REGIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP (RITAG)

TERMS OF REFERENCE

Mandate

The mandate of the World Health Organization (WHO), Regional Office for Africa (AFRO) Immunization Technical Advisory Group is not restricted to childhood vaccines and immunization but should extend to the control of all vaccine-preventable diseases as part of an integrated, people centered platform of disease prevention that spans the human life-course and in the context of health systems strengthening. RITAG works under the framework of WHO adopted global and regional strategies.

Functions

RITAG serves as the principal advisory group to the WHO/AFRO for strategic guidance on vaccines and immunization. RITAG is charged with advising the WHO Regional Director on overall regional policies and strategies, ranging from vaccine and technology research and development, to delivery of immunization services and linkages between immunization and other health interventions.

The functions of the RITAG are to:

1. Provide advice on regional priority activities to achieve the goals, objectives and targets of the Regional Strategic Plan for Immunization and more broadly those of the Decade of Vaccines Global Vaccine Action Plan (GVAP) identify any constraints, obstacles and threats or opportunities.
2. Review progress in the implementation of strategies for the reduction of targeted vaccine preventable diseases including the review of the epidemiological situation in the region and make appropriate recommendations.
3. Recommend strategies for improving and sustaining high quality national immunization programmes in the Region, including management, vaccine supply, cold chain, and safety of injections.
4. Provide advice for Member States to improve vaccine coverage in the context of equity and strengthening of immunization services.
5. Provide advice for Member States on suitable strategies and processes for the introduction of new vaccines and integration into the immunization programme, including methods and indicators for monitoring impact on the diseases concerned.
6. Provide advice for Member States on the incorporation of new scientific knowledge and technology on vaccines, vaccine delivery and immunization practices.
7. Provide advice for the implementation of high quality vaccine preventable diseases surveillance, including laboratory networks for surveillance and the post-marketing surveillance of adverse events following immunization.
8. Provide advice on measures to strengthen country ownership and decision-making including functional National Immunization Technical Advisory Groups (NITAGs).
9. Advise on immunization financing in order to strengthen financial sustainability of immunization programmes.
10. Provide advice on immunization programme response to current and emerging public health priorities.
11. Identify and advise on appropriate areas for research including operational research.
12. Provide a forum for discussion of implementation of SAGE recommendations within the Regional context.
13. Provide advice on measures to strengthen community engagement, vaccine demand and reduction of vaccine hesitancy.
14. Advise on matters of special importance for submission to the WHO Regional Committee.
15. Advise on partnerships that will enhance achievement of regional immunization goals.

Membership

RITAG comprises 15 members, who shall serve in their personal capacity and should not represent the interests of a particular group, organization or stakeholder. They should represent a broad range of disciplines encompassing many aspects of immunization and vaccines.

RITAG members are appointed by the Regional Director, based on the recommendation of a selection panel, following an open (online) call for nominations, and due review of CVs, letters of motivation, and declaration of interests. These will be chosen from experts in the fields of epidemiology, public health, vaccinology, paediatrics, nutrition, internal medicine, infectious diseases, immunology, vaccine and drug regulation, programme management, immunization delivery, health-care administration, health economics, health communication, sociology and vaccine safety.

The membership of RITAG is open mainly to experts from the African Region. However, as necessary, RITAG membership will be open to outside expertise relevant to the WHO African Region, and shall seek to reflect a representation of:

1) professional affiliation (e.g., academia, medical profession, clinical practice, research institutes, and governmental bodies including national immunization programmes, public health departments and regulatory authorities);
2) major areas of expertise (e.g., influenza control, diarrhoeal diseases, respiratory diseases, research, biologics, and safety); and

RITAG members, including the Chairperson and the vice chairperson, are selected by the Regional Director on the basis of their qualifications and ability to contribute to the accomplishment of TAG’s objectives. Consideration will be given to ensuring appropriate geographic representation and gender balance.
Members of the RITAG, including the Chairperson and the vice chairperson, shall be appointed to serve for an initial term of three years. Such three-year terms may only be renewed once, subject to a review by the selection panel.

Prior to being appointed as RITAG members and prior to renewal of term, nominees and current RITAG members shall be required to complete a WHO declaration of interest as per the attached form (Annex 1).

In addition, prior to confirmation by WHO of their appointment as RITAG members, RITAG nominees shall be required to sign a confidentiality agreement (Annex 2). All papers presented to the RITAG, which may include prepublication copies of research reports or documents of commercial significance, shall be treated as confidential. RITAG deliberations are confidential and may not be publicly disclosed by RITAG members.

A register of members' interests and signed confidentiality agreements shall be maintained by WHO.

Membership in RITAG may be terminated by the Regional Director for any of the following reasons, following a fair process of review:

(1) Failure to attend two consecutive RITAG meetings without appropriate justification;
(2) Change in affiliation resulting in a conflict of interest; and
(3) A lack of professionalism involving, for example, a breach of confidentiality
(4) Failure to contribute to meeting discussions.

**Roles and Responsibilities of RITAG Members**

Members of the RITAG have a responsibility to provide WHO with high quality, well considered, advice and recommendations on matters described in the RITAG terms of reference that will guide Member States in the WHO African Region to accelerate progress towards regional and global targets for the reduction in morbidity, mortality and disability caused by vaccine preventable diseases. Members play a critical role in ensuring the reputation of the RITAG as an internationally recognized advisory group in the field of immunization. In keeping with RITAG’s mandate to provide strategic advice, members will be committed to the development and improvement of public health policies. Focused technical input will be solicited from identified experts and advisory scientific groups.

The Committee has no executive or regulatory function. Its role is solely to provide advice and recommendations to the WHO Regional Director, and includes providing advice and recommendations on urgent matters as needed.

RITAG members may be approached by non-WHO sources for their views, comments and statements on particular matters of public health concern and be asked to state the views of the RITAG. RITAG members shall refer such enquiries to WHO.
The Chairperson and the vice chairperson will be appointed by the Regional Director, informed by the recommendations from the selection panel. The Chairperson is expected to preside over all RITAG meetings. The Vice Chairperson will take over the responsibilities of the Chairperson, when the Chairperson is not available or when requested to do so by the Chairperson. The Chairperson will report to the Regional Director after each RITAG meeting and for any other matter of significance and will be a member of the Independent Advisory Group for the Regional Director. The Regional Director will endeavor to join some of the RITAG meetings when possible and for appropriate discussions.

**Meetings and Operational Procedures**

RITAG members will normally meet twice a year, one of which will be linked to the annual Regional meeting of the national immunization programme managers and partners. The frequency of meetings may, however, be adjusted as necessary. The dates for the RITAG meetings will be set at least 12 months in advance. Decisions or recommendations will, as a rule, be taken by consensus. Agenda items for meetings will be planned one year in advance to allow for adequate preparation of the issues, complemented by urgent issues as they arise. There will be preparatory phone calls of the RITAG to prepare for the face-to-face RITAG meeting.

Partners may participate as observers at the RITAG meetings. WHO may also invite other observers to RITAG meetings, including representatives of non-governmental organizations (NGOs), international professional organizations, technical agencies, donor organizations and associations of manufacturers of vaccines and immunization technologies. Partners and other relevant agencies may approach WHO and the RITAG Chairperson with suggestions for possible agenda items.

Additional experts may be invited to meetings, as appropriate, to further contribute to specific agenda items.

RITAG will work with WHO to develop its priorities of work and meeting agendas.

RITAG will be kept informed by WHO and partner agencies of progress in implementation of strategies and the attainment of objectives at country and regional level. RITAG will also be informed of policies and recommendations set by other WHO regional technical advisory groups. WHO, with advice from RITAG, will determine which policy recommendation issues and information from other WHO technical advisory groups should be brought to the attention of the Regional Director.

The RITAG Working Groups will be established by the RITAG or at the request of the Regional Director, and are think tanks intended to increase the effectiveness of the RITAG deliberations by reviewing and providing evidence based information and options for recommendations together with implications of the various options to be discussed by the full RITAG in an open public forum. These Working Groups are established on a time-
limited basis to help address specific questions identified by the RITAG when the issue is particularly complicated and could not be addressed by existing standing WHO advisory committees. The objective and terms of reference of Working Groups will be developed by the RITAG. The purpose, structure and functioning of the Working Groups is described in detail in Annex 3.

In addition to attendance of meetings, the active participation is expected from all RITAG members throughout the year, including participation in RITAG working groups, video and telephone conferences as well as interactions via e-mail. Review of documents may also be solicited. RITAG members may be requested to participate as observers in other important WHO departmental or cross-departmental meetings.

RITAG members will not be remunerated for their participation in RITAG meetings; however, reasonable expenses such as travel expenses incurred by attendance at RITAG meetings or related meetings will be compensated by WHO.

RITAG reports directly to the WHO Regional Director. The RITAG chairperson will debrief the WHO Regional Director and the Director of the Family and Reproductive Health (FRH) cluster, under which the immunization team falls, following each RITAG meeting. Minutes of the RITAG meetings will be taken and circulated among RITAG members. The recommendations/conclusions of the RITAG meeting shall be translated and published, with the prior approval of WHO, and posted on the immunization webpage within four weeks of each RITAG meeting.