A Review of the Decision Making and Processes for New Vaccine Introductions in Nigeria

Clinton Health Access Initiative

Background
Introducing a new vaccine into an existing immunization program can be challenging, particularly in weak health systems. In many low and middle income countries (LMICs), programmatic considerations influence policy making, and often require a multifaceted approach to solving the complex process of vaccine introduction. In the last decade, Nigeria successfully introduced three new vaccines into its national immunization program. In line with the Global Vaccine Action Plan (GVAP) recommendations, the National Immunization Technical Advisory Group referred to as the NGITAG, was established in 2015 to provide guidance and evidence-based recommendations for new vaccine introduction.

Methods
We examined the decision making process for new vaccine introductions before and after the establishment of the NGITAG as well as the decision making process for Rotavirus vaccine. We also interviewed key New Vaccine Introduction (NVI) stakeholders to understand the vaccine product attributes that influence country-choices for introducing new vaccines into Nigeria’s routine immunization program.

Results
The decision to introduce new vaccines depends on multiple factors ranging from disease burden, vaccine and immunization characteristics, economic and operational considerations and other programmatic constraints. The top prioritized factors for the choice of new vaccines in Nigeria over the past several years were cost, valency, cold chain capacity and scheduling methods, preferably using country specific data.

Conclusions
Beyond the country’s fiscal capabilities to sustain a new vaccine within its program, this paper reinforces that LMICs require context-driven decision making to guide mitigating strategies for programmatic constraints affecting new vaccine introduction.