MMV achievements in 2022

Working for equitable health in a diverse world

- Extensive reach and impact

**Cumulatively,**

~640 million people effectively treated or protected by MMV products

~13.6 million deaths averted in absolute terms (compared to no treatment)

In 2022,

~84 million people effectively treated or protected

>48 million children protected by seasonal malaria chemoprevention in 17 countries in Africa’s Sahel region.

~235,500 deaths averted with MMV products compared to alternative treatments (~1.9 million compared to no treatment).

- Fruits of our research for diverse populations

Single-dose paediatric tafenoquine approved by Australia’s Therapeutic Goods Administration to prevent Plasmodium vivax malaria relapse in children >2 years old, opening doors to further approvals in the region.

Feasibility of deploying tafenoquine with point-of-care quantitative G6PD testing assessed in Brazil via the TRuST study. A policy decision on nationwide roll-out is expected in 2023.

Single-dose ganaplacide/lumefantrine for uncomplicated malaria in adults and children (in development with Novartis) to progress to Phase III.

In 2022, nearly 40% of both Global Health Priority Box recipients and participants in MMVSola user groups and trainings have been researchers in the Global South.

MMVSola, a free and publicly available open-source tool, awarded MMV Project of the Year 2022 for its promise in early dose prediction.

MMV is pioneering the use of modelling and simulation in early development to prioritize drugs potentially suitable for pregnant and lactating individuals.

First data on first-trimester exposure to dihydroartemisinin-piperazine and pyronaridine-artesunate obtained through the Malaria in Mothers and Babies (MiMBa) programme’s pregnancy registry, established by MMV, KEMRI and LSTM in Kenya and Burkina Faso.

MMV-rated a ‘fast riser’ and ‘very high performer’ across 9 indicators in the 2022 Global Health 50/50 Gender and Health Index, placing it in the top 10% of the 147 global health organizations assessed.

In a campaign to prioritize and expand intermittent preventive treatment in pregnancy, MMV connected with more than 300 organizations in Africa, resulting in more than 1,000 signatures supporting further scale-up and investment for this intervention.

MMV-co-developed Pyramax and ganaplacide/lumefantrine recognized by WHO’s antimalarial drug resistance strategy for Africa as important in tackling the spread of resistance.

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- Inclusive R&D through open innovation

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- Gender equity and diversity at MMV and in our work

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- Accelerating equitable access and diversifying supply

First African manufacturer (Kenya’s Universal Corporation Ltd) gained WHO prequalification for sulfadoxine-pyrimethamine, the drug of choice for protecting pregnant women.

Two vital MMV-supported products included in 2022 WHO Guidelines for Malaria: artemether-lumefantrine for use in first-trimester pregnancy and Pyramax® (pyronaridine-artesunate) for uncomplicated malaria.

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