

# WHO Recommends Malaria Vaccine for Use

The World Health Organization (WHO) last week [announced](#) that it was recommending widespread use of the RTS,S malaria vaccine for children, particularly in sub-Saharan Africa.

WHO Director-General Dr Tedros Adhanom Ghebreyesus hailed it as an “historic moment”, adding “the long-awaited malaria vaccine for children is a breakthrough for science, child health and malaria control.”

The WHO recommendation of a malaria vaccine is indeed a momentous occasion deserving of the fanfare, excitement and media attention. It’s not only the first vaccine to be considered safe and relatively effective against a disease that kills hundreds of thousands of children every year, but also currently a rare non COVID-19-related development in global health.

It is then an important step forward that should be commended. However, the challenges involved in its roll-out, namely pricing, production and ownership of the technologies, have yet to be considered. Indeed, these are questions that in great measure shape the current debate on [access to COVID-19 health technologies](#).

The development of the vaccine was mostly funded by a partnership between the Bill and Melinda Gates Foundation and the pharmaceutical company GlaxoSmithKline (GSK). The pilot programme to distribute 2.3 million doses across three African countries was financed by the Global Vaccine Alliance Initiative (GAVI), a public-private partnership also responsible for the ailing COVAX facility. So whilst the WHO recommendation completes a 30-year process, what lays ahead remains far from clear

GAVI, United Nations (UN) agencies, including UNICEF, and national programmes, like the US President’s Malaria Initiative (PMI), are expected to support national governments through donations and pooled procurement, but the crucial question that remains is at what price GSK will set the doses? Early announcements of selling a fraction of needed annual doses at slightly above the cost of production do not hold under closer scrutiny. Is the massive programme that is being proposed affordable at current, unknown prices?

Distribution of the three or four-shot vaccine (depending on combination with other treatments) will pose a further challenge. The fact that the vaccine will most likely not be produced on the African continent due to currently limited (though growing) manufacturing capability will add an extra hurdle to an already complex endeavour. Promises from the European Union and pharmaceutical company BioNTech to invest in messenger RNA technology in Africa lack in details regarding timeline, location, and extent of eventual technology transfer.

Ownership of technology would allow African governments to achieve a degree of independence in their fight against diseases—both endemic and pandemic—and the ability to make choices based on their own needs and not the decisions of distant donors.

While born of the COVID-19 pandemic, initiatives like South Africa and India's [TRIPS waiver](#) proposal have their origins in the challenges faced for years by low and middle-income countries in accessing health technologies. These challenges existed before—and will go on far beyond—the COVID-19 pandemic. They require a sustainable solution with leadership and contributions from countries in the Global South at its core. Without strong public health-oriented stewardship in place, ideally embodied by the WHO, it is increasingly clear that public private partnerships that are failing to deliver on solutions for COVID-19 will not be able to offer the answers so badly needed for malaria.