

Country Case Studies - Kenya

Session on Efficiency, prioritization, and vaccine portfolio optimization:
optimization experiences & best practices

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PCV switch in Kenya: PCV10-4 → PCV10-5

NVIP implemented PCV Product Switch in 2022 to optimize total procurement costs

- Target population size (2022): **1,553,056**
- Switching from: **PCV10 (GSK), 4 doses/vial, liquid**
- Switching to: **PCV10 (SII), 5 doses/vial, liquid**
- Implementation Funding: **Gavi Switch Grant**, USD 0.25 per child in the birth cohort in the switch year
- Total Savings Unlocked: \$1.05 per dose, approx. \$4,891,824.40 (antigen cost savings)

PCV switch in Kenya: PCV10-4 → PCV10-5

KENITAG reviewed evidence and recommended in favor of the PCV product switch



In February 2021, KENITAG compiled and appraised available evidence on PCV product options in form of vaccines characteristics, effectiveness, formulation and cost



KENITAG to recommend switch primarily driven by comparable characteristics and cost effectiveness of Pneumosil product



NVIP decision to switch, ICC endorsement, and submitted Gavi application for implementation support



Implementation conducted in 2022, along with RV compulsory switch

PCV switch in Kenya: PCV10-4 → PCV10-5

Key enablers to optimization decision making include national policies and available evidence

- ✓ **Available evidence:** safety, disease burden, serotype prevalence & coverage, efficacy and effectiveness
- ✓ **Programmatic considerations** e.g. supply availability, cost (co-financing, cost effectiveness), sustainability, number of doses in schedule / per vial
- ✓ **Supply chain:** Storage & transportation needs e.g. cold chain capacity requirements considered sufficient