



An overview of the National Consultative Council of Immunization in Honduras

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ABSTRACT

The State of Honduras instituted its technical advisory committee on immunization in response to recommendations made by the Pan-American Health Organization (PAHO) and the National Extended Program of Immunization (EPI). On 9 October 1999, the “National Consultative Council of Immunization” (NCCI) was established to provide support and recommendations to the EPI program for the eradication, elimination and control of vaccine-preventable diseases. The seven permanent members of the Council are all paediatricians. Additionally, there are liaison members (from PAHO, the national EPI team, and others) who participate in NCCI meetings when required. Meetings take place three times per year. The high quality of Council recommendations is demonstrated by the fact that the health authorities have adopted all of them.

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1. Introduction

In every country in the region, irrespective of income levels, the Pan-American Health Organization (PAHO) has for many years promoted the development of national committees on immunization practices (NCIP). Since 2006, within the framework of its Global Immunization Vision and Strategy, the World Health Organization (WHO), along with UNICEF, has officially and actively supported policy-making structures for vaccines and immunization, encouraging the creation of committees to bring relevant expertise in both intermediate and low-income countries. Indeed, implementing this strategy has enabled countries to make evidence-based decisions concerning the introduction of new vaccines and new immunization program strategies. The process considerably validates public institutions in charge of health-related issues and facilitates the assessment of immunization interventions and strategies.

Abbreviations: ACIP, Advisory Committee for Immunization Practices; AEFI, Adverse Events Following Immunization; CDC, Centers for Disease Control and Prevention; CONSUMI, Superior Ministerial Council; EPI, Expanded Program of Immunization; NCCI, National Consultative Council of Immunization; NCIP, national committees on immunization practices; PAHO, Pan-American Health Organization; TAG, Technical Advisory Group; UNAH, National Autonomous University of Honduras; UNICEF, United Nations Children's Fund; VPD, vaccine-preventable diseases; WHO, World Health Organization.

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2. Genesis of the Council

The State of Honduras implemented its technical advisory committee on immunization in response to recommendations made by the PAHO Technical Advisory Group (TAG) for vaccine-preventable diseases (VPD) and by WHO. In each member state, the individual national governments create and implement their own policies for vaccination programs, often following the guidelines set by WHO's global office. WHO regional offices also participate in adapting recommendations to apply the global Expanded Program on Immunizations (EPI), providing publications and advice to the member states.

However, in addition to incorporating formal global recommendations, the creation of the Council reflected local specific needs. In 1979 the Health Secretary of Honduras created the National EPI with the objective of contributing to the control of VPD through a permanent program of free vaccination with emphasis on children [1]. For almost two decades the Honduras EPI offered only five vaccines, but in 1994 it began introducing new and under-used vaccines. The need then arose for a national consultative authority within the EPI to provide technical support on the topic of immunization.

Moreover, once the global EPI programme was integrated in Honduras, its national EPI team developed strong links with national medical associations working on VPD-related activities. With the objective of eradicating poliomyelitis, a committee entitled the “National Commission for the Eradication of Poliomyelitis” was created in 1988, representing the first step towards creating a Technical Advisory Group on immunization. This committee provided advice on other aspects of the EPI with the support of

professors from the National Autonomous University of Honduras (UNAH) and other identified national EPI experts. In 1994 another committee was created, the “National Commission for the Certification and Eradication of Poliomyelitis”, with a strengthened role and position.

Finally, on 9 October 1999, the Health Secretariat of Honduras established the “National Consultative Council of Immunization” (NCCI), by means of Ministerial Agreement number 3205, published in the official journal *La Gaceta* [2]. The creation of the Council made official the technical and scientific support received from recognized health experts in Honduras.

3. Structure and operating rules of the NCCI

3.1. General overview

The objectives, as stated in the NCCI's official terms of reference, are the following: to “provide support and recommendations to the EPI for succeeding in the eradication, elimination and control of vaccine-preventable diseases through the definition and implementation of standardization, research, epidemiological monitoring, communication, resource mobilization and cold chain strategies, and other related aspects that enable achievement of goals and commitments for the control, elimination and eradication of vaccine-preventable diseases”.

The NCCI's core activities are financed from part of the funding allocated by PAHO to the Health Secretariat of Honduras for the EPI team under the EPI Five-year Plan of Action [3]. Meeting expenditures (refreshments, documents, printing, copying, etc.) are covered on an annual basis to facilitate the work of the members.

The seven permanent members are all paediatricians, sharing therefore the same expertise and thus able to relate to each other on an equal basis. Each member works in a public or private hospital or at the Honduras Institute of Social Security. They are all active members of the Honduran Pediatrics Association (Table 1).

PAHO's Immunization Bulletin of October 2007 describes the development, structure and functioning of this advisory committee. The publication states that “it is composed of members of scientific societies, professional associations and universities who meet four-to-six times a year. They issue recommendations on the immunization schedule and provide technical support. The NCCI also plays an important role for program advocacy” [4].

Meetings take place at the National Biologics Center located at EPI headquarters. These meetings are closed. Regular meetings are scheduled a year in advance but generally the next meeting's date and key topics are agreed upon at each meeting. Additionally, extraordinary meetings are called in cases of emergency. Regular meetings occur approximately three times per year. The meetings are prepared by the institution that serves as the Secretariat of the Council, in this case the EPI as part of the Health Secretariat.

Table 1
Members, affiliations and expertise.

Chairman: Paediatrician, Professor of the College of Medical Sciences (National Autonomous University of Honduras), active member of the Honduran Pediatric Association.
Secretariat: EPI Executive Director, Public Health Doctor and member of the Honduras Public Health Doctors Association.
Members: Paediatricians, working in public/private hospitals or at the Honduras Institute of Social Security, active members of the Honduran Pediatric Association.
Liaison officers: PAHO National and International Consultant, EPI technical team, General Administrator for Health Promotion, General Administrator of Health Surveillance.

3.2. Membership rules

Initially NCCI members were appointed by the Secretariat of Health through the EPI. The selection of new members is now carried out by the NCCI itself according to needs it identifies [5]. Before a selection is made, a medical association (e.g. the Honduran Pediatric Association) presents its candidate to the EPI in response to the solicited profile. The NCCI subsequently examines the proposal and confirms the selection of the candidate by notifying the association. The successful candidate is eventually asked to formally meet with the Superior Ministerial Council (CONSUMI) of the Health Secretariat.

NCCI members do not receive any salary for the activities they carry out for the Council and are appointed for 2 years. A member can be asked to stay on for a longer period of time, however, in the event of another member resigning and the Council not wanting to look outside for a replacement. If a member resigns, he or she presents a letter of resignation to the board of directors. The resignation is then discussed by all the members gathered in a Council meeting, to decide whether it will be accepted, or not. Once accepted, the resignation procedure requires that the association, to which the resigning person belongs, appoint another person. If the person resigning is not part of any association, the EPI itself will identify another candidate, perhaps a member whose term is ending. If a member resigns for a temporary period of time, he or she can be reappointed.

There are no ex officio members. However, there is opportunity for external individuals (PAHO, industry experts, and others) to participate in NCCI meetings when required. These persons are considered “liaison members”.

4. Process for development of NCCI recommendations

As mentioned earlier, Council discussions are closed. Recommendations are reached through consensus. If the experts do not agree, they have to provide a scientific basis for discussing the matter further or they may vote and accept the decision of the majority. Recommendations are made on the following topics: the use of new vaccines, vaccine schedules, VPDs (mainly those in the process of eradication or elimination), support of the EPI Health Promotion Plan, Adverse Events Following Immunization (AEFI), and other topics.

Besides relying on their own expertise, members make use of the following sources of external data: official reports; WHO position statements; reports and recommendations from international meetings; positions of invited *ad hoc* experts; publications; and Internet websites (USA's Advisory Committee for Immunization Practices – ACIP: <http://www.cdc.gov/vaccines/recs/acip/default.htm>, USA's Centers for Disease Control and Prevention – CDC: www.cdc.gov and PAHO: www.paho.org). In general, the NCCI follows official WHO recommendations for vaccine use.

The primary vaccine-preventable outcomes that the NCCI uses to generate recommendations are the following: mortality; hospitalizations; epidemic potential; resource availability; and affordability. Other outcomes are also taken into account: overall morbidity; disability-adjusted life years (DALYs) or quality-adjusted life years (QALYs) lost; and equity. However it is important to note that the NCCI itself does not conduct economic evaluations. The outcomes are derived from the information generated at national and international levels for decision-making.

Recommendations are transmitted by the Council directly to decision-makers through notes and approved minutes of meetings. Other documents produced by the NCCI are published as meeting minutes, notes to superior authorities of the Health Secretariat and

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