

THE NATIONAL ADVISORY GROUP ON IMMUNIZATION (NAGI) OF SOUTH AFRICA

ESTABLISHMENT OF NAGI

The NAGI of South Africa was created in 1993 on request from the country's National Department of Health. The body, then and now, consists of about a dozen experts drawn mainly from academia together with representation from the National Department of Health and observers from each of WHO and UNICEF.

Prior to the establishment of NAGI, decisions on immunization strategies were taken based on international recommendations published via WHO together with ad hoc consultation with local expertise drawn chiefly from academia. The first NAGI was therefore established in the dying days of the apartheid government when the country was largely isolated from the international community and scientific and academic contacts were substantially restricted. Following on the first democratically elected government, NAGI saw out its first five year term enjoying greatly enhanced contacts with international expertise. The first chairman of NAGI was Professor Barry D Schoub, a clinical virologist and Director of the then National Institute for Virology (later to become the National Institute for Communicable Diseases in 2002). He served as chairman for a five year term, followed then by Professor Salim Abdool Karim, a community health specialist and currently Deputy Vice-Chancellor (Research) of the University of Kwa-Zulu Natal. Professor Schoub then reassumed the chairmanship from 2006. Membership of NAGI consists of virologists, microbiologists, community health specialists, paediatricians, internists and experts in medicine and regulatory affairs. The National Department of Health represented by members of its EPI Unit and on occasion, other senior officials and observers from UNICEF and WHO, attend the meetings. As needed presentations are made to NAGI by experts from outside.

The appointment to NAGI is made via a letter from the Minister of Health. No contract is drawn up as members of NAGI serve in honorary non-remunerative capacities. Members are expected to declare any conflicts of interest although this is not a contractual obligation.

TERMS OF REFERENCE

- To advise the EPI Department of the National Department of Health on matters relating to new vaccine introduction.

- In addition, to facilitate the collation and assembly of necessary literature required for decision making on policy issues for example disease burden, cost benefit analysis, effectiveness of a vaccination strategy before introduction of a new vaccine, etc.
- Critical research needs are identified around immunization issues based on EPI requirements.
- The National Department of Health is assisted by NAGI in reviewing and adapting WHO and UNICEF recommendations and strategies regarding immunization as well as elimination and eradication strategies in a global, regional and local situation.
- NAGI also assists in the development of innovative strategies for vaccine preventable disease control.

Meetings are called on an ad-hoc basis, generally on request from the National Department of Health, who also, together with the chairman of NAGI, set the agenda. At least two meetings are held annually in addition to electronic consultations as needed.

DEVELOPMENT OF RECOMMENDATIONS

Minutes of meetings, record the deliberations and highlight specific recommendations. These minutes and recommendations are sent to the Director-General of Health for further executive action. As NAGI reports directly and exclusively to the National Department of Health, the deliberations and discussions and particular formal recommendations are not published, but are kept confidential. Unlike the ACIP of the United States and similar bodies, no literature is published by NAGI.

Recommendations have always been made via consensus agreement and there have not been instances of the need to vote on issues or to record dissenting opinions, although provision is made for this should the need arise.

ROLE PLAYED BY ECONOMIC EVALUATION AND FINANCIAL CONSIDERATIONS

South Africa is classified by the World Bank as a category C country and is therefore not eligible for GAVI funding and is therefore required to purchase all its vaccine needs. (Although the country did produce almost all of its own bacterial and viral vaccines up until 30 years ago, it is now solely dependent on imported vaccines.) Budget for vaccine purchase thus competes with other high

priority health needs and economic and financial considerations would therefore play a pivotal role in deciding vaccine strategies. Nevertheless the mandate of NAGI from the National Department of Health is to focus its recommendations on medical and epidemiological criteria rather than economic considerations.

ULTIMATE DECISIONS

At its inception NAGI recommended and lobbied for the introduction of universal Hepatitis B vaccination and this was incorporated into the routine EPI schedule in 1995 (at 6, 10 and 14 weeks of age as perinatal infection is rare in Southern Africa, a birth dose was not included). In 1999 a similar recommendation and lobbying from NAGI resulted in *Haemophilus influenzae* type b (Hib) vaccine being introduced into the routine EPI schedule. In 2004 the issue of BCG vaccination in HIV infected children was considered. A South African adapted strategy, somewhat at variance with the WHO recommendation, was adopted. In this strategy it is emphasised that BCG vaccination is contra-indicated in HIV infected infants. However if there is a high degree of clinical suspicion that the infant is HIV infected, BCG vaccination should be delayed until 6 weeks when PCR testing for HIV can be carried out. If PCR positive, BCG vaccine should be withheld. In all other circumstances the original policy of administering BCG vaccine at or soon after birth should be followed.

More recently, the introduction of conjugate pneumococcal vaccine and rotavirus vaccine were investigated and a detailed study including costing models was presented to the Minister of Health in 2008. Both vaccines have now been introduced into the EPI schedule.

CONCLUSION

The National Advisory Group on Immunization of South Africa has played an important role in preventive public health in this country. It has brought together experts from a range of different fields who have an input on vaccines and vaccinations. It has also been an important resource for guiding the expanded programme of immunization in South Africa in order for it to run an effective immunization programme in concert with international standards and developments. Several members of NAGI also serve on WHO Advisory and Expert Panels on vaccine preventable diseases.