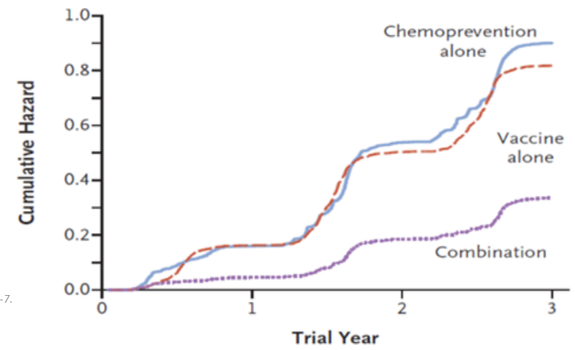
MOSQIVAC™

Competes and Complements Seasonal Chemoprophylaxis & other anti-malarial measures

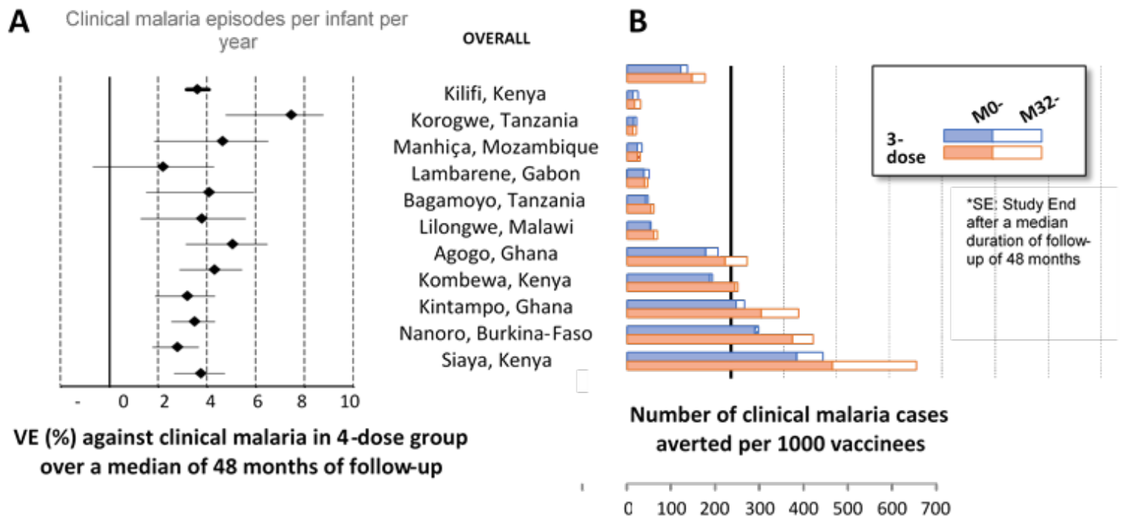
- Efficacy without SMC: 51%
- Efficacy with SMC: 73%



1.Chandramohan D, et al. NEJM 2021; 385: 1005-710;
2. Ouedraogo JB, et al. ASTMH 2022 poster;
3.Dicko A, et al. Lancet Infect Dis. 2023 Aug 22:S1473-3099(23)00368-7. doi: 10.1016/S1473-3099(23)00368-7.

EFFECTIVENESS AND REAL-WORLD IMPACT

Number of Lives Saved & Cases averted are as important as Vaccine Efficacy



3-dose priming with one-month interval, 4th dose 18 months post dose-3 RTS, S.Clinical Trials Partnership. Lancet 2015; 386:31–45; Kaslow DC; Vaccine;2015;33;7425;7432

For every 200 children fully vaccinated

233 malaria cases prevented

1 death prevented



BHARAT BIOTECH

Bharat Biotech International Limited
Sy. No. 230, 231, 235, Genome Valley, Turkapally, Shamirpet Mandal
Medchal Malkajgiri District, Hyderabad, Telangana, India - 500 078
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BHARAT BIOTECH

MOSQIVAC™

Four Decades of Clinical Research Culminating in the World's First Effective and Approved Vaccine for Malaria

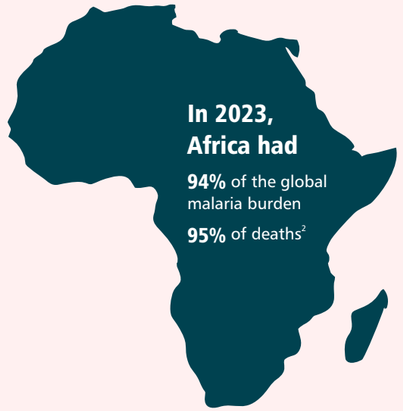


13% reduction in all-cause mortality among children under five

MALARIA - A PERSISTENT THREAT



~ 1 child dies from malaria every minute[1]



GLOBALLY

- **In 2023:**
  263 million cases
  597,000 deaths
- **Under-five** children account **76%** of all malaria deaths of the ~ half a million children dying from malaria

[1]https://www.afro.who.int/news/child-dies-every-minute-malaria-africa
[2]Institute of Health Metrics and Evaluation & WHO Data

Malaria Preventive and Control Measures have their Limitations.

Vaccination is the only Solution for Complete Malaria Prevention.

MOSQIVAC™
RTS, S / AS01E VACCINE

- **RTS, S Antigen** → Specific immune response against P. falciparum
- **AS01 (Adjuvant system)** → Designed to enhance and modulate the immune response to the antigen

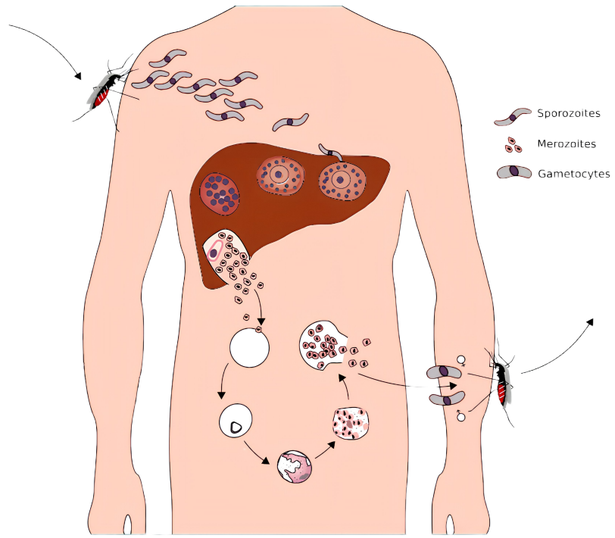


Enhanced antibody production and T-cell activation

MOSQIVAC™

PRE-ERYTHROCYTIC VACCINE

- Prevents infection of liver cells
- Impacts clinical disease
- Prevents transmission



EFFECTIVE IN ALL TRANSMISSION CYCLES: SEASONAL AND PERENNIAL

- Studied across Africa at 11 centres without seasonal chemoprophylaxis

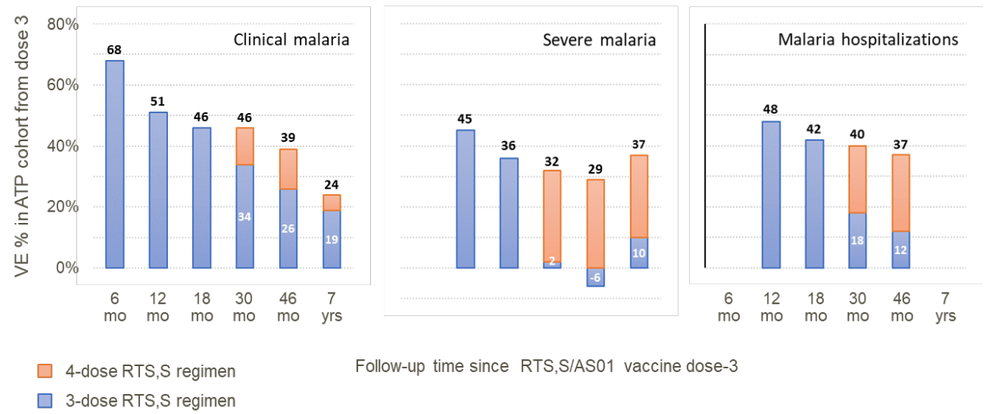
DECREASES:

- Malaria episodes
- Clinical Malaria
- Severe Malaria
- Need for hospitalization
- Need for blood transfusion
- Severe Malaria Anemia

RELIABLE PROFILE:

- Only vaccine with long-term follow-up data (>10 years)
- Well-tolerated from two months to adults, including special groups like HIV infected, malnourished and others.
- Effective with all pediatric vaccines
- Works with anti-malaria measures
- Observed continued protection for most till four years

CLINICAL RESULTS:



Malaria Vaccine Implementation Program (2019-2023) with > 6 Million doses administered in >2 Million Children proves[3]

SAFE	No increased risk of safety signals | No new safety signal
EFFECTIVE	**13%** reduction in all-cause mortality **22%** reduction in hospitalised severe malaria **17%** reduction in hospitalisation with positive malaria test
FEASIBLE	**63-75%** of eligible children got initial 3-dose Can be used with other anti-malaria measures

1) RTS, S/ AS01 SmPC (https://www.ema.europa.eu/en/documents/outside-eu-product-information/mosquirix-product-information_en.pdf) accessed Jan 2022
2) RTS, S Clinical Trials Partnership. PLoS Med. 2014;11:e1001685; 3) Tinto H, et al. Lancet Infect Dis. 2019;19:821-32
3) https://www.who.int/publications/m/item/statistical-report malaria-vaccine-pilot-evaluation-(mvpe)--analysis-of-data-to-month-46 .