

Next steps for the malaria vaccine for broader deployment

Mgaywa Magafu, WHO AFRO

WHO welcomes historic investment by Gavi in the first malaria vaccine programme, December 2, 2021



Initial investment of US\$ 155.7 million for 2022-2025



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WHO welcomes a historic decision by @Gavi to invest in the first #malaria vaccine (RTS,S) - a great step forward in helping prevent malaria in children at risk bit.ly/3EigV8N

World Health Organization (WHO)

Gavi Board approves funding to support malaria vaccine rollout in sub-Saharan Africa



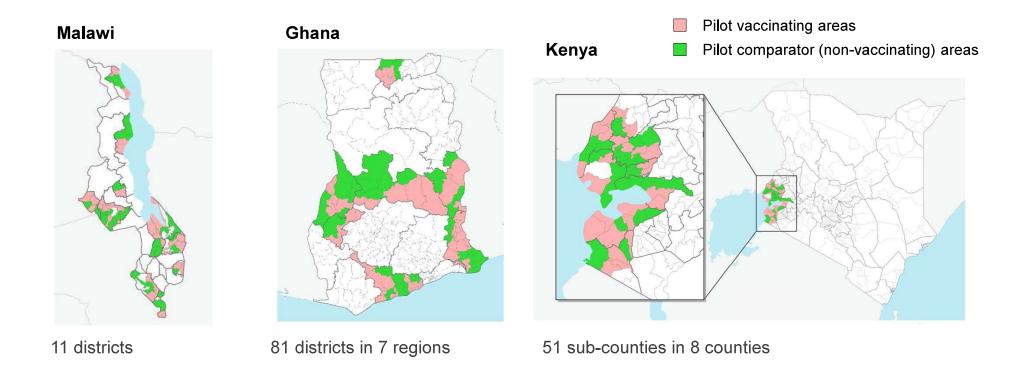


2 Gavi, the Vaccine Alliance

Pilot countries: MoH-led phased introduction

Commitment to support continued vaccination in pilot areas





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Data Source: MoH Kenya; MoH Malawi; MoH Ghana. Map Production: WHO GIS Centre for Health, DNA/DDI. © WHO 2021. All rights reserved.



UNICEF tender for malaria vaccines

UNICEF is seeking comprehensive and innovative proposals from developers and manufacturers of Malaria Vaccine for the sustained and uninterrupted supply of affordable Malaria Vaccine of assured quality, starting from January 2023 through December 2026, with possibility to extend the tender period by up to two additional years, through 2028.

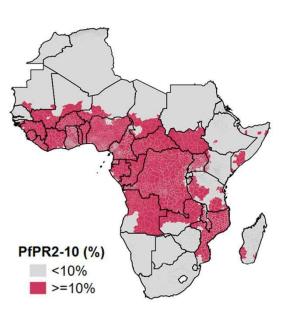
- Bidders requested to submit proposal for maximum available annual quantities
- All developers of Malaria Vaccines anticipating to enter the Malaria Vaccine market during the tender period encouraged to submit their comprehensive proposals
- UNICEF will consider innovative approaches to contracting, such as volume-based commitments as well as any risk-sharing mechanisms for pricing proposed, provided they help achieve the objectives of this solicitation process.



Why is a malaria vaccine allocation framework needed?



October 2021: WHO recommends the RTS,S/AS01 malaria vaccine be used for the prevention of *P. falciparum* malaria in children living in regions with moderate to high transmission as defined by WHO.



Plasmodium falciparum parasite prevalence ($PfPR_{2-10}$) estimates, 2019

MVIP update 24 February 2022







Supply¹

- 1 vaccine, single manufacturer
- Supply limited, ramping up with target to reach 15 million doses/yr
- RTS,S product transfer to Bharat Biotech started, expected to be completed by 2029, the latest
- Capacity expansion requires attention and likely ext. support
- Candidate R21/Matrix-M in Ph3

Demand

- Expected to be high
- Could exceed 80-100 million doses/year (based on Gavi's latest forecast)

1/ WHO Malaria Vaccine Global Market Study, available: https://www.who.int/publications/m/item/who-malariavaccine-global-market-study-september-2021

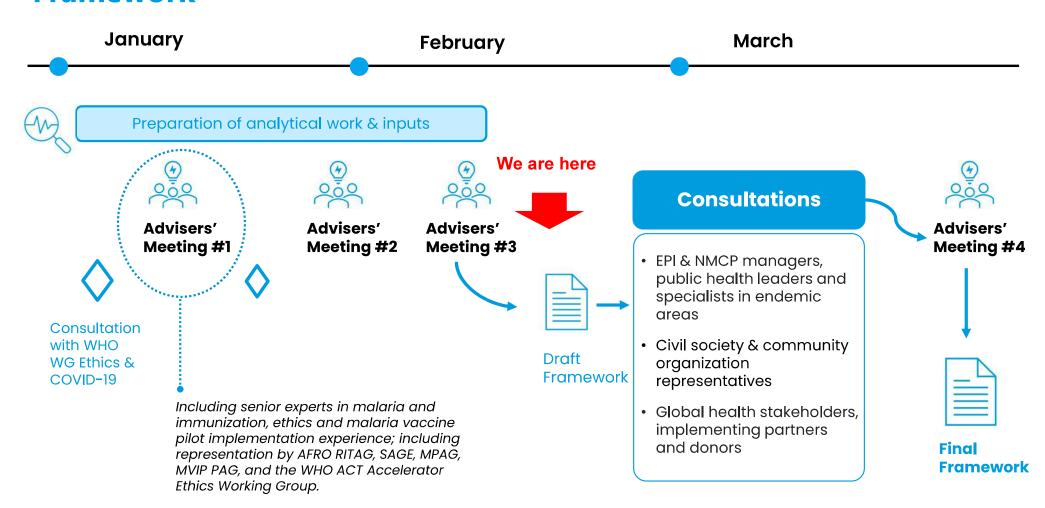


Intention of the Framework

The Framework aims to offer guidance globally on the allocation of malaria vaccines between countries, and to offer high-level guidance nationally on the prioritization of areas for vaccination within countries (while respecting sovereign decision-making) while supply is limited.

The expectation is that once finalized, all relevant stakeholders will adhere to the Framework, including malaria endemic countries, Gavi in its application guidance and processes for accessing and providing support; UNICEF in its procurement; the manufacturer(s), and other partners as they consider their financial and technical support to countries.

Process for the development of the Malaria Vaccine Allocation Framework



Draft Values framework (under development)

Governance principles

Transparency

Inclusiveness & participation

Accountability

Ethical principles for allocation

Greatest need: Allocate the vaccine to those countries at greatest need

Maximize impact: Allocate the vaccine in a way that will bring about the best health outcome – (achieve most health impact)

Equity (Equal Respect): Prioritize countries that commit to fairness and addressing the needs of marginalized individuals and communities in their malaria vaccination programmes

As a tie-breaker - Reciprocity: Allocate the vaccine in a way that honours the risks and burdens that individuals and groups have made in the past

Key considerations / side- constraints



Honour commitments to pilot countries



Ensure continuity / sustainability of access to vaccine once a programme has started



Avoid sub-optimal use of vaccine / minimize risk of vaccine wastage



Allocation should be mindful of what is operationally feasible to implement at country level



Allocation should not perpetuate pre-existing structural injustices

Consultation process





Governance principle: inclusiveness and participation

- Purpose: orient, inform and create awareness on the situation and proposed global allocation process to generate informed feedback in an open, transparent and inclusive approach
- Approach: A series of webinar consultations, organized by stakeholder group, with option to provide written comments. Summary of feedback provided to advisors to finalize
 Framework.
 - Civil society organizations in affected areas: immunization and malaria CSOs and community representatives, country implementers (8 March)
 - Countries: EPI and NMCP managers in Africa, endemic countries in other regions, African health leaders and advisors (with break out groups) (9 March)
 - Global stakeholders: implementing partners, funders and advocacy groups (9 March)
- Guidance also being sought from AFRO RITAG (date TBC), SAGE (15 March) and MPAG (23 March)

Key resources

The Malaria vaccine position paper – 04 March 2022

Malaria vaccine guidelines online MAGICapp platform.

MVIP Bulletin (Join the MVIP Distribution List)

i. <u>Issue 1.Dec.2020</u>

ii. Issue 2. April. 2021

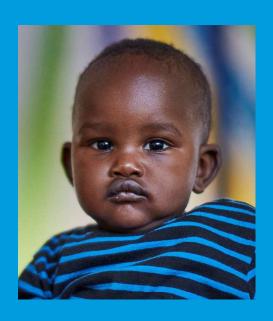
iii.lssue 3.September.2021

iv.Issue 4. November 2021









Questions?