A conversation with PATH and WHO, January 5, 2022

Participants

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- Eliane Furrer – Technical Officer, Initiative for Vaccine Research, WHO
- Dr. David Schellenberg – Scientific Advisor, Global Malaria Programme, World Health Organization (WHO)
- Sally Ethelston – Director, Resource Mobilization and Outreach, Malaria Vaccines, PATH
- Scott Gordon – Project Director, PATH
- Deirdre Middleton – Project Administrator, PATH
- Evan Simpson – Senior Program Officer, PATH
- John Bawa – Africa Lead, Vaccine Implementation-Center for Vaccine Innovation and Access, PATH
- Ranju Baral – Health Economist, PATH
- Julie Faller – Program Officer, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by PATH and the World Health Organization.

Summary

GiveWell spoke with PATH and the World Health Organization (WHO) as part of its investigation into the RTS,S malaria vaccine. PATH is requesting funding to support the rollout of donated doses of the RTS,S vaccine in pilot areas of Ghana, Kenya, and Malawi that have not yet implemented the vaccine. Each of these countries has already implemented a pilot rollout of the vaccine. The proposal is for funds that would allow vaccine access to previously non-vaccinating areas, which are neighboring areas that served as comparison areas during the pilots.

In brief, conversation topics included:

- The limited potential alternative use of donated doses if they weren't used to expand vaccine access within the pilot comparison areas. As part of the Malaria Vaccine Implementation Programme (MVIP), there was an agreement that GSK would provide up to 10 million doses. It is generally understood that these doses should be used for the pilot comparison areas. If not used for this purpose, PATH would have to find an alternative use and funding source. The doses would likely not go to Gavi, the Vaccine Alliance, because Gavi has restrictions around accepting donated vaccines.
- Modeling the costs of the vaccine rollout.
    - PATH has two sets of cost estimates: financial costs (direct expenditures) and economic costs (takes into account opportunity costs for vaccine delivery).

    - The unit costs of the vaccine were developed by dividing the overall programmatic costs by the number of doses, so unit costs are sensitive to the number of doses administered during the MVIP.
- Vaccine expansion within targeted countries.
    - In Ghana, Kenya, and Malawi, country stakeholders were asked to identify areas with the greatest malaria burden, which were then divided into implementing and comparison areas. Expansion into the comparison areas would therefore target many, if not most, of the highest priority areas across the three countries.
    - All three countries have preliminarily signaled their interest in expanding into the pilot comparison areas.
- Factors that countries consider when changing immunization protocols, such as operational visibility and broader malaria control packages.
- Allocation of RTS,S supply
    - It's accepted that the currently implementing and comparison areas of the pilots should be the primary recipients of the donation doses.
    - The implementing pilot and comparison areas will likely continue to be prioritized, because stopping a vaccination program is disruptive.
- Potential alternative funding sources. If GiveWell doesn't fund the proposed program, there would not be an alternative funding source in the near term.
    - The value of the vaccine is well accepted. This opportunity for investment would probably be interesting to other funders; however, the value of GiveWell's funding would be in accelerating vaccine implementation and thus impact.
    - Getting the vaccine rolled out sooner, in addition to helping children sooner, gives more certainty to manufacturers and other countries about the feasibility of rollout. On the other hand, a delay could harm momentum in the wider vaccine rollout.
- Timelines and feasibility for the vaccine rollout.
    - If GiveWell didn't fund this opportunity, the most likely scenario is that access to these vaccines would be available only through the standard process of these countries applying for support through Gavi's malaria vaccination program. The earliest rollout through Gavi processes would be by the end of 2023.
    - With GiveWell funding, the expansion to pilot comparison areas could be in the third or fourth quarter of 2022. PATH believes this is possible because the process of expanding to comparison areas requires fewer steps, there are fewer players involved, and PATH's priority is the RTS,S vaccine.
- The proposed program compared to standard vaccine rollout through Gavi.
    - A number of activities proposed for this grant could be funded through Gavi's vaccine introduction grant support later, but some aspects of this program would likely be unavailable to the same extent, such as PATH's and WHO's technical support.

- Additional benefits of the proposed program include that it could provide another opportunity for learning from early vaccine implementation and it could signal demand to vaccine manufacturers.

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http://www.givewell.org/research/conversations