## 4. COUNTRY OWNERSHIP

Presence of an independent technical advisory group that meets the defined criteria (Indicator SO1.2)

### Highlights

- A total of 77 Member States (including 49 developing countries and five low-income countries) reported access to a National Immunization Technical Advisory Group (NITAG) that met all six process indicators, representing a 108% increase over the 37 countries reported on in 2010;
- A total of 116 (60%) Member States reported the existence of a NITAG with an administrative or legislative basis (accounting for 88% of the global population);
- There has been no change in the number of countries meeting the six process indicators since 2014 (10 new countries met the six functionality criteria, while 10 countries dropped from the list).
- Formalization of approaches to allow small Member States to benefit from subregional or other Member States’ advisory groups have lagged and need to be prioritized.
- At the 11–12 May international NITAG meeting, there was a strong call by countries to proceed with the establishment of a global NITAG network, which would accelerate progress on reaching the target.
- During this meeting emphasis was put on the value for countries of evaluating their NITAG using the evaluation tool developed by the WHO Collaborating Centre AMP-HPID.

### DEFINITION OF INDICATOR

A functional NITAG has been defined as one that meets all of the six following process indicators agreed upon in 2010 by WHO and its partners involved with the strengthening of NITAGs:

1. legislative or administrative basis for the advisory group;
2. formal written terms of reference;
3. at least five different areas of expertise represented among core members;
4. at least one meeting per year;
5. circulation of the agenda and background documents at least one week prior to meetings;
6. mandatory disclosure of any conflict of interest

These six indicators do not guarantee the functionality of the NITAG but have been agreed upon as a minimum set of indicators that will allow for monitoring of progress at the global level. A more comprehensive set of indicators has been published for use at national level.

### TARGET

Functional NITAGS in all Member States by 2020

### DATA SOURCES

Process indicators related to the establishment of NITAGs have been included in the WHO-UNICEF JRF since 2011 and in that year data were collected for 2010. In this summary of information from Member States regarding the existence of a NITAG, the specific criteria are derived from the 2015 JRF and compared with JRF data collected for previous years. For those Member States that did not submit or fully complete the JRF for 2015, information from the previous year’s JRF was used.

The denominator used to calculate the proportion of NITAGs in existence is the number of Member States that completed the NITAG-related section of the JRF. The results are presented by WHO region, World Bank national income status categories and population size. Population figures are those from the United Nations Population Division.
Data limitations

As highlighted in the previous GV AP Secretariat report (3) these results are subject to data limitations including some lack of data completion, the absence of a systematic data validation process with national counterparts and some confusion with the countries inter-agency Coordinating Committee (ICC). This confusion was actually documented but has been minimized over time. An increasing number of countries have corrected the information provided during previous years and corrections were retrospectively applied to the reported data for the previous years concerned. In order to assess the evolution of NITAG implementation and functionality since 2010, we conducted a thorough data cleaning based on consistency of responses on the overall time trend with final approval at country level.

When Member States report the existence of a NITAG with formal terms of reference or the existence of a NITAG with a formal administrative or legislative basis, data should be less susceptible to reporting bias than the mere reporting of the existence of a NITAG, and therefore the number of such groups should be closest to the actual number with respect to the existence of a NITAG. The number of Member States reporting the existence of a NITAG which complies with all six indicators is also less susceptible to reporting bias/error.

Results

As of 26 June 2015, 183 (94%) Member States had completed the 2015 JRF,⁶⁷ reporting immunization-related data for 2014 and 181 (93%)⁶⁸ provided a response to at least one of the NITAG-related JRF questions. Among the Member States that did not submit their JRF or their NITAG-related data for 2015 all of them had reported NITAG data in the past two years (i.e. data for 2013 and 2014). Data for 2013⁶⁹ and 2014 were included in the 2015 data set for these Member States. Monaco reported considering the French NITAG being theirs and therefore data from France were included in the data set for Monaco.

Therefore, data for 194 Member States were available for the analysis as presented in Figure 4.1 and Table 4.1. Table 4.1 also presents the 2015 NITAG-related indicators status at the global and regional levels.

Figure 4.2 attempts to present the 2010–2015 trajectory in the establishment of NITAGs and highlights the need for acceleration of progress to reach the GVAP NITAG target. The comparison between 2010 and 2015 is only provided at global level as progress encountered in some regions prior to 2010 could lead to spurious interpretation of the trends when broken down by region.

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⁶⁷ As at 24 June 2016, Member States that have yet to submit 2016 JRF data for 2015 include Albania, Finland, Greece, Libya, Monaco, Netherlands, Poland, Singapore, Turkey, Tuvalu and Ukraine.

⁶⁸ Member States that have not completed the NITAG portion of JRF include Luxembourg and Sudan.

⁶⁹ Luxembourg and Ukraine.
Figure 4.1: National Immunization Technical Advisory Groups in 2015

- 77 countries meeting the six NITAG criteria
- 116 countries having a NITAG with administrative or legislative basis
- 118 countries reporting the existence of a NITAG with terms of reference
- 124 countries reporting the existence of a NITAG
- No NITAG/Not available
- Not applicable

Source: WHO-UNICEF Joint Reporting Form Database.

Figure 4.2: Time trend 2010–2015 in the establishment of NITAGs meeting all six process indicators, and remaining progress needed to reach 2020 target

- 2020 NITAG set target
- Number of countries reporting the existence of NITAG meeting all six criteria
- Remaining progress to meet 2020 set target
- Current trajectory of progress
Notable progress was achieved between 2010 and 2015, and 116 (60%) Member States overall reported the existence of a NITAG with a formal legislative or administrative basis. In 2015, there were 77 Member States with a NITAG that met all six process indicators, including a total of 49 developing Member States. This is a 108% increase compared to 2010, when only 37 countries reported having a NITAG meeting all six process indicators. The global trend shows a stagnation of progress, however, in the number of countries meeting the six process indicators between 2014 and 2015. In 2015, 10 new countries met the six process indicators, while 10 countries dropped from the list. The main cause of this drop is the fact that the NITAG did not meet in 2015 for nine of these countries.

In 2015, 16% of low-income countries, 38% of middle-income countries and 59% of high-income countries reported having a NITAG meeting all six process indicators. Overall, 59% of the global population live in a country with a NITAG that meets all six process indicators.

The South-East Asia Region (where all countries have now established a NITAG) had the highest proportion of Member States reporting the existence of a NITAG that met all six process indicators (73%) and the African Region the lowest (50%). Nevertheless, remarkable progress were made in the African Region between 2014 and 2015, multiplying by more than two the total population living in a country having a NITAG meeting the six process indicators (from 20% to 45%). The South-East Asia Region also had the greatest percentage (100%) of Member States that had a NITAG based on a formal legislative decree. Percentages in the other regions were 36% (African Region), 74% (European Region), 90% (Eastern Mediterranean Region), 44% (Western Pacific Region) and 54% (Region of the Americas) – these two latter regions being affected by a substantial number of small Member States.

### Table 4.1: NITAG characteristics at global level and by WHO region, 2015

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>WHO region</th>
<th>Global</th>
<th>African Region</th>
<th>Region of the Americas</th>
<th>Eastern Mediterranean Region</th>
<th>European Region</th>
<th>South-East Asia Region</th>
<th>Western Pacific Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Member States with NITAG data available (%)</td>
<td></td>
<td>194/194 (100)</td>
<td>47/47 (100)</td>
<td>35/35 (100)</td>
<td>21/21 (100)</td>
<td>53/53 (100)</td>
<td>11/11 (100)</td>
<td>27/27 (100)</td>
</tr>
<tr>
<td>No. of responding Member States reporting the existence of a NITAG (%)</td>
<td></td>
<td>124 (64)</td>
<td>16 (34)</td>
<td>21 (60)</td>
<td>21 (100)</td>
<td>42 (81)</td>
<td>11 (100)</td>
<td>13 (48)</td>
</tr>
<tr>
<td>Percentage of population covered by a NITAG</td>
<td></td>
<td>89</td>
<td>55</td>
<td>94</td>
<td>100</td>
<td>66</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>No. of Member States reporting the existence of a NITAG meeting all six process indicators (%)</td>
<td></td>
<td>77 (62)</td>
<td>9 (56)</td>
<td>15 (71)</td>
<td>13 (62)</td>
<td>25 (60)</td>
<td>8 (73)</td>
<td>7 (54)</td>
</tr>
<tr>
<td>Percentage of responding Member States with a NITAG meeting all six process indicators</td>
<td></td>
<td>40</td>
<td>19</td>
<td>43</td>
<td>62</td>
<td>47</td>
<td>73</td>
<td>26</td>
</tr>
<tr>
<td>Percentage of the entire population covered with a NITAG meeting all six process indicators</td>
<td></td>
<td>59</td>
<td>45</td>
<td>91</td>
<td>80</td>
<td>42</td>
<td>96</td>
<td>12</td>
</tr>
</tbody>
</table>

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80 Algeria, Andorra, Argentina, Australia, Azerbaijan, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burkina Faso, Canada, Chile, Colombia, Côte d’Ivoire, Cuba, Czech Republic, Democratic People’s Republic of Korea, Denmark, Ecuador, Egypt, El Salvador, Estonia, Finland, France, Germany, Greece, Guatemala, Honduras, India, Indonesia, Iran (Islamic Republic of), Iraq, Israel, Jordan, Kazakhstan, Kenya, Lithuania, Luxemburg, Malawi, Malaysia, Maldives, Malta, Mexico, Monaco, Mongolia, Mozambique, Netherlands, New Zealand, Nigeria, Oman, Pakistan, Paraguay, Peru, Philippines, Portugal, Qatar, Republic of Korea, Republic of Moldova, Singapore, Slovakia, Slovenia, South Africa, Sri Lanka, Sudan, Switzerland, Syrian Arab Republic, Thailand, Timor-Leste, Tunisia, Uganda, United Arab Emirates, United Kingdom, United States of America, Uruguay, Uzbekistan, Yemen.

81 These nine countries are Bulgaria, Burkina Faso, Egypt, Malawi, Mozambique, Nigeria, Timor-Leste, Uganda and United Arab Emirates. Data from Greece was not included in the last report but did report (late) that it met the six process indicators.
Narrative

The 2015 data shows a slight progress in the establishment of new NITAGs, however there is a relative stagnation on the strengthening of the NITAGs. While the data shown in Figure 4.2 should not be over-interpreted, the trend is clear: the target will not be met by 2020 through current activities; progress therefore should be accelerated.

In all regions there is now clear commitment to establishing NITAGs and all Regional Immunization Technical Advisory Groups have made strong statements with regard to the need to strengthen NITAGs. In addition, NITAG chairpersons have attended regional TAG meetings with immunization managers in all but one region to date and the fostering of exchanges between NITAGs have been received very positively by all and contribute to capacity strengthening. Country and intercountry NITAG workshops/meetings continue to be very successful and will further help accelerate progress.

Other positive developments include the establishment of a regional NITAG network in the South-East Asia Region, the attention given to strengthening NITAGs at the Ministerial Conference on Immunization in Africa held on 24–25 February 2016 in Addis Ababa, and the international NITAG meeting which took place on 11–12 May 2016 in Veyrier-du-lac and at which the establishment of a global NITAG network was decided.

Although the Middle Income Country Strategy proposed by the MIC Task Force and endorsed by SAGE in April 2015 featured the strengthening of evidence-based decision-making as one of the four main areas of action identified as the pillars of this strategy, it was not funded and implementation has sustained only limited developments.

The management board of the Gavi Alliance has approved a framework for its 2016–2020 strategy that includes the importance of improving country leadership, management and coordination, which includes NITAG strengthening. As a result the Gavi Alliance organized a consultation of stakeholders and major partners to engage them in this process in a manner that is sustainable and builds capacity at country level. Assisting countries to access Gavi funds allocated for health system strengthening to establish or strengthen NITAGs remains necessary, as few if any countries has yet used this opportunity. There has unfortunately not been much progress on this issue during the past year.

With respect to the special approach started to allow Member States with small populations to benefit from subregional advisory groups referred to in last year's report, definite advances have been made in the Americas (for the Caribbean islands) but the situation is not yet sorted on how to proceed for the small island nations in the Western Pacific Region.

Challenges to the establishment of NITAGs continue to include the need to ensure adequate expertise, independence from the government, transparency of the process, and quality review of the evidence on which recommendations are based. Efforts need to continue to ensure that NITAGs develop evidence-based recommendations according to standards. Several NITAGs remained only focused on the introduction of new vaccines and efforts should be made to expand their scope to reviewing the use and impact and optimizing strategies for already introduced/long standing vaccines.

The absence of systematic declaration of interests by core members remains problematic in some countries due to historical and cultural influences and is the main limiting factor for quite a few countries whose NITAG would otherwise meet all six specific indicators. Progress continues on meeting the indicator quality improvement in the processes of many NITAGs, although this remains hard to quantify at global level. Attention should also be given to the sustainability of the NITAGs. Indeed the fact that 10 of the NITAGs previously meeting the six process indicators failed to do so in 2015 with nine of them not having a single meeting in 2015 is worrisome.

Various NITAG-related tools including the finalization of a NITAG training manual and an evaluation protocol have been finalized by the WHO Collaborating Centre on “Evidence-informed immunization policy-making” at the Agence de Médecine Préventive, health policy and Institutional development unit (AMP-HPID). At the Veyrier-du-lac international NITAG meeting, the value of NITAG evaluations using the tool recently developed by AMP was stressed. This and other tools are accessible under the NITAG Resource Centre website (4), which aims to be a centralized resource compiling information and providing a collaborative platform for NITAGs and is maintained by AMP-HPID.

Advocacy by involved stakeholders at national and global levels are necessary to ensure sufficient time, effort and money are invested. Currently insufficient funding threatens the implementation of technical support activities by the collaborating centre, WHO and partners and limits the implementation of evaluations. Funding for the functioning of the secretariat of the
global NITAG network is not yet secured. Countries still need to take an active role in establishing and maintaining NITAGs and to investigate innovative mechanisms to sustain funding for NITAGs. Without an accelerated and joint effort, the GVAP objective of all countries having a functional NITAG by 2020 will not be achieved.

Partners have agreed on the value of placing a specific session about NITAGs on the agenda of the April 2017 SAGE meeting, which would in particular allow stakeholders to reflect on the progress in establishing the NITAG global network and the implementation of evaluations.

References
