

Challenges and solutions in making evidence-based national vaccination policies and recommendations

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**Developing evidence-based national
vaccination policies through National
Immunization Technical Advisory
Groups (NITAGs)**

Overview

- Context
- About NITAGs
- Challenges
- Solutions

How to make the best evidence-based national vaccination policies and recommendations? Challenges!

- Who is/should be driving the call (e.g. industry or public health need, global or country perspective)?
- Very complex scientific field (many vaccines, diversity of vaccine providers, interactions missing data, need to adjust overtime, future vaccines,...)!!!
- Multiple health priorities, limited human resources and logistical capacities - expensive vaccines with limited funds available – other health interventions
- How to take the local situation into consideration (Process and nature of information)?
- Is there room for off-license recommendations?
- Recommendations for the public sector or all vaccinations?

Answer to the challenges:

Evidence-based recommendations

- Policy briefs (EVIPNET – Evidence for Policy Network)
- National Technical Advisory Group on Immunization

NITAGs: an **old** global recommendation

- WHO-UNICEF **Global Immunization Vision & Strategy (2006)**
- **WHA 61.15 (2008)**, “WHA requests the DG to...strengthen national capacity for making evidence-based policy decisions to adopt new vaccines”
- **WHO Strategic Advisory Group of Experts (SAGE) recommendations (2010)**
- Several specific recommendations from regional technical advisory groups on immunization (2009-2012)
- **Decade of Vaccines Global Vaccine Action Plan, WHA May 2012, Resolution WHA 65/17 (2012)**

NITAGs: Decade of Vaccines Global Vaccine Action Plan, WHA May 2012

First strategic objective: All countries commit to immunization as a priority

"National legislation, policies and resource allocation decisions should be informed by credible and current evidence regarding the direct and indirect impact of immunization. Much of the evidence base exists but does not reach policy-makers, as those who generate the evidence are not always those who interact with these decision-makers."

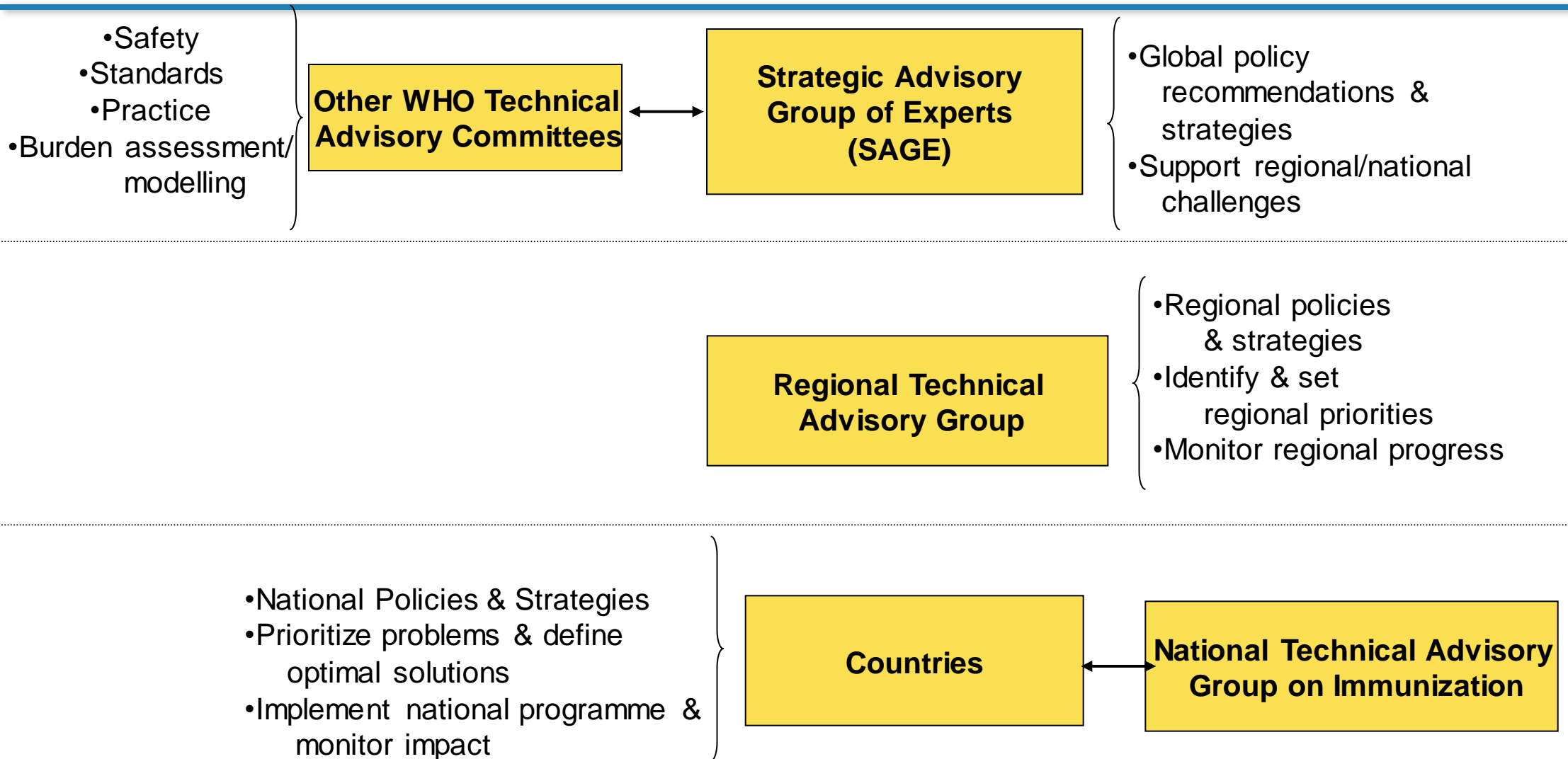
NITAGs: Decade of Vaccines Global Vaccine Action Plan, WHA May 2012

First strategic objective: All countries commit to immunization as a priority

"Independent bodies such as regional or national immunization technical advisory groups (NITAGs) that can guide country policies and strategies based on local epidemiology and cost effectiveness should be established or strengthened, thus reducing dependency on external bodies for policy guidance.

...It is important that NITAGs or their regional equivalents, engage with academia, professional societies, and other national agencies and committees..to ensure a cohesive and coordinated approach to achieving national health priorities....."

Immunization Policy Advisory Framework



Purpose of NITAG

Technical resource and deliberative body to Guide/enable policy makers and program managers to make **evidence-based** immunization (*all ages, all vaccines -new ones or those that are already included in the programme*) related **policy decisions**

Empowers government:

- comprehensive and integrated approach
- neutral forum
- credibility (**acceptance and support**)
- help resist pressure from interest groups



Functions

Advise on:

- **Optimal policies and strategies formulation** that take into account the local epidemiologic and social contexts,
- **Need for surveillance and collection and identification of important data,**
- **Latest scientific development** in the area of vaccines and vaccine preventable diseases.

Key Points

NITAG has a **technical advisory** role for all vaccine preventable diseases and should **NOT** serve as an ***implementing, coordinating*** or ***regulatory*** body.

NITAG is about ownership and cohesion

Interagency Coordinating Committees (ICCs) are NOT equivalent to NITAGs

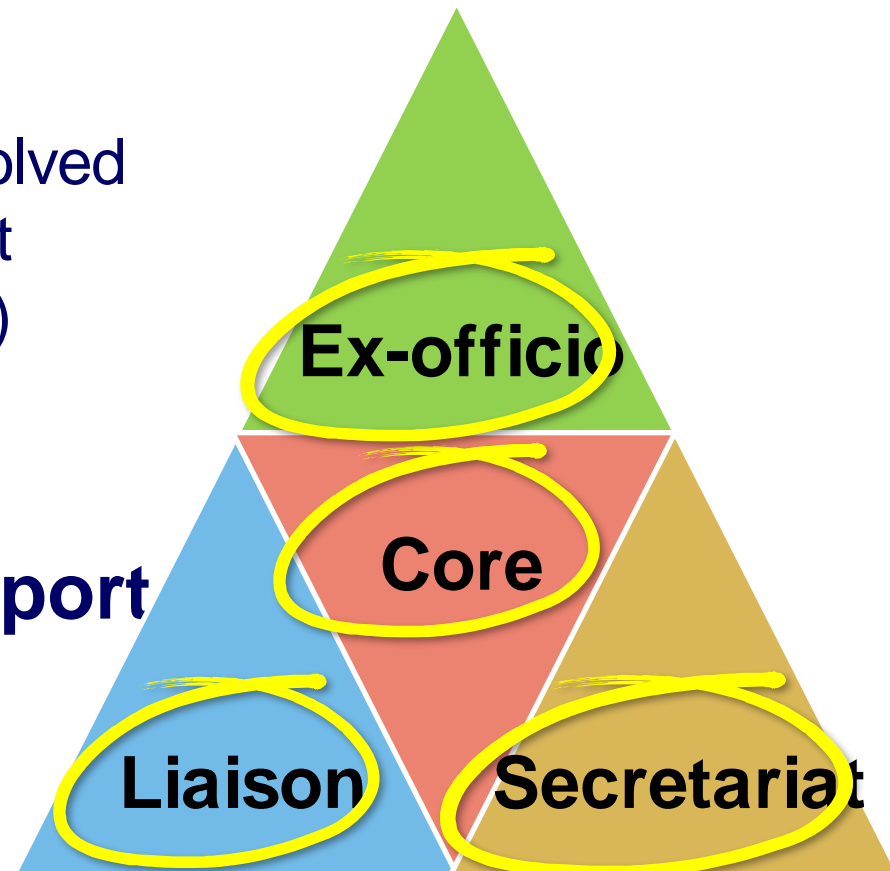
NITAG composition

Membership

- Core members (10-15 members involved in decision making, own independent expertise, broad range of disciplines)
- Ex-officio (Government agencies) & liaison (Other stakeholders)

Technical and administrative support

- Secretariat
 - Institution with scientific staff
 - Linked to MoH



What does “independent expertise” mean?

- Experts should provide independent expertise (**unbiased**)
- Does not mean necessarily independent experts, as most of national experts in low-income and middle-income countries are paid directly or indirectly by the government
- **Does not mean disconnected** from MoH
- All members should declare **relevant interests**
 - The main goal is **transparency**
 - Depending on the level of reported interests
 - participate but not be involved in final decision making
 - not participate at all in the meeting/session

Membership: Nomination

- Guidelines to specify nomination process as well as duration of term, rotation process and termination clauses
- Appointed formally by MoH
- Chair should be senior and widely respected with no direct accountability with MoH immunization program and/or interest-group affiliation
- Prior to appointment, members should complete a **declaration of interests** and sign a confidentiality agreement

Functioning

- Guidelines to specify mode and conduct of meetings
 - Frequency
 - Open versus closed meetings
 - Decision making process (consensus or voting) and basis for review of evidence and decision making – establishment of **working groups**
 - Administrative support
 - Recording and adequate communication on declarations of interest
 - Agenda setting
 - Communications and reporting of recommendations
- Direct communication with senior officials in Ministry of Health
- Evaluation

Issues to be taken into consideration in developing recommendations

■ Disease epidemiology

- disease burden including age specific mortality, morbidity, and societal impact; projections for future disease burden; specific risk groups; epidemic potential; disease occurrence over time; serogroup or serotype distribution; and changes in epidemiology over time

■ Clinical characteristics

- clinical management of disease, disease severity, primary/secondary/tertiary care implications, long term complications of disease and medical requirements

Issues to be taken into consideration in developing recommendations

■ Vaccine and immunization characteristics

- efficacy, effectiveness and population impact of vaccine; indirect effects; vaccine safety; cold chain and logistics concerns; vaccine availability; vaccine schedules; schedules acceptability and ability to deliver

■ Economic considerations

- disease, vaccine and vaccine delivery costs, perspective for vaccine price reduction, vaccine cost and cost-effectiveness of immunization programmes and affordability of immunization

Issues to be taken into consideration in developing recommendations

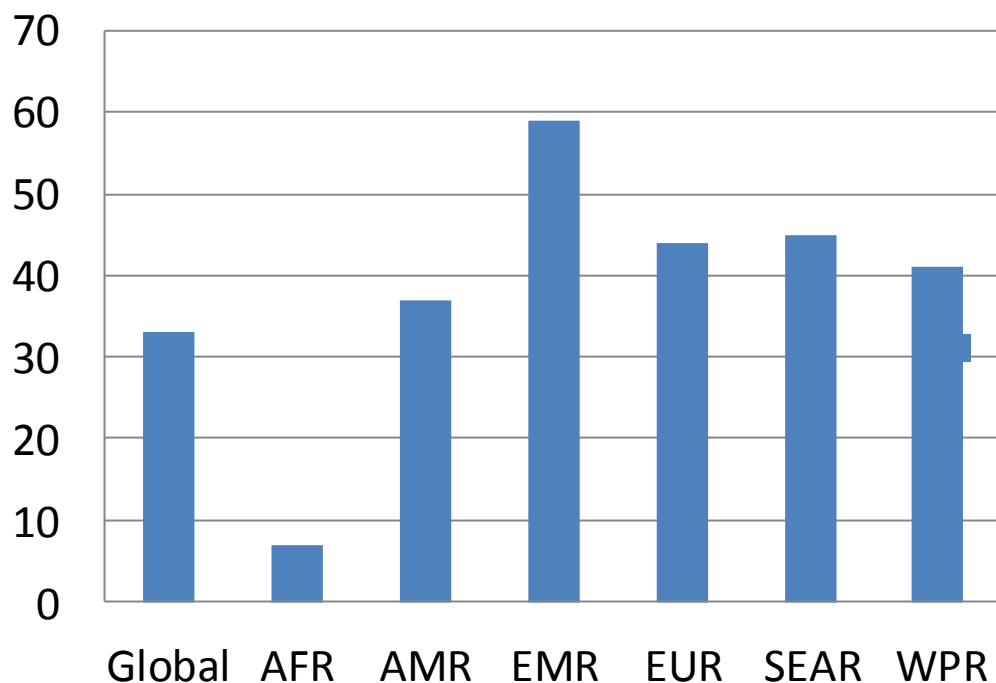
- Health system opportunities and existence of, and interaction with, other existing intervention and control strategies
- Social impacts
- Legal considerations
- Ethical considerations

Functional NITAG?

Monitoring of progress

- **6 “basic” indicators defined by WHO (Joint Reporting Form)**
 - Formal written terms of reference
 - Legislative or administrative basis establishing the committee
 - Core membership with at least 5 main expertise areas represented among members
 - Committee meeting at least once a year
 - Agenda and background materials distributed ahead of meetings
 - Declaration of interests by members
- To be reported every year by Member States to WHO
- GVAP annual report to the World Health Assembly
- Additional process, output and outcome indicators available for use by regions and countries

NITAGs status report 2012



% of countries with a NITAG that meets all 6 basic process indicators

- 52% of countries with a NITAG with an administrative or legislative basis

- Only 66% of NITAG with mandatory DoI for members

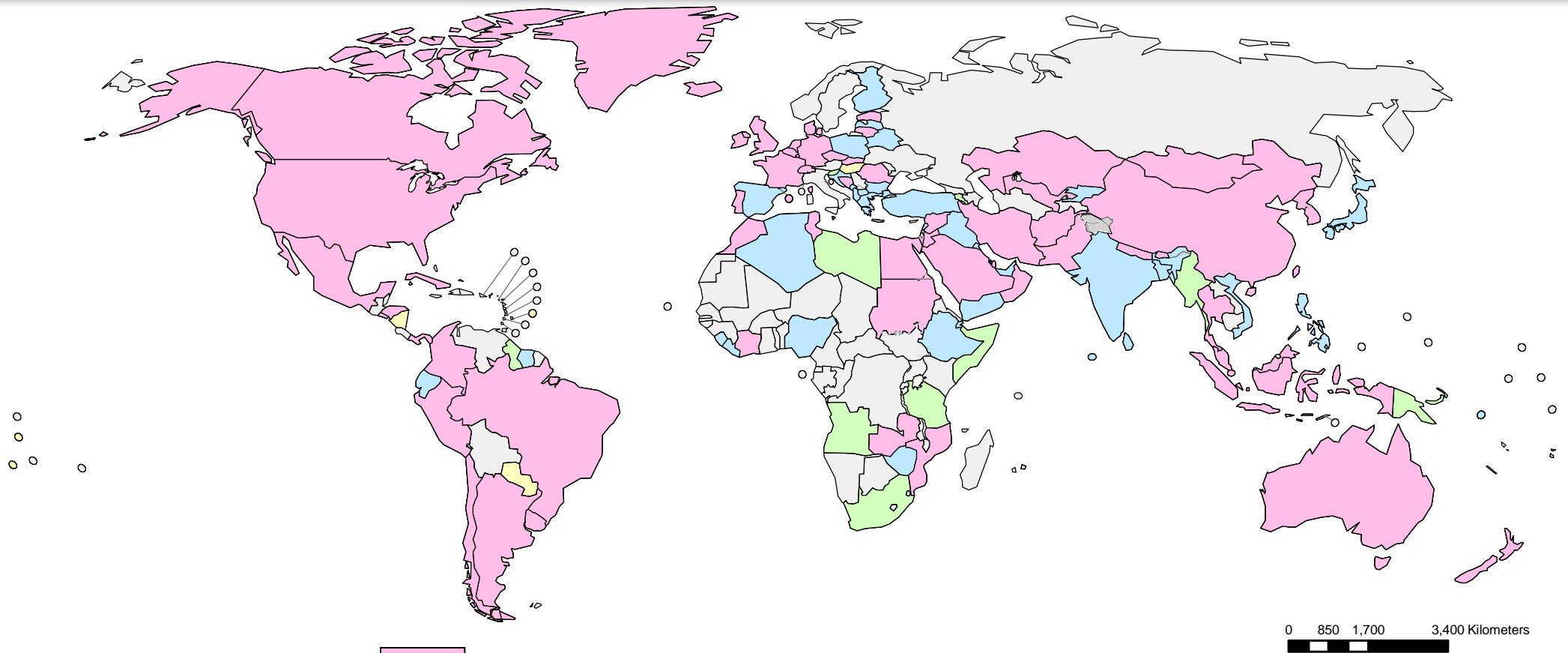
- 63 (33% of countries) NITAG complying with the 6 basic process indicators** including 38 developing countries (47% increased compared with 2010)

*Based on the JRF

**Formal ToRs, legislative or administrative basis, at least 5 areas of expertise, at least one meeting a year, agenda distributed >= 1 week ahead of meetings, mandatory declaration of interests



National Immunization Technical Advisory Groups (NITAGs) in 2012 by WHO regions



- 63 COUNTRIES MEETING THE 6 NITAG CRITERIA**
- 99 Countries having a NITAG with administrative or legislative basis**
- 104 Countries Reporting the Existence of A NITAG with ToRs**
- 116 Countries Reporting the Existence of a NITAG**

Data Source: Joint Reporting Form, 2012

Map production: Immunization Vaccines and Biologicals, (IVB), World Health Organization

Date of slide: 17 October 2013

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
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What is a « good » NITAG?

- Basic indicators are not sufficient
- This is not because a NITAG meets regularly and that expertise is well represented that it has a real impact
- Indicators do not capture information to assess the effectiveness and impact of NITAGs

What is a « good » NITAG?

- Challenges
- Which perspective?
 - MoH? Population? NITAG?
- Is the NITAG responsible for the non-implementation of its recommendations?
- Who will evaluate the NITAG?

17 indicators to assess NITAG Performance: Processes, Outputs and Outcomes

- **Self assessment tool**
- **Criteria: understandability, ease of collection and perceived usefulness.**
- **3 categories including:**
 - **10 process or activity indicators** to monitor the functionality of a NITAG, based on global recommendations and best practices
 - **3 output indicators** to assess the quality and relevance of evidence-based recommendations
 - **4 outcome indicators** to evaluate the impact of technical recommendations on government policies and strategies.

Three output indicators

■ Evidence-based methodology for recommendations

- How many recommendations were issued by the NITAG? How many of these recommendations made reference to peer-reviewed published material?

■ Country-specific criteria for recommendation

- How many recommendations issued by the NITAG were supported by local evidence or contextual information?

■ Vaccine availability and delivery capacity criteria for recommendations

- How many recommendations issued by the NITAG took into account the vaccine availability and delivery capacity at national level?

Four outcome indicators

■ **MoH decisions made in consultation with the NITAG**

- How many MoH immunization-related decisions were made in consultation with the NITAG?

■ **Recommendations accepted by the MoH**

- How many recommendations issued by the NITAG were accepted by the MoH? How many recommendations issued by the NITAG were not accepted by the MoH?

■ **Recommendations which were not adopted by scientific or professional organizations**

- How many recommendations issued by the NITAG were not adopted by scientific and professional organizations?

■ **Recommendations implemented in the country**

- How many recommendations were implemented in the country?
- How many recommendations were not implemented in the country?

Establishment and strengthening of NITAGs: Challenges

■ “Independent expertise”

- From Manufacturers
- From MoH
- But also from WHO, UNICEF, BMGF, AMP,...

■ Transparency of the process

■ Quality of the recommendations

- Evidence-based (methodology, Grading of Recommendations Assessment, Development and Evaluation (GRADE) versus experts opinions
- Data available?

Establishment and strengthening of NITAGs: Challenges (ctd.)

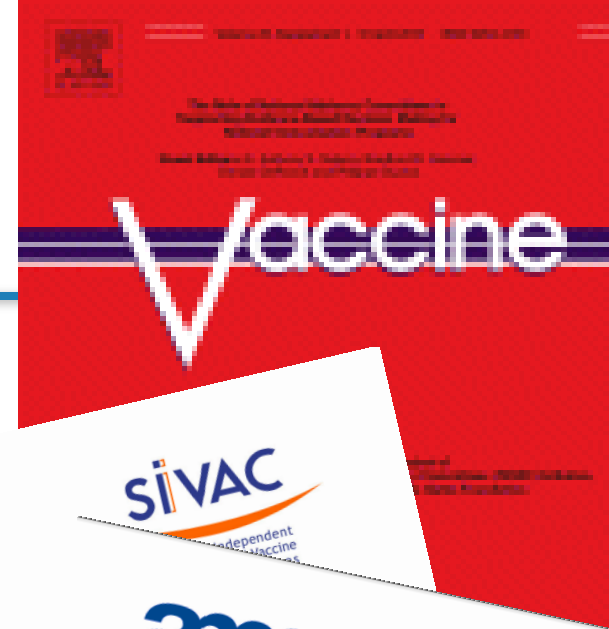
- Human resources
 - Experts availability (persons and time)
 - NITAG executive secretariat (usually at MoH, EPI...)
- Recognition from the MoH
- Small countries: need for subregional structure
- Advocacy by international organizations

Support for NITAGs

- **Not one size fits all** – adjust to country specificity
- **Direct technical support**
 - Evaluations
 - WHO, AMP Collaborating centre, CDC, existing NITAGs
 - NITAG twinings, field visits
- **Strengthening NITAGs members and secretariat**
 - Orientation workshops
 - Participation to vaccinology courses, SAGE, RTAG, other NITAG meetings,...
- **Regional workshops**
- **Collaboration between NITAGs** (exchange of information – NITAG resource centre)
- **Advocacy**

Guidance documents to support NITAGs

- Vaccines supplement: The supplement “**The role of National Advisory Committees in supporting evidence-based decision making for National Immunization Programs**” was published in a supplement of the “Vaccine” journal in April 2010 (volume 28, supplement)
Free access
- Guidelines (“how to evaluate NITAGs activities”, “how to issue an evidence-based recommendations in a NITAG”, how to set up the annual NITAGs agenda”, “using GRADE for immunization”)



Guidelines
NITAG



A step-by-step guideline to
issue evidence-informed
recommendations by NITAGs

Audience

Audience



Guidelines for Setting
NITAG Working Groups

NITAG Resource Center

Home

Presentation

Observatory

Digital Library

Center of Expertise

NITAG e-Community



NITAG Dashboard

The Observatory provides updates on NITAG activities and recommendations as well as general information on immunization in various countries.

Use the map below to view the detailed description of a NITAG within a country. You will have access to various documents describing the NITAG (link to the website, legal documents, recommendations etc.) as well as news regarding the NITAG.



You can also select a country from the list below:

- [Argentina](#)
- [Australia](#)
- [Austria](#)
- [Bahrain](#)
- [Belgium](#)
- [Benin](#)
- [Canada](#)
- [Canada-Quebec](#)
- [Chile](#)
- [China](#)
- [China-Hong Kong](#)
- [France](#)
- [Germany](#)

Click on the map

Use the map to access the detailed page of a NITAG within a specific country.

Contact the librarian

For more information, please send a request to: librarian@nitag-resource.org

Useful websites

NITAG Resource Center → 1 stop shop

<http://www.nitag-resource.org/>

SIVAC Initiative

<http://www.sivacinitiative.org/>

WHO NITAG

http://www.who.int/immunization/sage/national_advisory_committees/en/index.html

Thank you

With special thanks to Kamel Senouci

