

The logo for SIVAC (Supporting Independent Immunization and Vaccine Advisory Committees) features the word "SIVAC" in a bold, blue, sans-serif font. The letter "i" is lowercase and has a small red square above it. Below the text is a thick, orange, curved line that resembles a smile or a protective shield.

Supporting Independent
Immunization and Vaccine
Advisory Committees



Agence de Médecine Préventive



INTERNATIONAL
VACCINE INSTITUTE

Which criteria are used by National Immunization Technical Advisory Groups for making recommendations?

Results from a Survey conducted in 2011

Workshop on procedures for the development of evidence-based
vaccination recommendations, Berlin
15/09/2011

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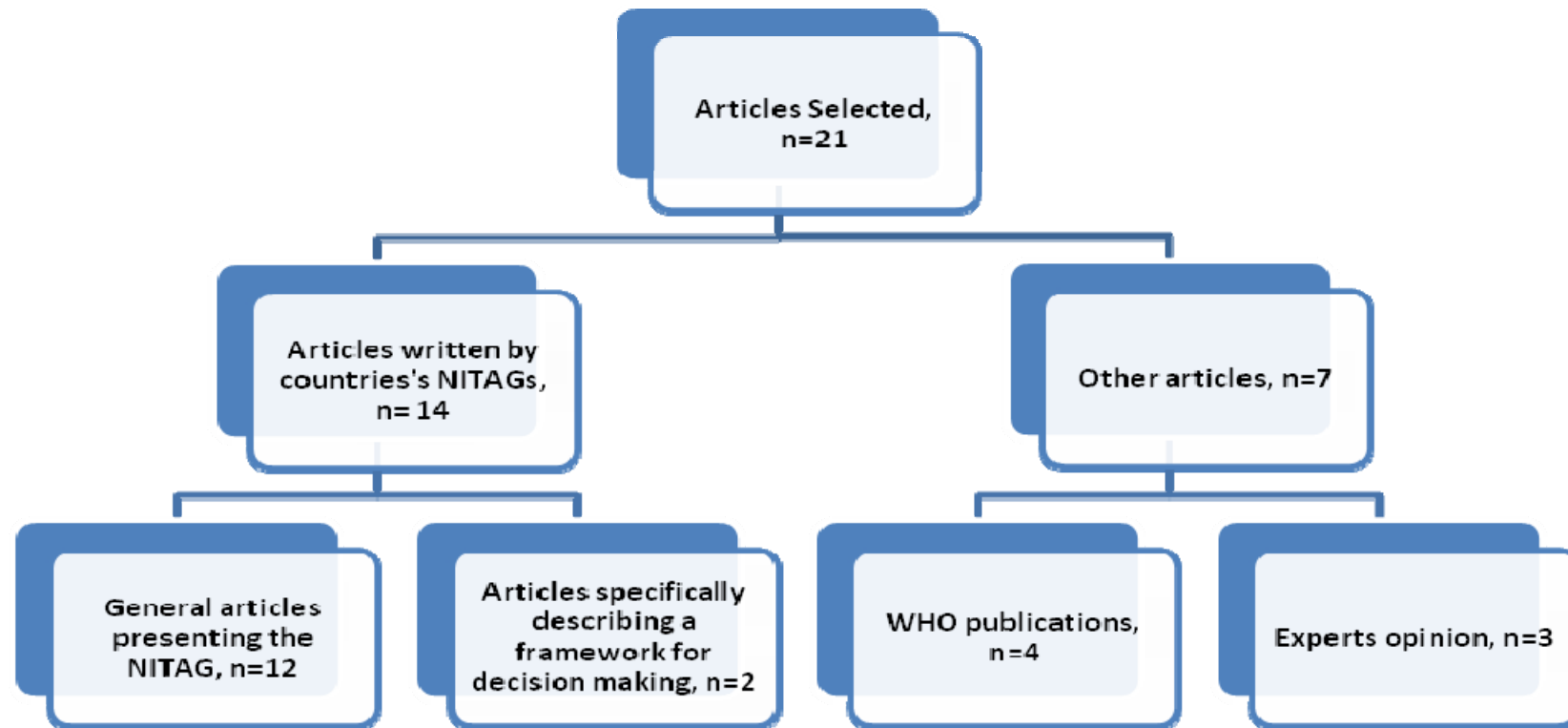
Introduction

- **Need for evidence-based decision-making for immunization programs and policies**
- **Important step: Setting up a NITAG**
- **SIVAC Initiative supports:**
 - Establishment of NITAGs
 - Strengthening of NITAGs
- **Newly established committees do not know how to make recommendations: “We have set up a committee and then what? What should we do next?”**
- **SIVAC support: to develop a process on how a NITAG should make recommendations**



Literature review

- We proceeded to a literature review in order to find which criteria are used by NITAGs worldwide to issue recommendations



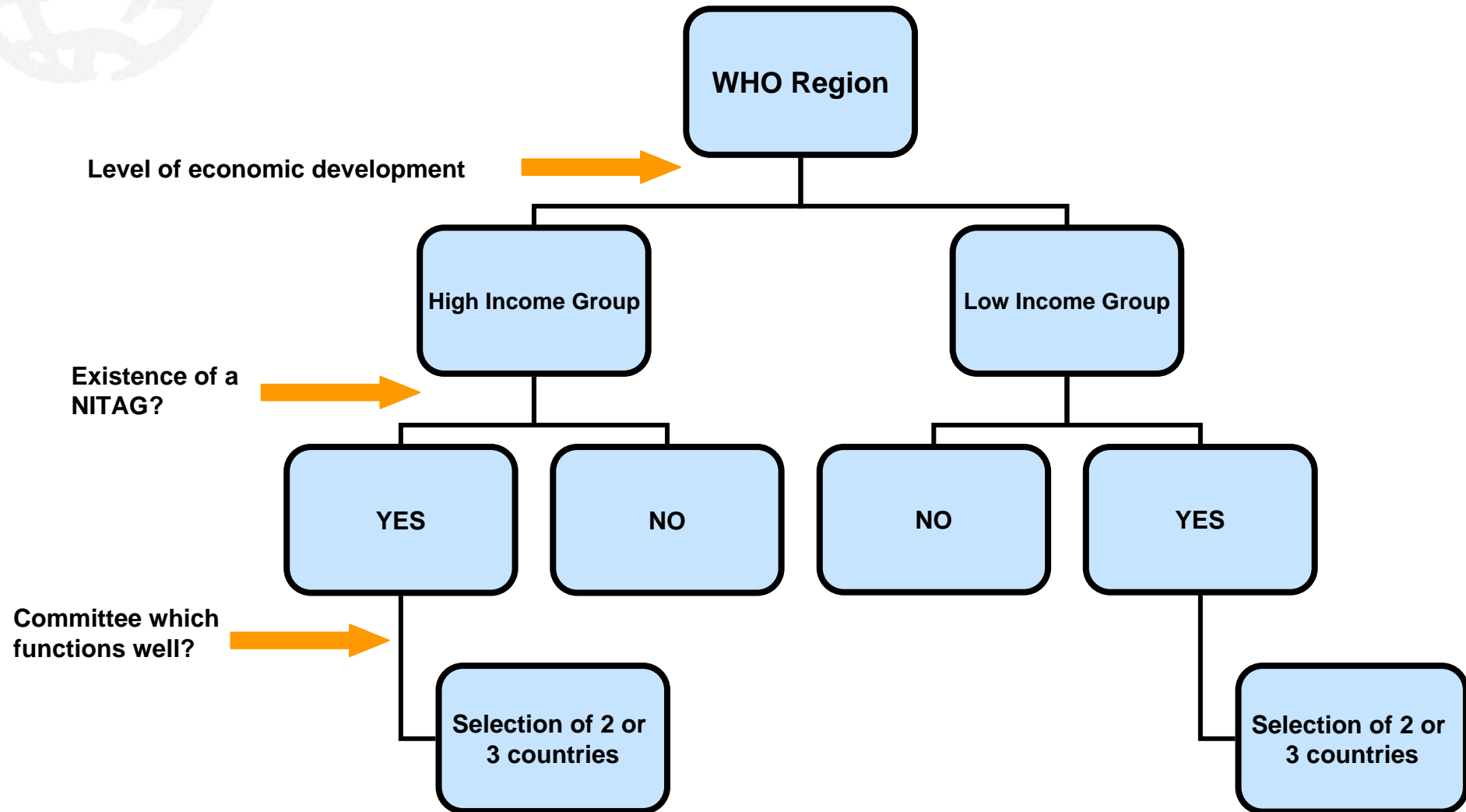


Survey objectives

- **Very little is known about the criteria used by NITAGs worldwide to issue recommendations**
- **We decided to conduct a survey targeting several NITAGs in order to learn more about the basis of their recommendations**
- **Main Objective: To gather information on the criteria used by NITAGs to make recommendations**
- **Secondary objectives:**
 - To assess the respective importance of each criterion on the final decision.
 - To describe the criteria used according to the level of economic development of the country



Methods - 1





Methods - 2

- **Contact person: NITAG chairpersons or executive secretary**
- **Four categories of variables were considered:**
 - The respondent
 - The NITAG
 - The process for decision making
 - The criteria used to formulate recommendations
- **The questionnaires were completed during phone interviews**
- **Mainly through open questions on the last recommendations issued by the NITAG**



Results: countries selected

- **19 committees were selected**
- **13 completed the questionnaire**
 - 8 in the High Income Group (HIG)
 - 5 in the Low Income Group (LIG)
- **1 country did not answer due to political context**
- **4 did not answer despite numerous reminder e-mails and phone calls**
- **1 committee was excluded because it had not made any recommendations**

Table 1: Selection of the Countries

WHO Region	Economical Development	Countries	Included
AFRO	Low Income Group	Côte d'Ivoire	No
	High Income Group	South Africa	Yes
EMRO	Low Income Group	Jordan	Yes
		Pakistan	Yes
		Sudan	No
EURO	High Income Group	France	Yes
		Germany	Yes
		Macedonia	Yes
		The Netherlands	Yes
		Slovenia	Yes
PAHO	High Income Group	Canada	Yes
		USA	Yes
	Low Income Group	Honduras	Yes
SEARO	Low Income Group	Indonesia	Yes
		Sri Lanka	Yes
		Thailand	No
WPRO	High Income Group	Australia	No
		South Korea	No
	Low Income Group	Mongolia	No



Results: General variables – 1

- **Role of the respondent in the NITAG:**
 - 8 were chairmen or members of the committee
 - 5 were members of the executive secretariat
- **Declared date of creation:**
 - Oldest: 1962 (Sri Lanka)
 - Newest: 2011 (Slovenia)
 - 8 were created before 2000
- **Average number of meetings convened in 2010: 4.25 (median=3.5 [2;9])**
- **Average number of meetings convened during the three last years: 12.25 (median=11 [7;24])**

Table 2: General characteristics of the NITAGs

	NITAG (n=13)	High Income Group (n=8)	Low Income Group (n=5)
Existence of legislative basis	92%	87%	100%
Legislative basis available for external consultation	54%	75%	20%
Existence of formal terms of reference	85%	75%	100%
Terms of reference available for external consultation	54%	83%	40%
Support of an executive secretariat	92%	87%	100%



Results: General variables - 2

Table 3: Areas of expertise represented

Area of expertise	NITAGs
INFECTIOUS DISEASES	100%
PEDIATRICS	100%
EPDEMOLOGY/PUBLIC HEALTH	100%
MICROBIOLOGY/VIROLOGY	85%
GENERAL MEDICINE	69%
HEALTH ECONOMICS	46%
LOGISTICS	31%
INTERNAL MEDICINE	31%
SOCIOLOGY	23%
GYNECOLOGY/ OBSTETRICS	23%
OTHERS	8%



Results: characteristics of the decision making process - 1

Table 4: Characteristics of the decision making process

	NITAG (n=13)	High Income Group (n=8)	Low Income Group (n=5)
Existence of working groups	85%	87%	80%
Existence of a formal framework	70%	50%	100%
Framework available for external consultation	30%	50%	50%
Ranking of evidence	54%	62%	40%



Results: characteristics of the decision making process - 2

- **The ranking of evidence:**

- Countries who declared using GRADE: France, Indonesia, USA
- Countries using specific ranking system: Canada, Jordan, The Netherlands, Slovenia

- **Countries using a formal framework:**

- Canada (published), Indonesia, Honduras (published), Jordan, The Netherlands (published), Pakistan, Sri Lanka (published), USA



Results: criteria used to formulate a recommendation - 1

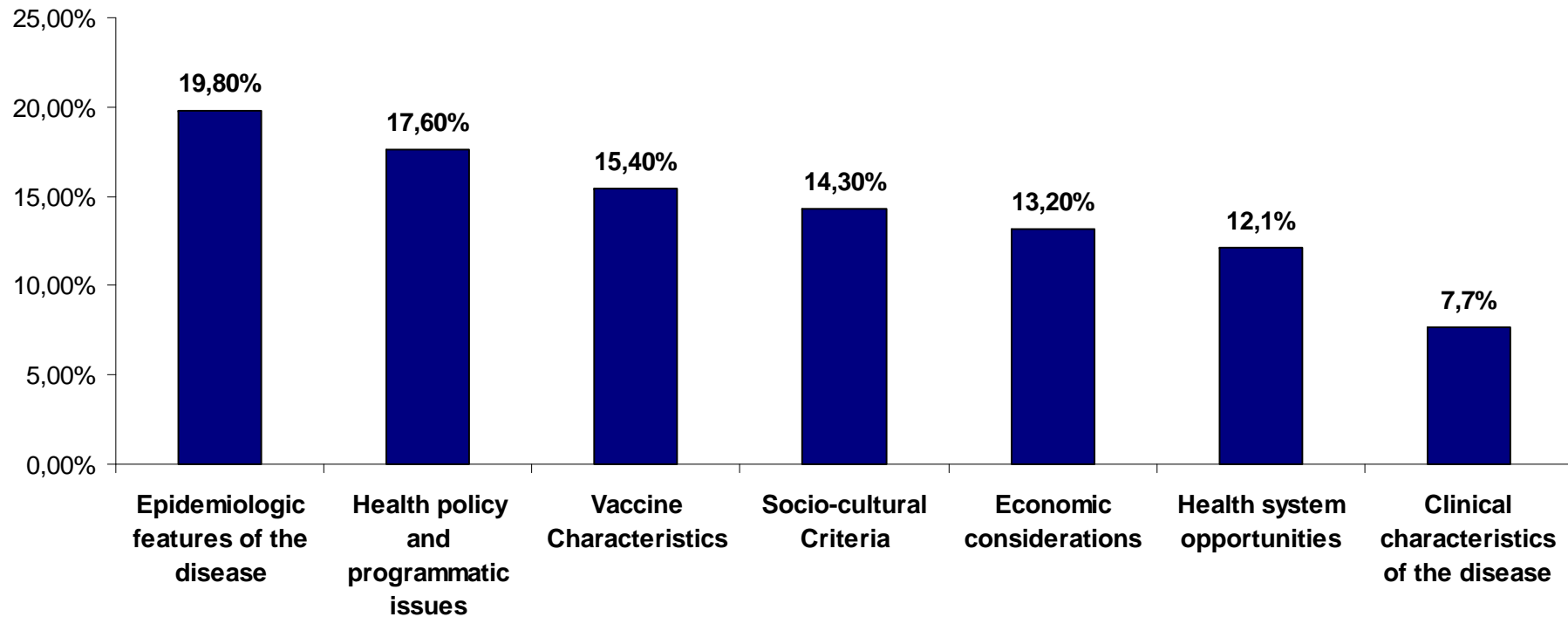
- **How we proceeded:**

- Question: what are the criteria considered to make a recommendation?
- Exemple:
 - STIKO reported “***Disease burden (Incidence, hospitalization, mortality, complications, risk groups, options for therapy)***”
 - Classification using SAGE’s latest publications: “***Epidemiologic features of the disease***”



Results: criteria used to formulate a recommendation - 2

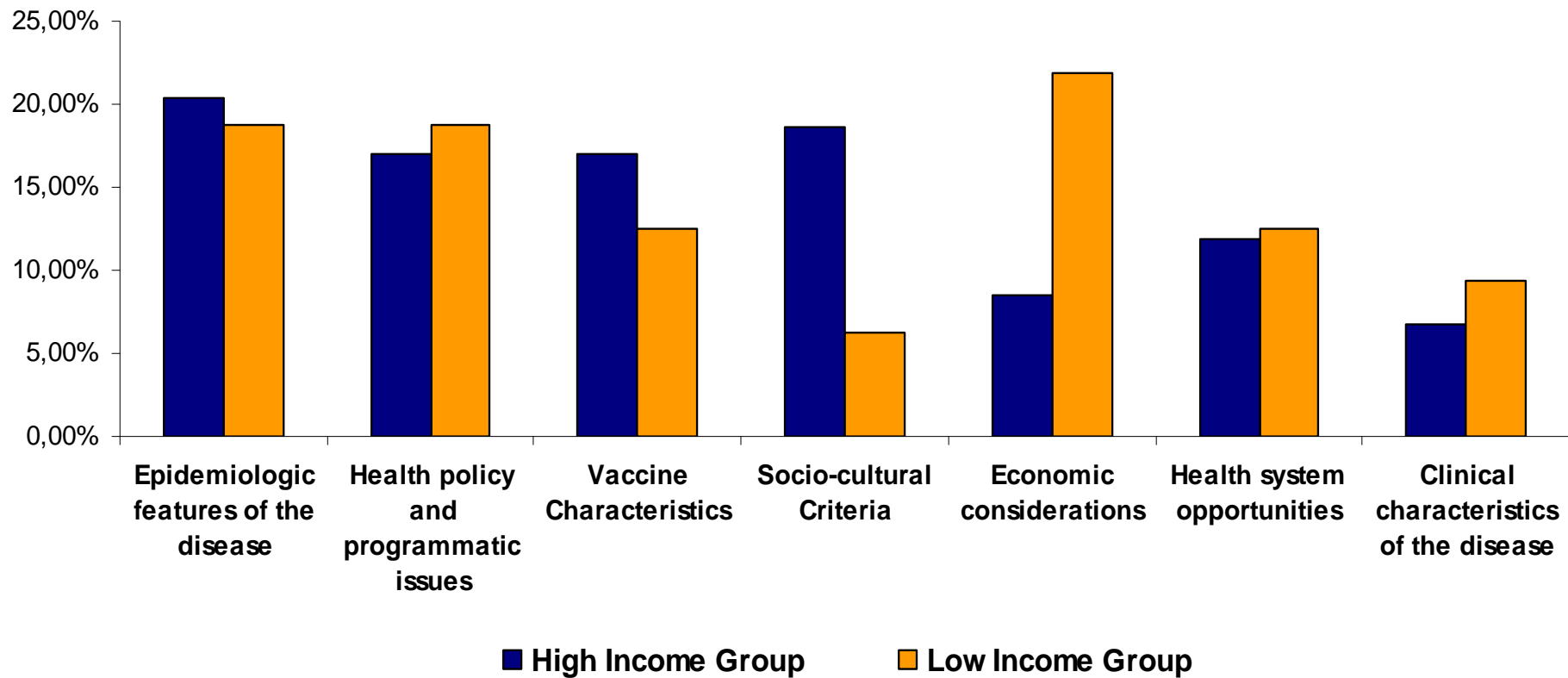
Graph 1 - Frequency of reported criteria





Results: criteria used to formulate a recommendation - 3

Graph 2 - Frequency of reported criteria, according income group





Results: criteria used to formulate a recommendation - 4

- **Most important criteria reported:**
 - 1st : Epidemiologic features of the disease (11/13)
 - 2nd: Vaccine characteristics (7/13)
 - 3rd: Economic considerations (4/13)

- **No country reported socio-cultural issues as an important criterion**



Discussion

- **Limitations:**

- Survey not exhaustive and not representative (but that wasn't the aim)
- Number of committees: 13
- What is a committee which functions well?
- Large variability of recommendations made (e.g: Seasonal influenza vaccination for pregnant women, Introduction of a new measles and rubella vaccine, Introduction of a booster dose for the meningococcal-vaccine...)



Conclusion

- **Differences between HIG and LIG are fewer than expected**
- **Only 4 countries reported using a formal published framework to make recommendations**
- **Socio-cultural criteria are taken more into consideration in rich countries where economical and programmatic criteria are taken more into consideration in poor countries**
- **Could this work be the basis for a “formal framework” for newly established committees?**
 - Countries need to be helped to set a fair decision making process (How to find evidence? How to rank evidence? How do we proceed to make evidence based policy?) rather than being given a list of criteria to use.
 - Selection of criteria remains relevant depending on the local context...



Acknowledgments

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SIVAC Initiative

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