
Scaling-up the development of national immunisation technical advisory groups in the Economic Community of West African States: role of a regional organisation, the West African Health Organisation

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Abstract: The need for evidence-informed decision making in immunisation programmes has become crucial, especially in West Africa where countries face limited human and financial resources. Establishing national immunisation technical advisory groups (NITAGs) may help strengthen the national decision-making. A survey and literature review helped define the role of the West African Health Organisation (WAHO) in piloting a regional approach for supporting countries in creating NITAGs. In 2011, a collaborative structure was set up to conduct the initiative, including WAHO as the leader, the supporting immunisation and vaccine advisory committees (SIVAC) initiative, and the evidence-informed policy network (EVIPNet) programme of the World Health Organization (WHO). During 2013, this process achieved its first successes with the official creation of NITAGs in Senegal and Benin. Eight other countries of the Economic Community of West African States have formally expressed their commitment at the highest political level of their respective governments to the process of establishing NITAGs.

Keywords: immunisation; advisory committee; evidence-informed decision making; national immunisation technical advisory group; NITAG; West African Health Organisation; WAHO.

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1 Introduction

During the last ten years, new vaccines protecting against meningitis, hepatitis, acute watery diarrhoea, and pneumonia were introduced into the national immunisation programmes of several developing countries (WHO, 2010). Additional vaccines against cervical cancer and congenital rubella will soon be added as the global alliance for vaccines and immunisations (GAVI, 2008) has agreed to support funding for qualified countries, and other vaccines likely will be licensed against diseases such as dengue and malaria. This landmark achievement, however, is threatened in low and middle-income countries by limited financial, logistical and human resources, and a multiplicity of health priorities (HIV/AIDS control, chronic diseases, etc.).

A key issue for many countries is that the GAVI process is based on gradual replacement of donor support with local financial support. As part of this process, countries must assess which vaccines to support, target populations, vaccine schedules, and implementation considerations. To make robust and accurate evidence-informed decisions based on local contexts, governments will need to involve local scientific and technical expertise in advisory committees or so called national immunisation technical advisory groups (NITAGs) (Duclos, 2010).

In most developed countries, NITAGs have the role of making recommendations to governments on their immunisation policies and strategies. Policymakers have acknowledged the need to inform their decisions based on available evidence at the national, regional, and international levels; to limit the influence of interest groups; and to strengthen the legitimacy and relevance of governmental decisions. To achieve these goals, NITAGs have become increasingly important in shaping evidence-informed national immunisation policies (Gessner et al., 2010) in accordance with international recommendations: global immunisation vision and strategies for 2006–2015 (WHO-UNICEF, 2005); strategic advisory group of experts (WHO, 2008a); Resolution 61.15 of the World Health Assembly in May 2008 (WHO, 2008c); WHO regional offices' statements: for the Eastern Mediterranean in 2007 (WHO Regional Office for the Eastern Mediterranean, 2007); Africa in 2008 (WHO Regional Office for Africa, 2008); Europe and the Western Pacific regions in 2009 (WHO Regional Office for Europe, 2009; WHO Regional Office for the Western Pacific, 2009).

Multidisciplinary NITAG committees are made up of national experts in various fields related to immunisation (epidemiology, economics, public health, socio-anthropology, paediatrics, vaccinology, infectious diseases, and others). They issue recommendations at the national level whether for the revision of current immunisation schedules, the introduction of new vaccines, or the improvement of coverage rates (WHO, 2005, 2007). For instance, a NITAG may recommend prioritising national measles eradication and then recommend that the best method to achieve this goal is through a combination of improved vaccine coverage, better data on coverage, and improved supply chain management.

The supporting independent immunisation and vaccine advisory committees (SIVAC) initiative is a collaborative effort between the Agence de Médecine Préventive (AMP) (<http://www.aamp.org>) and the International Vaccine Institute (<http://www.ivi.int>). The World Health Organization (WHO) through its headquarters and regional offices also collaborates with the initiative. SIVAC was established to increase the systematic use of evidence-informed processes for developing national immunisation policies and programmes in low and middle-income countries through the establishment or strengthening of NITAGs (Senouci et al., 2010). The SIVAC Initiative provides direct and indirect support to low and middle income countries for developing new NITAGs and strengthening already established NITAGs. It also provides technical support to NITAG members through an online platform (<http://www.nitag-resource.org>) that offers knowledge sharing services on NITAGs and training sessions.

Initially, SIVAC worked with low-income countries and started its activities with Cote d'Ivoire (Blau et al., 2011). Based on Cote d'Ivoire's success in establishing a functioning NITAG, neighbouring West African countries expressed an interest in developing their own NITAGs. While some countries had adequate capacity, others in the region faced limited expertise and human resources and risks of political instability.

Given this dichotomy, SIVAC and local partners elected to follow a strategy of piloting NITAGs in several countries, which then would support a gradual expansion across the region. To test this approach, the SIVAC team targeted the 15 member states of the Economic Community of West African States (ECOWAS). ECOWAS was chosen because it is the only regional organisation comprising all of the West African countries (except Mauritania). This offered the opportunity to use an existing process of regional integration and to take advantage of the experience of the West African Health Organisation (WAHO), the specialised ECOWAS institution for health issues.

2 Development of the SIVAC initiative in West Africa

2.1 Background of SIVAC activities in Africa

When AMP launched the SIVAC initiative in the Sub-Saharan African region, few countries had already implemented NITAGs. South Africa had created the National Advisory Group on Immunisation in 1993 (Schoub et al., 2010) while Sudan had established a NITAG in 2009 (Bryson et al., 2010). The SIVAC initiative began its activities by supporting the establishment of two NITAGs, one in Côte d'Ivoire (Blau et al., 2012), and a second one in Mozambique (Durupt et al., 2012).

During January 2010, Côte d'Ivoire became the first GAVI-eligible country in sub-Saharan Africa to establish a NITAG, by launching the Comité National d'Experts Indépendants pour la Vaccination de Côte d'Ivoire (Côte d'Ivoire's national committee of independent experts for vaccination and vaccines), also known as CNEIV-CI. CNEIV-CI has held five meetings since its formation and has issued various recommendations on how to strengthen the current national immunisation programme, such as training professionals and improving the vaccine supply chain. Because of the recent civil war, these recommendations were transmitted to the Minister of Health (MOH) only at the end of 2011, which approved them during April 2012, and which has begun the process of implementation.

Following the same pattern, in January 2011, Mozambique set up its Comité de Peritos para a Imunização (committee of experts on immunisation), also known as CoPI. In 2011, the committee held its first three meetings during which it issued nine recommendations on various matters, including: optimisation and financial sustainability of the routine immunisation schedule and the introduction of new vaccines (e.g., 13-valent pneumococcal conjugate vaccine).

Côte d'Ivoire's and Mozambique's experiences of establishing NITAGs can inform the creation of future NITAGs in the West African region, for example by adapting and standardising developed methodologies. West African countries also can benefit from the lessons learned by advisory committees implemented in other developing countries with similar demographic, political, and epidemiological profiles, such as in Honduras (Molina-Aguilera et al., 2010), India (John, 2010), Sri Lanka (Wijesinghe et al., 2010), and Thailand (Muangchana et al., 2010).

2.2 The development of a feasibility study in partnership with the WAHO

By gathering regional expertise, a regional approach provides several advantages. For example, it allows a response to common or trans-border health issues such as

meningococcal meningitis, yellow fever, polio, and cholera. Regional strategies previously have demonstrated that they can result in effective health responses. This was the case, for example, when health ministers from African meningitis belt countries committed to introducing MenAfriVac™, the serogroup A meningococcal conjugate vaccine developed for use in the African meningitis belt (WHO, 2008b). This initiative was a success since Burkina Faso, Mali, Niger, Cameroon, Chad and Nigeria in 2011 reported the lowest number (since systematic reporting began) of confirmed meningitis A cases during an epidemic season (PATH, 2011). A regional approach also offers an opportunity for sharing and diffusing successful national experiences.

SIVAC and WAHO teams also considered that limited human resources, together with political instability in several countries, could impede the rapid and effective establishment of national bodies and institutionalisation of recommended approaches to NITAG functioning. An Inter-State Immunisation Technical Advisory Group for the West African region might address several of these issues. Such a group would enable a larger number of countries to rapidly benefit from technical recommendations based on local specificities. It would provide guidance for member countries on sub-regional strategies for addressing common health issues. Lastly, countries considering setting up their own NITAG would benefit from the experience of already established national committee activities.

To assess the relevance and the feasibility of establishing an inter-state committee in West Africa, WAHO and the SIVAC initiative conducted a feasibility study in all the countries of the region. The feasibility study followed a standard approach (Bowen et al., 2009) and included an initial feasibility survey, a literature review on the selected host institutions, and a technical institutional analysis (through face-to-face interviews and observation) of the selected host institutions. The objectives of the feasibility study were

- 1 to examine the relevance of and the practical considerations for the establishment of an inter-state ITAG in West Africa in partnership with countries and international partners
- 2 to evaluate the appropriateness of choosing WAHO as the host institution for the inter-state committee.

3 Feasibility study phase 1: implementation and results of the feasibility survey

3.1 Methods used in the feasibility study

WAHO and SIVAC staff administered a structured electronic questionnaire targeting key stakeholders involved in setting the national immunisation policies in the 15 countries of the ECOWAS region (Benin, Burkina Faso, Cap Verde, Cote d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo), and key partners in the field of immunisation (WHO, UNICEF, and the West African Economic and Monetary Union). Table 1 provides the complete interview guide.

Table 1 Interview guide for country and partners representatives

Establishing an Inter State Independent Immunisation Technical Advisory Committee Feasibility study	
Country:	
Date and hour:	
Name: First name(s): Position: Experience in immunisation area:	
<i>Countries</i>	<i>Partners</i>
1 In your country, what is the process to make decisions for strategies and policies in immunisation area?	1 Do you think that the international recommendations/directives on policies and immunisation strategies are correctly implemented in countries? Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on countries <input type="checkbox"/> Do not know <input type="checkbox"/> <i>Comments:</i>
2 For such purposes, do you benefit from support (recommendations, advices...) from an institution at national or sub-regional level? <i>If yes:</i> <i>From which institution(s)?</i> <i>Using which process?</i>	2 Do you think that it is sometimes necessary to adapt these international recommendations/directives countries to countries specificities? Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/>
3 Does your country plan to establish such national independent immunisation technical advisory groups of experts? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Why?</i>	3 If yes, are countries well equipped for this exercise? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how? If no why?
4 What kind of relations should be then established between this national committee and other national groups involved in immunisation area (ICC, specific diseases committees, working groups...)?	4 Do you think, the implementation of an inter country independent immunisation technical advisory committee in ECOWAS countries could help to fill a gap? Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Clarify your answer:

Table 1 Interview guide for country and partners representatives (continued)

<i>Countries</i>	<i>Partners</i>		
5	Do you think that an inter country independent immunisation technical advisory committee can have a role to play in defining policies and strategies in the ECOWAS countries?		
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Comments:</i>			
6	Do you think that an inter country independent immunisation technical advisory committee can have a role to play in harmonising policies and strategies in the ECOWAS zone?		
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Comments:</i>			
7	What professional profiles should be represented in the inter country independent immunisation technical advisory committee?		
• Paediatrician	<input type="checkbox"/>	• Vaccinology expert	<input type="checkbox"/>
• Health specialist	<input type="checkbox"/>	• Communication specialist	<input type="checkbox"/>
• Epidemiologist	<input type="checkbox"/>	• Immunologist	<input type="checkbox"/>
• Infectious diseases specialist	<input type="checkbox"/>	• Clinical trial expert	<input type="checkbox"/>
• Health economist	<input type="checkbox"/>	• Logistician	<input type="checkbox"/>
• Socio-anthropologist	<input type="checkbox"/>	• Other (please specify)	<input type="checkbox"/>
8	How many members should constitute the inter country independent immunisation technical advisory committee?		
• 5 to 10 members	<input type="checkbox"/>	• more than 20 members	<input type="checkbox"/>
• 10 to 20 members	<input type="checkbox"/>	• Other (please specify)	<input type="checkbox"/>
9	How members of the inter country independent immunisation technical advisory committee should be designated?		
• Nominated by member states	<input type="checkbox"/>		
• Call of application	<input type="checkbox"/>		
• Other (please specify)	<input type="checkbox"/>		
10	Which institution should have responsibility on the inter country independent immunisation technical advisory committee?		
• WAHO	<input type="checkbox"/>		
• IST/WHO	<input type="checkbox"/>		
• Other (please specify)	<input type="checkbox"/>		
11	How should this inter country independent immunisation technical advisory committee function? (chairman, secretariat, meetings, SOPs...)?		
• Based on some internal SOPs	<input type="checkbox"/>		

Information was sent during August 2009 electronically to national representatives in the 15 member states of ECOWAS and to 34 representatives of partners through their national and subregional offices. Information included a letter signed by the Director General of WAHO along with the questionnaire and an explanatory note on the study, NITAGs, and the SIVAC Initiative. WAHO's national liaison officers (high-level staff of Ministries of Health) in each of the 15 countries selected participants. As a first priority, the SIVAC team and WAHO representatives contacted managers of national expanded programmes on immunisation (EPI) to obtain technical input on the project. The SIVAC-WAHO team conducted telephone interviews on the basis of the questionnaire, which participants had received in advance.

3.2 Results of the feasibility survey

The country response rate was 80%, whereas the partner response rate was 50% (see Tables 2 and 3).

Table 2 Distribution of country respondents

<i>Groups of countries according to their language</i>	<i>Sample</i>	<i>Questionnaires</i>	
		<i>Nb of respondents</i>	<i>Percentage (%)</i>
French-speaking countries (Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Niger, Senegal, Togo)	8	5	63
English-speaking countries (Ghana, Liberia, Nigeria, Sierra-Leone, The Gambia)	5	5	100
Portuguese-speaking countries (Cape Verde, Guinea Bissau)	2	2	100
Total	15	12	80

Table 3 Distribution of partner respondents

<i>Partner institutions</i>	<i>Sample</i>	<i>Questionnaires</i>	
		<i>Nb of respondents</i>	<i>Percentage (%)</i>
WHO country offices	15	9	60
UNICEF country offices	15	7	47
Offices of the sub-region	4	1	25
Total	34	17	50

Among country respondents, 75% were current or former EPI managers. Among identified partners, 17 out of 34 (50%) contacted persons responded of whom 70% directed the immunisation programme in their institution.

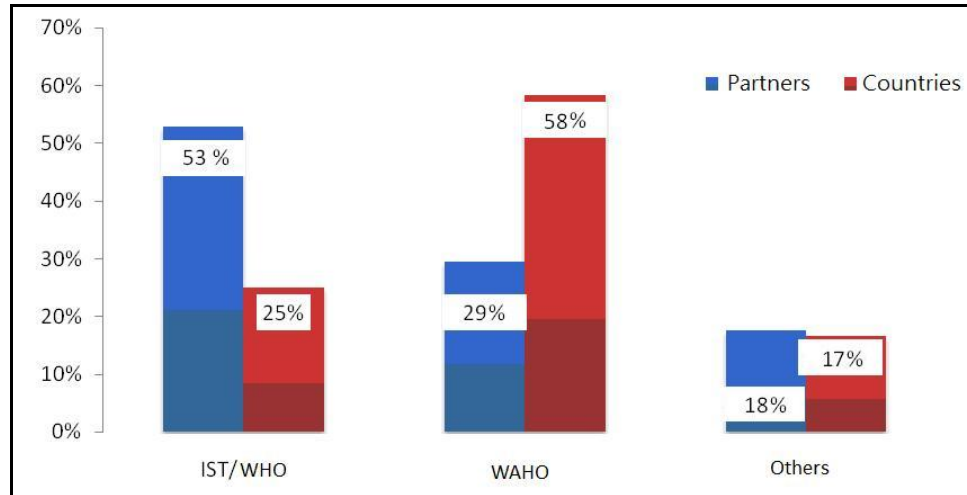
The main result of the survey provided an answer to the question: "can it work"? All country representatives and a majority of partners (88%) responded that an Inter-State

Immunisation Technical Advisory Group would have a role to play in the definition and harmonisation of subregional immunisation policies and strategies. Additionally, all participants stressed the need for an inter-state committee to cooperate with sub-regional, regional and international partners (WHO, UNICEF, etc.). Along with the wish to benefit from the creation of an inter-state body, all country respondents expressed the primary need to improve national (versus relying on regional) evidence-informed decision-making processes for immunisation and vaccines (Table 2).

Table 4 Regional versus national advisory committee

<i>Variables</i>	<i>Countries (N = 12)</i>	<i>Partners (N = 17)</i>
Potential value of a regional committee	Contribute to the discussion on and implementation of trans-border immunisation activities in the region (100% of answers)	The participation of an external group is an innovation that can improve the performances of countries in the field of national immunisation policies (59% of answers)
Main objective of the regional committee	Prevent and control preventable diseases through immunisation as well as support and advise those who are responsible for national immunisation policies (100% of answers)	Could bring support to the countries in adapting the policies and strategies defined at a global or regional level to the sub-regional context (82% of answers)
Concern expressed on the project of an inter-state committee	Necessity to define a precise framework for the committee and on maintaining a strong collaboration with other organisations or institutions (IST WHO, WCARO-UNICEF) to prevent duplication of services or the multiplication of actors in this field (17% of answers)	The harmonisation of policies and strategies should not be a prerogative of the inter-state committee because this role already is performed by the sub-regional offices of WHO and UNICEF (12% of answers)
Opportunity to establish a committee of independent experts at the country level	83% of the participants responded by the affirmative, Establishing a national committee would improve of the performance of national immunisation programmes.	100% of participants that were asked this question responded in the affirmative. Even if there is limited availability and independence of committee experts, the participation of an external group is an innovation that can improve the performances of countries in the field of national immunisation policies.

Based on its role in strengthening decision making in the region, WAHO was identified as the appropriate structure to house the committee by 58% of country and 29% of partner respondents (see Figure 1). Based on this non-decisive result, the study team evaluated WAHO's capacity to lead the initiative through an in-depth analysis of WAHO's roles and achievements. Part 3 outlines the main results of this review.

Figure 1 Supervisory institution for the inter-state immunisation technical advisory group according to country and partner respondents (see online version for colours)

Notes: NB: IST/WHO: Inter-country support team for West Africa of the World Health Organization
 WAHO: West African Health Organisation

3.3 Limitations

The current study had several limitations.

Working with WAHO to conduct the questionnaires had advantages and disadvantages. WAHO is well established in West Africa, is familiar with country issues, and its legitimacy is recognised among member states and partners. However, integration of WAHO as a stakeholder in the survey may have resulted in less forthright or complete answers than may otherwise have been obtained. Other biases may have occurred. Both quantitative and qualitative data are subject to inadvertent response bias. Moreover, participants acted in their roles as representatives of institutions and may have felt constrained to respond in ways that reflected their institutions' specific interests. Alternatively, participants may have responded based on personal biases or opinions and thus their responses may not reflect institutional positions.

4 Feasibility study phase 2: investigating site influence and capacity: WAHO technical institutional analysis

To answer the question 'does it work?' (i.e., provide evidence that the project will be effective), as a second step we evaluated WAHO's capacities to run the inter-state committee.

4.1 Background and methods

In April 2010, the SIVAC team performed an analysis of WAHO's structure, roles and responsibilities, and achievements during the past ten years (since the beginning of its

operations in 2000). The analysis was based on the information contained in the strategic plan for the 2009–2013 period (WAHO, 2008), information found on the WAHO website, and exchanges with representatives affiliated with this organisation. Additionally, a literature review was performed through PubMed/Medline using the following keywords: ‘West* Africa*[Title/abstract] AND (health policy[MESH]’ and ‘West African Health Organization[Title/abstract]’. An additional review on WAHO’s activities was made through Google, using the following keywords: ‘West African Health Organisation activities’ in both French and English. However, few relevant articles were identified. To complement the literature review, the SIVAC team conducted three face-to-face interviews with WAHO staff based on a semi-structured questionnaire (see Table 3). The following paragraphs outline the main results.

Table 5 Interview guide for representatives of the WAHO

1	Interviewee’s Background Last name: First name: Institution/department: Position title:
2	Can you name two areas of expertise in which WAHO has emerged since its inception?
3	Are there programmes of WAHO to be soon validated by donors?
4	What do you think the level of recognition of the work of WAHO in the sub-region, including countries and partners?
5	What is the current nature of the links between WAHO and WHO AFRO (and ISTs for the sub-region)?
6	According to your professional experience, do you think that there is a risk of duplication between the activities of WAHO and other regional bodies in charge of health in West Africa? How to avoid them?
7	In general, how is it possible as you avoid the risk of duplication between the activities of WAHO and those of other international organisations specialising in health?
8	WAHO working with international NGOs. Can you give details of these partnerships?

4.2 Results

On Pubmed/Medline, no relevant articles were found at the time the search was done. The main documents on WAHO retrieved through the Google search were its protocol, its strategic plan for 2009–2013 (WAHO, 1987, 2008), one PowerPoint presentation made by WAHO staff (Diallo, 2008), five press releases on West African countries’ websites (CAMES, 2009; LeFaso.net, 2008; Le Républicain, 2009; PRSAO, 2008; Standard Times Press Sierra Leone, 2009), and one book on regional integration in West Africa (Lavergne, 1996). In addition, we included the website of the organisation (<http://www.wahooas.org/>) and a presentation made by WAHO’s Director General Director (Cardoso, 2010).

Interviews were conducted in June and July 2010. Qualitative data were retrieved from the answers provided by the director of the Department of Planning and Technical Assistance (Int.1), the director of the Department of Primary Healthcare and Disease Control (Int.2), and a professional officer from the same department (Int.3).

4.2.1 History and institutional organisation

The ECOWAS is a supranational organisation of regional integration that was founded in 1975, for strengthening political and economic collaboration in the region. It has 15 member states. ECOWAS' technical activities are carried out by eight specialised agencies, with health activities under the responsibility of the WAHO. This agency was originally created from the fusion of the West African health community and the organisation of cooperation and coordination for controlling major endemic diseases (Organisation de Coopération et de Coordination pour la lutte contre les Grandes Endémies) principally to address infectious disease epidemics, based on the supranational implications of such epidemics (WAHO, 2009).

According to its protocol (which was signed in 1987), the mission of WAHO (1987) is to provide “the highest level of healthcare delivery to the people of the sub-region on the basis of policy harmonisation of the Member States, pooling of resources, and cooperation between Member States and third party states to strategically and collectively find solutions to health problems in the sub-region”. The assembly of the ministries of health of member states is the lead executive body and meets yearly. “Resolutions are adopted during this assembly, and these are binding on Member States” (Int.2). The WAHO Director General monitors implementation of resolutions. Examples of past WAHO activities include consensus on the recognition of health qualifications between member states and addressing transnational issues related to epidemic-prone diseases (CAMES, 2009; Diallo, 2008).

4.2.2 WAHO's expertise in technical assistance

“WAHO has an entire department in charge of planning and technical assistance. This department coordinates and (partially) finances the projects of technical assistance to countries” (Int.3). WAHO can provide assistance unilaterally (e.g., financial support to Senegal, Burkina Faso and the Gambia for lab technician training programmes), or in collaboration with international partners (e.g., a programme for ensuring safety of reproductive health products in collaboration with the German Development Bank) (Cardoso, 2010). This department liaises with WAHO focal points (who report to the ministers of health in each country) in member states to organise and implement technical assistance.

4.2.3 Specific experience in the field of immunisation

Access to vaccines is an integral part of WAHO's strategic plan. Before WAHO, its predecessor “worked on a regional strategy for the coordinated purchase of vaccines” (Int.2; Int.3). Additionally, through its vaccine unit, the organisation adapted immunisation schedules and other EPI practices for the entire region.

Following its creation, WAHO has been involved in various activities performed in the field of vaccines and immunisation, notably in Guinea, Guinea-Bissau, and Burkina Faso (Cardoso, 2010). These activities focused on support for the organisation of national immunisation days, routine immunisation, and support for preventive mass campaigns against seasonal and epidemic bacterial meningitis. Also, in 2011 WAHO officially launched the coordinated-informed buying for essential medicines programme (Cardoso, 2010) which eventually should include regional purchase of vaccines.

WAHO has developed various partnerships in the field of immunisation. The organisation worked with project teams of Appui au Renforcement de l'Indépendance Vaccinale en Afrique Sahélienne (ARIVAS) (support for the strengthening of vaccine independence in sub-Saharan Africa). This initiative was launched in 1996 between the European Commission and eight countries of the Sahel area, and then expanded to other West African countries (ARIVAS, 2000). Its aim was to encourage the ministers of health and finance of participating countries to have a common budget for the purchase of vaccines. Due to insufficient monitoring and ongoing supply problems, on the initiative did not achieve substantial increases in vaccination coverage. However, WAHO built on the progress made by ARIVAS in terms of collaboration between West African countries (in particular, to pursue WAHO's goal of coordinated-informed buying of vaccines in the sub-region).

4.2.4 Specific expertise in the field of knowledge translation

Expertise in the field of information sharing and knowledge translation is essential for coordinating a regional approach (Int.2; Int.3). One of WAHO's objectives is to facilitate access to health information in the ECOWAS region. The Department of Research and Health Information Systems creates and maintains a comprehensive system of health information management for the sub-region. Several tools have been developed to fulfil this mission: a documentation centre, a network for improving collection and dissemination of member countries' publications (the West African Health Information and Documentation Network), and a collaborative network for developing health research in the region (the West African Health Research Network).

In summary, the institutional analysis of WAHO confirmed the initial survey results, namely confirming WAHO's viability and technical competence (including in the field of immunisation) and hence its capacity to lead the initiative. WAHO has extensive experience in coordinating health policies in ECOWAS member states in the fields of immunisation, technical assistance, and knowledge translation. It has a clear political mandate that could help in the implementation and coordination of a regional approach to strengthening decision making related to immunisation and vaccines. Based on these findings, the study team concluded that WAHO fulfils the requirements to act as the institutional home for the regional advisory committee approach.

5 Midway reorientation of the feasibility study

5.1 Feasibility study phase 3: practical implications of the project

This last phase corresponds to the third question of our framework: 'will it work?' The SIVAC team, in close collaboration with WAHO, intended to present the results of the feasibility survey and institutional analysis of WAHO, together with various pre-designed scenarios for the implementation of the inter-state advisory group, at a technical workshop with ECOWAS member states' health representatives.

It was anticipated that the outcomes of the workshop would address practical issues and lead to finalisation of the feasibility study. However, an internal consultation between SIVAC and WAHO leaders during the fall 2010, as well as an external evaluation of preliminary study results, led to a reorientation of the project.

5.2 *Reorientation based on the results of the feasibility survey*

While WAHO was confirmed as an appropriate institutional home for a regional inter-state advisory group, study results and external review led the study team to reconsider the viability of such an inter-state group at all, at least in the short-term. While all countries supported the idea of an inter-state committee, they also expressed a preference for national institutions, i.e., NITAGs, even if these national committees were coordinated by WAHO. Additionally, the WHO inter-country support team for West Africa expressed concerns that an inter-state advisory group in the short term could lead to an overlap in responsibilities with existing regional committees, such as GAVI sub-regional working groups. Consequently, partners involved in the process agreed to focus first on developing national capacity through the establishment of NITAGs in several ECOWAS member states that had appropriate technical capacity. Based on the success and difficulties of this process, the idea of an inter-state committee would be reevaluated in approximately five years.

6 Development of a tailor-made and collaborative methodology for strengthening the decision making process in the ECOWAS member states

6.1 Establishment of a WAHO-coordinated working group to support the development of NITAGs in the sub-region

To define and adopt a standard methodology and work plan adapted for the creation of NITAGs within ECOWAS member states, a workshop of technical partners, coordinated by WAHO, was held on 4th and 5th of February, 2011 in Bobo-Dioulasso, Burkina Faso. The agreed upon methodology was to pool into a working group the resources of various technical agencies (including WAHO, Agence de Médecine Préventive, and WHO). Participants decided to integrate the WHO Evidence-informed Policy Network (EVIPNet, <http://www.who.int/evidence/en/> and EVIPNet Virtual Health Library <http://www.evipnet.org>) programme in the working group considering EVIPNet's contribution and experience for improving national evidence-informed policy and decision-making. Since its creation during 2006, the EVIPNet initiative has intervened in low- and middle-income countries (including various countries of the region) to assist in the systematic use of evidence-informed methodologies and tools (evidence brief for policy and national policy dialogue) in national health policies. The first step of the process was to adapt existing EVIPNet templates and methodology to the context of NITAGs and ECOWAS. These templates then would be tested, evaluated and generalised in the ECOWAS subregion. This methodology will be adapted to support the establishment of evidence informed recommendations on immunisation. This strategic partnership was strengthening by the creation of new WHO Collaborating Centre for evidence-informed immunisation policymaking in 2012 and action plan was established for five years.

Under the leadership of their directors, the working group of technical partners will take responsibility for technical coordination of activities that support NITAG establishment in West African countries belonging to ECOWAS, including the following activities:

- advocate with ECOWAS member states on the importance, value and interest of NITAGs
- select two or three countries per year for receiving support from the working group for establishing NITAGs
- prepare and coordinate initial visits to the selected countries (including meetings with the national health authorities, experts and international partners) so as to assess the feasibility of creating a NITAG
- follow-up and support the design of concept papers for creating NITAGs in the selected countries
- provide technical and scientific support for the executive secretariat of established NITAGs for preparing their meetings
- coordinate support from partners
- plan activities for the 2012–2015 period.

The initial focus of the working group is to support the establishment of pilot NITAGs in two or three ECOWAS countries per year by 2015. Once selected, countries will receive technical support from the working group. WAHO and SIVAC will provide the majority of direct technical support while EVIPNet and the WHO Inter-country Support Team for West Africa will provide information and materials as well as global political support. All four members will advocate for the creation of NITAGs in the region. WAHO and SIVAC together have designed the methodology for creating NITAGs in West Africa, based on existing materials (developed largely by WHO) and SIVAC's experience. WAHO and SIVAC will work with selected countries:

- 1 to assess national capacities (availability of expertise and support from the MoH; political will and commitment)
- 2 to develop a national concept paper for creating the NITAG
- 3 once the NITAG has been officially established, to bring scientific support to the NITAG executive secretariat for planning meetings, functioning and providing background documents.

Throughout the process of NITAG creation and development, SIVAC will transfer to WAHO all existing methodologies at its disposal. Based on this process we expect that within one or two years, WAHO will be able to support countries independent of SIVAC. Once several countries have implemented NITAGs successfully, all countries with interest and capacity will receive support for NITAG development. The role of WAHO will evolve based on the experience of creating NITAGs. For example, WAHO may support the work of the Executive Secretariat in preparing background material and other technical documents. This would be consistent with Article 3.2.c of WAHO's protocol (WAHO, 1987), namely the "dissemination of technical and epidemiological information". WAHO also may assist member states and NITAGs in the coordination of transnational approaches to vaccine-preventable diseases such as yellow fever, polio, measles, influenza and meningococcal meningitis. WAHO may assist NITAGs in developing harmonised immunisation schedules within and outside of infancy and early childhood. Lastly, WAHO may assist in coordinating regional vaccine purchases.

6.2 Official involvement of the West African countries in the process and way forward

This methodology was presented to health authorities of ECOWAS countries in April 2011 in Ouagadougou. The meeting concluded with countries expressing their interest in establishing NITAGs with the support of the working group partners. Countries made several recommendations:

- 1 carry out strong advocacy towards health authorities and partners for the establishment of NITAGs in the ECOWAS member states
- 2 support the establishment of NITAGs in all ECOWAS member states
- 3 pursue the eventual establishment of an inter-state ITAG
- 4 promote the sharing of experiences between countries with functional NITAGs and other member states (including Cote d'Ivoire's NITAG)
- 5 accelerate the creation of NITAGs
- 6 pursue resource mobilisation for the establishment and functioning of NITAGs.

At the subsequent 12th Ordinary Meeting of the Assembly of ECOWAS Health Ministers held during May 2011 in Lome, Togo, senior health authorities voiced support for the above process. Out of the 15 member states, 10 sent letters of interest to WAHO for the development of a NITAG over 2011–2012. Based on the strength of the local political will and on the availability of expertise, WAHO and its technical partners selected Benin and Senegal to receive support during the pilot phase. From 2011 to 2013, WAHO and SIVAC assisted the national teams in Benin and Senegal to develop NITAG concept papers and terms of reference based on WHO guidelines. Senegal and Benin officially established their NITAGs by ministerial decree in March 2013. They are named respectively 'Comité Consultatif pour la Vaccination au Sénégal' and 'Comité National pour la Vaccination et les Vaccins du Bénin', respectively (Agence de Medecine Preventive, 2013). In addition to these, Ghana and Niger are currently finalising their concept papers for NITAG establishment. Burkina Faso and Togo have also started to receive assistance for the development of NITAGs.

7 Conclusions

WAHO holds a clear mandate to assist in the development of ITAG activities in West Africa through its role in the harmonisation and standardisation of health policies. It also has extensive experience in coordinating health policy in the countries of the ECOWAS zone. A feasibility study led to the development of a collaborative structure for providing technical support for the establishment of NITAGs in ECOWAS member states; this will be led by WAHO and supported by the SIVAC Initiative and WHO's EVIPNet. As pilot cases, Senegal and Benin were selected to receive support for NITAG development. Their NITAGs were officially created in March 2013. Lessons learned from this process will be used to help develop additional NITAGs. Eventually, we anticipate that WAHO

will play a leading role in coordinating NITAGs through activities such as supporting the executive secretariat, harmonising schedules, harmonising approaches to vaccine-preventable diseases with epidemic potential, and organising regional vaccine purchases.

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Abbreviations

AMP	Agence de Médecine Préventive
ARIVAS	Appui pour le Renforcement de l'Indépendance Vaccinale en Afrique Sahélienne
ECOWAS	Economic Community of West African States
EVIPNet	Evidence-informed policy network
EPI	Expanded programme on immunisation
GAVI	Global alliance for vaccines and immunisations
NITAG	National immunisation technical advisory group
SIVAC	Supporting immunisation and vaccine advisory committees
UNICEF	United Nations Children's Fund
WAHO	West African Health Organisation
WHO	World Health Organization
