The PATH Malaria Vaccine Initiative (MVI) has worked with several African health ministries and their partners to develop a tool—known as the Malaria Vaccine Decision-Making Framework—to help African countries plan for decisions on the appropriate role of an eventual malaria vaccine within their health systems.

This tool is meant to help define the malaria vaccine decision-making process and represents the kind of preparation that could help countries reduce the delays previously seen in introducing lifesaving interventions in Africa.

Slow decision-making due to a wide range of factors has contributed to these delays. By using this tool, countries aimed to anticipate these factors and make more timely and informed decisions on whether or not to introduce a specific malaria vaccine into their health systems soon after one is available.

DEVELOPMENT OF THE MALARIA VACCINE DECISION-MAKING FRAMEWORK

Based on the World Health Organization (WHO) guidelines for introducing new vaccines, the tool maps the data that might be required to support a decision on the most appropriate use of a malaria vaccine. Countries identified a range of data, including the following:

- National malaria disease burden.
- The vaccine’s potential role in the context of current malaria control measures.
- The feasibility of implementing the vaccine.
- The likely cost-effectiveness and affordability of the vaccine.
- How the vaccine would be integrated into existing health services.
- Community perceptions of the vaccine.

The Malaria Vaccine Decision-Making Framework also provides a timeframe for collecting the data and for putting in place the necessary processes to enable timely decisions. The tool may be used for any malaria vaccine targeting the *Plasmodium falciparum* malaria parasite in Africa.

The tool’s development began in 2006, as a collaborative effort with African ministries of health. After starting with a generic decision-making tool, the resource was then adapted to specific countries’ needs.

The initial work was launched at a workshop in Benin that was hosted by the country’s Minister of Health, organized by MVI and WHO, and attended by African experts on malaria, immunization, health systems, and other partners. A series of national consultations followed.

MVI and WHO met with stakeholders from Gabon, Ghana, Kenya, Mali, Mozambique, and Tanzania to adapt the tool to reflect the distinct circumstances of their respective health systems. These six consultations produced documents for country-specific decision-making frameworks.

The six documents were synthesized into a draft regional tool that was reviewed by other countries and validated in 2008 at sub-regional meetings in East and Southern Africa, West Africa, and Central Africa as a common tool to help countries plan for malaria vaccine decisions. These meetings, which included malaria, immunization, and other technical experts from 30 countries, were supported by WHO and the Roll Back Malaria Partnership Secretariat.
PROJECT OUTCOMES

Beginning in 2009, several countries employed a step-wise process to prepare for decisions on the most clinically advanced malaria vaccine candidate. For example, countries undertook the following activities:

- Set up independent malaria vaccine technical working groups, involving stakeholders from malaria, immunization, finance, and other fields.
- Developed country-specific malaria vaccine decision-making frameworks to map the data and processes required and the timeline for possible vaccine availability.
- Compiled, reviewed, and analyzed the data and information.
- Developed technical briefs or independent reviews of the evidence for submission to country decision-makers.

By bringing together diverse stakeholders for early planning, this process has helped support countries in their consideration of and participation in the WHO-coordinated Malaria Vaccine Implementation Programme that is expected to start in three countries in 2018.

One of the early national consultations, this one in Accra, Ghana, in December 2006.