Immunization and Vaccines related Implementation Research Advisory Committee (IVIR-AC)

Terms of Reference
(Final – 21 March 2012)

1. Background

1.1 The Quantitative Immunization and Vaccines Related Research (QUIVER) Advisory Committee was established in 2007 with the main responsibility of reviewing quantitative methods in vaccine related research and to advise the Department of Immunization, Vaccines and Biologicals (IVB) on their relevance and applicability. Given the importance of implementation research in immunization, the Department felt it necessary to enhance the functions of this advisory group to also include implementation research in addition to the existing functions of reviewing and advising on quantitative methods in vaccine research. Therefore, in the last meeting of QUIVER in October 2011, the proposal was endorsed and the Initiative for Vaccine Research (IVR) proceeded with the revision of the terms of reference and membership composition.

2. Specific functions

2.1 IVIR-AC has no executive, regulatory or decision-making function. Its sole role is to provide advice and recommendations to Director, IVB specifically on the following areas:

2.1.1 Matters related to implementation research and their relevance to immunization policies and practices.

2.1.2 Agenda setting and prioritization of implementation research in immunization which may include identifying potential research projects/issues and, where necessary, also reviewing the proposed methodologies for conducting such research.

2.1.3 Review progress of implementation research and advise/guide researcher/research groups as appropriate.

2.1.4 Review best practices relating to methods for conducting and reporting on quantitative immunization and vaccines-related research.

2.1.5 Facilitate and participate, where appropriate, in IVIR-AC subcommittees or expert working groups as required to address specific subjects in greater depth before review by IVIR-AC, and guide the work of such groups towards the stated objectives.

3. Relation to other advisory bodies, expert groups, technical committees

3.1 Relation to SAGE; IVIR-AC meeting conclusions will be reported by the IVIR-AC Chair to SAGE. At the same time IVIR-AC will review outcomes of SAGE meetings and decisions in order to complement and support the work of SAGE.

3.2 Relations to IPAC; the work of the Immunization Practices Advisory Committee is important for IVIR-AC. Therefore, as far as possible, the secretariat will ensure that there is complementarity and regular interaction between the two advisory committees.

4. Membership

4.1The IVIR-AC comprises of 15 members, who shall serve in their personal capacity and represent a broad range of disciplines, encompassing many aspects of immunization and vaccines.

4.2IVIR-AC members are recruited and selected as acknowledged experts from around the world

in the fields of infectious diseases, public health and epidemiology, health economics, statistics, mathematical modeling, health systems, demography, vaccines and immunization.

4.3Committee members are appointed by Director, IVB following an open call for nominations made on the IVB website. The call specifies the particular expertise sought which can either be practice nominated or self-applied. Members are selected in their personal capacities for their scientific and technical knowledge and experience, as well as for their commitment and willingness to volunteer the necessary time and effort. Members will act as individual experts and not as representatives of their respective organizations or employers. Membership will strive to attain a broad geographic representation and gender balance to the extent possible without compromising on the expertise and competencies required.

4.4 The membership of IVIR-AC seeks to reflect a representation of the following:

4.4.1 Areas of expertise: infectious diseases, public health and epidemiology, health economics, statistics, mathematical modeling, health systems, demography, vaccines and immunization.
4.4.2 Professional affiliation: academics, medical professionals, governmental or non-governmental organizations, public health specialists, clinical practitioners.
4.4.3 Geographic representation and gender balance: all efforts will be made to ensure equitable geographic and gender balance.

4.5 The Chair of IVIR-AC will be appointed by Director, IVB. Following the inauguration of the committee, eligibility for the post of chair will be dependent on having previously served on IVIR-AC for a period of no less than one year. The person appointed as Chair should have a broad knowledge of the full scope of the areas of work that concern IVIR-AC, and have proven meeting management and chairing skills. In addition to fulfilling the regular duties of a committee member, the Chair will be expected to:

4.5.1 Chair all IVIR-AC meetings;
4.5.2 The Chair, together with the WHO focal point, will plan the modalities of each agenda item for discussion prior to each meeting and coordinate the final recommendation session in each meeting;
4.5.3 Interact with the WHO Secretariat regularly with regard to the setting of the IVIR-AC meeting agendas;
4.5.4 Represent IVIR-AC at the six-monthly SAGE meeting and provide regular updates to SAGE on the issues dealt with by IVIR-AC. The Chair may also be required to attend other WHO meetings as appropriate.

4.6 All IVIR-AC members shall be appointed to serve initially for a one-year term, renewable annually to a maximum of five years. During the inaugural nomination process, the length of service of members will be staggered, thereby assuring that not all group members rotate out simultaneously.

4.7Prior to being appointed to the IVIR-AC or to the renewal of a term, nominees and members will be required to complete a **WHO declaration of interest** form and a **confidentiality agreement**.

4.8 All background documents, papers, presentations and reports presented to IVIR-AC shall be treated as confidential and may not be publicly disclosed or used by members without prior approval.

4.9As a WHO advisory committee, neither IVIR-AC as a whole, nor individual members can speak or act on behalf of WHO, or attend meetings on behalf of WHO without prior consent of the

secretariat. Members of IVIR-AC, including the chair, may not share any information or present on the topics related to IVIR-AC unless it has been approved by Director, IVB. Correspondence with outside parties on IVIR-AC issues should be copied to the WHO Secretariat in all cases.

4.10 IVIR-AC members may be approached outside of meetings for their views, comments and statements on particular matters of public health concern and asked to state their views, as a member of IVIR-AC, or speak to the views of the committee. Members shall refrain from commenting and refer such enquiries to WHO.

4.11 Membership in IVIR-AC may be terminated at the discretion of the Director, IVB for any one of the following reasons:

4.11.1 Failure to attend two consecutive IVIR-AC meetings;
4.11.2 Change in affiliation, resulting in a conflict of interest; or
4.11.3 Lack of professionalism, such as a breach of confidentiality, misrepresentation of IVIR-AC or WHO/IVB.

5. Roles of IVIR members

5.1 Members of IVIR-AC have a responsibility to provide WHO with high quality, well considered advice and recommendations on matters described in the IVIR-AC terms of reference. In all cases, the work of IVIR-AC and its working groups should strive to improve WHO/IVB's ability to support implementation research related to vaccines and immunization programs, as well as continue to provide guidance to IVB on quantitative methods useful to vaccines research as used to be done through QUIVER. This requires that IVIR-AC as a whole and IVIR-AC members individually work hand-in-hand with the WHO secretariat. IVIR-AC members are expected to review background documents and circulate presentations prior to meetings, and to make themselves available for pre-meeting teleconferences. In addition to working collaboratively with other members of IVIR-AC, members will be expected to actively engage in IVIR-AC working groups along with specific topic experts and WHO staff, as appropriate.

5.2 The Committee has no executive or regulatory function. Its role is solely to provide advice and recommendations to Director, IVB and includes providing advice and recommendations on urgent matters as needed.

6. Role of the WHO Secretariat

6.1 WHO staff members designated by the Director IVB will form the IVIR-AC Secretariat. The main role of the secretariat is to provide technical and administrative support to IVIR-AC chair and members so that IVIR-AC functions smoothly and delivers effectively on its ToRs. The secretariat will perform the following main tasks:

6.1.2 planning IVIR-AC meetings: including agenda formulation, travel and accommodation for members and non-members, and the invitation of topic experts to specific meetings;
6.1.2 assisting in the formulation and functioning of the working groups;
6.1.3 assisting with preparing the meeting minutes and reports;
6.1.4 providing IVIR-AC members with the background/support materials, trainings (as appropriate);
6.1.5 maintaining an IVIR-AC website for sharing IVIR-AC meeting reports, agenda and key recommendations with the broader immunization community;
6.1.6 linking IVIR-AC members to the WHO staff in HQ, regions and country offices

and partners, as appropriate;

6.1.7 facilitating the dissemination and use of recommendations made by IVIR-AC and approved by the Director, IVB;

6.1.8 commissioning further studies, on implementation research if recommended by IVIR-AC and approved by the Director, IVB.

7. Meetings and operational procedures

7.1 In 2012 IVIR-AC will meet only once. However, from 2013 onwards, on the expectation that the volume of work will increase and agenda setting and prioritization in implementation research is set, IVIR-AC meetings will be organized twice a year. All members are expected to attend and contribute to these meetings. The working language of IVIR-AC will be English. IVIR-AC members are expected to contribute to the development of the meeting agenda.

7.2 Background materials and documents will be distributed through a SharePoint site, in general, a minimum of two weeks prior to the meetings.

7.3 IVIR-AC working groups will be established on an as-needed basis by WHO in consultation with the IVIR chair. These groups will assist in increasing the effectiveness of IVIR-AC discussions by reviewing and providing evidence-based information and options for review, together with the associated implications, and presenting them in advance of IVIR's annual meetings. Working groups will be established on a time limited basis to help address specific technical questions or identified issues for which specific expertise outside of the group is sought, or when the review of evidence is determined to be particularly complex. Generally, a working group would include one, maximum two IVIR-AC members and a WHO focal point who will take the lead in the preparations and discussions of the working group.

7.4 IVIR-AC meetings will, in principle, be open to all interested parties. Closed sessions will be held only to discuss agenda items of a specific confidential nature. The WHO secretariat may also invite other colleagues or specific topic experts to IVIR-AC meetings, including representatives from other WHO advisory groups, non-governmental organizations, civil society, international professional organizations, technical agencies, donor organizations, associations of manufacturers of vaccines and immunization technologies. These representatives attend the meeting as ad-hoc representatives but will not be allowed to participate in closed sessions or in the formulation of recommendations.

7.5 A report of each meeting will be compiled by WHO or an assigned rapporteur. The report will be reviewed by the IVIR-AC Chair, IVIR-AC members and Director, IVB and finalized by WHO Secretariat before being posted on the public IVIR-AC website within two months of each meeting. The executive summary will be published in the WHO Weekly Epidemiological Record (WER). Before IVIR-AC's recommendations are accepted as WHO position, they will be reviewed and formally accepted by the Director, IVB.