

Orientation Meeting on National Immunization Technical Advisory Group (NITAG) in the WHO African Region



**7 & 8 May 2015
BRAZZAVILLE, CONGO**



REGIONAL OFFICE FOR

**World Health
Organization**

Africa

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I. Introduction

1.1. Preamble

The orientation meeting on National Immunization Technical Advisory Group (NITAG) in the WHO African Region opened on Thursday, 7 May 2015 at the WHO Regional office for Africa in Brazzaville, Congo. A total of 38 participants, from WHO (PAHO, HQ, AFRO, 3 IST & 11 country offices), countries (Benin, Congo, Cameroon, DRC, Ethiopia, Ghana, Ivory Coast, Uganda, Malawi, Sierra Leone and Zimbabwe), partners: AMP/SIVAC, GAVI, West African health Organization (WAHO), NITAG chair Indonesia participated in the 2 day meeting.

1.2. Welcome Address and Objectives

In his welcome remarks, Dr. Richard Mihigo, IVD Programme Manager recalled the specific GVAP recommendation requesting countries to further strengthen the ownership of immunization programmes and this could be realized through the creation of NITAG that will help countries to make evidence-based decision with regard to their programme. He also recalled that Member States in the African region endorsed the regional immunization strategic plan 2014-2020 which also reiterated the need to establish NITAG.

Data reported by countries in the 2013 & 2014 WHO/Unicef Joint reporting forms show that 9 & 14/47 countries respectively in the AFR reported having a NITAG fulfilling the 6 criteria of functionality. These countries in 2014 were: Algeria, Benin, Burkina Faso, Ivory Coast, Mali, Mauritania, Mauritius, Niger, Senegal, Kenya, Mozambique, South Africa, Uganda, and South Sudan. The pace of creation of NITAGs in AFR is slower compared to other WHO regions. Some of the regional milestones are to establish NITAG in 20 countries by 2015, 40 countries by 2017 and all (47) countries by 2020.

The objectives of the workshop were:

- To provide countries with the necessary information on the creation /strengthening of NITAG
- To share experiences and lessons learned from other countries with functional NITAG
- To discuss the opportunities of harmonizing NITAG work with other existing consultative/advisory committees in the Health Sector
- To agree on key activities & timeline for NITAG creation / strengthening at country level and monitoring mechanisms
- To inform countries about potential partners and the kind of technical support they can provide them

The agenda for the two days' workshop included:

- Overview of NITAG at Global level and in AFR
- Presentation of the WHO guidelines on NITAG
- Sharing experience of other regions (PAHO) & countries (Indonesia, Benin, Ivory Coast)
- Group work
- Development of key activities from June- December 2015 and support required.

2. Technical Session

1. WHO Guidelines on NITAG and Relationship with Other Immunization Bodies; Key Challenges and Success Factors – Philippe Duclos (WHO/HQ)

The Decade of vaccines Global Vaccine Action Plan outlines the need for countries to establish NITAG, which is a technical deliberative body to guide/enable policy makers and to make evidence-based immunization related policy decisions. A NITAG is not an implementing, coordinating or regulatory body, but can help to advise on surveillance and monitoring needs and to assess progress in the implementation of the country action plan.

It is recommended that membership includes core members (10-15 members involved in decision making, own independent expertise, broad range of disciplines), Ex-officio (Government agencies) & liaison (Other stakeholders) members. Technical and administrative support is provided by a secretariat which may be a scientific institution or linked to MoH. Core members are national experts from various departments in the country (MoH, Universities, Research...) and should provide independent expertise from manufacturers, MoH, WHO, UNICEF, BMGF, and other interested parties.

Members should be appointed formally by the MoH. The chair should be senior and widely respected with no direct accountability with MoH immunization program and/or interest-group affiliation. Prior to appointment, members should complete a declaration of interests and a confidentiality agreement is signed before starting the NITAG meeting. The main goal is transparency, but depending on the level of reported interests, participate but not be involved in final decision making, or not participate at all in the meeting/session.

NITAG functioning

NITAG Standard Operating Practices should specify nomination process, duration of term, and rotation process and termination clauses of the members. These should also specify mode and conduct of meetings, frequency, open versus closed meetings, decision making process (consensus or voting) and basis for review of evidence and decision making, establishment of working groups, administrative support, recording and adequate communication on declarations of interest, agenda setting, report writing, communications and reporting of recommendations, direct communication with senior officials in Ministry of Health, and the evaluation process.

Steps for the development of evidence-based recommendations once agenda item agreed

Before the NITAG meeting

1. Consider establishment (and if useful) of a specific Working Group
2. Define the questions to inform the recommendations
3. Review and summarize the evidence
 - Conduct a systematic review of the literature with or without meta-analysis and, where necessary, commission research to address gaps in evidence.

- Review the quality of evidence (assessment of risk of bias and confounding)

During the NITAG meeting

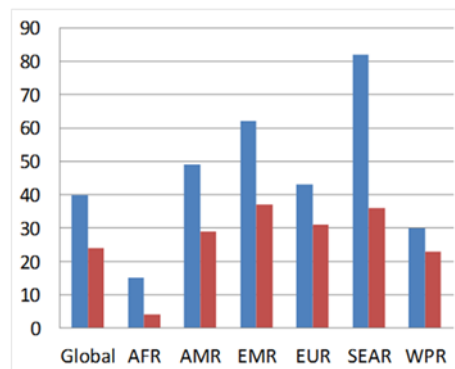
- Present proposed recommendations with their supporting evidence
- NITAG discussion, deliberation and decision regarding the proposed recommendations

After the NITAG meeting

- Submission of the policy brief to the competent authorities

NITAGs status in 2014: Provisional Data (May 4, 2015):

The African Region lags behind in the % of countries with a NITAG that meets all 6 basic process indicator



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

Challenges in establishment and strengthening of NITAGs:

They are mainly the recognition by the MoH, the quality of the recommendations & complexity of processes (Methodology, systematic reviews, Grading of Recommendations Assessment, Development and Evaluation (GRADE) versus experts' opinions), availability of local data and human resources (Experts availability in terms of persons & time, NITAG secretariat).

2. Strengthening evidence-based immunization policy in the Americas: PAHO's ProVac Initiative and other experiences with NITAGs – Cara Januz (PAHO)

Survey was conducted to assess decision support needs in Latin America and the Caribbean. The main areas where technical support was required are: strengthen/establish NITAG, health information system, conduct economic evaluation, and develop sustainable financing...

PAHO has a BMGF funded ProVac Initiative whose Goal is to strengthen national capacity to make informed, evidence-based decisions regarding vaccine policy. The ProVac initiative

currently focus on 4 vaccines: Rotavirus, Pneumococcal conjugate, HPV, and Influenza vaccines (in the future: dengue, malaria, second generation & others are going to be considered).

PAHO developed Operational Guidelines for NITAGs which include: Functions, Formal structure, Procedures. Considerations for new vaccine policymaking at country-level are technical, social, evidence package, operational & programmatic.

In 2013, 23 of 66 member and associate member states reported the existence of a NITAG, which represents a population of 94% of the Region in these states. Fifteen of the 23 states have reported having NITAGs that meet all 6 indicators.

Challenges and opportunities in the Americas

- Many NITAGs in the Americas are not completely independent from the ministry Secretariat
- Declaration of conflicts of interest is increasingly common place for NITAGs in the Americas; more work to be done
- Recent trend of revision to long-standing committees' practices and procedures (i.e. Argentina, Peru)

Way forward

- Continued awareness raising and support regarding NITAG independence
- Foster stronger collaboration between NITAGs in the Region
- Strengthen country capacity to field health sector expertise in economics for immunization programs
- Explore synergies between health technology assessment agencies and NITAG process
- Share ProVac framework and lessons learnt with other WHO Regions

3. Experience of Indonesia in establishing and strengthening of NITAG – Toto Hendarto (member of ITAGI):

The NITAG in Indonesia, officially recognized as “The Indonesian Technical Advisory Group on Immunization” (ITAGI), was established through a decree of the Ministry of Health on 15th December 2006, revised in July 2010 & January 2013. The country comprises 33 provinces and 407 districts. The population is 237,556,363 (Indonesia census 2010) with around 76 million children and infant mortality rate at 25.9 per 1,000 live births (2010-2015).

The mandate of the ITAGI:

- To advise national Government on the formulation of strategies for the control of VPD through immunization.
- to guide national government on issue of vaccine quality and safety, immunization choices and strategies, new vaccines and new delivery technologies
- to assist the national authorities in evidence-based decision making

Role of ITAGI:

- To provide advices on immunization schedules, public & private sector
- Review articles & recommendation on new vaccines
- Standardize of AEFI reporting through the AEFI National Committee

- Provide technical advice to help the government make decisions on immunization issues

Composition of the ITAGI:

The ITAGI is composed of a Chairman, Vice chairman, Secretary General, Secretary and Treasurer and Subcommittees (research & development, vaccine production, quality control, Immunization practice). Members are Pediatricians, Internal Medicine, gynecologists, Microbiologist, Virologist, Epidemiologist, National EPI manager, NRA's Representative, National Research & Development Institute of Health's Representatives, Public health expert, Health economist, Finance and Planning division of MOH, Law & Medico-legal division of MOH, Representative from key technical partners (WHO, UNICEF, PATH).

INDONESIAN TAGI ACTIVITIES 2010-2015

2010	2011	2012
<ul style="list-style-type: none"> • Recommendations on <ul style="list-style-type: none"> • Introduction Hib vaccination into NIP (update) • Hepatitis B immunization at birth (update) • Justification on <ul style="list-style-type: none"> • Rabies Vaccine regimen intradermal • Review on <ul style="list-style-type: none"> • Diphtheria outbreak in Indonesia 	<ul style="list-style-type: none"> • Recommendations on <ul style="list-style-type: none"> • Introduction pneumococcal vaccination into NIP (update) • Introduction JE vaccine in Indonesia (update) • Justification on <ul style="list-style-type: none"> • Introduction of Rotavirus vaccination (update) • Vaccine BCG strain Moscow in NIP • Review on <ul style="list-style-type: none"> • IPV into NIP • International meeting <ul style="list-style-type: none"> • SIVAC 	<ul style="list-style-type: none"> • Review and analysis on <ul style="list-style-type: none"> • Preparation endgame/ eradication Polio in Indonesia, IPV into NIP. • The progress solving on Diphtheria outbreak in Indonesia. • Pneumococcus vaccine into NIP • Rotavirus into NIP.
<ul style="list-style-type: none"> • Recommendations on <ul style="list-style-type: none"> • Implementation IPV vaccine into NIP (Jogja as pilot project) • Strategy of Polio vaccination encounter endgame/ eradication polio in Indonesia • Review and analysis on <ul style="list-style-type: none"> • New vaccine priority into NIP • Measles eradication/ Rubella control strategy, MR vaccine into NIP • International meeting <ul style="list-style-type: none"> • SEAR-ITAG meeting, New Delhi. • Rubella vaccine work-shop. • International review and surveillance immunization meeting. 	<ul style="list-style-type: none"> • Review and analysis on <ul style="list-style-type: none"> • IPV into NIP • Pneumococcus vaccine into NIP • Dengue vaccine. 	<ul style="list-style-type: none"> • Strengthening Indonesia TAGI: <ul style="list-style-type: none"> • Guidance and Resource documents • Exchange of experience • Technical support

CHALLENGES

- Limited funding for activities
- Limited resources (data and staff) to review & analyze supported data

4. Overview of the NITAG in the AFR, challenges & perspectives- Blanche Anya (IVD/AFRO)

To assess the situation of NITAG in the AFR, a survey was conducted in all countries in the region from Jan – April 2015.

The objectives of the survey were:

- To collect detailed information on country NITAGs or equivalent expert group & have a baseline situation in the region
- To identify weaknesses & potential barriers for NITAG establishment/ strengthening in countries in the region
- To use this information to provide appropriate support to countries in 2015

Responses received from 39/47 countries. 11/39 respondent countries had a NITAG or equivalent expert group among which 7 in IST/West : Algeria, Benin, Burkina Faso, Cote d'Ivoire, Mali, Niger, Senegal and 4 in IST/ESA : Kenya, Uganda, South Africa, Zimbabwe.

Major weaknesses include:

- Most NITAG are newly created (<5ans) with suboptimal functioning
- Insufficient capacity to make independent and evidence-informed recommendations
- Most NITAGS lack SOP's
- Insufficient collaboration between NITAGs
- Insufficient funding & resources

Main challenges in establishing /strengthening NITAG in the AFR are:

- Insufficient use by countries of background information provided on NITAG, making some of them confusing it with ICC
- Lack of orientation to countries on how to build on existing structures dealing with immunization issues to avoid creation of too many bodies and mutualize resources.
- Resurgence of severe outbreaks in many countries in the region during the past years (EVD, polio, measles...) contributing in delaying the process.

Perspectives and way forward

- Strengthen capacity in countries in the region on NITAG:
- Support participation of NITAG chairs to Global meetings (SAGE and others) training of NITAG (such as SIVAC workshop for NITAGS held in April 2015), study trips in countries with well-functioning NITAG
- Strengthen collaboration with other NITAG
- Joint advocacy/technical partners visits to country for NITAG establishment/strengthening

5. NITAGs Establishment and Strengthening: Lessons learned: Antoinette Ba Nguz (SIVAC/AMP) & Yve Mongbo (WAHO)

The SIVAC Initiative is a project implemented by the “Agence de Médecine Préventive” since 2008 in collaboration with International Vaccine Institute in Seoul and funded by BMGF and GAVI. SIVAC specifically aims at supporting countries efforts in establishing and strengthening of NITAGs in accordance with WHO guidelines. Major activities, (in collaboration with various partners) include capacity building through trainings, networking and tutoring, development and sharing of technical documents (protocols, guidance documents, tools) scientific publications, creation and development of a global networking and sharing platform called NITAG Resource Centre (NRC).

SIVAC & Partners’ support in NITAGs establishment and functioning are summarized in the table here against: (countries with stars** were supported in collaboration with WAHO)

	AFRO	EMRO	EURO	SEARO	WPRO
NITAGs established and functioning	Benin** Burkina Faso** Côte d'Ivoire** Kenya Mozambique Senegal** Uganda	Lebanon Tunisia	Kazakhstan Kyrgyzstan Mongolia	India Indonesia	Cambodia Lao DPR Nepal Vietnam
Established, not yet operational	Mali** Niger** South Sudan				
Process initiated or planned	Ethiopia Ghana** Guinea** Liberia** Nigeria** The Gambia** Togo** Malawi Zambia		Albania Armenia	Timor Leste	
Engagement with countries	Angola DRC Tanzania				

Factors facilitating NITAGs establishment and proper functioning include clear understanding of NITAG’s roles and mode of operations, well integration into the immunization landscape, Diversity of expertise, Strong secretariat, Good learning opportunities through experience sharing between NITAGS, Access to technical resources and assistance, Catalytic effect of partnership with local and regional organizations.

Challenges identified include

1. *Safeguarding independence in development of NITAG recommendation*

This includes Independence of NITAGs recommendation from all type of external influence (manufacturers, MoH, technical partners) as national experts are often from academies or universities and as such collaborate with vaccines producers. Clear conflict of interest management policy in place will help ensure development of the recommendation guided by transparency and absence of bias.

Another issue is that although no fees are paid to experts for their work, the common “sitting allowance” can be difficult to manage.

2. **Political interference**

Eg: The complex political system in Kenya with the co-existence of two ministries of Health in Kenya (Ministry for Public Health & Ministry of Medical Services) made it difficult to define which one should have the leadership on NITAG establishment.

3. **Lack of early planning for financial sustainability**

Important resources (time and staff) are needed to manage the secretariat during the 2-3 years of the learning period. Late of failure to identify reliable resources to sustain the process constitute a threat on NITAG activities when partners support ends

6. Experience of NITAG Benin: Pr ADEOTHY-KOUMAKPAI SIKIRATOU (Chair of CNCV-Benin)



The NITAG from Benin named « Comité National Consultatif pour la Vaccination et les Vaccins au Bénin (CNCV-Bénin) was officially created by a ministerial decree on 29 mars 2013 and installed in September 2013. His main mission is to give opinions, scientific and technical recommendations to guide the Ministry of Health in the definition, Implementation, monitoring and evaluating immunization policies and strategies. It comprises core members (11 national experts from various disciplines all appointed by the Minister of Health).

The committee is headed by an executive committee of three members: Chair, vice chair and Rapporteur. Duration of the appointment is 3 years renewable once.

Non-core members are Ex-officio members (from MOH and other ministries involved in the implementation and monitoring of immunization activities) and liaison members (organizations or national and international institutions). Non-core do not vote and do not participate in the finalization of the recommendations. Observers can be requested by the NITAG to enlighten on specific issues

Functioning

The NITAG meets in regular session once every six months (twice per year) convened by its President and may meet in extraordinary session at the request of the Minister of Health, the President or at least half of the committee members. A quorum of 6/11 members is required for the meeting to take place and recommendations are, adopted through a vote by core members and sent to MOH within 15 days by the Chair. Core members declare confidentiality and absence of conflict of interest. Some penalties are applied to irregular members (exclusion of a core member after three consecutive absences at meetings)

NITAG has technical working groups on subjects selected in the action plan and elects a chairman and a rapporteur to draw up a work schedule. These are coordinated by the Secretariat and the Vice chair.

Financial resources are from WAHO and AMP support for 3 years and relayed by the immunization programme and other interested partners

Monitoring and evaluation mechanism & activities are included into the annual work plan. A report summary is prepared at the end of the year and external review every 2 years;

Key activities conducted in 2014-2015 include: recommendation to MOH on the introduction of IPV into the routine EPI; positive advice on the implementation of the Human Papilloma Virus (HPV) vaccination demonstration project; development of operating tools (NITAG internal rules, declaration of conflict of interest etc.), conduct of 2 regular, 2 Ad hoc & 4 working group meetings, elaboration of 2014 annual report and 2015 action plan

Challenges faced were conflicting schedule of members leading to postponement of some meetings and delay in the signing of tripartite (MoH-AMP-WAHO) agreement

Way forward include secure funds for sustainable funding by the country after the withdrawal of donors, strengthening the capacity of committee members and networking with other national committees NITAG, regional and international

7. Experience of NITAG Cote d'Ivoire: Pr BENIE BI Vroh Joseph (Member of CNEIV-CI)



A view of a meeting of NITAG Cote d'Ivoire



Study trip of NITAG Cote d'Ivoire & Senegal in NITAG France

The NITAG named “Comite National d'Experts Independants pour la Vaccination et les Vaccins de la Cote d'Ivoire (CNEIV-CI) was established since 2009 with the role of providing advice, scientific and technical recommendations to guide the Minister of Health. Its missions are to counsel the Minister of Health on immunization strategies, inform the Minister on the latest scientific developments, and establish partnerships with other committees.

The NITAG has 17 independent national experts, 9 ex-officio members, 3 connecting members and 4 Secretariat members which have a mandate for 4 years. There are also specific working groups.

Functioning

The committee meets in ordinary & extraordinary sessions and can invite observers. Main activities conducted in 2014 & 2015 are summarized in the table below:

2014	2015
Proposed schedule for introduction of IPV	Capacity building in developing recommendation notes and procedures.
Participation in meetings in West Africa committees	Development of 2015 workplan
Recommendation for the introduction of HPV vaccine	Conduct on April 8 2015 of the first regular session of the CNEV-CI
sharing of scientific work on Rotavirus (epidemiological, clinical, vaccination)	Participation in the meeting of Sub Regional working Group on Immunization for Central & West Africa in Abidjan in April 2015
Study trip in France with Africa NITAG	
External review of NITAG	

Monitoring & evaluation mechanisms include holding regular quarterly sessions, establishment of working groups and external review of the functioning of the Committee after 4 years of operation

Challenges include financial sustainability, irregular availability of members for meeting, and difficulties in restitution of activities to the Minister of Health.

Needs:

Funding for research on economic impact assessment and attending vaccinology courses, and plans for financial sustainability

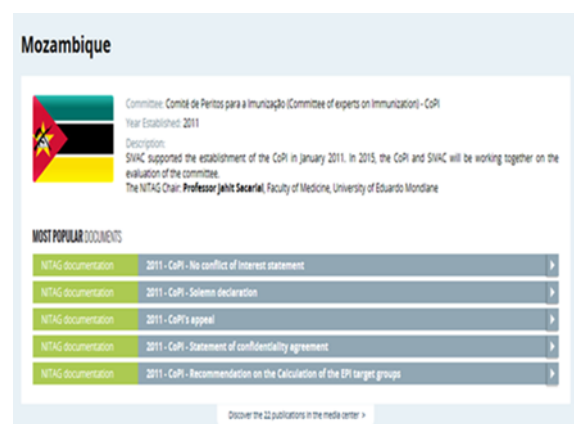
Way forward

- Recruitment of a permanent secretary
- Review of the decree creating the NITAG
- Further work on the introduction of new vaccines
- Implementation of functional working thematic groups
- Training: economic evaluation, socio-anthropological approach to vaccination

8. NITAG RESOURCE CENTER (NRC): An interactive tool to share information between NITAGs and decision-makers in immunization – Louise Henaff (SIVAC/AMP)



A view of the home page of the platform



A view of a country technical datasheet

The NRC is an open and global platform funded by the B&MGF, GAVI and WHO and hosted by the SIVAC initiative to make information available to NITAGs. All NITAG members across the world, as well as the large immunization and vaccine community, can access updated, NITAG-related information and materials in one user-friendly and innovative platform for free. Information is tracked down and the website is updated every day. There is a responsive and attractive design than can be adapted to any type of screens and is quite ergonomic. The interface is quite intuitive. The resource is translated into 4 languages to reach everyone. Its main objectives are to:

- Make information accessed by all (for free) and centralized to help the creation, strengthening and evaluation of NITAGs,
- Create and promote a strong network of NITAG members

The NRC has the following functionalities: Country specific information, Reference literature on scientific publication that is regularly updated, , a media centre with a search engine for useful documents including WHO position paper, literature reviews, report from partners and scientific papers, news and events. It currently has no password or other login requirements. The link to access is <http://www.nitag-resource.org/>

It features an interactive map of NITAGs worldwide, displaying NITAG status according to the latest WHO/UNICEF Joint Reporting Forms (JRF) indicators.

When there is a NITAG, clicking on the country will displays a technical datasheet with additional information such as date of creation of a NITAG, the link to their website when they have one and contact details of the focal point when he/she has been designated. A top 5 of the most downloaded document from the NITAG is also displayed. This is a good way to promote the work of NITAGs when they don't have a website.

The media centre gives access to wide range of documents including NITAG documentation as well as guidelines from WHO and other partners, generic tools and templates for NITAGs to help them strengthen and evaluate their activities. Scientific publications and systematic reviews can also be found to help NITAGs prepare their recommendations. The latest WHO position papers are directly accessible.

9. Group work

On day 2, participants were then divided in 4 working groups that deliberated on potential barriers to establishing/strengthening NITAG in their countries and proposed concrete actions to address them.

Outstanding barriers which came out included insufficient resources, conflict of interest, independence of NITAGs, motivation of NITAG members, inadequate information on the establishment of NITAGs, and financial dependence on partners.

10. Summary of key points of discussion

The workshop highlighted the points below:

- The specificity of the African context and challenges including the existence of multiple committees, the need to build on the existing structure and that it takes a few years to have committees functional.
- It was also clear that one may compromise on some of the criteria in the short term in order to facilitate the establishment of some committees.
- Advocacy and communication is critical for the Minister who should be the cornerstone for the establishment of NITAG. Therefore, there is the need to have the Minister of health convinced that the NITAG is a useful tool if things are really to move, and the sustainability of financing as well as the integration of the NITAG.
- Participants concluded that the financing of the NITAG should be internal and the external support should only be time limited. It should be explained from outset that there is no financial remuneration to members.

- Stephen Sosler from GAVI stressed the possibility for GAVI eligible countries to apply for or re-profile HSS funding for NITAG support.
- Other elements flagged included the need to consider the wider context than just vaccination, the need for collaboration between programmes, and the challenges to secure local data and possible need to use regional data or those from neighbouring countries.
- The need to train not only NITAG chairs but also NITAG members and very much the secretariat was emphasized as well as to encourage exchange visits among NITAGs.
- Activities for the NITAG's establishment listed by countries generally speaking included:
 - A debriefing on this workshop to deciders in the MoH,
 - The dissemination of information on the functioning of NITAGs,
 - The establishment of a writing committee to develop decrees with respect to the establishment of a NITAG,
 - The validation of such decrees through consultations,
 - The establishment of a process to identify and appoint members and the formal establishment of the NITAG and
 - Organization of an orientation workshop for its members.

Action Points of the 2 Day Meeting

At the end of the 2 day meeting, the following action points were issued:

WHO & Partners

- Regional Director of AFRO to inform all countries Ministers of health in writing to establish NITAG: **by 30 June 2015**
- Support countries to build a peer learning network and collaboration among NITAGS. Immunization focal persons at WHO country offices and IST should play a key role in this process.
- Provide technical & financial support to countries to implement their work plan on NITAG and monitor progress

Countries

- To develop clear terms of reference for NITAG, detailed SOP's, and secure sustainable funding for the functioning of NITAG.
- To implement 6 months (June- December 2015) work plan developed during the workshop

Annexes

Specific country plans for June-December 2015

Benin

NO	Activity	Cost (CFA)	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1.	Recherche de données locales disponibles , réalisation d'études opérationnelles	Appui des partenaires							
2.	Formation courte dans des domaines en relation avec la rédaction de recommandations basées sur l'évidence	1 755 000							
3.	Visites d'échange d'expérience	5 775 000							
4.	Exploitation des données du NITAG center (doter le secrétariat d'outils informatiques pour la consultation de bases de données et la mise à disposition des membres des informations nécessaires)	PM							
5.	Prise en charge de la secrétaire	3 600 000							
	Acquisition de fournitures de bureau et renouvellement de l'internet	658 000							
6.	Organisation logistique et administrative des réunions du CNCV puis frais de communication	960,000							
7.	Revue externe des activités du CNCV - Bénin	PM							
8.	Evaluation annuelle du plan d'action 2015, élaboration du rapport annuel et validation du plan annuel 2016	1 054 500							

Congo

NO	Activités	Coûts (USD)	Mai	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1.	Plaidoyer auprès du Ministre de la santé pour le doter des arguments convaincants pour le Gouvernement - Restitution de atelier orientation de Brazzaville au MSP et CCIA - Elaboration d'une requête pour une mission de plaidoyer de haut niveau	PM								
2.	Institutionnaliser le GTCV par un arrêté ministériel/décret résidentiel sur la Vacci	3000								
3.	Sensibilisation de toutes les institutions et autres parties prenantes de la vaccination sur le rôle et des taches du NITAG	2000								
4.	Mise en place officielle du GTC	2000								

Cameroon

CHRONOGRAMME ACTIVITES MISE EN PLACE NITAG AU CAMEROUN																																		
N°	ACTIVITES	ANNEE 2015				JUN				JUILLET				AOÛT				SEPT				OCT				NOV				DÉC				COUT (CFA)
		S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	
I. Restitution de la mission																																		
1	Reunion de coordination hebdomadaire du PEV elargie aux partenaires																																	
2	Reunion de coordination hebdomadaire du MinSante																																	
II. Plaidoyer																																		
1	Redaction de la note conceptuelle sur la creation du NITAG au Ministre																																	
2	Reunion du CCIA: Modalites de decision de creation du NITAG et Etat d'avancement de l'avant projet de loi sur la Vaccination																																	
3	Adoption du projet de loi sur la vaccination																																	
III. Mise en place du NITAG																																		
1	Identification des institutions clefs																																	
2	Decision de creation du NITAG par le MinSante																																	
3	Installation officielle du NITAG apres mise en place du bureau																																	
III. Elaboration /adaptation des documents de reference																																		
1	Collecte et exploitation des documents au pres des pays ayant deja mis en place des NITAG																																	
2	Exploitation des ressources documentaires du SIVAC																																	
3	Atelier de finalisation des documents de fonctionnement du NITAG avec l'appui d'un consultant																													8550000				
4	Atelier d'adoption des documents de fonctionnement du NITAG																													4925000				
IV Renforcement des Capacites																																		
1	Formation des membres du NITAG																													8550000				
2	Voyage d'etude du President et son secretariat dans un pays avec un NITAG fonctionnel																													8000000				
																										Total	30025000							

Cote d'Ivoire

N°	Activite	Cout (CFA)	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1.	Organisation d'une séance de travail avec la Ministre : présentation du bilan du fonctionnement et des résultats d'activités seront présentés	PM							
2.	Réalisation de l'étude sur la demande des vaccins hors PEV et publication	5 000 000							
3.	Mettre en place un mécanisme de Viabilité financière du GTCV (Plaidoyer et identification des sources potentielles de financement interne et externe)	PM							
4.	Renforcer la qualité de l'organisation et du suivi des réunions	200,000							
5.	Elaborer une note de recommandation basée sur l'évidence sur la vaccination contre le virus de l'hépatite B à la naissance	1,000 000							

DRC

CHRONOGRAMME DES ACTIVITES PREPARATOIRES DU GROUPE TECHNIQUE CONSULTATIF POUR LA VACCINATION/NITAG

N°	ACTIVITES	Coût (en \$)	Source de financement	Appui technique	PERIODE																							
					Mai		Juin		Juillet		Août		Septembre		Octobre		Novembre		Décembre									
					S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4		
1	Faire la restitution de l'atelier de Brazza au Ministre de la santé	PM																										
2	Faire la restitution de l'atelier de Brazza au CCIA Technique	PM																										
3	Mettre en place un groupe de travail pour adapter/rédiger les TdR	1,500	OMS	AMP/OMS																								
4	Visiter un pays ayant un NITAG fonctionnel pour partage d'expérience	10,000	CDC	CDC																								
5	Finaliser les TdR au CCIA Technique, avec toutes les partenaires	PM																										
6	Faire valider les TdR par le Ministre de la Santé Publique à la réunion du CNC	PM																										
7	Signature de l'acte administratif de création du GTCV par le Ministre de la Santé	PM																										
8	Identifier les membres potentiels du NITAG (consultations avec les institutions universitaires, scientifiques et professionnelles)	PM																										
9	Nomination des membres du GTCV par le Ministre de la Santé	PM																										
10	Atelier de formation du secrétariat sur les outils et le mode de fonctionnement	17,500	AMP	AMP/OMS																								
11	Organiser un atelier d'orientation des membres du NITAG et de finalisation du plan de travail	37,500	AMP	AMP/OMS																								

Ethiopia

S/No	Activity	Description	Budget & Source	M& E	Timeline		
					August	September	October
1	Briefing decision makers on NITAG	Briefing decision makers on NITAG : purpose and scope	NA	Minute on orientation	X		
2	Obtain formal administrative approval for establishing NITAG	Official letter by the Minister/State Minister of Health	NA	Formal letter issued by MoH		X	
3	Prepare SoP detailing functions of the NITAG	A detailed SoP will be prepared for review and approval by the Minister/State Minister	NA	SoP		X	X
4	Request for external technical support	Technical support to capacitate the in country team	Personnel cost/WHO AFRO	Technical report		X	
5	Nomination of the NITAG members	consensus on nomination procedure and offering selected candidates to be a NITAG member	NA	List of NITAG members		X	
6	Orientation of NITAG members	orientation meeting for NITAG members on their function	\$ 3000	Orientation report			X
7	Mobilize resource for NITAG activities	Discuss with finance directorate to put budget for NITAG activities and solicit external financial assistance	TBD	\$ mobilized/secured		X	X

Ghana

N0	Activity	Cost	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1.	Briefing of MOH/GHS									
2.	Identification of all experts (academics, PH stake holders etc) identification of consultant and finalisation of TOR	10 days consultancy fees								
3.	- Development of NITAG documents - NITAG inaugural meeting	One day meeting								
4.	Training of Members of NITAG/secretariat Invitation of SIVAC trainers & other partners	3 day's meeting								
5.	First Coordination meeting (Invitation of MOH/GHS/Core NITAG Members/Ex-officio members/secretariat)	1 days meeting)								
6.	Quarterly meetings :Invitation core members/ex-officio/secretariat	2 days meeting								
7.	Monitoring and evaluation	One day meeting								

Uganda

N0	Activity	Cost (USD)	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1	Mapping of National experts	10,000							
2	Training of NITAG	50,000							
3	Training of NITAG members on vaccinology	10,000							
4	Financial Support to Secretariat for 6 months	6,000							
	Support for 3 NITAG member meetings	4000							

Malawi

Activity	Cost (US\$)	Timeline: June-December 2015							Responsibility
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Nominate and appoint NITAG members	0								Secretary for Health
Conduct meeting for the newly appointed NITAG members	1,768								NITAG Secretariat
Conduct workshop to review and adapt training materials for NITAG	8,048								NITAG Secretariat
Conduct Training for NITAG members	7,368								NITAG Secretariat
Conduct Biannual Review Meeting	17,185								NITAG Secretariat

Sierra Leone

Description	Timeline	Budget (US\$)	Responsible Organisation
Orientation of EPI Technical Coordination Committee (TCC) that currently provide technical oversight and policy formulation	12 th May 2015		CH/EPI Manager (MoHS)
Orientation of Senior management of the Ministry of health and Sanitation on NITAG	26 th May 2015	1,000	CH/EPI Manager (MoHS)
Orientation of Parliamentary subcommittee on health on NITAG	Mid June	3,500	Minister, CMO & CH/EPI Manager (MoHS)
Workshop for the development, production and dissemination of country guidelines and ToR for membership to NITAG	9-10 July	15,000	WHO/GAVI/SIVAC
Secure parliamentary approval on NITAG	30/31 July 2015	5,000	WHO/GAVI/SIVAC
Nomination of: <ul style="list-style-type: none"> Expert Committee Members Ex-officio and Liaison Officers 	28 th August 2015	2,000	Minister of Health & Sanitation

Description	Timeline	Budget (US\$)	Responsible Organisation
Setting up of Secretariat including operational cost	28 th August – 18 th September 2015	50,000	MoHS & Partners
Submit proposal and budget to MoHS and partners for funding (resource mobilisation)	1 st - 8 th August 2015		MoHS
Request external technical support for orientation of NITAG	15 th September 2015		MoHS & WHO
Induction meeting of NITAG and TCC	22 nd September 2015	4,000	MoHS & Partners
Orientation of: <ul style="list-style-type: none"> NITAG by external technical team Ex-officio and Liaison Officers 	5 th – 6 th October 2015	20,000	MoHS & WHO
Development of Plan of Activities by NITAG	16 th October 2015	3,000	NITAG Secretariat
Conduct at least three meetings	<ul style="list-style-type: none"> 16th October 2015 11th November 2015 16th December 2015 	<ul style="list-style-type: none"> 0,000 3,000 3,000 	NITAG Secretariat

Zimbabwe

N0	Activity	Cost	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1.	Advocacy, sensitization of the TMT on importance of NITAG	0							
2.	- Revisit the TORs of both members and secretariat - Appointment of some members - Orientation of members and secretariat on expected outputs - Definition of term of office for members - Need to have members declare conflict of interest including members of sub-committees	\$1000				X			
3.	Request for technical and financial support from SIVAC and partners					X			
4.	Let members sign an agreement that clearly indicates that there is no stipend Setting up of agenda and plan								X
5.	Formally appoint Deputy Chairperson for continuity work in the absence of Chairperson					X			

Programme of Work

**ORIENTATION MEETING ON NATIONAL IMMUNIZATION TECHNICAL
ADVISORY GROUP (NITAG) IN THE WHO AFRICAN REGION
BRAZZAVILLE, CONGO, 07-08 MAY 2015
PROGRAMME OF WORK**

<u>Thursday, 07 May 2015</u>		
Chair: <i>WHO/GAVI</i>		Rapporteurs: <i>Ghana/Kenya</i>
Timeline	Topic	Presenter
08:30 – 08:45	Participants' registration	<i>Secretariat</i>
08:45 – 09:00	Security briefing	<i>Security Unit</i>
09:00 – 09:15	- Introduction of participants - Opening remarks	<i>FRH Director</i>
09:15 – 09:30	- Agenda, workshop objectives & expected results	<i>Richard Mihigo</i>
09:30 – 10:00	- Global situation on NITAG - WHO guidelines on NITAG: Roles, responsibilities, Key elements of a well-functioning NITAG.	<i>Philippe Duclos</i>
10:00 – 10:30	- Experience of NITAG in PAHO. - Elements to consider when establishing/strengthening a NITAG & relation with other immunization bodies - Key challenges & factors of success	<i>Cara Januz</i>
10:30 – 11:00	- Coffee break	
11:00 – 11:30	- Experience of Indonesia in the establishment of NITAG & key tips for successful NITAG work. - Discussions	<i>Toto Hendarto</i>
11:30 – 12:00	- Overview of the NITAG in the AFR, challenges & perspectives.	<i>Blanche Anya</i>
12:00 – 12:30	- Lessons learned in establishing and strengthening NITAG in countries in the AFR /Role of the WAHO.	<i>Antoinette Ba Nguz/ Yves Mongbo</i>
12:30 – 14:00	- Lunch Break	
14:00 – 14:45	- Country experience on NITAG - Discussions	<i>NITAG chair Benin</i>
14:45 – 15:30	- Country experience on NITAG, Cont - Discussions	<i>NITAG chairs Cote d'Ivoire</i>

15:30 – 16:00	- Presentation of the NITAG Resource Center (NRC) - Discussions	<i>Louise Henaff</i>
16:00 – 16:30	- Coffee break -	
Timeline	Topics	Presenter
16:30 – 17:00	- Introduction to group work on potential barriers to establishing/ strengthening NITAG in countries of the AFR and proposed actions to address them	<i>All participants in 4 groups</i>
17:00	- Wrap up day 1	<i>Chairperson</i>
<u>Friday, 08 May 2015</u>		
Chair: AMP/WHO		Rapporteurs: Uganda/ Zimbabwe
09:00 – 10:30	- Group work	<i>All participants in 2 groups</i>
10:30 – 11:00	- Coffee break	
11:00 – 12:00	- Group work continued -	
12:00 – 13:00	- Group work presentations & discussions	<i>Chairperson</i>
13:00 – 14:00	- Lunch break -	
14:00 – 15:00	- Group work per country: Timeline and key activities for establishing/ strengthening NITAG, - Monitoring & evaluation mechanism - Support required -	<i>Country teams</i>
15:00 – 16:00	- Presentation per country (5 countries: 10 mn per country) -	<i>TBD</i>
16:00 – 16:30	- Coffee break -	
16:30 – 17:00	- Synthesis of the discussions & next steps - Closing remarks -	<i>Chair person FRH Director</i>