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Pneumonia is a leading killer of children under five in Botswana, causing 219 deaths in 2024 according to UNICEF. Pneumococcus and respiratory syncytial virus (RSV) are leading bacterial and viral causes of childhood pneumonia respectively.

Botswana already vaccinates children against pneumococcus with pneumococcal conjugate vaccine (PCV). Now, a new maternal RSV vaccine offers the opportunity to protect babies against RSV too.

Botswana is currently exploring optimizing its PCV program by switching product or by reducing doses, both of which would generate savings to help fund this additional protection.

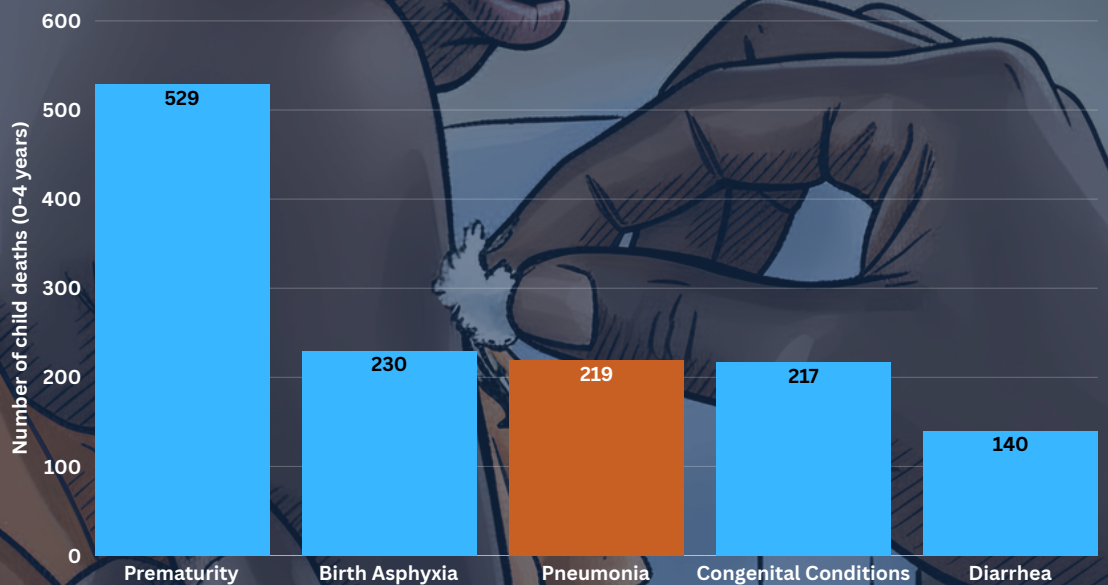
This brief uses the new PCV-OPTIMISE tool developed at the University of Melbourne, Australia, to estimate the savings to Botswana from these PCV optimization options.

It also presents the latest estimates of Botswana's RSV burden, underscoring the case for reinvesting PCV 1+1 savings in maternal RSV vaccination.

Better together, these two vaccines will help Botswana prevent more pneumonia, reduce hospitalizations, and save more children's lives - while making existing resources go further.



LEADING CAUSES OF CHILD DEATH IN BOTSWANA, 2024



Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2026

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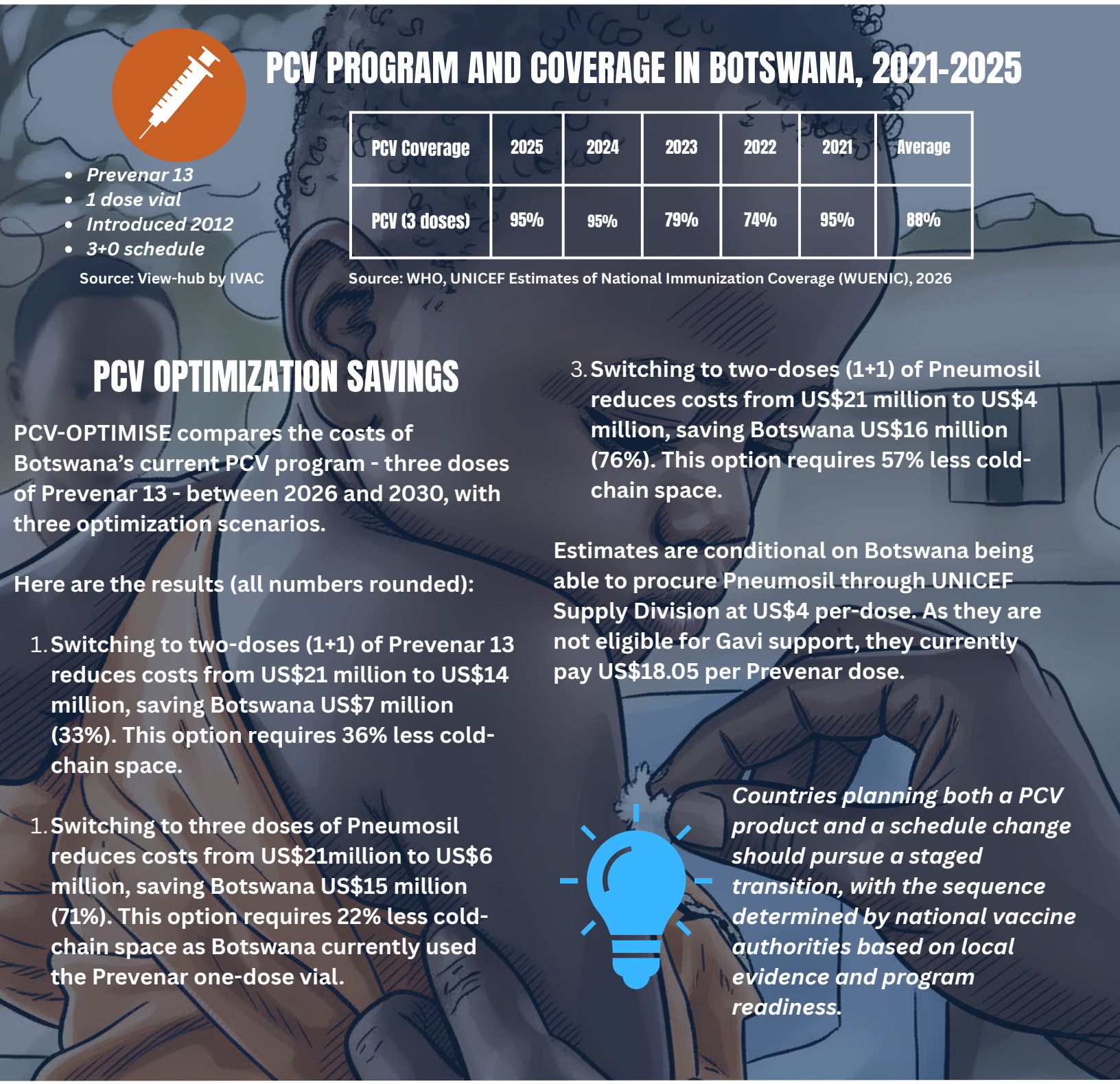
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PCV PROGRAM AND COVERAGE IN BOTSWANA, 2021-2025

- *Prevenar 13*
- *1 dose vial*
- *Introduced 2012*
- *3+0 schedule*

Source: View-hub by IVAC

PCV Coverage	2025	2024	2023	2022	2021	Average
PCV (3 doses)	95%	95%	79%	74%	95%	88%

Source: WHO, UNICEF Estimates of National Immunization Coverage (WUENIC), 2026

PCV OPTIMIZATION SAVINGS

PCV-OPTIMISE compares the costs of Botswana's current PCV program - three doses of Prevenar 13 - between 2026 and 2030, with three optimization scenarios.

Here are the results (all numbers rounded):

1. Switching to two-doses (1+1) of Prevenar 13 reduces costs from US$21 million to US$14 million, saving Botswana US$7 million (33%). This option requires 36% less cold-chain space.

1. Switching to three doses of Pneumosil reduces costs from US$21million to US$6 million, saving Botswana US$15 million (71%). This option requires 22% less cold-chain space as Botswana currently used the Prevenar one-dose vial.

3. Switching to two-doses (1+1) of Pneumosil reduces costs from US$21 million to US$4 million, saving Botswana US$16 million (76%). This option requires 57% less cold-chain space.

Estimates are conditional on Botswana being able to procure Pneumosil through UNICEF Supply Division at US$4 per-dose. As they are not eligible for Gavi support, they currently pay US$18.05 per Prevenar dose.

Countries planning both a PCV product and a schedule change should pursue a staged transition, with the sequence determined by national vaccine authorities based on local evidence and program readiness.

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PCV AND RSV MATERNAL VACCINE

PCV and maternal RSV vaccines are better together because they strengthen protection against major bacterial and viral causes of pneumonia, especially during babies' vulnerable first six months.

Research suggests that protection against these two pathogens may be mutually reinforcing: pneumococcal vaccination has been associated with fewer RSV hospitalizations, while a French study linked RSV prevention using the antibody nirsevimab to fewer hospitalizations for invasive pneumococcal disease.

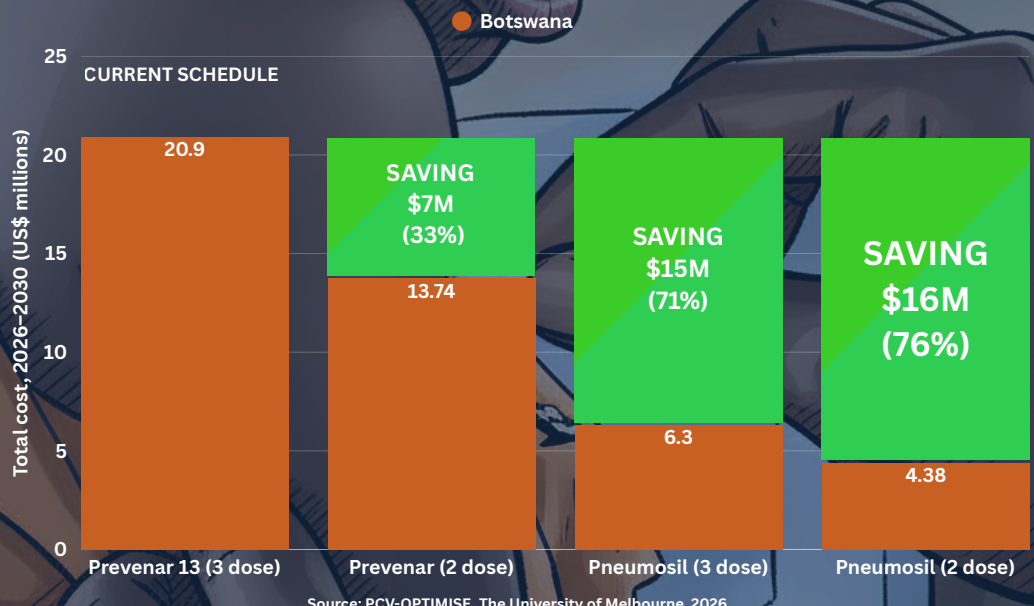
The estimated US$7 million savings from switching to two-dose Prevenar create an opportunity for Botswana to reap these gains by introducing maternal RSV vaccination.

At a price of US$3.50 per dose, these savings could purchase maternal RSV vaccine for all 300,768 projected pregnancies in Botswana during 2026–2030, leaving approximately US$6.1 million toward delivery, wastage, and freight.

Realizing this opportunity would give Botswana a practical route to protect more children with existing resources and advance national child survival goals.



PCV OPTIMIZATION SAVINGS IN BOTSWANA, 2026-2030



Source: PCV-OPTIMISE. The University of Melbourne, 2026

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WHY IS RSV PREVENTION SO IMPORTANT FOR BOTSWANA?

Over the next decade RSV will sicken an estimated 230,000 children under five in Botswana, hospitalizing 6,300 and killing 472, absent introduction of the new prevention tools.

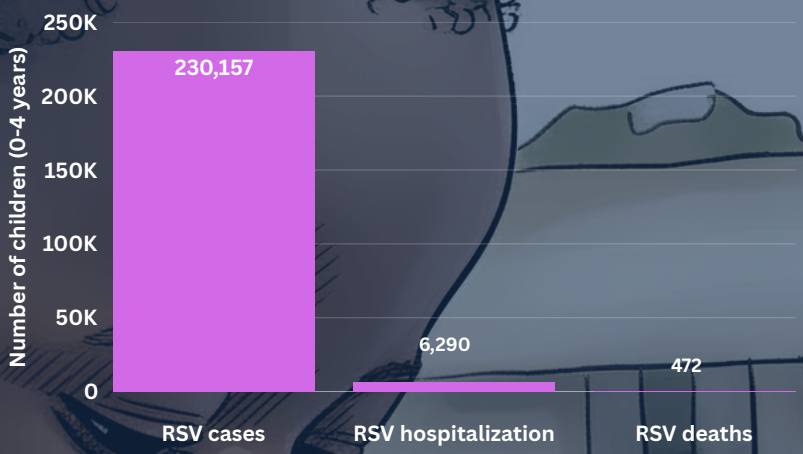
This not only places a heavy burden on families but also on the health system, as hospital wards fill with sick children during RSV season each year.

In a clinical trial, maternal RSV vaccination resulted in 70% fewer babies developing severe RSV disease during their first six months, with an exploratory analysis reported 31% fewer hospitalizations for pneumonia from any cause.

In real-world studies, maternal RSV vaccination was associated with 85% fewer RSV hospitalizations in England and 87% fewer RSV intensive care admissions among babies under six months in Argentina.

The World Health Organization recommends all countries introduce either maternal RSV vaccination, given from 28 weeks of pregnancy onwards, or a long-acting antibody for infants.

RSV BURDEN AMONG CHILDREN IN BOTSWANA, 2026-2035



Source: Clark, AD et al, 2026 (unpublished, forthcoming)

Explore PCV-OPTIMISE!

This brief was prepared by the Every Breath Counts Coalition for the Better Together campaign. To learn more, visit StopPneumonia.org.

November 2026

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