

Vaccine Decision Making ecosystem in Southern Africa

Annual African Vaccinology Conference
2025

Dr A N Masu

Email:

adelaide.masu@uct.ac.za

07 November 2025



 nish-africa.org

 nish@uct.ac.za





Co-investigators

- Benjamin Kagina
- Edina Amponsah- Dacosta
- Rudzani Muloiwa
- Alana Keyser

Background

Vaccine decision making

Vaccine prioritisation

Competing health interests

Stakeholders

Multiple

Internal

External

NITAGs

Key

Evidence to Recommendations

Surveillance VPD

Data Availability

Data driven decision making

Aim

- The aim of this study is to describe vaccine-decision making ecosystem in Namibia, Botswana, Eswatini and South Africa.

Methods

Interviews

- Study recruitment: stakeholders
 - NITAG members
 - WHO/ UNICEF members
 - MOH representative: EPI manager
 - MOF representative
- Interview:
 - Semi-structured- Interview guide
 - One hour long
 - MS teams
 - Recorded and transcription

Results



- 3 countries (Eswatini no participation)
 - Botswana
 - Namibia
 - South Africa
- Respondents
 - 8
 - NITAG/ WHO/ EPI managers
 - No MOF representative

Name of Speaker | Date

Priorities

Priority	Details
Competing interests	<ul style="list-style-type: none">• Health:<ul style="list-style-type: none">◦ COVID 19 pandemic• Other<ul style="list-style-type: none">◦ Natural disaster: floods and drought◦ Conflict and humanitarian crisis
Vaccine preventable diseases (VPD)	<ul style="list-style-type: none">• VPDs targeted in EPI• Specific e.g.<ul style="list-style-type: none">◦ Polio: neighbouring country outbreaks◦ Measles: frequent outbreaks◦ Rotavirus outbreaks

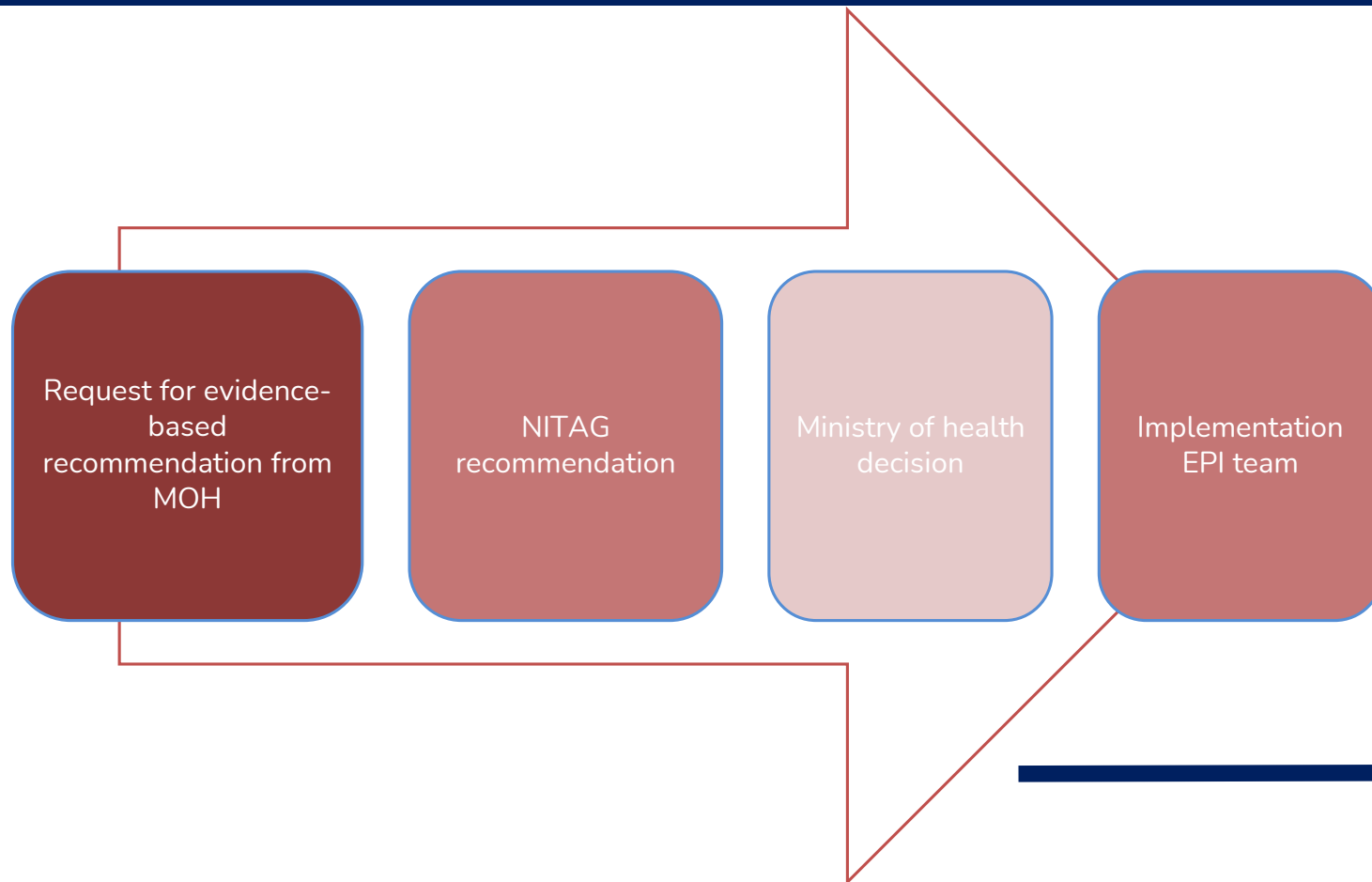
Stakeholders

Stakeholder	Details
NITAG	<ul style="list-style-type: none">• Evidence-based recommendations Adopted by government for countries with recent recommendation• Support for this role<ul style="list-style-type: none">○ Secretariat○ Resources
Government	<ul style="list-style-type: none">• Ministry of health: Motivation for funding; Final decision maker; Implementation (EPI)• Ministry of finance: Find budget• Other ministries: Intersectoral collaboration: Ministry of education, Family sector

Stakeholders

Stakeholder	Details
Assistant partners (WHO & UNICEF)	<ul style="list-style-type: none">• Logistical support:<ul style="list-style-type: none">◦ Provision of experts◦ Part of technical working groups• SAGE recommendations
GAVI	<ul style="list-style-type: none">• GAVI, the alliance• Support LIC, now some MIC (Eswatini)Self financing
Pharmaceutical company	<ul style="list-style-type: none">• Registration of vaccine with Drug and council• Information about vaccine product

Process



Factors

Vaccine safety and effectiveness:

- Availability of vaccines in country
- Vaccine efficacy
 - Important
 - If similar efficacy, price factors
- Cost

Recommendations:

- NITAG: Adoption
- WHO/ SAGE: Trigger

Target population

- Mother/ children
- HIV (high burden some countries)

Political landscape:

- High political will
- Change of leadership affects decision making
- Lack of background in immunisation

Health system impact

- Cost/ benefit decrease hospitalisation, antibiotic use, death
- Increase workload staff

Facilitators

Facilitator	Details
Supportive legislation	<ul style="list-style-type: none">• Framework for right to health• Enshrined in the constitution
Strong local data	<ul style="list-style-type: none">• In country for unique contexts e.g. HIV Burden• Local research- Universities
Strong EPI program	<ul style="list-style-type: none">• Strong management• University role in policy
Local manufacturing	<ul style="list-style-type: none">• Increase vaccine availability• Africa huge market• Lack of investment

Facilitators

Facilitator	Details
Communication and co-ordination	<ul style="list-style-type: none">• Immunisation stakeholders• Inclusive global and local• Ongoing communication:<ul style="list-style-type: none">○ recommendations/ vaccines/ outside of vaccine introduction
Community	<ul style="list-style-type: none">• Role of community<ul style="list-style-type: none">○ Rights○ Centre of decision-making process
Vaccine access	<ul style="list-style-type: none">• Affordability and accessibility of vaccines:<ul style="list-style-type: none">○ Equity○ Rights of community
Advocacy	<ul style="list-style-type: none">• Health care workers• Other partners e.g. assistance partners

Barriers

Barrier	Details
Vaccine registration	<ul style="list-style-type: none">• Restricted choice• Determines vaccine availability
Vaccine hesitancy	<ul style="list-style-type: none">• Access to technology• Misinformation
Human resources	<ul style="list-style-type: none">• Lack of appropriate human resources• Lack of training
Health systems	<ul style="list-style-type: none">• Lack of reach of population• Fragile health systems
Finances	<ul style="list-style-type: none">• Self financing• Cost of vaccine• Failure to adopt recommendations

Surveillance

Surveillance	Details
Local data	<ul style="list-style-type: none">• Present some conditions• Use of neighbouring countries
Several components	<ul style="list-style-type: none">• Outbreak/ environmental/ sentinel/ case based• Shared use of resources e.g. laboratory networks
Funding	<ul style="list-style-type: none">• Government funded• Catalyst funds for specific programs

Discussion

Priorities:

Factors beyond control

Competing interests

Stakeholders

Government ministries

Role of NITAGs

Pharmaceutical industry

WHO

Higher Education Institutes

Finances

Sustainability

Priorities in LMIC

Vaccine Equity

Discussion

Local manufacturing	Factors beyond control
------------------------	------------------------

Vaccine Hesitancy	Widespread
	Strategies

Surveillance	Fragmented
	Funding

Name of Speaker | Date



Thank You for Attending

 nish-africa.org

 nish@uct.ac.za