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Smarter PCV spending. More protection against RSV.

KENYA

Pneumonia is the second leading killer of children under five in Kenya, causing 8,100 deaths in 2024 according to UNICEF. Pneumococcus and respiratory syncytial virus (RSV) are leading bacterial and viral causes of childhood pneumonia respectively.

Kenya 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.

Kenya has already switched to Pneumosil and is currently exploring further optimization strategies to generate savings to strengthen its pneumonia vaccination program.

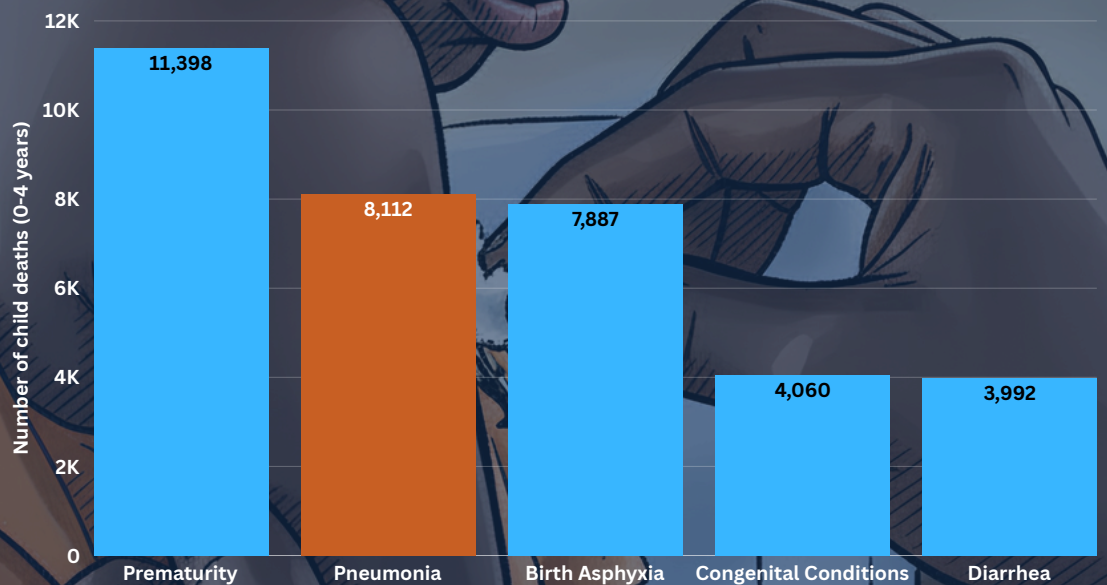
This brief uses the new PCV-OPTIMISE tool, developed at the University of Melbourne, Australia, to estimate the savings to Kenya and to Gavi, the Vaccine Alliance from these PCV optimization options.

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

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



LEADING CAUSES OF CHILD DEATH IN KENYA, 2024



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

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PCV PROGRAM AND COVERAGE IN KENYA, 2021-2025

- *Pneumosil*
- *5 dose vial*
- *Introduced 2011*
- *3+0 schedule*

Source: View-hub by IVAC

PCV Coverage	2025	2024	2023	2022	2021	Average
PCV (3 doses)	87%	89%	91%	93%	94%	91%

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

PCV OPTIMIZATION SAVINGS

PCV-OPTIMISE compares the costs of Kenya's current PCV program - three doses of Pneumosil - between 2026 and 2030, with two optimization scenarios.

Here are the results (all numbers rounded):

1. Switching to two-doses (1+1) of Prevenar 13 reduces costs from US$80 million to US$74 million, saving US$6 million (34%). Kenya saves US$7 million while Gavi increases its contribution by US$1 million. This option also increases cold-chain space by 33%.

2. Switching to two-doses (1+1) of Pneumosil reduces costs from US$80 million to US$54 million, saving US$26 million (33%). Kenya saves US$21 million and Gavi saves US$5 million. This option requires 33% less cold-chain space.

Kenya is in Gavi's *preparatory transition* phase with the government paying 52% of vaccine costs in 2026, with its share increasing by 15% annually to approximately 80% in 2030.



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.

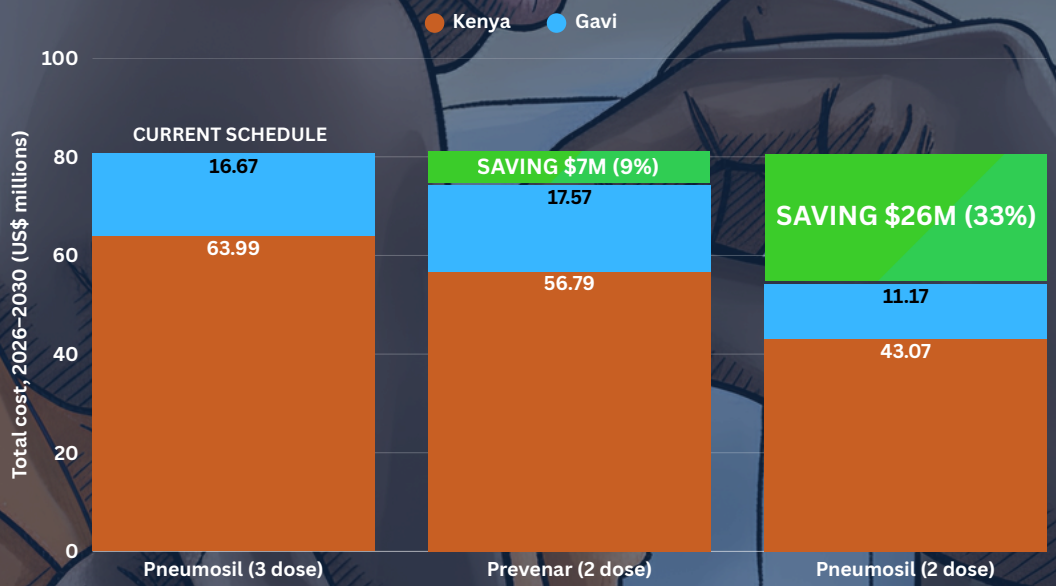
The estimated US$26 million savings from switching to two-dose Pneumosil create an opportunity for Kenya to reap these gains by introducing maternal RSV vaccination.

At a price of US$3.50 per dose, these savings could purchase maternal RSV vaccine for 98% of the 7.74 million projected pregnancies in Kenya during 2026–2030, with an additional US$0.61 million, before delivery, wastage, and freight.

Realizing this opportunity would require Gavi to make its share of PCV savings available to support maternal RSV vaccination—giving Kenya a practical route to protect more children with existing resources and advance national child survival goals.



PCV OPTIMIZATION SAVINGS IN KENYA 2026-2030



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

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WHY IS RSV PREVENTION SO IMPORTANT FOR KENYA?

Over the next decade RSV will sicken an estimated 3.2 million children under five in Kenya, hospitalizing 265,000 and killing 12,000, 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.

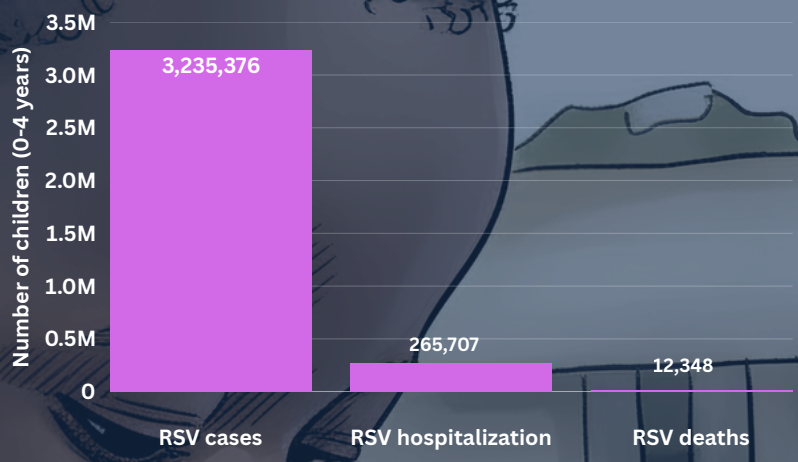
In a clinical trial, maternal RSV vaccination resulted in 70% fewer babies developing severe RSV disease during their first six months, with an exploratory analysis reported 31% fewer hospitalizations for pneumonia from any cause.

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.

Gavi accepts applications from eligible countries, including Kenya, for support to introduce maternal RSV vaccination.

RSV BURDEN AMONG CHILDREN IN KENYA, 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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