Malaria vaccines

What’s at stake?
Disclaimer/conflict of interest

• 10 years of work on community engagement and policy issues around malaria but not a vaccine expert

• Currently consultant for the following organisations:
  • Friends of the Global Fund Europe
  • Coalition Team Zero Malaria
  • Target Malaria (R&D project on genetic approach for vector control of malaria)
  • Outreach Network for Gene Drive Research (advocacy network for genetic approaches to vector control and invasive alien species)

• Views are my own, cannot be attributed to any of these clients
Vaccine or vaccines?

• Two vaccines against malaria approved by WHO:
  • RTS,S – developed by GSK – recommended in October 2021
    • Went through the PQ process and ready for purchase and roll-out
  • R21 – developed by Oxford University – recommended in October 2023
    • On-going PQ process, condition for its availability for purchase by UN and multilateral organisations

• For children above 5 months, focus on children under 5 years old
Key facts on RTS,S

3 doses + a booster

“Seasonal vaccine” best efficacy when administered before the malaria season

Best impact when combined with SMC (combination significantly reduced episodes of severe malaria by 70%, severe malaria anaemia by 68%, all cause deaths by 53%, and malaria deaths by 73%)

WHO, Full Evidence Report on the RTS,S/AS01 Malaria Vaccine

Matthew B. Laurens (2020) RTS,S/AS01 vaccine (Mosquirix™): an overview, Human Vaccines & Immunotherapeutics, 16:3, 480-489, DOI: 10.1080/21645515.2019.1669415
RTS,S – initial deployment

• Gavi reported “unprecedented demand” for malaria vaccines.
• 28 countries expressed interest.
• RTS,S availability of 18M doses, allocated to 12 countries for sub-national allocation for 2023-2025 period.
• Gavi estimates annual global demand for malaria vaccines at 40–60 million doses by 2026, growing to 80–100 million doses or more each year by 2030.
• Arrival of R21 considered critical to meet the demand
RTS,S/AS01 is a complementary tool for prevention. LLINs remain a proven and cost-effective intervention. SMC is an effective intervention for areas with highly seasonal malaria. [...]. Access to quality case management is essential when malaria illness occurs regardless of the preventive measures in place.

SAGE report
Burkina Faso becomes 2nd African country to include malaria vaccine in immunization program

Cameron launches world's first nationwide malaria vaccination programme

World's first malaria vaccination programme for children launched in Cameroon

First mass malaria vaccination campaign begins in Africa

Cameroon starts world-first malaria mass vaccine rollout
What are the advocacy challenges?

• High expectations on malaria vaccines after decades of development and hope

• Partial efficacy vaccine, requiring combination with other tools (vector control, SMC, etc.)

• Message to communities, governments and funders that the vaccine is not a silver bullet
  • Communities need to keep using other prevention as it’s only a partial efficacy

• Question of efficiency of a strategy focused on vaccine
  • As a reminder, 68% of lives saved from malaria between 2000-2018 were thanks to bednets

• Malaria is no longer only a GF focus but also Gavi

• Vaccines requiring an operational and advocacy joint strategy
Thank you!
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