Terms of Reference
The terms of reference of a NITAG has been delineated by the Ministerial decree i.e. to act as technical advisory for all vaccine preventable diseases.
Others include advice on:
- Latest scientific advancements and recommendations
- Situation analysis and assessment
- Policy analysis and strategy formulation

Standard Operating Procedure

Composition
NITAG was formed in 2009 by MOH through ministerial decree and Chaired by Assistance undersecretary of primary healthcare and public health.
It consists from technical members from MOH, Non governmental health sectors, Private sectors and academia from Universities

Type
- The group composed of core and non-core members.
- Core members:
  - All core members are experts that participate in deciding on the final recommendations related to technical and scientific issues in regards to immunizations.
  - The majority of core members neither supervise nor report to, directly or indirectly, the immunization programme.
  - Core members are multidisciplinary experts from governmental health sectors, Non governmental health sectors, Private sectors and academia from Universities. They represent different specialties including epidemiologists, pediatricians, infectious diseases consultant, immunologist, consultants' family medicine, pharmacists and nursing.
  - They are credible and serve in their own capacity and not represent the interests of a particular group or stakeholder.
  - The recommendation of this group is communicated to high level authorities at Ministry of Health.
- Non-core members:
  - Non-core members are from Ministry of Health, Ministry of Anterior, representative of directorate of material and supply and representative of drug control Directorate.
  - The role of non-core members is to contribute to the discussion and help provide background information or needed evidence; however they are not directly involved in deciding on the final recommendations.
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Size
• Group consists of 16 members that includes both core and non core members.

Expertise
• Technical advisory groups are multidisciplinary from the following disciplines/areas: Pediatric, Adult Medicine, Epidemiology, Infectious Diseases, Public health, immunology, family medicine, nursing and pharmacy.

• Technical disciplines in composition of NITAG Core Members
  1. Pediatrician
  2. Infectious diseases pediatric consultant in charge of private hospital.
  3. Adult infectious diseases consultant (chair of supreme committee of infection control)
  4. Associated Professor in Immunology (Vice President of University)
  5. Associated Professor in family medicine and community and Epidemiologist (Vice Dean of University)
  6. Chief of Disease Control Section-Public Health Consultant and epidemiologist (Assistant Professor in family medicine and community)
  7. Pharmacist (Primary Health Care)
  8. pharmacist (central store)
  9. pharmacist (Drug control)
  10. Family physician consultant from non MOH hospital (Royal services)
  11. Family physician consultant (Head of Maternity and Child care program)
  12. Chief of nursing
  13. Medical Doctor (Ministry of Interior)
  14. EPI manager acting as secretariat (Consultant family medicine and specialized in Tropical medicine and international health)
  15. Public Health Director (Family physician consultant and nutritionist)
  16. Assistant undersecretary and chairperson of Immunization Committee (Family physician consultant)

Membership
Nomination
• Members, including the Chair, were nominated and appointed formally by minister of health through a well-defined process.
• Assistance undersecretary of primary healthcare and public health represent the Chairperson.
The core members mostly represent multidisciplinary expertise neither directly/ indirectly supervise, nor report to the immunization program. All members completed a declaration of interest and all members signed a confidentiality agreement.

**Rotation:**
- The rotation among some of Ministry of Health experts included as core members according to change of positions and their years of presence.

**Termination:**
Reasons for termination include:
- Change in positions for some members from Ministry of Health;
- Conflict of interests
- Breaching confidentiality.

**Modes of Functioning**

**Formal recognition and general support:**
- The Immunization committee formulated through a ministerial decree. The decree state position of some of immunization committee that is MOH employee appointed the chairperson and specifies that Immunization programme manager serves as the secretariat.
- Immunization programme manager is considered a non core member who provides background information and contribute to the discussion but not involved in the final set of recommendations.
- The term of reference are clarified in the decree.
- NITAG members serve as volunteers
- High level support is provided by authorities at ministry of health to facilitate meetings

**Agenda preparation and frequency of meetings:**
- The EPI manager serves as the executive secretariat. Immunization committee meets at least once every three months; however frequency may be adjusted as necessary.
- Ad hoc meetings might be arranged to cover urgent agenda topics such as H1N1 vaccine.
- The agenda first developed and send to the all members through email prepared and circulated prior to meetings along with the time of the meeting.
- Secretariat and members can agree on some agenda topics that are planned for next one to two years such as HPV vaccine introduction.
- Agenda and background materials might be prepared with the support of scientific institutes or organizations.
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**Reporting, recording and dissemination**

- The secretariat records the meeting minutes.
- The meeting minutes circulated to all members for feedback and approval within two weeks of the meeting.
- The NITAG, and specifically the Chair, report to H.E. Minister of Health the conclusions and recommendations that is endorsed by immunization committee members.
- Feedback circular to healthcare workers in governmental and private health facilities or to media to communicate the recommendation drawn from meetings is done on demands.

**Decision making and recommendations**

- Meetings are closed and by invitation only.
- All members are aware of the term of reference and mode of the committee function.
- All members provided with scientific materials related to topics of discussion with a summery or comparison table if required. This is done to facilitate taking decision.
- The discussion and decisions are based on best available evidence and public health priorities. These might includes updates on immunization schedules, disease burden, cost effectiveness, decisions on new vaccines introduction such as Pneumococcal conjugate vaccine or suspension of any vaccine, and recommendations on urgent issues such as H1N1 vaccine.
- Decisions and recommendations are made through consensus. If consensus is not reached on a particular recommendation, the Chair make a decision on the final recommendation noting in the minutes that there was no consensus reached on the issue at hand.
- The recommendations are sent by chair person of committee to H.E. Minister of Health seeking his agreement on implementation.
- Some experts (not from committee) might be invited sometime to attend the meeting in order to take their experience and contribute scientifically to some of the meetings.
- Sometimes vaccines and pharmaceutical representatives invited to present data regarding their studies and products.

**Working Group/ task force:**

- Task force groups some times establish and operate under specific terms of reference such as review and provide evidence based information and recommendations about specific topics within a time limit. Accordingly a summery report to be submitted to the NITAG.
Task force groups are chaired by NITAG member.

**Performance**

- High performance level is considered through strong commitments by the members and the presence of multidisciplinary experts that work scientifically and communicate with transparency.
- Moreover, high level of political commitment by authorities at Ministry of Health that consider the recommendation of NITAG in any technical decision related to immunization services in the kingdom of Bahrain.
- The indicator used to determine NITAG performance is percent of NITAG recommendations generated from the meetings conducted in the last year which are being implemented by the Ministry of Health.