

RTS,S MEDICAL AND SCIENTIFIC QUESTIONS & ANSWERS

For internal use only - NOT FOR DISTRIBUTION

Disclaimer

The primary focus of this resource is to be an internal training tool for RTS,S malaria vaccine candidate, containing related data in the format of a Q&A for Medical Affairs personnel. Information presented here is not for external distribution.

Whilst this document can be inspirational for reactive responses to experts or medical enquiries, local regulations, the GSK Code of Practice, scientific engagement principles and/or medical information processes should be followed appropriately.

Please Note

- For media enquiries, please refer to the specific reactive Q&A for Media Enquiries and notify the Global Pipeline Communications team before you respond to a request for an interview so that they can help you to prepare (contact person: Aoife Pauley at aoife.x.pauley@gsk.com).
- The vaccine RTS,S/AS01 has completed phase 3 clinical program and positive regulatory assessment from the European Medicines Agency, but is not yet authorized for marketing in any country. The RTS,S vaccine is being developed in Public Private Partnership with PATH-MVI, as an additional tool to be added to the currently available malaria preventive interventions and for implementation through the national immunization programs in malaria endemic regions in sub-Saharan African countries.
- When referencing clinical data on RTS,S any statements should be prefaced by "In this study...", to make it clear that it is too early to make any general statement on the vaccine profile outside the context of the ongoing clinical trials.
- Have you found what you were looking for? If you have any suggestions for information which should be included in this tool please contact us at the following address: Carys Calvert at carys.calvert@gsk.com.

RTS,S MEDICAL AND SCIENTIFIC QUESTIONS & ANSWERS

For internal use only - NOT FOR DISTRIBUTION

What is the economic impact of malaria prevention and control?

Malaria prevention and control triggers a stronger economic growth by reducing also the disease burden on poor households.

- Malaria has lifelong effects on cognitive development and education levels through the impact of chronic malaria-induced anemia and school absenteeism due to illness. ^(a)
- Countries with high malaria incidence had their economic growth reduced by 1.3% annually compared with similar countries without malaria. ^(a)
- Malaria promotes poverty by effects on household behaviour that limit economic growth (e.g. demography, education and human capital), and by macroeconomic effects such as adverse effects on trade, tourism and direct investment. ^(b,c)

a. Gallup JL. and Sachs JD. *Am J Trop Med Hyg.* 2001; 64(1-2 Suppl): 85-96

b. Sachs & Malaney, *Nature* 415, 680-685

c. Conley, McCord, & Sachs, 2007, *Africa's lagging demographic transition: evidence from exogenous impacts of malaria ecology and agricultural technology*, National Bureau of Economic Research, Cambridge, MA, USA, Working paper 12892