Update on National Immunization Technical Advisory Groups (NITAGs)

- Introduction

Dr. Abigail Shefer
Immunization Systems Branch
Global Immunization Division
Center for Global Health, CDC
CDC’s role in NITAG strengthening

- Technical assistance: Training materials, tools, facilitation (WHO, PIVI, RAVIN)
- Partnerships: WHO quarterly conf calls; annual partners’ retreat; Global NITAG Network; support SAGE
- Research—NITAG assessment; links w/ National Certification Committees
- Funding to WHO HQ
  - NITAGs to SAGE, regional TAGs
  - Regional trainings
  - Support NITAG Resource Center during transition
- GID collaborates w/ NCIRD on visits to ACIP

PIVI=Partnership for Influenza Vaccine Introduction; RAVIN=Rotavirus Accelerated Vaccine Introduction Network; GID=Global Immunization Division; NCIRD=National Center for Immunization and Respiratory Diseases
## CDC NITAG training activities in collaboration with WHO and partners

<table>
<thead>
<tr>
<th>Year</th>
<th>Region</th>
<th>Location</th>
<th>Participating countries</th>
<th>(N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>SEAR</td>
<td>Nepal</td>
<td>Nepal</td>
<td>(1)</td>
</tr>
<tr>
<td>2010</td>
<td>EUR</td>
<td>Belarus</td>
<td>Belarus, Moldova, Ukraine</td>
<td>(3)</td>
</tr>
<tr>
<td>2011</td>
<td>EUR</td>
<td>Kazakhstan</td>
<td>Kazakhstan, Kyrgyzstan, Uzbekistan</td>
<td>(3)</td>
</tr>
<tr>
<td>2011</td>
<td>SEAR</td>
<td>Bhutan</td>
<td>Bhutan</td>
<td>(1)</td>
</tr>
<tr>
<td>2011-2015</td>
<td>AMR*</td>
<td>Atlanta</td>
<td>Argentina, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Uruguay, Venezuela, Peru</td>
<td>(13)</td>
</tr>
<tr>
<td>2013</td>
<td>EUR</td>
<td>Turkey</td>
<td>Armenia, Azerbaijan, Belarus Kazakhstan, Kyrgyzstan, Moldova, Ukraine, Uzbekistan</td>
<td>(8)</td>
</tr>
<tr>
<td>2013</td>
<td>EUR</td>
<td>Serbia</td>
<td>Albania, Bosnia &amp; Herzegovina, Bulgaria, Estonia, Hungary, Latvia, Lithuania, Montenegro, Romania, Serbia, Macedonia, Turkey</td>
<td>(12)</td>
</tr>
<tr>
<td>2015</td>
<td>AMR*, AFR</td>
<td>Atlanta</td>
<td>Peru, Democratic Republic of Congo</td>
<td>(2)</td>
</tr>
<tr>
<td>2016</td>
<td>WPR</td>
<td>Atlanta, Viet Nam</td>
<td>China, Viet Nam</td>
<td>(2)</td>
</tr>
</tbody>
</table>

*supported by PAHO and the Sabin Vaccine Institute; training conducted in conjunction with attendance at ACIP meeting
CDC NITAG training activities in collaboration with WHO and partners

<table>
<thead>
<tr>
<th>Year</th>
<th>Region</th>
<th>Location</th>
<th>Participating countries</th>
<th>(N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>WPR</td>
<td>China</td>
<td>China</td>
<td>(1)</td>
</tr>
<tr>
<td>2017</td>
<td>EURO</td>
<td>Armenia</td>
<td>Armenia influenza work group, Georgia, Moldova</td>
<td>(3)</td>
</tr>
<tr>
<td>2017</td>
<td>WPR</td>
<td>Vietnam</td>
<td>Vietnam</td>
<td>(1)</td>
</tr>
<tr>
<td>2017</td>
<td>WPR</td>
<td>Mongolia</td>
<td>Mongolia</td>
<td>(1)</td>
</tr>
<tr>
<td>2017</td>
<td>AFRO</td>
<td>Cote d'Ivoire</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>2017</td>
<td>WPR</td>
<td>Laos</td>
<td>Laos</td>
<td>(1)</td>
</tr>
<tr>
<td>2018</td>
<td>AFRO</td>
<td>Congo BRZ</td>
<td>Training of trainers from Senegal, DRC, Cote d'Ivoire, Cameroon, Benin, Zimbabwe, Kenya, Uganda, South Africa,</td>
<td>(9)</td>
</tr>
<tr>
<td>2018</td>
<td>EURO</td>
<td>Denmark</td>
<td>Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan</td>
<td>(5)</td>
</tr>
</tbody>
</table>
Example of training -- China’s National Immunization Advisory Committee (NIAC)

• Established October 2017
• 19 WGs (3 permanent), 27 voting members, 160 WG members
• Training on evidence-based decision making held December 2017; technical assistance and faculty supported by CDC/WHO
• 200+ participants
• 1st NIAC meeting held April 2018 – approved two significant schedule changes
  • 2nd IPV dose; 2-dose mumps schedule
China training faculty, Dec 2017
Assessment tool for NITAGs

- CDC and WHO/partners developed simplified tool to assess NITAG functionally
- quality of work processes and outputs
- integration into policy process
- Self-assessment or external
- Pilot testing in 2018

Assessment tool for National Immunization Technical Advisory Groups (NITAG)

[Note]: This document presents a tool for conducting an assessment of a National Immunization Technical Advisory Group (NITAG) based on the WHO guidelines and partners’ field experience and inputs. The tool is intended for either self-assessment or an externally conducted assessment. Countries may choose to use it at any point on the NITAG’s life cycle to systematically determine the committee’s functions and address any immunization policy. A NITAG may choose to use the tool soon after its establishment so it can plan and document processes that will improve the capacity of the NITAG. In some cases, a NITAG may decide to use the tool annually or after recommendations have been made to assess the extent to which the NITAG’s functioning, quality of work processes and integration into policy processes are improved or have achieved the development of evidence-based recommendations in the field. The tool may be modified as necessary to align with the NITAG’s specific goals and functions, such as prioritizing recommendations or integrating new topics. The tool is available in English and is currently being translated into other languages. It is intended to be a living document that will be updated as necessary.

INSTRUCTIONS

1. Define the period of time for assessment.
   Before using the tool, it is important to define the time period during which the assessment will apply. Suggested timeframes are the past 12 months, if the time period encompasses elaboration and development of recommendations or a specific vaccine. Defining a time period specific to the document allows for a comprehensive comparison of assessments.

2. Gather key documents of the NITAG, including:
   - Guidelines, recommendations, and other supporting documents of the NITAG.
   - Minutes of meetings, presentations, documents or written materials, recommendations made by the NITAG, and other supporting materials.

3. Start the assessment (page 6/6)
   The assessment is divided into three sections: 1) Functionality of the NITAG; 2) Quality of work processes, and outputs of the NITAG; and 3) Integration of the NITAG into the policy process. Within each section, there are a number of recommendations. For each recommendation:
   - Read the Recommendation and associated Description. Consider the extent to which the NITAG has fulfilled each criterion of the Description during the defined time period based on review of key documents and interviews with NITAG members, as needed.
   - If the NITAG has fulfilled the criterion and the Recommendation is not appropriate, prepare a recommendation for revising the Recommendation.
   - If the NITAG has not fulfilled the criterion and the Recommendation is necessary, prepare a recommendation for revising the Recommendation.
   - In the Assessment section, review the option that best reflects the situation. For a Recommendation to be considered Ticks recommended, assessment should be conducted to ensure that all the items in the Description section have been met. If so, but not all of the items have been met, assessment should consider that item partially met.
   - Summarize the assessment findings in the Summary checklist (page 2).

4. Summarize the overall strengths, challenges, and proposed actions (page 13).
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.