SIVAC
Supporting Independent Immunization and Vaccine Advisory Committees

amphpid
HEALTH POLICY AND INSTITUTIONAL DEVELOPMENT
WHO COLLABORATING CENTRE FOR EVIDENCE-INFORMED IMMUNIZATION POLICYMAKING

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Evaluating National Immunisation Technical Advisory Groups' (NITAGs) performance

Practical tool

V5.2 – For implementation by countries

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BACKGROUND

In line with global calls for increased country ownership of immunisation policies, a large proportion of countries established National Immunisation Technical Advisory Groups (NITAGs). Enhancing the NITAGs' functionality has become a priority and is a marker of those countries' commitment to immunisation, as stated in the Global Vaccine Action Plan 2011-2020 (GVAP; Strategic Objective 1). NITAGs are independent bodies that aim to advise decision-makers on all immunisation-related issues, regardless of target population or age group.

Through the SIVAC Initiative[1] funded by the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance, the Health Policy and Institutional Development (HPID) Unit of the Agence de Médecine Préventive (AMP)[2] has supported NITAG establishment, strengthening, and networking in collaboration with WHO and partners since 2008.

NITAG functionality is currently assessed, through the annual monitoring of a set of six indicators, in the WHO/UNICEF Joint reporting form. These indicators are used to monitor progress towards the GVAP 2011-2020 targets. Additionally, a set of 17 process, output, and outcome indicators was developed in 2013 by the World Health Organisation (WHO) and the SIVAC Initiative to assess NITAG performance. These great attempts at evaluating NITAGs needed to be merged into an integrated approach of NITAG performance that investigates holistically the NITAG's functioning principles and operating processes, as well as its role and impact on national immunisation policies.

This approach evaluates NITAGs in their mission of informing immunisation policy-making, using a performance definition that considers three dimensions:

- Functionality: Do the NITAG's structure and operations foster the timely generation of recommendations?
- Quality: Has the NITAG developed formalised and implemented appropriate processes to ensure quality recommendations?
- Integration: Is the NITAG fully integrated into the decision-making system?

[1] More information is available at http://sivacinitiative.org

[2] The Health Policy and Institutional Development (HPID) Unit of AMP is a WHO collaborating centre on evidence-informed immunisation policy-making.

NOTES TO USERS

This tool provides you with guidance and templates to:

- Prepare your evaluation
- Collect data through various sources
- Analyse information and write the evaluation report

PREPARE YOUR EVALUATION

Preparatory work is required to understand local specificities. Optimal access to all relevant documentation will reduce evaluation timelines.

1. **Agree on specific objectives and time span for the evaluation,** and include them in the evaluator's terms of reference along with your priorities for performance development (if already identified). All performance aspects are weighted equally, but adjustments can be made to meet each stakeholder's specific needs and expectations. To maximise independence and neutrality, an evaluator who is external to the NITAG is recommended. A two-year time span is suggested. Contact the SIVAC Initiative for more guidance if needed.
2. **Gather all relevant national data** from official immunisation-related documents (such as the National Immunisation Plan/Policy (if any) or Country Multi-Year Plan (cMYP) for countries eligible for GAVI support) and on its NITAG (such as official texts, NITAG operating procedures, other functionality-related documents, NITAG past recommendations and their implementation, communication strategy/plan, etc.).
3. **Identify relevant stakeholders and agree on which to interview.**

COLLECT DATA using the collection tool and information available from written sources, then fill any gaps by interviewing relevant stakeholders.

ANALYSE INFORMATION AND WRITE THE EVALUATION REPORT: we provide insights for each level of the analysis in the evaluation report template. The final report should be written in a narrative way.

RECOMMEND ACTIONS to improve NITAG performance, and avoid overly prescriptive conclusions.

NB: Under your NITAG confidentiality requirements, the SIVAC Initiative appreciates your feedback on this tool in order to improve future versions and develop additional NITAG technical support tools.

COLLECTION TOOL

1. Functionality

1.1. Structural viability

F1) Is there a document officially establishing the NITAG? ☐

TYPE AND TITLE OF THE DOCUMENT ESTABLISHING THE NITAG	DATE OF SIGNATURE	SIGNATORIES

If so, does it mention:

Termination of NITAG ☐. When? ([dd/mm/yyyy])	Rotation of core members ☐. When and how?
Rotation of Chair ☐. When and how?	
Rotation of Executive Secretary ☐. When and how?	

F2) Are there specific NITAG terms of reference (ToRs)? ☐ List the NITAG's ToRs. Has the NITAG fulfilled all of its roles over the time span under consideration? Give at least one example for each assigned role.

F3) Material resources are guaranteed for the NITAG ☐. On which resources does the NITAG's functioning rely? If applicable, list all sources of funding by type of expense (HR, meeting costs, Working Group costs, consulting fees, members' expenses, communication, and other costs).

F4) Has the NITAG faced lack of funding for planned activities over the time span under evaluation? How has it funded unplanned activities in this period, if any? Please elaborate.

1.2. Functional capacity

1.2.1. Formalisation of standard operating procedures (SOPs)

If multiple procedural documents exist, name them. Do not answer if the topics of the SOPs have not been formally considered by the Committee.

F5) The NITAG does have **formalised (written and approved)** Standard Operating Procedures (SOPs) ☐. The NITAG's SOPs were approved by the Committee ☐. All NITAG members received the final version of the SOPs ☐.

Indicate which items are addressed by or included in the **formalised** operating procedures. Provide details where needed.

Activity planning procedure ☐	Type & number of members, roles, length of mandate ☐
Conditions and procedures for nominations/rotations ☐	Policy on Conflict of Interest ☐
Policy on confidentiality ☐	Secretariat role and functioning ☐
Minimum number of meetings per year. ☐ Number: ___	Conditions for participation of external parties in meetings ☐
Drafting and validation of meeting agenda and minutes ☐. Timeline: ___	Procedures related to the circulation of background materials and meeting agenda, including deadlines ☐ .Conditions: ___
Quorum for conducting a meeting ☐ / making decisions ☐ Conditions: ___	Formalisation/dissemination of recommendations ☐

1.2.2. Human resources for performing comprehensive analysis of immunisation issues

F6) Are the conditions and procedures for nominating each type of member made clear in the document? Which members take part in NITAG decisions? Please fill the table below. If member nomination procedures are not written in official documents check the box ☐ and go to F7.

PROCEDURES AND CONDITIONS FOR NOMINATION ARE CLEAR	PARTICIPATION IN DECISION
Core members (No.:_____) ☐ Non-core members (No.:_____) ☐	Core members (No.:_____) ☐ Non-core members (No.:_____) ☐
Chairperson ☐ Executive Secretary ☐	Chairperson ☐ Executive Secretary ☐

F7) The NITAG has at least 5 areas of expertise among its core members ☐. What are those? Check the boxes for all that apply and indicate the number of members for each.

Paediatrics (children/adolescents) ☐ (No:)	Infectious Diseases ☐ (No:)	Health Systems and delivery ☐(No:)	Epidemiology ☐ (No:)
Adult/geriatric medicine ☐ (No:)	Public Health ☐ (No:)	Clinical Research ☐ (No:)	Immunology ☐ (No:)
Health Economics ☐ (No:)	Other ☐ Which one(s)?		

Which areas of expertise are usually relied upon in making recommendations? Did the Committee identify any lack of expertise? If so, has it implemented any actions to address this issue? Please elaborate.

F8) Provide details on the Chairperson and Executive Secretary

	CHAIRPERSON	EXECUTIVE SECRETARY
Hierarchically/functionally linked to the MoH? If yes, which position?		
% full-time equivalent (FTE) working for the NITAG		
Actual role in the NITAG		
Other current position(s)		

F9) Qualify (professional degree, missions to the Secretariat) and quantify (%FTE) any supplementary human resources (HR) allocated to the Secretariat:

1.2.3. Independence

F10) The NITAG reports to the MoH ☐. If so, to which department in the MoH does it report to? _____

What are the NITAG's reporting obligations to the MoH?

Establishment of the work plan ☐	Execution of the work plan ☐	Execution of Budget ☐
Issuing of recommendations (technical issues) ☐	Communication with external stakeholders ☐	Other ☐. Specify:

F11) The NITAG has a policy on Conflict of Interest ☐. Provide details below.

When is it mandatory to declare potential interests? _____

Were there any Conflicts of Interest declared in the time span under evaluation? If yes, specify the position of the people involved and the type of conflict.

Chairperson and deputies ☐	Executive Secretary and deputies ☐	Any NITAG core member ☐	Other Secretariat technical position ☐
Type of CoI:			

Potential consequences of declared interests according to the CoI policy.

Recusal from preparatory work on a specific topic ☐	Recusal from decision on a specific topic ☐
Recusal from discussions on a specific topic ☐	Termination of membership or contract ☐
Other ☐ Specify:	

1.2.4. Activity planning and execution

F12) The NITAG developed a work plan (WP) ☐. Time span covered: _____.

Describe the process used to develop the work plan. How long did it take?

Describe the content of the work plan: the strategy and collaborations; its operational and technical contents.

F13) Describe Secretariat's role in the work plan implementation (frequency of meetings, coordination of Working Groups, etc.).

F14) Elaborate on the work plan implementation rate: were all planned activities conducted? Were new ones added or withdrawn?

F15) In the process of making recommendations, the NITAG mandates Working Groups (WG) to provide deeper analysis of specific subjects ☐. For each WG in the time span of the evaluation, provide information below. Add rows if needed.

TOPIC	MEMBERS (#)	NITAG MEMBERS	EXTERNAL EXPERTS	FORMED ON	STANDING UNTIL	MANDATE
WG1 [replace by topic]						
WG2 [replace by topic]						

1.2.5. Compliance with operating procedures

F16) NITAG faced difficulties complying with SOPs ☐. Elaborate below on these difficulties and their consequences. How did the NITAG deal with them?

AREAS OF NITAG OPERATION	COMMENTS
Human resources: availability, involvement, expertise, capacity…	
Independence: reporting obligations, role of decision-makers and stakeholders	

AREAS OF NITAG OPERATION	COMMENTS
Policy on CoI: comprehensiveness, implementation, impact	
Activity planning: involvement of stakeholders, completion, consideration of national/regional priorities…	
Activity execution: compliance to work plan, circulation of documents, recommendation-making/issuing, Working Groups	
Other:	

1.3. Productivity

F17) Which topics did the NITAG address during the time span under evaluation? What was the result? (You will need to come back to this list later on.)

TOPICS ADDRESSED BY THE NITAG	INCLUDED IN THE PLANNING?	WORK PERIOD (DATES OF 1ST AND LAST MEETINGS)		RESULT (IN PROGRESS, SHELVED, DISCARDED, RECOMMENDATION ISSUED*)
	☐			
	☐			

**A recommendation is any formalised opinion issued by the NITAG. Thus, discussions on one topic may lead to issuing several recommendations for immunisation policy.*

List titles of recommendations issued by the NITAG in the time span under evaluation.

F18) Which of the topics above were part of the NITAG's work plan? Did they meet national/regional priorities?

F19) How consistently did the NITAG issue its recommendations following expected timelines? What were the main causes for delays?

Did the MoH make any urgent requests? Which ones and what motivated them (emerging risks, outbreaks, etc.)? What were the timelines? Was the NITAG able to respond on time? If not, what were the consequences?

Has the consideration of urgent issues affected the execution of the regular work plan? Could this have been avoided? How?

2. Quality of NITAG processes and outputs

2.1. Secretariat and NITAG capacity

Q1) Human resources (HR) in the Secretariat have technical skills to support the process of making recommendations ☐.

Literature search ☐	Systematic reviews ☐	Assessment of the quality of evidence ☐

Q2) There are opportunities for NITAG members to improve their ability to use scientific evidence to inform policy recommendations ☐. Describe those opportunities and who benefited from them?

TYPE OF OPPORTUNITY	TOPIC AND ORGANISER	MEMBERS INVOLVED (#, TYPE)
Technical training courses: Methods to appraise evidence; Health economics/economic evaluation, etc.		
Other: Study tours; Experience sharing		

Q3) The NITAG is able to access external technical expertise as needed to address specific issues ☐. Indicate which are available to your NITAG:

Academic researchers ☐	Government agency staff ☐	International organisation staff ☐	Pharmaceutical industry representative ☐	Independent consultants ☐

Q4) If the NITAG tapped into any of the categories above in the time span under evaluation, describe the conditions, mandates, and results of the collaboration. If the NITAG could not access external expertise, specify limitations (SOP, financial resources, etc.).

Q5) If the NITAG mandated Working Groups (WGs) to work on specific subjects in the time span under evaluation, provide details on i) what drives the establishment of WGs; ii) the process to establish them and nominate their members; iii) their mandate (formal written terms of reference); iv) their coordination and functioning; v) modalities of reporting WG work to the NITAG.

Q6) The NITAG has access to scientific data on immunisation (medical and others) ☐. Elaborate on how the Committee has access to it. If appropriate, list any databases that are regularly used.

Q7) The NITAG has access to national data ☐. Be specific on the source.

2.2. Quality of the analytical process

Q8) The NITAG/WG applies a specific framework to define the policy issue and related research question(s) ☐. If so, who is responsible for defining the questions to be analysed? Describe the methods applied, including how systematically they are used.

Q9) The NITAG applies a framework to select the type and relative importance of the data to be considered in the analysis ☐. If so, describe its general characteristics.

Indicate which type of data is considered by the NITAG in its recommendations. Elaborate on how frequently/commonly each type of data is considered and on the conditions for inclusion in the analysis framework.

Efficacy and effectiveness ☐	Safety ☐	Vaccine characteristics and indirect effects ☐	Burden of disease ☐
Use and cost of healthcare ☐	Alternative preventative measures ☐	Budget considerations (affordability and sustainability) ☐	
Economic evaluations (cost, cost-effectiveness) ☐	Health policy and programmatic issues ☐	Acceptability and equity ☐	
Others ☐. Please specify:			
Frequency and conditions for inclusion:			

Q10) The NITAG has a framework to guide scientific data collection ☐. Which types of study are included and how are they prioritised (primary vs secondary sources, systematic reviews vs narrative reviews, published vs grey literature)? Does the NITAG use systematic reviews? Elaborate.

Q11) The NITAG/WG assesses the quality of the evidence collected ☐. Describe how this is done.

Results of evidence analysis are consistently synthesised☐, shared with all NITAG members ahead of the meetings ☐, and discussed in NITAG meetings ☐. Source documents are made available ☐.

Q12) Describe the process used to establish a recommendation: evidence analysis and plenary discussions, mode of decision (consensus or voting), final wording of recommendation notes.

Q13) Do described frameworks and processes apply to both urgent and non-urgent issues? If not, explain the difference.

2.3. Quality of outputs

Q14) The NITAG issues recommendations in the form of "recommendation notes" that summarise the NITAG's work and address technical question(s) posed ☐. Recommendation notes follow a standard plan or template ☐. Indicate the type of information found in them.

1. Contextual information and policy question ☐	2. Method applied to frame the question, collect, and analyse the data ☐
3. Method applied to reach recommendation ☐	4. Assessment of the proposed intervention and its outcomes (e.g. effectiveness, impact), including a description of the quality of evidence ☐
5. Assessment of other data considered in the framework, with a description of the quality of evidence ☐	6. Recommendation itself (based on existing evidence) ☐
Other sections/comments:	

3.Integration into the immunisation decision-making system

3.1. Transparency

I1) The following NITAG governing policies are available to external parties and the general population through the Internet ☐ and official gazettes ☐.

i) Policy on confidentiality: to external parties ☐ and to general population ☐.	ii) Policy on CoI: to external parties ☐ and to general population ☐
iii) Functioning principles (nomination, member terms, agenda setting, voting) and working processes (SOPs, frameworks, WP): to external parties ☐ and to general population ☐.	

If such information is not directly accessible but could be provided under request, specify the procedure and NITAG response timelines.

I2) Non-members may participate in NITAG activities ☐. Indicate which activities. Describe and elaborate on conditions and roles.

Activity planning ☐	NITAG meetings ☐	Working Groups ☐
Please specify:		

I3) Did any stakeholders raise concerns about the contents of the recommendations and the Committee's work processes? If so, provide details.

3.2. Interactions with decision-makers and other national stakeholders

3.2.1. Communication and dissemination strategies

I4) Describe any interactions with the MoH specifying frequency, channel, and person in charge. Specify if this relies upon formalised documents. Which aspects do they cover (national immunisation agenda, NITAG activities, recommendations, and follow-up on acceptance)?

The NITAG consistently disseminates its recommendations to the MoH ☐. This relies upon formalised documents ☐. Specify the frequency, timelines, channel, format, person in charge, and recipient(s).

I5) The NITAG interacts with other external stakeholders ☐ and the general population ☐. This relies upon formalised documents ☐. Specify below if appropriate.

STAKEHOLDER	COMMUNICATION OBJECTIVES	STRATEGY (FREQUENCY, TIMELINES, CHANNEL, FORMAT, PERSON IN CHARGE, TARGETED AUDIENCE)

If no direct interaction exists, explain why and elaborate on how they learn about NITAG recommendations.

I6) If communication objectives and strategies have not been formalised, how does the NITAG set targets, formats, and channel for communication?

3.2.2. Collaborations and antagonisms within the immunisation decision-making environment

I7) List national immunisation stakeholders collaborating with the NITAG. Describe these collaborations; list and elaborate on the important missing collaborations.

I8) Describe the relationships and collaborations between the NITAG and the main national institutions providing scientific data. Are there difficulties obtaining such data? Detail a relevant recent case.

I9) Are there any “real” or “perceived” antagonisms between the NITAG and other institutional stakeholders with respect to their mandate?

I10) Is the NITAG part of the national vaccine-preventable disease (VPD) surveillance data quality review process? Please elaborate.

3.3. Acknowledgement by national parties

I11) National parties know of the existence and role of the NITAG: decision-makers ☐, other consultative stakeholders ☐, immunisation implementers ☐, general population ☐.

I12) Referring to F14, which NITAG recommendations were accepted? Have they been implemented?

RECOMMENDATION	ACCEPTANCE DATE	COMMENTS ON IMPLEMENTATION

I13) Elaborate on relevant situation(s) where a recommendation issued by the NITAG influenced a decision on immunisation policy by the MoH during the time span under evaluation. Describe the context, NITAG’s work and interactions with the MoH, and final issue.

I14) Elaborate on situations where a NITAG member or spokesperson was called upon as resource to respond to a crisis, media query, or public debate.

I15) Do health professional associations, schools, or other organisations contribute to the dissemination of NITAG recommendations? Provide examples.

I16) Describe how other stakeholders acknowledge the value of NITAG work.

EVALUATION REPORT TEMPLATE

This template proposes a report structure and guidance to analyse collected data and present results. Remember to delete the guidance information provided and report your results in a narrative fashion.

1. Contextual information

This section should include information on the:

- Country's general context: focus on information that helps to understand the functioning of the national immunisation programme (NIP) and the immunisation decision-making process (1 or 2 paragraphs).
- National immunisation programme (NIP): structure, funding, functioning, and main results. i) age groups covered and vaccines included; ii) any changes to the immunisation schedule during the time span under evaluation; iii) any future changes in which NITAG could play an important role.
- National immunisation decision-making process: MoH structure, immunisation-related services, identification of immunisation issues and processes used to solve them. Insist on the official positioning of the NITAG in the immunisation environment (other existing immunisation Committees; professional associations/organisations; patients' or users' representative bodies, etc..).

2. Evaluation objectives

*The general objective of this evaluation is to measure the global performance of the **[replace by country name]** NITAG in informing immunisation policy-making over the period from **[replace by the start date of the time span under evaluation]** to **[replace by end date]**.*

Specific objectives: list and describe the specific objectives of your evaluation.

3. Methods

- Describe briefly: i) who commissioned and who implemented this evaluation; ii) if they are external or internal to the NITAG; iii) their collaboration with the SIVAC Initiative.
- Describe the types of data used, specifying written data sources and the rationale behind your choice of interviewees.
- Describe how you gathered and analysed the data. Explain (if applicable) how you managed potential contradictions between written data and data obtained from interviews, as well as contradictions between interviewees. Specify if you relied too much on one type of source and explain the potential consequences on results.

4. Results

Present the data you collected for each dimension, by aspect. Focus on the factual information you gathered from both written sources and interviews. Avoid analysing your results here, as this is expected in the next section. **Aspects and related questions are listed below for reference.**

4.1. Dimension 1: Functionality

- Structural viability: F1 – F4
- Functional capacity: F5 – F16
- Productivity: F17 – F19

4.2. Dimension 2: Quality

- Secretariat and NITAG capacity: Q1 – Q7
- Quality of the analytical process: Q8 – Q13
- Quality of outputs: Q14

4.3. Dimension 3: Integration

- Transparency: I1 – I3
- Interactions with decision-makers and other national stakeholders: I4 – I10
- Acknowledgement by national parties: I11 – I16

5. Discussion and challenges

Analyse the findings you presented above. **You will find hereinafter insights for each aspect, but you are expected to give a global answer to the evaluation questions attached to each dimension (i.e. Functionality, Quality, and Integration). For each dimension, clearly identify the main challenge(s) faced by the NITAG.**

5.1. Functionality: Do the NITAG's structure and operations foster the timely generation of recommendations?

ASPECT	INSIGHTS FOR ANALYSIS
Structural viability (F1-F4)	A document legally establishing the NITAG ensures the Committee's stability over time and through political/administrative changes. Analyse any existing risk related to forthcoming rotations and/or termination. Consider the immunisation environment as a whole and the NITAG's ToR within it; all advisory responsibilities should be analysed. Allocation of a specific NITAG budget helps to ensure its continuity; this includes in-kind resources. Consider financial risks, balance, and actions taken or needed to ensure budgetary independence, including the case of urgent/unplanned requests.

ASPECT	INSIGHTS FOR ANALYSIS
Functional capacity (F5-F16)	Analysis shall highlight if formal operating procedures have been adopted and any NITAG difficulties in complying with them. Analysis should compare findings on membership, expertise availability, and Secretariat/Chairmanship against WHO guidance[3] (NITAGs should have core and non-core members, with distinct roles and at least 5 expertise areas represented, with potentially external experts co-opted in Working Groups). Provide an analysis of MoH and stakeholders' influences, given that the NITAG should keep sufficient autonomy in its activities. The NITAG's work plan should mention all relevant activities and themes to be addressed, as well as other activities such as training courses. If a work plan exists, analyse its implementation as well as any facilitating factors. If no work plan exists, provide an analysis of related causes and risks to NITAG functionality. Failure to plan activities could potentially result in exclusion of the NITAG from important policy issues. Identify potential causes of deviation from the work plan (e.g. difficulties managing human resources, changing priorities). Analyse the Committee's level of compliance with its SOPs and barriers to compliance.
Productivity (F17-F19)	Analyse the implementation of the activities included in the work plan and responses to urgent/unplanned requests in order to characterise timeliness of response and consistence/relevance with national priorities.

5.2. Quality: has the NITAG developed formalised and implemented appropriate processes to ensure quality recommendations?

ASPECT	INSIGHTS FOR ANALYSIS
Secretariat and NITAG capacity (Q1-Q7)	Analyse the NITAG Secretariat's internal skills in conducting activities, and its capacity to mobilise external expertise through the use of Working Groups. Consider the added value of training courses in view of the NITAG work plan and needs. Consider NITAG challenges in accessing data and their impact on recommendations.

[3] *Duclos P. National Immunization Technical Advisory Groups (NITAGs): Guidance for their establishment and strengthening. Vaccine. 19 Apr 2010;28, Supplement 1:A18 - 25.*

ASPECT	INSIGHTS FOR ANALYSIS
Quality of the analytical process (Q8-Q13)	The use of frameworks to define policy issues and scientific questions, and to issue recommendations, ensures high quality across recommendations. The same methods should be applied to both urgent and non-urgent issues; if not, the distinction between them should be transparently declared. A generic framework is available on the NITAG Resource Centre[4].
Quality of outputs (Q14)	The NITAG outputs should transparently synthesise technical analyses into understandable and useful information for decision-makers. Compare briefly a few NITAG recommendations to the SIVAC template for writing a recommendation note[5] to illustrate this aspect.

5.3. Integration: Is the NITAG fully integrated into the national immunisation decision-making system?

ASPECT	INSIGHTS FOR ANALYSIS
Transparency (I1-I3)	Firstly, analyse how easily external parties can access information about the NITAG's structure and processes. How could this influence the Committee's recognition by these parties? Also, participation of external stakeholders in NITAG activities increases mutual awareness of each other's roles. It also increases the NITAG's recognition and confidence.

[4] *The SIVAC Initiative. Training 3: Technical & scientific capacities of NITAGs - Module A: Evidence assessment methodologies and Module B: Development of an evidence-based recommendation note – Summary for participant. Agence de Médecine Préventive; 2015.*

[5] *The SIVAC Initiative. Training 3: Technical & scientific capacities of NITAGs - Module B: Development of an evidence-based recommendation note – Summary for participant. Agence de Médecine Préventive; 2015.*

ASPECT	INSIGHTS FOR ANALYSIS
Interactions with decision-makers and other national Stakeholders. (I4-I10)	Regarding communication and dissemination strategies (I4-I6), analysis should focus on the strengths and weaknesses of existing strategies in increasing the awareness of external stakeholders about the NITAG's work and its advisory role. Analysis of the strategies' impact on increasing confidence in NITAG relevance should be included. Regarding collaborations and antagonisms (I7-I10), analyse how the NITAG accesses relevant national data and the relationships between the NITAG and data providers. Analyse the national situation and how feasible/beneficial it would be for the NITAG to be involved in data quality review (as suggested by GVAP). If any antagonism was reported between the NITAG and an existing Committee, analyse causes and consequences on NITAG work.
Acknowledgement by national parties (I11-I16)	Markers of interest from any national stakeholders should be analysed as well as the media channel used. Similarly, suggest possible causes for poor acknowledgment from other stakeholders. If the Committee has been excluded from any subject under its mandate, analyse causes and consequences. Acceptance of NITAG recommendations is the most direct marker of the Committee's effectiveness on immunisation policy. Nevertheless, policy decisions are driven by multiple factors. If possible, identify them. NITAG can ideally bridge the gap between decision-makers and healthcare professionals and even the general public; analyse how NITAG is perceived by those groups in order to identity potential ways of strengthening these relationships.

6. Recommendations to improve NITAG performance

Based on the challenges you identified when answering to the evaluation questions, make recommendations to improve NITAG performance. You may prioritise them.

ANNEX 1. EVALUATION DIMENSIONS AND QUESTIONS

PERFORMANCE DIMENSION	EVALUATION QUESTION	INSIGHTS FOR ANALYSIS
FUNCTIONALITY	Do the NITAG's structure and operations foster the timely generation of recommendations?	Structural viability
		Functional capacity • Formalisation of standard operating procedures (SOPs) • Human resources for performing comprehensive analysis of immunisation issues • Independence • Activity planning and execution • Compliance with operating procedures
		Productivity
QUALITY OF NITAG PROCESSES AND OUTPUTS	Has the NITAG developed formalised and implemented appropriate processes to ensure quality recommendations?	Secretariat and NITAG capacity
		Quality of the analytical process
		Quality of outputs
INTEGRATION INTO THE IMMUNISATION DECISION-MAKING SYSTEM	Is the NITAG fully integrated into the decision-making system?	Transparency
		Interactions with decision-makers and other national stakeholders • Communication and dissemination strategies • Collaboration and antagonisms within the immunisation decision-making environment
		Acknowledgement by national parties

ANNEX 2: SELECTED REFERENCES

1. Duclos P. National Immunization Technical Advisory Groups (NITAGs): Guidance for their establishment and strengthening. Vaccine. 19 Apr 2010;28, Supplement 1:A18‑25.

2. World Health Organization, United Nations Children's Fund. Global Immunization Vision and Strategy 2006-2015 [Internet]. World Health Organization; 2005. Available on: <http://whqlibdoc.who.int/hq/2005/WHO_IVB_05.05.pdf?ua=1> (consulted on 20 August 2014)

3. Duclos P, Dumolard L, Abeysinghe N, Adjagba A, Janusz CB, Mihigo R, et al. Progress in the establishment and strengthening of national immunization technical advisory groups: Analysis from the 2013 WHO/UNICEF joint reporting form, data for 2012. Vaccine. 2013;31(46):5314‑20.

4. Global Vaccine Action Plan 2011-2020 [Internet]. 1st ed. Geneva: World Health Organization; 2013. 77 p. Available on: <//www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/> (consulted on 18 sept 2014)

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