

Nepal National Committee on Immunization Practices (NCIP)

Charter

Purpose

The purpose of the Nepal NCIP is to provide technical guidance to the Ministry of Health & Population, Government of Nepal on optimal immunization policies, norms and practices. The NCIP is a technical advisory group and not an implementing or regulatory body. The NCIP will involve stakeholders of immunization from governmental and non-governmental organizations, associations, bodies and civil societies in making recommendations. The NCIP will provide evidence-based technical guidance and recommendations on priorities in immunization services.

Terms of Reference

The NCIP will serve to advise the Ministry of Health & Population on the following:

1. Optimal immunization policy and strategies for public and private settings including:
 - a) Routine and supplemental immunization;
 - b) Introduction of new vaccines;
 - c) Vaccine quality, safety, and adverse events following immunization (AEFIs) risk communication;
 - d) Program capacity (infrastructure and human resources);
 - e) Vaccine supply and logistics;
2. Impact of the immunization program;
3. The need for further data and research and development in new vaccines for policy making;
4. Special policy and strategy directions in emergency situations to control an imminent or identified epidemic of vaccine-preventable diseases.

Membership

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The NCIP will consist of 11 regular members including the chairperson. Eight of the regular members will be appointed by title in governmental or non-governmental organizations. Three of the members will be independent experts. Independent experts should be selected from a variety of professional organizations and or medical colleges representing both government and private institutions. The Chairperson should be an expert in the field of vaccines and independent of the Government of Nepal. In addition to the 11 regular members, there will be one ex-officio member from HMIS and three liaison members. Organizations or individuals may be invited to participate on an ad hoc basis depending on the topics being proposed for discussion on the agenda.

Signature

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The membership will be defined as follows:

Core members:

A. Members

1. Chief, Expanded Programme on Immunization will serve as Member Secretariat
2. Director, Child Health Division
3. Director, Department of Drug Administration
4. Director, Epidemiology and Disease Control Division
5. Director, Family Health Division
6. Director, Logistics Management Division
7. Director, National Public Health Laboratory
8. President, Nepal Pediatric Society (NEPAS) or designated representative

B. Members from independent experts (should be selected from variety of professional organizations or medical colleges. These could be epidemiologist, public health specialists, health economist and clinicians)

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- 10.
- 11.

Ex-Officio Members:

1. Section Chief, Health Management Information System (HMIS)

Liaison Members

1. World Health Organization (WHO)
2. United Nations Children's Fund (UNICEF)
3. United States Agency for International Development (USAID)

The NCIP could invite other organizations and individuals on an ad hoc basis depending on the topics being proposed for discussion

Ad hoc Participants:

1. Chief, Finance Section, Department of Health Services
2. Chief, Finance Section, Ministry of Health and Population
3. Director of Medical Services, Nepal Army
4. Director of Medical Services, Nepal Police Force and Nepal Armed Police Force
5. Representative, National Health Education, Information, and Communication
6. Representative, Policy, Planning and International Cooperation Division
7. Nepal Health Economics Association
8. Nepal Medical Association (NMA)
9. Nepal Nursing Association

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10. Nepal Pharmacists Association
11. Nepal Public Health Association
12. Nepal Society of Obstetrics and Gynecology (NESOG)
13. Society of Public Health Physicians
14. Bilateral/Multilateral Organizations and NGOs
15. Rotary International
16. Sabin Vaccine Institute
17. Save the Children
18. Nepal Red Cross
19. Others

Nomination of members

The Director of the Child Health Division (CHD) will initiate nomination of members by identifying potential nominees for general membership and for the chairperson position. These nominees will be referred for approval to the Ministry of Health and Population (MoHP).

Membership terms of office

The eight members who are appointed by title, as well as ex-officio and liaison members will continue to serve as members as long as they continue to serve in the defined role. Independent experts will serve an initial term of five years, but membership can be extended or renewed for an additional term with the approval by the MoHP. The chairperson will also serve for an initial term of five years, but the appointment may be renewed for an additional five years with approval of the MoHP.

Termination of membership

Membership on the NCIP may be terminated for convenience by the member or at the request of the chairperson when the member has conflicts of interest, breaches the confidentiality agreement, or fails to attend three or more consecutive meetings.

Conflicts of Interest

All members (chairperson, regular, liaison and ex-officio) should declare in writing any potential conflicts of interest in writing annually and verbally at the beginning of each meeting. If any potential conflicts of interest are later identified, the member with the potential conflict of interest should excuse him or herself during the discussion and decision making on the topic where a conflict of interest exists.

Confidentiality

Annually, all members (chairperson, regular, liaison, and ex-officio) should sign a confidentiality agreement to keep confidential any matters related directly or indirectly to financial matters.

Secretariat

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Secretariat support

EPI Chief, of the Child Health Division will serve as member secretariat. The EPI Chief will be supported in this role by the Director, CHD, and liaison members from WHO and UNICEF. The secretariat will be responsible for drafting the agenda, circulating the agenda to the members, preparing minutes of the meetings, circulating meeting minutes to the members, and forwarding meeting minutes to the Director, CHD.

Agenda and background materials

The draft agenda should be developed by the secretariat in consultation with the chairperson at least three weeks prior to any regularly scheduled meetings. The agenda and any relevant background materials should be circulated by the secretariat to all members at least two weeks prior to any regularly scheduled meetings. Members may suggest additional agenda items within one week of receiving the proposed agenda and not less than one week prior to any regularly scheduled meeting.

Minutes

Minutes should be prepared for each meeting. Minutes will be circulated after approval by the chairperson within seven days following the regularly scheduled meeting. Members should provide written corrections to the minutes within three days of date that the minutes were circulated. Final minutes with any recommendations adopted by the NCIP will be forwarded to Director of CHD. The Director, CHD will forward recommendations to the Department of Health Services (DoHS) and Ministry of Health and Populations (MoHP) for final approval. After approval by DoHS and MOHP, CHD will disseminate major recommendations to all stakeholders for implementation. A summary of major decisions and recommendations will be made available to the public, as needed.

Mode of Functioning

Meetings

Meetings will be closed with only invited participants in attendance, but final decisions and recommendations will be made public after review and approval by DoHS and MoHP.

Meeting frequency

Meetings will be held at least twice yearly and preferably quarterly. Dates should be scheduled well in advance.

Emergency meetings

Emergency or ad hoc meetings may be called by the chairperson as needed to address emerging issues. As much as possible reference materials should be provided in advance of emergency meetings along with the agenda by the Secretariat.

Decision making process

Decisions of the Nepal NCIP will be made by consensus. Voting on issues may be introduced at the discretion of the chairperson when it is not possible to reach consensus.



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Members should abstain from discussion and decision making on any topic in which he/she has a potential conflict of interest. A quorum will be reached when more than 50% of the regular members (or 6 members) are present. A quorum should be reached at each regular meeting.

NCIP Relationship to Other Groups

The Nepal NCIP is currently composed of representatives from various divisions of the Ministry of Health and Population, Department of Health Services, as well as independent experts, representatives from professional organizations, and various bilateral and multilateral organizations. Independent experts should be selected from a variety of professional organizations and medical colleges representing both government and private institutions. Independent subject matter experts to be invited as needed on an ad hoc basis.

There are various other committees that play an advisory role to the Government of Nepal. No oversight relationship to other committees will be established. NCIP will report recommendations on policy matters directly to the Director General, Department of Health Services. Similarly, the Interagency Coordinating Committee will report recommendations on implementation to Director General, Department of Health Services. Policy, Planning and International Cooperation Division will receive the recommendations from the Director General, Department of Health Services. Other Committees such as Adverse Events Following Immunization (AEFI) Committee, National Polio Certification Committee, National Polio Expert Review Committee, and National Polio Laboratory Containment Committee will be invited to participate in the NCIP meetings on an ad hoc basis as necessary.



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