Overview of Global Survey on National Immunization Technical Advisory Groups (NITAGs) and National Decision Making Processes

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Global Survey of NITAGs: Objectives

- Document the existence and characteristics of national immunization advisory committees within each country
- Obtain a global picture of national immunization decision-making processes and allow all nations to benefit from the experiences of others
- Identify specific challenges and support needed from WHO
Global Survey of NITAGs: Process

- Collaboration between WHO HQ and regions, University of Ottawa, and Public Health Agency of Canada

- All member states – for EUR slightly different process due to pre-existing initiative

- Structured questionnaire distributed in March 2008

- Questionnaire completed by national immunization managers or individual with knowledge of immunization decision making process

- Overall response rate 76%
Sources of Information used in Making Immunization Policy Decisions

- Country level ICC
- Government reports
- Intercountry meeting reports
- National institutions
- National committee statements
- Neighbouring countries' decisions
- Other countries' decisions
- Published studies
- Unpublished research
- WHO vaccine position papers
- Other
NITAGs: Existence by Region and Selected Characteristics

- 72% with formal terms of reference
- 39% with declaration of interests by members
- 23% with duration of term defined
- 51% with ex-officio members
- 54% with liaison members
- 78% with working groups
- Major problem, lack of independence from Ministry of Health
What is the current process used by the Ministry of Health in determining which immunization recommendations to adopt?

- Recommendations of NITAG: 84 (84%)
- Guidelines from WHO headquarters: 50 (50%)
- Guidelines from WHO regional office: 45 (45%)
- Guidelines from a regional TAG: 77 (77%)
- Guidelines of another country: 8 (8%)
- Decision made within Ministry of Health: 22 (22%)
- Other

Does not include EUR
## Ministries of Government (other than Health) Involved in Decision Making Process for Immunizations

<table>
<thead>
<tr>
<th>Ministry</th>
<th>Global % of countries</th>
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</thead>
<tbody>
<tr>
<td>Ministry of Finance</td>
<td>45%</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>18%</td>
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<tr>
<td>Ministry of Planning</td>
<td>13%</td>
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<tr>
<td>Ministry of Social Affairs</td>
<td>13%</td>
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<tr>
<td>Ministry of Interior Affairs</td>
<td>10%</td>
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<tr>
<td>Ministry of Defense</td>
<td>4%</td>
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</tbody>
</table>
Five most important factors when ITAGs are making a recommendation - global

- Actions in other countries: 67%
- Disease burden in other countries: 55%
- Disease burden in home country: 55%
- Economic impact of the disease: 38%
- Financial aspects: 33%
- Ease of distribution of the vaccine: 27%
- Method of administration of vaccine: 13%
- Priority of vaccine related to other vaccine-preventable diseases: 9%
- Priority of vaccine related to all other possible health interventions: 4%
- Public health/epidemiology: 5
- Public perception of the disease: 4
- Recommendations from ITAGs in other countries: 47
- Vaccine effectiveness: 55
- Vaccine safety: 16
- Other: 0

World Health Organization
3 most important sources of information used to inform recommendations - Global

- Consultations with working groups: 29%
- Expert opinion: 26%
- Government reports: 26%
- Pharmaceutical documents: 31%
- Published data and journal articles: 14%
- Regional technical advisory group documents: 29%
- Surveillance data: 52%
- WHO recommendations: 29%
- WHO position papers: 10%
- WHO technical documents: 10%
- Other: 0%
Sources of Information used in making Immunization Policy Decisions – By region

**AFR**
- Country level ICC: 14 (56%)
- Government reports: 19 (70%)
- Intercountry meeting reports: 20 (84%)
- National institutions: 13 (53%)
- National committee statements: 11 (48%)
- Neighbouring countries' decisions: 7 (21%)
- Other countries' decisions: 2 (8%)
- Published studies: 1 (3%)
- Unpublished research: 0 (0%)
- WHO vaccine position papers: 33 (97%)
- Other: 3 (6%)

**AMR**
- Country level ICC: 6 (24%)
- Government reports: 15 (60%)
- Intercountry meeting reports: 21 (84%)
- National institutions: 18 (72%)
- National committee statements: 12 (48%)
- Neighbouring countries' decisions: 21 (84%)
- Other countries' decisions: 1 (4%)
- Published studies: 1 (4%)
- Unpublished research: 0 (0%)
- WHO vaccine position papers: 2 (8%)
- Other: 2 (8%)

**SEAR**
- Country level ICC: 7 (70%)
- Government reports: 8 (80%)
- Intercountry meeting reports: 6 (60%)
- National institutions: 18 (72%)
- National committee statements: 12 (48%)
- Neighbouring countries' decisions: 2 (20%)
- Other countries' decisions: 1 (4%)
- Published studies: 6 (60%)
- Unpublished research: 5 (50%)
- WHO vaccine position papers: 8 (80%)
- Other: 2 (20%)

**EMR**
- Country level ICC: 11 (58%)
- Government reports: 15 (95%)
- Intercountry meeting reports: 13 (89%)
- National institutions: 14 (74%)
- National committee statements: 4 (21%)
- Neighbouring countries' decisions: 3 (16%)
- Other countries' decisions: 3 (16%)
- Published studies: 2 (16%)
- Unpublished research: 0 (0%)
- WHO vaccine position papers: 17 (89%)
- Other: 0 (0%)

**WPR**
- Country level ICC: 7 (64%)
- Government reports: 8 (73%)
- Intercountry meeting reports: 6 (55%)
- National institutions: 6 (55%)
- National committee statements: 2 (18%)
- Neighbouring countries' decisions: 2 (18%)
- Other countries' decisions: 2 (18%)
- Published studies: 11 (100%)
- Unpublished research: 7 (64%)
- WHO vaccine position papers: 7 (64%)
- Other: 5 (45%)
Sources of Information used in making Immunization Policy Decisions – Least developed countries vs others

Least developed countries

- Country level ICC: 22 (59%), 22 (59%), 22 (59%)
- Intercountry meeting reports: 14 (38%), 0 (0%)
- National committee statements: 17 (46%), 6 (16%)
- National committee statements: 33 (89%)

Developing & developed countries

- Country level ICC: 23 (37%), 42 (67%), 49 (78%)
- Intercountry meeting reports: 30 (48%), 37 (59%)
- National committee statements: 8 (13%), 6 (10%)
- Neighbouring countries' decisions: 50 (79%)
- Other countries' decisions: 56 (89%)
- Other: 9 (14%)

Legend:
- Yellow: Country level ICC
- Red: Government reports
- Brown: Intercountry meeting reports
- Grey: National committee statements
- Blue: Neighbouring countries' decisions
- Black: Other countries' decisions
- Purple: Published studies
- Green: Unpublished research
- Yellow: WHO vaccine position papers
- Other
Challenges of making immunization policies

- Financial, 52 (54%)
- Lack of data/surveillance, 34 (35%)
- Lengthy policy process, 23 (24%)
- Coordination and communication, 17 (18%)
- Implementation of policies, 16 (17%)
- Lack of human resources, 15 (16%)
- Coverage rates and reaching target groups, 12 (13%)
- Introduction of new vaccines or scheduling of vaccines, 11 (11%)
- Lack of technical expertise, 8 (8%)
NITAGs Establishment and Strengthening: Support Requested from WHO by Countries and Ongoing Activities

- Request for support as indicated by countries in global survey (missing EUR)
  - Technical support, 69%
  - Advice on best practices, 32%

- Activities
  - Working document: guidance for strengthening and establishment of NITAGs
  - Guidance documents to facilitate evaluation of evidence for policy and strategy decisions
  - Supporting Immunization and Vaccine Advisory Committees (SIVAC) Initiative - BMGF Grant to AMP/IVI for 12 GAVI eligible countries
  - Regional initiatives (meeting of NITAGs chairs, regional standard ToRs, technical support, sharing of information, participation at regional TAG meetings, attendance of well functioning NITAGs)