



The Supporting Independent Immunization and Vaccine Advisory Committees (SIVAC) Initiative: A country-driven, multi-partner program to support evidence-based decision making

Kamel Senouci^{a,*}, Julia Blau^a, Batmunkh Nyambat^b, Papa Coumba Faye^a, Lara Gautier^a, Alfred Da Silva^a, Michael O. Favorov^b, John D. Clemens^b, Philippe Stoeckel^a, Brad D. Gessner^a

^a Agence de Médecine Préventive (AMP), Paris, France

^b International Vaccine Institute (IVI), Seoul, South Korea

ARTICLE INFO

Keywords:

Immunization
Advisory committee
National Immunization Technical Advisory Group (NITAG)
Evidence-based decision making

ABSTRACT

Multiple health priorities, limited human resources and logistical capacities, as well as expensive vaccines with limited funds available increase the need for evidence-based decision making in immunization programs. The aim of the Supporting Independent Immunization and Vaccine Advisory Committees (SIVAC) Initiative is to support countries in the establishment or strengthening of National Immunization Technical Advisory Groups (NITAGs) that provide recommendations on immunization policies and programs (e.g., vaccination schedules, improvements of routine immunization coverage, new vaccine introduction, etc.). SIVAC, a program funded by the Bill & Melinda Gates Foundation, is based on a country-driven, step-by-step process that ensures its support is tailored to country needs and emphasizes NITAG sustainability. SIVAC supports countries by reinforcing the capacities of the NITAG scientific and technical secretariat and by providing specific support activities established in consultation with the country and other international partners. Additionally, SIVAC and partners have built an electronic platform, the NITAG Resource Center, that provides information, tools, and briefings to NITAGs and the immunization community.

© 2010 Elsevier Ltd. All rights reserved.

1. Introduction

The need for evidence-based decision making in immunization programs has become crucial in light of multiple health priorities, limited human resources and logistical capacities, as well as the high cost of vaccines relative to limited public funds that are available. Evidence-based decision making can provide support for immunization programs compared to other health interventions, and within immunization programs, can inform decisions related to new vaccine introduction, vaccine priorities, vaccine schedules, target groups and other issues.

An important step that countries can take to encourage well-informed decision making regarding immunization is to establish a group of national experts to advise the Ministry of Health. So far, most industrialized countries and some developing countries

have already constituted National Immunization Technical Advisory Groups (NITAGs) to guide immunization policies [1], while other countries are currently working towards the establishment of NITAGs.

2. What is SIVAC?

The aim of the Supporting Independent Immunization and Vaccine Advisory Committees (SIVAC) Initiative is to help countries establish or strengthen NITAGs. This support is provided in middle-income countries and in countries that are eligible for support from the Global Alliance for Vaccines and Immunization (GAVI). The main role of NITAGs is to help health authorities formulate immunization policies according to the specific needs of their country, while taking into account the regional and international context. In addition to supporting countries directly, SIVAC also contributes to activities and products that can benefit a wider range of countries.

This project, funded by the Bill & Melinda Gates Foundation, is led by the French agency Agence de Médecine Préventive (AMP), in partnership with the International Vaccine Institute (IVI) of Seoul, Republic of Korea (Table 1), and in collaboration with the World Health Organization (WHO) through its headquarters and regional and country offices.

Abbreviations: NITAG, National Immunization Technical Advisory Group; SIVAC, Supporting Independent Immunization and Vaccine Advisory Committees; UNICEF, United Nations Children's Fund; WHO, World Health Organization.

* Corresponding author at: Agence de Médecine Préventive (AMP), c/o Institut Pasteur, 25-28 rue du Docteur Roux, 75724 Paris Cedex 15, France.
Tel.: +33 1 53 86 89 20; fax: +33 1 53 86 89 39.

E-mail address: ksenouci@aamp.org (K. Senouci).

Table 1
Who implements the SIVAC initiative?

<p>Agence de Médecine Préventive (AMP): Created in 1972, AMP is a non-profit organization that links and mobilizes scientific, biological, technical, human and financial resources to address the needs of developing countries in the area of infectious diseases. To achieve this goal, AMP provides technical consultancy and international health expertise in various areas such as applied epidemiology, laboratory technology, health economics, health logistics, instructional system design, biostatistics and ethics. Website: www.aamp.org</p> <p>International Vaccine Institute (IVI): Located in Seoul, Republic of Korea, IVI was originally established at the initiative of the United Nations Development Program (UNDP). IVI is an international research, development and technical assistance organization exclusively devoted to bringing new vaccines to poor populations of the developing world. Its mission is to combat infectious diseases through innovations in vaccine design, development and introduction, addressing the needs of people in developing countries. Website: www.ivi.int</p>

The SIVAC team is composed of a program director, a program manager and a program officer based in Paris, France; a coordinator for Asia based in Seoul, Republic of Korea; and a coordinator for West Africa based in Abidjan, Cote d'Ivoire. The principal investigator of the SIVAC Initiative is AMP's scientific director. There are many other contributors to the project, including technical staff from AMP with specialties in epidemiology, training and communications, health economics, immunization logistics, and vaccine cold chain, as well as IVI staff and consultants with expertise in translational research and epidemiology. The SIVAC Initiative also benefits from the input of the members of its External Technical Advisory Panel (ETAP). This advisory panel is composed of eleven members, all from different countries, who were selected for their expertise and for their active participation in the establishment and implementation of immunization policies and programs at the national, regional, and international level. Their roles are to advise the SIVAC team and to provide input concerning strategic directions for the project.

Initiated in April 2008, the project is planned to end in April 2015. Initially, SIVAC's objective was to assist in establishing NITAGs in six GAVI-eligible countries in Africa and six GAVI-eligible countries in Asia. However, after the first few months of activities, which included an in-depth situational analysis and a review of the accomplishments of WHO regional offices in facilitating the establishment of NITAGs in Asia, the SIVAC team decided to enlarge its mandate. This enlarged mandate includes assisting in the establishment of NITAGs in GAVI-eligible and middle-income countries in Asia and Africa, as well as in Europe and the Middle East, and supporting the functioning of existing NITAGs. The enlarged mandate also includes establishing strong collaborations with the WHO and other partners in the global immunization community.

The project is evaluated on a regular basis to adjust to the changing needs of the countries involved and adapt to contextual changes. Two formal evaluations will be carried out, one in 2012 and one at the end of the project in 2015. The ultimate measures of SIVAC's success will be the establishment of NITAGs in countries where none had previously existed, active evidence-based decision making by existing and newly created NITAGs, use of NITAGs' decisions by the Ministries of Health and Finance, and the long-term sustainability of NITAGs after the SIVAC Initiative ends.

3. What are the activities of SIVAC?

3.1. Overview

The SIVAC initiative includes country activities, inter-country activities, and crosscutting activities.

Two types of country support can be distinguished:

- The creation of at least seven NITAGs in GAVI-eligible and middle-income countries worldwide.
- The reinforcement of at least six existing NITAGs to improve their evidence-based decision-making processes in developing recommendations.

Selection of the countries to receive SIVAC assistance is in progress. Based on pre-defined selection criteria (including geographic representativeness, routine immunization coverage rates, political stability, and others), a list of potential countries was established based on a literature review, a review of the WHO and UNICEF immunization data [2], and consultations with WHO regional offices. This pre-selection process is being followed by visits to several candidate countries to evaluate the feasibility of the project and the willingness of national health authorities to participate in this program.

3.2. Creation of NITAGs

The SIVAC approach for the creation of NITAGs is based on a country-driven, step-by-step process aimed at ensuring that SIVAC support is tailored to country needs and that the emphasis is on NITAG sustainability. SIVAC's step-by-step approach (Fig. 1) starts with the pre-selection process detailed above, followed by a visit to the country to evaluate project feasibility and the willingness of national health authorities to establish a NITAG. During the country visit, SIVAC meets with national health authorities, describes the WHO guidelines on the functioning and composition of a NITAG and gives examples of other existing NITAGs. SIVAC also consults with national experts, WHO, UNICEF, and others to ensure that expertise is available and that the country is ready to implement a NITAG.

If results from the initial visit prove to be positive and the national authorities express a willingness to establish a NITAG through a letter of interest, SIVAC makes a second country visit to initiate development of a concept paper. The concept paper describes the current situation of immunization policies and programs, gives examples on how they are established, lists potential partners, describes the envisioned NITAG composition, delineates the proposed NITAG's terms of reference, and proposes priority topics to be put on the NITAG agenda. Ideally, the concept paper is developed by a small group consisting of members of the Ministry of Health and external experts, and is then submitted to a large number of experts for discussion and consensus during a national workshop. At this stage, SIVAC mainly provides technical support by helping with the development of the concept paper. Based on the final version of the concept paper, the national authorities develop the legal documents related to the establishment of the NITAG, and sign an agreement with SIVAC that clearly defines the type of support that SIVAC will provide to the country.

Once the NITAG is legally established in the country, the next steps are to appoint the committee members, identify specific agenda topics, organize formal committee meetings, develop recommendations, and have recommendations adopted by the Ministry of Health. The key elements for rapid implementation of a NITAG are the availability of national experts in immunization, a strong willingness by the national authorities to support the NITAG process, a country-driven process, a collaborative approach that involves international partners, and an extensive national consultation process to reach consensus.

SIVAC mainly provides support to the country by reinforcing the scientific and technical capacities of the NITAG's secretariat. Detailed support activities provided by SIVAC are tailored to the country, and are established annually in consultation with the NITAG. These activities can include organizing a visit to a

Download English Version:

<https://daneshyari.com/en/article/10970143>

Download Persian Version:

<https://daneshyari.com/article/10970143>

[Daneshyari.com](https://daneshyari.com)