

Knowledge Mobilization – Civil Society Action in the Implementation of a Life-Course Approach to the NITAGs

**Consensus Statement and
Recommendations**

April 2025

Background

Vaccination is one of the most effective public health interventions of our time, saving countless lives and protecting many from the adverse consequences of vaccine preventable diseases (VPDs).⁽¹⁾ As such the World Health Organization (WHO) continues to prioritize work to strengthen immunization efforts, specifically for those most at-risk. The WHO Immunization Agenda 2030 (IA2030) and the United Nations (UN) Decade of Healthy Ageing (the Decade) are global visions and strategies endorsed by Member States to address specific challenges that impact the health and wellbeing of citizens and provide strategic actions and guidelines for a life course approach to immunization and healthy ageing.^(2,3)

For over 10 years, the WHO has recommended Member States to establish National Immunization Technical Advisory Groups (NITAGs) or equivalent independent groups to improve the quality and ownership of national immunization programs.⁽⁴⁾ According to the WHO, national immunization programs should prioritize widespread coverage and equity, be attentive to needs across the life course, responsive to outbreaks and emergencies, manage supply and sustainability, and support research and innovation. There is a need to ensure strong immunization infrastructure is integrated into primary health care services, supporting countries to achieve and sustain national and global infection elimination and eradication goals.⁽¹⁾

NITAGs are multidisciplinary country-level expert committees tasked with providing independent, evidence-based advice to policymakers and program managers on immunization and vaccine policy issues.⁽⁴⁾ According to the WHO, NITAGs are integral to country ownership of immunization programs and have a key role to play as the number and diversity of vaccine products increase.⁽⁴⁾ Depending upon the country, NITAGs provide scientific recommendations to their respective Ministry of Health (MoH) to inform the National Immunization Plan. Other functions may include assisting governments in immunization policies and strategies; informing governments about the public health needs to combat VPDs; and supporting governments in addressing vaccine quality and safety issues.^(1,2)

While immunization programs in many countries have generally focused on pediatric populations, older people and those with chronic medical conditions constitute the largest at-risk populations for serious life-threatening complications from VPDs compared with the general population.⁽³⁾ The need to promote and improve healthy ageing globally is never more urgent than today, where population ageing is rapid, and the likelihood of having a chronic medical condition increases with age. According to the UN, about 15% of the world's population will be 60 years or older by the year 2025 and over 22% in 2050.⁽⁴⁾ Therefore, older adults have been identified as an at-risk group who require concentrated efforts to support the quality and accessibility of immunization programs.

Driving Changes in NITAGs

Given civil society organizations' (CSOs) experience in working closely with older adults and patient groups to serve their needs, they are in an excellent position to inform NITAGs on the unique barriers to, and opportunities for, immunization amongst older people and those with chronic comorbidities. Considering the transparency, accountability, participation, integrity, and capacity of NITAGs, the International Federations of Ageing's (IFA) recent study, [Evidence to Action: A Review of the National Immunization Technical Advisory Groups](#), found that there appears to be gaps related to transparency of decision-making processes and expertise in the field of adult vaccination and ageing among NITAGs. Notably, there is an accompanying lack of awareness from civil society as to their role in advocating for greater collaboration with NITAGs to ensure their voices are heard in the decision-making process.

Through the virtual dialogue, Civil Society Action in the Implementation of a Life-Course Approach to NITAGs, the IFA aimed to build consensus across the fields of ageing, patient advocacy, and vaccination on key actions to drive structural change in NITAGs so that patient voices inform policy recommendations. To maximize the opportunities presented in the current environment of immunization policy development, a virtual interactive dialogue with CSO partners was convened to inform a consensus statement on actions to implement recommendations from the Evidence to Action study. This included ensuring NITAG members have expertise across the life course, as is intended in the IA2030 and which advances the aims of the Decade.

During the dialogue, participating CSOs were introduced to the concept of NITAGs and presented with the results of the IFA's review. Through the presentation, CSOs examined why a life course approach to immunization is both critical and relevant to their work. Following the presentation of existing evidence, a facilitated discussion provided a platform for CSOs to share their perspectives on how they ought to be included within immunization policy development. These discussions were extended to one-on-one meetings with each participating CSO to delve into their specific experiences, including addressing challenges and barriers in vaccination policy in their country, discussing their experiences in engaging in NITAG decision-making, and their engagement in advocacy efforts to strengthen a life course approach within NITAGs. The IFA engaged with CSOs across nine countries: Australia, Brazil, Canada, Germany, Japan, Singapore, Turkey, United Kingdom, and United States of America. The open dialogue in conjunction with these individual meetings led to the creation of this consensus statement.

Consensus Statement

Based on a closed dialogue as well as meeting deliberations, and shared insights of CSOs, consensus was gained on recommendations to address how CSOs can be more engaged in NITAG decision-making and advocate for increased prioritization of a life course approach within NITAGs.

1. Improve expertise in adult immunization among NITAG members by integrating lived experiences and understanding of broader determinants of health.

In 2023, when the review of 34 NITAGs was completed, only three countries had an expert in the field of ageing and/or adult immunization within the core committee. Further, CSOs noted that most countries have epidemiological and clinical experts as well as quantitative researchers on their panel with a clear lack of representation from fields that address broader determinants of immunization and older adult health. Additionally, there is a lack of members of the public who represent populations of interest, including older adults and those with chronic conditions. For instance, the membership of Joint Committee on Vaccination and Immunisation (JCVI), the NITAG which is based in the United Kingdom, consists primarily of clinicians and researchers with only two of sixteen members being lay people with lived experiences.

More representation of community-based voices is key for relevant changes. To incorporate these changes, a consistent standard must be put in place to ensure NITAGs have a specific proportion of their membership comprising of experts in adult immunization with lived experiences and/or community-based advocacy experience. This would advance adequate representation of older adults and patient groups as well as provide insights on lived experiences.

2. Improve transparency of decision-making and publicly available information.

Notably, at the time of the review, only 32% of NITAGs had their recommendations accessible online via government websites. This further disengages CSOs from understanding the current and future implications of NITAGs' decisions and recommendations.

Providing opportunities for bi-directional communication between CSOs and NITAGs is key to having active involvement of relevant parties and effectively implementing strategies recommended by NITAGs. It is key to note that CSOs play an integral role in implementing recommendations through program planning and design, knowledge translation efforts, and advocating for necessary changes. Therefore, providing transparent communication of processes, decisions, and implications is key to these efforts.

Best practices can be learned from NITAGs in the United States of America and Canada, which include publishing meeting agenda, notes, and recommendation papers as well as utilizing a dedicated email list of liaison members, including CSOs, to provide vital information in a timely manner. It is recommended that other NITAGs also adapt such communication systems to provide relevant, timely information to key stakeholders, such as CSOs.

3. Strengthen channels for participation available to CSOs and external partners.

At the time of the review, nearly 50% of NITAGs publicly noted that meetings included external experts. Furthermore, NITAGs often did not include external participants such as CSOs and community advocates in deliberations. Partner engagement, in addition to a representative and diverse committee, is needed to enhance implementation and reach, increase sustainability of efforts, reduce siloes, and align work to bridge existing gaps and community needs. As such, critical partners and voices are absent from integral conversations surrounding immunization policies and programs.

Involvement of external partners with greater experience with community-based work is key to developing context-specific interventions. For example, meaningful integration of the perspectives of managers, professionals, residents, and representatives of long-term care facilities, who have specific experiences addressing concerns of older adults and at-risk groups regarding immunization, can be vital to developing responsive interventions. NITAGs should integrate formal structures and channels of participation for external stakeholders. For instance, in the United States of America, the NITAG, known as the Advisory Committee on Immunization Practices (ACIP), uses submission of written and verbal public comments during their meetings. These submissions provide a direct avenue for external members to engage with NITAG decision-making and deliberation processes.

It is also key to note that developing new channels of participation must include addressing context-specific considerations for each country and NITAG to provide impactful results. This may include considering jurisdictional context, social and community values, and resource constraints. Overall, all NITAGs must implement diverse forms of participation channels, including the example shared above.

Conclusion

The virtual dialogue, Civil Society Action in the Implementation of a Life-Course Approach to NITAGs, addressed policy gaps and discussions on much needed action to improve the integration of a life course approach in NITAG decision-making. This dialogue led to the convening of CSOs across nine countries in addressing specific actions needed to improve participation and involvement of CSOs.

The recommendations highlight the need to integrate perspectives from CSOs as well as geriatric and gerontological professionals to ensure immunization policies and programs are reflective of this at-risk group's needs. These recommendations can be actioned through investing in developing improved channels of participation and prioritizing partner engagement at all processes and levels of NITAG decision-making. More broadly, the impacts of these efforts must be combined with multisectoral action and recognition of the broader benefits of vaccination, including reduced rates of hospitalization and decreased healthcare spending, to provide notable impact.

The IFA calls for collaborative efforts among NITAGs, healthcare, government, industry, and civil society to support implementation of these recommendations and advance policy to improve the lives of older people.

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