



Assessing the specific needs of NITAGs in Middle-Income Countries to optimize the impact of their recommendations

Survey Results

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**World Health
Organization**



Development Catalysts

NITAGs in middle-income countries face unique challenges in making evidence-based recommendations that are adopted and implemented

Context

Almost all the countries have now established functional NITAGs to guide their immunization policies and programs. However, if GAVI-Eligible Countries benefits from partners' support to strengthen their NITAGs, NITAG's in Middle-Income Countries (MICs) seems to find themselves quite alone to overcome some specific issues and challenges they face. The WHO – with support from Development Catalysts - conducted a survey to identify the successes, issues and challenges around the decision-making processes of those MICs NITAGs.

Objectives:

- To identify the structural or operational factors that enable NITAGs in MICs to generate timely evidence-based recommendations.
- To explore the issues and challenges in the NITAG's decision-making process.
- To identify unmet training needs and other support for NITAGs in MICs.
- To assess the integration of NITAGs into the overall policy-making process and programmatic decisions.

Survey and Interviews

- An **online survey** of the MICs stakeholders which included NITAGs' chairs, members, secretariats, and other relevant Ministry of Health stakeholders.
- A short series of **in-depth country interviews** (NITAG's chairs and EPI managers) to explore the context around some specific examples of NITAG recommendations for new vaccine introductions.

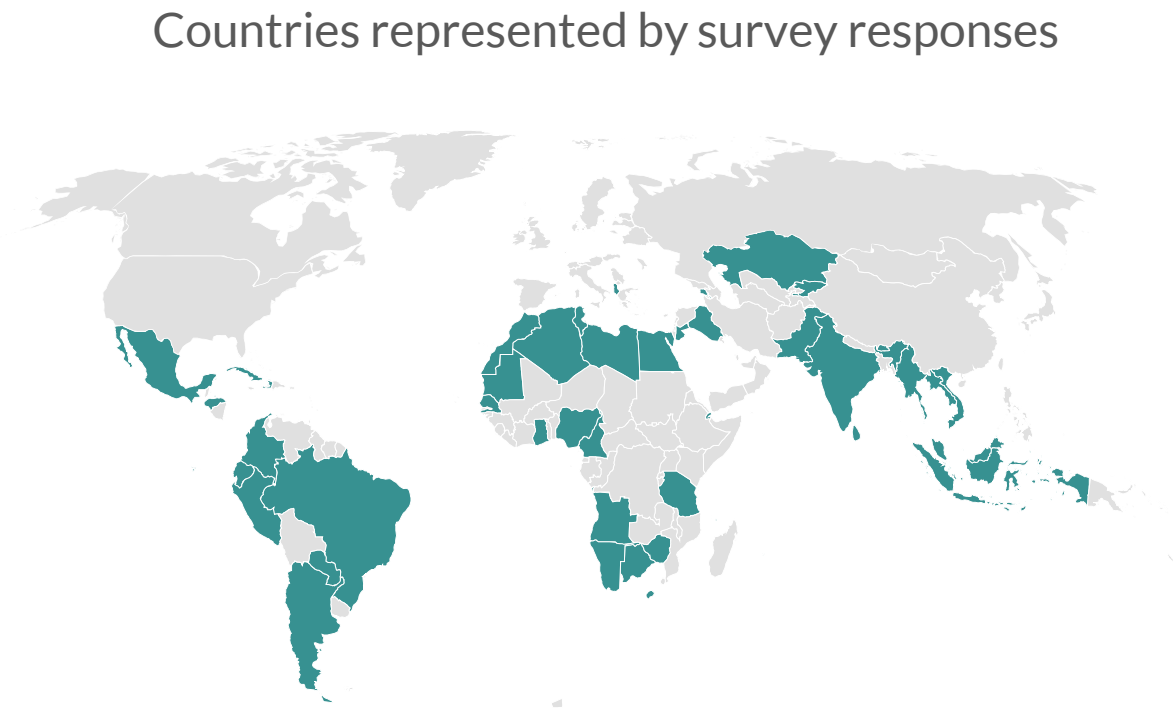
An online survey was developed and disseminated in April 2024 to 68 MICs. A total of 184 responses were received to the survey, of which 36 were excluded from the data analysis.

Reason for being excluded from the analysis	Number of responses removed
Only responded to page 1 of survey (basic information about respondent)	29
Did not identify country	1
Did not represent a MIC	3
Same IP address as a separate complete response - assumed the individual returned to complete at separate time	3

The final 148 responses represented 56 MICs, with a range of 1 to 10 responses per country (avg. 2.64).

All regions were represented, though regions with more active NITAGs (e.g. EMR) had greater representation than those with fewer active NITAGs (e.g., WPR)

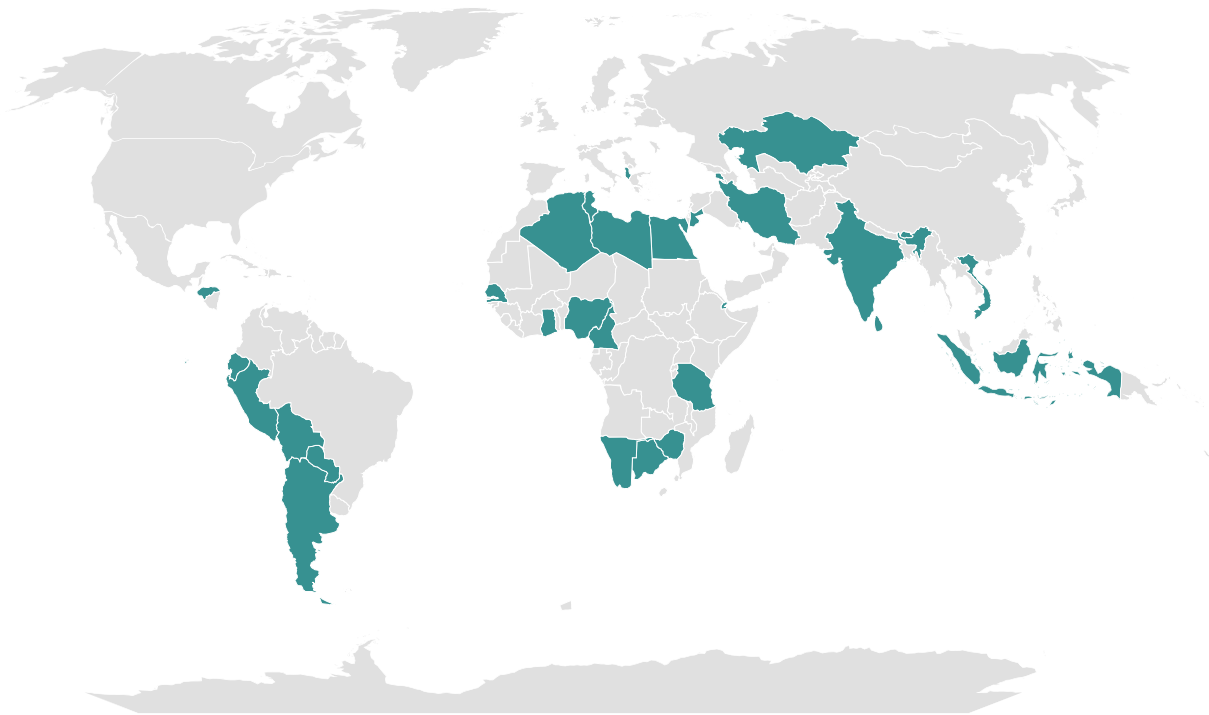
Region	Number of countries with at least 1 response (percent of the total MICs with NITAGs)	Total Number of questionnaires received
AFR	15 (57.7%)	54
AMR	14 (82.4%)	37
EMR	9 (90%)	24
EUR	7 (36.8%)	10
SEAR	8 (80%)	20
WPR	3 (60%)	3
Total	56 (64,4%)	148



Of the 56 countries, 62.5% (35) are members of the Global NITAG Network (GNN).

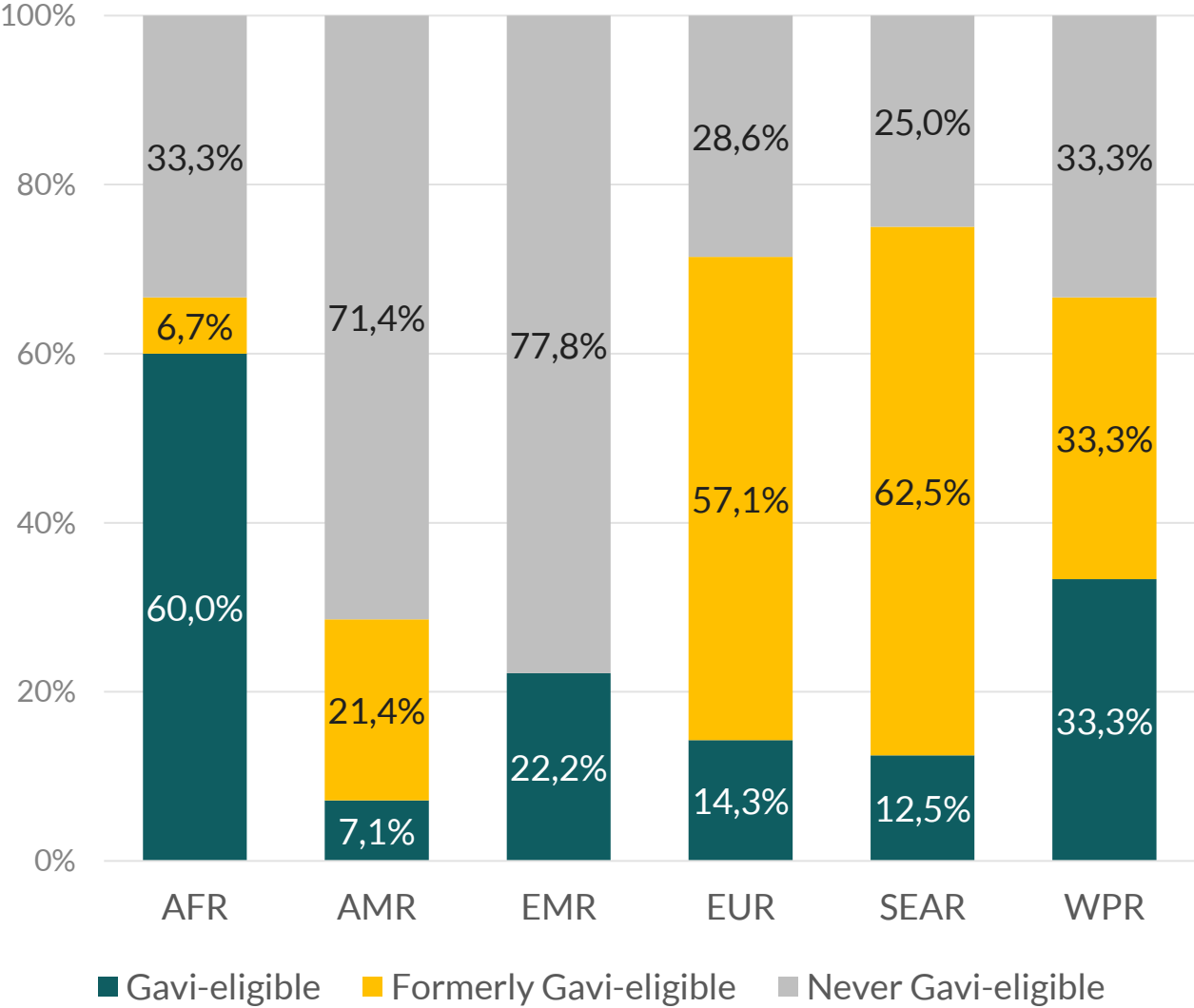
	Number of countries with at least 1 response (percent of the MIC countries in/not in the GNN)	Number of responses received
Member of the GNN	35 (62,5%)	93
Not a member of the GNN	21 (37.5%)	55

Countries represented by survey responses that are members of the GNN

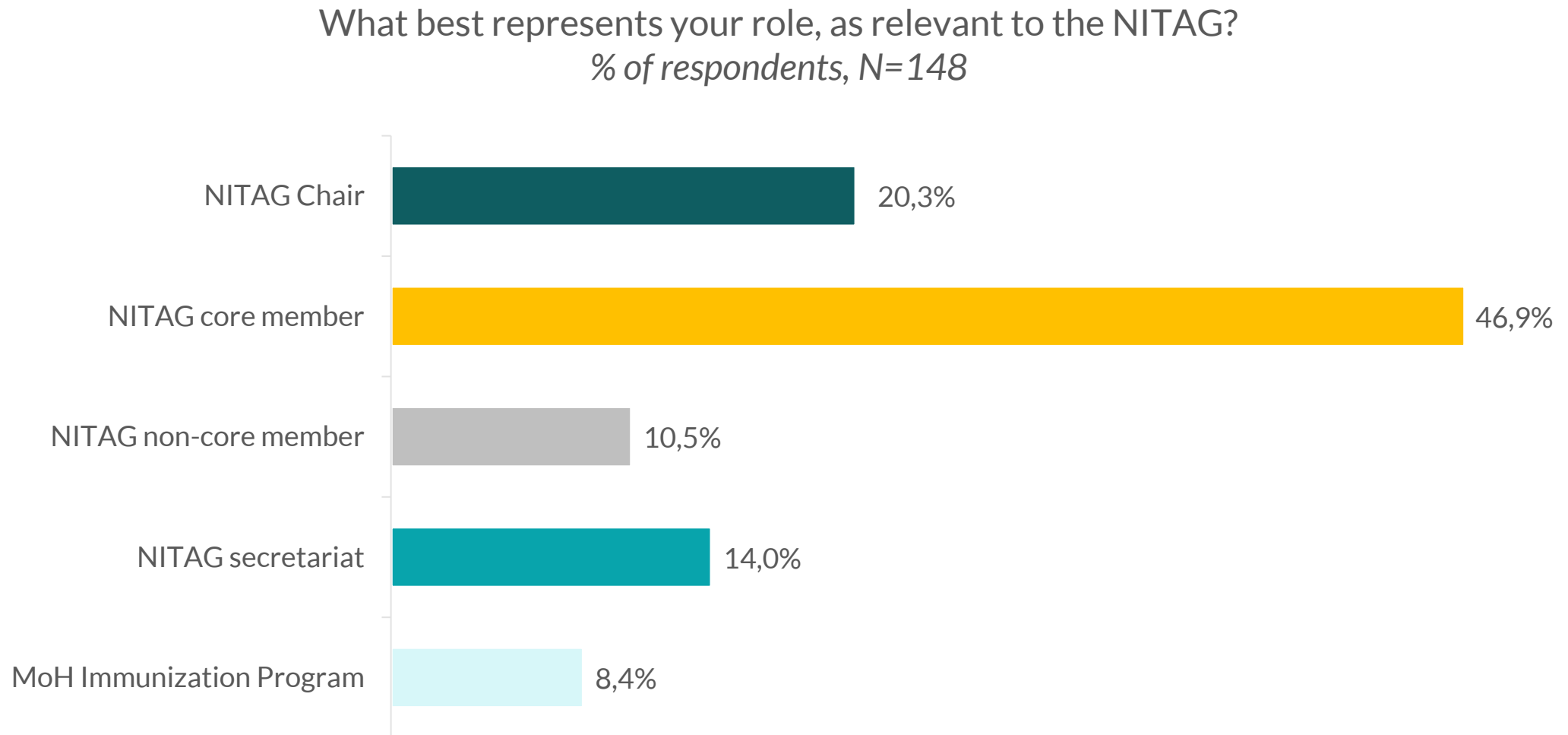


Of the 56 countries represented by the survey responses, 27% are currently eligible for Gavi support, whereas 25% were formerly eligible and 48% were never eligible. This varied by region.

Region	Number of countries with at least 1 response	Number of responses received
Gavi-eligible	15	44
Formerly Gavi-eligible	14	26
Never Gavi-eligible	27	78



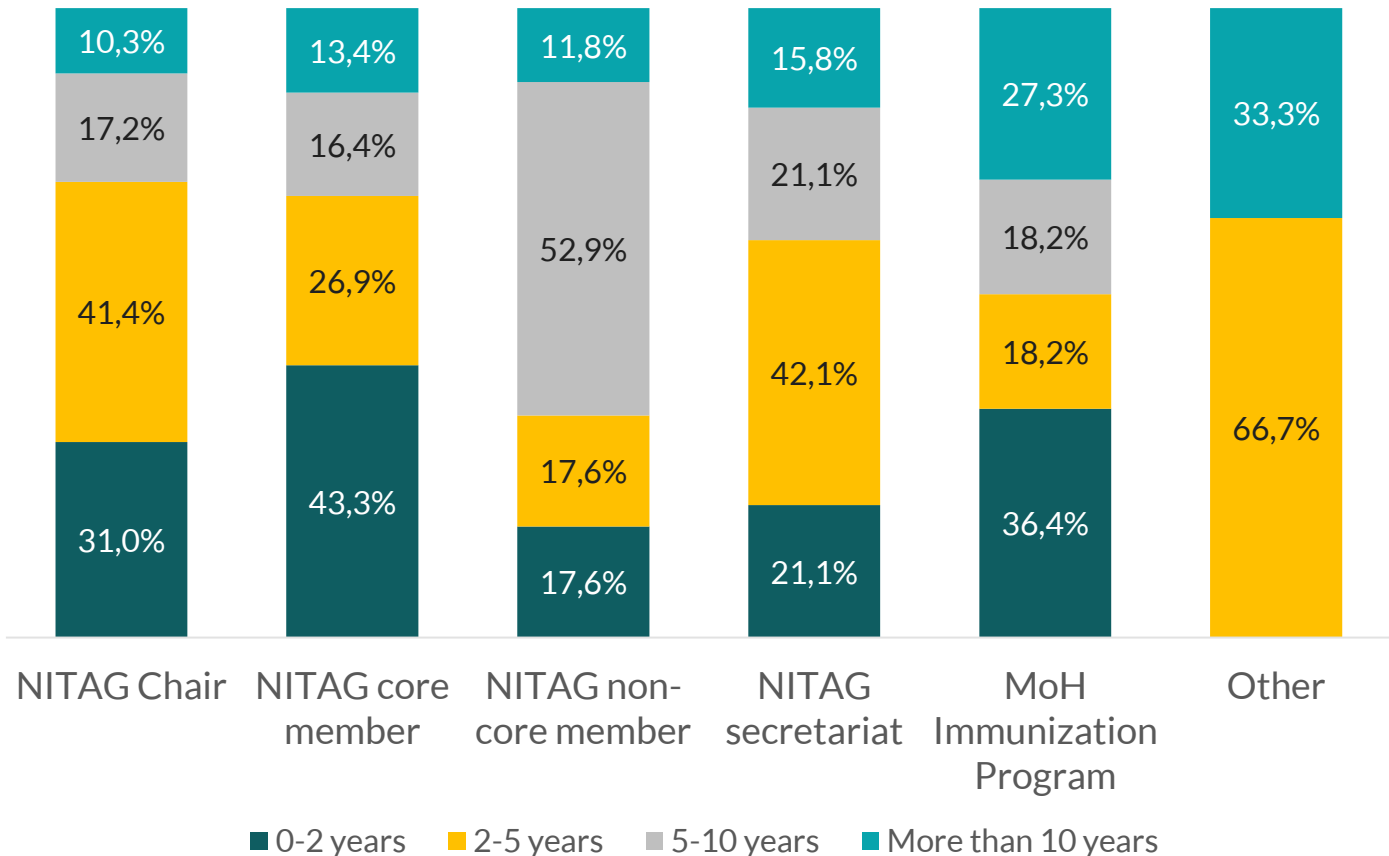
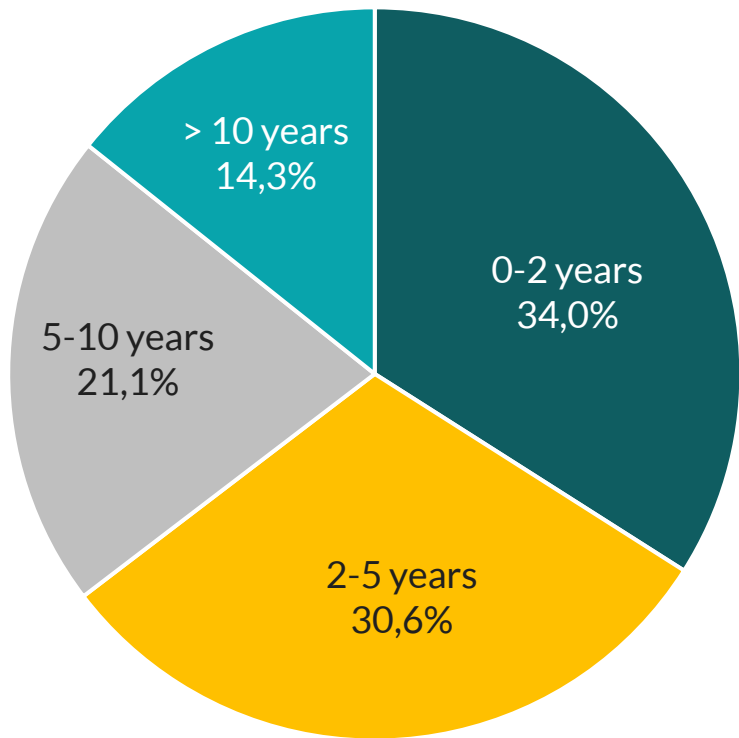
Respondents represent a range of roles associated with the NITAGs – with more than 20% being NITAG Chairs and 47% NITAG core members.



Most respondents are relatively new to their roles – 34% have been in their roles less than 2 years and another 31% between 2 and 5 years. NITAG Chairs are more likely than other core members to have been in their role for at least 2 years.

How long have you been in this role?

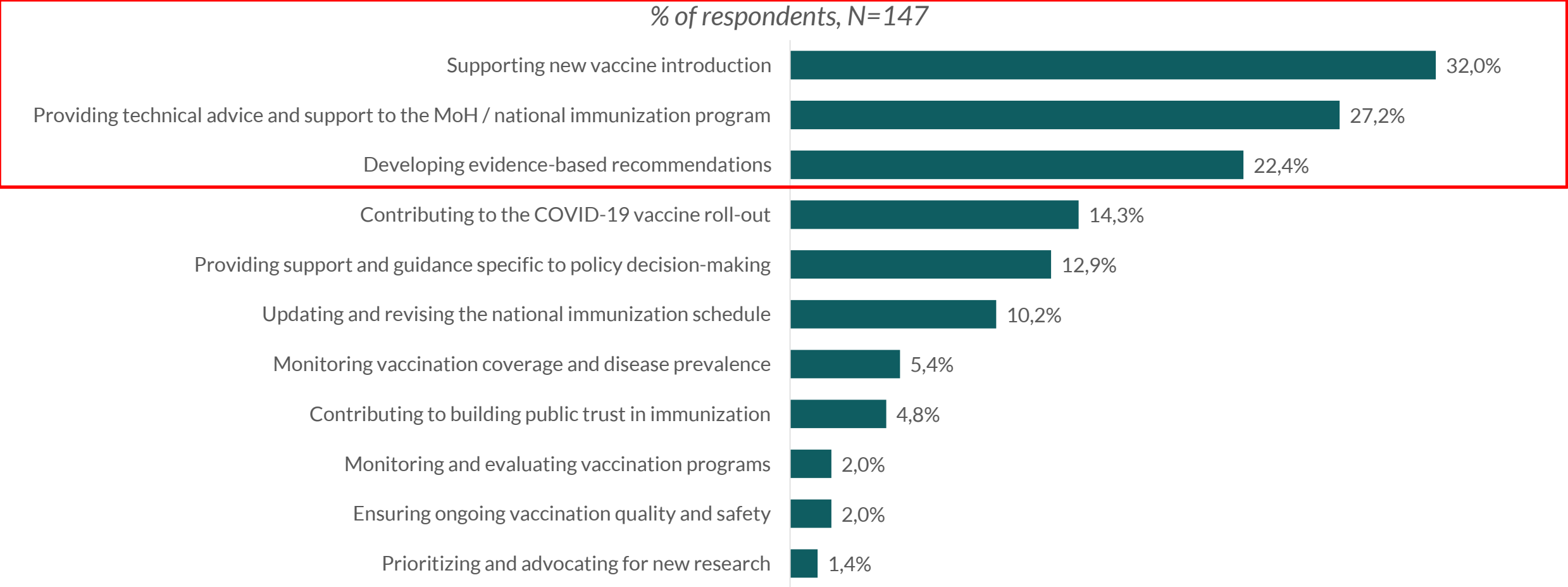
% of respondents, N=147



Respondents reported that their NITAG’s greatest contributions have been around supporting new vaccine introductions, providing technical advice and guidance to the MoH and national immunization program, and development evidence-based recommendations. These results are consistent with the NITAGs’ mandate.

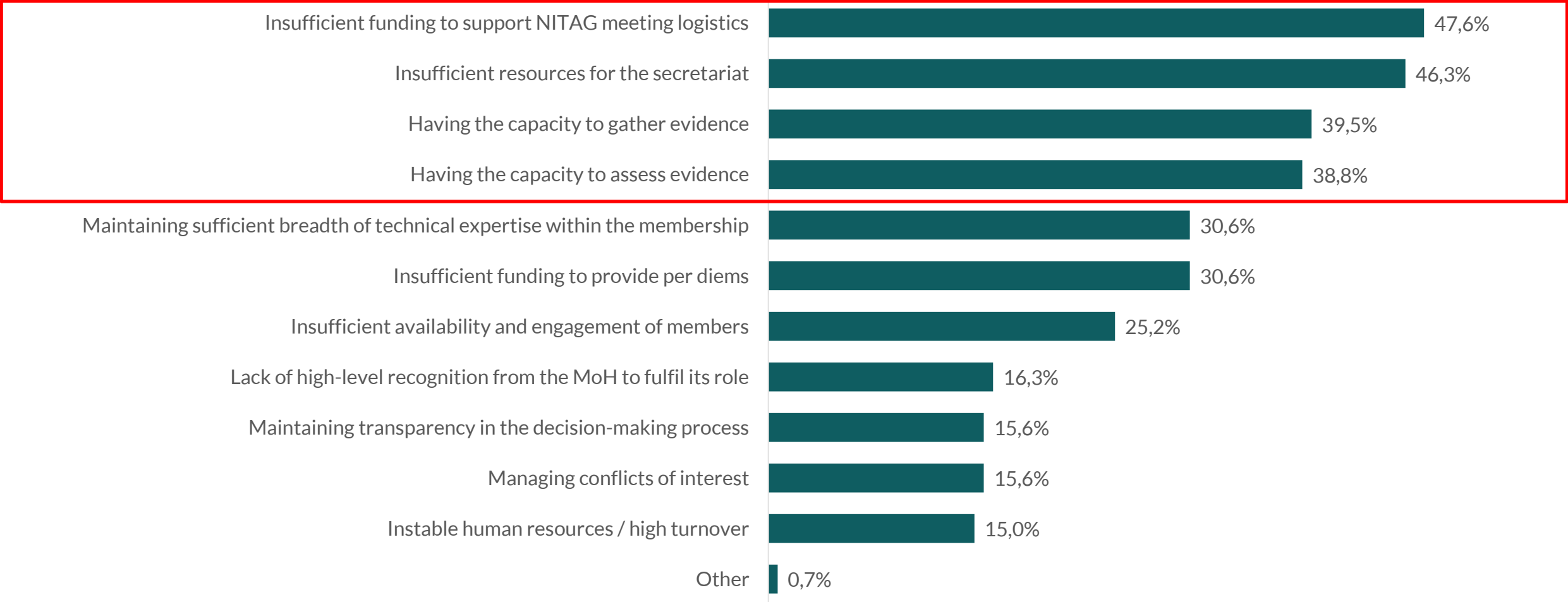
What do you believe is the greatest contribution the NITAG has made in your country?

% of respondents, N=147



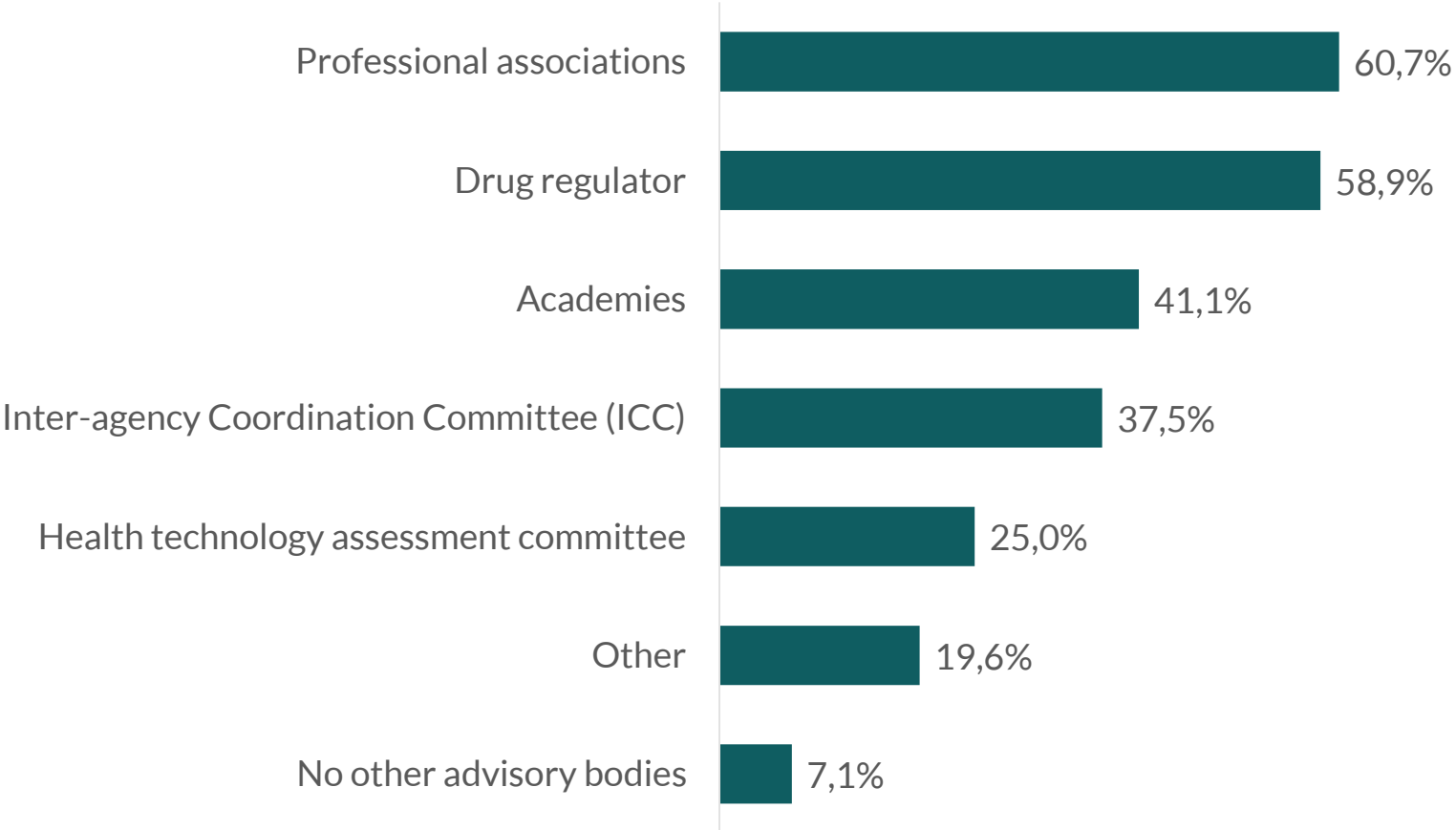
Respondents also noted an average of 3 challenges that the NITAG encounters while seeking to fill its core functions, highlighting those related to funding and technical capacity.

What challenges does your NITAG encounter while seeking to fill its core functions?
% of respondents, N=147



Respondents from 52 out of 56 countries identified other advisory bodies that contribute to immunization policy decision-making, however there was significant variation in individual responses within the same country. Of note, countries eligible for Gavi support used to have a requirement to establish an ICC.

What other advisory bodies contribute to immunization policy decision-making in your country?
% of countries, N=56

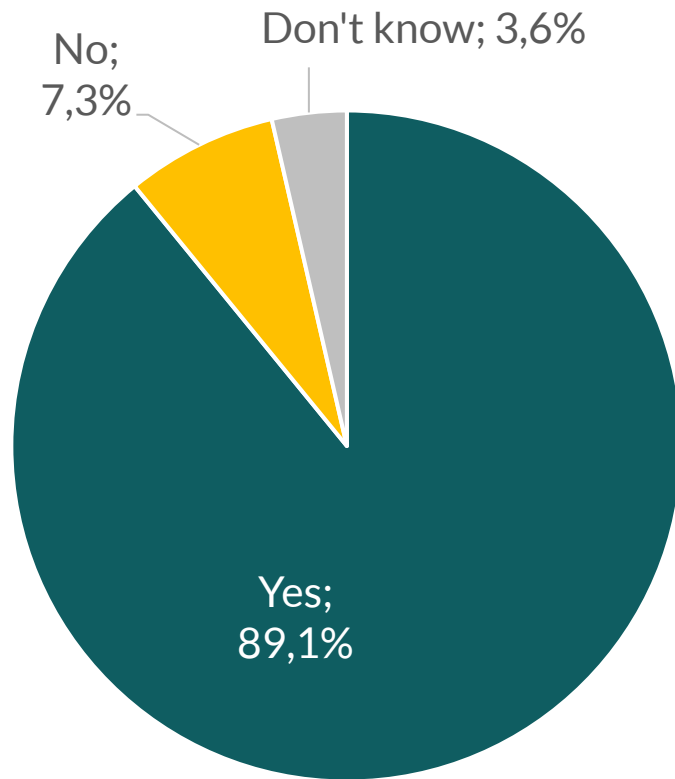


Respondents from 11 countries selected other, specifying the following:

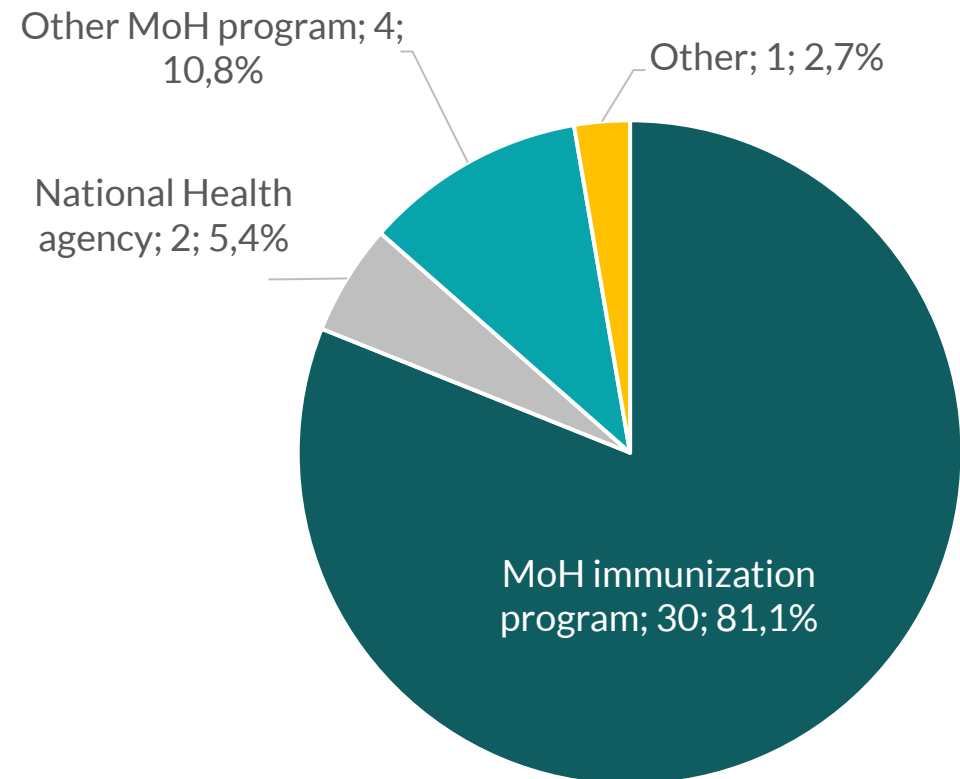
- Angola: Ministry of Health
- Ghana: National Certification Committee (NCC) for Polio Eradication, National Verification Committee (NVC) for Measles Elimination
- Haiti: MOH, PAHO, UNICEF, GAVI
- Honduras: PAHO
- Iran: Private companies
- Mexico: Federal Committee for Protection from Sanitary Risks
- North Macedonia: Commission for communicable diseases
- Peru: Committee of Experts
- South Africa: Essential Medicines List Committees
- Thailand: National Vaccine Committee
- Timor-Leste: WHO

Most countries (89%) reported that their NITAG has a secretariat and most often it is hosted by the MoH immunization program.

Does your country's NITAG have a secretariat?
% of countries, N=55

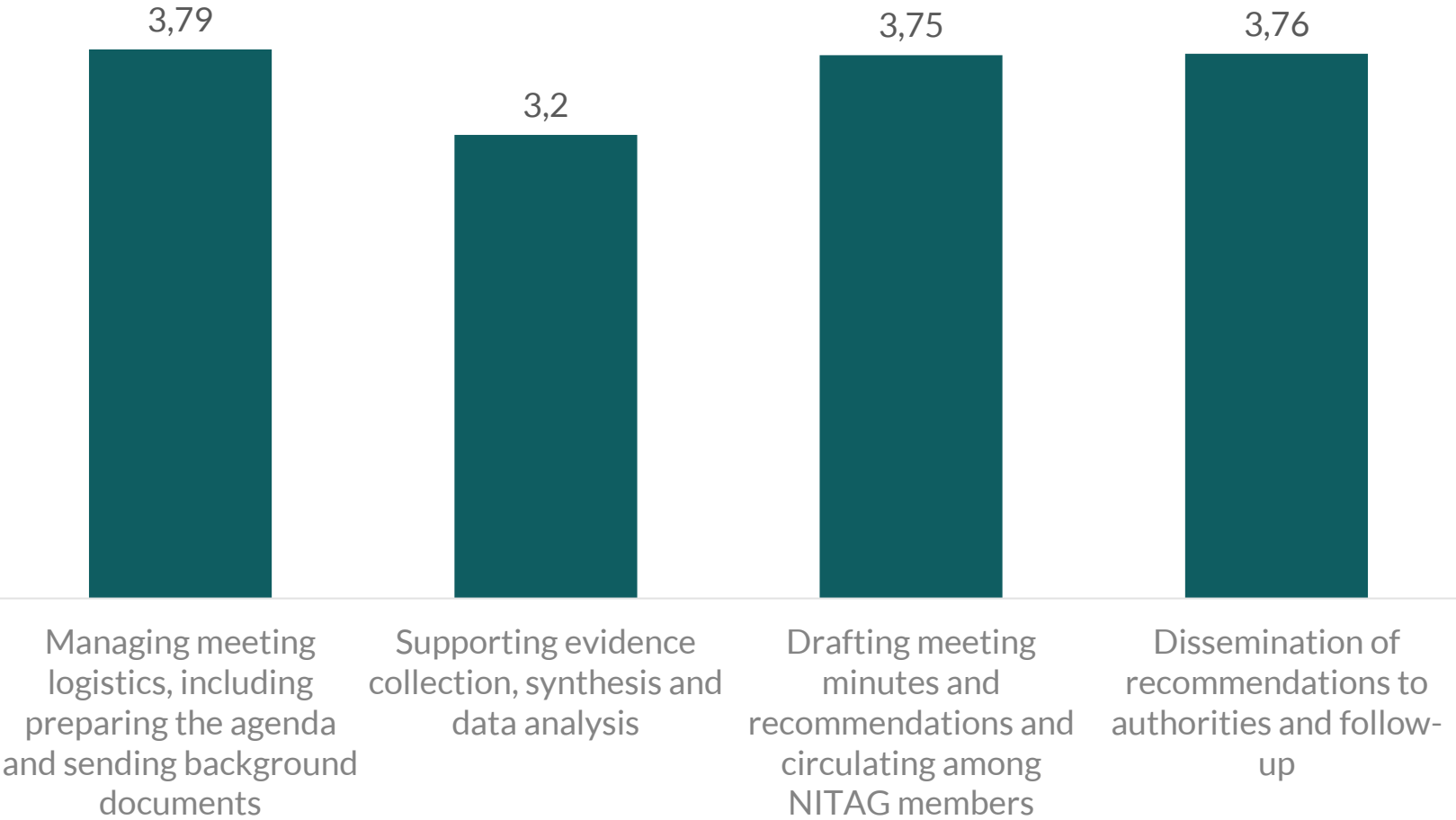


Where is the NITAG secretariat hosted?
% of countries, N=37



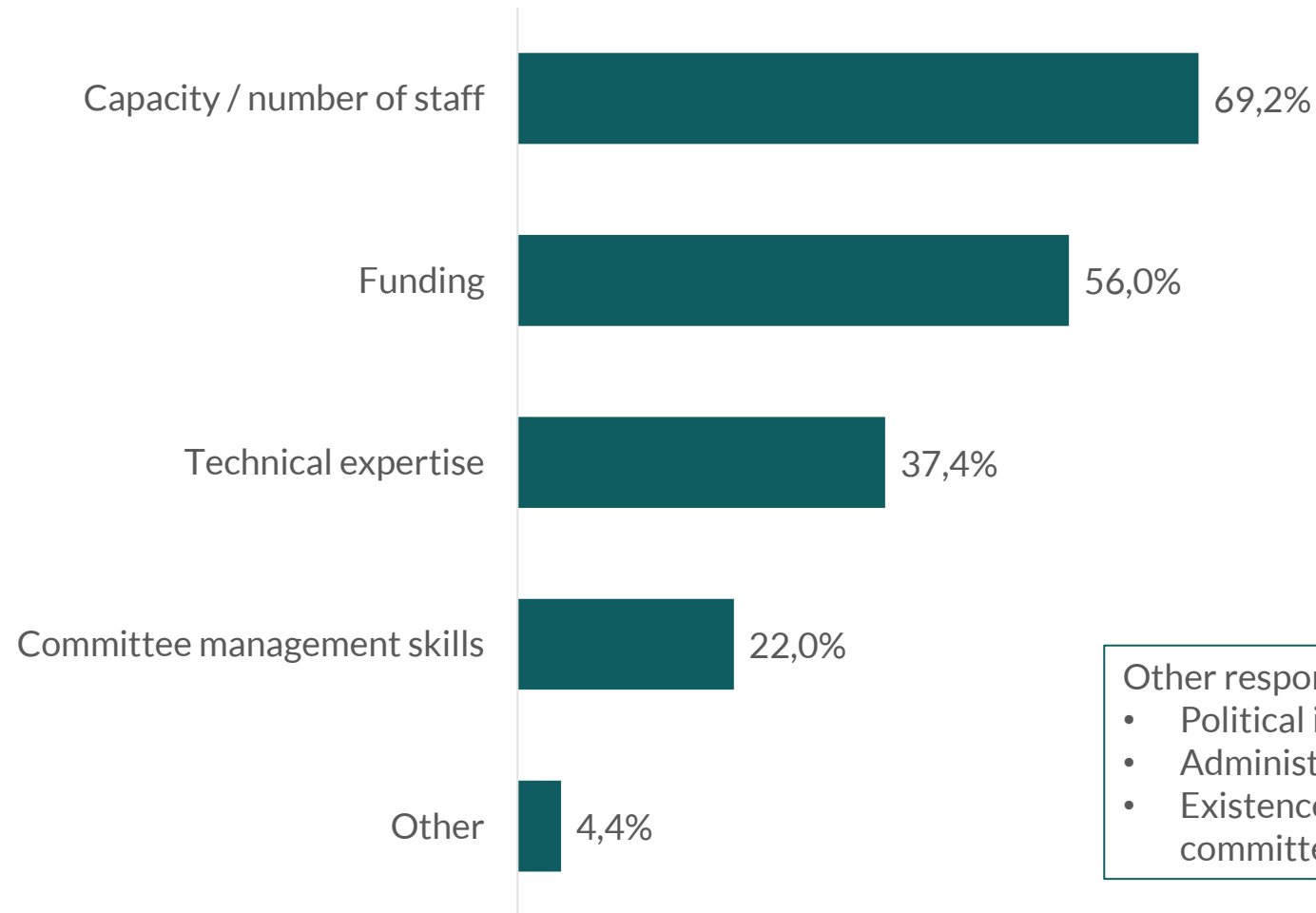
Respondents rated their country's NITAG secretariat weakest for supporting evidence collection, synthesis and data analysis.

Please rate the quality of the support provided by your country's NITAG secretariat for each of the following roles, on a scale from 1 (weak) to 5 (extremely strong)
Average rating, N=91



Most respondents reported that the NITAG secretariat faces challenges related to the capacity/number of staff (69%) and funding (56%)

What challenges do you believe are faced by the NITAG Secretariat in fully performing their role?
% of respondents, N=91

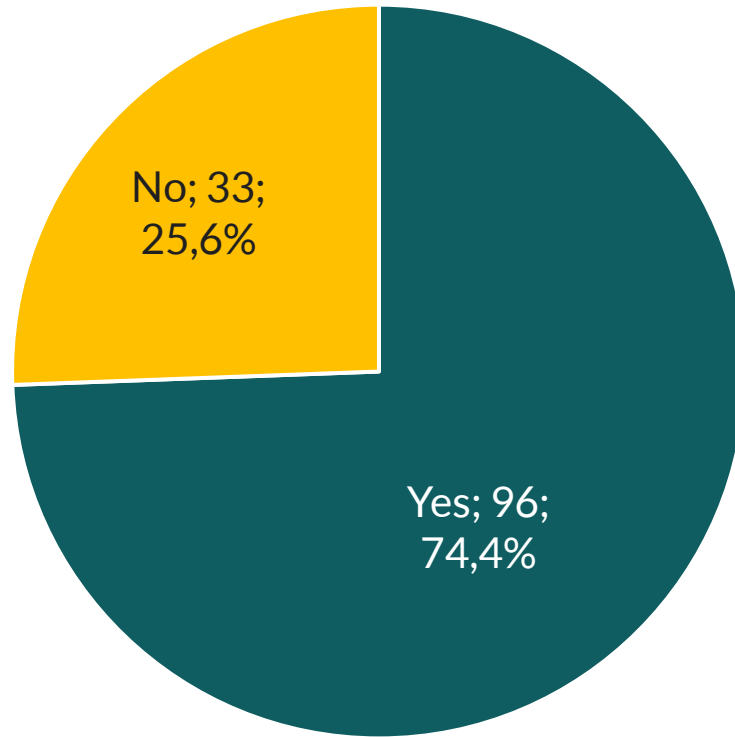


Other responses included:

- Political issues - 2
- Administrative procedures - 1
- Existence of parallel advisory committee on vaccines (COVID-19) - 1

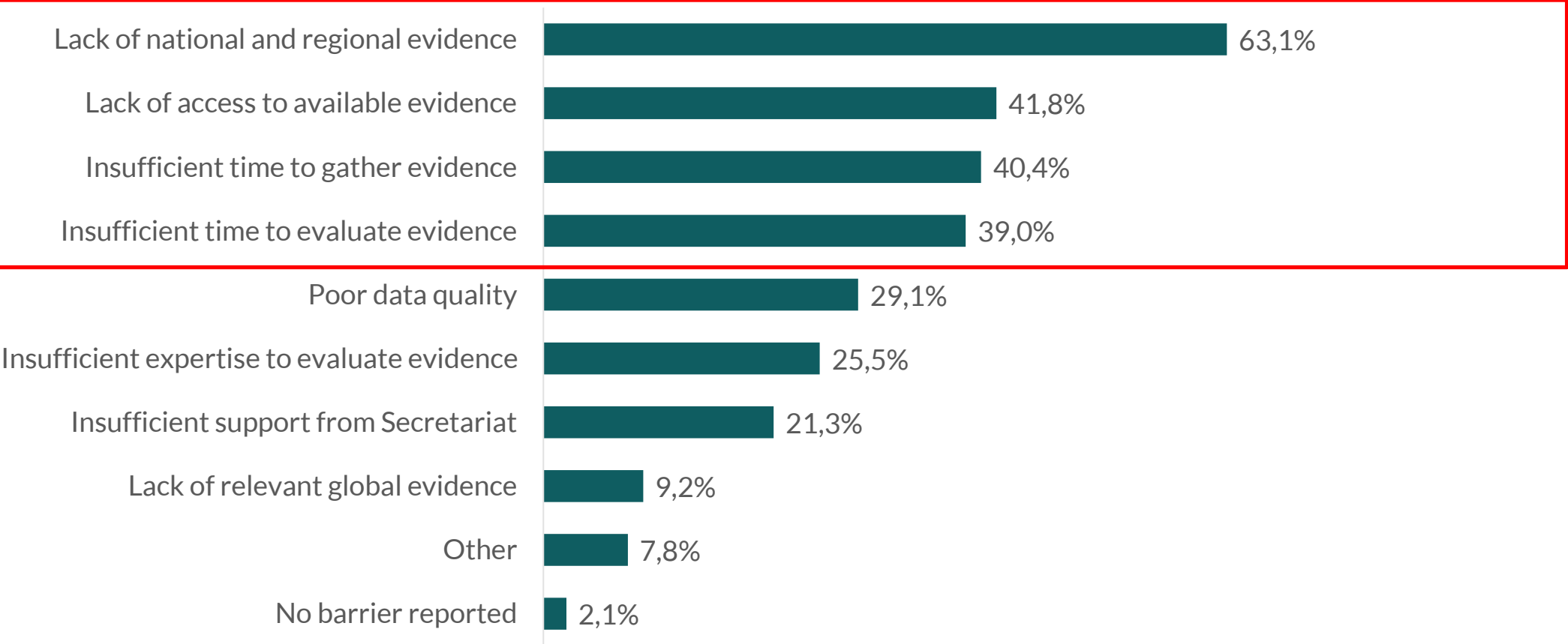
74% of respondents reported that their NITAG's member composition adequately meets the needs of the NITAG. The most common gaps reported were social scientists, health economists, epidemiologists, and clinical trial experts.

Do you feel your member composition adequately meets the needs of the NITAG?
% of respondents, N=129



A lack of national and regional evidence was the most commonly reported barrier encountered by the NITAG in gathering and evaluating evidence. A lack of access to available evidence and insufficient time to gather and evaluate evidence were also common barriers.

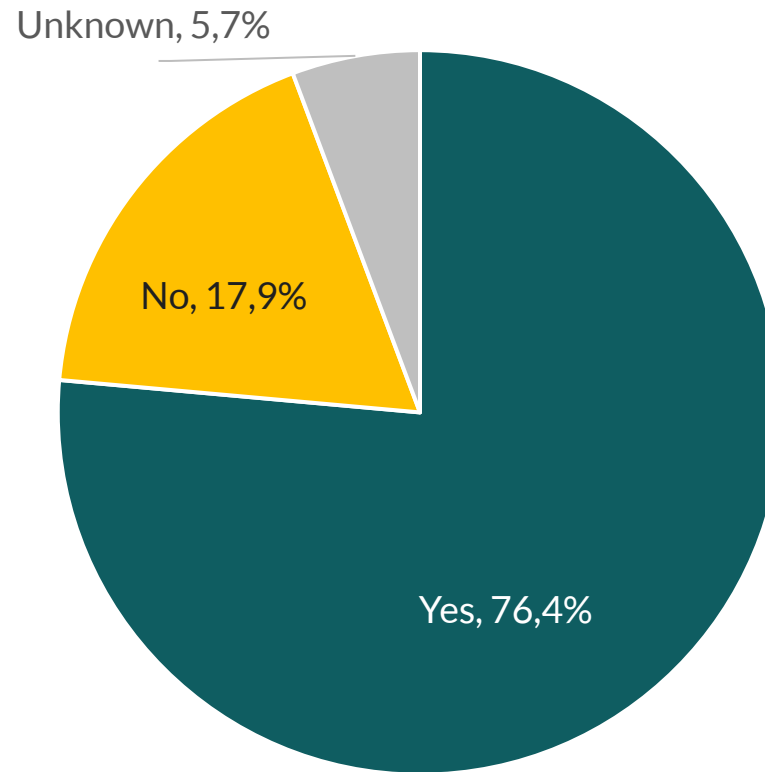
What barriers do you believe the NITAG encounters in gathering and evaluating evidence?
% of respondents, N=141



Most respondents (76%) believe the MoH/government has comprehensive knowledge of the NITAG's role.

Do you believe the MoH/government has comprehensive knowledge of NITAG's role regarding government immunization priorities?

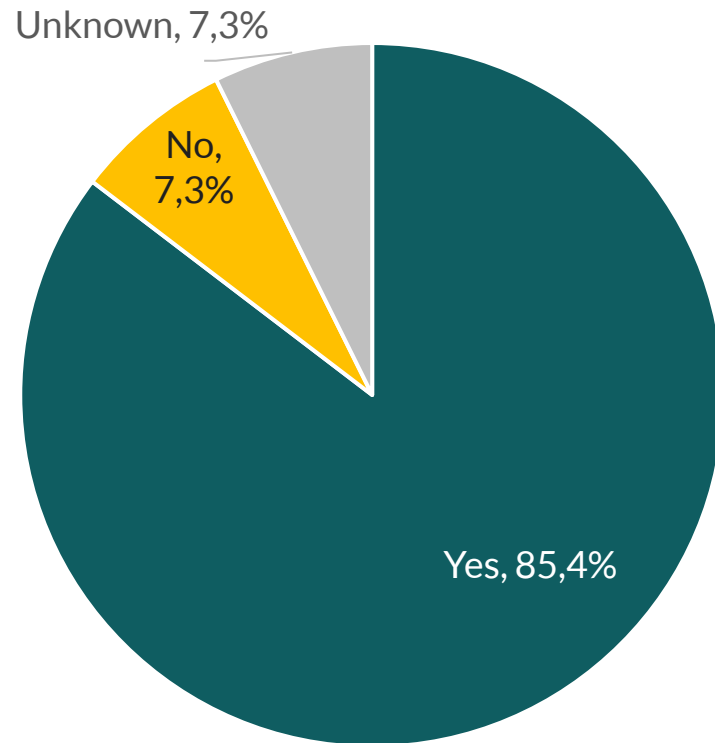
% of respondents, N=140



Most respondents (85%) believe the NITAG has comprehensive knowledge of the MoH/government immunization priorities. In most countries (67%), the NITAG is involved in the country's strategic planning process / NIS.

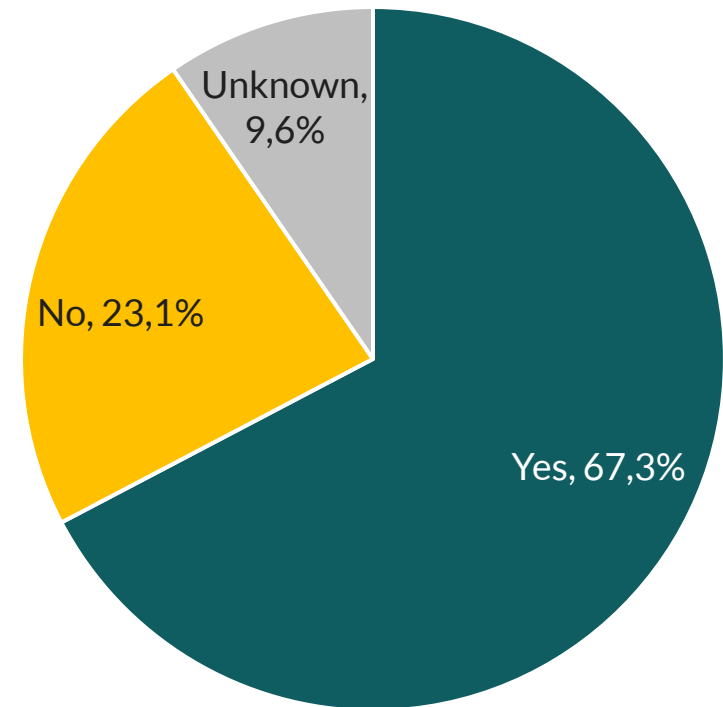
Do you believe the NITAG has comprehensive knowledge of the MoH/government immunization priorities?

% of respondents, N=123



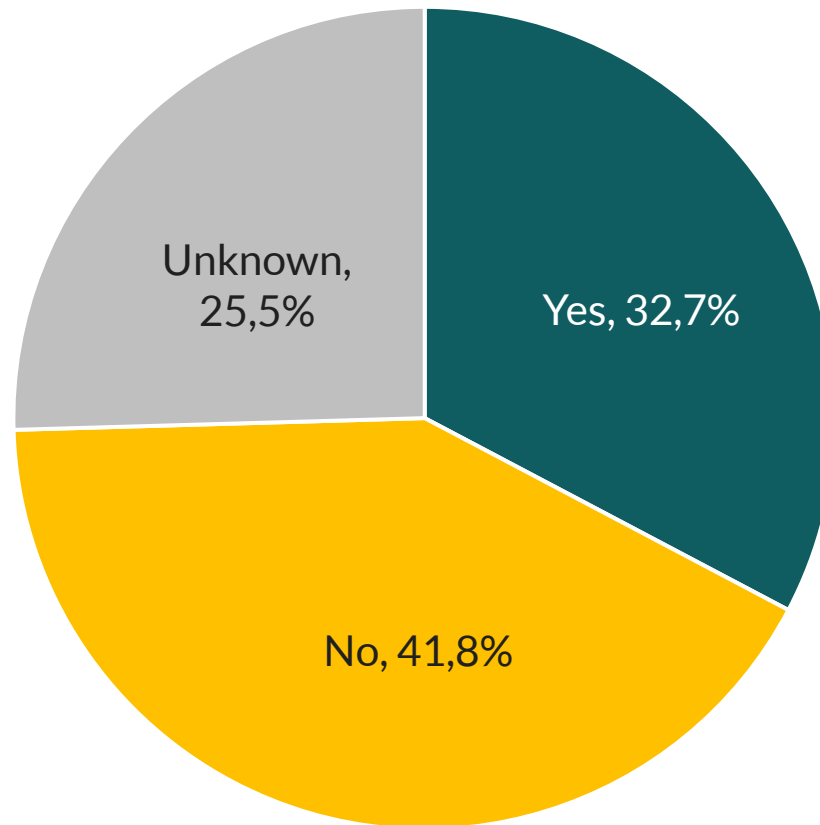
Is the NITAG involved in your country's strategic planning process/National Immunization Strategy?

% of countries, N=52



Only 33% of countries reported formal linkages between the NITAG and other country advisory bodies, while 42% reported no formal linkages.

Are there formal linkages between the NITAG and other country bodies (e.g. ICC)?
% of countries, N=55

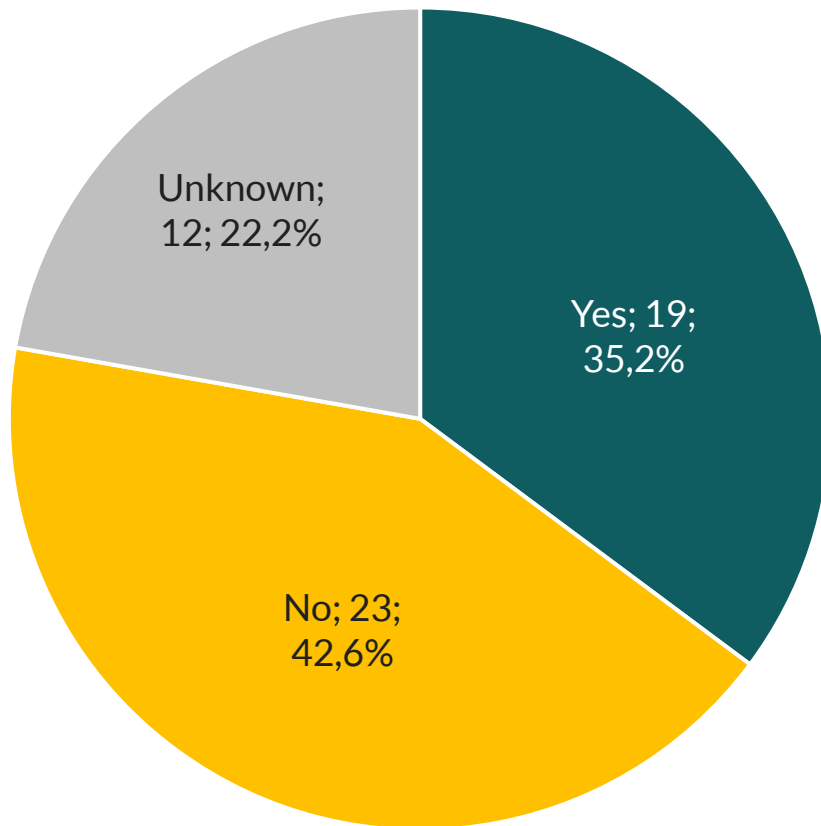


Examples of formal linkages:

- Albania, Bolivia, Ghana, Peru: coordination between the NITAG and the ICC
- Lesotho: the NITAG chair is a member of the ICC
- Bolivia, Cameroon and Tunisia: formal collaboration between the NITAG and EPI/MoH
- South Africa: formal collaboration with the Essential Drugs advisory body and the advisory group on adverse events following immunization is represented in the NITAG.
- Tunisia: formal collaboration with the National Risk Assessment Agency, the National Center for Pharmacovigilance, and others.

Only 35% of countries reported that the MoH or ICC has made vaccination policy decisions without a recommendation from the NITAG – and half of these countries noted that it was only for the COVID-19 vaccine.

Has the MoH or ICC ever made vaccination policy decisions without a recommendation from the NITAG?
% of countries, N=54

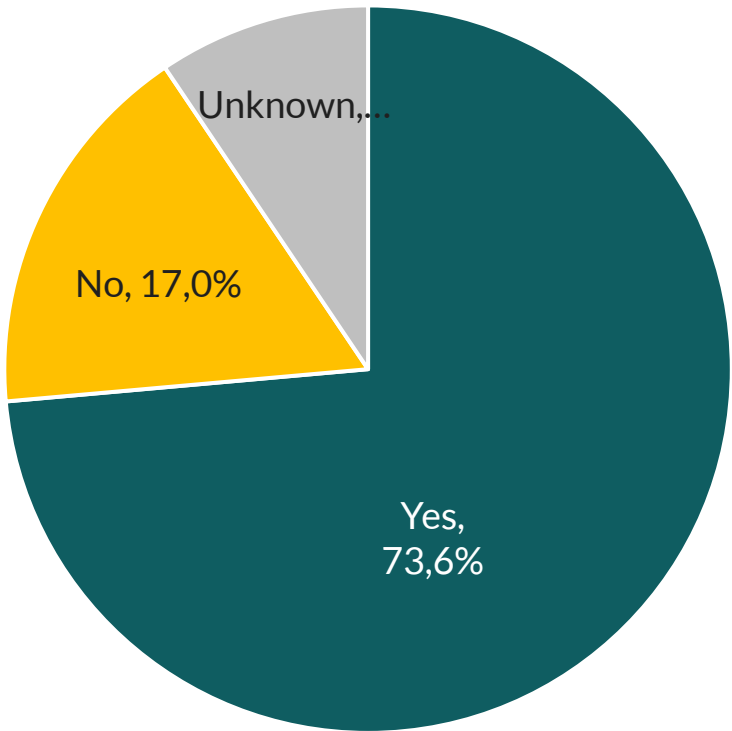


Examples of vaccination policy decisions made without NITAG recommendation:

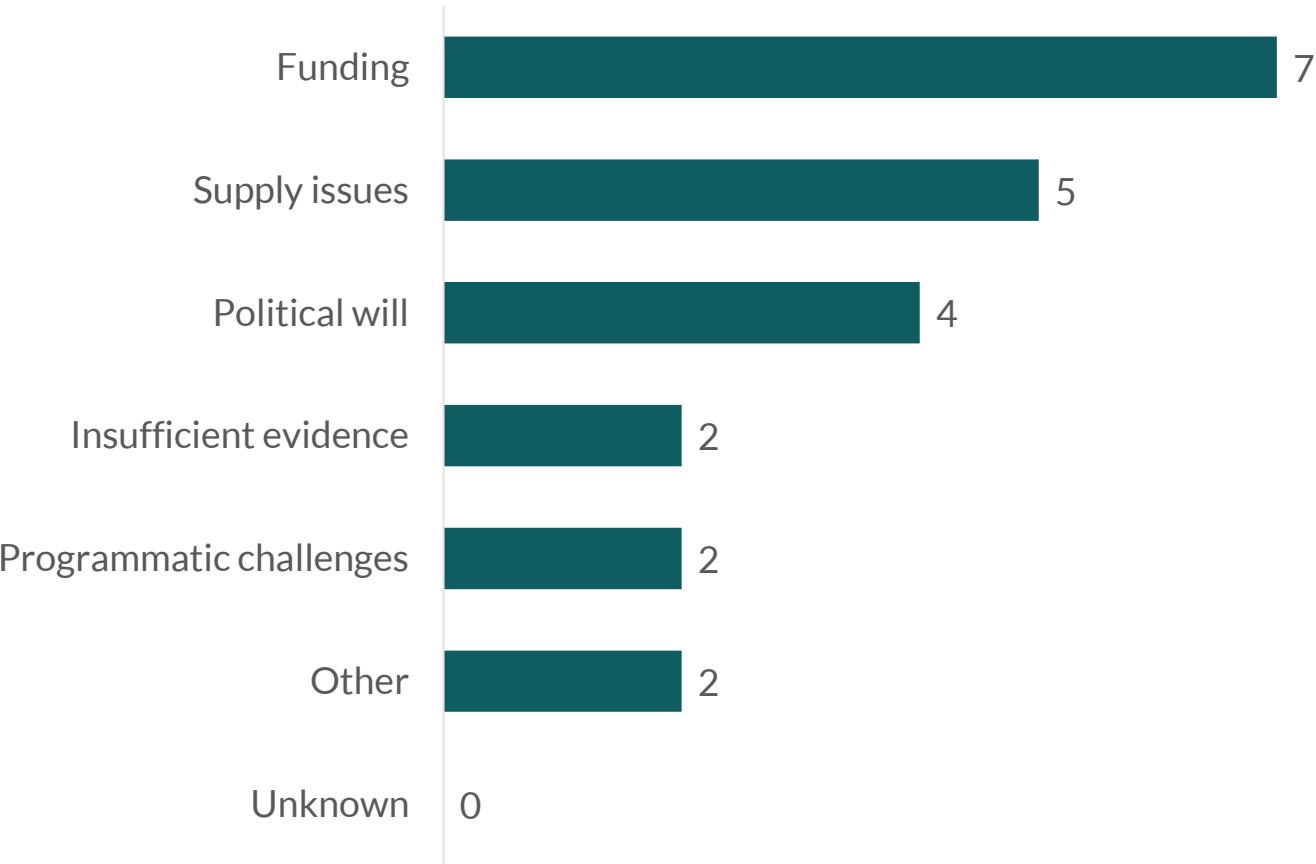
- 10 countries noted COVID-19 vaccination decisions
- Ecuador and Armenia: changes in cases of health emergencies and/or outbreaks
- El Salvador: introduction of pneumococcal polysaccharide vaccine overol conjugate
- Guatemala: temporary decisions, such as extending the ages for HPV vaccination due to vaccine expiration issues
- Lao PDR: approval of new vaccine use in the private sector
- Peru: introduction of quadrivalent influenza vaccine
- South Africa: introduction of the HepB birth dose
- Thailand: introduction of the HPV vaccine

Most countries (74%) reported that all recommendations issued by the NITAG in the past 5 years have been adopted and implemented by the MoH. Funding, supply issues and political will were the most commonly reported barriers to adoption.

Have all recommendations issued by the NITAG in the past 5 years (excluding the COVID-19 vaccine) been adopted and implemented by the MoH?
% of countries, N=56



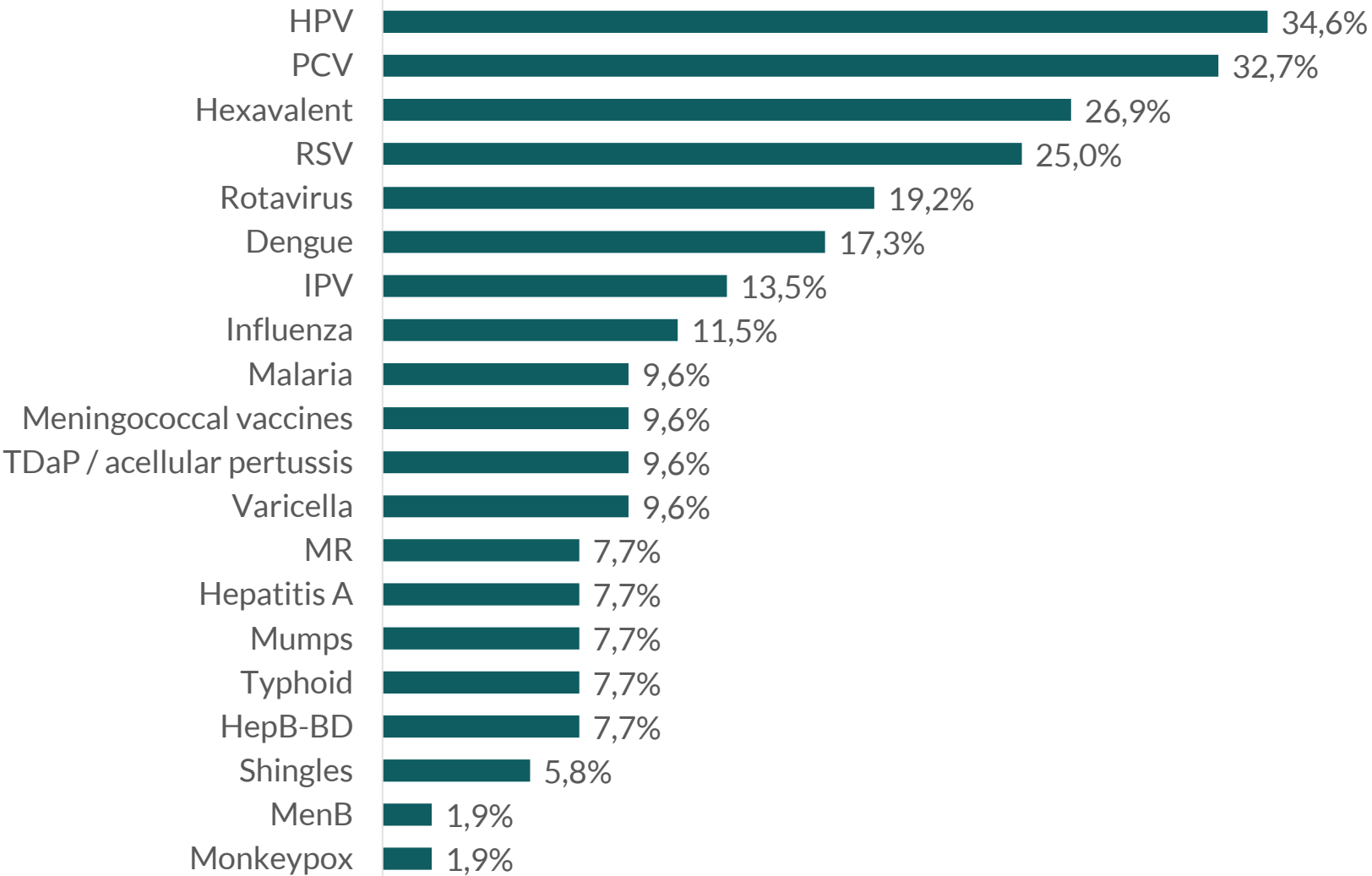
Of the recommendations that were not adopted by the MoH, what were the main barriers to adoption?
of countries, N=9



The most common new vaccine introductions being considered or expected to be considered by NITAGs in the next 5 years are: HPV, PCV, hexavalent, and RSV.

What new vaccine introductions is the NITAG currently considering and/or expected to consider in the next 5 years?

% of countries, N=52



HPV Introduction / Optimization – What worked well and what could be improved



Ghana: leveraging regional collaboration

Theme: regional collaboration

What worked well:

- Regional data from West Africa to address local gaps and experience sharing with South African NITAG
- Additional recommendation on the implementation of a surveillance system to collect national data in the longer run.

Limitations:

- Limited capacity of the NITAG secretariat
- NITAG Chair was unable to meet directly with the Minister of Health to present the HPV vaccine recommendation



Albania: filling gaps in evidence collection

Theme: data collection and quality

What worked well:

- Collaboration with other departments and the Institute of Statistics and support from a chronic disease epidemiologist for data collection/presentation
- Integration of cost and programmatic considerations early in the process

Limitations:

- ~30% of the NITAG unfamiliar with the data quality grading system
- Evidence gaps around regional vaccine effectiveness (due to limited coverage in neighboring countries) and the risk of non-acceptance
- Despite considered early, there was uncertainty on how to factor in budget, economic and programmatic considerations, especially with limited evidence



Tunisia: a recognized smooth process

Theme: coordination and planning

What worked well:

- Clear step-by-step process: initial prioritization, technical recommendations, based on a clear sequence: burden of disease data, incorporation of programmatic constraints, clarification of budget constraints
- Strong collaboration from a wide array of stakeholders: government stakeholders (Ministry of Finance, Education, EPI), medical societies (gynecology-obstetric national society, whose president was invited to be a member of the NITAG), partners (WHO, UNICEF, etc.)
- Recommendation to MoH to develop a strong media and communication promotional campaign to address potential hesitancy and backlash



El Salvador: an isolated NITAG

Theme: support to the NITAG

What worked well:

- Dedicated NITAG members who responded to the MoH request rapidly
- NITAG recommended revising the recommendation annually based on surveillance data
- Communication between the NITAG and the Ministry was very efficient

Limitations:

- Absence of a formal technical secretariat made it difficult to carry out a highly structured process, including to cover programmatic constraints and data quality grading
- Key stakeholders did not attend the meetings

Key positive findings: Functional NITAGs successfully contribute to the setting of the immunization policy in MICs

- With responses from 148 experts from 56 Middle Income Countries from all regions, **the results can be considered as representative** of the MICs diversity worldwide
- 20% of the respondents are NITAGs' chairs and 47% NITAGs' core members, ensuring that the survey brings subject matters experts' perspectives.
- 72% of respondents believe there is sufficient clarity on the NITAG's role and responsibilities in the local context showing that **NITAGs are now a well-established body of the health institutional environment**
- **Most countries (89%) reported that their NITAG has a secretariat**
- **Reported membership is aligned with WHO recommendations and 74% of respondents reported that their NITAG's member composition adequately meets the needs of the NITAG**
- **70% of responding MICs reported that all recommendations issued by the NITAG in the past 5 years have been adopted and implemented by the MoH.**
- Of the 56 countries, **62% are members of the Global NITAG Network (GNN)**, which shows the added value of the network.

Challenges and issues: Sustainable support and expanded collaboration are needed to support NITAGs in MICs. 1/2

- **Funding and technical capacity are highlighted as top challenges for MICs NITAGs' ability to function efficiently.**
 - Sustainable funding is needed to support NITAGs' activities and NITAGs' secretariats, especially to ensure that dedicated staff are assigned to the NITAGs (like in all HICs NITAGs).
 - Additional capacity strengthening for NITAGs' members and NITAGs' secretariat is needed to improve capacity to collect, analyze and synthesize the local/national/regional/global evidence.
- **A lack of national evidence and difficult access to global data** were the most commonly reported barriers encountered by the NITAGs in gathering and evaluating evidence.
- **Training was identified as a priority for NITAGs members and secretariat.** Training should cover developing evidence-based recommendations (e.g. EtR), evidence evaluation / assessment, evidence collection and evaluating evidence quality. Respondents also noted a need for training in vaccinology.

Challenges and issues: Sustainable support and expanded collaboration are needed to support NITAGs in MICs. 2/2

- Though the majority of respondents reported that their NITAG's member composition adequately meets the needs of the NITAG, it would be strengthened by **expanding to include other professional roles** (e.g., social scientists, health economists and clinical trial experts).
- NITAGs have strong collaboration with the MoH, but limited collaboration with advisory bodies beyond the MoH. Strengthening this collaboration would help adopting NITAG recommendations and its functioning.
- **Incorporating the NITAGs expected workplan & recommendations into partners plans for research/evidence generation** would support stronger evidence-based recommendations.

Questions

- Did we capture everything?
- Challenges faced by NITAGs in MICs echo those faced by NITAGs in all income groups. Based on your experience, do you see differences?
- Economic considerations seem very important for NITAGs in MICs – is this relevant in your setting and how do you address these aspects?
- **What should WHO and partners do to better support you?**