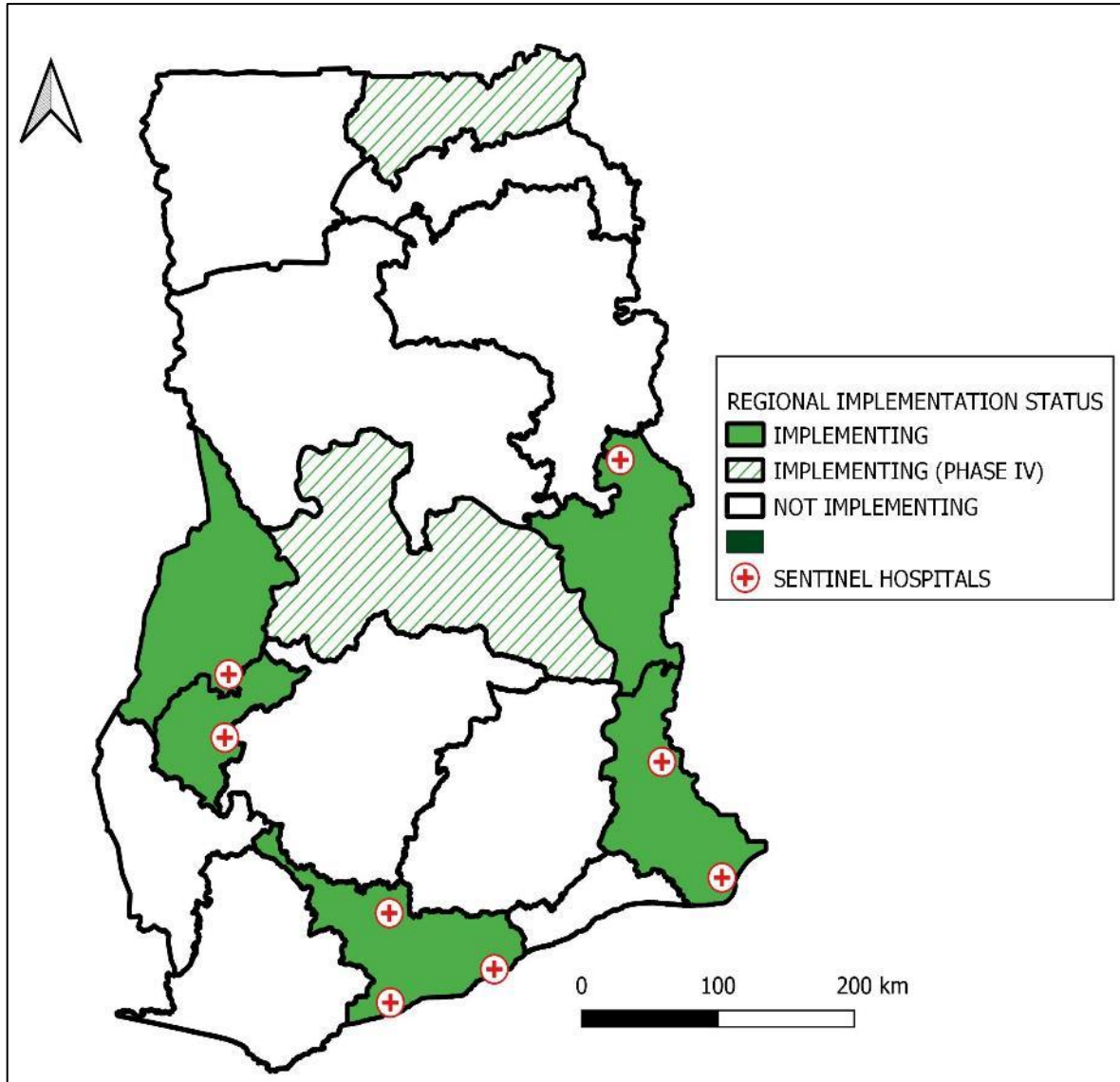


A close-up photograph of a young Black baby with a joyful expression, mouth open in a smile. The baby is wearing a light green shirt with blue and white striped suspenders. In the background, a person in a white uniform is partially visible, featuring a circular logo for the Ghana Health Service. The logo includes a yellow shield with a red 'H' and the letters 'G' and 'S' above and below it, respectively, all within a green circular border. The text 'GHANA HEALTH SERVICE' is arched above the shield, and 'Your Health Our Commitment' is written in a smaller font below it.

MALARIA VACCINE IMPLEMENTATION PROGRAMME (MVIP) GHANA'S EXPERIENCE

Overview



- MVIP launched on 30 April 2019.
- Vaccine introduced into routine immunisation from 01 May 2019
- **7 regions**: Ahafo, Bono, Bono East, Central, Oti, Upper East and Volta
- **42** vaccinating districts
- **39** comparator districts
- Annual target population (under 1 year) : **≈176,000 children**

Vaccine Introduction

- National and regional launch programmes
- Media engagements at all levels
- Broad stakeholder consultations:
 - National House of Chiefs and Queen mothers
 - Professional Health Associations
 - Media
 - Parliament
 - Academy of Arts and Sciences




Integrating the Malaria vaccine into the EPI schedule and Malaria control efforts

Vaccine	Child Age	Birth	6 wks	10 wks	14 wks	6 mo	7 mo	9 mo	12 mo	18 mo	24 mo
BCG		1									
Oral polio		0	1	2	3						
DTP-HepB-Hib (penta)			1	2	3						
Pneumococcal conj.			1	2	3						
Rotavirus			1	2							
Inactivated Polio					1						
Meningococcal A conj.										1	
Measles-Rubella								1		2	
Yellow Fever								1			
RTS,S Malaria Vaccine						1	2	3			4
Vitamin A						1			2	3	4
Growth Monitoring		●	●	●	●	●	●	●	●	●	●
Deworming											●

HOW TO USE THE FLIP CHART

- You may use this flipchart with individuals or groups either at static or outreach sessions
- In a group, be sure to stand or sit where everyone can see the flipchart
- Read and be familiar with the text before using the flipchart
- Point to the illustrations (pictures) not to the text as you explain your points
- Use demonstrations to explain your points wherever possible
- Make frequent eye contact with the individual or group members and involve the group in your presentation
- Ask questions and encourage discussions
- Use the text as a guide and include additional information as needed
- Speak clearly and use language and words that the individual or group understand



MALARIA VACCINE (RTS,S also known as MOSQUITRIX)

Protect your child from malaria:
Get your child vaccinated with 4 doses



Start at:

1 6 months 2 7 months 3 9 months 4 24 months


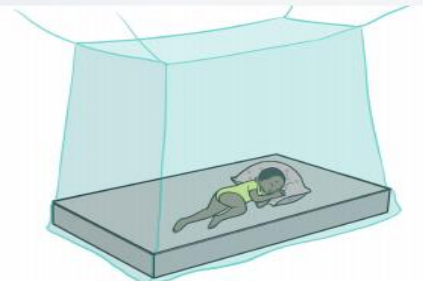
In addition to vaccination, CONTINUE TO USE OTHER PREVENTIVE MEASURES including sleeping under treated net every night and throughout the night



KEY MESSAGES

Malaria is preventable and treatable

- Complete all four doses of malaria vaccine for best protection.
- Ensure your child sleeps under an insecticide treated net every night and throughout the night.
- If the child tests positive for malaria, give the full course of anti - malaria even when your child starts feeling better.

Key challenges

Post-vaccine introduction (Q2 2019): initial wave of anti-vaccination campaign (affected uptake in some districts) and reduction in social mobilization drive

Health worker education: misapplication of eligibility criteria leading to missed opportunities for vaccination

Attrition of trained staff

AEFI reporting rate: comparatively lower from routine surveillance

Supervision: irregular at lower levels of health system


Data quality: gaps and irregular feedback across health administrative levels

4th dose: high drop-out rate

Interventions and Innovations


- Performance review meetings and feedback
- Expanding the scope of monitoring and supervision using electronic tools
- Health worker guides:
 - Interactive quizzes
 - Videos on eligibility and reducing missed opportunities
 - Key messages
 - WhatsApp messages
- Re-fresher trainings
- Targeted support for defaulter tracing, home visits, mop-up activities and community education

Information On The Malaria Vaccine For Health Workers



PURPOSE: THIS IS A REFERENCE/REFRESHER ON THE MALARIA VACCINE PILOT PROGRAMME FOR HEALTH WORKERS AND THEIR SUPERVISORS
USE: TO BE SHARED WITH HEALTH WORKERS AND THEIR SUPERVISORS

- 1 TAKE TIME TO INTERACT WITH CAREGIVERS BEFORE VACCINATION**
 - As with other vaccines, treat fathers, mothers, and other caregivers with respect. Pause to listen to any questions or concerns they might have and do your best to respond.
 - Like other vaccines, caregivers have the option to accept this vaccine for their children, or not.
- 2 THE MALARIA VACCINE REDUCES MALARIA IN CHILDREN AND IS BEING PILOTED AS PART OF THE MALARIA PREVENTION PACKAGE**
 - Malaria is a serious disease that can kill young children.
 - The malaria vaccine reduces the number of times children get malaria, including severe malaria.
 - The malaria vaccine is an additional form of protection against malaria and is used as part of the malaria prevention package, such as use of insecticide-treated nets, indoor residual spraying and other methods. A child who receives the vaccine should continue to sleep under a mosquito net every night throughout the night.
- 3 4 DOSES OF THE MALARIA VACCINE = BEST PROTECTION**
 - Children benefit most when they receive all 4 doses of the malaria vaccine.
 - Children get the first dose from 6 months of age and the final dose at around 2 years of age.
 - The minimum period between vaccine doses is 4 weeks.
 - The schedule is 6 months, 7 months, 9 months and 24 months. Like other vaccines, children who come late for doses should still receive their vaccine.
 - Dose 1 is given as soon as possible after a child turns 6 months. All eligible children can be given the first dose from 6 months through 11 months of age.
 - Although the 3rd dose can be given 4 weeks after the 2nd dose, the MOH/EPI recommends giving the third dose with the measles and yellow fever vaccine at 9 months of age to reduce the number of vaccine visits a child requires.
 - The 4th dose should be given as close as possible to the child's 2nd birthday and can be given up to 3 years of age.



Understanding the RTS,S malaria vaccine schedule and when children can receive the vaccine



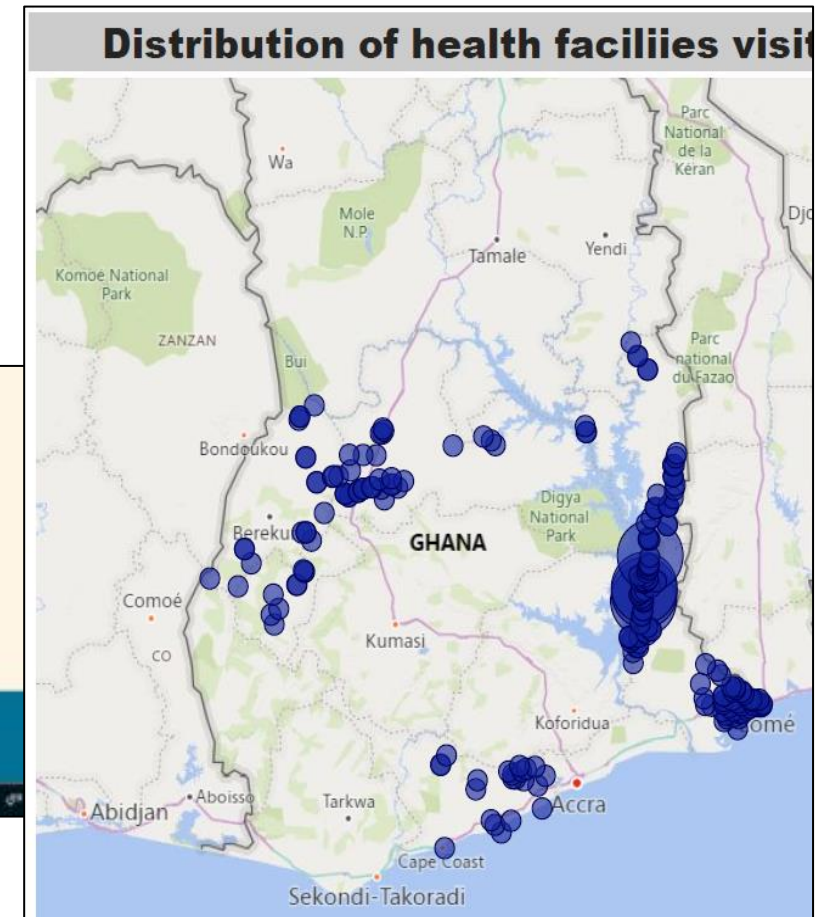
Ministry of Health
Ghana

24 Kofi is brought to the clinic by his mother to receive the measles-rubella and yellow fever vaccines. He is 9 months old. You notice that he received the 1st dose of the malaria vaccine when he was 6 months old but no other dose since then.

Should Kofi receive the 2nd dose of the malaria vaccine?

☐ Yes

☐ No



Health system benefits

Pre-vaccine introduction in 2019: opportunity for EPI refresher trainings in Malaria Vaccine Implementation Programme regions

Logistics for service delivery: motorbikes, computers, incinerators, cold chain equipment, defaulter tracing registers

Hard-to-reach populations: targeted support provided to districts

Vaccine safety surveillance: cascaded training to sub-districts for the first time by the EPI and Food and Drugs Authority (FDA)

Observations / successes

High levels of political commitment and support

Good vaccine acceptance: despite initial challenges

Good intersectoral collaboration

Functioning vaccine safety committee: Joint Malaria Vaccine Committee

Sustained performance: during COVID-19 pandemic and after a related stock out

Good uptake for a new vaccine: close to 80% of implementing districts are achieving at least 60% coverage

Drop-out rates < 10 %: maintained between dose 1 and dose 3

Euphoria following-WHO recommendation (high RTS,S vaccine acceptance)



Dr. Kwame Amponsa-Achiano says the WHO recommendation will help in the fight against malaria in Africa

CBC News - Posted: Oct 07, 2021 5:41 PM ET | Last Updated: October 9



WHO Ghana @WHOGhana · Oct 8
A consortium of African-based evaluation partners generated the data and insights to inform the [@WHO](#) recommendation on the use of the RTS,S/AS01 (RTS,S) [#MalariaVaccine](#). Special thanks to local researchers in [#Ghana](#) for their contribution. [#VaccinesWork](#) [#HealthForAll](#)



WHO African Region and World Health Organization (WHO)



World Health Organization Ghana October 6 at 10:47 PM · [#Ghana](#)
Malaria Vaccine at last!! [World Health Organization \(WHO\)](#) recommends widespread use of the RTS,S/AS01 (RTS,S) malaria vaccine among children at risk. This is a historic moment in the fight against [#malaria](#) for children in [#Ghana](#). [#VaccinesWork](#)



WHO approves First Malaria Vaccine-role of Ghanaian scientists

Source: Emmanuel Kwasi Debrah
7 October 2021 6:59pm



WHO Ghana @WHOGhana · Oct 7
Through the [#MalariaVaccine](#) pilot programme, more than 850,000 doses of RTS,S have been administered to eligible children in [#Ghana](#) with close to 280,000 children in 42 districts receiving at least 1 dose. [#VaccinesWork](#) [#HealthForAll](#)



3 10 27



WHO Ghana @WHOGhana · Oct 7
In 2020, [#Ghana](#) recorded 6.1 million confirmed cases of [#Malaria](#) with 336 deaths. The majority of cases occurred in children under 5. When layered on top of existing prevention measures, RTS,S vaccine will accelerate the pace of [#Malaria](#) progress, improve child health and save lives.



Mahama commends Ghanaian researchers for successful malaria vaccine trials, approval

OCTOBER 8, 2021

Former President John Dramani Mahama has commended research institutions in Ghana for the key role they played prior to the ...



Health News of Tuesday, 12 October 2021

Malaria Vaccine 'good news for the poor' – Prof Binka

« Prev | Next » | Comments (0) | [Listen to Article](#)



Professor Fred Binka, a Clinical Epidemiologist at the University of Health and Allied Sciences

Professor Fred Binka, a Clinical Epidemiologist at the University of Health and Allied Sciences, says the World Health Organisation's approval of the use of the Mosquirix Malaria Vaccine in Africa is good news, especially for the poor.

"...In our country, it is the poor that are exposed to mosquito bites and malaria. The rich are able to protect themselves. So we are happy with this good news that after 30 years we are getting the tools to do away with malaria, like we did for measles," he said.

The World Health Organisation (WHO), this month, October 2021, approved the use of Mosquirix Malaria Vaccine, developed by GlaxoSmithKline (GSK), for use among children under-five in Africa

WHO approval of vaccines for children under 5 game changer - GHS

« Prev | Next » | Comments (0) | [Listen to Article](#)



The Ghana Health Service (GHS) said the widespread approval of malaria vaccines for children under five will be a major game-changer in the fight to reduce the disease prevalence in the country.

The World Health Organisation (WHO) last Wednesday, recommended extensive use of the RTS,S/AS01 (RTS,S) malaria vaccine among children in sub-Saharan Africa and in other regions with moderate to high plasmodium falciparum, the most deadly malaria parasite for transmission, globally.

This was based on results from an ongoing pilot of the world's first malaria vaccine in Ghana, Kenya, and Malawi which has reached more than 800,000 children since 2019.

Head of the National Malaria Control Programme (NMCP), Dr. Keziah Malm, welcoming the news in an interview with the Ghanaian Times yesterday said, the potential impact of the malaria vaccines on children in the national fight against the disease cannot be underestimated.



CURRENT STATUS (WHERE WE ARE)

Doses administered

	Doses administered
RTS,S 1	329,194
RTS,S 2	305,131
RTS,S 3	287,399
RTS,S 4	95,343
Total	1,017,067

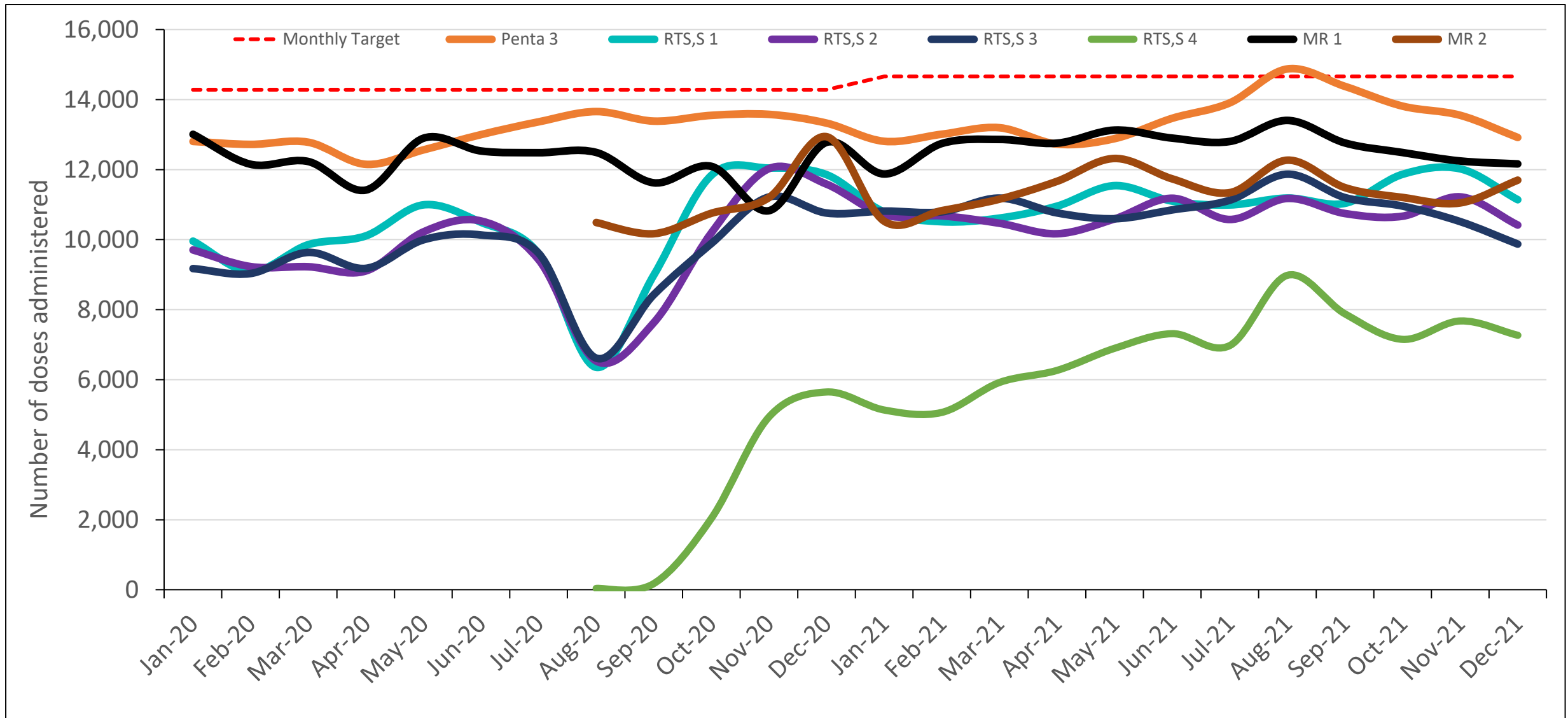
Summary of vaccination coverage

	May - Dec 2019	Jan - Dec 2020	Jan -Dec 2021	Since introduction
RTS,S1	66%	71%	76%	72%
RTS,S2	62%	67%	73%	69%
RTS,S3	51%	66%	74%	67%
RTS,S4		22%	47%	41%*
Drop-out 1/2	6%	5%	4%	4%
Drop-out 1/3	7%	6%	2.4%	7%
Drop-out 1/4			29%*	

* Sep – Dec 2020 coverage

* Based on children currently eligible

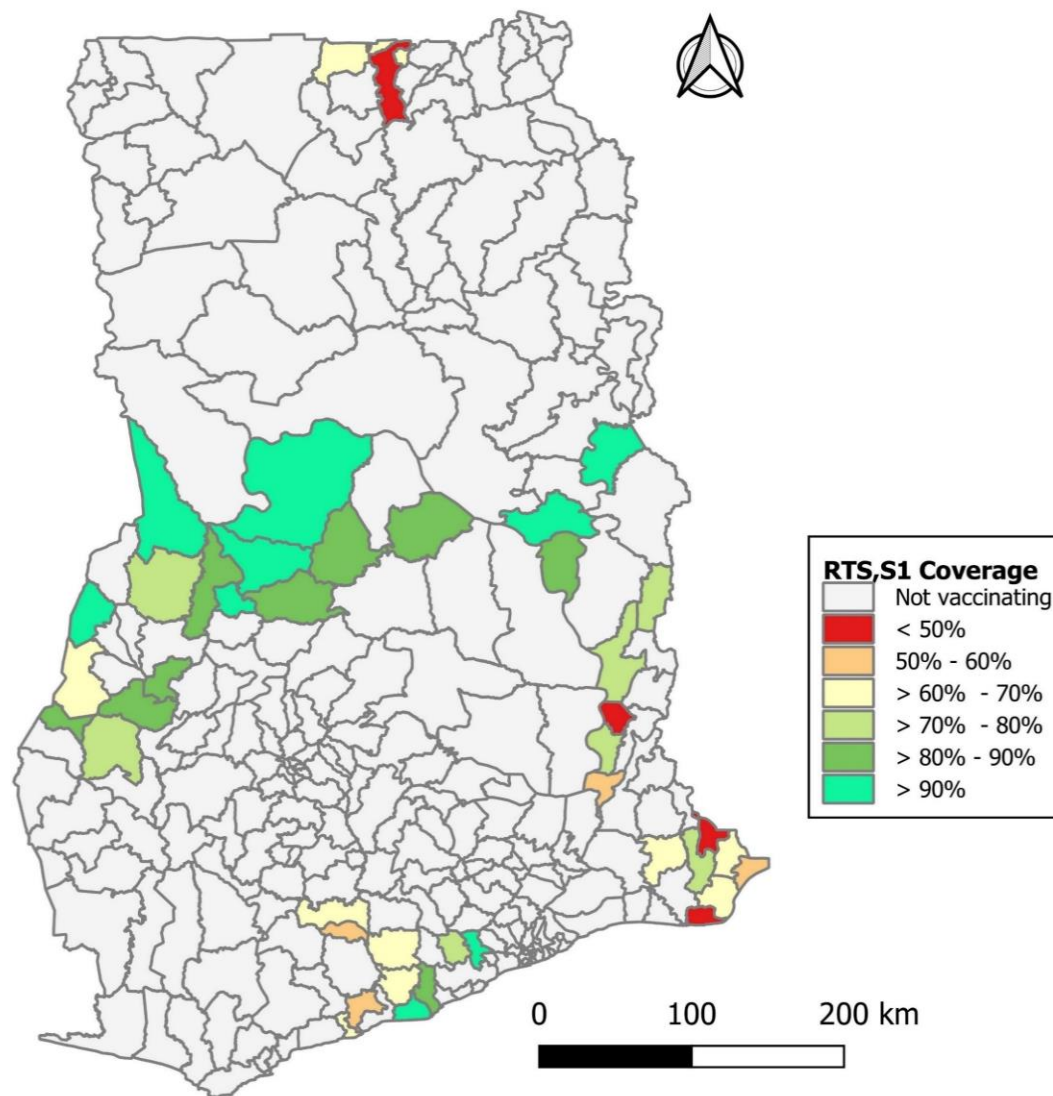
Trend of vaccination coverage



Vaccination coverage and drop-out rate - MVIP regions (Jan - Dec 2021)

	Coverage								Drop-out rate				
Regions	Penta-1	Penta-3	RTS,S1	RTS,S2	RTS,S3	MR1	MR2	RTS,S4	Penta 1/3	RTS,S 1/3	MR 1/2	RTS,S 1/4 (Jan - Dec 21)	RTS,S 1/4 (based on currently eligible children)
Ahafo	93%	94%	78%	74%	73%	89%	80%	54%	-0.3%	6%	10%	31%	26%
Bono	100%	99%	83%	80%	83%	97%	88%	54%	1%	1%	9%	35%	25%
Bono East	110%	108%	95%	90%	91%	104%	94%	55%	1%	3%	9%	41%	28%
Central	91%	95%	73%	71%	74%	90%	82%	43%	-5%	4%	9%	41%	30%
Oti	104%	105%	94%	90%	91%	98%	87%	65%	-1%	3%	11%	31%	25%
Volta	73%	74%	61%	59%	58%	66%	59%	35%	-1%	5%	11%	42%	37%
Upper East	60%	61%	53%	51%	50%	52%	46%	34%	-1%	6%	11%	36%	36%
National	90%	92%	76%	73%	74%	86%	78%	47%	-1.5%	2.4%	10%	38%	29%

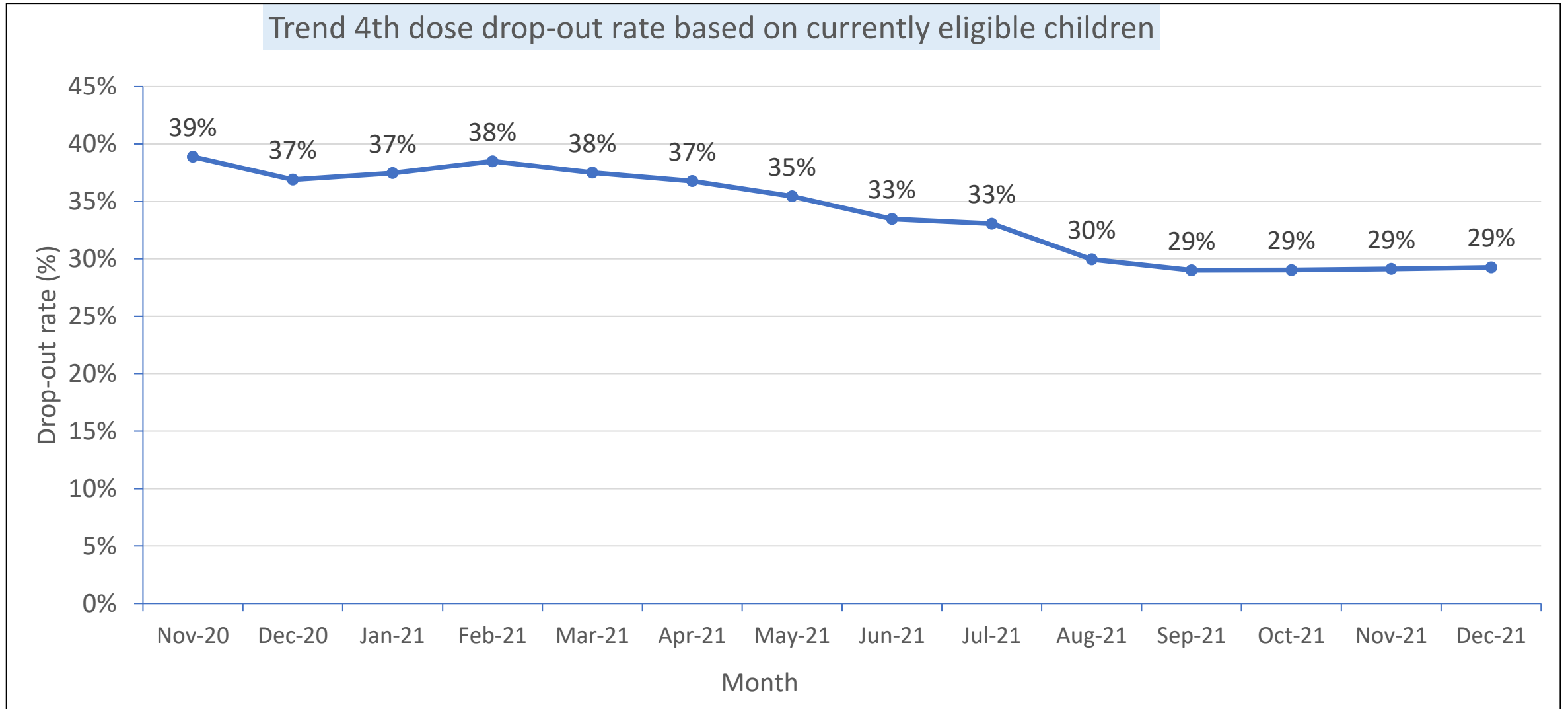
RTS,S1 coverage (Jan - Dec 2021)



RTS,S 1 Coverage by districts (Jan – Dec 2021)

37/42 (**88%**) districts achieved $\geq 60\%$ coverage for the first dose

Tracking 4th dose drop-out rates



Planned activities/priorities for Q1/Q2 2022

- Technical Working Group Meeting
- Performance review meeting with MVIP districts
 - Plan to include comparator districts in review meeting
 - Key agenda item is to discuss strategies to improve 4th dose uptake
- Targeted monitoring visits to low performing districts

Update on RTS,S vaccination expansion plan

- Plan to expand to 39 districts by close of 2022
- Budget component of plan yet to be finalized
 - Team plans to complete this by end of February 2022
- First draft to be presented to TWG before presentation to NITAG (final decision by MOH)
- Strengthen the communication:
 - to develop key messages for the roll-out taking into consideration lessons learnt from the pilot areas

THANK YOU