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Progress in the establishment and strengthening of national immunization technical advisory groups: Analysis from the 2013 WHO/UNICEF joint reporting form, data for 2012☆

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ABSTRACT

The majority of industrialized and some developing countries have established National Immunization Technical Advisory Groups (NITAGs). To enable systematic global monitoring of the existence and functionality of NITAGs, in 2011, WHO and UNICEF included related questions in the WHO/UNICEF Joint Reporting Form (JRF) that provides an official means to globally collect indicators of immunization program performance. These questions relate to six basic process indicators.

According to the analysis of the 2013 JRF, data for 2012, notable progress was achieved between 2010 and 2012 and by the end of 2012, 99 countries (52%) reported the existence of a NITAG with a formal legislative or administrative basis (with a high of 86% in the Eastern Mediterranean Region – EMR), among the countries that reported data in the NITAG section of the JRF.

There were 63 (33%) countries with a NITAG that met six process indicators (47% increase over the 43 reported in 2010) including a total of 38 developing countries. 11% of low income countries reported a NITAG that meets all six process criteria, versus 29% of middle income countries and 57% of the high

Abbreviations: AFR, African Region; AMR, Region of the Americas; CDC, Centers for Disease Control and Prevention; DoV, Decade of Vaccines; EMR, Eastern Mediterranean Region; EUR, European Region; GVAP, Global Vaccine Action Plan; JRF, Joint Reporting Form; NITAG, National Immunization Technical Advisory Group; SIVAC, Supporting Independent Immunization and Vaccine Advisory Committees; SEAR, South-East Asia Region; UNICEF, United Nations Children's Fund; WHA, World Health Assembly; WHO, World Health Organization; WPR, Western Pacific Region.

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income ones. Countries with smaller populations reported the existence of a NITAG that meets all six process criteria less frequently than more populated countries (23% for less populated countries versus 43% for more populated ones).
However, progress needs to be accelerated to reach the Global Vaccine Action Plan (GVAP) target of ensuring all countries have support from a NITAG. The GVAP represents a major opportunity to boost the institutionalization of NITAGs. A special approach needs to be explored to allow small countries to benefit from sub-regional or other countries advisory groups.

1. Introduction

In May 2012, the World Health Assembly (WHA) endorsed the Decade of Vaccines (DoV) Global Vaccine Action Plan (GVAP) [1]. Under the first strategic objective of the plan it is stated:

> "National legislation, policies and resource allocation decisions should be informed by credible and current evidence regarding the direct and indirect impact of immunization. Much of the evidence base exists but does not reach policy-makers, as those who generate the evidence are not always those who interact with these decision-makers. . . .. Independent bodies such as regional or 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." . . .

The existence of a NITAG is one of the critical indicators featured in the GVAP Monitoring and Accountability Framework and each year a progress report including focus on the NITAGs will be discussed by the Strategic Advisory Group of Experts on Immunization for submission to WHO Executive Board and to the WHA [2].

NITAGs are aimed at guiding the formulation of national immunization policies and strategies to advise policy-makers and programme managers on technical issues related to national immunization programmes, including recommendations on vaccine introduction and immunization schedules [3,4]. Their recommendations should be evidence-based and generated through transparent processes [5]. Every country which has an ambition for a strong national immunization programme should benefit from a NITAG.

Consistent with the GVAP, WHO and its partners place high priority on supporting the enhancement of the capacity for evidence-based decision making processes and the establishment and strengthening of functional, sustainable, and independent NITAGs [5].

In an effort to enable systematic global monitoring of the existence and functionality of NITAGs, WHO and UNICEF included questions about NITAGs in the 2011WHO/UNICEF JRF [3]. The JRF is a standardized questionnaire, developed by WHO and UNICEF, that is sent annually to all Member States and provides an official means to collect data on immunization coverage, reported cases of vaccine-preventable diseases, immunization schedules, among other indicators on immunization programme performance [6]. While there are more comprehensive set of indicators developed to assess NITAGs, a set of six process indicators was selected for inclusion in the JRF to allow for global monitoring of progress [7].

In 2012, we reported on the introduction of a monitoring process for the establishment and strengthening of NITAGs and provided a global status report for 2010 data [3]. The purpose of this paper is to present the 2012 status of NITAGs based on the analysis of the JRF NITAG indicators and to review progress since 2010.

2. Methods

Data for this paper were compiled from the 2011, 2012 and 2013 JRF which collect data representing the country situation by end of 2010, 2011, and 2012, respectively.

Questions relating to NITAGs included a query on the existence of a NITAG and a set of six process indicators pertaining to the characteristics and functioning of the NITAG:

1. Legislative or administrative basis for the advisory group.
2. Formal written Terms of Reference.
3. Diverse expertise/representation among core members (in terms of paediatrics, public health, infectious diseases, epidemiology, immunology or other health-care professionals).
4. Number of meetings per year.
5. Circulation of the agenda and background documents at least one week prior to meetings.
6. Mandatory disclosure of any conflict of interest.

More specific information on the JRF and the data collection process was previously published for 2010 data [3].

The denominator used to calculate the proportion of NITAGs in existence was the number of countries that completed the NITAG-related section of the 2013 JRF. For countries indicating existence of NITAGs, there was further analysis of the six NITAG process indicators.

The results were stratified by WHO regions (see Fig. 1) [8], development status [9] and World Bank national income status categories [10], eligibility for funding by the GAVI Alliance which includes all countries with less than, or equal to, US$ 1520 of Gross National Income (GNI) per capita in accordance with World Bank data for the latest available year [11], and population size. Population figures used are those from the UN population division [12].

3. Results

By 15 August 2013, 188 of 194 (97%) Member States had completed the 2013 JRF,[9] data for 2012 and 183 (94%)[10] provided a response to at least one of the NITAG-related questions of the JRF.

Among the countries that did not report their JRF or their JRF data for 2012, Cape Verde, Finland, Marshall Islands, Russian Federation, the former Yugoslav Republic of Macedonia, Turkey, Ukraine and the USA had reported last year NITAG data. The data for 2011 was included in the 2012 data set for these countries. Therefore, data for 191 Member States was available for the analysis.

Table 1 presents the 2012 status of the NITAG-related indicators at the global and at the regional levels.

Fig. 2 presents the distribution of countries according to the reported existence of a NITAG with a legislative or administrative basis.

Table 2 presents the analysis of the NITAG-related indicators stratified by development status, World Bank income groups, eligibility for financial support from the GAVI Alliance and population size.

Notable progress was achieved between 2010 and 2012, and 99 (52%) countries overall reported the existence of a NITAG with a

[9] The Member States who have yet to submit a 2013 JRF include Austria, Cape Verde, Finland, Monaco, the former Yugoslav Republic of Macedonia and Turkey.
[10] Member States that have not completed the NITAG portion of JRF include Marshall Islands, Russian Federation, Serbia, Ukraine and USA.