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Technical Report

Mobilizing Evidence to Support a Life Course Approach Within NITAGs



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Background

Promoting and improving healthy ageing globally is increasingly critical as the population is ageing rapidly, with a corresponding rise in chronic medical conditions among older adults. By 2025, approximately 15% of the world's population will be aged 60 or older, increasing to over 22% by 2050, with the most significant growth occurring in low-and-middle income countries (LMICs).⁽¹⁾ This demographic shift underscores the urgency for effective public health interventions, particularly vaccination, which plays a critical role in supporting a life course approach to health. Vaccination prevents 3.5-5 million deaths annually from vaccine-preventable diseases (VPDs), significantly benefiting older adults and those with chronic health conditions who are at heightened risk of severe illness from VPDs such as influenza, pneumonia, COVID-19, and respiratory syncytial virus (RSV).⁽²⁾

To safeguard population health and well-being, prioritizing adult vaccination is essential. A recent review of four vaccines across ten countries found that adult immunization programs return up to 19 times their initial investment, providing benefits to individuals, the health care system, and wider society.⁽³⁾ Despite the demonstrated value of adult immunization programs, national immunization programs (NIPs) still fail to prioritize adult vaccination. Current NIPs predominantly focus on childhood immunization, with limited strategic goals and policies to support uptake of vaccines among older adults.

National Immunization Technical Advisory Groups (NITAGs)

National Immunization Technical Advisory Groups (NITAGs) are multidisciplinary expert committees at the country level and play an instrumental role in informing immunization policies. Tasked with providing independent, evidence-based guidance to policymakers and program managers on immunization policies, NITAGs are instrumental in shaping NIPs.⁽⁴⁾

NITAGs were established to advise Ministries of Health (MoH) on immunization policies and strategies tailored to national public health needs. While their roles and structures vary between countries, NITAGs universally strive to enhance vaccine quality, safety, and accessibility across all age groups. Despite their critical function, gaps persist in understanding the operational dynamics and governance frameworks of NITAGs, hindering efforts to expand NIPs beyond childhood immunization to encompass the health needs of older and at-risk populations.





Implementing a Life Course Approach to Ageing and Immunization

In response to global agendas like the World Health Organization (WHO) Immunization Agenda 2030 (IA2030) and the United Nations (UN) Decade of Healthy Ageing, there is a concerted push to integrate policies that promote health and well-being across all stages of life. A life course approach to healthy ageing emphasizes addressing health needs across the lifetime, safeguarding the right to health.⁽⁵⁾ Central to this approach, the IA2030 aims to optimize vaccination's role in reducing mortality and morbidity from VPDs across the life span, ensuring equitable access and bolstering immunization as a cornerstone of universal health coverage.⁽⁶⁾

NITAGs play a key role in operationalizing the IA2030's strategic priorities at the national level, leveraging expertise from bodies like the Strategic Advisory Group of Experts on Immunization (SAGE) to inform evidence-based recommendations. By aligning with the IA2030's principles - people-centred, country-owned, partnership-based, and data-guided - NITAGs are indispensable in strengthening immunization policies and service delivery throughout the life course, thereby advancing global efforts towards healthier ageing.⁽⁷⁾

Supporting a life course approach within NITAGs

To support strengthening immunization policies and prioritizing a life course approach, a review was conducted in 2023 across 34 countries to evaluate the status of NITAGs across WHO regions, assessing their composition, mechanisms of operation, nomination and selection processes, mission, responsibilities, recommendation processes, and fulfillment of process indicators, mandated by WHO.⁽⁸⁾ Key findings from the study demonstrated that there is a lack of transparency and publicly available information on NITAG practices and governance. Additionally, NITAGs did not include external participants such as civil society organizations and community advocates in deliberations. A crucial finding of the study also highlighted that NITAGs lack representation from the field of ageing to support the needs of older populations. At the time of the study, only 3 of the 34 countries examined included an expert or expertise in the field of ageing and / or adult immunization.⁽⁸⁾

In light of this, purposeful actions are needed to promote and strengthen the effectiveness of NITAGs and ensure their contribution to improving population health and healthy ageing. Through key informant interviews, this study, *Mobilizing Evidence to Support a Life Course Approach Within NITAGs*, aims to understand the extent to which a life course approach is prioritized, exploring the current functioning, composition, and governance of NITAGs, the extent of civil society representation and engagement, and contextual factors influencing NITAG operations (e.g., cultural, political, socioeconomic, etc.).

Insights from the study were used to develop a framework to action plan to support prioritizing a life course approach to vaccination in the development of NITAG recommendations, ensuring that all individuals benefit equitably from the protective benefits of vaccines throughout their lives.



Methodology

This study employs a qualitative research approach to gather comprehensive insights into the status, challenges, and opportunities related to implementing a life course approach within NITAGs through key informant interviews.

Participants

Key stakeholders involved in NITAGs, including current and former NITAG members, country level experts in immunization and public health, and representatives from civil society organizations engaged in immunization advocacy, were invited to take part in interviews from across all WHO regions. Countries interviewed as part of this study include Australia, Bhutan, Brazil, Canada, Germany, India, Italy, Kenya, Mexico, the United States of America (USA) and representatives from the Eastern Mediterranean Regional Office (EMRO) region.

Data Collection and Analysis

Semi-structured interviews were conducted to delve into participants perspectives on barriers to adopting a life course approach within NITAGs and effective strategies for overcoming these barriers. Interview guides were tailored to elicit detailed information on NITAG operations, stakeholder dynamics, and recommendations for enhancing NITAG effectiveness towards a life course approach. Insights from the interviews were analysed thematically to create a framework for action plan and recommendations towards implementing a life course approach within NITAGs.



Findings

Review of NITAGs

Firstly, this study aimed to update and validate previous work, which used an integrated framework, including the Transparency, Accountability, Participation, Integrity, and Capacity (TAPIC) framework and WHO process indicators to assess the functioning of NITAGs and the extent to which they employ a life course approach. The results of the 2023 study were updated or amended based on insights from interviews (Table 1).⁽⁸⁾

Findings from this updated study (Table 1) highlight that Canada, Germany, USA, and Australia have their recommendations accessible online through government websites (*transparency*). Australia, USA, Brazil, Canada, Germany, Bhutan, India, and Kenya confirmed processes and policies to manage conflicts of interest (*accountability*). Additionally, Australia, USA, Brazil, Canada, Germany, Bhutan, India, and Kenya noted that meetings included external experts to provide additional expertise, in addition to NITAG members (*participation*).

Many countries still do not circulate agendas and/or supporting documents in advance of NITAGs meetings. Moreover, processes to include external experts - such as civil society, patient, and professional organizations - remain unclear in many contexts, with few concrete processes highlighting how insights and feedback are integrated into decision-making (*integrity*).

The expertise of NITAG members is an important criterion in examining the functioning of NITAGs and their ability to prioritize a life course approach. This study found that Canada, USA, Australia, Brazil, and Germany have an expert or expertise in the field of ageing and or adult immunization, in addition to France and El Salvador, as highlighted in the previous review of NITAGs (*capacity*).

Barriers to Prioritizing a Life Course Approach on Vaccination

Interviews were conducted with key global stakeholders who possess expertise in immunization practices and are either involved or collaborate with NITAGs in their respective regions. Barriers to prioritizing a life course approach to vaccination are multifaceted and vary significantly across countries. Key themes were identified based on key informant interviews, as identified in Figure 1.

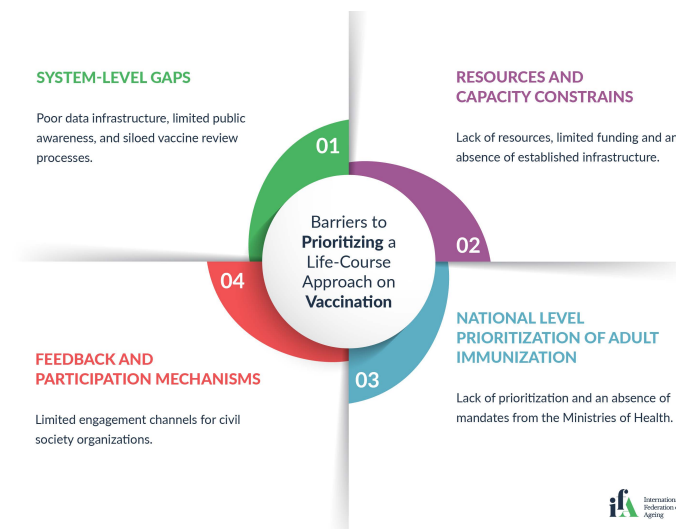


Figure 1: Barriers to prioritizing a Life-Course Approach within NITAGs



National-level Prioritization of Adult Immunization

The interviews supported information gathering on whether a life course approach has been prioritized in the decision-making of the NITAG and implemented into NIPs. Countries such as Brazil, Canada, USA, Italy, and Germany noted that vaccination throughout life was a key priority, while representatives from the South-East Asia Region (SEARO) (including India specifically) and Eastern Mediterranean Region (EMRO) noted that vaccination throughout life is currently not considered in the development of recommendations, or underprioritized.

The lack of prioritization of adult immunization was often attributed to resource constraints or the absence of mandates from the MoH. For instance, in India, given competing priorities and limited resources, findings from the study highlighted a strong need for greater recognition of the importance of adult immunization at the national level, as the impacts of VPDs on older adults may be underestimated. Despite the significant benefits of adult immunization, its prioritization is contingent on governmental agendas and priorities. Specifically, a key informant from India noted that the MoH prioritizes decision-making items, with adult vaccination only receiving attention if it is formally mandated. This calls attention to the independence of NITAGs as a crucial aspect of their functioning and their role in protecting the most vulnerable populations to VPDs, including older adults.

A number of interviewees stated that the NITAG was closely integrated with the MoH. For example, Italy, Kenya, Bhutan, and Brazil indicated that their NITAG was directed by or operated under the MoH. In Mexico, the key informant interview revealed that the NITAG is no longer functional, and all decisions are now made solely by the MoH. Vaccination programs for older adults are linked to social support programs, and vaccines are only mandatory for children. This finding reiterates the urgent need for expanded vaccination efforts for older adults, integrating a life course approach to adult immunization.

Resource and Capacity Constraints

Closely connected to the mandates of the MoH, funding and lack of resources were also noted by interviewees as key barriers to prioritizing a life course approach to immunization. In the EMRO region, a lack of funding was highlighted as a challenge to implementing life course vaccination strategies, with calls for increased financial support at the national level.

Countries such as India and Brazil highlighted significant challenges in implementing adult vaccination programs, citing the absence of established infrastructure and a lack of reliable data on adult immunization. These challenges are compounded by cultural resistance to vaccinating adults and the high costs associated with introducing new vaccines for older populations into national immunization schedules. For example, in Brazil, while vaccines such as influenza, pneumococcal, yellow fever, and hepatitis B are available for older adults, uptake in this population remains very low. Emphasizing local programs that focus on generating and using regional data is crucial for strengthening vaccine recommendations in these areas.

Countries also noted their reliance on the Global Vaccine Alliance (GAVI), and WHO, which influences their ability to prioritize adult vaccination. For countries eligible for GAVI funding, such as Kenya, vaccine prioritization is limited to those included in GAVI's program, which currently excludes older adults. In Bhutan, the recent transition to no longer being GAVI-eligible has strained their ability to fund vaccination.



Finally, interview insights also highlighted the economic evaluation and resource limitations that NITAGs face in developing and updating vaccine recommendations. For instance, in Canada, economic analysis is just one component of the National Advisory Council on Immunization (NACI)'s broader evaluation framework. While NACI focuses on cost-effectiveness in its economic analysis, it does not directly consider budget constraints, as that is part of the provincial/territorial immunization plan, which can influence on-the-ground implementation.

Feedback and Participation Mechanisms

Civil society organizations (CSOs), including patient and professional groups are important influencers and informers of vaccine policy, yet there are few mechanisms through which they may engage in NITAG decision-making processes. While many of the key informants interviewed highlighted the importance of CSO participation and noted that their insights are considered in NITAG discussions, it was often unclear the tangible ways in which the voices of CSOs were implemented in the generation of vaccine recommendations. In some countries, it was also noted that implementing their feedback is not always possible due to resource constraints and the final decision-making authority resting with the MoH. For example, when asked whether information was publicly available on the process for developing recommendations, many NITAGs (e.g., Mexico, Bhutan, Kenya, Italy, India) indicated that they did not have a platform to share information publicly, either due to resource constraints or because decisions were ultimately made by the MoH. This is an important consideration for advocacy from CSOs and the public; without public information on the decision-making processes of NITAGs, it is difficult to interrogate recommendations, inform public understanding, or call for equity across the life course.

The Advisory Committee on Immunization Practices (ACIP) stands as a prime example of best practices, with its meetings open to the public with inclusive mechanisms for public comments. The Committee benefits from the active participation of various patient and professional groups, who serve as liaison representatives. In its decision-making process, ACIP takes into account the perspectives of civil society, patient organizations, and other stakeholders. Additionally, the committee holds open meetings that feature oral public comment sessions, ensuring transparency and engagement. Notably, ACIP is also mandated to include a consumer representative, whose sole responsibility is to provide insights from the consumer's perspective.

System-Level Gaps

Finally, in addition to limited resources, lack of governmental prioritization of adult immunization, and broader economic challenges, several other needs were identified to address and strengthen a life course approach to vaccination - such as lack of inclusion of older adults in clinical trials, the absence of robust data to support decision-making, inadequate infrastructure for adult vaccination programs, and low public awareness and information on adult immunization. Additionally, NITAGs typically review new vaccines one at a time. However, with the growing number of vaccines being developed, key informants noted it is becoming increasingly difficult to keep pace. As new versions of vaccines emerge, older recommendations are often not updated in a timely manner. These collective challenges exist outside the scope of NITAGs and point to the need for a broader system-level approach to improving adult vaccination.



Discussion

Despite the evidence on the benefits of adult immunization programs, and the mandate to ensure access to vaccines across the life course outlined in Strategic Priority 4 of the IA2030, there remains a lack of inclusion of older adults in national immunization programs and limited prioritization within NITAG functioning and vaccine recommendations.

This study aimed to further understand challenges and opportunities for supporting a life course approach among NITAGs, considering their current functioning, composition, and governance; the extent of civil society representation and engagement; and country-level cultural, political, and socioeconomic factors that may impact the ability to support adult vaccination.

Interviews with global stakeholders revealed that barriers to prioritizing a life course approach to vaccination include resource constraints and the lack of mandates from the MoH. Funding issues, reliance on organizations like GAVI, and limited public information and civil society participation further hinder efforts to advance adult immunization.

Many of the challenges noted in this study mirror those identified in other research. For example, many NITAGs have cited expertise and diversity of members as key challenges, coupled with a lack of robust resources to support activities, such as a functioning secretariat.⁽⁹⁻¹¹⁾ A recent review of NITAGs in Latin America noted that NITAGs often struggled to identify independent experts with diverse professional backgrounds.⁽¹²⁾

While many NITAGs acknowledge the difficulty of recruiting suitable and diverse experts, they rarely explicitly highlight the lack of expertise in ageing, adult vaccination, or geriatrics as a specific concern.⁽¹³⁾ This further reflects gaps in prioritization and the limited perceived importance of vaccination for older adults.

This study also highlights a limited understanding of the influence of experts in adult immunization and geriatrics, even when they are included and present. To advance change, it is important not only that such experts are included, but their voices are equitably heard when considering evidence and developing recommendations, echoing the importance of effective decision-making frameworks.⁽¹⁴⁾

Additionally, many reviews of NITAGs have noted that a lack of funding, support, and visibility from policymakers remains a major challenge.^(9,12,15) It is important that policymakers recognize and consider the recommendations of NITAGs, given their role as expert advisory bodies.^(16,17) This finding also points to the need to improve public awareness of NITAG recommendations. Currently, NITAG decision-making processes often lack transparency, and there are few clear pathways to advocate for the inclusion of those most affected by VPDs, as well as alternative professional perspectives - both during NITAG deliberations and in decisions on translating recommendations into adult immunization policy and practice.

While evidence highlights the value of adult immunization programs, this value continues to be underrecognized by decision makers, and thus underprioritized in NITAG recommendations.^(8,18) Older adults also continue to be excluded from major funding programs, such as GAVI, as highlighted in this study. These ongoing gaps call for coordinated, multi-stakeholder efforts to continue to advocate for robust and equitable adult immunization policies.



Framework for Action and Recommendations

Given insights from many experts indicating a lack of funding, resources, and prioritization for decision-making on adult immunization and its inclusion in NIPs, there is a continued need for advocacy efforts towards demonstrating the value of adult immunization across sectors.

With the aim of advancing healthy ageing, preventing disease, and improving health and social systems, particularly in the context of ageing populations and overburdened health systems, there is a need to develop comprehensive vaccination policies and programmes that recognize the value of older adult immunization. Including adult vaccination in NIPs is a clear way to ensure funding, access, and strategies to improve adult vaccination coverage and uptake.

As key influencers of vaccination policy, NITAGs play a central role in prioritizing a life course approach to immunization; yet, as outlined in this study, barriers exist in their functioning and decision-making. Based on the identified challenges and opportunities, the following *Framework to Action Plan* was developed to outline concrete steps for key stakeholders and drive progress on comprehensive immunization policies to support prevention of disease, healthy ageing, and access to immunization for all.

Strengthening a Life-Course Approach to NITAGs

Establish comprehensive immunization policy to support prevention of disease, healthy ageing and access to immunization for all.

Recommendations

Improve expertise of the NITAG to make evidence-based decisions on vaccination of older and at-risk adults.

Improve independence and autonomy of NITAGs in deliberating on decisions that inform immunization policy and implementation.

Improve transparency of decision-making and publicly available information.

Strengthen CSO awareness, engagement and channels for participation.

Stakeholder Actions

- WHO
- CSOs
- National Governments, MoH
- Expert Advisory Bodies (e.g., RITAGs, eCDC)
- Geriatric Professionals

- National Governments, MoH

- National Governments, MoH

- National Governments, MoH
- CSOs
- Geriatric Professionals



Recommendation 1. Improve expertise of the NITAG to make evidence-based decisions on vaccination of older and at-risk adults.

In 2023, when the review of NITAGs across 34 countries was completed, only three countries had an expert in the field of ageing and/or adult immunization within the core committees. However, based on updated key informant interviews, this study found that seven countries - France, El Salvador, Canada, USA, Australia, Germany, and Brazil (7/34 countries) - have an expert or recognized expertise in the field of ageing or adult immunization as a core member of the NITAG. Additionally, while Italy includes an expert in life course immunization on its NITAG, specific representation focused on ageing and/or adult immunization is lacking across the country. Although these findings reflect increased capacity (Table 1), much work remains to strengthen the prioritization of a life course approach within NITAGs by improving expertise in adult immunization among core members.

Therefore, this study calls for continued attention to ensure adequate expertise is systematically integrated within NITAGs. There is a strong need for WHO to include adult immunization expertise within its process indicators for a functional NITAG, and for national governments and MoH to take action to embed this expertise within their immunization advisory structures.

Expert advisory committees, such as European Centers for Disease Control (eCDC) and SAGE can support these efforts by ensuring such expertise is represented within their own groups and by providing clear guidance to NITAGs. Civil society organizations, community and patient groups, and geriatric professionals also have a role to play in advocating for decision-making based on the unique, ground-level experiences of those most affected by VPDs.

Recommendation 2. Improve independence and autonomy of NITAGs in deliberating on decisions that inform immunization policy and implementation.

WHO emphasizes that a NITAG's independence is the 'cornerstone for creating credibility and trust'.⁽¹⁹⁾ Enhancing the independence and autonomy of NITAGs is crucial for formulating effective, evidence-based immunization policies, particularly concerning the most vulnerable populations, including older adults and individuals at higher risk of complications from VPDs.

Aligned with a body of literature, the key informant interviews revealed that NITAGs are often closely integrated with the MoH.⁽²⁰⁾ NITAGs are intended to enhance vaccine quality, safety, and accessibility across all age groups. However, the study found that the limited focus on adult immunization often stems from resource constraints or a lack of prioritization by the MoH. In practice, if the MoH does not prioritize adult vaccination, it is unlikely to gain traction, at a national level.

Moreover, older adults are often excluded from funding programs, leaving them particularly vulnerable to VPDs.⁽²¹⁾ While the gap in vaccine acquisition has narrowed, the gap in vaccine delivery has widened - highlighting the urgent need not only for government prioritization of adult vaccination, but also for resource mobilization and sustainable financing strategies for immunization programmes.⁽²²⁾ Garnering greater investment in adult vaccination may include exploring alternate funding schemes, particularly for LMICs that rely on, or have recently transitioned from, GAVI support.



The findings from this study reinforce the need to demonstrate the value of adult immunization across sectors to build the case for greater investment and the development of strategic goals and interventions for adult immunization, but also calls attention to the need for improved independence and autonomy of NITAGs. National government and MoH have a role to play in ensuring NITAGs have the ability to make independent and autonomous recommendations and that these recommendations are heard and considered in policy decisions, at a national level.

Recommendation 3. Improve transparency of decision making, publicly available information and visibility of NITAGs.

Robust structures and transparent decision-making processes are essential to make the best possible decisions on immunization. The previous review of NITAGs, further supported by this study, showed that few countries make their recommendations publicly available through government websites.⁽⁸⁾ In the absence of clear pathways to advocate for the voices of those most affected by VPDs, including older adults, transparency in decision-making becomes key to enabling routes for engagement.

National governments and MoH have a responsibility to ensure that immunization recommendations and the process for creating those recommendations are transparent. This study echoes previous findings: the selection procedures of NITAG members should be disclosed, and standard operating procedures and terms of reference should define the criteria for decision-making and describe the processes from evidence to recommendations.

This transparency is critical and enables the participation of outside stakeholders, which is essential for ensuring public trust, accountability, and ensuring that no one is left behind.

Recommendation 4. Strengthen CSO awareness, engagement, and channels for participation.

Older people and those with chronic comorbid conditions are represented by and through civil society, such as patient associations, senior organizations, service clubs, or professional bodies. As highlighted by the interviewees from this study, these groups play a key role in amplifying the voices and lived experiences of their members to help shape and inform policy through advocacy efforts. Their trusted relationship with members and the public enables them to distil and communicate information, and to provide mechanisms through which feedback can be shared and gathered in real-time.

Despite the influence of CSOs on vaccine policy and their ability to represent older people through community outreach, there are few formal mechanisms for their engagement in NITAG decision-making processes.

Supported by the enabler of the Decade - voice and meaningful engagement - it is essential to ensure that those with a genuine stake in a programme or policy are given the opportunity to express their voices and be meaningfully engaged in decision-making that affects their lives. In doing so, inequities must be addressed by actively involving those in situations of the greatest vulnerability, exclusion, and invisibility, such as older adults.⁽²³⁾



To enhance these advocacy efforts from CSOs, there is also a need to expand data on adult immunization to extend beyond basic health outcomes (e.g., hospitalization and mortality). This includes strengthening data collection on older adults, through understanding VPD burden in specific populations, better inclusion in clinical trials, and greater real-world evaluation of immunization programs to assess their benefits.

Using the enabler of voice and meaningful engagement, as a means to improve the transparency of NITAGs, while also ensuring the voices of older adults are represented and included through channels for CSO participation, is key to achieving the transformative promises of the 2030 Agenda for Sustainable Development and other global agendas, including the Decade of Healthy Ageing.

Conclusion

National Immunization Technical Advisory Groups play a critical role in setting priorities and informing to policies for the prevention and control of vaccine-preventable diseases, with National Immunization Plans largely informed by their recommendations. A 2023 review of NITAGs from 34 countries revealed gaps in the field of ageing and / or adult immunization within NITAGs, which may limit the perceived value of vaccination for older and at-risk adults, particularly in a global context of competing priorities and resource constraints.⁽⁸⁾

Following this review, the current study, *Mobilizing Evidence to Support a Life Course Approach Within NITAGs*, aimed to further explore barriers to implementing a life course approach within NITAGs through a series of key informant interviews. The study identified a number of challenges and opportunities to prioritizing a life course approach to vaccination. A key finding was that, although the value of adult vaccination is often well-recognized by NITAGs, limited government investment and competing priorities mean that the at-risk groups of older adults and those with chronic medical conditions remain underserved and underprioritized.

Amidst the complex global landscape and the many intersecting factors that influence vaccination uptake, there is a strong need to develop advocacy efforts - outlined in the Framework to Action Plan - that highlight both the opportunities and challenges in prioritizing a life-course approach within NITAGs, and that engage a range of stakeholders to help influence policy.



Table 1. Updated Summary of Key Findings using the TAPIC Framework

TAPIC FRAMEWORK	ATTRIBUTES OF GOOD GOVERNANCE	STUDY FINDINGS ¹
TRANSPARENCY	Good practices include open meetings to the public and comments during meetings are considered in decision making processes.	<p>The initial study found that 32% of NITAGs have recommendations publicly available.</p> <p>Canada, Germany, USA, and Australia confirmed that their recommendations are accessible online through government websites, while Brazil, Mexico, Bhutan, India, Italy, and Kenya are not.</p>
ACCOUNTABILITY	To ensure public confidence, objectivity, and to maintain NITAG's autonomous reputation, candidates for membership should report all circumstances that may create potential conflicts of interest during their participation in the advisory group.	<p>According to the initial review of NITAGs, 56% of countries (Australia, Lebanon, Iran, USA, Brazil, El Salvador, Honduras, Canada, France, Germany, Greece, United Kingdom, Sweden, Ukraine, Bhutan, India, South Africa, Zambia, and Kenya) had processes and policies in place to manage conflict of interests.</p> <p>Key informant interviews with Australia, USA, Brazil, Canada, Germany, Bhutan, India, and Kenya confirmed these findings.</p>
PARTICIPATION	Participation of relevant stakeholders encourages collaboration and coalition building and enables collective contributions to rigorous and transparent decision-making processes.	<p>The initial study found that nearly half of NITAGs (Bahrain, Australia, Canada, Chile, USA, Denmark, Germany, England, Sweden, South Africa, Lebanon, Argentina, Thailand, South Korea, El Salvador, Honduras, Ukraine) publicly noted that meetings included external experts.</p> <p>This study's findings were confirmed in Australia, Canada, Germany, USA, India and EMRO region, in addition to Brazil and Kenya.</p>

¹Data reflects findings generated through key informant interviews conducted as part of the study's methodology.



(continued)

TAPIC FRAMEWORK	ATTRIBUTES OF GOOD GOVERNANCE	STUDY FINDINGS ¹
INTEGRITY	Clearly defined terms of reference are critical to sound governance and management processes.	The updated study found that the majority of countries still do not circulate agendas or supporting documents in advance of NITAG meetings. Furthermore, expert interviews conducted in Brazil, Mexico, Bhutan, India, Italy, and Kenya revealed that public-facing information remains limited, largely due to government or budgetary constraints.
CAPACITY	NITAGs are valued for their expertise and technical capacity inform the Ministry of Health on population-based vaccine policy and practice. According to the 6 WHO process indicators, NITAGs are to have a composition of at least 5 different areas of expertise among its core members.	The updated study from key informant interviews finds that France, El Salvador, Canada, USA, Australia, Germany, and Brazil (7/34 countries) have an expert or expertise in the field of ageing or adult immunization as a core member of the NITAG.

¹Data reflects findings generated through key informant interviews conducted as part of the study's methodology.



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