Planning for first malaria vaccine implementation underway
WHO to support the country’s milestone effort to roll out the malaria vaccine in routine immunization

Planning for the Malaria Vaccine Implementation Programme (MVIP) in Kenya is on track with roll out of the vaccine scheduled to begin in 2018. Kenya is one of three African countries selected by the World Health Organization to participate in the first implementation of the vaccine that has been shown to reduce 4 out of 10 cases of malaria, and prevent severe malaria by more than 30% in the age group recommended to receive the vaccine.

Malaria is one of the top ten causes of death in Kenya and a leading killer of children under age 5. WHO recognises that the vaccine could have considerable public health impact.

The RTS,S malaria vaccine has already been rigorously tested and evaluated for its health benefit and safety profile among young African children. Well over 10,000 African children from seven sub-Saharan countries have received the vaccine during phase 3 clinical testing from 2009 to 2014. The vaccine was considered to have an acceptable safety profile by a stringent medicines regulatory authority and will not be given to children in Kenya unless the Pharmacy and Poisons Board approves its use.

Given its public health potential, WHO recommended that countries use this opportunity of phased introduction to learn how best to reach children with four doses of the vaccine through MCH (maternal child health) clinics.

“As with any new vaccine or drug, parents and families may have questions about vaccine safety,” said Dr Rudi Eggers, WHO Representative in Kenya. “Global safety experts have made clear that when four doses of this vaccine are provided, the benefits of this vaccine considerably outweigh the risks. We will work with the country and independent experts to monitor safety closely and respond to any concerns.”

“We have the local data that proves this vaccine can significantly lower the risk of deadly malaria in young children, and now we have to see how best to provide it routinely to realize its potential,” said Dr Collins Tabu, head of the National Vaccine Immunization Programme in Kenya.

“We will be learning from this first phase of the roll out, to see if it is feasible to reach vulnerable young children, and how to fit this vaccine into the package of child health measures in practical and effective ways,” said Dr. Kioko, the Director, Medical Services. “The support of WHO and community partners will help us evaluate the results and inform follow-on measures.”
The vaccine will be given to children at maternal and child health clinics through a four-dose schedule at ages 6 months, 7 months, 9 months and 24 months.

Ten African countries applied to take part in the pilot implementation. Kenya, Ghana and Malawi were selected for the first malaria vaccine implementation in part because of their strong malaria and immunization programmes.

“The prospect of a malaria vaccine is great news. Information gathered in the pilot will help us make decisions on the wider use of this vaccine,” said Dr Matshidiso Moeti, WHO Regional Director for Africa, earlier this year, when the countries to take part in the programme were announced. Combined with existing malaria interventions, such a vaccine would have the potential to save tens of thousands of lives in Africa.”

The vaccine is meant to be used with the core package of WHO-recommended measures for malaria prevention such as mosquito nets, preventive drugs and indoor spraying.

The Kenya Ministry of Health will implement the programme in collaboration with WHO and PATH, and the vaccines will be provided by GSK.

---000---

NOTE TO REPORTERS: More key facts
- Malaria is a major public health concern in Kenya, especially in the Western region (27% prevalence) and Coastal region (8% prevalence).
- Children under age 5 and pregnant woman are the most vulnerable to the disease.
- Malaria killed more than 400,000 people globally in 2015, including 300,000 deaths among children under age 5, 90% of whom were African children.
- The RTS,S vaccine (also known as Mosquirix™) was developed to protect young children from the most deadly form of malaria caused by Plasmodium falciparum.

MORE INFORMATION:
For a Q&A about the effort in Kenya and other selected African countries, please go to: http://www.who.int/malaria/media/malaria-vaccine-implementation-qa/en/

CONTACTS: Spokespersons and contact information to be confirmed

Dr Collins Tabu, National Vaccine Immunization Programme via email at ctabu.epi@gmail.com
WHO Kenya Office:
- Afkenwr@who.int or +254 20 2717902, or
- Jemimah Mwakisha at Mwakisha@who.int or + 254 710 149 489

Kristen Kelleher, WHO: kelleherk@who.int or +41 79 581 9503

Ruth Wanjala, PATH Kenya: Rwanjala@path.org or +254 716 572 740 or +254 734 266 044

---000---