The international network of NITAGs Rationale, principles, focus and implications

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Meeting of the International Network of NITAGs
Fondation Mérieux, Annecy, 11-12 May, 2016

Overview

- Context
- Rationale
- Principles
- What is next?

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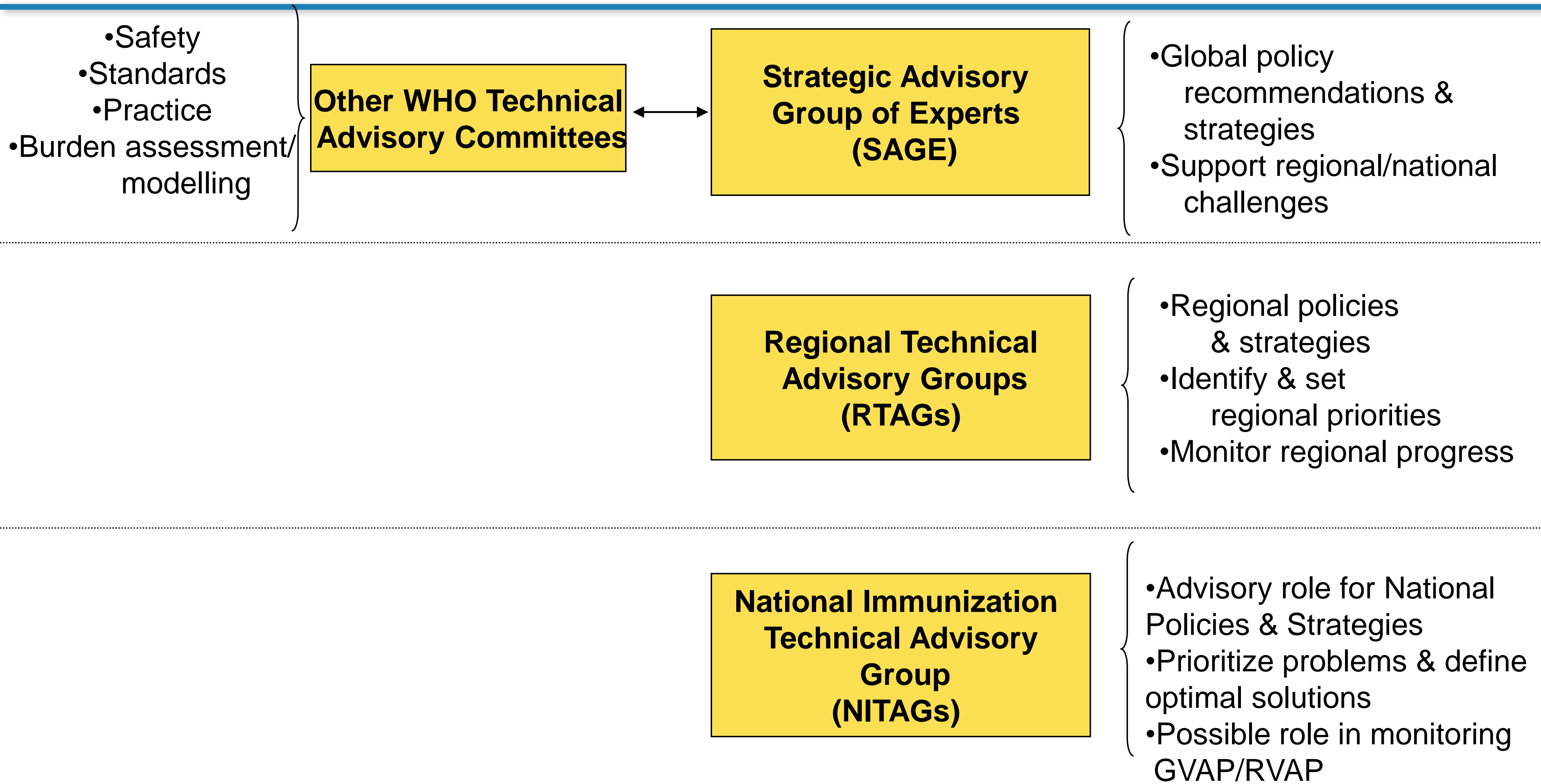
CONTEXT

Immunization Policy Advisory Framework



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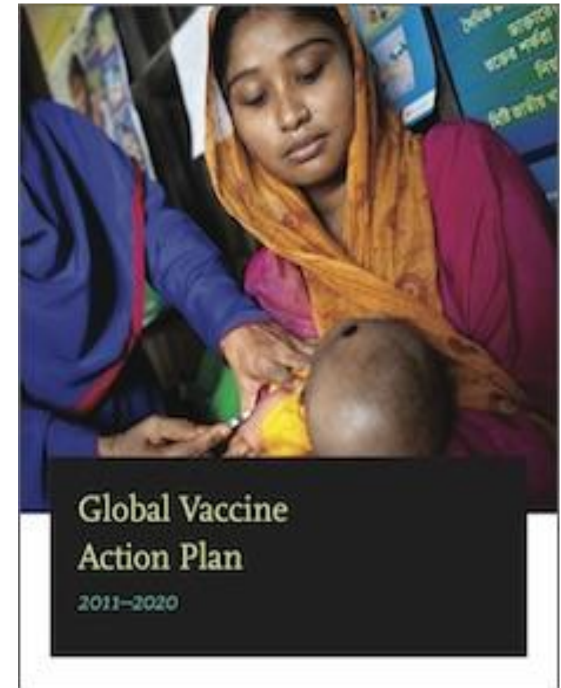
The Global Vaccine Action Plan

- "Independent bodies such as regional or **national immunization technical advisory groups (NITAGs)** that can guide country policies and strategies based on local epidemiology and cost effectiveness should be established or strengthened, thus reducing dependency on external bodies for policy guidance".
- GVAP Objective SO1: "All countries have a functional NITAG by 2020"



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Functional NITAG?
Monitoring of progress

- **6 "basic" indicators defined by WHO/UNICEF (Joint Reporting Form)**
  - Formal written terms of reference
  - Legislative or administrative basis establishing the committee
  - Core membership with at least 5 main expertise areas represented among members
  - Committee meeting at least once a year
  - Agenda and background materials distributed ahead of meetings
  - Declaration of interests by members
- To be reported every year by Member States to WHO
- GVAP annual report to the WHA
- More in-depth assessment (additional process, output and outcome indicators) available for use by regions and countries

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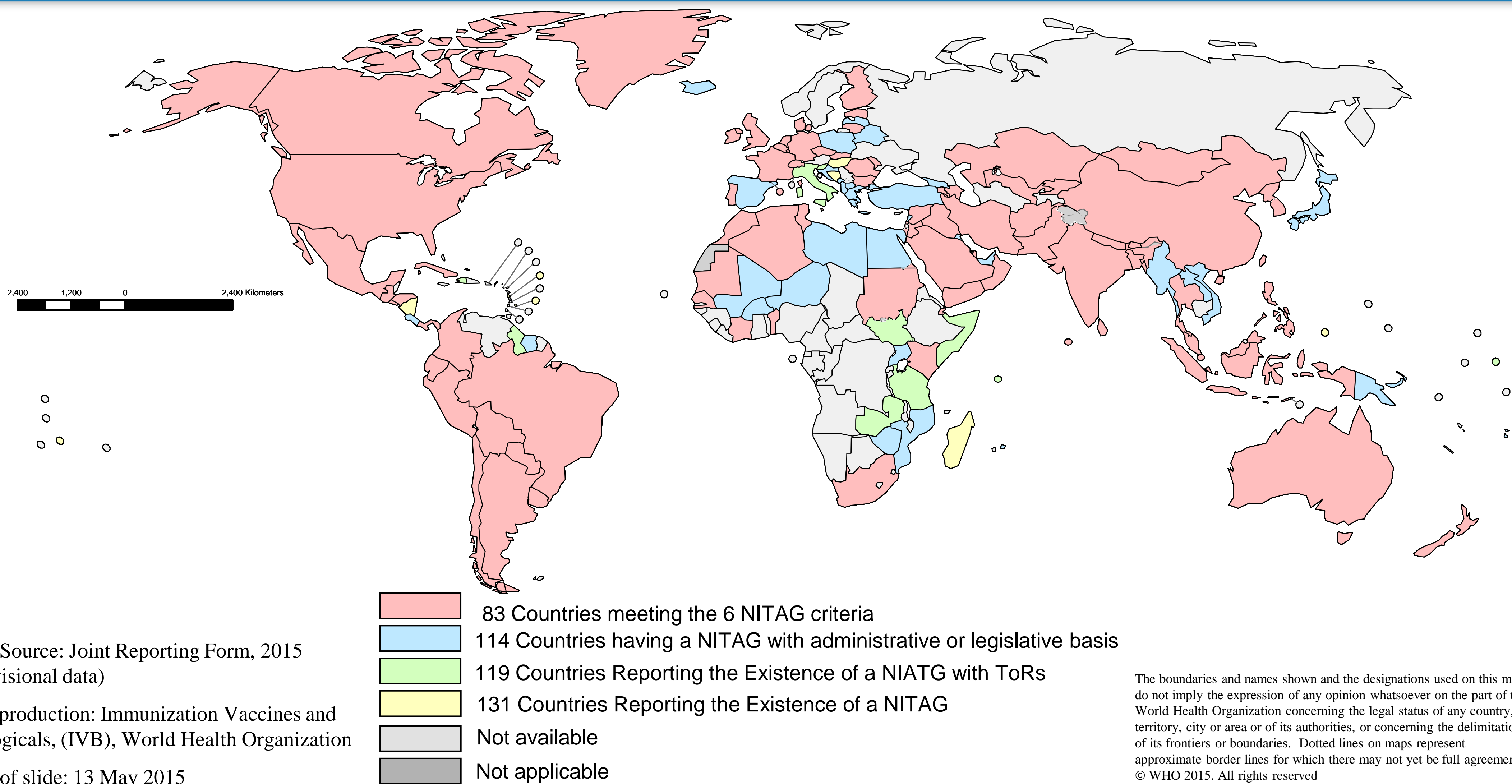
Situation of NITAG in 2014 by WHO regions



Data Source: Joint Reporting Form, 2015 (Provisional data)

Map production: Immunization Vaccines and Biologicals, (IVB), World Health Organization

Date of slide: 13 May 2015

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
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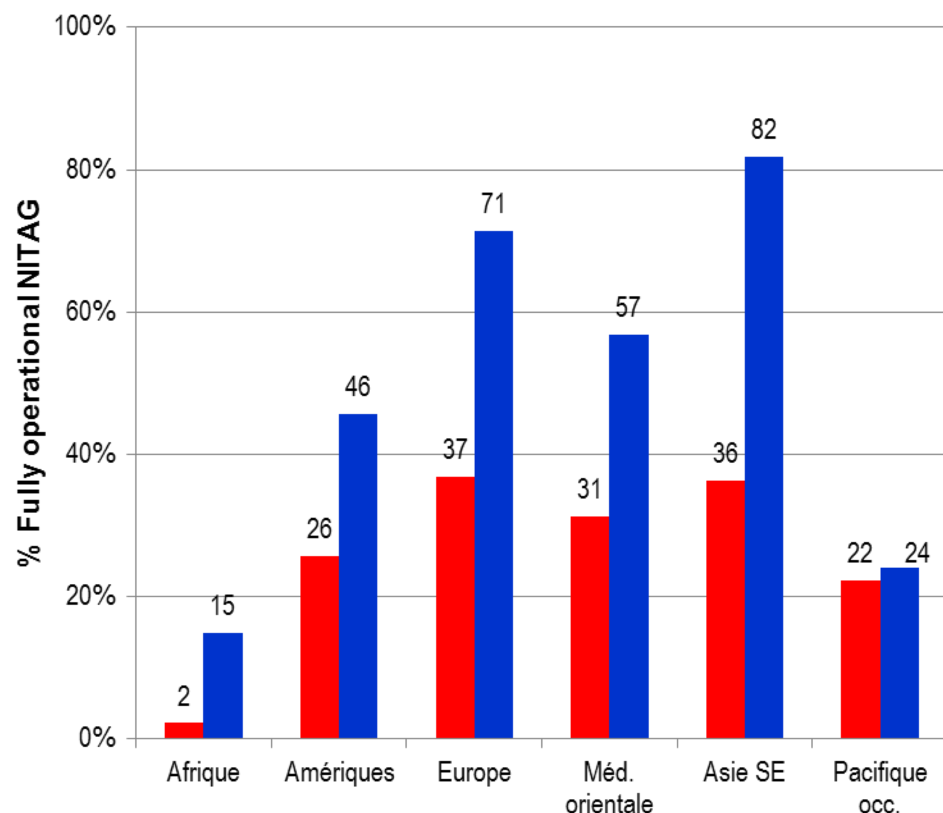
NITAGs status report 2014



% of countries with a NITAG that meets all 6 basic process indicators (Blue 2014 – red 2010)

- 59% of countries with a NITAG with an administrative or legal basis
- 83 (43% of countries) NITAG complying with the 6 basic process indicators** (>93% increase compared with 2010) including 53 developing countries

*Based on the JRF

**Formal ToRs, legislative or administrative basis, at least 5 areas of expertise, at least one meeting a year, agenda distributed >= 1 week ahead of meetings, mandatory declaration of interests

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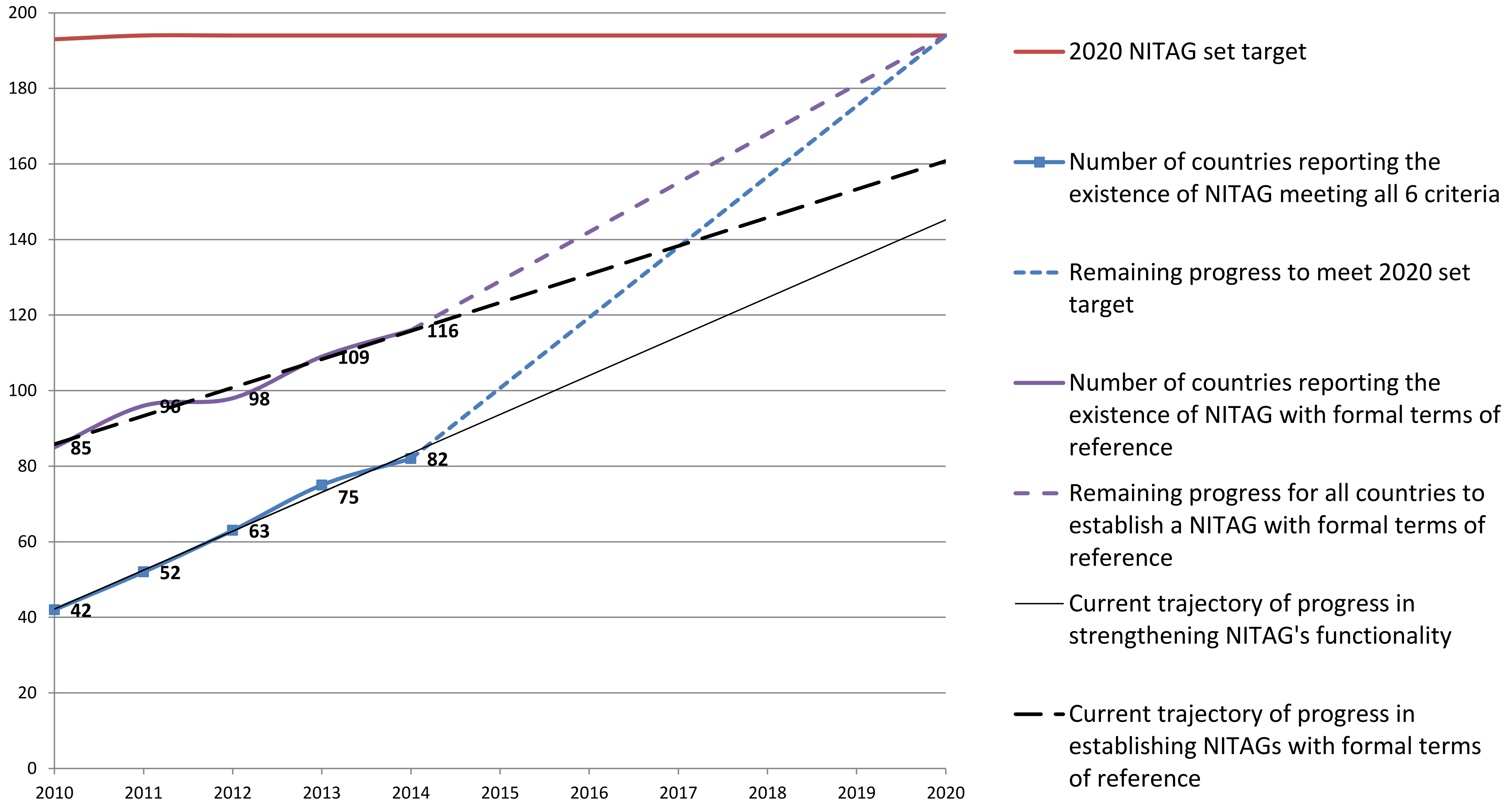
Trends NITAGs between 2010-2014



Source : Base de données OMS, 7 septembre 2015

Challenges of existing NITAGs

- Recognition by the MoH and partners (takes time…)
- Independence and transparency of processes
- Quality of the recommendations & complexity of processes
  - Methodology, systematic reviews, Grading of recommendations (GRADE) versus experts opinions
  - Availability of data (particularly unpublished local data)
  - Tools for DM adaptable to countries
- Human resources
  - Experts availability (persons and time)
  - NITAG secretariat: too small, too busy, no support, no funds…
  - Specific skills (e.g. health economics)

Rationale and principles

Question:
Why should we have a network?

Rationale for a NITAG network

- Human resources at the secretariat are limited
- Some activities are already done by other NITAGs
  - Literature review and grading
  - Data analysis
  - Health economics…
- Benchmarking
  - In similar epidemiological situations, what do neighboring countries have decided? and why?
  - How did they deal with some issues (target groups, lack of data…)
- No network= very limited experience sharing

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Question:

Why we should NOT have a network?

Rationale for NOT having a NITAG network

- Trust and generalization
  - Which data are other NITAGs using?
  - Are those data applicable to my population?
  - Is their work of good quality? Can I trust them?
- Can we share confidential data? (e.g. manufacturers, FDA dossier)
- Does the time spent on exchanging really worth it?
  - I can rely only on WHO position papers, no need for anything more…
  - I can ask…

Principles

Principles for a NITAG network

- Voluntary basis
- Active/passive participation?
- Informally/formally?
- One to one? In sub-groups? By region? By age?
- In meetings or by email/phone/online platform?
- Which objectives? Exchanging? Sharing? Working together? Capacity building?
- Governance,
- Financial aspects (payers prioritization…)
- Evaluation

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Principles for a NITAG network

- What should we share? How can we ensure that quality is there?
- Who? Chair, secretariat, MoH, NITAGs members?
- Own capacity of officially representing NITAG?
- Should an institution coordinate the network(s)?
- Self-funding, resource mobilization

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What is next?

Thanks!