

Vaccination has been shown to be one of the most effective public health interventions. In the past ten years many new vaccines have become available to low- and middle-income countries. As new and improved vaccines become available, countries need to make decisions on which vaccines to adopt into their routine programmes. The London School of Hygiene & Tropical Medicine carried out a qualitative study, in collaboration with partners in seven countries, exploring national decision-making processes around new vaccine adoption.

## Bangladesh

### Introducing Hib vaccine

#### Methods

Interviews were conducted with 13 key informants in Bangladesh in March 2011, including Ministry of Health officials, international agency staff, academics and clinicians. The main focus of the interviews was the decision to adopt the *Haemophilus influenzae* type b (Hib) vaccine (introduced in January 2009), although other vaccines were also discussed.



Photo: Lutful Husain

#### Findings

##### Main actors

Only a small number of actors were involved in the decision to introduce new vaccines. Ministry of Health officials played a key role, as expected. The decision-making process was triggered by calls from the GAVI Alliance but also by advocacy by the Hib Initiative (a consortium funded by GAVI to accelerate evidence-based decision-making for Hib vaccine). Following a question about the Hib vaccine from a British Member of Parliament to their Bangladeshi counterpart, the issue was raised in Bangladeshi parliament. The ensuing parliamentary debate led to raised awareness about the vaccine. Several interviewees assumed that the National Committee on Immunisation Practices had been involved in new vaccine adoption; however, committee members did not report participation in discussions. The importance of evidence was recognised in Bangladesh and local disease burden data played an important role in new vaccine adoption.

##### Key drivers of the decision

The availability of GAVI funding was the foremost driver in the decision to adopt new vaccines. According to many interviewees, it would have been impossible to adopt the new vaccine without GAVI funding. In Bangladesh, national priorities were overridden by GAVI's funding priorities.

Disease burden was an important driver in the decision to adopt Hib. A number of disease burden studies were conducted before the vaccine was adopted in Bangladesh. Indeed, interviewees reported that doubts about disease burden led to delays in adoption of Hib vaccine (along with interim government and parliamentary elections).

The Ministry of Health in Bangladesh had its own budget so Ministry of Finance approval for co-financing was not a major concern for the interviewees.

**CONCLUSION:** *Decisions to introduce new vaccines are inherently political. Only a small number of actors were involved in decisions to introduce a new vaccine in Bangladesh. The availability of GAVI funding was a major driver in the adoption decision, as well as political prioritisation and the burden of disease.*