

*Each year, WHO and UNICEF collect data and information from their Member States through the “Annual Report on Immunization” or “Joint Reporting Form” (JRF). The JRF provides an official means to globally collect indicators on immunization program performance. Laure Dumolard, technical officer at WHO headquarters, has been in charge of the JRF since 2006.*



**How long has the JRF been in existence?**

Prior to 1998, both WHO and UNICEF were collecting immunization coverage data from their Member States, independently, in different times during the year which resulted in two different datasets and in a double reporting burden on countries. To provide the international community with more consistent data and to reduce the burden on national immunization programmes the two agencies established from 1998 onwards a joint data collection process, asking the Member States to report once a year, with a single format and a single schedule. As over time global immunization goals and policies may change, there is a need to periodically review the content of the form and modify according to the need of global community to monitor achievement against global goals and implementation of global policies. Therefore, WHO and UNICEF organize every 2nd other year a coordination meeting to review and revise global core indicators accordingly.

**When are the data collected?**

Every January-February of each year, the form is sent to the 195 WHO and UNICEF Member States, with a deadline to have the data reported back to both headquarters (UNICEF and WHO) by the 15<sup>th</sup> April. The status of reception by the deadline is between 50% and 60%, but each year, between 96-99% of the Member States sends their JRF to WHO and UNICEF. Once received, the data goes through a cleaning, validation and query process. A primary publication of the data reported is done each year beginning of June, followed by regular web updates in the course of the year, depending on the reception of updated information, late submissions of reports or clarifications to the queries.

**What information do you collect in general and what data do you collect on NITAGs specifically?**

In 2014, the main areas for data collection are incidence data, immunization schedules, coverage data, supplementary immunization activities, and a set of questions related to immunization systems, such as planning and management, stock management, safety, vaccine hesitancy and others. Since 2011, data collection for 2010, data is collected on NITAGs. The questions have not changed since then. Only few modifications on the instructions have been made to guarantee a better understanding of the questions. Eight main questions are asked in the JRF: one on the existence of the advisory group in the country, one on the existence of a website/page dedicated to the advisory group and 6 process indicators for the advisory group:

- 1) Legislative or administrative basis for the advisory group
- 2) Formal written terms of reference
- 3) At least 5 different areas of expertise represented among core members
- 4) At least one meeting per year
- 5) Circulation of the agenda and background documents at least one week prior to meetings
- 6) Mandatory disclosure of any conflicts of interest

These six indicators do not guarantee the functionality of the NITAG but have been agreed upon as a minimum set of indicators that will allow monitoring of progress at global level. The main strength of monitoring global progress of NITAG implementation and functionality through the JRF is that it beneficiaries from a well-known and established data collection mechanism, with high reporting levels.

**Yet there are missing answers or incoherencies noticed, what is your strategy to make up for the data that is inconsistent with the reality?**

The validation process is critical to request clarifications, modifications, or additional information on reported data from the Member States. However, this query mechanism is still suffering from low response rates from the Member State, but each year, more and more efforts are made to improve the situation. For example, WHO and UNICEF regional offices for Africa, organized peer review workshops, during March 2015, with the objective of reviewing the reports in term of the completeness, the relevance, the coherence and consistency of information and data provided.

Another difficulty faced was to ensure that the questions were not misunderstood or misinterpreted. In some regions, for example, some affirmative answers of the existence of the NITAG were actually referring to an Inter-agency Coordinating committee (ICC). In 2014, the JRF was slightly modified and now includes the following information: "Do not report on Inter Agency-Country Committee (ICC)". Despite these difficulties, 91% of the Member States had completed the NITAG section with data for 2013. This allows experts to generate analyses on progress made globally in the establishment of functioning NITAGs, to publish these results and to report, on an annual basis, on the progress made to reach the NITAG Global vaccine Action Plan (GVAP) goal.

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*From 1st June 2015, data on NITAG will be accessible by visiting the webpage:*

*[http://www.who.int/immunization/monitoring\\_surveillance/data/en/](http://www.who.int/immunization/monitoring_surveillance/data/en/)*

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