

# First conference of the Global NITAG Network



## MEETING REPORT

May 11 - 12, 2016  
Fondation Mérieux, Veryier-du-Lac, France



## BACKGROUND

The health policy and institutional development center (hpid), a who collaborating center at the agence de médecine préventive (amp), is mandated to increase the use of evidence-informed decisions in immunization especially through the establishment and strengthening of national immunization technical advisory groups (NITAGs).

International and regional partners as well as many NITAGs have stated at previous gatherings that there is a critical need for a nitag network to be formalized, in addition to the nitag resource center (nrc) launched by amp-hpid to serve as a platform for exchanges across nitags .

As a result, on may 11th-12th, 2016, in collaboration with the world health organization, amp-hpid organized a meeting to establish a global NITAG network to address two topics: the establishment of a global NITAG network; and the importance of evaluating NITAG performance.

**35** Participants from **28** countries participated in the meeting.

**“ WE ARE ALL  
HERE TO  
SAVE LIVES ”**

**NONI MacDONALD,  
PROFESSOR OF PEDIATRICS  
CHAIR OF THE MEETING**



# DAY ONE

Dr Alfred da Silva, Executive Director at AMP, and Dr Kamel Senouci, from the WHO Department of Immunization, Vaccine and Biologicals (WHO IVB), on behalf of Dr Okwo Bele, WHO IVB Director, delivered the opening remarks.

Dr da Silva gave a brief historical background to the “Supporting Immunization and Vaccine Advisory Committees” (SIVAC) Initiative and its work on NITAGs. The SIVAC Initiative is the main project carried out by the HPID Center. Dr da Silva highlighted the importance of forming a Global NITAG Network and noted that it is a major achievement of the SIVAC Initiative.

Dr Senouci stressed the role played by NITAGs in the development of immunization policy recommendations, referring to Strategic Objective 1 of the Global Vaccine Action Plan (GVAP): “All countries commit to immunization as a priority”.



# DEFINING THE NETWORK STRUCTURE, OPERATIONS AND MANAGEMENT

## The Global NITAG Network: rationale, principles, focus and implications

Dr Senouci described some of the principles and implications of creating a NITAG network, including the advantages that the network could bring to participants: knowledge and experience sharing; advocacy support at national level; improved quality and sustainability; and the rapid exchange of information through swift access to data that could increase responsiveness (especially regarding epidemics).

The discussions raised a number of important issues. Participants' roles may vary, yet joint actions are needed to meet the set objectives. There is a risk that a network may add to the workload of individual countries and their NITAGs. Moreover, the network may stall if there is a lack of participation among members or if there are shortcomings in the structure.

Participants declared their willingness to be part of a network and expressed their motivations and concerns.

### The south-east asia regional NITAG network

WHO SEARO and SIVAC organised a consultative workshop in Colombo, on **April 7-8 2016** to discuss the structure and mandate of a SEAR NITAG network. 8 out of the 11 NITAGs of the South-East Asia Region (SEAR) were represented. From a network, representatives expect technical support, capacity-building, information and experiences sharing. Dr Antoinette Ba-Nguz highlighted the process for creating a network and the challenges involved, which include human resources, funding, and individual motivation for effective functioning.

The creation of the first regional NITAG network is a result of on-going efforts in the region by WHO and AMP-HPID.

### The VENICE Network in Europe

**Dr Daniel Lévy-Bruhl, a member of the network, explained in his presentation that, with support from the European Center for Disease Prevention and Control (ECDC), a number of meetings were held through the Vaccine European New Integrated Collaboration Effort (VENICE) project. These aimed to facilitate collaborations among ECDC national focal points for VPD in E.U countries. In other words, the collaboration lies between the experts that prepare scientific evidence as a basis for NITAGs decision-making in E.U. While the technical scope of the network is still being defined, the challenges faced thus far are similar to those described above.**

# A PLATFORM TO SUPPORT INTERNATIONAL COLLABORATION BETWEEN NITAGS



NITAG Resource Center

## NITAG RESOURCE CENTER

Supporting evidence-informed decision making for immunization programs and policies

[www.nitag-resource.org](http://www.nitag-resource.org)

The NRC offers NITAG members and secretariats and interested parties a centralized access to NITAG related tools, NITAG recommendations from around the world and the background documents used to issue them, systematic reviews, innovative scientific publications, technical reports, updates from partners, and upcoming immunization events. The NITAG Resource Centre is maintained by the Health Policy and Institutional Development Center of the Agence de Médecine Préventive which is a WHO Collaborating Center on evidence-informed decision-making on immunization since 2012. It is the first WHO CC focused on strengthening immunization-related evidence-based decision-making at country-level, on a global scale, with specific terms of reference promoting south-south, south-north

and north-north collaboration. The NRC interface is accessible by computer, tablet and smartphone, allowing it to reach the widest audience in the most convenient manner. As Louise Henaff, the knowledge and network manager in charge of the platform, asserts

**« it is first and foremost a one-stop shop for all NITAG related documents »**

The interactive map displays NITAGs' status according to the WHO/UNICEF Joint Reporting Form indicators, and technical datasheets display additional information on each country. The NRC also provides a means by which NITAGs with little resources can disseminate their information online. Other important features

include a dedicated series of services to keep the community informed, including lists of: upcoming events organized by all global partners/news about meetings and trainings devoted to NITAGs and vaccine stakeholders/"topics under review" that includes all topics being considered by various NITAGs and technical partners.

### KEY FIGURES

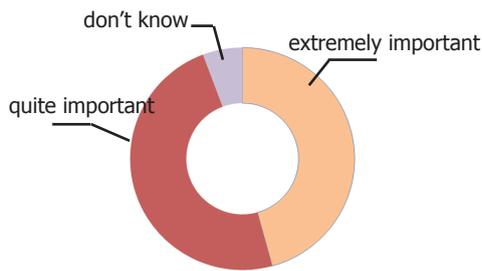
- One platform
- 690 NITAG documents
- 990 systematic reviews
- 18 600 visitors
- 28 focal points
- One NITAG newsletter

# GROUP WORK ON DEFINING THE GLOBAL NITAG NETWORK

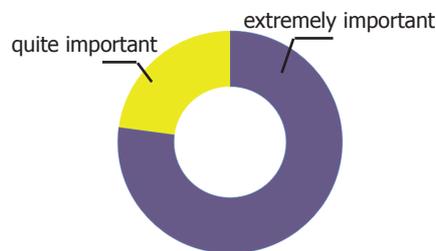
Participants gathered in breakout sessions to devise the network's format, mandate, roles, functions and funding. Participants were provided with a draft outline of a strategic document prepared by HPID to serve as a template for developing the network strategic document. Group work sessions were for countries to better understand and discuss the strategic document provided for the global NITAG network. Partner institutions facilitated the discussions. A short survey was completed to understand the perceptions about a Global NITAG Network.

## SURVEY RESULTS

How important is the GNN for your country's NITAG work?



How important is the GNN for ensuring quality of NITAGs globally?

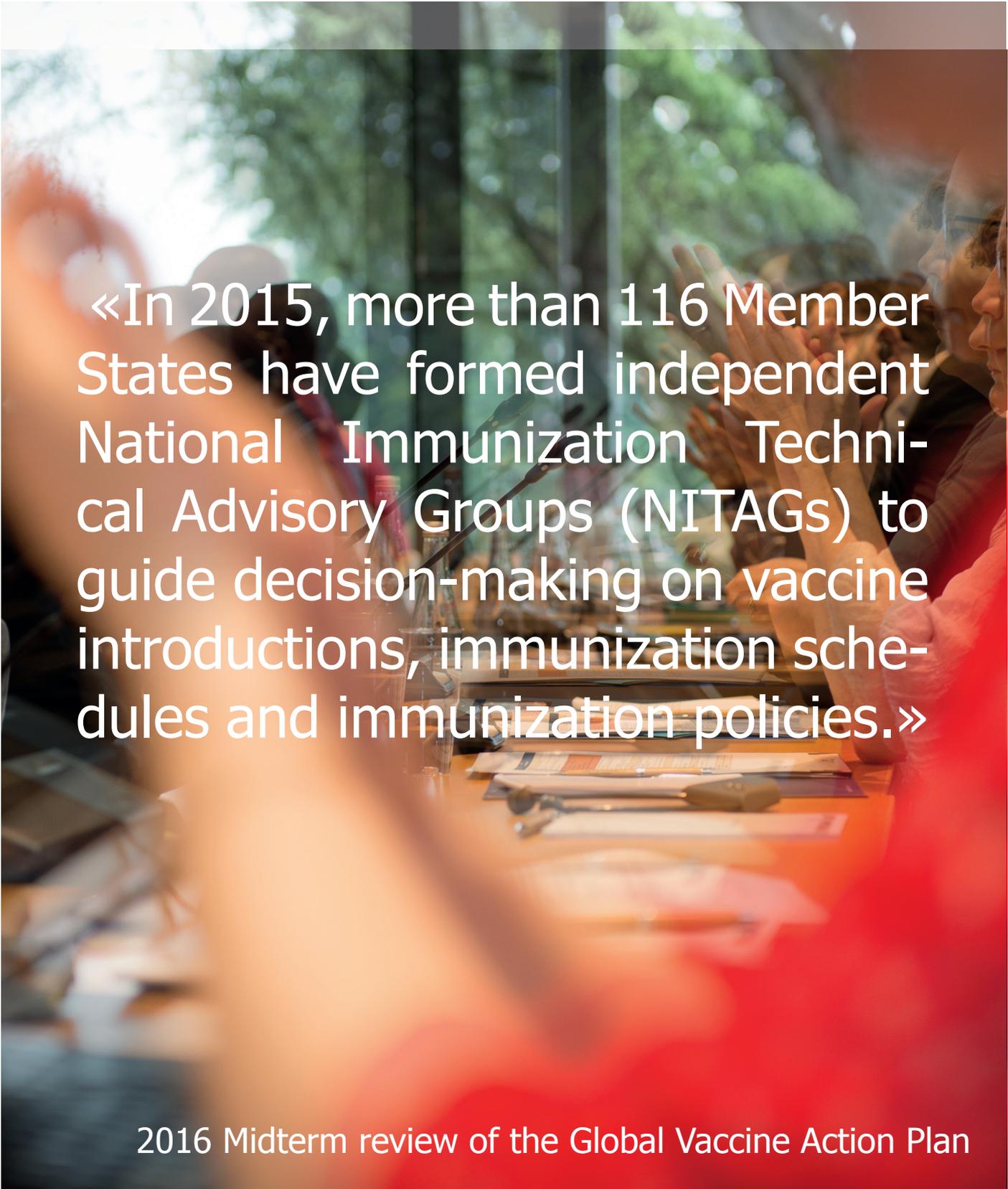


## OUTPUTS FROM THE GROUP DISCUSSIONS

Amendments were proposed to the draft outline of strategic document provided earlier. The content of each section was discussed and agreed upon during the plenary. The final strategic document for the Global NITAG Network will be revised by the core group and then agreed upon at the next GNN meeting.



## DAY TWO



«In 2015, more than 116 Member States have formed independent National Immunization Technical Advisory Groups (NITAGs) to guide decision-making on vaccine introductions, immunization schedules and immunization policies.»

2016 Midterm review of the Global Vaccine Action Plan

# THE NITAG EVALUATION TOOL

Dr Bruna Alves de Rezende from AMP-HPID introduced the session with a presentation on the NITAG evaluation tool developed by HPID and partners. Indicators previously used in NITAG evaluation were limited to assessing their operations, and did not evaluate the different aspects of a NITAG, e.g. its functioning, the quality of recommendations, and its integration into national decision-making processes. To address this gap, the NITAG evaluation tool has been developed that incorporates lessons learned from previous evaluation experiences led by AMP-HPID in Mongolia, Nepal, Uganda and Cote d'Ivoire. The NITAG evaluation tool was designed for use by external evaluators, but it could also be used in self-evaluations if external resources were not available.

During the plenary discussion, participants expressed their support for a tool that can be adapted to the context and evaluation goals of individual countries.

The advantages of evaluations were highlighted: not just for the purpose of accountability but also for their potential use in advocacy and communications at country level. The findings can be used to reach out to decision-makers as results from sequential evaluations, showing why the NITAG's work can provide added support for advocacy strategies. A ques-

tion was raised about providing feedback on the use of the tool: where rules of confidentiality allow, NITAGs should be encouraged to share evaluation results and feedback via the NRC to support future evaluations. When the results of an evaluation cannot be published, countries can still provide feedback on the tool itself. The NITAG evaluation tool will also allow individual country's NITAG to compare itself with NITAGs in other countries. AMP should develop a template – and make it available on the NRC – for facilitating and systematizing feedback from countries. The template should be designed to allow countries to trace the process from planning the evaluation to the follow-up on implementing the recommendations.



## Did you know?

NITAG functionality is assessed by 6 criteria developed by WHO and monitored through the WHO-UNICEF Joint Reporting Form (JRF):

- The NITAG has a legislative / administrative basis
- The NITAG has formal terms of reference
- The NITAG implements a conflict of interest policy
- The NITAG is composed of at least experts from 5 different areas
- The NITAG meets at least once a year
- The NITAG secretariat circulates the agenda and background documents at least a week before the meeting.

# CÔTE D'IVOIRE, ARMENIA AND USA: 3 EXPERIENCES OF NITAG EVALUATION

Operational challenges and requirements were illustrated in subsequent presentations made by Antoine Durupt, Prof. Joseph Benie (NITAG Cote d'Ivoire) and Kathy Cavallaro (from US-CDC) on NITAG evaluation experiences in Armenia, Cote d'Ivoire and the US respectively.

The issues raised included the need to be clear on the types of data to be collected for the purpose of the evaluation. In Côte d'Ivoire, the recommendations arising from the evaluation were implemented but there was no documentation on the process. This highlighted the importance of a reporting template that will lead to the publication of findings from several countries in a peer-reviewed journal.

Kathy Cavallaro provided insight from the standpoint of the US NITAG – the Advisory Committee on Immunization Practices (ACIP). The performance of the ACIP is evaluated through an approved list of items with yes/no responses that apply to a wide range of federally legislated committees in health and other areas. ACIP faces funding challenges on a regular basis, with the evaluations helping to contribute to the funding decision-making process for the government.

In the discussion, the Uganda NITAG secretariat shared its experiences in evaluation: the country had an existing advisory body, which was transformed into a NITAG after an evaluation was conducted.

The plenary session recommended that countries that have undertaken evaluations should document the implementation of recommendations from the assessments and record how the results were used to reinforce the work and value of the NITAG.

## Côte d'Ivoire

External evaluation in 2014, four years after the establishment of the committee. The evaluation focused on the documents produced by the committee and interview of its members.

The evaluation identified several key points to tackle, including:

- the sustainability of the committee as funding depends mostly on AMP
- Communication with the MoH
- Attendance of members
- ToR for working groups

Following the evaluation, the committee implemented some of the recommendations.

## Armenia

The evaluation was conducted in November 2015 by AMP-HPID, using the evaluation tool. Two persons were in charge of this activity and they spent 5 days in Armenia to collect information and interview members and stakeholders.

Recommendations included

- Implement a policy to prevent conflict of interests
  - Set-up a budget for NITAG activities and meetings
  - Develop meeting reports and recommendation notes
  - Clarify processes
  - Formalize communication with national stakeholders
- The evaluation was an opportunity to create momentum around the NITAG.

## United States

US-CDC carries out an annual review of the activities and responsibilities of each advisory committee including ACIP. This helps determine whether:

- Such committee is carrying out its purpose;
- The responsibilities assigned to it should be revised;
- It should be merged with other advisory committees;
- It should be abolished.

All annual evaluations are filed in the Federal Advisory Committee Database.

The evaluation is a Yes/No questionnaire measuring the performance of ACIP.

# NETWORK & PARTNER CAPACITY BUILDING TO SUPPORT NITAG EVALUATION



# RESULTS FROM THE GROUP DISCUSSIONS

Two main themes emerged:

- the need to form a pool of trained evaluators, and
- the need to sensitize at least the chair and members about the benefits of NITAG evaluation.

The network could facilitate the training of trainers.

Participants agreed on the value of systematically evaluating their NITAG using the tool presented. Furthermore, they were committed to sharing the results of the evaluations.

Participants suggested that, although independent evaluation is important, countries should be encouraged to conduct an initial self-assessment (where possible) to adjust their function prior to external evaluation. They could subsequently request support from partners for external evaluation if needed. Partners can provide technical assistance but countries should favor local solutions as much as possible to reduce costs: WHO country colleagues, AMP local consultants, and other partners at country-level trained in using the evaluation tool.

The option of integrating NITAG evaluation into EPI programme reviews was suggested; its feasibility will need to be assessed with relevant counterparts at all levels in order to minimize impact on country teams and increase efficiency.

Regardless of the approach that is used to assess NITAGs, it is crucial to ensure proper resources are made available.

Other “local” solutions could include working with neighboring countries to provide low-cost assistance.

The selection criteria of assistance for evaluation should be clarified in advance to ensure objectivity and integrity.

A guide for evaluators or a short introduction module would be helpful to facilitate using the tool. It was noted that it might be more critical for the evaluation to be conducted by an individual who is familiar with the way the NITAG functions rather than by an expert in evaluation. This is particularly the case since the NITAG tool can be used to carry out the steps of the evaluation.

Participants agreed to provide feedback and/or share results on the NITAG evaluation tool, either by email immediately after the meeting or once they have used it internally.

Most participants agreed to be included in the pool of trainers who will help NITAGs conduct their evaluation.

## NITAGs

- NITAGs should consider the relevance of conducting a self-evaluation before engaging in a larger external evaluation
- NITAGs should share their evaluation results (via the NRC)
- NITAGs should document the implementation of their evaluation and the follow-up on the recommendations
- NITAGs should engage in peer-to-peer support for evaluation

## Global NITAG Network

- The Global NITAG Network should support NITAG evaluation by setting up a pool of trained evaluators
- The secretariat of the Global NITAG Network should develop materials to familiarize and train NITAGs in the evaluation process

## NEXT STEPS

### COMMUNICATION

A communication strategy needs to be developed urgently for the network, starting with network branding. This should be directed at NITAGs that did not attend the meeting so that more of them can be engaged in the process. The strategy should also be shared with countries that do not have a NITAG so that it can serve as an advocacy tool for setting a NITAG up in their country. The wider immunization community should be targeted once the network is better established.

### DOCUMENTS

A core group will be created to support the first steps of the NITAG network; AMP was tasked with finalizing the strategic document and kick starting network activities. The core group will be selected from the countries that volunteered during the meeting, including: Albania, Argentina, Australia, Canada, Costa Rica, Indonesia, Mozambique, Netherlands, Saudi Arabia, Senegal, Sudan, UK and Uganda.

The secretariat will take the lead for writing-up the following documents based on the proceedings of the meeting. All reports will be sent for negative approval by the participants, e.g. no feedback received assumes approval.

- A single-page briefing note will be circulated within one week,

with timelines attached

- A revised version of the network strategic document will be circulated within one month for the first draft, with a two-week turnaround. The second draft will be sent out two to three weeks later

- An article suitable for publication will be developed subsequently.

### EVALUATION

For advocacy purposes, participants will be provided with a briefing document on evaluation, a power point presentation on evaluation and a PDF version of the evaluation tool.

A pool of trained evaluators will be set up for NITAGs requesting assistance with their evaluations.

A calendar of NITAGs that are planning evaluations will be developed and the results shared on the NRC.

### NEXT MEETING

Participants were asked to provide feedback on the meeting format and content so as to inform future meetings.

- The network should meet on an annual basis

- The annual meeting should be organized by AMP HPID

- The Fondation Mérieux is a good location, as it promotes productive formal and informal interactions

- Given the limited funding available to support attendance,

participants should be invited to seek internal country funding

- Future meetings should provide plenary sessions to share the lessons learned following this year's discussions; there should also be some parallel workshop sessions

- Suggested workshop themes included methods: reviews, decision making, GRADE, economic analysis, different standards or different methods, and a review of resources and training required to achieve these

- Time should also be allocated to review progress of the network over the year and the next steps, as well as the challenges at country level

- A two-day meeting seems optimal but this should be discussed again next year

- Webcasting should be considered for countries unable to attend

Most importantly, countries with no NITAG could also be invited – and given funding based on priority criteria – with the goal of advocating for the establishment of new NITAGs. In particular, these countries could benefit from the sharing of lessons learned.

### LAUNCH

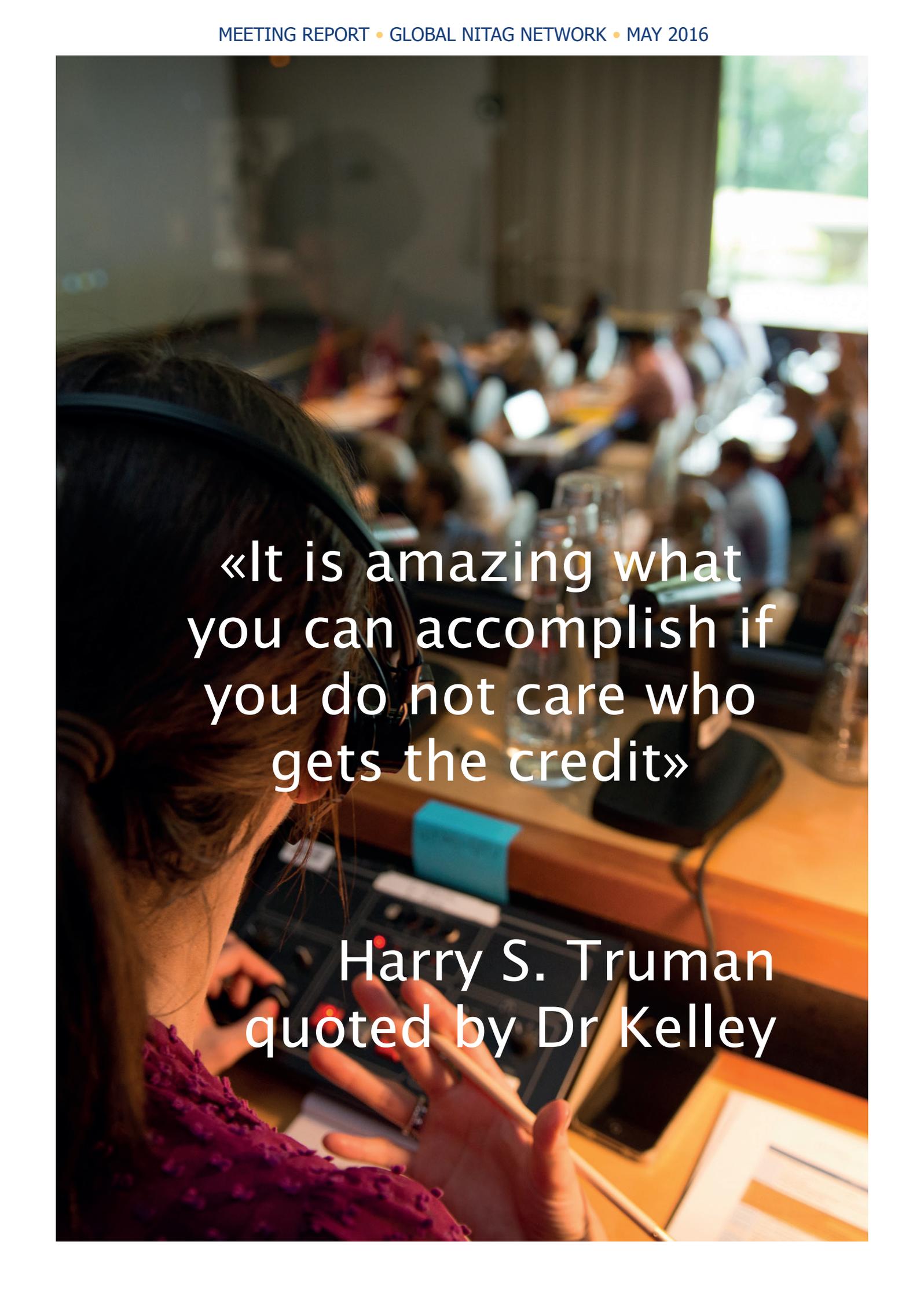
The network's official launch should be considered and organized at the next meeting. It could be initiated ahead of time but formally established at next meeting.

# *Closing remarks*

Dr Alex Adjagba, head of the AMP-HPID, thanked everyone for their active participation in the meeting and the commitment they expressed to support the network. He emphasized that no network could function without dedicated resources, which are currently not available. As a result, the HPID Center (as network secretariat), partners and the network steering board will join efforts to raise the required funds. Dr Adjagba congratulated the entire team for their hard work in making the meeting such a success.

Dr Ed Kelley, Director of, Services Delivery and Qualityat WHO, insisted that there is an overarching message that justifies support for NITAGs within the global framework of the Sustainable Development Goals and Universal Health Coverage. As the Global NITAG Network develops, it will enable information and evidence to be leveraged not only at country level but on a collaborative platform.

Dr Kelley described the need to look at connections with global initiatives that aim at building systems, institutions and transforming resources. Finally, he recommended that there should be a presentation at future global health forums, such as the World Health Assembly and the 2030 initiative on UHC.



«It is amazing what  
you can accomplish if  
you do not care who  
gets the credit»

Harry S. Truman  
quoted by Dr Kelley

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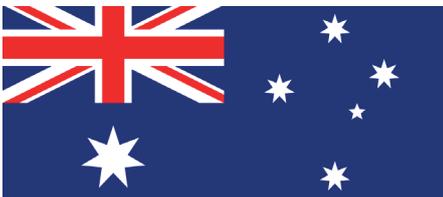
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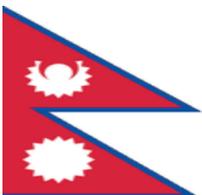


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